


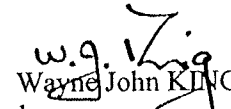
Bundaberg Hospital Commission of Inquiry

STATEMENT OF KENNETH DOUGLAS WHELAN


I Kenneth Douglas WHELAN of Townsville Health Service District, Townsville Hospital (4796.1035) in the State of Queensland SWORN:

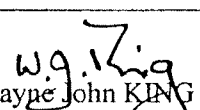
1. I am the District Manager of the Townsville Health Service District which encapsulates the public hospitals/health centres at Townsville, Ingham, Palm Island and Magnetic Island. I am a Registered Nurse registered in New Zealand and have fifteen (15) years Senior Management experience in the Health Industry both in New Zealand and in Australia where I have held my current position for the past two and half years. I have previously managed hospitals as the Chief Executive Northland Health Whangarei. I was also Chief Executive of the District Health Board in Northland. I have been the General Manager, Mental Health Medical and Clinical Support in Northland, Senior Project Major with the Midland Health at Hamilton New Zealand and General Manager, Mental Health and Director Area Mental Health, Bay of Plenty, Whakatane. Prior to that I was a registered and practising psychiatric nurse.
2. I took up my present position at Townsville in October 2002. My current role makes me accountable for delivery of Health Services based on Government guidelines within the Health District and within the allocated funding for the District. I am employed by Queensland Health.
3. I do not have any clinical role or responsibilities within the current framework of my position. As part of my role I attend open forums about once every three months and these forums are open to all staff and I provide updates as to how the hospital is progressing and make myself available to hear issues of all nature from the floor from the other employees at the hospital. The attendance at these forums is made up of clinical, clerical and the full range of staff at the hospital. I find that these forums are well attended and fruitful. What these forums do for me is that it assists in keeping me in touch with what is occurring on the floor at the hospital.

Kenneth Douglas WHELAN
 Signed: 
 Deponent


 Taken by: Wayne John KING
 Solicitor/Barrister /Justice of the Peace/
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4. I also provide irregular e-mail updates to all staff as a way of keeping the 3,500 employees updated with issues happening within the District. I also promote an open door policy that I make well known to the employees. A number of staff have taken advantage of this policy and have come to see me about relevant issues.
5. On occasions I also take a walk around the hospital generally because it follows that with the large amount of staff that we employ there is only a limited number that I would ever have to deal with on a face to face basis and I try my hardest to ensure that I am known to most if not all of the staff. I find that the best feedback I get about my efforts in this regard is from the general and nursing staff and to a much lesser degree from the medical staff who are the least number of employees to attend to the open forums.
6. I have answering to me an Executive Director of Medical Services, Dr. Andrew JOHNSON, who is responsible for the clinical standards within the medical workforce who has a role in dealing with the medical staff at the hospital. He does not have any clinical role within the hospital and this position is an administrative one. However, he holds regular forums with medical staff across the institutes. He runs the patient safety program at the hospital and this necessitates his making visits to clinical areas of the hospital. He, like myself, would not be known to most members of our staff but I am aware that he makes as much effort as I do, if not more, to make himself available to all of our staff to ensure that he is keeping his finger of the pulse of the hospital and welcomes contact from those members of the staff who he deals with.
7. The Director of Nursing (DON), who answers to my position, in modern times is an administrative role. However, that role is responsible for ensuring nursing standards are within evidence based guidelines. While that role does not have any hands-on clinical involvement in the running of the hospital I am aware that my current DON, Ms. Val TUCKETT, makes an effort to be very supportive of the Nursing Directors within the Institutes and at a management level is very supportive of nursing in general and I find her to be a very strong advocate for the nurses in this District. I know she makes a point of getting out of her office to make visits to the various wards from time to time when her administrative role allows her to do so. I am aware that from time to time I have difficulty in finding her in her office as she is out and about dealing with issues relating to the nursing

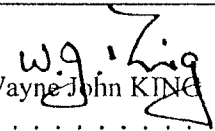
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staff. I believe she has an open door policy and has a good reputation with those who she supervises.

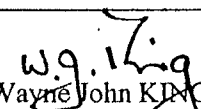
8. At Townsville we run a devolved management structure to ensure decisions are made, for the most part, by clinicians in the field. Each Clinical Institute is headed by a clinical director, who is a doctor, and an operation director who is a nurse. Both positions carry clinical workloads as well as administrative responsibilities. The risk with such a structure is a silo approach and what I mean by that is that Institutes can become insular e.g surgery only thinking about surgery. The Director of Nursing and the Executive Director Medical Services take a whole of workforce approach to ensure professionals across Institutes take a whole of patient approach. Basically they glue the system together by looking at the whole of the organisation.
9. The Institutes run a partnership model which I believe is unique in Queensland. I am able to provide a copy of the partnership agreement to the Investigators to-day. The main aim of the Institute system is to ensure clinical staff has a far greater say in the day to day running of the clinical services of the hospital.
10. Operational budgets are fully devolved to the various Institutes which gives clinical and operational directors more autonomy in ensuring priority areas within their institute receive funding within the allocation. I describe the system we have working in the business where my role is working on the business this means that I work with Queensland Health submitting business cases, lobbying for increased funding to meet and ever increasing demand.
11. I find Queensland Health Brisbane very fragmented and, in my experience, very bureaucratic and inflexible in their approach to Health Districts, including ours. There does not appear to be a good understanding from the centre of what actually happens within clinical areas. The organisation is very policy and rules based which, in my view, leads to "paralysis by analysis". Therefore, it can takes months and several committees to reach a decision on what may be regarded by us as clinical urgent to our hospital.
12. This is very frustrating for already overworked clinical staff and does nothing to bridge the gap between local management and clinical staff. The primary aim seems to be to brand Queensland Health as an organisation as opposed to allowing individual Districts to have an identity within their community.

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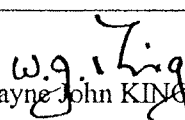
13. In recent times I have tried to publicly brand Townsville Hospital with the local community to encourage more ownership of this community's hospital. I continue to keep hitting brick walls in Brisbane because Brisbane's response is that "We are Queensland Health and not individual Districts". An example of that is that a Townsville amendment to the Queensland Health uniform was introduced at Townsville with a view to having pride encouraged in the workplace within the Townsville District. This amendment was a minor change to the logo making it more local and friendly with a minor alteration the uniform and when word of this change was received in Brisbane I was verbally reprimanded by staff from at Public Relations at Queensland Health. I might add that after the alteration approximately 2,000 of the shirts were sold locally to staff who obviously were extremely pleased with the innovative idea.
14. I find I enjoy working for Townsville Health District partly because of the multicultural nature of the staff which brings a whole range of learnings into the organisation. If the District was managed by a local board and therefore better community owned, I believe this District could provide a flexible, first rate health service. Sadly, because of what I see as a centralised policy driven approach to health care, the system has no local ownership, is very slow to respond and results in a mediocre service.
15. This clearly results in frustration at a local level and can lead to very high staff turnovers at all levels. This can have a negative impact on patient care in relation to consistency of approach. E.g. If a patient has multiple care givers due to staff turnover that care could be compromised.
16. Bullying is a term that seems to be bandied about a lot and I have no doubts that there are examples of that within our system at Townsville but I think some people have difficulty distinguishing bullying from performance management. There seems to be occasions where some staff are being performance managed and it seems easy to accuse someone of bullying when there is a difference of opinion in the workplace. I believe that this is primarily the result of a very poor industrial relation policy which sees disputes lasting sometimes up to twelve (12) months and not resolved causing enormous friction in the workplace.
17. Dealing with poor performers, which is in the minority, is almost impossible within this system.

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18. Having said that, I find that my dealings with my zonal manager, Mr. Terry MEHAN and the Senior Executive Director Health Services, Dr. John SCOTT, with whom I deal with to be very supportive towards my efforts to run a very complex tertiary facility. On other occasions when I have to deal with Policy Section Personnel of Queensland Health those relationships are strained. I have no hesitation in stating that I contribute to this relationship because of my attitude towards bureaucratic wastefulness.
19. I am not a committee person and prefer to make decisions with sometimes those decisions being right and sometimes they are wrong but at least I make them and I don't find this to be the case with Queensland Health in my dealings with them.
20. Another issue that I wish to comment on is that there does not seem to be flexibility in the system to acknowledge outstanding performance. High performers, in my view, should be rewarded and this applies to all of the staff employed within our Health District.
21. A number of Overseas Trained Doctors are employed within our District. While I have a working knowledge of how these doctors are recruited to work with us I do not have a hands on role in their selection. This is a matter for the Executive Director of Medical Services, Dr. Johnson in the selection of Senior Personnel and the Deputy Director of Medical Services, Mr. Brian PUGH, with regard to the Junior Doctors who are engaged. Both the Senior and Junior Doctor selections also involve the Clinical Directors of the respective institutes.
22. Townsville is a teaching hospital with a relatively new medical school. As such there is no recognition in the funding model to take account for the added cost of teaching. A recent study out of Victoria suggests a 20% increase in funding is required to provide excellent clinical teaching whilst maintaining good patient care. I believe it is difficult in the current environment for our doctors in this District to provide high quality teaching when clinical loads remain as high as they are.
23. I believe the establishment of senior doctors or registrars needs to be significantly increased to enable us to meet our teaching obligations.
24. I believe a potential solution to the systemic problems that we now face may be a localised Board structure. By this I mean a Board made up of thirteen people, seven appointed by Government, six elected by the local community through local elections (this could be done in conjunction with local council elections to negate

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expense), Chief Executives would be employed by the local Board and the Chair of the Board would be directly accountable to the Minister. The Department would have a policy and regulatory function not a health provision function. The Board, in turn, could have a committee structure which would enable leading community members, business people, health professionals, to take an active role in the running of the Health Service.

25. There would need to be a rationalisation of the current number of Districts in the State but I believe this could be managed.
26. The system that I have outlined is currently in place in New Zealand and seems to work very well. This system came about by looking at Health systems in Canada, U.K., and parts of Australia and they have tried to take the best parts of each of those systems and form the hybrid system that is now in place.

Affidavit SWORN on 14 July 2005

at Townsville

in the presence of:

Kenneth Douglas WHELAN




Deponent

Wayne John KING

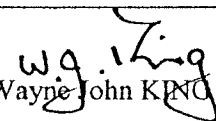
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Kenneth Douglas WHELAN

Signed:  Deponent

Wayne John KING

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Townsville Health Service District

SERVICE
CLINICAL DIRECTORATE

POSITION STATEMENT

being

CORE ACCOUNTABILITIES

for

**OPERATIONAL
MANAGER**



**CLINICAL
DIRECTOR**

- Leadership
 - Strategic
 - Professional
 - Operational
- Quality
- Financials, Budgeting & Volumes

STATEMENT OF PURPOSE

The concept of partnership for Townsville Health Service District Health takes its meaning from the principle

SHARED ACCOUNTABILITIES BY BEING EQUAL PARTNERS

The Clinical Director and the Group Manager are jointly accountable to their General Manager for the organisation of a Clinical Directorate/s in order to advance the Mission Statement and Objectives of the Directorate, the relevant hospital or service, and Townsville Health Service District Health as a whole.

Under the concept of partnership between the Clinical Director and Group Manager (as for the concept of partnership between Management and Clinicians at all levels of the organisation) the degree of accountability of Clinical Director and Group Manager for each item on this Position Statement will vary. This **Core Accountabilities Position Statement** is the instrument that identifies this variation for each Clinical Directorate.

It is to be reviewed by the General Manager in consultation with the Clinical Director and Group Manager every twelve months – not with a view of always deleting or adding new accountabilities (these are primarily generic) but to attain a partnership that has as its central focus, **shared accountabilities**. For each partnership the accountabilities will reflect existing strengths of the individuals. Over time assigning of responsibilities, ie swinging the pendulum to the left or right, should always result in the best outcomes for patients, staff and Townsville Health Service District Health, and may require additional training or experience for one or both individuals.

In this document, being **Accountable** means that the Clinical Director and/or the Group Manager are responsible for ensuring that the specified requirements are met, that he/she necessarily must personally undertake every task.

GROUP MANAGER / CLINICAL DIRECTOR INTERFACE WITH OTHER RESOURCE GROUPS

Internal

- All staff in Directorate
- Other Group Managers
- Finance Managers
- General Manager direct report group

External

- Other DHBs

Committee/Groups

- Standards and Audit Committee
- Quality Groups

STRATEGIC LEADERSHIP & PLANNING

	GROUP MANAGER	PARTNERSHIP	CLINICAL DIRECTOR
1. Proactively develop the medium/long term objectives of the Directorate.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
2. Develop, deliver and implement the Directorate's annual Business Plan incorporating capital expenditure, human and operational resources.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
3. Participate in Hospital/DHB wide planning process, Both as a senior professional and as a member of the Townsville Health Service District Health management structure.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
4. Lead and proactively promote a positive image of the Hospital and Townsville Health Service District Health.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
5. Work with staff to identify opportunities for continual improvement In delivering quality patient care.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
6. Analyse existing processes and lead appropriate redesign and Implementation of Directorate / Hospital / DHB wide initiatives:			
--with a Clinical Focus	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
--with a Business Focus	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

--with a Dual Focus

STRATEGIC LEADERSHIP & PLANNING

	GROUP MANAGER	PARTNERSHIP	CLINICAL DIRECTOR
7. Provide a positive and visionary leadership focus, including team Building for the Directorate conveyed in the context of cultural sensitivity for: -- all Medical Staff -- all Allied Health Staff -- all Nursing Staff -- all Support Staff	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8. Participate in the recruitment and appointment processes of senior staff of all disciplines to the Directorate. -- SMO -- RMO -- Nursing -- Allied Health	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

-- Other Support

STRATEGIC LEADERSHIP & PLANNING

CLINICAL DIRECTOR

PARTNERSHIP

GROUP MANAGER

9. Act as spokesperson within Townsville Health Service District Health for the Directorate and a focal point for communications with others with reference to:

-- SMO, RMO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-- Allied Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-- Other Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(NB: Media spokesperson roles as per Delegated Authority or General Manager approval.)

10. Work with relevant groups external to the Directorate eg Hospital or DHB wide committees

-- with Clinical Focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-- with Administrative Focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Promote and develop evidence-based clinical practice through clinical audit and research.

STRATEGIC LEADERSHIP & PLANNING

	GROUP MANAGER	PARTNERSHIP	CLINICAL DIRECTOR
12. Work with other professionals to advance the process of patient care within the Directorate and the organisation as a whole, Including the maintenance of appropriate staffing levels within the Directorate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-- Clinical Matters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-- Business Matters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-- Organisational Matters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Participate in the implementation and ongoing monitoring of Credentialling process's within the Directorate or with other appropriate Directorates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Be accountable for the overall performance and competence of staff working in the Directorate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-- Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-- Allied Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

-- Nursing

-- Admin/Clerical

-- Other Support

STRATEGIC LEADERSHIP & PLANNING

CLINICAL
DIRECTOR

PARTNERSHIP

GROUP
MANAGER

15. Ensure that Senior Staff's professional development processes take place annually with respect to

-- Medical Staff (Peer Review, MOPS etc)

-- Nursing Staff

-- Allied Health

-- Other Support

16. Achieve agreed key performance indicators (KPI's) including

-- Financial

-- Activity or Volume

-- Capital

-- Quality

– Discharge Coding

STRATEGIC LEADERSHIP & PLANNING

GROUP MANAGER PARTNERSHIP CLINICAL DIRECTOR

17. Provide a learning environment, succession planning, career advice and an educational program for clinical and other staff.

– RMO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Allied Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Admin & Other Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. With respect to RMOs ensure that appropriate advice, personal support and willing clinical support when on call are provided by the Senior medical staff of the Directorate.

STRATEGIC LEADERSHIP & PLANNING

	GROUP MANAGER	PARTNERSHIP	PARTNERSHIP	CLINICAL DIRECTOR
19. Ensure that appropriate performance appraisals and/or assessments take place with respect to any staff undertaking training or ass a requirement under contractual obligations				
-- RMO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-- Nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-- Allied Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-- Administration and Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Undertake annual performance appraisals and salary reviews with respect to				
-- SMO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-- Senior Nursing Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-- Senior Allied Health Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

-- Senior Administrative Staff

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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QUALITY

	GROUP MANAGER	PARTNERSHIP	CLINICAL DIRECTOR
21. Ensure that appropriate protocols and clinical practice guidelines are documented and regularly reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Be accountable for the adoption of a quality ethos by staff, including the objective of maintaining accreditation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-- Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-- Allied Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-- Nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-- Admin & Other Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Ensure participation by staff in Directorate, Hospital and DHB wide quality groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Ensure the establishment and maintenance of active Clinical audit and morbidity and mortality review within the Directorate and support for hospital/service wide audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

systems

- 25. Ensure unit Health and Safety group functions and performs reporting requirements, particularly
- completion of annual audit and Hazard Management Plan
- completion of monthly fire risk management check

FINANCIALS, BUDGET & VOLUMES

	GROUP MANAGER	PARTNERSHIP	CLINICAL DIRECTOR
26. Be accountable for the integrity of the Annual Budget creation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-- Costing & Expenditure process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-- Revenue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Be accountable for the management of patient volumes against contracted targets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Report monthly against Budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Be accountable for the management of actual costs and contracted targets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Report monthly Volumes against contract targets, identifying adverse trends and advising the General Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Be accountable for asset management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

-- timely preparation of annual Capex plan

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

-- preparation of Capex documentation

-- timely completion of post audits

-- annual asset review

CLINICAL DIRECTORS AND GROUP MANAGER INTERFACE WITH THE FOLLOWING RESOURCE GROUPS

GROUP MANAGER	PARTNERSHIP	CLINICAL DIRECTOR
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Chief Medical Advisors

The Clinical Director will work with the Chief Medical Advisor to assist the implementation of credentialling, peer review and quality audit.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Clinical Directors' Forum

Clinical Directors are expected to attend and participate in Regular meetings with other Clinical Directors and Clinical Leaders within their Service and organisation wide

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Standards and Audit Committee

No direct relationship.

Director of Clinical Training

The Clinical Directors will work with the Director of Clinical Training to ensure the service meets the minimum CTA

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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contractual quality standards and will be involved as required in the contract re-negotiation

Colleges

The Clinical Director is responsible for ensuring that registrars' training meets the requirements of the appropriate colleges

SIGNATORIES

Ken Whelan
District Manager

/10/2003

Operations Director –

/ /2003

Clinical Director –

/ /2003