

NATIONAL INTEGRATED STAFF RECORDS AND PAY PROGRAMME

The HSE's ultimate goal is building a better health service. An integrated staff records and payroll system will form the foundation on which a better health service can be built. We cannot continue to rely on old staff records and payroll systems that do not talk to each other. We cannot continue to record vital HR information and duplicate this information again and again. The implementation of NiSRP is a great opportunity to deliver world class business services across our health system and to give control of the information to the employee and manager. It is a real good news story.

Jane Carolan, National Director of HBS on the importance of NiSRP

LARGE organisations such as the HSE need detailed staff information so that it can make the best use of resources and manage costs. The National Integrated Staff Records and Pay Programme (NiSRP) will implement national staff records and payroll systems across the HSE.

These systems will be fully integrated and will support the needs of a modern health system employer, enhancing available workforce information for managers. A key part of the HBS strategy, the programme will modernise the way the HSE connects with staff, improving access for them to their staff record and pay details via online employee and manager self-service.

The programme aims to extend the staff records and payroll system already in place in the HSE North West, Midlands, Mid-West Tusla, across the rest of the country. Some of the these systems are old and need to be replaced. In a lot of cases both staff records and payroll are not integrated.

In order to improve how we work, NiSRP will:

- Move all staff records and payroll systems to a single national SAP system
- Introduce employee self-service and manager self-service for staff
- Standardise staff records and payroll processes nationally

This will provide HSE staff with an opportunity to continue their existing staff records and pay responsibilities using modern, digital tools that maximise the use of automation. This will allow information to be captured accurately once and enable it to be used often in order to make better decisions, save time and improve the health system's efficiency.

Programme update

Preparation for implementation has already

begun in the East in CHOs Wicklow, Dun Laoghaire, Dublin South East; Dublin South, Kildare & West Wicklow and Dublin North City and County along with St Columille's Hospital, Loughlinstown, Naas General Hospital, James Connolly Memorial Hospital, HSE Corporate and HBS. The NiSRP team is working closely with colleagues in these organisations and have recently completed information sessions with line managers and time returning officers. Engagement has commenced with the next implementation area in the South to help them to prepare for implementation.

Employee and manager self-service

We live in an age when many of us pay our taxes, shop and book holidays online. However, within work, a lot of crucial information across the health service is still recorded on paper. By 2022 all staff in the HSE will have access to an intuitive online system that will allow you to book leave, change personal details (such as address or bank details) and submit travel and subsistence claims electronically. It will be available 'as and when' you might need it.

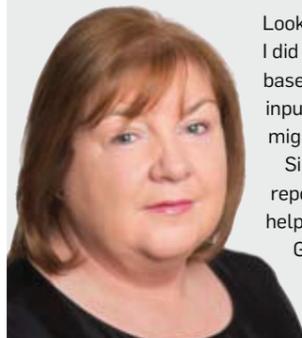
Further NiSRP information is available on the HBS Intranet at www.ihbs.healthirl.net/ **National-Integrated-Staff-Records-and-Pay-Programme/**

For any general questions please email hbs.nisrp@hse.ie

There will be regular updates on twitter so please follow us [@HBS_NISRP](https://twitter.com/HBS_NISRP)



JACQUELINE NIX, ASSISTANT NATIONAL DIRECTOR OF HUMAN RESOURCES FOR COMMUNITY, OPERATIONS, EXPLAINS THE VALUE OF NISRP



Looking back at life before SAP HR / Payroll everything I did in work was a lot slower and it was very individual based. If somebody did a particular piece of manual inputting of work and they were off for any reason you might not be able to get the information.

Since SAP HR /Payroll was implemented, our reporting is a lot quicker and more accurate. This has helped for large pieces of work such as the recent

Garda vetting exercise. With SAP HR we could tell straightaway who had Garda vetting done, when they had it done and who needed it. We also saw huge benefits when we had to do work for

the public service pay commissions. The system is all about accessibility to information and the efficiency in obtaining the information.

Looking at the other aspects NiSRP will be implementing, such as the Employee Self Service and Manager Self Service, I think these will be great for everyone. I will have access to a calendar and see all the leave approval for my team.

Change is daunting in the beginning and this is such a big change but like so many things in life once you get used to using it you'll think 'how did I ever survive without it'.

HSE LAUNCH HEART ATTACK CARE IN IRELAND IN 2016 REPORT

A NEW report by the National Clinical Programme for Acute Coronary Syndrome (ACS) shows treatment for heart attack patients in Ireland is on a par with, or above, international standards.

In 2016, 1,412 people were treated for a major heart attack in Ireland with 96pc of eligible patients receiving PPCI. PPCI is a procedure to remove a clot and insert a stent into the coronary artery and is the main treatment for ST Elevation Myocardial Infarction (STEMI / heart attack) in Ireland. 82pc of these patients received rapid PPCI treatment within 120 minutes when arriving directly to a PPCI centre, compared to 41pc of patients who were transferred from another hospital.

Clinical Lead for the ASC Programme, Prof Kieran Daly, said: "Owing to the commitment of staff at hospitals, the National Ambulance Service and the Dublin Fire Brigade Ambulance Service, timeliness for ACS treatment has greatly improved and a standard national delivery of treatment for patients has been developed. The focus now is to ensure that this service is maintained and improved and incorporates the broader group of acute coronary syndrome patients."

Risk factors

People who are most at risk of a heart attack are people over 50, smokers, overweight, people with known cholesterol issues / blood

pressure and those with a strong family history. Dr Siobhan Jennings, Consultant in Public Health Medicine, outlined the importance of smoking cessation counselling in PPCI centres. "Smoking levels are high in STEMI patients (38pc), so helping a patient to stop smoking is essential and is as important as other treatment measures. It is never too late to quit smoking, I would encourage all smokers not to wait another day and to visit www.quit.ie."

These improvements in Heart Attack Care in Ireland follow reviews and assessments undertaken in 2010 – 2011, by the national clinical programme for ACS. An Optimal Reperfusion Service protocol was implemented nationally from January 2013 with the aim of saving lives by standardising care across the country.

Next Step

The national ACS working group undertook a review of all PPCI and PCI centres throughout the country in 2017 to assess strengths and weaknesses and steps necessary to maintain the ORS (STEMI) protocol. This report will be completed during 2018.

What to do if you are concerned about chest pain:

If you are concerned about chest pain dial 999 or 112 to go directly to a PPCI centre.

Report is available on hse.ie

SIX FEATURES OF THE OPTIMAL REPERFUSION SERVICE PROTOCOL:

- 6 PPCI centres were designated to provide emergency care using international best practice principles and population estimates
- A cross-border initiative (put in place in 2016) with Altnagelvin Hospital, Derry to provide an emergency service for Donegal patients.
- Establishing a 'Code STEMI' Freephone line to facilitate direct conversation between ambulance crew and cardiology staff at the PPCI centre as well as direct ambulance access to PPCI centre Catheter labs without going through the Emergency Department.
- Immediate transport of STEMI patients to a primary PCI centre
- Standardised pre-hospital response triage, early treatment and transport of patients (including by-pass of local hospitals, equipping vehicles with 12-lead ECGs, training paramedics in ECG use)
- Enabling helicopter transfer for STEMI patients to PPCI centre in certain areas.



Launching the Heart Attack Care report at Dr Steevens' Hospital were Brendan Cavanagh, Brian Power, Dr Siobhan Jennings, Prof Kieran Daly and Robert Ryan.