



Calvary Health Care Kogarah (CHCK)

Transitional Aged Care Service (TACS) and Commonwealth Home Support Program (CHSP) Restructure January 2026

Hospitals | Home Care | Virtual Care | Retirement Living | Residential Aged Care

Acknowledgement of Country

We acknowledge the Traditional Custodians of the land on which we are meeting on today, the Gadigal and Bidjigal people of the great Eora Nation. We would like to pay our respects to Aboriginal and Torres Strait Islander people past, present and those of the future.

Drivers for Change

- Australian Government Department of Health, Disability and Ageing's Transitional Aged Care Service (TACS) Compliance Review commenced December 2025
- Evolving Aged Care Reforms driven by Commonwealth
- All FTE within Commonwealth programs need to exclusively work in TACS / Commonwealth Home Support Program (CHSP)
- The TACS and CHSP organisational structures are not designed efficiently for program deliverables to be achieved
- Operational and professional line management are not clear for some positions within Allied Health

Key Objectives



Meet compliance with the National TACS Compliance Review by June 2026 and future-proof community aged care services



Articulate a clear organisational structure that supports safe, efficient and effective delivery of TACS and CHSP at CHCK



Ensure KPIs for TACS / CHSP are achieved in a sustainable manner



Create opportunities for managerial/leadership career pathways within CHCK for Allied Health



Create more equitable workload distribution across senior roles

Benefits

- Dedicated resource to manage the Aged Care reforms at CHCK
- Clear organisational structure that supports the needs of the business
- Maximise FTE / service delivery within allocated funding
- Transparent and streamlined reporting to SESLHD and Ministry of Health
- Increased career development opportunities
- Distributed workload across the organisation

Key Messages

- No job losses
- No reduction of classification for any staff
- Design a structure that is fit for purpose and will enable growth of community aged care

Positions in Scope

- All TACS positions
- All CHSP positions
- Dietetic / Speech Pathologist / Psychology Head of Department
- Occupational Therapist Head of Department

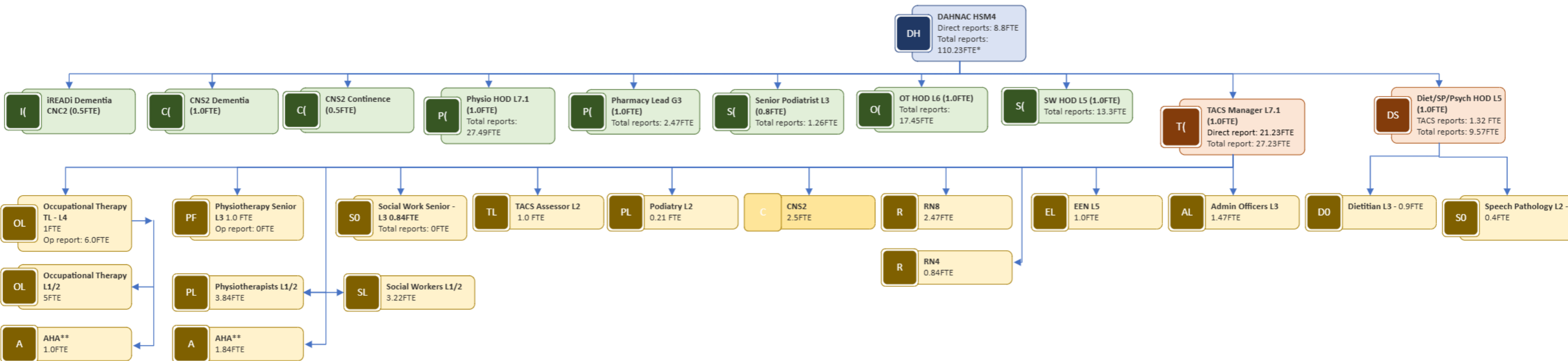
Summary of key positional changes

- Nineteen (19) staff will have a reporting line change only:
 - Occupational Therapists x 2
 - Podiatrists x 2
 - Allied Health Assistants x 2
 - Nurses x 7
 - Dietitian x 2
 - Speech Pathologist x 1
 - Administration x 2
 - Assessor x 1
- Five (5) staff will have a change in scope only:
 - Senior Physiotherapist x1
 - Team Leader Occupational Therapist x1
 - Speech Pathology, Dietetic, Psychology Head of Department x1
 - Occupational Head of Department x1
 - TACS Social Work Senior x1

Summary of key positional changes

- Three vacant (3) positions will be re-purposed:
 - TACS Manager
 - Dementia Clinical Nurse Specialist
 - Bereavement Counsellor
- Two (2) staff will have a change in scope and reporting line:
 - CHSP Senior Podiatrist x 1
 - CHSP Senior Occupational Therapist x 1

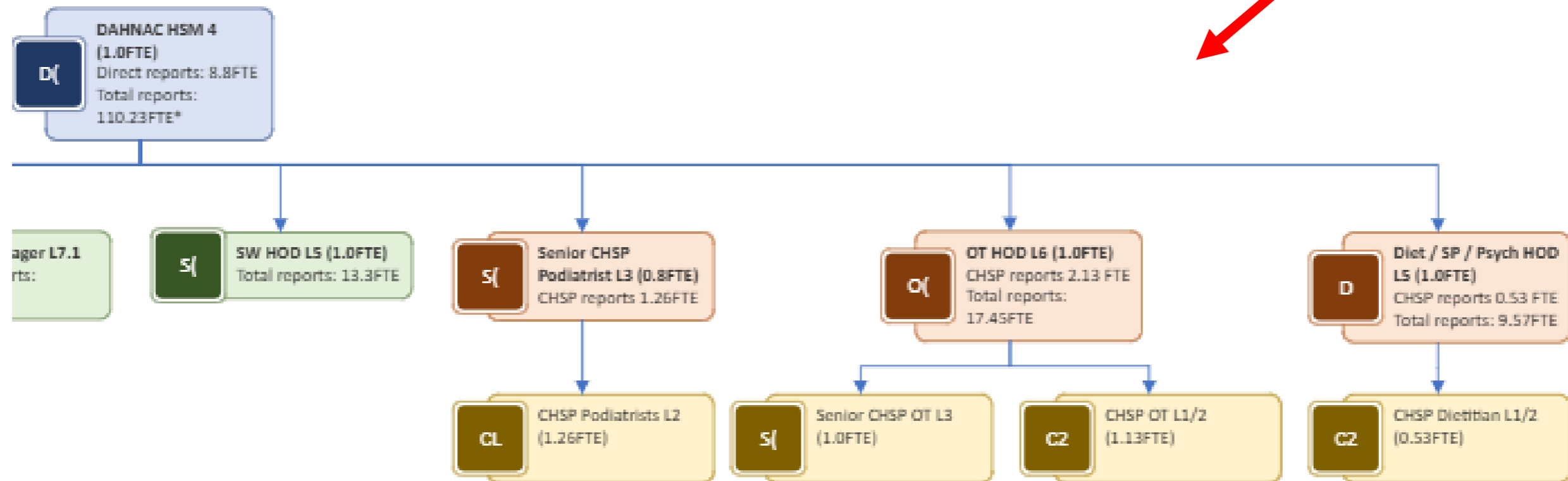
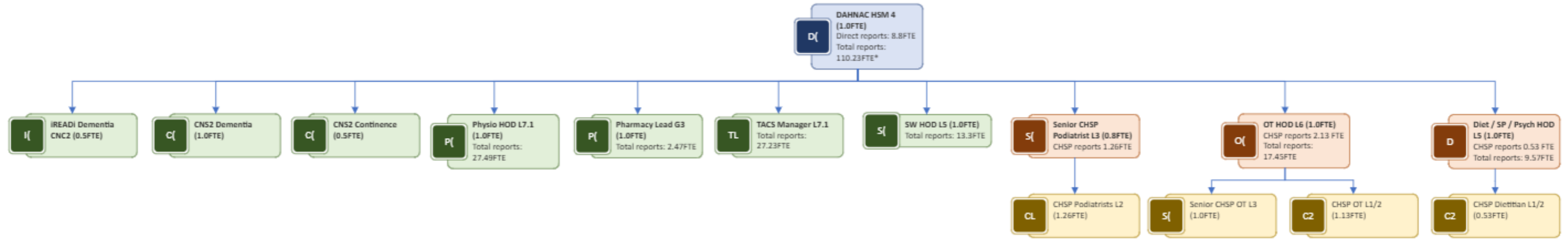
Current CHCK TACS Structure



*Includes 0.66FTE to be used flexibly
**Levels remain as is

This chart only defines the operational reporting lines for visual simplicity purposes. It does not reflect the professional reporting lines. Each professional senior or lone professional within TACS from a different profession to the TACS Manager, professionally reports to the relevant CHCK Allied Health Head of Department or Nurse Manager.

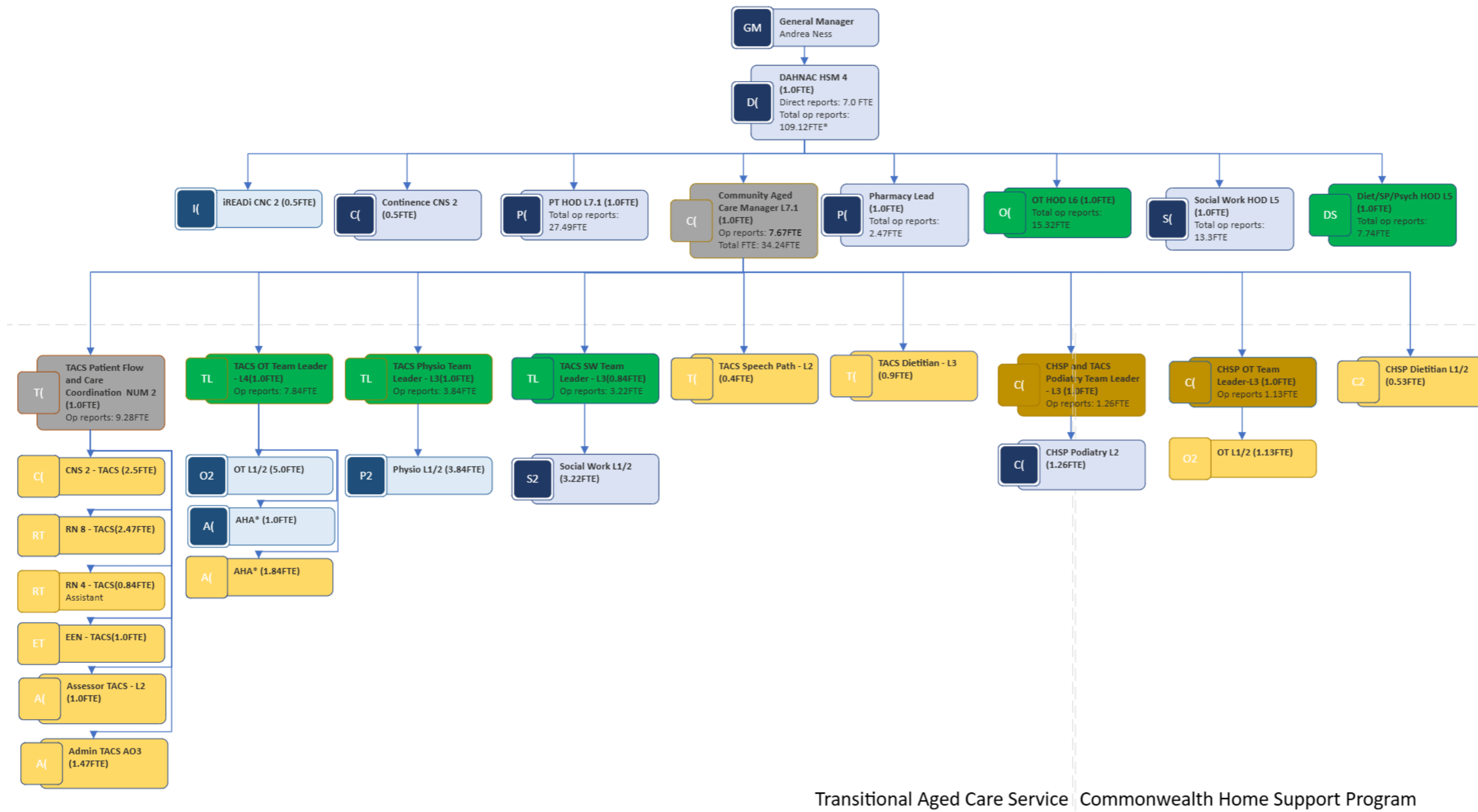
Current CHCK CHSP Structure



Magnified chart

Proposed CHCK Aged Care Structure

- NC No change
- RR Repurposed role
- CS Change in scope
- CL Change in reporting line
- CL Change in scope and reporting line



Transitional Aged Care Service | Commonwealth Home Support Program

*Levels remain as is

This chart only defines the operational reporting lines for visual simplicity purposes. It does not reflect the professional reporting lines. Each professional senior or lone professional within TACS / CHSP from a different profession to the Community Aged Care Manager, professionally reports to the relevant Allied Health Head of Department / Profession Advisor or Nurse Manager.



Impacted Positions – role repurposed

Current State	FTE	Staff	Proposed future state
TACS Manager	1.0 FTE	-	Repurpose vacant role from TACS Manager with 12.33 FTE direct reports (27.23 overall reports) to Community Aged Care Manager with a total of 7.67 FTE direct reports (34.24 FTE overall). Allied Health Level 7.1 (pending grading)
Clinical Nurse Specialist Level 2	1.0 FTE	-	Repurpose vacant role from Clinical Nurse Specialist Level 2 to TACS Patient Flow and Care Coordination Team Leader with a total of 9.28 FTE direct reports. Nurse Unit Manager Level 2 (pending grading).
Bereavement Counsellor	0.27 FTE	-	Repurpose vacant role from Bereavement Counsellor to TACS Patient Flow and Care Coordination Team Leader with a total of 9.28 FTE direct reports. Nurse Unit Manager Level 2 (pending grading).

Impacted Positions – change in scope

Current State	FTE	Staff	Proposed future state
TACS Occupational Therapist Team Leader	1.0 FTE	1	Change in direct reports from 6.42 FTE to 7.84 FTE (TACS Occupational Therapists and Allied Health Assistants). Remains Level 4 position.
Senior Social Worker - TACS	0.84 FTE	1	Change in direct reports from 0 FTE to 3.22 FTE. Remains Level 3 position.
Senior Physiotherapist - TACS	1.0 FTE	1	Change in direct reports from 0 FTE to 3.84 FTE. Remains Level 3 position.
Occupational Therapist Head of Department	1.0 FTE	1	Reduction of FTE reporting to position by 2.13 FTE due to change in reporting lines of CHSP Occupational Therapist to Community Aged Care Manager. Remains Level 6 position (15.32 FTE direct and indirect reports).
Dietetics/Speech Pathology/Psychology Head of Department	1.0 FTE	1	Reduction of FTE reporting to position by 1.83 FTE due to change in reporting lines of TACS Dietitian (0.9 FTE), TACS Speech Pathologist (0.4 FTE) and CHSP Dietitian (0.53 FTE) to Community Aged Care Manager. Allied Health lead for research, quality and data management. Remains Level 5 position (7.74 FTE direct and indirect reports).

Impacted Positions – change in scope and reporting line

Current State	FTE	Staff	Proposed future state
Senior Podiatrist CHSP	0.8 FTE	1	Change in scope from Senior Podiatrist to Team Leader – increase direct reports from 0 FTE to 1.26 FTE. Change in reporting line from DAHNAC to Community Aged Care Manager. Remains Level 3 position.
Senior Occupational Therapist CHSP	1.0 FTE	1	Change in scope from Senior Occupational Therapist to Team Leader - increase direct reports from 0 FTE to 1.13 FTE. Change in reporting line from Occupational Therapist Head of Department to Community Aged Care Manager. Remains Level 3 position.

Impacted Positions - change in reporting line only

Current State	FTE	Staff	Proposed future state
Clinical Nurse Specialist	1.5 FTE	2	Change in reporting line from TACS Manager to Team Leader Patient Flow
Registered Nurses	3.31 FTE	4	Change in reporting line from TACS Manager to Team Leader Patient Flow
Endorsed Enrolled Nurses	1.0 FTE	1	Change in reporting line from TACS Manager to Team Leader Patient Flow
Assessor (TACS)	1.0 FTE	1	Change in reporting line from TACS Manager to Team Leader Patient Flow
Administration (TACS)	1.47 FTE	2	Change in reporting line from TACS Manager to Team Leader Patient Flow
Allied Health Assistants (TACS)	1.8 FTE	2	Change in reporting line from Senior Physiotherapist to TACS Occupational Therapist Team Leader
Speech Pathologist (TACS)	0.4 FTE	1	Change in reporting line from Dietician/Speech Pathologist/Psychology Head of Department to Community Aged Care Manager
Social Workers (TACS)	3.22FTE	4	Change in reporting line from TACS Manager to TACS Social Work Team Leader
Dietitian (TACS)	0.9 FTE	1	Change in reporting line from Dietician/Speech Pathologist/Psychology Head of Department to Community Aged Care Manager
Dietitian (CHSP)	0.53 FTE	1	Change in reporting line from Dietician/Speech Pathologist/Psychology Head of Department to Community Aged Care Manager
Occupational Therapists (CHSP)	1.13 FTE	2	Change in reporting line from Occupational Therapist Head of Department to CHSP Occupational Therapist Team Leader
Podiatrists (CHSP)	1.26 FTE	2	Change in reporting line from DAHNAC to CHSP and TACS Podiatry Team Leader

Communication Plan

Type	Description	Method	Date	Frequency
Industrial Bodies	Inform HSU and NSWNMA of proposed change	Letter/email	19/01/2026	At the start and after consultation
Individual staff informed of proposed restructure	Email to staff	Email /Call	19/01/2026	Once off
Individual Staff	1:1 meeting with staff member/DAHNAAC and People & Culture (support person as requested)	Face to Face Staff will be given a letter detailing proposed changes and copy of change pack	20/01/2026	Initial meetings and then as requested
Individual Teams	Team meetings with DAHNAAC and People & Culture	Face to Face	20/01/2026	Once off
All Staff Email	Inform all staff via email	Email	20/01/2026	Initial then again at the end of the consultation period
Individual meetings as required during consultation period	Ad Hoc meetings as requested	Face to Face as required	Ad Hoc	Ad Hoc
Further meeting with all staff who are impacted	Inform staff of the outcome	Face to Face	TBC	Once off
Senior Leadership Team	Inform SLT of the outcome	Face to face	TBC	Once off
All Staff Email	All staff email at the end of the consultation period	Email	TBC	Once off

Next Steps

- Email to all impacted staff
- Meetings with key impacted staff
- Two (2) week consultation window where feedback related to the proposed changes can be sent to : SESLHD-CHC-Kogarah-HR@health.nsw.gov.au
- Change Pack and FAQ's will be sent to all impacted staff at the end of this meeting
- Upon conclusion of the 2-week consultation window, feedback will be collated and reviewed
- The outcome of this will be shared at another meeting.



Frequently Asked Questions

Why is this restructure happening?

To create a clear and sustainable organisational structure that complies with the national aged care reforms, supports the delivery of services, enables career development pathways for the workforce, and future proofs community aged care services at CHCK.

What happens next?

During the consultation period, information about the restructure will be communicated to hospital staff. The departments that are directly impacted by this change will have the opportunity to attend a presentation which explains the changes.

How will I know if my role is impacted?

We have met with people individually regarding the change and the process was explained in detail.

Will my line manager change?

For some staff, yes, their line manager will change, and this will be communicated with you.

Will my location of work change?

No otherwise you will be advised.

Frequently Asked Questions

How will I be kept up to date?

Another meeting will occur after feedback has been reviewed at the conclusion of the two (2) week consultation where all staff will be briefed on the outcome and next steps.

When will this change take place?

There is a two (2) week consultation process followed by a communication regarding the confirmed changes. We will then look to enact the change by April 2026.

How will safe care continue to be delivered during this change?

Patient care will always be our top priority. We will continue our daily management meetings at 0845hrs each day to ensure we are across any risks and embed a plan to manage this.

If I have further questions, who do I contact?

Soraya Bews, DAHNAC is available to meet with any staff and answer any questions.

Support

- Soraya Bews, Director of Allied Health and Non-Admitted Care @ Soraya.bews@health.nsw.gov.au
- Helene Delinicolis, P&C Manager @ Helene.Delinicolis@health.nsw.gov.au
- HR @ SESLHD-CHC-Kogarah-HR@health.nsw.gov.au
- Should you wish to access EAP, you can contact Converge directly on 1300 687 327.