



Restructure Consultation Paper Kidney Care Centre

January 2026



Comments or feedback on this proposal can
be submitted in writing to:

Barbara Daly –

Barbara.daly@helth.nsw.gov.au

Co-Director Nursing and Operations, ESM
Program by close of business 23 January
2026.

Version Control

Version Number	Date (DD/MM/YYYY)	Details of Changes	Author (Name and Position Title)
1	15/01/2026	Initial document	Philip Jarvis, Nurse Unit Manager Dialysis Services Prince of Wales & EORA War Memorial Hospital

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1. Overview of SESLHD – Kidney Care Centre

1.1 Background

The Prince of Wales Hospital (POWH) Nephrology Department provides comprehensive clinical care through a range of both inpatient and outpatient services for all aspects of renal disease, including the specialist service of renal transplantation. The Department was the first transplant unit in NSW and now performs approximately 50 renal transplants per year.

The key change for the Nephrology Department is the formation of the Kidney Care Centre on Level 0, Dickinson Building (DB), POWH. This will bring together four services which are currently located in three different areas across two sites to one location. The four services that will be provided in the Kidney Care Centre are:

- In-Centre Haemodialysis Unit
- Eora Dialysis Unit (satellite dialysis services)
- Home Dialysis Therapies Unit
- Kidney Care Outpatient Clinic – where specialist Renal Transplant Services are also coordinated

The Nephrology Department has some key functional and referral relationships which it will maintain in the Kidney Care Centre, including with:

- The Sydney Children's Hospital Paediatric Nephrology Unit – as the service will continue to provide paediatric haemodialysis services in the In-Centre Haemodialysis Unit
- Australia and New Zealand Dialysis and Transplant Registry
- Agency for Clinical Innovation, Renal Network.

The Nephrology Department will benefit greatly from having these outpatient services co-located which will increase cohesion within the department through the increased space to see patients and provide high quality evidenced-based clinical care, governance and training. The purpose-built refurbished area will allow the provision of personalised and person-centred care to people with all types of kidney disease.

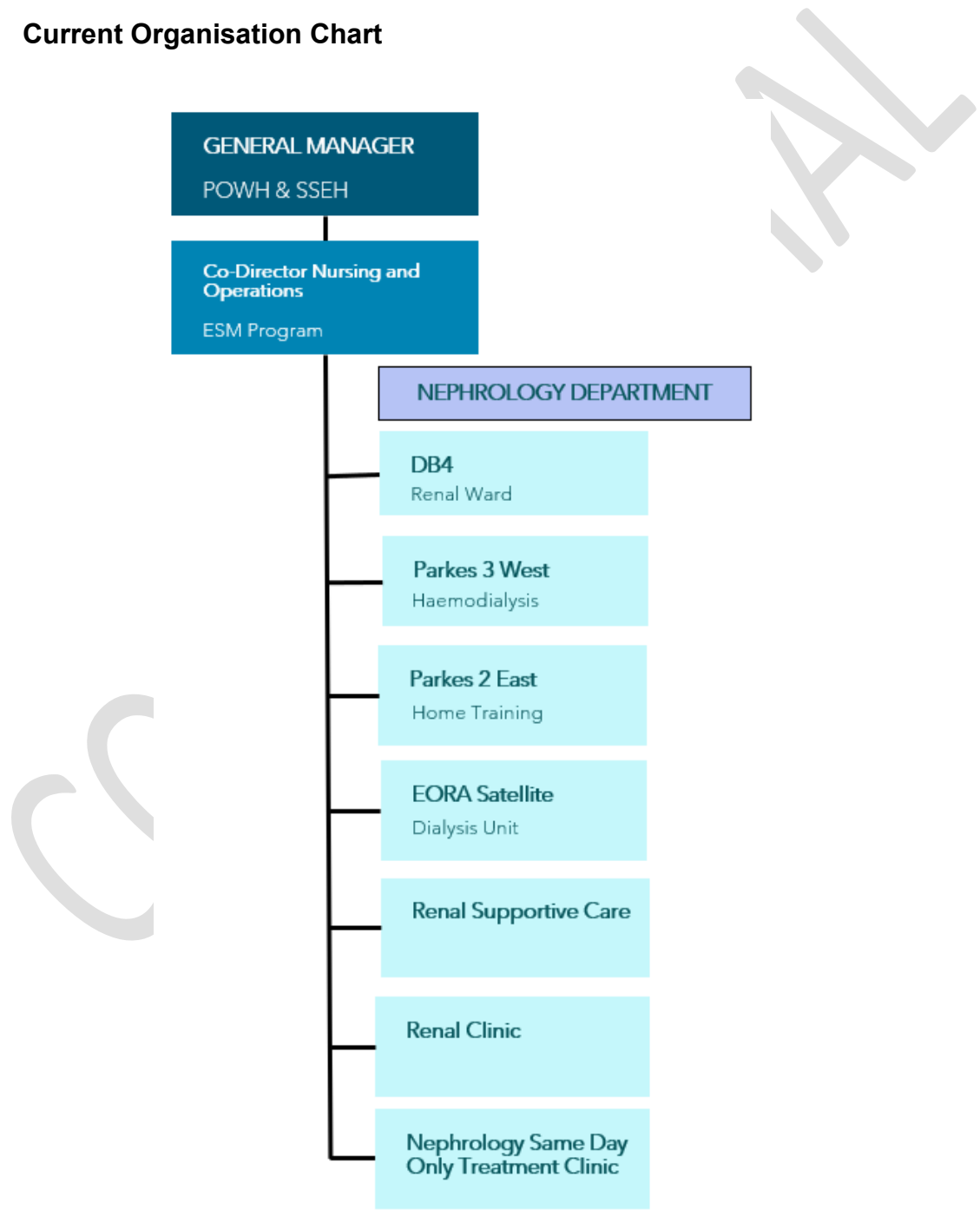
1.2 Current Organisation Structure

Current FTE Provisions		
	FTE	Position / Role
Medical (Nephrology Department)	6.6	Nephrology Staff Specialists
	4.0	Includes AKI Fellow, Advanced Trainees, and Basic Physician Trainee
	2.0	Junior Medical Officers
Nursing	1.0	NUM Level 3 – Dialysis Services
	1.0	NUM Level 1 – Eora Satellite Unit
	1.0	CNE
	25.17	CNS Level 1 / RNs – work across all dialysis units
	1.0*	RN – Outpatient Clinics
	1.0*	CNS Level 2 – Chronic Kidney Disease Coordinator and Vascular Access
	2.0*	CNC Level 2 – 1.5 FTE Transplant Coordinators 0.5 FTE Renal Supportive Care
	1.0*	CNC Level 3 – Renal Services

Allied Health	2.0*	Social Workers
	1.0*	Dietician
	1.0*	Pharmacist
Administration	2.0	AO Level 3 – Dialysis Units Ward Clerks
	2.0*	AO Level 3 – Outpatient Clinics
	1.0*	AO Level 3 – Nephrology Departmental Administration Officer
	1.0*	Clinical Support Officer (CSO) – reports to Renal / Endocrine Ward (DB4)
Corporate Services	3.0*	Hospital Assistant Level 2

* Provides services within the Kidney Care Centre but not part of the Dialysis Services cost centre or reporting lines.

1.2.1 Current Organisation Chart



1.3 Case for Change

Efficient and New Model of Care

- Fully integrated dialysis and nephrology services in one location acknowledging the increase in footprint and change to patient flows through the department.
- Nil changes required for Medical or Allied Health to continue to provide their services at the current level.
- Minor changes are required for nursing, administration and corporate services to support the provision of safe patient care as outlined below.

Nursing

- Business case developed and submitted for a 2.7 FTE increase of nursing workforce (RN / CNS Level 1) and resultant dialysis capacity to enable safe dialysis provision to an increasing number of patients and allow for isolation requirements (**TAB A: T24/83060**).
- This increase will also enable the service to enhance their ability to provide patient-centered care through facilitating an increased number of mid-shift haemodialysis treatments allowing for greater flexibility for patients receiving treatment.
- Changing the governance of the Clinic RN to be under the Dialysis Service NUM so that there is improved streamlining for nursing workforce within the department and footprint.
- Business case development and submitted for the regrading of 1.0 FTE CKD Coordinator and Vascular Access Clinical Nurse Specialist Level 2 to a Clinical Nurse Consultant Level 2, in line with enhanced duties performed with the responsibility of coordination and management of patient with Stage 4 and 5 CKD. This role also provides education to patients regarding different dialysis modalities, including options for home dialysis, reducing the cost per treatment (**TAB B: T25/19371**).

Administration

- In the new location the waiting room will be used for all services and units in the department. It will be a distinct area with controlled access through to the units of the department. There is direct public access on street level via Barker Street.
- Changes to the shift patterns of the existing AO3 FTE and small increase in FTE required to provide increased coverage for the reception to be manned during the opening hours of the department. This will permit constant staff supervision of the waiting room allowing for prompt escalation of any patient deterioration or issues. This is particularly required due to the main department entrance being an external entrance to the public drop-off area of Barker Street.
- The changes will allow after-hours admissions to be done locally instead of the ICU ward clerk on Saturdays, leading to a more streamlined process.
- Resumption of Australia and New Zealand Dialysis and Transplant Registry (ANZDATA) data collection which affects the hospital funding for dialysis and transplants, and ability to undertake quality assurance audits. The current administration workforce has not had the capacity to capture any further data since the depletion of administration workforce by 1.0FTE due to the SESLHD Management Reduction Strategy 2024.
- There will also be alignment of the multiple AO3 cost centres and reporting lines to be encompassed by single dialysis services cost centre for improved governance of these positions.

Corporate Services

- Increase in FTE required due to the incorporation of services for Eora previously completed under contract at War Memorial Hospital, as well as accounting for the increase in footprint of the new location. This is inclusive of both cleaning and porter workforce required.

Implications of relocation with net zero changes to FTE

- Inability to meet the increasing demand of aging population requirement for dialysis as a life-sustaining therapy with potentially severe consequences to patient outcomes and safety, resulting in increasing renal emergencies requiring ED presentations.
- Inability to meet optimal service delivery requirements with current resources may result in the reduction of dialysis duration and frequency of dialysis per patient, which is a risk for patient safety and not concordant with guideline recommended care
- Inadequate supervision of patient and public waiting spaces by administration staff may potentially increase the risk of adverse events occurring with reduced capacity to respond in a timely manner.
- Inadequate ANZDATA capture due to limitations in administration staff may result in loss of funding to the hospital for dialysis and transplant patients, and an ability to analyse and audit as part of quality assurance measures.

Recommendation

- New and efficient model of care and associated increase in FTE is recommended.
- Ensuring patient-centered care by increasing the ability to optimise duration and frequency of dialysis sessions to clinical best practice guidelines particularly with an increasing aging population where service needs are anticipated to increase.
- Increased service delivery should mitigate against increased ED presentation by dialysis patients and overall length of stay.
- Facilitating safe specialised services in a streamlined co-located area improving efficiencies.
- Enhanced administration staff cover to provide a safe environment, as well as improved efficiency in admission processing, billings and resumption of capturing ANZDATA to ensure appropriate hospital funding for dialysis and transplant services.
- Planned commencement date upon relocation go-live.

2.1 Proposed Organisation Structure

Required changes to safely support Efficient and New Model of Care		
	FTE	Position / Role
Medical	-	Nil changes required
Nursing	2.7	CNS 1 / RN – 2.7 FTE increase (CM ref: T24/83060)
	1.0*	CNC Level 2 regraded from CNS Level 2 – CKD Coordinator and Vascular Access (CM ref: T25/19371)
	1.0	RN – changes only to cost centre and reporting lines for Outpatient Clinics RN to Dialysis Services cost centre
Allied Health	-	Nil changes required
Administration	4.0	AO Level 3 – change to current establishment from day worker to shift worker, in the arrangement of Monday – Saturday
	0.42	AO Level 3 – additional FTE to provide administrative cover on Saturdays in the arrangement of 1 Day Shift (8hrs) and 1 Afternoon Shift (8hrs)
Corporate Services	2.21*	Hospital Assistant Grade 2 – FTE increase

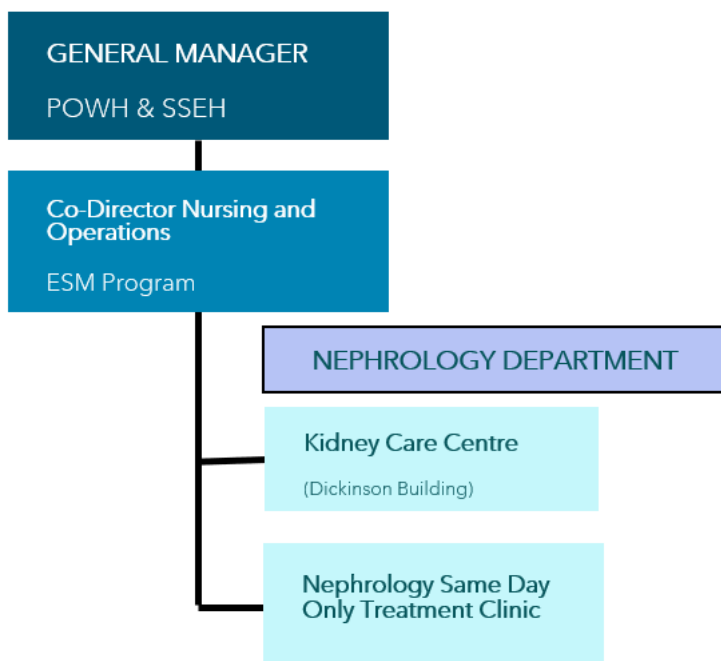
* Provides services within the Kidney Care Centre but not part of the Dialysis Services cost centre or reporting lines.

New and Efficient Model of Care Financial Impacts / FTE

	Position	Regraded / Changed FTE	Additional FTE	Financial
Nursing	RN		2.7	\$488,586.00
	CNC2 (from CNS2)	1.0		\$16,664.00
Administration	AO3 (change of roster patterns from day worker to shift worker)	4.0		
	AO3 (Saturday cover)		0.42	\$79,855.00
Corporate Services	Hospital Assistant Grade 2		2.21	\$ 171,996.00
Total				\$757,101.00

NB: See model of care documentation for full details and rational of the proposed changes

2.2 Proposed Organisation Chart



3. Proposed changes to Positions

3.1 Positions with Changes to Reporting Lines

No.	Position Title	Summary of Proposed Change	Filled or Vacant	Incumbent affected
1	CNS2	CNC2	Filled	Being interview
2	AO3 4.0FTE	<ul style="list-style-type: none"> Change from day worker to shift worker and weekends 	Filled	Yes

No.	Position Title	Summary of Proposed Change	Filled or Vacant	Incumbent affected
		<ul style="list-style-type: none"> Change of reporting line from Nephrology HoD to KCC NUM3 		
3	AO3 0.42	Increase FTE approved to support weekends and PM cover	Vacant	To be appointed
4	RN FTE increase 2.7	To be recruited to	Vacant	No
5	RN Clinical Nurse	Now to report to NUM3 dialysis (KCC)	Filled	Yes – both the incumbent and the NUM acting in role will be affected
6	Hospital Assistant Grade 2	To be appointed	Vacant	No
7	NUM3	Will receive additional reports	Filled	Yes

3.2 New Positions

No.	Position Title	Summary of Proposed Change
1	CNC2	CNS2 being interview for CNC2 role
2	AO3 0.42	To be recruited to
3	RN 2.7 FTE	To be recruited to
4	Hospital Assistant Grade 2	To be recruited to

3.3 Positions with Changed Responsibilities

No.	Position Title	Summary of Proposed Change
1	CNC2	Regrade has been finalised. No further changes.
2	AO3 4.0 FTE	<p>AO3 positions will be required to do shift work including Saturdays.</p> <p>The positions will also need to work in other zones within the kidney care centre to support each other.</p>

Kidney Care Centre Outpatients Clinic Schedule

Clinic	Frequency
Acute kidney transplant clinic	Monday to Friday 8 – 10 am
Resistant Hypertension Clinic	1st and 3rd Wednesday of the month
Acute Kidney Injury (AKI) Clinic	Every Friday
Kidney Supportive Care Clinic	Every Tuesday
General nephrology and kidney Transplant clinic	Monday to Friday every week
Vascular Clinic	Every Wednesday

The staff impacted with the changes are the AO3 staff moving from day worker to shift workers and working weekends. They will also have to work across the whole KCC department and the AO3's will be expected to support and work in clinic and dialysis areas

Hour of work will be from 0700 to 1900 Monday to Saturday and public holidays.

4. Consultation

Development of the Proposal

This proposal has been developed utilising with the Model of Care document completed in April 2025.

Consultation Plan

This Restructure Consultation Paper will be released for consultation for one week.

Senior executives and managers at Prince of Wales Hospital will have individual discussions with staff members directly affected.

The Nursing Co-Director, ESM program, Prince of Wales Hospital, with the hospital executive team, will consider feedback from all staff members.

The Health Services Union (HSU) will be notified of the proposal and provided with this Restructure Consultation Paper, as well as an opportunity to comment on the proposal.

5. Restructure Timeframe

Task	Documentation/Task	Timeframes (Indicative) Week Commencing
Restructure Consultation documents completed	Restructure Consultation Paper	12/01/2026
Initial consultation period / awareness discussions with Executive	Meet with General Managers –	

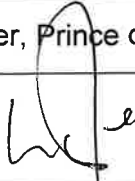
Consultation period with staff and unions commences	Restructure Consultation Paper and draft position descriptions	26/01/2026
Consultation period closes	-	16/02/2026
Feedback reviewed and considered.	Restructure Consultation Paper Feedback from consultation	
Final consultation document incorporating any changes identified during consultation circulated	Restructure Consultation Paper (Final)	
Written advice issued to affected/impacted staff	Letter to advise of 'affected/impacted status'	
Process of direct matching of affected staff to positions in the new structure	Letter to advise of matching to position	
Vacant positions advertised	Through merit selection recruitment process	
Selection process for positions commences	Assessment of applications and interviews	
Written advice issued to staff appointed to positions	Letter to advise of appointments	
Employees not matched to permanent or temporary position to be referred to Workforce mobility Placement team (WMP) at Premiers department for 8 week period.	WMP to seek suitable positions within other Government agencies	N/A
Employees not matched to positions by WMP to be declared excess employees.	Letter issued to employees offering voluntary redundancy or option to seek employment for three month period.	N/A

6. Related Documents

No.	Document description	Internal Ref.
1	Model of care	T25/56543
2	Workforce plan for KCC upon relocation	T25/53655

7. Endorsement

Executive Sponsor

Name	Martin Mackertish
Position Title	A/General Manager, Prince of Wales Hospital
Signature	
Date	20/1/2026

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