

3: The Delivery of Hospital Services

The Comprehensive Children's Department

3.1 The desirability of caring for all children within a **Children's Department**, or children's hospital, is well recognised. Grouping children and young people together - preferably with others of their own age group - facilitates the provision of high quality, cost effective care. It enables

- a **children's physician or surgeon** to participate in the general management and professional oversight of the Department (although responsibility for an individual child's medical care may rest with consultants in specialities other than paediatrics)
- children to receive **specialist nursing services**, managed and supervised by, and professionally accountable to, a senior nurse with the **RSCN** qualification (or one who has completed the child branch of Project 2000)
- the **special welfare needs** of children to be more easily met
- **parents/carers and professionals** to share in the care of the child
- **unrestricted** parental involvement during the child's stay in hospital
- an appropriate **child centred routine** in respect of sleeping and feeding patterns
- the provision of **education**
- provision of facilities for **play**
- the environment to be **furnished and equipped** to meet the needs of children.

3.2 *Districts and provider hospitals* are advised to consider the extent to which the children's department can be located on **one site** within the curtilage of the district general hospital. Where, exceptionally it is necessary to accommodate children outside the children's department - eg it may be more appropriate to provide **psychiatric** care for some disturbed children in a small, community-based Child and Family Therapy Unit - discrete facilities offer the most satisfactory solution, managed, as far as is practicable, to the standards set in this document.

Consent to treatment

3.3 *Districts and provider hospitals* should ensure that good practices are followed on seeking **consent to the treatment of children**. A guide to consent for examination and treatment published by the NHS Management Executive in August 1990⁸ will be of assistance here. The guide indicates that

- the consent of the child and the parent or guardian should be obtained to treat children **under age 16** save in an emergency where there is no time to obtain consent
- normally a child who is seen alone should be encouraged to inform his or her parents except where **it is not in the child's interests to do so**
- there are circumstances where if, in the opinion of a doctor, a child below this age has achieved sufficient understanding of what is proposed, the child **may consent** (or refuse to consent) to a doctor or health professional making an examination and giving treatment (a full note should be made of