

# Draft Restructure Plan

Hospital@Home  
December 2025



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## Abbreviations

OHC	Out of Hospital Care
H@H	Hospital@Home
HITH	Hospital in the Home
VHW	Virtual Hospital Ward
VeCC	Virtually enhanced Community Care
ACOS	Aged Care Outreach Team
MOH	Ministry of Health
MUH	Milton Ulladulla Hospital
SMH	Shoalhaven District Memorial Hospital
TWH	The Wollongong Hospital
IHG	Illawarra Hospital Group
SHG	Shoalhaven Hospital Group

## 1. Introduction

In late 2023, the Hospital@Home Project was established to review the current Hospital in the Home (HITH), Virtual Hospital Ward (VHW) and Virtually enhanced Community Care (VeCC) services under the strategic outcome of *Safe care delivered across all settings*.

In November 2025, reporting lines for HITH and VHW were transitioned to the Clinical Operations Directorate, while VeCC remained under the governance of the Out of Hospital Care Directorate.

**Problem/ Opportunity:** There is a focus and preference for patients to receive out of hospital care due to an improved patient experience and equal quality of healthcare provided. There are five services (WH HITH, SMH HITH, MUH HITH, VHW and VeCC) with separate Models of Care and staffing models offering acute/ subacute care. There is an opportunity to review efficiencies of patient care and resources utilisation at a district level.

**Goal:** ISLHD will have a district Hospital@Home service that is consistent, flexible and scalable to meet patient demand with equitable care across the LHD that aligns to future health strategy.

**Objective:** Develop and implement a new district service of Hospital@Home that incorporates WH HITH, SMH HITH, MUH HITH and VHW by June 2026.

### Restructure Plan Scope

In-scope services	In-scope positions	Out of scope services & positions
<ul style="list-style-type: none"> <li>HITH TWH</li> <li>HITH SMH</li> <li>HITH MUH</li> <li>VHW</li> </ul>	<ul style="list-style-type: none"> <li>Nursing</li> <li>Allied Health</li> <li>Administration</li> <li>Management</li> <li>Drivers</li> <li>Pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>VeCC</li> <li>Medical</li> </ul>

## 2. Case for Change

The 10-year vision for ISLHD includes an integrated healthcare system that supports people to stay healthy at home and in their community – the 3 HITH services, VHW and VeCC, among other home based services, are key levers to deliver this. There is an increasing focus on strengthening these services to help address demand for acute hospital services through reducing hospital admissions, readmissions, and length of stay.

The Ministry of Health (MoH) announced reform of HiTH and virtual services. This is to enhance and build on and extend the existing services to increase the number of patients receiving appropriate care in their home. The key goals are:

- Reduce preventable ED presentations, hospital admissions and decrease length of Hospital stay
- Provide 7-day per week, district wide clinical service with robust medical oversight
- Access to multi-disciplinary Clinical team of Medical, Nursing and Allied Health
- Support patients via adaptive and integrated care models
- Provision of services utilising virtual capability

The key drivers of this reform is the development of a new statewide HiTH policy released February 2025 and referenced in the recently released state Hospital Admissions Policy and a framework to support the reform program and key performance indicators (KPI's) within the Districts Service Level Agreement (SLA).

To implement the MoH reform, our existing services will need to increase in the future. ISLHD must capitalise on opportunities to expand these services within considerable financial constraints. Opportunities exist to deliver more effective, efficient, and aligned services by optimising service delivery; expanding services that are eligible for ABF; and expanding roles and accountabilities to create economies of scale. This can be achieved through:

1. Changes to the organisational structure and reporting lines.
2. Reviewing and redesigning elements of the service to strengthen governance and operations.

### 3. Benefit & Impact

Completed Change		
Function/Stream/Role	Change	Rational for Changes & Benefits/Impacts on Services
Service Manager	<ol style="list-style-type: none"> <li>H@H Service Manager position to be reclassified to nursing/allied health and titled Hospital@Home Service Manager.</li> <li>The position to encompass the Hospital@Home Services of HITH and VHW.</li> <li>This position will directly report to the Director of Clinical Strategy and Outcomes.</li> </ol>	<ol style="list-style-type: none"> <li>Reclassification will accurately reflect the work of the function: future proof for further expansion.</li> <li>Expand the scope of the role incorporating HITH and VHW services.</li> <li>H@H will become a stream within the Clinical Operations Directorate, reporting to the director.</li> </ol>

Proposed Changes: New Positions		
Function/Stream/Role	Change	Rational for Changes & Benefits/Impacts on Services
Nurse Unit Manager 2	Establish position of Nurse Unit Manager, Grade 2, for IHG H@H	To provide a point of daily managerial leadership across specific Illawarra Hospital Group (IHG) nursing, allied health, and administration teams.
Nurse Unit Manager 1	Establish position of Nurse Unit Manager, Grade 1, for SHG H@H	To provide a point of daily managerial leadership across Shoalhaven Hospital Group (SHG) specific nursing teams.
Clinical Nurse Educator	Establish position of Clinical Nurse Educator	To ensure that the ISLHD H@H service has appropriate FTE of CNE for provision of learning development and support, new starter onboarding, virtual and face to face clinical support.
Clinical Nurse Specialist	Establish position of Clinical Nurse Specialist, Grade 2, for SHG H@H	To ensure that SHG H@H has appropriate FTE of CNS for: <ol style="list-style-type: none"> <li>Navigation support of new and current patients,</li> <li>Learning development and support</li> <li>Provision of face-to-face clinical support and escalation point.</li> </ol>
Clinical Nurse Specialist	Establish position of Clinical Nurse Specialist, Grade 2, for IHG H@H	To ensure that IHG H@H has appropriate FTE of CNS for: <ol style="list-style-type: none"> <li>Navigation support of new and current patients,</li> <li>Learning development and support</li> <li>Provision of face-to-face clinical support and escalation point.</li> </ol>

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## Proposed Changes

Function/Stream/Role	Change	Rational for Changes & Benefits/Impacts on Services
Physiotherapist, Level 3	<ol style="list-style-type: none"> <li>Change of reporting line Physiotherapist for HITH and VHW services to report centrally through to H@H Service Lead, with a dotted line to professional discipline.</li> <li>Change of position description to a general, multi-classified Allied Health Professional position description for all Physiotherapist positions.</li> </ol>	<ol style="list-style-type: none"> <li>To provide care and management to H@H patients.</li> </ol>
Pharmacist, Grade 2	<ol style="list-style-type: none"> <li>Change reporting line of Pharmacist to H@H Service Manager, with a dotted line to professional discipline.</li> <li>Change the position name to H@H Pharmacist.</li> <li>Increase the position of H@H Pharmacist, Grade 2, for ISLHD H@H by 0.47FTE to make a total 1.0FTE.</li> </ol>	Provide H@H Monday – Friday Pharmacist service to: <ol style="list-style-type: none"> <li>Enhance medication safety and quality of care.</li> <li>Enhance efficiency of flow and access to care through work with ID specialists to expediate IV antimicrobial protocol approvals and ensure medication readiness.</li> <li>Assist medication charging through obtaining Accreditation in Pharmacist Partnered Medication Charting (PPMC).</li> </ol>
Registered Nurse	<ol style="list-style-type: none"> <li>Change of position description to H@H.</li> <li>Registered Nurses for HITH and VHW services to report centrally through to the H@H Nurse Unit Managers with onsite support from Clinical Nurse Specialists and Clinical Nurse Educator.</li> </ol>	<ol style="list-style-type: none"> <li>Accurately reflects service in which they deliver care.</li> <li>Provides daily access and direction to operational and professional leadership and clinical support.</li> <li>Onsite CNE and CNS 2 to provide face to face clinical support and escalation point.</li> </ol>
Administration Officers for HITH and VHW services	<ol style="list-style-type: none"> <li>Change of position description to a general position description and update position titles.</li> <li>To report centrally through to the NUM2 IHG.</li> </ol>	<ol style="list-style-type: none"> <li>Accurately reflects service in which they provide administration.</li> <li>Consistent reporting line.</li> </ol>
Driver	<ol style="list-style-type: none"> <li>Change in reporting line to H@H IHG NUM 2 and updated Position Description.</li> </ol>	<ol style="list-style-type: none"> <li>To provide clear reporting line and escalation point.</li> </ol>
NUM Ambulatory Care Centre TWH	<ol style="list-style-type: none"> <li>Remove responsibility of WH Hospital in the Home.</li> </ol>	<ol style="list-style-type: none"> <li>Role to remain in Ambulatory Care TWH to provide other functions within position description.</li> <li>Current position has several responsibilities of which HITH is just one component.</li> </ol>



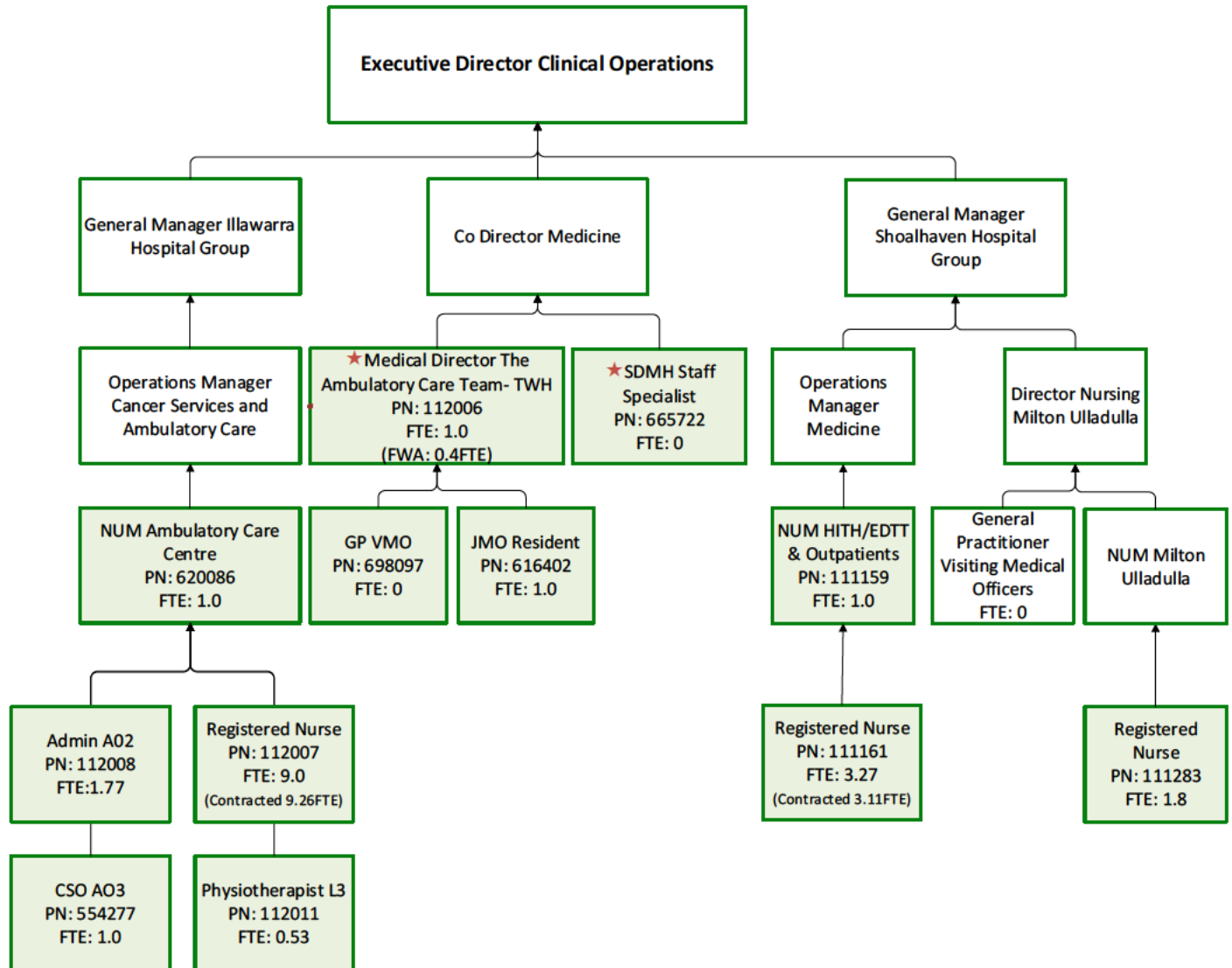
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NUM SMH HITH, EDTT and Outpatients	<ol style="list-style-type: none"> <li>1. Redirection of 0.6FTE to the H@H Service Manager position.</li> <li>2. Remaining 0.4FTE stays with SMH GOPD and EDTT.</li> <li>3. Updated PD.</li> </ol>	<ol style="list-style-type: none"> <li>1. Removal of HITH responsibility which constitutes 0.6FTE of current 1.0 FTE.</li> <li>2. PD updated to reflect this change.</li> </ol>
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*NB New positions/regraded positions established by repurposing / enhancement of existing position / FTE*

## 4. Current State Organisational Chart

### 4.1. Hospital in the Home (HITH)

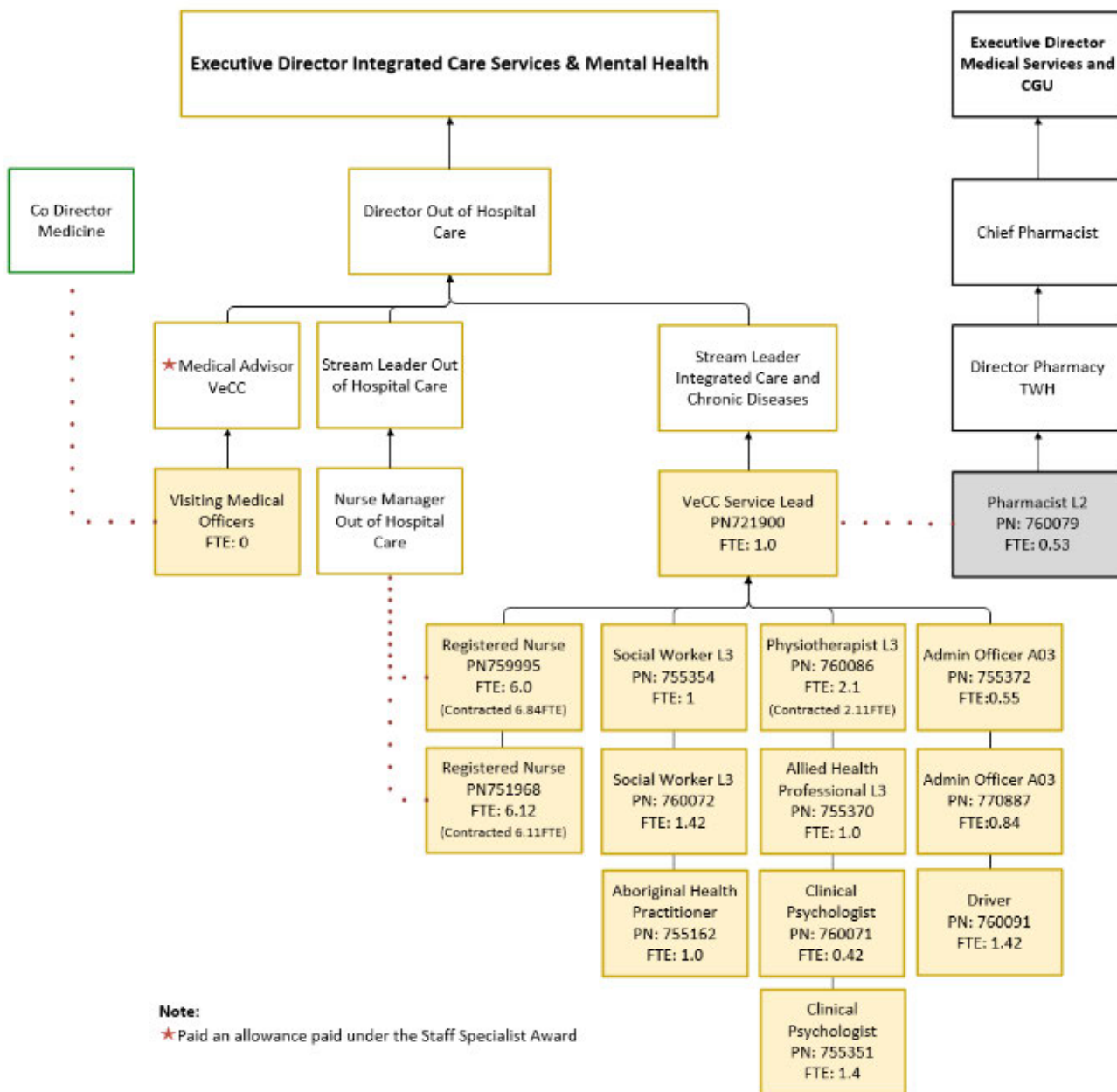


**Note:**

★ Paid an allowance paid under the Staff Specialist Award

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## 4.2 Virtual Hospital Ward and VeCC



## 5. Changes to Positions


### 5.1. New Positions

The following position/s will be \*established as part of the restructure.

#	Position Title	**Classification	Reporting Line (position)	Position Description	FTE
1	H@H Nurse Unit Manager (IHG)	Nurse Unit Manager 2	H@H Service Manager (PN794064)	 IHG NUM2 H@H.docx	1.0
2	H@H Nurse Unit Manager (SHG)	Nurse Unit Manager 1	H@H Service Manager (PN794064)	 SHG NUM1 H@H.docx	1.0
3	Clinical Nurse Educator (H@H services)	Clinical Nurse Educator	H@H Service Manager (PN794064)	 CNE H@H.docx	1.0
4	Clinical Nurse Specialist (IHG)	Clinical Nurse Specialist, Grade 2	H@H Nurse Unit Manager IHG	 IHG H@H CNS2.docx	1.42
5	Clinical Nurse Specialist (SHG)	Clinical Nurse Specialist, Grade 2	H@H Nurse Unit Manager SHG	 SHG H@H CNS2.docx	1.0

*Subject to relevant grading committee approval*


### 5.2. Change in Position Title, Reporting Line, Increased FTE, and Position Description,

#	Current Position Title	Position Number	New Position Title	Current Reporting line	New reporting line	Current FTE	New FTE	New Position Description
1	Pharmacist	760079	ISLHD Pharmacist, Hospital@Home	Wollongong Hospital Director of Pharmacy	H@H Service Manager (PN794064), dotted line to professional discipline (TWH Director of Pharmacy)	0.53	1.0	 ISLHD Pharmacist H@H.docx

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5.3. Reclassified Positions





The following position/s are reclassified as part of the restructure:

#	Current Position Title	Current Classification	FTE	New Position Title	*New Classification	New Reporting Line	FTE	New Position Description
1	VeCC Service Lead	HM3	1.0	H@H Service Manager	Nurse Manager Grade 3/ Allied Health Level 7	Director of Clinical Strategy and Outcomes	1.0	 Service Manager H@H.docx


\*This change has been completed

### 5.4. Change of Reporting Line and updated Position Description


The following position/s will change reporting lines as part of the restructure:

#	Current Position Title	Position Number	Position FTE	Contracted FTE	Current Reporting Line (position)	New Reporting Line (position)	New Position Description
1	Registered Nurse	112007	9.0	9.05	NUM Ambulatory Care Centre TWH (PN620086)	Nurse Unit Manager 2 (IHG)	 IHG RN H@H.docx
2	Registered Nurse	751968	6.12	6.11	VeCC Service Lead (PN721900)		
3	Registered Nurse	759995	6	6.84	VeCC Service Lead (PN721900)		
4	Registered Nurse	111161	3.27	3.11	NUM HITH SMH, EDTT + Outpatients (PN111159)	Nurse Unit Manager 1 (SHG)	 SHG RN H@H.docx
5	Registered Nurse	111283	1.8	1.8	NUM MUH (PN765117)		
6	Physiotherapist L3	760086	2.1	1.1	VeCC Service Lead (PN721900)	<b>Nil change</b>	
				1.1	VeCC Service Lead (PN721900)	H@H Service Manager (PN794064), with a dotted line to professional discipline	 Allied Health Clinician - H@H.doc
7	Physiotherapist L3	112011	0.53	0.53	H@H Service Lead (PN794064)	<b>Nil Change</b>	
8	Driver	760091	1.42	1.42	VeCC Service Lead (PN721900)	Nurse Unit Manager 2 (IHG)	 Motor Vehicle Driver H@H.docx


### 5.5. Updated Position Title, Position Description and Reporting line

#	Current Position Title	Position Number	FTE	Current Reporting Line	New Position Title	New Reporting Line (position)	New Position Description
1	Ambulatory Care Centre Admin Officer A02	112008	1.77	NUM Ambulatory Care Centre TWH	Hospital@Home Admin Officer A02	Nurse Unit Manager 2 (IHG)	 PD005966 Administration PD A0


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2	VeCC Admin Officer A03	755372	0.55	NUM VHW	Hospital@Home Admin Officer A03	Nurse Unit Manager 2 (IHG)	 Administrative Officer Level 3 - PD02
3	VeCC Admin Officer A03	770887	0.84	NUM VHW	Hospital@Home Admin Officer A03	Nurse Unit Manager 2 (IHG)	

5.6. Updated Position Description

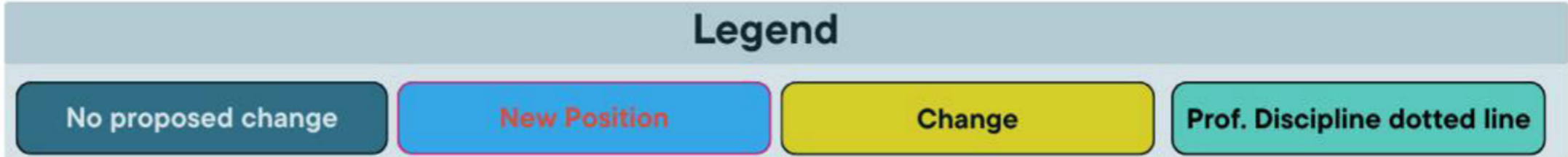
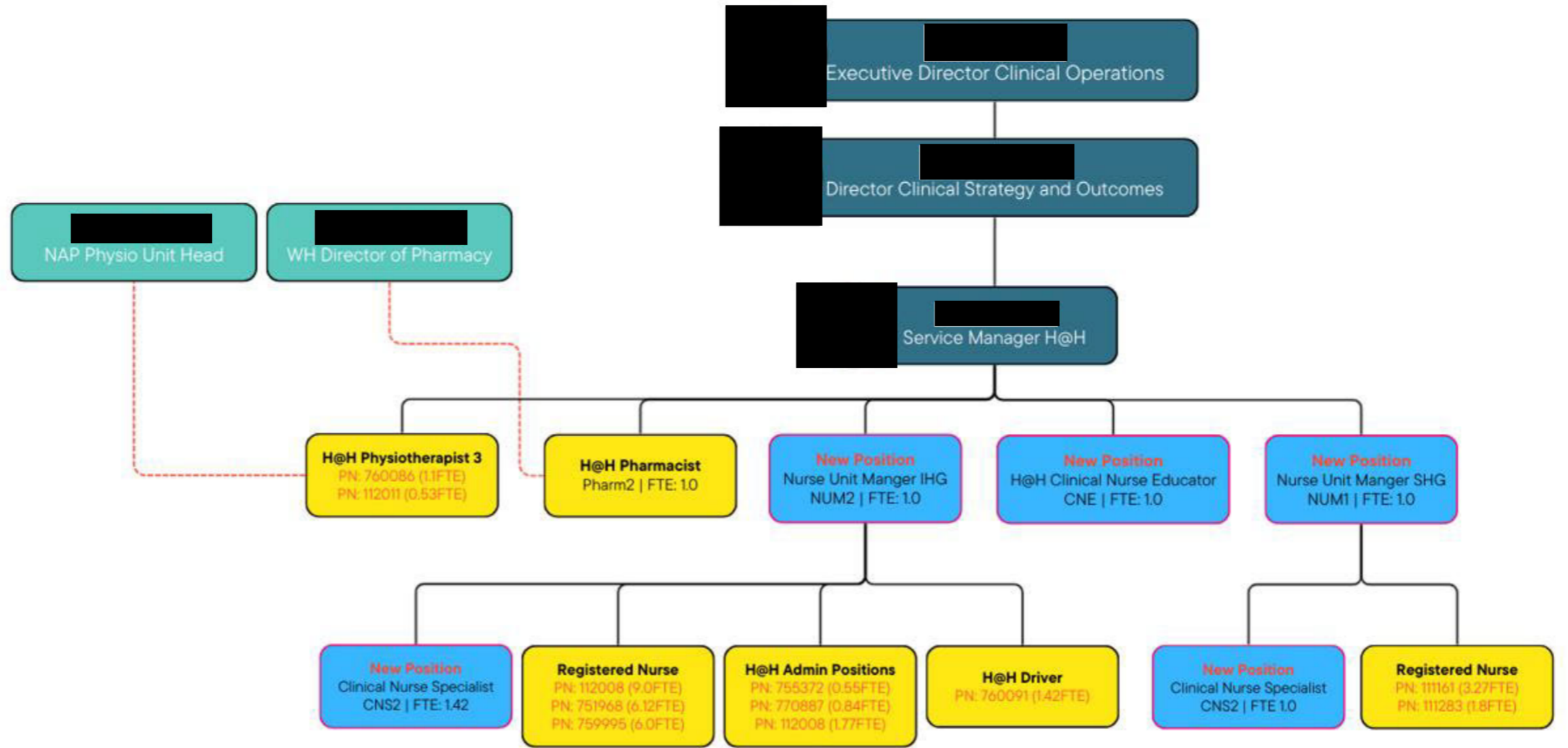
#	Position Title	Position Number	Grade	FTE	Changes	New Position Description
1	NUM Ambulatory Care Centre- The Wollongong Hospital	620086	NUM2	1.0	Remove Hospital in the Home (HITH) responsibilities.	 NUM2 ACC TWH PD.docx

5.7. Reduced FTE

#	Current Position Title	Position Number	Current Classification	Current FTE	New Title	FTE	New Position Description
1	NUM SMH HITH, EDTT and Outpatients	111159	NUM2	1.0	NUM SMH EDTT and Outpatients	0.4	 Outpatients and EDTT NUM 2 PD.doc

1. Organisational Chart

# Proposed Hospital@Home Organisational Chart



## 2. Timetable for Implementation

Action	Date
All communication email issued; will include a copy of the Restructure Plan and new Position Descriptions	23 <sup>rd</sup> December 2025
HSU/NSWNMA/ASMOF advised of restructuring proposal for consultation with members	
Meetings with Union and staff	23 <sup>rd</sup> January 2026
Consultation period closed	23 <sup>rd</sup> January 2026
Review of feedback	27 <sup>th</sup> January 2026
Final structure confirmed with Executive Director of Clinical Operations	30 <sup>th</sup> January 2026
Team meetings held to advise/inform: <ul style="list-style-type: none"> <li>• Overview of feedback received and reviewed during consultation period.</li> <li>• Outcome.</li> </ul>	6 <sup>th</sup> February 2026
Grading forms completed and submitted to relevant grading committees (2 Week turnaround)	20 <sup>th</sup> February 2026
All changes to positions established in the system	13 <sup>th</sup> March 2026
Issue details to team for candidates to apply for newly created positions via standard recruitment processes ( <i>*dependant on grading approvals</i> )	TBA
Application closed.	2 weeks after advertising
Shortlisting completed.	2 business days after advertising closed
Interviews completed.	1 week after shortlisting
Confirm successful candidates.	1 week after interview completed
Advertise any residual vacant roles.	TBA
Final organisational charts operational.	TBA

NB dates subject to change due to availability and processing times.

## 3. Consultation with Industrial Organisations

The NSW Nurses' and Midwives' Association (NSWNMA), Health Services Union (HSU) and the Australian Salaried Medical Officers Federation (ASMOF) will be notified of the proposal and provided with the Proposed Restructure Plan, as well as the opportunity to comment on the proposal. They will also receive a copy of the final approved restructure.

## 4. Information Sessions for Staff

The Proposed Restructure Plan and the draft position descriptions will be released for consultation for 2 weeks or no less than 10 business days. Staff significantly impacted by the proposals set out in this document will be contacted individually and advised of the proposed changes.

Feedback could be provided to any the following people:

- Kathryn Farr, Senior Human Resources Business Partner  
Contact: [Kathryn.Farr@health.nsw.gov.au](mailto:Kathryn.Farr@health.nsw.gov.au)
- Ben Wakeling, Director Clinical Strategy and Outcomes, Illawarra Shoalhaven LHD  
Contact: [benjaminlukejames.wakeling@health.nsw.gov.au](mailto:benjaminlukejames.wakeling@health.nsw.gov.au)
- Jane Carratt, Service Lead, Hospital@Home, Illawarra Shoalhaven LHD  
Contact: [Jane.Carratt@health.nsw.gov.au](mailto:Jane.Carratt@health.nsw.gov.au)
- Amanda Paloff, Operations Manager Ambulatory Care and Oncology Services Wollongong Hospital  
Contact: [amanda.paloff@health.nsw.gov.au](mailto:amanda.paloff@health.nsw.gov.au)
- Suzanne Lide, Operations Manager Shoalhaven District Memorial Hospital  
Contact: [suzanne.lide@health.nsw.gov.au](mailto:suzanne.lide@health.nsw.gov.au)
- Stuart Emslie, Director Nursing and Midwifery Milton Ulladulla Hospital  
Contact: [stuart.emslie@health.nsw.gov.au](mailto:stuart.emslie@health.nsw.gov.au)

Staff can provide feedback via email to Kathryn Farr, Senior Human Resource Business Partner at [kathryn.farr@health.nsw.gov.au](mailto:kathryn.farr@health.nsw.gov.au) or arrange a meeting with Ben Wakeling or Kathryn for a confidential discussion.

## 5. Possible effects on Equal Employment Opportunity Groups

Nil

## 6. Counselling & Vocational Assessment Services for Staff

The affected employees will be provided with support by the Senior Human Resources Business Partner during the restructure process. Staff are reminded of the availability of the Employee Assistance Program that can be accessed by phone on 1300 687 327. The number is answered 24 hours per day, seven days per week, and facilitates enquiries and booking requests.

## 7. Estimated Staff Redeployment

If required, staff will be supported to be redeployed within the new structure or elsewhere within the district, in accordance with the NSW Government Workforce Mobility Placement Policy and Managing Excess Staff of the NSW Health Service Policy.