

Forandringer, ledelse og kerneopgaver

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15% fald i sygefravær

- Samtaler efter 6 fraværsdage i en periode på 6 måneder
- Alle kaldes til samtale
- Der følges op på disse samtaler

Men; sygefravær er kun en del af billedet..

Organisatorisk transformation handler om mange ting:

Forandringer og værktøjer

- Arbejdskraft – hvordan betragter vi denne?
- Teknologi – hvordan bruger vi denne?
- Ledelse og kultur – hvilken type ledelse driver vi og hvordan bringer vi indhold ind i kerneopgaven?

Arbejdskraft

	Konkurrence/Privat	Monopol/Offentlig
Løn	Fri løndannelse inden for aftalte rammer Ikke offentlig gjort løn	Tradition: Fast regulering – men ny løn Mulighed: Omfordeling af lønbudget Fleksible ansættelser
Personalepleje	Hyppig – fokus på individet	Knap – fokus på kollektivet
Udbud	Egne uddannelser Ingen standardisering	Tradition: Etablerede uddannelser Mulighed: Ufaglærte, studenter, andre uddannelser
Ledelsesuddannelse	Multipel: Egen og tilpasset Business Schools (andre brancher)	Tradition: Ekstern men specifik offentlig Monofaglig

Myte/sandhed?

- Vi har ”ret” til at melde os syge
- Vi accepterer bad performance
- Vi har for meget at lave
- Det er altid de andres skyld
- Vi er dårligt lønnede i forhold til det private
- Vi får ikke noget ledelsesuddannelse
- Vi ved ikke hvad ledelsen laver
- Vi har ingen personalegoder

Teknologi

	Konkurrence /Privat	Monopol/Offentlig
Fysiske rammer	Bestemt af indtjening og konkurrencesituation	Historisk, forhandlet, statusbetinget og politisk positioneret
Teknologisk innovation	Drevet af kunde og indtjeningshensyn	Drevet af produktion og faggrupperationalitet
Teknologi - digitalisering	Markedsdrevet	Forhandles, godkendes politisk, mange sikkerhedskrav

Myte/sandhed?

- De andre har guldhaner ved vasken
- I det private har de meget bedre rammer
- Vi kan ikke flytte ressourcer til renovering
- Vi vil hellere have "hænder" end "vægge"
- Hver faggruppe har brug for deres eget system?

Hvordan driver vi ledelse og hvordan sikrer vi fokus på kerneopgaven?

- Fokus på fagligheden – sårpleje, vask, omsorg etc – også i praksis
- Fokus på håndtering af omgivelser – pårørende etc
- Fokus på det politiske aspekt og de politiske krav
- Fokus på ansvaret og innovationen

Watch a preview of the Diamond Decades at: mailonline.co.uk/dec

Treat the elderly as humans, not tasks

NHS chief gives nurses a lesson in basic care

NURSES are being told to stop seeing the elderly as 'tasks to be completed'.

They will be urged to consider each patient as somebody's grandparent, mother or father, rather than merely a 'condition'.

In a speech today, Sir Keith Pearson, chairman of the NMS Confederation, an umbrella body for organisations that provide NHS services, will tell nurses to 'look behind the mask of sickness and frailty' and see the individual.

With nursing standards coming under increasing scrutiny, critics of the profession are likely to ask why such basic guidance should be necessary and why a caring approach is not ingrained in all health workers.

Sir Keith is calling for hospitals and care homes to 'stamp out undignified care' and ensure every patient is treated with respect.

His speech to nurses at the

By **Sophie Borland**
Health Reporter

Royal College of Nursing's annual conference in Harrogate, North Yorkshire, will warn that examples of poor care 'crop up far too often'.

Sir Keith is leading a group of experts who are attempting to change the culture of the NHS to ensure patients are always treated with compassion. The panel - the Commission on Improving Dignity in the Care of Older People - was set up last year after a series of damning reports exposed widespread neglect in hospitals.

Sir Keith will recount to nurses the harrowing case of one elderly man who had been allowed to become so dehydrated that he could not even cry for help.

The neglected patient died three days later from stomach cancer at the Royal Bolton Hospital. His case was one of several examples of poor care

highlighted in a report by the Health Service Ombudsman last year.

Sir Keith will tell nurses: 'This is not the care, or the end-of-life experience, that any of us want to see. But I recognise, and I am sure you recognise that these examples are cropping up far too often.'

'We cannot simply dismiss them as isolated incidents. For they are not just unacceptable

'The mask of frailty'

instances of care, they also eat away at the reputation of the NHS, social care and our caring professions.'

He will add: 'As individuals and as a profession, we must not see patients - particularly older people in our care - as a condition or a task to be completed.'

'Behind the mask of sickness and frailty is a mother, a father

and grandparent. Behind that same mask of sickness and frailty also lies a former teacher, a former postmistress, a former soldier.'

The reports last year prompted accusations that NHS staff, particularly nurses, were neglecting the needs of vulnerable patients.

Nurses insist that the vast majority of the profession intend to provide the highest standards of care but say they are often unable to do so because wards are so understaffed.

Earlier this week nurses told the Health Secretary Andrew Lansley that they are routinely being forced to look after up to 18 patients at a time.

They also warned that cost-cutting hospitals are replacing senior nurses with cheap, untrained healthcare assistants.

Figures have revealed that more than 3,500 nursing posts have been axed in the past two years as hospitals attempt to meet strict savings targets.

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