

shaping futures

Manchester Children's Hospitals



MANCHESTER
CHILDREN'S
HOSPITALS
STAFF NURSE

all about us...

Booth Hall Children's Hospital and the Royal Manchester Children's Hospital

Manchester Children's Hospitals all about us

Our History...

In April 2001 Booth Hall and the Royal Manchester Children's Hospitals merged to create part of the Central Manchester and Manchester Children's University Hospitals NHS Trust. They brought with them a fabulous history of innovative, forward-thinking paediatric healthcare and a team of nearly 2,000 staff committed to the care of sick or injured children and young people.



In 1907 Booth Hall Infirmary grew from the rubble of Humphrey Booth's house, with the development of the children's hospital in 1914. The hospital continued to develop post war with service developments such as opening the first dedicated paediatric Burns Unit in the country in 1954.

The Royal Manchester Children's Hospital was founded in 1829 in central Manchester as the first dispensary for sick children in Britain. Just over 44 years later it had outgrown its site and moved to Pendlebury and was considered by many, including Florence Nightingale, to be the best designed in Europe. Granted Royal Patronage in 1873, progress was rapid and by the beginning of the NHS in 1948 the hospital was treating around 50,000 children each year.



Patient journeys illustrated on pages 8 to 17 are fictional but based on real care pathways



Our Expertise...

Between them the two hospitals provide specialist healthcare services for children and young people from throughout the North West as well as nationally and internationally. From oncology and renal surgery to intensive care and genetics research the range of specialist services provided by the clinical and nursing staff ensure that Manchester Children's Hospitals continue to be at the leading edge of medical knowledge and development.

The Manchester Children's Hospitals manage the Manchester city-wide Child and Adolescent Mental Health Service. Psychology and psychiatry services are provided for young people at the hospitals as well as sites in the city centre and south Manchester.

In addition the hospitals also provide a wide range of local healthcare services for children and young people from Manchester, Salford and the surrounding districts such as Bolton, Bury, Oldham, Rochdale, Stockport, Tameside, Trafford and Wigan.

Our Performance...

The Manchester Children's Hospitals are proud of their achievements in respect of Government targets for delivering a fast, responsive and patient-centred service. In the last year the two hospitals ensured that:

- Over 99% of patients attending our Accident & Emergency Department were seen, treated, discharged or admitted within four hours of arrival
- 99% of patients were seen at our outpatients clinics within 13 weeks of being referred by their GP
- 91% of these patients were treated as inpatients or day case surgery patients within three months of being placed on the waiting list
- 100% of formal complaints from patients or their families were responded to within 20 working days of receipt
- They achieved financial balance within a budget of nearly £80 million.

Our Partners...

Our close links with the University of Manchester ensure that high quality, innovative research and development underpin the changing needs of paediatric healthcare. The two hospitals are closely involved with the teaching of student doctors, nurses and paramedical staff.

Our future...

In 2009 specialist services will transfer to the new Children's Hospital in central Manchester. This will be the largest in the United Kingdom and has been designed to ensure that clinical adjacencies support staff in delivering first class healthcare.

Our local services will transfer to both hospitals and community services in North Manchester and Salford. We are currently working in partnership with other Acute NHS Trusts, Strategic Health Authorities and Primary Care Groups and Trusts to develop plans for the future provision of these local services.

Working with colleagues currently offering Children's Services at Saint Mary's Hospital for Women and Children in Manchester, the new hospital will see specialist services coming together on one site to provide an integrated paediatric service to Greater Manchester and beyond – all under one roof.

Royal Manchester Children's Hospital (RMCH)

Hospital Road
Pendlebury
Manchester
M27 4HA
0161 794 4696

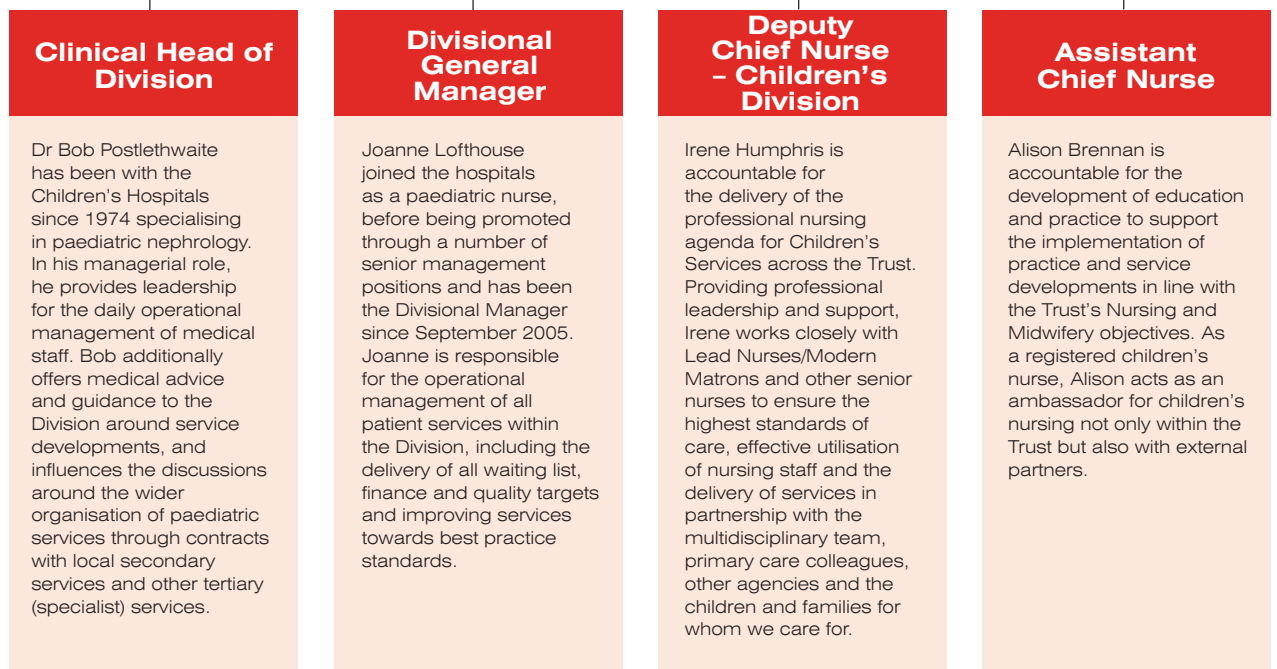
Booth Hall Children's Hospital (BHCH)

Charlestown Road
Blackley
Manchester
M9 7AA
0161 795 7000

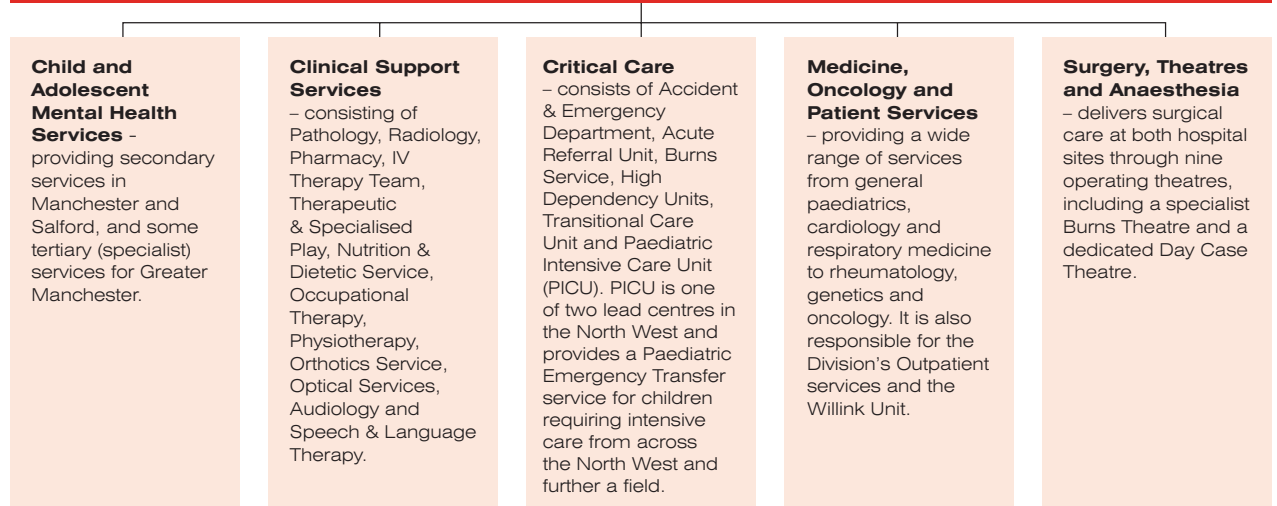
Manchester Children's Hospitals divisional structure



Director of Children's Services



The Children's Division consists of five Clinical Directorates:





Martin Hodgson is an Executive Director of the Trust and is responsible for the strategic development of Children's Services, ensuring their delivery and development to the highest possible standards. Martin is directly accountable for the overall management of both Children's Hospitals, including achievement of operational and financial targets, child protection arrangements, clinical governance and risk management. In addition Martin has responsibility for leading all aspects of the move to the new Children's Hospital in 2009 – not only moving tertiary (specialist) services to the new site but also the repatriation of secondary (general) paediatric activity within North Manchester and Salford. Martin is also directly involved with the configuration of tertiary services across the North West and beyond, particularly the relationship the Children's Hospitals enjoy with Alder Hey Children's Hospital in Mersydale.

Associate Director of Service Improvement

Anna Addison is accountable for the development and implementation of service improvements as a result of the Division's strategic direction and agreed service plans. Anna provides leadership in the development of clinical network arrangements, the planning of clinical service developments with colleagues in North Manchester and Salford, and works with colleagues within the Division to ensure that the modernisation agenda is taken forward, in particular ensuring effective and efficient services.

Acting Associate Medical Director

Dr Anna Kelsey has been with the Children's Hospital since 1987, and is a Consultant Paediatric Histopathologist. As Acting Associate Medical Director she oversees Clinical Governance in the Children's Division and has responsibilities in ensuring the delivery of undergraduate and postgraduate education in addition to overseeing governance of research activities within the Division.

Divisional Financial Advisor

Dennis Conlon has responsibility for providing a high quality comprehensive financial management service to the Division. Dennis also assists the Senior Management Team, Directorate Management Teams and other clinical staff by ensuring the delivery of timely and accurate financial information that enables the Division to provide an efficient and effective service within the resources available.

Divisional Human Resources Manager

Ann Brown joined the Trust in January 2006 and is responsible for non-medical staffing in the Children's Division. Ann manages a team of staff who provide advice and guidance on operational HR services such as sickness absence, staff turnover, disciplinary and grievance procedures, and ensures that consistent application of the Trust's policies and procedures, employment legislation and flexible approaches to employment are delivered.



Manchester Children's Hospitals awards

Prestigious Medal for Oncology Nurse

Andrea Stevenson, a clinical nurse specialist based at the Royal Manchester Children's Hospital, was awarded with the prestigious Henry Garnett Medal by Macmillan Cancer Relief.

The medal, named after a former chief executive of the charity, is awarded for exceptional service over the past decade. Andrea has been a Macmillan Nurse for over 11 years and has been based in Manchester since 1995.

Andrea, as part of a team of four nurses covering the north west region, is also involved in teaching national groups and talking about Macmillan's work. The team see all families from diagnosis and are involved in the liaison with schools and local charities.

"I do not see myself as being any different from any other Macmillan Nurse. I believe it is important that children are cared for in a familiar environment, and the essence of our care is to give courage, confidence and control back to families whose children have been diagnosed with cancer. It's a rewarding job and I enjoy being with the families and the children." Andrea Stevenson, Macmillan Nurse.



Success at the Greater Manchester NHS Awards 2005

The Children's Day Case Surgery Consultation Project was the first Greater Manchester public and patient involvement exercise to involve children, their families and the healthcare professionals who look after them. Information obtained from the consultation has been used to design the day case unit and the facilities for patients as well as informing staff training programmes, in particular seeking to avoid incidents that distress children and their families.

This innovative project was awarded first place in the Children's Hospital Services category in recognition of the creative and innovative methods of consultation with children, young people and families.



Pictured are some members of the winning team accepting their award



Recruitment Success

The “Shaping Futures” recruitment campaign, spearheaded by the Manchester Children’s Hospitals, invites applicants to shape, mould and influence the development of children’s services across the North West. Recruitment packs now include interactive CD ROMS which show ‘movie clips’ of the wide range of specialities managed by the hospitals. The results have been impressive with an increased response rate to advertisements, increased application return rate and a reduction of over 40% in advertising cost per recruit.

The campaign received first prize in the “Best Multi-Media Campaign” and the main prize in the “Most Effective Overall Recruitment Advertising Campaign” at the Association of Human Resources Management Awards in London.

School Success

The RMCH Hospital School has been given a glowing report by Ofsted following a recent inspection.

The School has achieved Grade 1 in all areas and marked against criteria in the following areas: Overall Effectiveness of the School, Achievement and Standards, Personal Development and Well Being, Quality of Provision, Teaching and Learning, Curriculum and Other Activities, Care Guidance and Support and Leadership and Management.

The report also praised the school for providing a very well balanced range of academic and

developmental activities which results in an exceptional attitude towards learning and enthusiasm to achieve. The report also highlighted pupil involvement in devising class rules, the code of conduct and other policies. The report also said that practice across the school is innovative and exciting.

Hospital Unit Strikes Gold

For the third consecutive year, the Special Feeds Unit (SFU) at RMCH has been awarded the Gold Standard for cleanliness and hygiene.

The SFU makes the specialised feeds for infants and children at both hospitals every day, under strict hygiene regulations. The Gold Certificate was awarded following an unannounced inspection by the Environmental Health Team from Salford City Council. The Gold Standard is the highest acclaim that can be awarded by the Council.

“Our success shows that we have a hard working team with excellent support from the Estates Department. Through working as a team the SFU staff continue to maintain the high standards set.”
Julie Royle, Chief Paediatric Dietitian



Manchester Children's Hospitals clinical governance

This can be described as a framework through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.

Every member of staff within the Children's Division, as an individual and as part of their team, has a responsibility to ensure that clinical care is delivered safely, efficiently and to the highest quality.

Structures and systems are integrated within the Division to ensure full support for the Government's Standards for Better Health initiative, which will form a key part in the performance assessment for the Trust.

Day Case Surgery Integrated Care Pathway (ICP)

This project encompassed the different disciplines involved in the care of a child, from the decision in Outpatients to treat them right through to their discharge from the hospital.

In devising the ICP we asked the question – what does the child need? This placed the patient at the centre of the process.

Children requiring day case surgery create the largest volume of activity within the Children's Hospitals. Although each individual operation is different, the processes involved in managing the child's care from admission through to discharge are all similar. By bringing all the different people together to form the integrated care pathway, the child receives consistent, high quality care that we are able to audit so that we can continue to improve our services. This also affords the opportunity to introduce new quality control measures, focused on the patient.



“As a surgeon who deals with a large volume of low complexity (although very important) operations, to be able to hand the administration of child's admission to a process agreed by all the team members is a valuable step forward. It has allowed me to focus on those children with more complex needs, knowing that those with less complex needs are still receiving high quality care between the point of deciding to operate and their being discharged from the Day Surgery Unit at Booth Hall Children's Hospital. Every child is important and it is essential that each has access to the highest level of care appropriate to their needs. I believe that the development of this multi-disciplinary ICP has fulfilled this requirement.”

Mr John Bowen,
Consultant Paediatric Surgeon





Clinical Records Audit

The Division has established multidisciplinary teams to evaluate the medical records of our patients. Issues around documentation are a significant theme across complaints and serious clinical incidents, and improving health records documentation is vital as we continue to treat patients in the safest way. Each team - led by a Consultant and including a junior doctor and a nurse - ensures that action plans are developed and relevant changes are made to enable clear evidence of improvement. Areas included within the audit include contemporaneous notes, ensuring that the hospital number is recorded on each sheet, dating, timing and signing of all entries and the use of black ink.

Root Cause Analysis (RCA)

In the last year over 40 members of staff from the Children's Division have undertaken the RCA course. Developed by the National Patient Safety Agency, this course aims to provide staff with the necessary skills to participate in a structured investigation that helps identify the true causes of a problem and the actions necessary to eliminate them in the future.

We play an active role in the Trust's commitment to improving patient safety by encouraging and supporting an open culture of incident reporting and ensuring that there are robust and proven tools available to all staff to help them learn from incidents and near misses.

Early Warning System

This is being developed as a result of both anecdotal and case review concerns around the recognition of a sick child.

The Early Warning System has been developed collaboratively with medical and nursing staff, and supported by a small working group. The overall framework is simple and straightforward, with a 'traffic light' system adopted to identify the three key stages for action.

Although this system is still in its infancy, early indications show that the key principles - to ensure clinical staff identify the critically ill or deteriorating child and that an assessment is carried out by the most senior available doctor - have had a positive, identifiable impact on the quality of care our patients receive.



Patient Journey **Charlotte's story**

Charlotte was 13 years old when she was referred by her General Practitioner to the Psychiatry outpatient service. Her depressive symptoms and behaviour suggested a personality disorder and she was subsequently admitted to Galaxy House for assessment and management.

During her three month stay, Charlotte was cared for by her Consultant Child and Adolescent Child Psychiatrist as well as paediatric and mental health nurses. She also received support from occupational therapists and family therapists; the Hospital School ensured that Charlotte kept up with her studies.

Charlotte was discharged back home, with a care plan that included regular outpatient appointments where her condition was managed through a mixture of medication and behavioural therapy.

The nature of this illness means that patients can experience both peaks and troughs in their coping skills. Unfortunately Charlotte's behavioural problems worsened, with conduct problems and episodes of self harm culminating in a paracetamol overdose.

Charlotte was brought to the Accident & Emergency Department at Booth Hall Children's Hospital, where the nursing staff sent blood samples to the laboratories to determine the level of toxicity caused by the tablets she had taken. After an assessment by the psychiatrist on call, she was transferred to a medical ward before being discharged home.



Close links were established between the outpatient and inpatient teams to devise a management plan for Charlotte and her family. Partnership working involving the Youth Access Team, Children's Services and Voluntary Agencies (formerly Social Services) will assist in providing appropriate future support.





Patient Advice and Liaison Service (PALS)

The Manchester Children's Hospitals have their own PALS team, dedicated to our young patients and their relatives or carers. Providing on-the-spot advice and support, helping sort out concerns and offering guidance through the different services available from the NHS the team are focused on improving the service our patients and their families receive.

They can act on behalf of others when handling patient and family concerns, liaising with staff, managers and sometimes other relevant organisations.

The Youth Forum is an active group of young people aged between 12 and 19, and provides an opportunity for patients to have a real say in the important issues around their healthcare. Their experiences and opinions help the Manchester Children's Hospitals continue to provide not only the best clinical care, but in the most appropriate environment for all our patients.

Galaxy House, based at Booth Hall Children's Hospital, offers inpatient care to children and young people with severe and complex mental health problems. Open 24 hours a day, 7 days a week, the facility can accommodate up to 10 children. This is a unique facility for patients up to their 15th birthday, and accepts referrals from Manchester, Cheshire, Lancashire and Cumbria.



The Youth Access Team is a Manchester city wide service for 12 - 19 year olds, focusing on increasing access to services for young people experiencing mental health problems. Keeping a community focus, they work closely with local voluntary agencies and specialise in drug and alcohol misuse.

The Accident and Emergency Department is a dedicated paediatric service which sees and treats approximately 30,000 children and young people each year. A joint consultant team works between Booth Hall Children's Hospital and the Manchester Royal Infirmary to ensure that knowledge and experience is shared widely across the Trust.

Patient Journey

Ahmed's story

Ahmed was three years old when he was diagnosed with nephrotic syndrome, where abnormally large quantities of protein are lost in the urine as a result of a problem with the kidney's ability to filter waste products. This results in fluid leaking into the body tissues causing swelling all over the body, including the intestines and stomach.

For three years, Ahmed was treated using peritoneal dialysis at home, which required him being 'hooked up' to special equipment six nights a week for 10 hours at a time so that the normal waste produced by his body could be safely removed. During this time he was cared for by the hospital's Renal Nurse Specialist, who worked with his school and family as well as caring for Ahmed when he visited the hospital for meetings with his Consultant.

During this time Ahmed was placed on the waiting list for a kidney transplant. Ahmed's family met with the hospital's Transplant Nurse Specialist who



counselled them about this procedure. A Play Specialist met with Ahmed to explain, through highly specialised therapeutic play techniques, what would happen to him during and after the transplant.





When he was six years old, Ahmed developed problems with this form of dialysis and so began attending the Royal Manchester Children's Hospital three times a week for haemodialysis. Each treatment would last for four hours, and during that time Ahmed's family also met with the hospital's dietitian who could advise his family about avoiding processed foods and provide the information they needed to help manage his condition.

A year later, Ahmed's family received a telephone call to say that a kidney had become available. They brought Ahmed to the hospital, where the four hour operation was carried out by the renal surgeons. Afterwards, he was transferred back to the specialist renal ward where the nursing staff were able to monitor him closely for the next two weeks until he was fit enough to return home.

Over the following weeks, Ahmed returned to the hospital on a regular basis for blood tests to ensure that his new kidney was working well. He needed to take anti-rejection medication too, and so the drug levels in his blood were also monitored to ensure that he was receiving the best dosage.

His care by the Renal Transplant Nurse Specialist continued, who took over the ongoing management of his health. As Ahmed continued to remain in good health his check-ups reduced in frequency to every six weeks, but as he entered his teenage years the Nurse Specialist was there to help with his transition into the care of Adult Services.

The Royal Manchester Children's Hospital carries out around 20 renal transplants each year, and is one of the biggest centres in the UK. Around half of these procedures involve the donor kidney coming from a living relative.



The hospital enjoys an enviable reputation for presenting at numerous paediatric and transplant conferences across the world, and has recently been involved in developing educational packages specifically for paediatric services.



The Transplant Nurse Specialist at the hospital is just one of three across the UK that works solely within paediatric services. Acting as a resource and providing specialist advice for junior medical staff, GPs, nursing staff within the Trust and community nursing teams (including health visitors and school nurses), the clinical duties of this role include assessment of patients post operatively in clinic, including assessing laboratory results, detecting changes and taking appropriate action.

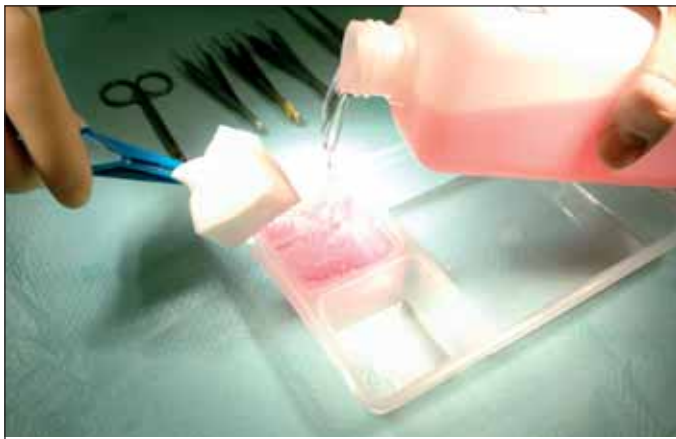
The Directorate of Surgery, Theatres and Anaesthesia delivers surgical care to children on both hospital sites, treating approximately 13,000 surgical inpatients and 36,000 outpatients each year. There are four theatres at Royal Manchester Children's Hospital and five at Booth Hall Children's Hospital, including a specialist Burns Theatre and a dedicated Day Case Theatre.

Patient Journey **Claire's story**

Claire was seven years old when a house fire seriously injured Claire and her mother. Claire was transferred to the Burns Unit at Booth Hall Children's Hospital with 4% full thickness burns to her hands and arms, and with 7% superficial burn injuries to her face. However this meant that her face had become swollen, making it very difficult for Claire to breathe and so she was ventilated when she was transferred here by ambulance.

Her initial assessment was carried out by Burns Consultants and Intensivists, who were able to create a specific care plan for Claire. Although ventilated for a further five days whilst some of the facial swelling reduced, Claire was also seen by physiotherapists and occupational therapists who would be involved in helping her recover from the injuries to her hands.





The dietitian was involved with Claire's treatment as patients with burn injuries need high protein diets, and will also need feeding via a naso-gastric tube. The laboratories provided extra fluids to help Claire maintain her blood pressure.

Once Claire was breathing for herself, there were regular visits to the special operating theatre located on the Burns Unit so that her wounds could be cleaned, dressings changed or grafting of healthy skin over the affected areas. Bereavement services became involved with the family as sadly her younger sister had died in the fire, and the family counsellors were able to support Claire through this very difficult time.

After a further two weeks, Claire was able to leave the hospital. Regular outpatient appointments at the Frank Robinson Clinic ensured that both Claire and her mother were able to manage her on-going burn management care – this included an outreach service nearer to where Claire lived. The Psychology service helped Claire adjust to returning to school with scars, and the following year Claire attended the annual Burns Camp.

The Manchester Children's Burns Camp is for children aged between six and 18 years who have experienced a burn injury. The camps are organised by a multidisciplinary team of staff. The children are often learning to live in a society which discriminates against people who are disfigured and learn how to handle difficult situations like being teased. Being with other young people and adults who have had similar experiences means that there are plenty of chances to learn from each other.

The camps are funded entirely from charitable donations.

The need for a centre to treat young patients with burn injuries at Booth Hall was recognised in 1953 when the hospital opened a new ward for burns and scalds. It was the first of its kind in the country and dealt exclusively with severe burns in children up to the age of 16 from across the country.

Today it is the only dedicated paediatric facility in the UK that can ventilate seriously injured children outside of an Intensive Care Unit. Over 450 children are treated as inpatients on the Burns Unit each year, with an additional 250 children treated through the outpatient clinics.



The burns service at Booth Hall Children's Hospital is being considered as one of a small number of Paediatric Burns Centres in the British Isles, as detailed in the National Burns Care Review in 2001.

Currently the hospital is focusing on the development of burns services for children, working closely with colleagues in South Manchester who provide burn treatment for adults, to facilitate the burns service across Greater Manchester as a whole.

Patient Journey Sophie's story

Sophie was 12 months old when her concerned GP sent a blood sample to the Willink Unit at the Royal Manchester Children's Hospital for white cell enzyme testing – a diagnostic procedure that tests for 16 different metabolic disorders. A positive result for mucopolysaccharidosis (MPS 1) or Hurler's Syndrome, as it is often known, gave an explanation for the symptoms she had been experiencing.

Although living in Newcastle, Sophie was referred to the Willink Unit to be seen by the Consultant and Nurse Specialist. Her treatment plan was discussed with the family, and it was agreed that Sophie would undergo Enzyme Replacement therapy (ERT) followed by a bone marrow transplant. In preparation for this treatment, Sophie had a portacath inserted in her chest so that her medication could be given easily, directly into her blood stream.

For six weeks, Sophie visited the Willink Unit once a week for her ERT. Following this, her care was handed over to the Bone Marrow Transplant team who looked after her during and after the transplant.





As Sophie was a first child for her parents, they were referred to the Trust's Clinical Genetics Team who were able to offer support and advice about further pregnancies, as there is a one in four chance of future siblings being affected by the same condition.

Following successful ERT and bone marrow transplant, Sophie's care continues to be delivered by the Willink Unit. Visiting for outpatient appointments twice a year, the clinics are organised to ensure that Sophie is able to be seen by many specialties on just one day. The Endocrinology Team will need to monitor her pituitary function over the coming years, as there is a risk that failure to function means she will not go through puberty. Sophie will be reviewed by one of our spinal surgeons, as children affected by MPS 1 often have skeletal problems that require complex surgery to relieve. The Cardiology Team will assess Sophie's heart on a regular basis, as she will be prone to heart valve problems. The Neurophysiology Team will be involved with her care as she may experience carpal tunnel syndrome. The Dental Team will also review Sophie on a regular basis, as some dentists are not familiar with the difficulties of treating children with an enlarged tongue.

The Willink Unit is at the forefront of research and treatment for lysosomal storage disorders. The volume of clinical trials for ERT undertaken over the years is unrivalled across the world, and this means that the Unit has also treated more patients than anywhere else. There are currently over 50 patients with MPS 1 being treated here.



The Bone Marrow Transplant Unit has seven beds and carries out nearly 40 transplants a year. The length of stay is dependent on the type of transplant carried out - stem cell, cord or bone marrow (matched unrelated, autologous or sibling) - but averages around seven weeks. The Unit is currently working towards a Certificate of Accreditation which will recognise compliance with European standards around high quality patient care and laboratory performance.

The Willink Unit is only one of two in the UK providing this service which are designated for National Specialist Commissioning Agency Group (NSCAG) funding.

Patient Journey **Daniel's story**

Daniel, aged four, began to suffer from a number of infections and was seen by his GP on several occasions over a few months. A blood test was carried out, which showed that there was a problem with the white cells in his blood, and he was referred immediately to the Royal Manchester Children's Hospitals for further investigations.

Upon arrival on the Oncology ward, Daniel was seen by a team of clinicians and nursing staff who helped him settle into the hospital. He was taken to the operating theatres where his Consultant Oncologist carried out a bone marrow biopsy and a lumbar puncture for investigation in the laboratories. The results showed that Daniel was suffering from Acute Lymphoblastic Leukaemia (ALL) – one of the most common leukaemias to affect young children.





Daniel's induction treatment consisted of intravenous chemotherapy, given over four weeks whilst he stayed in hospital. His family was in contact with the Sargent Social Workers and the Macmillan Nurses, who offered support and advice which Daniel, his parents and older brother needed in order to deal with his diagnosis.

After a month, Daniel was given oral chemotherapy treatment and attended the Outpatients Clinic on a weekly basis. He was admitted back into hospital 17 weeks after his initial diagnosis for a Hickman line to be inserted in his chest, to allow for a dose of chemotherapy to be given directly into his blood stream. During this time, Daniel stayed in the hospital's short stay facility. His oral chemotherapy continued for a further 17 weeks when he again visited the short stay facility for his final dose of intravenous chemotherapy.

Although he responded well to his oral chemotherapy, Daniel was very prone to infections and unfortunately contracted chicken pox whilst at school. This infection left him feeling very poorly, and he was admitted back into the hospital through the Acute Referral Unit, where the hospital's Infection Control Nurse was able to advise staff on the best way to manage Daniel's care without risking the health of other patients. Daniel's poor ability to fight the infection meant that he spent five days being cared for on the Paediatric Intensive Care Unit.

Daniel recovered from the infection, and continued the oral chemotherapy until three years after the initial diagnosis. His progress continues to be reviewed at the Outpatients clinic on a yearly basis.

The Paediatric Intensive Care Unit (PICU) is one of two lead centres in the North West and admits approximately 600 children each year. The Unit provides a Consultant-led 24 hour Paediatric Emergency Transfer Service for children requiring intensive care from around the region and further afield.



The Oncology service at the Royal Manchester Children's Hospital sees and treats around 120 new patients each year. The main Inpatient ward has 15 beds, although an additional five beds are available on the short stay unit. The nursing staff are supported by research nurses, as all treatments are included within the hospital's clinical trials programme.



Families want to stay near their child during inpatient treatment, especially if their stay is for more than a few nights.

Accommodation for families who wish to stay overnight at our hospitals is provided through a mixture of stand-alone bedroom facilities (some with showers) and ward-based solutions such as a recliner chair, an adjacent hospital bed or a fold-out bed.

Manchester Children's Hospitals sector & network boards

Working at national, regional and local levels, the Division aims to deliver expert care in the most accessible and localised settings, ensuring that national policy is put into practice. We are actively involved in the North West Paediatric Partnership Board, which was established to promote and effectively deliver specialist healthcare services for children in the North West.

Local Partnership - Child Protection

The Division plays a key role in working in partnership with other local agencies to improve the lives of vulnerable children and young people. The safety and well being of our patients is fundamental to us, and we play a critical role in child protection issues. The requirements of the Laming Report have been fully implemented and staff continue to work hard to safeguard children at all times. The Director of Children's Services for the hospitals sits on both the Salford and Manchester Local Safeguarding Children Boards.

Regional Partnership - Cleft Lip and Palate Services

Manchester Children's Hospitals (including the Dental Hospital) worked very successfully with the Royal Liverpool Children's NHS Trust in a consultation exercise to develop a new joint regional service for patients who live across the North West, North Wales and the Isle of Man.

"I have been working with the Greater Manchester Cleft Lip & Palate Service for the past 15 years, a well established centre recognised both nationally and internationally for its vision and innovation. During this time there have been a number of developments which have had a direct positive impact on the quality of care offered to affected families, one of these being the development of the role of the clinical nurse specialist. We now have the exciting opportunity to develop a regional multidisciplinary service in the North West expanding our specialist services, and working in closer collaboration with local services and parents who do not have easy access to either Manchester or Liverpool. I am confident that this expansion of care will benefit from the strong leadership, support and management experience offered by the Manchester Children's Hospitals. I look forward to working with this new regional team whose central aims must continue to focus on improved outcomes for these families." **Trisha Bannister, Lead Clinical Health Visitor Specialist**

Regional Partnership - Burns Care

Working in partnership with South Manchester University Hospitals NHS Trust, clinicians are working to develop a pan Manchester Burns Service for both children and adults in line with the National Burns Care Standards. Consultants share the on-call cover between the two Trusts and support the junior doctors who also rotate their time. Teaching and development programmes are shared with nursing staff, and there is a positive interaction between the multidisciplinary teams across both sites.

"As the designated clinical lead for paediatric burns services within this partnership I recognise this wonderful opportunity for best practice in burns care to be genuinely shared amongst all the multidisciplinary team members involved in caring for our patients. I have been given the opportunity to help shape how future paediatric burns care across the region is configured in line with the National Burns Care Review from the British Burns Association."

Ms Mamta Shah

Consultant Burns and Plastic Surgeon



National Partnership - The Children's Health Alliance

Membership of this group is from the four specialist Children's Hospitals across the UK together with the other major Children's Units in large NHS Trusts.

The Alliance has helped influence national policy, particularly around how the national tariff and Payment by Results can work in a Specialist Paediatric healthcare community. Members of the Alliance also work together to share best practice, knowledge and skills, working together on major challenges and opportunities to shape future developments.

Manchester Children's Hospitals research & development

The Manchester Children's Hospitals have an outstanding reputation as leaders within paediatric healthcare research, both within the UK and internationally. Our major research partner is the University of Manchester and many of the University's own research projects are undertaken within our hospitals. The Children's Division is well represented within the Trust's Research & Development Board.

Research and Development

Autism Research Boosted by £1.9 Million Award

Funding for a major new clinical trial to develop communication skills for children affected by autism was granted in 2005 by the Medical Research Council and the Department of Health. Led by Dr Jonathan Green at Booth Hall Children's Hospital, the four year PACT trial (Pre-school Autism Communication Trial) will study the effectiveness of a treatment designed to enhance parent/child communication and social and language development of the child. Families will attend sessions with a therapist every two weeks for six months to learn new ways of understanding and communicating with their child, with monthly booster sessions for a further six months. A pilot study of this treatment, published in 2004, showed promising initial evidence of its effectiveness. The multi-site trial, developed in collaboration with the National Autistic Society, will involve 144 children on three sites across Manchester.

Development of Teenage and Young Adult (TYA) Cancer Services

Recently labelled the "Forgotten Tribe", patients aged 13 – 24 years who develop cancer have now been recognised as a group with its own special needs. The award to Manchester of the first Teenage Cancer Trust University Chair, which is held by Professor Tim Eden, is recognised as a key step to take many research issues forward.



Professor Eden sits on the Improving Outcome Guidance for Children and Young People (with cancer) Advisory Group, endeavouring to implement the 2005 NICE Guidelines, and also on the newly created National Cancer Research Institute TYA Clinical Studies Group which scopes how we can

"This is the first large-scale intervention study of its kind in autism. We hope that it will provide a new evidence base for autism service planning and help change the face of service provision both in the UK and overseas. As the treatment helps communication, it improves a parent's sense of competence and involvement with their child, as well as the child's development. Parents from our focus groups have indicated that this is central to what they need from an intervention."



Dr Jonathan Green,
Consultant Child and Adolescent Psychiatrist.
Reader in Child and Adolescent Psychiatry

New Clinical Scientist

In 2005 Dr Stefan Meyer was appointed to a Cancer Research (UK) clinical scientist role in Manchester. He has taken over Professor Eden's Paediatric Oncology Clinic at the Royal Manchester Children's Hospital.

His research focus is on DNA damage and recognition pathways, especially the Fanconi anaemia gene pathway which lies at the heart of cellular response to internal and external genetic damage.

deliver evidence based care, treatment and follow-up. The focus for research in Manchester will be:

- Creation and execution of clinical therapeutic trials to optimise care including Phase I, II and III trials.
- Supportive and palliative care studies focusing on complex symptoms such as pain, nausea/vomiting and mucositis.
- Cancer aetiology and epidemiology with special emphasis on DNA damage recognition and repair.
- Psycho-social functioning during and after treatment.

Manchester Children's Hospitals new hospital development

We've been planning for a new Children's Hospital in Manchester for decades. At last, it's happening! In 2009 the range of services on site and closeness to the University will give us unparalleled opportunities to develop services for children and young people, giving us the largest integrated Children's Hospital outside of North America.

The main benefits of the new Children's Hospital will be:

- Children's specialist services coming together on one site to provide an integrated paediatric service to Greater Manchester, the north west and beyond
- A child-centred environment appropriate to the needs of children, including provision of adolescent and family facilities
- Availability of the latest medical equipment and information technology
- Provision of a play centre, schooling, family accommodation and adolescent facilities to cater for the needs of the whole family
- New, purpose-built buildings planned to ensure efficient clinical adjacencies and functional use, such as the location of the Intensive Care Unit next to the Operating Theatres

The new Children's Hospital will have 393 beds making it the largest in the United Kingdom. The hospital will be built over three floors and has been designed to ensure that departments will be placed adjacent to the supporting services and equipment they need. Elective (planned) and emergency care for children and young people will be kept separate.



On the ground floor, patients enter the large and welcoming main reception area. They will be guided towards the Elective Treatment Centre which will house outpatient consulting rooms, day case and short stay facilities as well as clinical investigation facilities such as ECG rooms, diagnostic facilities (X-ray) and Neurophysiology.

Patients who arrive needing emergency care will be directed to the Accident and Emergency area, which includes a six bedded observation ward. Those patients needing investigative or X-ray tests will find that the CT Scanner and MRI Scanner are located nearby as well as state-of-the-art ultrasound equipment.

The first floor will be where the 21 bedded Intensive Care Unit and 15 bedded High Dependency Unit will look after the poorest of children. Critical Care services are complemented with the adjacency of a 12 bedded Burns Centre whose facilities will also include a multi-sensory room, play room and adolescent day room. There will be 21 parents' accommodation rooms available for families needing to stay near their children during their treatment on the Critical Care Unit and Burns Centre. Further along this floor will see the location of the 32 bedded Neurosciences Ward. Nearby will be the Operating Theatre area with 12 theatres and recovery bays.

A complete Child Mental Health Unit will be housed in a separate area next to the new hospital. Facilities will include an indoor and outdoor recreation area as well as numerous consulting rooms and interview rooms. The new Unit will contain nine beds as well as one parents' accommodation room.

Further information about the development can be found by visiting our web pages on www.cmmc.nhs.uk/nhd

Manchester Children's Hospitals charitable support

Alongside specific fundraising groups, we are supported by the families and friends of patients and staff. We have received donations from charitable trusts and companies, and from people who have remembered us in their wills. In the last financial

year the two Children's Hospitals have benefited from over £1 million of generous donations which help provide more equipment, improved research and a brighter environment for our patients and their families.



Manchester Children's Hospitals facilities

Behind the scenes are a range of services that play an important role in maintaining and improving the environment for our patients, their families and our staff.

Operational services such as cleaning, engineering, building, portering, car parking and food services all have a significant effect on the experience of working or visiting our hospitals.

- We have introduced protected meal times on some wards, to ensure that children have the time to eat rather than be interrupted for investigations or procedures
- Infection control audits on equipment and the environment are regularly undertaken

- Bedside TVs/ telephones have been installed to help improve the patients' stay
- Our menu has been reviewed and now includes a wider range of items meeting the needs of older children – additional foods are also available to meet religious dietary requirements





Many thanks to the Medical Illustration Department at the Manchester Royal Infirmary for the photography

The Central Manchester and Manchester Children's University Hospitals NHS Trust was established on 1st April 2001, bringing together Central Manchester Healthcare Trust and Manchester Children's Hospitals NHS Trust.

The Trust comprises:

- Booth Hall Children's Hospital
- Manchester Royal Eye Hospital
- Manchester Royal Infirmary
- Royal Manchester Children's Hospital
- Saint Mary's Hospital for Women and Children
- University Dental Hospital of Manchester

The Trust's aim is to provide to all users and staff a quality service that strives to meet the best standards of professional care, is sensitive and responsive to their individual needs. We want to be innovative in the treatment we provide and the environment we create.

- The population of Greater Manchester is around 2.6 million – life expectancy, infant mortality and a host of other indicators are worse than the national average.
- The Trust employs around 8,000 staff and has an annual budget of £320 million. The Children's Division has a budget of nearly £80 million.
- Over the six hospitals there are 1,400 beds and 34 operating theatres.
- We have the largest number of undergraduates and clinical staff in training across the North West.
- Each year we deliver 4,000 babies and carry out over 90,000 operations
- Within the Trust, on average we see around 160,000 patients in our two Accident & Emergency Departments, attend to more than 500,000 outpatients and around 120,000 inpatients.