



National Policy National Guideline National Protocol National Procedure
 National Clinical Guideline

HSE Procedure for Reviewing a Paediatric Homecare Package for Children with Complex Healthcare Needs

DOCUMENT GOVERNANCE ¹

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Note: HSE National 3PGs should be formally reviewed every 3 years, unless new legislative/regulatory or emerging issues/research/technology/audit etc. dictates sooner.

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

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PUBLICATION INFORMATION ⁴
Topic: Reviewing a Paediatric Homecare Package for Children with Complex healthcare Needs (CCHN).
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Short summary: This is a Procedure for the Completion of a review of a nursing Paediatric Homecare Package initially at 3 months and thereafter 6-12 monthly or more frequently depending on the nursing needs of the CCHN.
Description: Review of a PHCP offers an opportunity for assessment of the CCHN nursing needs and appraisal of the level of PHCP being provided. It should be clear to the CCHN and their family that reviews are designed to ensure that the CCHN's nursing needs are being met. This is a multidisciplinary review and the HSE PHCP Coordinator will effectively co-ordinate all the various agencies involved in providing care for the CCHN to collate a holistic review of the child's clinical needs. All PHCP reviews will also involve the CCHN and their family If the Nursing needs of a CCHN has increased the hours provided by PHCP should be reviewed. If the clinical needs have decreased then the CCHN and their family should be supported by a phased transition to reduced PHCP or universal, specialist services as appropriate.

³ Records details when a document is reviewed, even if no changes are made.

⁴ Records the document information required for publication on the HSE National Central Repository.

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1.0 Planning

1.1. Purpose

This HSE procedure has been developed to provide clear guidance to all HSE Health Region PHCP governance groups who review Paediatric Homecare Package (PHCP) for Children with Complex Healthcare Needs (CCHN).

This procedure should be read in conjunction with other CCHN PPPGs, local relevant policies/protocols/guidelines that include the Completion of a PCAT, initiation of a PHCP, Planned Parental Absence and transfer of a PHCP and any other relevant documents that incorporate best practice.

1.2 Scope

Provides guidance for all registered nurses in the HSE, engaged in the review of clinical nursing needs of Children with Complex Healthcare Needs (CCHN) on behalf of the Health Region PHCP RHA Clinical & Corporate Governance Group.

Out of Scope; this procedure does not apply to homecare packages funded solely by HSE Social Care.

1.3 Target Population; Children with complex healthcare needs (Children 0-18 years) in receipt of a HSE Paediatric Homecare Package.

1.4 Target users

This procedure applies to all Health Region PHCP RHA Clinical & Corporate & IHA PHCP Operational Governance Groups who review Paediatric Homecare Package (PHCP) for Children with Complex Healthcare Needs (CCHN).

1.5 Objectives

- Provide clear guidance to all HSE Health Region CCHN governance groups who review Paediatric Homecare Package (PHCP) for Children with Complex Healthcare Needs (CCHN).
- Ensure standardised reviewing procedure of a PHCP for CCHN within the HSE.

1.6 Outcome(s)

There will be standardised review of a PHCP for CCHN within the HSE.

1.7 Disclosure of interests

No conflicts of interest are declared.

1.8 Rationale / alignment with HSE national priorities

The requirement for a national standard review of PHCPs for CCHN was identified in 2014 following the *Review of Current Policy and Practice in the Provision of Home Care to Children with Complex Medical Conditions* (HSE, 2014) and again by the *HSE National*

Quality Assurance initiative published in 2021. This procedure is required in order to standardise the process for review of an existing PHCP which support CCHNs and their families to be cared for at home. The population of children with complex healthcare needs has increased in Ireland (HSE, 2021). This trend has resulted in demands to shift paediatric complex care from hospital to home and is supported by 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).. Consequently, the most fragile and technology-dependent of CCHN will receive paediatric home care nursing, with the greatest need identified being for children <5 years of age (HSE, 2021).

1.9 Supporting evidence

- Department of Health, Social Services, and Public Safety (2009) Belfast .UK
- 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) (2020b) Incident Management Framework
- 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
- National Quality Assurance Initiative (2021)
- Nursing and Midwifery Board of Ireland (2021) Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives

Legislative Documents

- 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
- Health Act (2007).

- Nurses and Midwives Act (2011).
- 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

The NQAI reviewers undertook an extensive literature review for the initial version of this procedure and the Paediatric Home Care Package Coordinators Nurse Practice Group updated this literature search in 2025. The objective of the literature review was to establish current evidence and best practice, and seek new and emerging evidence, in relation to in relation to reviewing a CCHN's PHCP.

There was a dearth of research-based literature directly related to PPPGs for paediatric nursing assessment for CCHN's in the community setting

2.1 List of key questions this National 3PG will answer

- What is step by step process for reviewing a PHCP?
- When should a PHCP be reviewed?
- How should the outcome of PHCP review be managed?

2.2 Describe and document the evidence search

A literature search was undertaken by the NQAI reviewers in 2017 and revised in 2019 and 2025. The search terms used were "Children with complex healthcare needs" and 'homecare package', 'assessment' 'nursing' 'homecare' 'review'. All major library search databases were used to retrieve the latest publications to inform this PPPG, including: CINAHL PubMed and Medline to access relevant peer reviewed articles. The search was limited to 2011-2025. The Cochrane Library was searched with no evidence of systematic reviews or protocols relating to the topic. The search yielded no policies and guidelines for reviewing a homecare package. One policy from Northern Ireland trust was identified and accessed with permission from the trust- *NHS (2013) Discharge pathway for children with very complex health needs. Health and Social Care Board, Northern Ireland*. The search also sources one document from the Ombudsman for Children that was published in 2025 which referenced the standardisation of PHCPs.

The future direction of care to CCHN is to provide as much care as close to home as possible, and to achieve this we must strengthen both primary and community care services for children and adolescents and work together, across disciplines throughout the country to develop a child health service that meets the current and future needs of our children (HSE, 2014). A range of services are now provided in the community to support CCHN to be cared for at home including PHCP which provide nursing support to children at home. The HSE National Quality Assurance Initiative (2021) established that the frequency of PHCP reviews varied across the RHAs, i.e. from no review to 3 monthly,

6 monthly or annually. In some instances, the PHN department participated in reviews lead by social care/disability services but many areas had no formal standardised process for reviewing PHCP cases, and home care packages often changed only under direction of the acute services. The majority of parents reported being unclear about what the review process entailed and associated it only with an arbitrary reduction in the PHCP. Reviews were more evident in areas which had a designated PHCP coordinator for CCHN and in these area's parents generally welcomed the clarity and inclusivity that the review process provided (NQAI, 2021).

Paediatric home care nursing packages are designed to support children with acute, chronic, or complex health conditions in the comfort of their own homes. These packages provide a tailored combination of medical, therapeutic, and supportive services delivered by qualified healthcare professionals, with the goal of ensuring the child's well-being while supporting family involvement and minimizing hospital admissions (NQAI, 2021).

Regular coordination and review of PHCPs between the HSE , healthcare providers and family's which include updates to the care plan are essential to ensure the care provided remains appropriate, effective, and responsive to the child's evolving needs (Baxter et al 2023). These reviews should evaluate the child's health status, family feedback, care goals, and nurse performance. They help identify changes in clinical needs requirements, support early intervention, and promote safety and well-being. Reviews should also assess the adequacy of resources, compliance with care plans, and the coordination among healthcare providers. By involving families and multidisciplinary teams, the review process supports holistic, patient-centred care (Brenner et al, 2018). Regular reviews ultimately ensure that care remains tailored, up-to-date, and aligned with best practices and standards. The quality of the PHCP requires constant monitoring including provider's service delivery (6 monthly service appraisals) and review of the child's clinical needs in order to evaluate the effectiveness of the service. These reviews should include a re-assessment of the child's clinical needs using PCAT, communication with primary consultant, and evaluation of provider's consistency in care delivery (Hall et al, 2023; Brenner et al, 2015).

2.3 Describe the method of screening and evidence appraisal

There was a dearth of research based literature directly related to PPPGs for reviewing a PHCP. One policy was identified - NHS (2013) Discharge pathway for children with very complex health needs. Health and Social Care Board, Northern Ireland and recommendations for practice were noted in the NQAI report 2021 and one document from the Ombudsman for Children that was published in 2025.

2.4 Attach any copyright or permissions sought

No copyright or permissions are required in relation to this document.

3.0 Procedure

Ongoing review of the Paediatric Homecare Package (PHCP) is an important part of the provision of care. A HSE PHCP Coordinator will be able to co-ordinate effectively all the various agencies involved in providing care to Children with Complex Healthcare Needs (CCHN).

- All CCHN's in receipt of a PHCP should be reviewed on a regular basis. A recommended minimum is three months following initiation of the PHCP and then 6 monthly or more frequently depending on the nursing care needs of the CCHN. For CCHN who have a more slowly deteriorating condition and for whom it can reasonably be anticipated that their needs are therefore likely not to increase/decrease in the near future, the reviews can be held on an annual basis. The HSE, service provider, CCHN or their family can request a review as appropriate. If the nature or level of needs changes significantly, the scheduled review of the CCHN should be brought forward as the PHCP may need to be increased/decreased or may no longer be required.
- The HSE's as commissioners of the PHCP are responsible for making necessary arrangements for PHCP review to ensure that service specifications are being met and the service being provided is of the required level (*see Figure 1 Review algorithm*).
- Review of a PHCP offers an opportunity for reassessment of the CCHN's nursing needs and level of PHCP being provided. It should be explicit to the CCHN and their family that reviews are designed to ensure that the CCHN's nursing needs are being met.
- All PHCP reviews must be transparent, involve the CCHN and their family and be supported by a rationale/explanation of decisions undertaken.
- If the CCHN parents cannot attend the meeting, for example due to illness, the HSE PHCP Coordinator should arrange a teleconference facility. If they cannot attend by teleconference, the HSE PHCP Coordinator must make contact with the parents to identify any issues that they may like to have addressed at the meeting in their absence. Verbal feedback should be given to parents following the meeting. An outcomes report of the meetings should be given to the CCHN and family as appropriate.
- In instances where a CCHN's nursing care needs have decreased so that transition back into universal or specialist services is appropriate, the CCHN and their family should be supported throughout this transition and if appropriate this should be phased transition.

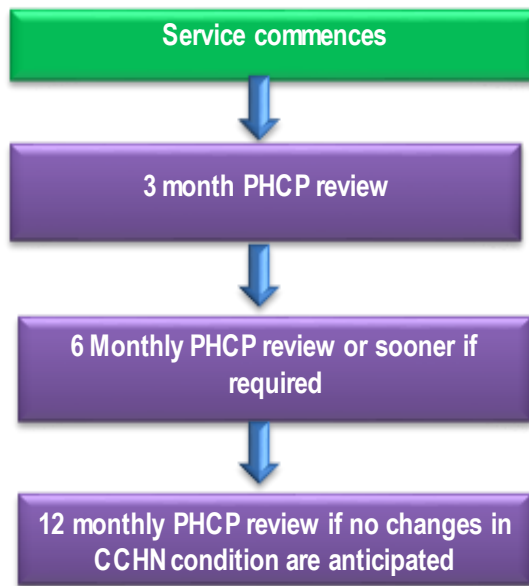


Figure 1 Review algorithm

3.1 Format for PHCP review

Stage 1
<p>The HSE PHCP Coordinator requests</p> <ul style="list-style-type: none"> • A medical report from the child’s Primary Consultant to establish if there has been any changes in the child’s medical condition. • A report from the allied health professionals involved in the child’s care. • A report from the service provider together with the current care plan in the home
<ul style="list-style-type: none"> • A nursing assessment is completed using the P- CAT as outlined in P-CAT guideline.
<ul style="list-style-type: none"> • As part of the assessment, the HSE PHCP Coordinator must conduct a home visit to observe the progress of the child and ascertain any issues the child’s parents may have including equipment and consumables.
<ul style="list-style-type: none"> • A nursing report is prepared based on the PCAT Assessment, multi-disciplinary reports, and PHN input and parents perspective on the child’s care.



Stage 2		
All parties involved in the child’s care are invited to a Team Around the Child (TAC) meeting (Constantinou et al, 2023). Participants may include		
Core review group	As appropriate	
Parents	GP	Allied Health Professionals
HSE PHCP Coordinator	Clinical Coordinator for Children with Life Limiting Conditions	Disability Manager
PHN / ADPHN	Community Paediatricians/ CNS	Acute care staff
Service Provider- Nurse Manage	Children’s Disability Network Team	Voluntary Agencies.
While, in the main, TAC meetings will be formally arranged, in certain circumstances, particularly where urgent, the meeting may take the form of a less formal contact		



Stage 3
Where the TAC meeting identifies unresolved key issues or identifies that the significant needs of the child are not being met in a timely manner a further TAC meeting must take place within 4 weeks.



Stage 4
PHCP Coordinator will report progress of the PHCP reviews to the PHCP IHA Operational Governance Group

Agenda for (TAC) Meeting

- Welcome and PHCP Coordinator introductory statement.
- Apologies.
- Outline reason for the TAC meeting explaining the concern(s), need(s) and intended outcomes.
- Update on the medical details about the CCHN since the previous meeting.
- The CCHN and/or parent(s) are invited to provide further information.
- Each TAC participant presents their CCHN information in turn.

- The CCHN (if appropriate) or and/or parent(s) to be given the opportunity to respond following each participant's information if they so wish.
- The wishes/feeling of the CCHN and parent(s) may need to be clarified.
- PHCP Coordinator summarises discussion.
- Record actions from the TAC meeting in the minutes – who will do what and when, including family members, informal support structures, as appropriate.
- Next TAC meeting date and time to be set, if required and venue arranged.
- TAC outcome report circulated to all present at the meeting and to the CCHN's Primary Consultant.

3.2 Specific roles and responsibilities

3.2.1 HSE REO

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

3.2.2 Health Region PHCP Governance Groups

The RHA PHCP Clinical and Corporate Governance Group are responsible for ensuring that all healthcare staff who are involved in any aspect of the review of the child's PHCP read, sign, implement and adhere to the procedure within the scope of their work practice. They will oversee the implementation of the procedure, to ensure quality systems for compliance with NQAI recommendations and standards, positive service user experience and safety and provide assurance of CCHN Health Region governance to REO. The procedure will be implemented by the IHA PHCP Operational governance group to complete timely PHCP reviews.

3.2.3 HSE PHCP Coordinator

Under the leadership of the RHA and IHA governance group the HSE PHCP Coordinator will be responsible for the management of Nursing Services to children cared for in the community who have CHNN and are in receipt of a PHCP. HSE PHCP Coordinator will coordinate the review of a PHCP for the CCHN and will work collaboratively with parent(s) to support them in their role as the Primary Carer This will support the seamless provision of care, where their child's health and development needs are met and that the best possible care is provided thereby maintaining their child at home. HSE PHCP Coordinator will develop and manage working relationships with a team around the child multidisciplinary team to ensure continuity of services. The role of the HSE PHCP Coordinator for the TAC includes:

- Chairing of TAC meeting/discussions;
- Distribution of outcome report after each meeting;
- Reviewing and tracking outcomes for the CCHN.
- Supporting CCHN and/or parent(s)/carer(s) throughout the meeting.

4.0 Consultation

4.1 Stakeholder involvement

National consultation workshop with HSE PHCP Coordinator group to inform and agree procedure for Reviewing a Paediatric Homecare Package for Children with Complex Healthcare Needs within the HSE.

Consultation with acute services nurse specialists department.

Consultation with PHN and CCHN services within the HSE.

All feedback received was reviewed and agreed by the Paediatric Home Care Package Coordinators Nurse Practice 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

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 IHA to have a IHA PHCP Operational Governance Group and a HSE PHCP coordinator for CCHN's identified. RHA 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 your national implementation team.

HSE management has approved this procedure.

5.2.1

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

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

5.2.2 Expected date of full implementation of your National 3PG

Implemented 01/09/2025

6.0 Governance and approval

The Procedure was commissioned by the HSE 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.

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.

8.0 Sustainability

8.1 Describe the plan for national 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

- 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.

10.0References

- Baxter, V., Boydell, V., & McPherson, S. (2023). Multi-disciplinary support for families with complex needs and children on the edge of care in the UK: a mixed methods evaluation. *Journal of Social Welfare and Family Law*, 45(4), 307–325. <https://doi.org/10.1080/09649069.2023.2281840>
- Brenner M, Doyle A, Begley T, et al. (2021) Enhancing care of children with complex healthcare needs: an improvement project in a community health organisation in Ireland. *BMJ*.
- Brenner M, O'Shea MP, Larkin P, et al. (2018) Management and integration of care for children living with complex care needs at the acute- community interface in Europe. *Lancet Child Adolesc Health* ;2:822–31. 31
- Brenner M, O'Shea MP, McHugh R, et al. (2018) Principles for provision of integrated complex care for children across the acute- community interface in Europe. *Lancet Child Adolesc Health* ;2:832–8.
- Brenner M, Larkin PJ, Hilliard C, et al. (2015) Parent(s)' perspectives of the transition to home when a child has complex technological health care needs *Int J Integr Care* ;15:e035.
- Constantinou G, Cook EJ, Tolliday E, Randhawa G. (2023) 'A team around the child' professionals' experiences of unmet needs, access and expectations in children's palliative care services, a phenomenological study in the UK. *Journal of Child Health Care*. 2023;28(4):729-746.
- Department of Health and Children (2010 a) Palliative Care for Children with Life-Limiting Conditions in Ireland – A National Policy Stationary Office, Dublin.
- Department of Health and Children (2010 b) Discharge from hospital: pathway, and practice. Stationary Office, Dublin.
- Elias, E and Murphy, N (2012) Home Care of Children and Youth With Complex Health Care Needs and Technology Dependencies *Pediatrics*. Vol 129: Issue 5
- Hall N., Rousseau N., Hamilton DW., Simpson AJ., Powell S., Brodlie M. and Powell J. (2023) Providing care for children with tracheostomies: a qualitative interview study with parents and health professionals. *BMJ Open*. 13(1), e065698. doi:10.1136/bmjopen-2022-065698
- Hillis, R., Brenner, M., Larkin, P., Cawley, D. & Connolly, M. (2016) The Role of Care Coordinator for Children with Complex Care Needs: A Systematic Review. *International Journal of Integrated Care* 16 (2):1-18.
- HSE (2021) National Quality Assurance Initiative for Children with Complex Healthcare Needs. HSE, Dublin.
- Health Services Executive (2014) Integrated Care Guidance: A practical guide to discharge and transfer from hospital HSE, Dublin
- Health Services Executive (2014) The Review of Current Policy and Practice in the Provision of Home Care to Children with Complex Medical Conditions HSE, Dublin
- Huth, K., Hotz, A., Emara, N., Roberston, B., Leaversuch, M., Mercer, A., Khan, A., Campos, M.,. (2023) Reduced Post Discharge Incidents After Implementation of a Hospital –to-Home

Transition intervention for Children With Medical Complexity. *Journal of Patient Safety*. Vol 19 (7), 289-500.

- Jones C., Fraser J. and Randall S. (2020) An evaluation of training to prepare nurses in a home-based service to care for children and families. *Journal of Child Health Care*. 24(4), 589-602.
- Leading the way: a national strategy for the future of children's nursing in Ireland 2021–2031 . Available at ; <https://healthservice.hse.ie/filelibrary/onmsd/leading-the-way-a-national-strategy-for-the-future-of-childrens-nursing-in-ireland.pdf> (2021) Accessed Sept 2024
- NHS Discharge pathway for children with very complex health needs. (2013) Health and Social Care Board, Northern Ireland
- Page BF, Hinton L, Harrop E, Vincent C. (2020) the challenges of caring for children who require complex medical care at home: 'The go between for everyone is the parent and as the parent that's an awful lot of responsibility'. *Health Expect*. Oct; 23(5):1144-1154.
- Peter, S., Chaney, G., Zappia, T., Veldhuisen, C., Pereira, S., & Santamaria, N. (2011) Care Coordination for Children with complex care needs significantly reduces hospital utilisation, *Journal for Specialists in Paediatric Nursing*, 16:305-312.
- Ronan, Browne & Marsh (2020) Parent(s)' experiences of transition from hospital to home of a child with complex health needs: A systematic literature review. *Journal Of Clinical Nursing* Vol 29 (17-18)
- Sobotka S. A., Dholakia A., Berry J. G., Brenner M., Graham R. J., Goodman D. M., Agrawal R. K. (2020). Home nursing for children with home mechanical ventilation in the United States: Key informant perspectives. *Pediatric Pulmonology*, 55(12), 3465–3476.
- Ward C., Evans A., Ford R. and Glass N. (2015) Health professional's perspectives of care for seriously ill children living at home. *Nursing Praxis in New Zealand*. 31(2), 25+.

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. (Elias E et al, 2012)
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.
Team Around the Child (TAC)	Team Around the Child (TAC) is "an individualised and evolving team of the healthcare practitioners who see the child and family on a regular basis to provide practical, coordinated support in therapy and treatment. The purpose is to provide a more coordinated thorough and consistent approach to supporting a child and their family.

12.0 Appendices

Appendix 1; Membership of Procedure Development Group


Members of PHCP Coordinators Nurse Practice Group	
Name	Role and position
Margaret O'Meara	PHCP Clinical Lead Primary Care Access and Integration
Joanna Mc Carthy	SW RHA HSE PHCP Coordinator /DPHN West Cork
Fiona Moriarty	SW RHA HSE PHCP Coordinator Kerry
Mary Cott	SW RHA HSE PHCP Coordinator North Lee Cork
Ann Marie Healy	SW RHA HSE 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 & 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 for Review of a Paediatric Homecare Package funded by HSE RHA was formally ratified on 01/9/2025.

Name: (print)	TJ Dunford
Title:	Assistant National Director, Primary Care Access and Integration
Signature: (e-signatures accepted)	
Registration number: if applicable	N/A

Appendix 3: Sample implementation plan template

National 3PG Title: HSE National Procedure for reviewing a Paediatric Homecare Package for Children with Complex Healthcare Needs					
Expected date of implementation 01/10/2025 Implementation lead/role: RHA PHCP Governance Group					
PHCP SOP circulated to RHAs	SOP with integrated PPPGs circulated to RHA's	Notice	National Director Access and Integration	Oct 2025	Implement Reviewing a PHCP for CCHN
HSE PHCP Coordinators group	Notice to all HSE PHCP Coordinators	Notice	PHCP Clinical Lead	Oct 2025	Implement Reviewing a PHCP for CCHN
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 Reviewing a PHCP for CCHN
Information/Education / training required to implement the National 3PG:					
HSE PHCP SOP + Review training provided every 4 months.					

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

Appendix 4: National Audit Tool

Audit Aim:

The aim of the audit is to:

Measure compliance with the **REVIEW of a PHCP Procedure**. Frequency: Audit must be completed annually by the HSE RHA CCHN governance group in accordance with the service arrangement.

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 3PG allows flexibility – compliance levels should be set].

Is standard/criteria being met for the following statements:	Yes	No	N/A	Evidence
The Development Group should identify the core statements that should be audited at least annually.				
Statement 1 All CCHN PHCP are reviewed 3 months after initiation				
Statement 2 After initial review all CCHN PHCPs are reviewed 6-12 monthly				
Statement 3 All CCHN PHCP reviews include a “TAC” meeting				
Statement 4 All CCHN PHCP reviews include input from primary medical consultant				
Statement 5 All members of CCHN Governance groups will have read the Procedure				

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%

