



National Policy National Procedure National Protocol National Guideline
 National Clinical Guideline

HSE Procedure for Approval & Management of a Planned Parental Absence for Children Receiving a Paediatric Homecare Package

DOCUMENT GOVERNANCE ¹

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¹ Records the senior management roles involved in the governance and development of the document.

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HSE procedure for approving Planned Parental Absences (PPA) for Children with Complex Healthcare Needs (CCHN) in receipt of nursing care in the community setting within HSE Regional Health Areas (RHA).
National Group:
Paediatric Homecare Package (PHCP) Coordinators Nurse Practice Group Access and Integration
Short summary:
The HSE National Procedure provides a framework for HSE Health Region CCHN Governance Groups to assess and minimize risks when approving planned parental absences for CCHN receiving a PHCP in a community setting.
Description:
This HSE Procedure sets out the procedures required to minimize risk when approving planned parental absences for CCHN receiving nursing care at home via a HSE PHCP for all Health Region PHCP Operational Governance Groups.

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1.0 Planning

1.1. Purpose

This HSE procedure has been developed to provide clear guidance to all HSE Health Regions Children with Complex Healthcare Needs (CCHN) Governance Groups when approving and managing Planned Parental Absences (PPA). It identifies the steps required to minimise any risk when the child is being cared for by private provider nursing staff in the absence of the child's parents.

This Procedure should be read in conjunction with other CCHN procedures, local relevant policies/protocols/procedures that include the administration of medications, reporting of adverse incidents in the community, infection control and any other relevant documents that incorporate best practice in the community for children with CCHN.

1.2. Scope

This procedure applies to all HSE Health Region governance groups when a PHCP nursing service is being delivered under a HSE service arrangement in a community setting by a private nursing provider, in the absence of the parent or guardian, while on a Planned Parental Absence.

Out of Scope: this procedure is specific to the home and does not apply to services outside the home, even if those services are funded wholly or in part by the HSE e.g. acute hospital, respite services

1.3 Target population

HSE Regional Health Area's (RHA) PHCP Governance Groups.

1.4. Target users

This HSE Procedure applies to all staff engaged in the provision of nursing care in a community setting to the CCHN receiving a PHCP. It does not apply to Healthcare Assistants contracted to provide a home care service.

1.5 Objective(s)

- Provide clear guidance to all HSE Regional Health CCHN governance groups on the risk minimisation approval and management process of a planned parental absence when a child is in receipt of a PHCP in a community setting.
- Outline the necessary governance procedures to facilitate, enable and ensure safe nursing care by registered nurses during a PHCP planned parental absence in a community setting.
- Assist in mitigating the foreseeable risks in order to provide a safe environment for children with complex healthcare needs during a PHCP planned parental absence in a community setting.
- Ensure standardisation of the guidance when minimising risk during a PHCP planned parental absence in a community setting.

1.5 Outcome(s)

There will be a standardised procedure to approve and manage a planned parental absence when caring for a CCHN receiving a PHCP.

1.6 Disclosure of interests

No conflicts of interest are declared

1.7 Rationale / alignment with HSE national priorities

This procedure was developed to standardise the approach to risk minimisation during planned parental absences for children with complex healthcare needs (CCHN) receiving a nursing service at home. Caring for children close to home is a key priority for Irish healthcare policy (Government of Ireland, 2018, HSE 2018a, HSE 2017). Sláintecare (Government of Ireland, 2018) & Sláintecare Action Plan (2023) identifies the need to transfer care from acute to community settings (including homecare) and outlines a strategy to expand community- based healthcare in order to achieve the delivery of care closer to home. This model of care is also supported by the HSE Strategic Plan for 2019 (HSE 2018a), Leading the Way; A National Strategy for the Future of Children's Nursing in Ireland 2021-2031 and the National Model of Care for Paediatric Healthcare Services in Ireland (HSE 2017).

1.8 Supporting evidence

Nurses and Midwives Act (2011).

Health Act (2007).

Health Information and Quality Authority (2012) National Standards for Safer Better Healthcare.

Health Services Executive (2019a) Child Protection and Welfare Policy

Health Services Executive (2019b) Data Protection Policy

Health Service Executive (HSE) (2020) Incident Management Framework

National Quality Assurance Initiative (2021)

Nursing and Midwifery Board of Ireland (2025) The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives incorporating the Scope of Practice and Professional Guidance.

Health Services Executive (2011) Standards and Recommended Practices for Healthcare Records Management

Health Services Executive (2022v2) National Consent Policy, HSE National Office for Human Rights and Equality Policy

Legislative Documents

Nurses and Midwives Act (2011).

Government of Ireland (1947) Health Act. www.irishstatutebook.ie

Government of Ireland (1970) Health Care Act. www.irishstatutebook.ie

Government of Ireland Freedom of Information Acts 1997 and 2003,

Government of Ireland Health Act (2007).

Government of Ireland Pharmacy Act (2007).

Government of Ireland (2011) Nurses and Midwives Act. www.irishstatutebook.ie

Government of Ireland (2015) Children First Act. www.irishstatutebook.ie

Safety Health and Welfare at Work Act (2005) Dublin: Government of Ireland, Stationery Office, Dublin.

Safety Health and Welfare at Work Act (General Application) Regulations (2007) Dublin: Government of Ireland, Stationery Office, Dublin.

2.0 Methodology

2.1. List of key questions this National 3PG will answer

- What is the guidance to HSE Health Region CCHN Governance Groups on the steps required when approving planned parental absences for children with complex healthcare needs receiving a PHCP in order to minimise risk?
- What are the steps to safely manage a child's nursing care when there is a PPA in place?

2.2. Describe and document the evidence search

The PHCP Coordinators Nurse Practice Group undertook an extensive literature review. The objective of the literature review was to establish current evidence and best practice, and seek new and emerging evidence, in relation to increased risk when a parent is not present to care for their child during a planned parental absence in a community setting.

A literature search was originally conducted by the NQAI reviewers in 2017, 2021 and updated in 2025. Search terms included “*Children with complex healthcare needs*”, “*Parental absence*”, “*Nursing*”, and “*Homecare*”. Major library databases—CINAHL, PubMed, and Medline—were searched to identify the most relevant and recent peer-reviewed publications to inform this PPPG. The search was limited to studies published between 2007 and 2025. The Cochrane Library was also reviewed; however, no systematic reviews or protocols directly addressing the topic were identified. There is an increasing body of literature on in-house nursing respite for children with complex healthcare needs (CCHN); however, the majority of these studies are qualitative and focus primarily on parents' perspectives of caring for their children. No studies were identified that examined the impact of nurses on either service users or the wider organisation. Grey literature was explored through internet searches, but no policies or guidelines were found regarding nursing care provided to children with complex healthcare needs in the absence of parents. Nonetheless, anecdotal evidence indicated that parents have requested the HSE to fund home nursing care when they are not present and this was also reported in HSE NQAI report in 2021.

The Professional Lead for Children and Young People's Nursing in the Royal College of

Nursing, UK was contacted in April 2017 and December 2021 to ascertain if the RCN held a position of caring for children with complex healthcare needs in the absence of their parents. In August 2025, the HSE PHCP Coordinators Nurse Practice Group confirmed with RCN that there was no change or developments since April 2021. The RCN does not have a position statement on this issue at the current time. They reported the majority of RCN members have stated that their organisations policy is that if the parent is not present then there is a requirement for another adult to be present in a community setting.

Summary of Findings

Parents and families of children with complex needs carry a significant caregiving burden. (McCann et al, 2012; Barrett et al, 2025). Parents are the principal care givers for CCHN at home. The National Carers' Strategy (2012) recognises the unique role of carers and acknowledges that they should be supported to continue to provide care. Managing the demanding care regimens of these children makes it difficult for many families to maintain a "normal" family life (A Palliative Care Needs Assessment for Children, 2005; Bee Wee Report, 2020). Parents try to establish environments and routines for the whole family unit that incorporates and accommodates the needs of CCHN (Fisher et al, 2024) however families generally prioritise physical care and health needs of the child who has complex needs while attempting to meet as many needs of other family members as possible. These attempts often require flexibility, creativity, prioritisation, and delayed gratification, especially on the part of the parents (WHO, 2023; Hall et al, 2023). As a consequence, only essential journeys are made and social isolation for the family can occur as social outings are seen as non-essential, and they become less of a priority than attending medical appointments and clinics (Nicholl, 2013). This may be acceptable in the short term but in the long-term Fisher et al (2024) suggests that this may lead to family disunity, isolation and a negative care experience. However, there are challenges in trying to continue to maintain a "normal" family life (Nicholl, 2013).

Time away from the CCHN can often be beneficial to parent and child as well as essential to maintaining family life. Consideration for this must be led by the clinical needs of the CCHN and the individual family dynamics (Radu et al, 2022). These children are discharged home to the care of their parents who have been deemed competent in providing care. In order to enhance the quality of service provision and at the same time minimise clinical and nonclinical risks that may present because the parent is absent, the HSE, in collaboration with parents and service providers, should ensure systems are established to identify, manage and monitor risks or potential risks for children and their families (RCN, 2017 and Raymond, 2009)

The presence of a child with complex medical and developmental needs associated with technology dependencies and long-term home care most certainly affects the

physical and emotional health and well-being of the parents, siblings, and other family members. Siblings of CCHN may demonstrate behavioural problems or academic failures, as they often assume caregiving responsibilities and may have unmet needs for parental attention and support (Pelentsov et al, 2016). Family holidays may be cancelled or postponed, parental attendance at important school or sports events may not occur, and sometimes even serious medical symptoms in the well sibling may go unattended (Hill & Brenner,2019). Siblings may sometimes be called on to assume caregiving roles for which they have not been appropriately trained or are not developmentally prepared. Health care professionals can assist these children and their families by being cognisant of these issues and in some instances, family support services and counselling may be indicated (O'Brien et al, 2010).

Many parents perceive that they had fallen into roles as mothers/fathers, nurses, doctor, physiotherapists, and housekeepers. National Carers' Strategy (2012) recognises the unique role of carers and acknowledges that they should be supported to continue to provide care. Parents expressed a need for "adult time" with their partner, when they could discuss, reflect, comfort, and take care of each other. They missed time to go away and do things together. This could entail anything from going to the supermarket together to having private time just to themselves (Slade et al,2023). Parents of children with complex needs cannot sustain the level of care required by their child if they do not receive regular breaks, with research highlighting the physical and mental health costs for parents as a result of the stress associated with the caregiving role (Chen et al., 2015; Dyches et al., 2015; McCann, 2017).

2.3. Describe the method of screening and evidence appraisal

There is limited research-based literature specifically addressing the delivery of nursing care to children with complex healthcare needs in a community setting when their parents are absent (see summary section). However, several key articles from the Irish and UK health services support the provision of in-home respite care for families of children with complex healthcare needs. The development group reviewed these publications and, drawing on both the evidence and their clinical expertise, formulated this Procedure.

2.4. Attach any copyright or permissions sought

None sought.

3.0 Procedure

For a Planned Parental Absence (PPA) to be considered the child with complex healthcare needs (CCHN) must be judged clinically suitable for community-based care by their primary hospital consultant, and that they can be safely cared for by a single competent individual in the home. A risk assessment must be carried out, and its findings will determine whether a PPA is an appropriate support for the child.

3.1 Prerequisites for approval of a Planned Parental Absence by Governance Group

PHCP must be in place for a minimum of **3 months** prior to consideration of PPA. The Health Region CCCHN Operational Governance Group must;

- An up-to-date Paediatric Clinical Nursing Assessment utilising the P-CAT to identify the CCHN's clinical nursing needs.
- Written confirmation that a medical consultant or relevant grade doctor has established that the CCHN can be cared for by **one** trained person and does not require two people to be present.
- Confirmation that a medical consultant or relevant grade doctor has examined the CCHN and documented any specific clinical requirements the child may require when there is a planned absence of the parents in a community setting.
- Confirmation that the CCHN and family have been assessed as safe for home care with all safeguarding issues considered and addressed.
- Confirm from care plan that the CCHN is registered with a GP.
- Completion of a HSE risk assessment specific to when nursing care is being delivered in a community setting during the planned absence of the parents (Appendix 5). Consideration for this must be led by the clinical needs of the CCHN and the individual family dynamics. This should include an environmental risk check list (Appendix 6). The risk assessment/s and request for PPA is then submitted to the IHA PHCP Operational Governance Group for consideration.
- Where there is an advanced treatment plan in place for the child, clarification of the parents' wishes in the event of a sudden deterioration in the CCHN condition during their planned absence and include in the care plan (Appendix 9).
- Confirm that the service provider implements any identified control measures as per HSE risk assessment.

3.2 Requisites required for Governance Group to consider for approval & Management of a Planned Parental Absence

"Planned Parental Absence" are to facilitate the parent to carry out regular daily tasks for e.g. collection of other children from school or grocery shopping. Note; PPAs are not for overnight periods.

- All Planned Parental Absence must be approved by the IHA PHCP Operational Governance Group.
- All Planned Parental Absence must be reviewed as part of the homecare package 6 monthly/ annual review process or sooner if indicated.
- All Planned Parental Absence must be prearranged and agreed with parents, service provider case managers and HSE PHCP Coordinator.
- All Planned Parental Absence must be included in the CCHN's care plan. The care plan should clearly outline the risk assessment/control measures in place. It should also outline an advanced treatment discussion document that may be in place for the child (Appendix 9).
- Parents must always be accessible by mobile phone and provide details of a 2nd phone contact which will only be used if the parent is not contactable for any reason e.g. poor network reception.
- All parents availing of Planned Parental Absence must be free to return home quickly or nominate a responsible adult that can attend the house ASAP if requested by the Registered Nurse (RN) for any reason.
- Any parental absence outside of normal routine/length of time must be agreed with the service provider case managers and HSE PHCP Coordinator prior to initiation.
- All Planned Parental Absence must have a clear start and finish time and parents will agree to comply with these time blocks.
- The parent and 2nd designated person's phone number should be easily located on the RNs phone and in writing near the bedside.
- During planned parental absences, the Registered Nurse will provide care and supervision to the child with complex healthcare needs only and is not responsible for other children or any aspect of the household during PPA.
- Any deviation from the above procedure will result in a review of Planned Parental Absence arrangements.
- RN's providing care to the CCHN will report any concerns/incidents to the parents and the service provider case manager and document in care plan.

3.3 Risk Minimisation in the home for a Planned Parental Absence

The Service Provider must;

- Provide training for staff in caring for the CCHN during a planned parental absence. This training will include all the areas referred to in this procedure.
- Ensure that Registered Nurse's care delivery is in accordance with the child's nursing care plan. CCHNs must have an emergency care plan i.e. clear steps the RN must take in the event of an emergency during a Planned Parental Absence.
- Ensure that Registered Nurses facilitating the PPA have access to a telephone in the event of an emergency and be familiar with the emergency plan/system for alerting the parents.
- Ensure all Registered Nurses are competent in Basic Life Support and have in date mandatory training.
- Ensure that equipment is available to Registered Nurses and in working order at the beginning of each shift (Appendix 10). All RN's caring for CCHN must be attentive in ensuring that equipment and supplies in a community setting are

regularly reviewed, maintained and serviced as per manufacturer's recommendations.

- Complete the HSE Medical Equipment maintenance and servicing record (Appendix 10).
- All incidences must be reported to the HSE Health Region CCCHN Governance Group as outlined in the SLA.

The parents must;

- Ensure that all medical equipment is kept in a designated area and is in good working order. In the event of faulty equipment the parents should report this to the appropriate HSE PHCP Coordinator to arrange for repair/ replacement equipment.
- It is the responsibility of the parents to ensure the RN is aware of location of equipment.
- Ensure that they are contactable at all times and have identified a designated person as back up.
- Ensure that all fire hazards within the household are managed prior to PPA, i.e. fire guard up, gas turned off, no cookers left on etc.

The Planned Parental Absence Checklist (Appendix 8) shall be completed jointly by the parent(s) and the Registered Nurse (RN) prior to commencement of the PPA, to verify compliance with the required guidance.

3.4 Emergency Response during a Planned Parental Absence

- In the event of an emergency during a Planned Parental Absence, RN must perform interventions within their scope of practice and recommended procedures.
- Contact must be made with emergency services at earliest opportunity. And with the parents as soon as is practicable.
- In the event of a medical emergency such as prolonged seizure or respiratory arrest, the RN will implement the CCHNs emergency care plan.
- The emergency Services will determine if the child requires transfer to hospital.
- In the event of a transfer to hospital the emergency services personnel are now responsible for the healthcare needs of the CCHN.
- However, in the absence of the parent the RN must travel in the ambulance with the CCHN. If the parent has returned they will accompany the child and the RNs services are no longer required.
- In the event of a non-medical emergency, the priority is to ensure that both RN and CCHN are safe.
- In the event of a fire, all those in the building should be familiar with the procedure of when and how to evacuate the building. is there other non-medical emergencies
- In the event that the RN has an emergency e.g. feels suddenly unwell or a family member sick etc. The RN will make contact with the parent and request that they return to the home. They will also make contact with the Homecare provider manager.

3.5 Specific roles and responsibilities

3.5.1 REO's

The REO's have lead responsibility for regional implementation for ensuring that this procedure, is adopted and implemented throughout HSE regional health region

3.5.2 RHA CCHN Governance Groups

It is the responsibility of each Health Region PHCP Clinical & Corporate governance group to implement the procedure in each IHA outlining actions required, specific roles and responsibilities, and timelines etc. As part of the implementation it is essential there are IHA PHCP Operational Governance Groups.

The Health Region CCHN governance groups are responsible for ensuring that all healthcare staff who are involved in any aspect of the child's Planned Parental Absence read, sign, implement and adhere to the procedure within the scope of their work practice (Appendix 5). The Health Region CCHN Governance Group will oversee the PPA procedure, where necessary, to ensure quality systems for compliance with NQAI recommendations and standards, positive service user experience and safety.

3.5.3 HSE PHCP Coordinator

Under the leadership of the Health Region CCHN governance group, the HSE PHCP Coordinator will be responsible for the coordination, approval and monitoring of Planned Parental Absence (PPA) arrangements. The HSE PHCP Coordinator will ensure all PPAs are prearranged and agreed with parents and service provider case managers, that risk assessments and control measures are completed and implemented, and that the child's care plan is updated accordingly. The HSE PHCP Coordinator will act as a liaison between families, service providers and governance structures to support safe continuity of care, arrange for repair or replacement of equipment where required, and oversee the review of PPA arrangements as part of the homecare package to safeguard and maintain the child in the community setting.

4.0 Consultation

4.1. Stakeholder involvement

National consultation workshop with HSE PHCP Coordinator group to inform and agree Procedure for approval and management of Planned Parental Absence. Consultation with acute services nurse specialists department. Consultation with PHN and CCHN services within primary care

All feedback received was reviewed and agreed by the development group. Agreement was reached on the whether to accept or reject the feedback. The Procedure was developed following this and all feedback received is retained by Margaret O'Meara, Clinical Lead PHCP, Primary Care Access & Integration.

4.2. External review

The Procedure was reviewed by the Nurse Practice Development Coordinator for PHNs ONMSD.

5.0 National implementation plan

5.1. Resource implications

It is necessary for all Health Region's to have a Regional PHCP Clinical and Corporate Governance Group and for each Integrated Health Area to have a PHCP Operational Governance Group and a HSE Paediatric Homecare Package coordinator for Children with Complex Healthcare Needs identified. Regional Health Areas will disseminate the Procedure to all relevant staff via the Health Region CCHN Governance Groups.

The procedure will be available to staff on The HSE National PPPG Central Repository.

5.2. Describe the structure and governance of the national implementation team.

HSE Primary Care Access & Integration has approved this procedure

5.3. List tools and resources developed to support local implementation of the National 3PG.

- Parent Information Leaflet
- Agreement of Care form
- PCAT Assessment Form
- Education Webinar

5.4. Expected date of full implementation

01/10/2025

6.0 Governance and approval

The Procedure was commissioned by the HSE Primary Care Access & Integration to support delivery of PHCP services. Following development of the Procedure, a checklist was used in assessing that the Procedure met the standards outlined in How to Develop HSE National PPPGs – A Practical Guide, and signed and dated by the Chairperson of the Development Group.

The PHCP Coordinators Nurse Practice Group recommended the Procedure to HSE management with a signed and dated copy of the checklist and submitted the final document and checklist to for sign off by National Director of Access and Integration.

Once approved, the final version was converted to a PDF document to ensure the integrity of the Procedure and uploaded to the HSE National Central Repository. A signed and dated copy of the checklist was attached to the master copy, which is retained in Primary Care Access and Integration.

7.0 Communication and dissemination plan

- This Procedure will be issued through the RHA governance structures for dissemination to IHA PHCP Operational Governance Groups.
- The Procedure will also be issued to each of the approved service providers.
- The Procedure will be issued to the acute children's services including CHI and local paediatric units.

The document can be accessed only on the HSE National Central Repository which is the single trusted source for accessing, storage and document control for National 3PGs. No duplicate copies of the procedure should be accessible in any secondary electronic locations, only the link to the document on the Repository should be used on other locations. This link will automatically update in all locations if changed on the Repository.

8.0 Sustainability

8.1 Describe the plan for monitoring and audit

It is the responsibility of each Regional PHCP Clinical and Corporate Governance Group and IHA PHCP Operational Governance Group to outline actions required, specific roles and responsibilities, and timelines etc. As part of the implementation it is essential there is a Regional PHCP Clinical and Corporate Governance Group and IHA PHCP Operational Governance Group. A barrier to the implementation of this procedure is the absence of active Governance groups.

Managers are required to monitor and audit the implementation of this procedure within their area of responsibility using the Audit Checklist in Appendix 4 and maintain evidence of same.

9.0 Review/ update

9.1. Next review date

This procedure will be reviewed in 3 years unless there is a change in best practice initiated by Primary Care Access and Integration

- Method for amending procedure if new evidence emerges.

If new evidence emerges, the Paediatric Home Care Package Coordinators Nurse Practice Group will be reconvened and the new evidence will be considered for integration into the procedure.

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11.0 Glossary of terms

CCHN ; Children with Complex Healthcare Needs	Children with Complex Healthcare Needs have substantial medical healthcare needs as a result of one or more congenital, acquired or chronic conditions, with functional limitations that often requires technology assistance and ongoing nursing care primarily to support their parent(s) to care for them at home thereby preventing hospital readmission, in some instances to avert death and in others to provide palliative and end of life care. A home care package is required when a child has nursing needs that cannot be met by existing HSE and Children's Disability services.
HSE PHCP Coordinator	This term applies to the HSE case coordinator for CCHN who has responsibility for managing PHCP's.
Health region (RHA)	Regional Health Area. The Health Service Executive (HSE) new structures to commence in 2024 delivers health services in the community through 6 Regional Health Areas in Ireland.
IHA PHCP Operational Governance Group	The Integrated Health Area (IHA) Paediatric Homecare Packages (PHCP) Operational Governance Group provides operational management and coordination of PHCP for Children with Complex Healthcare Needs (CCHN) within the designated Integrated Health Area (IHA).
NQAI	HSE National Quality Assurance Initiative (2021) was commissioned by the HSE to determine planning, development and delivery models nationally and to inform the development of a national standard service framework for Children with Complex healthcare needs.
PHCP Paediatric Home Care Package	is a home nursing service provided by HSE when a child has healthcare and/or nursing needs that cannot be met by existing HSE and social care services.
P-CAT	The P-CAT assessment will identify clinical nursing needs in children with complex healthcare needs. It also supports the process of determining eligibility for a paediatric home care nursing support package and ensure consistent and comprehensive consideration of an individual's clinical nursing needs.
REO's	Regional Executive Officers who are accountable and responsible for the HSE operational service delivery within their respective regions
RHA PHCP Clinical & Corporate Governance Group	The Regional PHCP Clinical and Corporate Governance Group is a governance management group whose role is directly concerned with establishing, developing and implementing RHA wide quality and safety structures, processes, standards and oversight across the PHCP service which promote compliance with NQAI recommendations and standards, service user experience and safety.
Service/Private Provider	Is a company commissioned by the HSE to administer a Paediatric homecare Package to Children with Complex Healthcare Needs and a service arrangement is drawn up. The Private Healthcare Provider is responsible for providing staff with the relevant skills/competencies for the child as identified. The reporting relationship will be to the service provider nurse manager on professional and clinical matters. Clinical Governance for care of the Child remains with the service provider.
Service Arrangement	The HSE enter into an arrangement for the provision of services to Service Users. The terms and conditions of the clinical, corporate and financial governance standards are specified in the agreement.

12.0 Appendices

Appendix 1: Membership of Development Group


Members of PHCP Coordinators Nurse Practice Group	
Name	Role and position
Margaret O'Meara	PHCP Clinical Lead Primary Care Access and Integration
Aisling Banks	RHA PHCP Coordinator Dublin South & South East
Fiona Moriarty	RHA PHCP Coordinator Kerry
Mary Cott	RHA PHCP Coordinator North Lee Cork
Ann Marie Healy	RHA PHCP Coordinator South Lee Cork

Appendix 2: Membership of Approval Governance Group

Membership of PHCP PPPG Approval Group	
Name	Role and position
TJ Dunford	Assistant National Director, Primary; Care Access and Integration
Maeve Raeside	General Manager Primary Care Access and Integration
Joanna Mc Carthy	RHA DPHN West Cork
Margaret O'Meara	PHCP Clinical Lead, Primary Care.

Sign-off by Chair of Approval Governance Group

HSE National Procedure on the Completion of The Paediatric Community Assessment Tool for Nursing was formally ratified on 01/09/2025.

Name: (print)	TJ Dunford
Title:	Assistant National Director Primary Care Access and Integration
Signature: (e-signatures accepted)	

Appendix 3: Sample implementation plan template

National Document Title: HSE National Procedure for Approval & Management of a Planned Parental Absence for Children Receiving a Paediatric Homecare Package					
Expected date of full implementation : 01/10/2025					
Implementation lead/role: RHA PHCP Governance Groups					
IMPLEMENTATION ACTION	Implementation barriers/enablers	List of tasks to implement the action	Lead responsibility for delivery of the action	Expected completion date	Expected outcomes
PHCP SOP circulated to RHAs	SOP with integrated PPPGs circulated to RHA's	Notice	National Director Access and Integration	Oct 2025	Implement PCAT Procedure
HSE PHCP Coordinators group	Notice to all HSE PHCP Coordinators	Notice	PHCP Clinical Lead	Oct 2025	Implement PCAT Procedure
Private Providers	Notice To all Private Providers	Notice	PHCP Clinical Lead	Oct 2025	For Information
Dissemination and action of Health Region staff	No Governance Group	Roll Out	REO	Oct 2025	Implement PCAT Procedure
Describe the structure and governance of your implementation team.					
See HSE PHCP SOP					

Adapted from National Clinical Effectiveness Committee (NCEC) Implementation Guide and Toolkit (Department of Health 2018)

Appendix 4: National Audit Tool

HSE National Procedure for Approval & Management of a Planned Parental Absence for Children Receiving a Paediatric Homecare Package

Methodology

Population: A sample of target users

Sampling: A total of 10% or 10 target users, whichever is greater, should be selected.

Frequency: To be determined locally at least annually. **Method:** Record **Y** for **Yes**, if the criteria are met. Record **N** for **No**, if criteria are not met or **N/A** for **Not applicable**.

Compliance requirement:

[Should have a 100% compliance requirement unless your National document allows flexibility – compliance levels should be set].

Is standard/criteria being met for the following statements:	Yes	No	N/A	Evidence
The core statements that should be audited at least annually.				
Statement 1 Medical consultant or relevant grade doctor has confirmed prior to approval of PPA				
Statement 2 All Prerequisites for approval of a Planned Parental Absence were achieved prior to PPA approval				
Statement 3 PHCP was in place for a minimum of 3 months prior to approval of PPA				
Statement 4 a HSE risk assessment was completed prior to PPA approval				
Statement 5 All Requisites for approval of a Planned Parental Absence were achieved prior to PPA approval				
Statement 6 All Planned Parental Absence are included in the CCHN's care plan				
Statement 7 HSE Medical Equipment Servicing Chart was completed prior to PPA approval				
Statement 8 HSE PPA Checklist was completed prior to PPA approval & signed by both parties				
Date of Audit:	Audited by (name/title):			Compliance Rate %:
Calculation of Compliance Rate %: The score, expressed as a percentage, is calculated by dividing the number of “yes” and “no” answers. “Not applicable” answers are excluded from the calculation of the percentage score.				
Example: If there are 6 “yes” and 2 “no” answers, the score is calculated as follows: 6 (yes answers) divided by 8 (total of yes and no answers) multiplied by 100 = 75%				

Appendix 6: Sample HSE Risk Assessment Form

Risk Assessment Form

Division: Primary Care	
HG/CHO/NAS/Function:	Primary Impact Category: Harm to a service user
Hospital Site/Service:	Risk Type: Operational
Dept/Service Site: Paediatric Homecare Packages (PHCP) (Nursing Services)	Name of Risk Owner (BLOCKS):
Date of Assessment: 01/01/*****	Signature of Risk Owner:
Unique ID No:	Risk Co-Ordinator: Key Worker
Objective being impacted:	⁵ Risk Assessor(s):

⁶ HAZARD & RISK DESCRIPTION	EXISTING CONTROL MEASURES	ACTIONS [ADDITIONAL CONTROLS] REQUIRED	⁷ ACTION OWNER	DUE DATE
<p>The risk of harm to a child in receipt of Paediatric Homecare Package during an emergency situation when only one person is in the home as the parents have availed of Planned Parental Leave.</p> <p>Emergency can cover clinical and non-clinical e.g. tracheostomy dislodgement or rapid clinical deterioration.</p>	<p>Implementation of: Procedure for the Health Region governance groups on risk minimisation when approving and Managing planned parental absence for children with complex healthcare needs in the home (HSE, 2021).</p> <ul style="list-style-type: none"> • All necessary equipment available and in working order-check list completed at the start of each nursing shift. • Servicing of equipment check list completed and up to date Appendix 10 • All nurses providing the care are competent and work within The Scope of Nursing Practice Framework (NMBI, 2015) • Consultant letter stating client can be left with “one tracheostomy trained competent nurse” or • Nursing airway CNS letter stating that “one proficient practitioner is adequate to provide safe care” • PPA care plan in place Appendix 9 • PPA Emergency care plan in place Appendix 9 	<p>Standing agenda item on clinical team meetings to review and share learning</p> <p>Audit in 6 months with feedback from parents/guardians and clinical staff</p>	*Key Worker	

	<ul style="list-style-type: none"> • Agreement of Care, including Planned Parental Absence agreement, signed by all stakeholders. Appendix * • PHCP Service provider in agreement with care plan. Documentary evidence of same on file (email from Provider Clinical Nurse Manager). Appendix * • PHCP service provider in agreement on risk assessment and confirmation of implementation of control measures. Documentary evidence of same on file (email from Provider Clinical Nurse Manager). Appendix * • Parent is accessible by mobile phone and nurse has phone number to access parent • Parent is free to return home as soon as possible. • Document and manage any incident as per the Incident Management Framework 2020(HSE). 			
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⁵ Risk Assessor required for OSH risks only.

⁶ Where the risk being assessed relates to an OSH risk please ensure the HAZARD and associated risk are recorded. Other risk assessments require a risk description only.

⁷ Person responsible for the action.

Appendix 7

PPA Environmental Risk Assessment Form

Hazard Panel	Not Applicable	No Hazard	Possible Hazard	Date Risk Assessment Completed
Location <ul style="list-style-type: none"> Is there parking and access that is well lit. There are no dangerous animals in the vicinity of the home and surrounding area. Good mobile reception 				
Equipment <ul style="list-style-type: none"> All equipment needed is available and working. Adequate power points for backup equipment. Oxygen stored safely in accordance with suppliers instructions. Adequate space for storage of consumable equipment. Priority re-connection to electricity supplier submitted by parents 				
Manual handling <ul style="list-style-type: none"> Moving and handling equipment available if required. Adequate room for the bed and equipment. 				
Care plans <ul style="list-style-type: none"> Care plans and nursing documentation are available There is an emergency plan in the child is medically unwell and all parties are aware of same. 				
Medications <ul style="list-style-type: none"> All medication required are securely stored. Medication prescription and administration record are available. 				
Infection control <ul style="list-style-type: none"> There are plans for disposal of waste. There are hand washing and PPPE are available 				
Lone Worker <ul style="list-style-type: none"> There are no known hazards for the individual in the vicinity of the premises and surrounding area. The premises are protected by adequate locks which allow easy exit. 24 hr healthcare provider nurse help line 				
Child Name: DOB:	Date	Name Caps.	Signed	Present during visit

Appendix 8:Planned Parental Absence Checklist

Planned Parental Absence (PPA) Checklist

Planned Start Time:		Planned End Time:	
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Parent Responsibilities

- Confirm mobile phone is charged, switched on, and accessible.
- Confirm availability to return home quickly if required OR identify nominated responsible adult.
- Ensure all medical equipment is in working order and stored in the designated area.
- Confirm clear start and finish time of absence with RN.
- Inform RN of any recent changes in child's condition, medications, or treatment plan.

Registered Nurse Responsibilities

- Review child's care plan, risk assessment, and emergency care plan prior to PPA.
- Check all medical equipment is functioning correctly and supplies are available.
- Check oxygen tank is $\frac{1}{4}$ full or condenser is in working order, if oxygen part of care plan.
- Ensure emergency contacts (parents, ambulance, GP) are accessible (speed dial or listed).
- Confirm parent/nominated adult contact details for duration of absence.

Final Check (Parent & RN Together)

- Emergency plan reviewed and understood.
- Parent departure and expected return time agreed.
- Both parties confirm readiness to proceed with PPA.

Parent Signature:	<hr/>	Date:	
Nurse Signature:	<hr/>	Date:	

Appendix 9; Sample Care Plan for Planned Parental Absence

Problem

**** has a tracheostomy in situ to support airway function

*** Parents have requested short periods of parental absence which will be supported by PHCP Nursing Staff.

“Planned Parental Absence” are to facilitate ** parents to carry out regular daily tasks for e.g. collection of sibling from school or short shopping trips for necessities

Goal

To maintain *** safety during Planned Parental Absence

Nursing staff are confident to treat *** in an emergency situation (tracheostomy tube change)

Nurse has completed a supervised tube change witnessed by Company Nurse Manager and parent and deemed confident.

Interventions

- Planned Parental absence (PPA) is approved by HSE Coordinator and new family agreement signed by family, Company and HSE. This plan is effective from XX / XXX / XXXX
- Nurse ** will facilitate this PPA currently. Any additional nursing staff to take on this role would require prior approval from the Provider and the HSE'

Planned Parental Absence:

- PPA must be prearranged with nurse caring for *** .Nurse manager to be informed prior to planned parental absence.
- All PPA should have a clear start and finish time which is agreed and documented by the nurse PPA Checklist, prior to the parent leaving the home.
- The PPA will be no longer than ** minutes duration.
- Parents must be accessible by phone at all times
- Parents may only be a short distance from the home which is prior agreed and be able to return with immediate effect. The PPA is to facilitate school drop off and collection of sibling, collecting supplies from the local primary care centre and to grocery shop at their local store
- The Nurse will complete the PPA emergency checklists located in client folder when taking over care of **.
- The Nurse will have access to the emergency plan and system of alerting parents. Printed copy available in folder.
- The Nurse will have access to phone at all times. Both parents' numbers saved to their phone and easily located on their phone. Printed copy of phone numbers in client folder.
- The Nurse aware of Emergency service number to contact 112/999
- The Nurse to have full address and eircode to hand if required for emergency services
- All required equipment is available in dedicated location, emergency tracheostomy box (tracheostomy tube, velcro ties), suction machines and oxygen if in use.
- Training provided for staff member caring for ***.
- Nurse have BLS training completed and in date.
- All equipment to be checked and serviced regularly in line with service schedule.
- The Nurse will report any concerns/incidents to the parents on their return time and the nurse manager in line incident management policy.

