

A MODERN BUSINESS PLACE V

The National Staff Integrated Staff Records and Pay Programme



THE HSE is aiming to build a better health service every day, and one of the key building blocks in that process is information. However, there are areas where how we process information needs to be modernised. Across the health service today, employees have no choice but to rely on paper and pen or Excel spreadsheets to record and collect information. But all that is about to change.

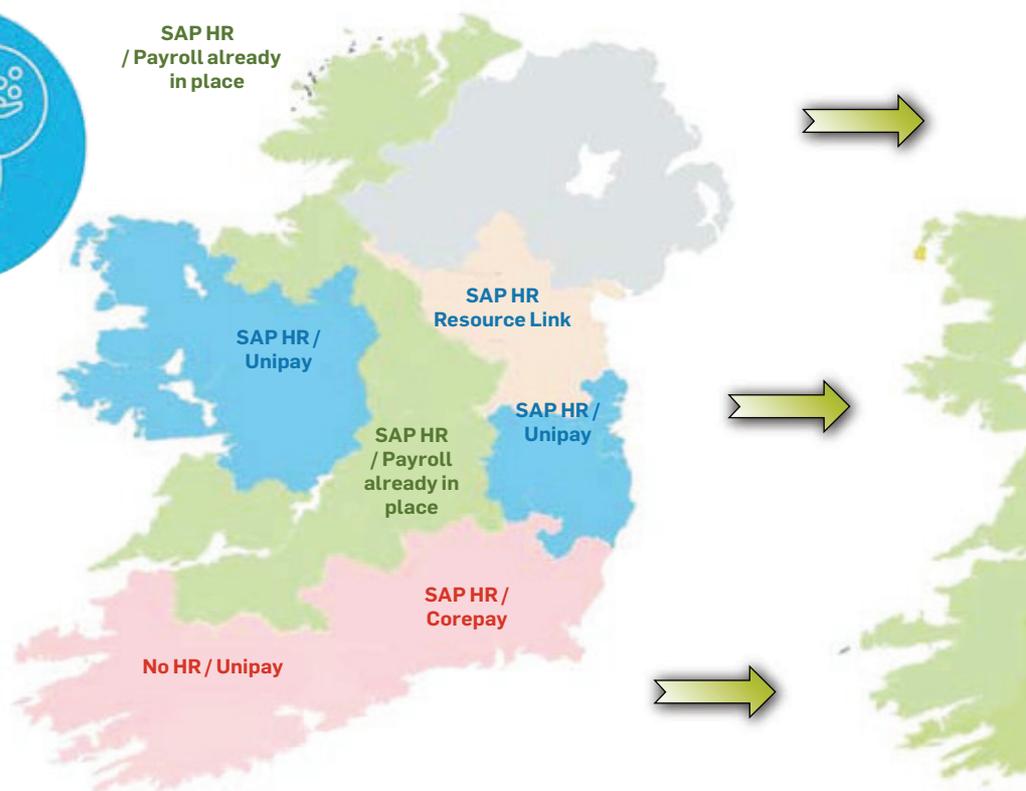
The National Integrated Staff Records and Pay Programme (NiSRP) is designed to meet the needs of a changing health system by improving access for staff to their own records and pay details while enhancing available workforce information for managers. When it is fully implemented, NiSRP will make work easier for staff and make the HSE a thoroughly modern business place.

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.

There is a short video available on the HBS NiSRP intranet page which gives a quick overview of self service.

The programme aims to extend the staff records and payroll system already in place in the HSE North West, Midlands, Mid-West and Tusla, across the rest of the country. NiSRP has spoken with many colleagues in these areas where the new system has been implemented and the recurring theme is that they would never go back to the old way of working.

The map below gives an indication of the many different staff records/payroll systems in operation across the country, many of which are outdated and need to be replaced. In a lot of cases, both HR and payroll are not integrated, while in addition



to this there is no single source of employee information, and a lack of access to records for both employees and line managers.

In order to improve how we work, NiSRP will move all staff records and payroll to SAP systems nationally, and also introduce Employee Self Service and Manager Self Service for staff.

Speaking about the project, Ann O'Shea, Chief Officer, Community Healthcare Organisation, South Dublin Kildare West Wicklow, said "This is so welcome in terms of bringing our systems in the Health Services up to any normal business standard. The work will not be without challenges, however - I've been involved in implementations of many ICT systems over the years, and I can attest to that. However, it will be worth the effort that needs to go in now and the product at the end will enable us to work in a much more efficient manner."

WHAT NISRP WILL MEAN TO YOU

- Line Manager – will need to know how to use Managers' Self Service to manage and approve staff leave requests
- Time Returning Officer – will need to know how to record staff time and attendance in Time Managers' Workplace on SAP
- HBS staff – will need to know how to operate Staff Records and Payroll in an integrated SAP environment



- All staff – will need to know how to use Employee Self Service to manage your personal record and apply for leave
- Preparation for implementation continues in the East in CHOs Wicklow, Dun Laoghaire, Dublin South East; Dublin South, Kildare and West Wicklow and Dublin North City and County along with St Columcille'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 completed information sessions with line managers and time returning officers.

WITH NISRP

SAP Integrated HR and Payroll Nationally

BELOW: The NiSRP team has welcomed many new additions to the team over the past month and are working closely with our colleagues in HPSA.



FURTHER INFORMATION

Further NiSRP information is available on the HBS Intranet via <http://ihbs.healthirl.net/National-Integrated-Staff-Records-and-Pay-Programme/>
There will be regular updates on twitter so please follow us @HBS_NiSRP.
For any general questions or feedback please email hbs.nisrp@hse.ie



MEITHEAL PROGRAMME IMPROVES END-OF-LIFE CARE

A NEW palliative care initiative aims to improve the quality and experience of palliative and end-of-life care for older people with life-limiting illness in long-term care settings.

Specialist Palliative Care North East Services began the Meitheal Programme – A Partnership in Palliative Care with the Older Persons, a collaborative cross-agency initiative with statutory and private sector providers of residential care for older people back in April 2016.

An advisory group of all relevant stakeholders was established to offer advice, guidance and direction in the development, implementation and evaluation of a sustainable evidence based programme. Three dedicated clinical nurse specialists in palliative care began this journey with all nursing homes in the counties of Cavan and Monaghan, Louth and Meath.

The programme also aims to build upon the capacity of staff to become more confident and competent in delivering generalist palliative care. The over-bridging aspiration is for organisational change that will embrace the merging and integration of a palliative care approach to older person care practice.

The Meitheal Programme adopted an evidence-based approach to this work. Assessment of clinical need was undertaken across all 50 nursing homes in Cavan, Louth, Meath and Monaghan. Preliminary HiPE data (January to June 2016) suggests 413 admissions to acute hospitals. The most common reason for admission was treatment of infection - commonly infections of the respiratory or urinary tract. Frequently patients were admitted for symptom-control issues. There was a short length of stay of less than three days in 35pc of admissions over this period. The readmission rate was as high as 20pc. 12pc of these patients died on the index admission.

An analysis of the educational and supportive needs of 20pc of nurses, health care assistants and doctors within long-term care settings supported a collaborative, inclusive and participative approach. With a 68pc response rate, the analysis identified that 96pc of respondents want to further develop their knowledge, skills and practices in palliative care. 43pc of respondents identified communicating with families as the most challenging aspect of palliative and end-of-life care provision.

The Meitheal Programme nurses co-designed and currently facilitate an overlapping tailored one-year programme within three nursing

homes per year targeted for nurses and healthcare assistants with a core and discipline specific competence approach. Guided by the Palliative Care Competency Framework, the initial three months comprise of interactive accredited workshops encompassing six subjects; Understanding Palliative and End of Life Care, Communication in Palliative Care, Assessment in Palliative Care, Planning of Care and Decision Making, Optimising Comfort with Non-Pharmacological and Pharmacological Approaches and Loss, Grief, Bereavement and Self-Care. The remaining nine months aim to encompass two-weekly to monthly group reflective sessions to support the transition of acquired knowledge into everyday practice and completion of written reflective clinical scenario exercises.

Whilst the turnover, shortages and workload of staff are three of the most significant cultural challenges to successful implementation of this programme to date, many staff members within long-term care settings have reaped the rewards of their active engagement with the Meitheal programme followed by the continued support by the Specialist Palliative Care team of their learning and practice developments.

Feedback from the staff of College View Nursing Home in Cavan who were the first to embrace the Meitheal Programme (Sept '17- Sept '18) within the Cavan Monaghan area was very positive.

Martina Jameson, Director of Nursing, said the programme "improved the understanding and knowledge of palliative care for all staff and provided greater confidence in the delivery of care. This has been achieved through active support, guidance, leadership and teamwork by all involved. We have been privileged to be part of this on-going education and support within College View Nursing Home."

A carer stated, "Palliative care is for both the living and the dying, regardless of their illness. They can have the best quality of life."

One of the nurses noted that the Meitheal Programme greatly increased confidence, skills and belief in the palliative care they deliver.

"The training and the resources from the programme has provided us with very helpful prompts and tools that help us provide a more holistic approach, not just caring for the physical well-being of the resident but also their social, emotional and spiritual needs. We have definitely learned that palliative care is far more than just about medication," said the nurse.



Carers and nurses of College View Nursing Home accompanied by their Director of Nursing Martina Jameson and Clinical Nurse Specialist Meitheal Programme Jennifer Richardson, with the co-designed pop-up poster which serves to open up the conversation about palliative care in their residential setting.