



National Policy ☐ National Procedure ☒ National Protocol ☐ National Guideline ☐
 National Clinical Guideline ☐

HSE Procedure for travel outside the home for children receiving a Paediatric Homecare Package

DOCUMENT GOVERNANCE ¹

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Document Owner email: (Generic email addresses only accepted)	Primarycare.AI@hse.ie
Document Commissioner(s): (Name and title of post holder):	Maeve Raeside, General Manager Primary Care Access and Integration,
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Development Group Chairperson:	Margaret O'Meara PHCP Clinical Lead Primary Care, Primary Care Access and Integration Com

DOCUMENT MANAGEMENT ²

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Note: Original document is Version 0. First revision is Version 1. Second revision is Version 2, and so on.

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

¹ Records the governance and approval of the document.

² Records the control information about the document.

VERSION CONTROL UPDATE ³		
Version No. (most recent version first)	Date reviewed (most recent date first)	Comments (1 sentence max, if required)
V1	01/09/2026	Change to document title, HSE structures and inclusion of checklist. Moved to latest version of HSE PPPG template 2023v7
V0	01/12/2021	Original publication. Title; Guideline when Children with Complex Healthcare Needs Travel outside the home. Archived directly with document owner-HSE Primary Care Operations National Office

PUBLICATION INFORMATION ⁴
Topic:
HSE procedure for travel outside the home for children with complex healthcare needs receiving a paediatric homecare package
National Group:
Paediatric Homecare Package (PHCP) Coordinators Nurse Practice Group
Short summary:
It is HSE policy to promote the safe planning and management of travel outside the home for children with complex healthcare needs receiving a Paediatric Home Care Package (PHCP).
Description:
This procedure outlines the arrangements, roles, responsibilities, and communication pathways required when a child with complex healthcare needs in receipt of a Paediatric Homecare Package travels outside of the home. The document is intended to ensure that the child receives timely, safe, and coordinated care during periods spent outside of the home setting. It provides guidance for homecare staff and community healthcare teams on how to maintain the continuity of the child's care effectively when travelling outside the home.

³ Records details of the document review or update, 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 provides clear guidance to all HSE Regional Health Area PHCP governance groups on the measures required to minimise risk when a child receiving nursing care through a Paediatric Homecare Package (PHCP) travels outside the home environment.

The procedure outlines the requirements for planning and managing travel outside the home for these children.

For the purpose of this procedure, *Travel Outside the Home* is defined as any planned or unplanned movement of the child away from their primary residence, including for example, attendance at school, hospital appointments, family visits and social outings. Family visits and social outings must meet agreed criteria, and the provision of nursing support should be determined based on the assessed need of the individual child.

The PHCP nursing service does not extend to overnight stays or prolonged periods away from the child's home environment.

This Procedure is 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.

1.2. Scope

This HSE Procedure applies to all HSE Regional Health Area (RHA) Paediatric Home Care Package (PHCP) Governance Groups involved in the governance, coordination and delivery of nursing services for children receiving a HSE Paediatric Home Care Package in community settings.

Out of Scope: this procedure is specific to the community setting and does not apply to other health services e.g. acute hospital, respite services

1.2.1. Target users

This HSE Procedure applies to all registered nursing staff engaged in providing nursing care in a home setting to the CCHN.

1.2.2. Target population

Children with complex healthcare needs (Children 0-18 years) whose paediatric home care package are funded by HSE Regional Health Area's (RHA).

1.3 Objectives

- Support safe participation in community, educational, social, and recreational activities for the CCHN.
- Ensure the child's safety, wellbeing, and continuity of nursing care when travelling outside of the home.
- Provide clear guidance to all HSE RHA PHCP governance groups on risk minimisation of a CCHNs care when travelling outside of the home.
- Outline the necessary governance procedures to facilitate, enable and ensure safe nursing care by registered nurses when travelling outside of the home.

- Mitigate the foreseeable risks in order to provide a safe environment for children with complex healthcare needs when travelling outside of the home.
- Ensure standardisation of the guidance required when travelling outside of the home.

1.4 Outcomes

- Children with complex healthcare needs are supported to access educational, healthcare, social, recreational, and community activities in a safe and equitable manner, consistent with their assessed nursing needs.
- There is a standardised approach across all HSE RHAs to the planning, and management of travel outside the home for children with complex healthcare needs receiving a Paediatric Homecare Package.
- There are clear governance arrangements and accountability structures to support decision-making, risk management, and oversight of care provided to CCHN when travelling outside the home.

1.5 Disclosure of interests

No conflicts of interest are declared

1.6 Rationale / alignment with HSE national priorities

This procedure is developed to standardise the approach to providing nursing care to children receiving a PHCP when travelling outside of the 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).

1.7 Supporting evidence

- Health Information and Quality Authority (2016) Supporting Peoples Autonomy: a Guidance Document
- Health Information and Quality Authority (2017) National Standards for the Prevention and Control of Healthcare Acquired Infections
- Health Information and Quality Authority (2024) National Standards for Safer Better Healthcare.
- Health Services Executive (2011) Standards and Recommended Practices for Healthcare Records Management
- Health Services Executive (2019b) Data Protection Policy
- Health Service Executive (2020) Incident Management Framework and Guidance
- Health Service Executive (2020b) Incident Management Framework
- Health Service Executive (2021) National Quality Assurance Initiative
- Health Service Executive (2023) How to develop HSE National Policies, Procedures, Protocols and Guidelines: A Practical Guide
- Health Service Executive (2024) National Consent Policy

- Health Service Executive (2025) Open Disclosure Policy
- Nursing and Midwifery Board of Ireland (2025) Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives incorporating the Scope of Practice and Professional Guidance.

Legislative Documents

- Child Care Act (1991)
- Children First Act (2015)
- Data Protection Acts (1988, 2003)
- General Data Protection Regulation (2016) European Commission
- 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 (2011) Nurses and Midwives Act. www.irishstatutebook.ie
- Health Act (2007).
- Nurses and Midwives Act (2011).
- Patient Safety (Notifiable Incidents and Open Disclosure) Act (2023)
- 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 document will answer

- What is the guidance to HSE PHCP Governance Groups on the steps required to minimise risk when a child receiving a PHCP is travelling outside of the home?
- How does the HSE PHCP Governance minimise risk when a child with a PHCP is travelling outside of the home?

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 identify current evidence and best practice, and to explore new and emerging evidence, relating to risk minimisation measures required when a child receiving a PHCP travels outside the home.

The HSE NQAI (2021) reviewers originally prepared a literature search in 2017, and this was updated in 2021 and 2026. Search terms included “*Children with complex healthcare needs*”, “*traveling outside the home*”, “*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 procedure. The search was limited to studies published between 2007 and 2026. The Cochrane Library was reviewed; however, no systematic reviews or protocols directly addressing the topic were identified. A limited number of studies were identified specific to topic however, literature on management of risk in this cohort was sourced that could be applied to the specific situation (HSE, 2020: HSE, 2023). The HSE National Quality Assurance (2021) report

address the management of risk when a child is outside of the home environment and this aligns with the HSE guidelines for initiation and assessment of a PHCP(2025) which should be read alongside this procedure. Black et al (2022) explored the experiences of caregivers transporting children with disabilities and medical conditions. This study highlights the practical and safety challenges families face, including accessing appropriate restraints, equipment, transport services, and reliable information. It emphasizes the need for better support, improved training, and policies that ensure children with additional needs can travel safely and comfortably. The UK NHS National Framework for Children and Young People's Continuing Care (2016) supports the provision of care for children with complex healthcare needs in the home setting. It recommends that individualised risk assessment and care planning, tailored to the child's assessed healthcare needs while also enabling their safe participation in education, family, and community life, underpin care. This is further developed in the NHS Greater Glasgow and Clyde's Complex Care Management for Children and Young People with Exceptional Healthcare Needs Protocol, which focus on safe delivery of ongoing care packages and coordination of care across hospital, home and community services.

The review identified that no national guidance in Ireland or the UK specifically addresses governance, risk assessment, nursing accountability, and clinical decision-making for children with complex healthcare needs (CCHN) receiving a homecare package, when travelling outside the home setting. However, policy and framework guidance in both Ireland and the UK supports the management of risk through local risk assessment processes and individualised care planning to support the child's right to access education, social and community activities. The lack of specific findings from the review strengthens the rationale for this HSE document as it demonstrates that the guidance contained will address an identified gap rather than duplicating existing policy.

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 when they travel outside of the home. However, several key policy documents from the Irish and UK health services support the provision of risk-managed care when a child travels outside of the home. 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

CCHN travel outside the home should:

- Be child-centred and promote inclusion, participation, and quality of life.
 - Be planned and risk-assessed according to the child's clinical needs.
 - Maintain continuity and safety of care at all times.
 - Respect the rights, dignity, and preferences of the child and family.
 - Be undertaken in partnership between families, HSE services, and homecare providers.
- Note; Parents/guardians should give prior notification to the HSE Paediatric Homecare Team and homecare provider to activate this procedure, as early as possible, in advance for travel outside the home.

3.1 Risk management prior to travelling outside the home.

- Risk Assessment-The HSE Paediatric Homecare Team, in collaboration with the family and homecare provider, will complete or review a travel risk assessment, considering:
 - Clinical stability of the child
 - Medication and treatment schedules
 - Emergency care needs
 - Equipment safety
 - Transport
 - Infection prevention and control
 - Safeguarding considerations
 - Environmental risks at the destination
- Required travel arrangements should be identified prior to discharge from acute services in partnership with paediatric occupational therapists. This should include assessment of seating in the family car and buggy/ wheelchair required to hold all the necessary equipment.

At all times the home care nurse must;

- Ensure all equipment is connected to an electricity power supply whenever possible so the battery is charged.
- Ensure annual servicing of equipment to include checking the battery supply
- Check all equipment at the beginning of the RNs shift to ensure it is charged and in working order.
- Ensure care plans document the battery life of each piece of healthcare equipment supplied.
- Ensure care plans include a checklist appropriate to the child's nursing needs for travel outside the home.

3.2 Travel Outside the Home

Each child should have an individualised checklist of requirements as part of their nursing care plan for travel outside the home. Before travel the homecare nurse should confirm;

- That a travel risk assessment is completed ;Consider destination i.e. that it meets health and safety standards required e.g. wheelchair access
- Care plan is updated to include clinical summaries and contingency measures
- Emergency plan is prepared
- Medications are checked and packed.
- Paediatric medication prescription administration record (P-MPAR) to record and sign when medications due or are administered is packed.
- Ensure up to date contact numbers available
- Identify destination healthcare facilities. Consider mapping route and identifying nearest local emergency/paediatric facility services along this route.
- Staffing arrangements confirmed
- Confirm transport suitable
- Nurse has access to a charged mobile phone.
- Pack the HSE Paediatric Homecare Package **999/112 Alert Card**
- Equipment must be transported safely and secured appropriately during transit
- Medications must be carried in original labelled containers with clear administration instructions. Consider if medications can be stored at room temperature and for how long.
- Ensure there is sufficient medication supplies for the duration of travel, plus a contingency stock.
 - Before travel: Check, all equipment .Confirm that all electronic medical devices (e.g., suction machines, feeding pumps) are fully charged.
 - Ensure you have properly secured, portable power banks and appropriate car adapters.
 - Check ventilator and oxygen saturation monitor settings.
 - Check oxygen cylinder levels and circuit for oxygen.
 - Attach portable oxygen (if required)
 - Check suction machine pressures.
 - Check suction connections and vacuum - ensure no leaks.
- Assemble a supply of
 - Suction catheters and Yankauers
 - Hand suction((Res-Q-Vac) (if supplied)
 - Disposable humidity devices
 - Feeds – formula or enteral feeds with tubing.
- Emergency Bag/ case with tracheostomy tubes x 2, scissors/ties etc (if appropriate)
- Bag-Mask-Valve unit (if supplied)
- DC auto lighter power adapter is in the car (to support battery recharging)
- AC power cord (use when an AC outlet is available at your destination)
- Charged mobile phone.
- Rubbish Bag for disposal of used medical equipment (suction catheters etc)
- Transport:Ensure the transport vehicle is safely fitted for the child's specific restraints and that the nursing support person can be positioned to monitor the child directly(Black et al,2023)

- Environmental and Weather related risks: Account for travel delays, temperature extremes, and crowded areas, which could impact underlying medical conditions like respiratory or heat-regulation issues

3.3 Emergency Action Plan

Ensure a travel emergency plan is in place and includes:

- Emergency contact numbers (parents, HSE team, GP, hospital, ambulance services)
- Summary of the child's medical condition and care needs including relevant resuscitation orders in a highly visible folder.
- Details of nearest appropriate healthcare facilities at the destination
- Pre-loaded local emergency services and the primary paediatric nursing/medical team into any relevant traveling caregivers' phones.
- Procedures for managing deterioration, equipment failure, or other emergencies. If the child's condition deteriorates while outside the home, assess the child's condition and discuss with his/ her parents and agree an appropriate course of action.
- Document all nursing care delivered outside the home in accordance with NMBI regulations (2025).
- Any incident, accident, safeguarding concern, or significant change in the child's condition during travel must be reported immediately to the parent/guardian, homecare provider, and HSE Paediatric Homecare Team.
- Incidents must be documented and managed in accordance with HSE incident management and safeguarding policies.

3.4 Specific roles and responsibilities

3.4.1 Regional Executive Officer

The REO's have lead responsibility for regional implementation to ensure this procedure, is adopted and implemented throughout HSE RHA.

3.4.2 RHA PHCP Governance Groups

The Regional Health Area (RHA) Paediatric Home Care Package (PHCP) Governance Group is responsible for ensuring that all healthcare staff involved in any aspect of a child's home nursing care have read, signed, implemented, and adhered to this procedure within the scope of their role and professional practice. The RHA PHCP Governance Group will oversee the implementation and monitoring of this procedure to ensure compliance with the National Quality Assurance Initiative (NQAI) recommendations (HSE, 2021) and the HSE Paediatric Home Care Package Standard Operating Procedure (2025). This includes promoting quality and safety, supporting a positive service user experience, and ensuring the delivery of safe, high-quality care.

3.4.3 HSE PHCP Coordinator

Under the leadership of the RHA PHCP governance group, the HSE PHCP Coordinator will be responsible for providing guidance on emergency planning and safeguarding, risk management, monitoring and audit of the procedure when a child travels outside the home.

3.4.4 Private Provider Nursing Staff

Homecare nursing staff will be responsible for the implementation of all steps of this guideline. Private Providers must ensure that all staff providing care for the child are aware of and comply with the outcome of the processes described in this procedure. Private providers will provide training for staff in caring for the CCHN to comply with this procedure.

Nursing staff will determine her/his scope of practice and make a judgement as to whether she/he is competent to carry out a particular role and function and take measures to maintain the competence necessary for professional practice (Code of Conduct incorporating Scope of Practice, NMBI, 2025).

4.0 Consultation

4.1. Child Safeguarding Considerations

The safety and welfare of the child must remain paramount when planning and facilitating travel outside the home in a community setting. All healthcare professionals, homecare providers involved in supporting a child with complex healthcare needs have a responsibility to remain vigilant to safeguarding risks and to act in accordance with Children First: National Guidance for the Protection and Welfare of Children and HSE Child Protection and Welfare Policy.

Potential safeguarding concerns when travelling outside the home may include, but are not limited to:

- Inadequate supervision of the child.
- Exposure to environments or situations that may place the child at risk of harm, abuse, neglect, exploitation, or injury.
- Failure to maintain appropriate staffing levels or support arrangements.
- Breaches of the child's privacy, dignity, or confidentiality.
- Concerns regarding the conduct, behaviour, or suitability of individuals involved in the child's care.
- Unsafe transport arrangements.
- Failure to respond appropriately to changes in the child's health status or care needs.
- Lack of clarity regarding responsibility for the child during community activities or events.

Where a safeguarding concern is identified, the registered nurse must:

- Take immediate action to ensure the child's safety where required.
- Report concerns in accordance with Children First and HSE safeguarding procedures.
- Inform the relevant line manager and designated safeguarding personnel as appropriate.
- Document the concern, actions taken, and outcomes in accordance with local and national policy.
- Participate in any subsequent safeguarding assessment, investigation, or review process.

Note; Travel outside the home should not proceed where significant safeguarding concerns have been identified and appropriate risk mitigation measures cannot be implemented to ensure the safety and welfare of the child.

4.2 Stakeholder Involvement

- National consultation workshop with HSE PHCP Coordinator group to inform and agree procedure for care of CCHN when travelling outside of the home and receiving a Paediatric Homecare Package within HSE Regional Health Areas
- 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.

4.3 External review

OMNSD Nurse Practice Development Coordinator reviewed the Procedure for PHNs.

5. National implementation plan

5.0 Resource implications

It is necessary for all RHA's to have a Regional PHCP Clinical and Corporate Governance Group and for each IHA to have an IHA PHCP Operational Governance Group and a HSE PHCP coordinator for CCHN's identified. The RHA will disseminate the Procedure to all relevant staff through the RHA PHCP Governance Groups.

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

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

HSE management has approved this procedure

5.2 List tools and resources developed to support local implementation of the National document.

- HSE Risk Assessment
- Parent Information Leaflet
- Agreement of Care form
- PCAT Assessment Form
- PHCP Review Process

5.3 Expected date of full implementation 1/9/26

6 Governance and approval

The Procedure is 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 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 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 RHA PHCP Clinical & Corporate governance group to implement the procedure in each IHA outlining actions required, specific roles, responsibilities, etc.

8 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 PHCP Governance groups.

PHCP Governance groups will ensure that the implementation of this procedure is monitored and audited within their area of responsibility using the Audit Checklist in Appendix 4 and maintain evidence of same

9 Review / update

9.1. Review of national document

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 References

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11 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) 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.
P-MPAR	Paediatric Medication Prescription Administration Record used to prescribe and document administration of medications to children receiving a PHCP.
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

	under a contracted service arrangement. The Private Healthcare Provider is responsible for providing staff with the relevant skills/competencies. The reporting relationship of the nurse will be to the service provider nurse manager on professional and clinical matters. Clinical Governance for care of the Child is provided by the service provider.
Service Arrangement	The HSE enter into a contract for the provision of services to CCHN service users. The terms and conditions of the clinical, corporate and financial governance standards are specified in the arrangement.

12 Appendices

- Appendix 1: Membership of Development Group
- Appendix 2: Membership of Approval Governance Group
- Appendix 3: Sample implementation plan template
- Appendix 4: HSE PPPG audit template
- Appendix 5: Signature sheet

Appendix 1: Membership of Development Group

Membership of PHCP Practice Development Group	
Name	Role and position
Margaret O'Meara (Chair)	PHCP Clinical Lead Primary Care Access & Integration
Breeda O Farrell	HSE PHCP Coordinator
Monica Corcran	HSE PHCP Coordinator
Aishling Banks	HSE PHCP Coordinator
Shirley King	HSE PHCP Coordinator
Tara Galligan MacNamara	HSE PHCP Coordinator
AnnMarie O Gorman	HSE PHCP Coordinator
Ann Lyndon	HSE PHCP Coordinator
Suzanne Dromey	HSE PHCP Coordinator

Appendix 2: Membership of Governance/Steering Group

Membership of PHCP Governance/Steering Group	
Name	Role and position
TJ Dunford	Assistant National Director, Primary; Care Access and Integration
Maeve Raeside	General Manager Primary Care Access and Integration
Margaret O'Meara	PHCP Clinical Lead Primary Care Access & Integration
Nora Quinn	DPHN Mid-West RHA

Sign-off by Chair of Approval Governance Group

HSE Procedure for Travel Outside the Home for children receiving a HSE Paediatric Homecare Package was formally ratified and recorded in the minutes of the Approval Governance Group on 01/09/2026

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 Document Title: HSE Procedure for Travel Outside the Home for Children Receiving a Paediatric Homecare Package Expected date of full implementation (refer to 5.4): 01/09/2026					
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 Memo circulated to RHAs	Memo with integrated PPPGs circulated to RHA's	Notice	National Director Access and Integration		Implement Procedure
HSE PHCP Coordinators group	Notice to all HSE PHCP Coordinators	Notice	PHCP Clinical Lead		Implement Procedure
Private Providers	Notice To all Private Providers	Notice	PHCP Clinical Lead		For Information
Dissemination and action of Health Region staff	No Governance Group	Roll Out	REO		Implement Procedure
Education / training required to implement the National document: HSE PHCP SOP October 2025					

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

Appendix 4: National Audit Tool

HSE Procedure for Travel Outside the Home 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 the standard/criteria being met for the following statements: To be adapted and statements added as required.	Yes	No	N/A	Evidence
Statement 1 A risk assessment was completed prior to travel outside the home				
Statement 2 Care plan was updated to reflect plan for travel outside the home				
Statement 3 An individualised travel outside the home checklist is in place				
Statement 4 All battery packs are fully charged at all times				
Statement 5 All equipment is plugged in at all times when at home.				
Statement 6 Care provided outside the home is documented in care plan progress notes.				
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%				

[illegible]