



Calvary Health Care Kogarah (CHCK)

Transitional Aged Care Service and Commonwealth Home Support Restructure April 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

- CHCK is not currently meeting the Ministry of Health FTE benchmark for Transitional Aged Care Services (TACS).
- Australian Government Department of Health, Disability and Ageing's Transitional Aged Care Service Compliance Review.
- Evolving Aged Care Reforms driven by Commonwealth.
- The Allied Health and Non Admitted Care organisational structure is not designed efficiently for program deliverables to be achieved.
- Operational and professional line management are not clear for some positions within Allied Health and Non Admitted Care services.

Key Objectives



Work towards compliance with the Ministry of Health FTE Calculator 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
- Improved workload balance 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
- Director of Allied Health and Non-Admitted Care
- Dietitians
- Speech Pathologists
- CCH Dementia CNS

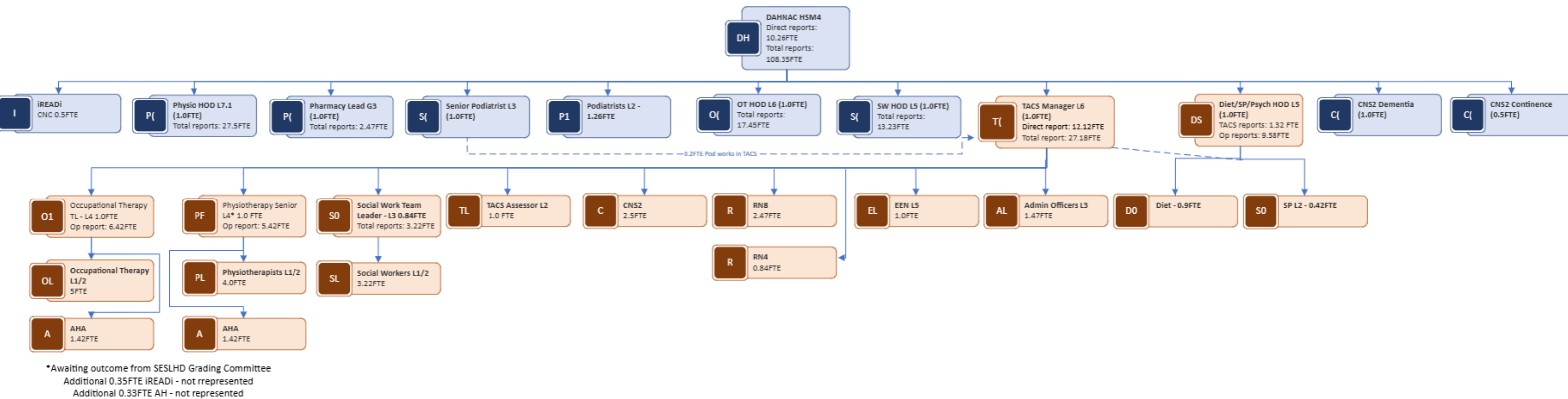
Summary of key positional changes

- Seventeen (17) staff will have a reporting line change only:
 - Podiatrists x 2
 - Nurses x 7
 - Dietitian x 3
 - Speech Pathologist x 2
 - Administration x 2
 - AHA x 1
- Five (5) staff (6 positions) will have a change in scope only:
 - Senior Physiotherapist x1
 - Senior Dietitian x 1
 - Senior Speech Pathologist x 1
 - Speech Pathology, Dietetic, Psychology Head of Department x1
 - Director of Allied Health and Non Admitted Care x1
 - TACS Manager x1 (vacant)

Summary of key positional changes

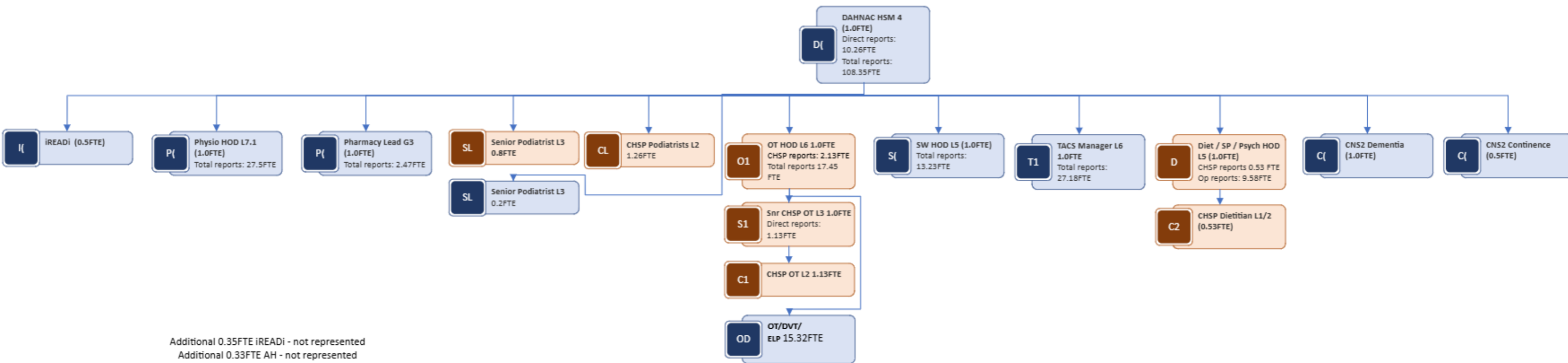
- Two vacant (2) positions will be re-purposed:
 - Dementia Clinical Nurse Specialist (vacant)
 - TACS Clinical Nurse Specialist (vacant)
- Two (2) staff will have a change in scope and reporting line:
 - CHSP /TACS Senior Podiatrist x 1
 - TACS Assessor x 1

Current CHCK TACS Structure



This chart only defines the 'program' reporting lines for TACS. It does not reflect professional reporting lines for each AH senior / nurse within TACS to the relevant Allied Health Head of Department / Nurse Manager/SESLHD Prof Advisor.

Current CHCK CHSP Structure

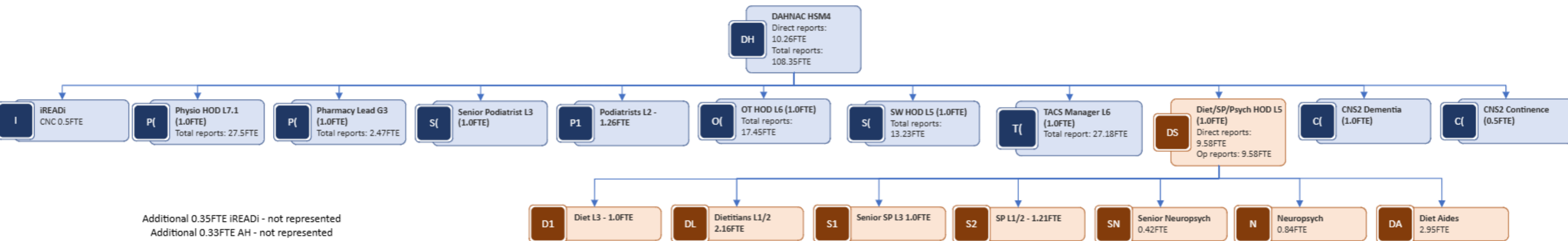


This chart only defines the 'program' reporting lines for CHSP. It does not reflect professional reporting lines for each AH senior within CHSP to the relevant Allied Health Head of Department/SESLHD Prof Advisor.

Magnified chart



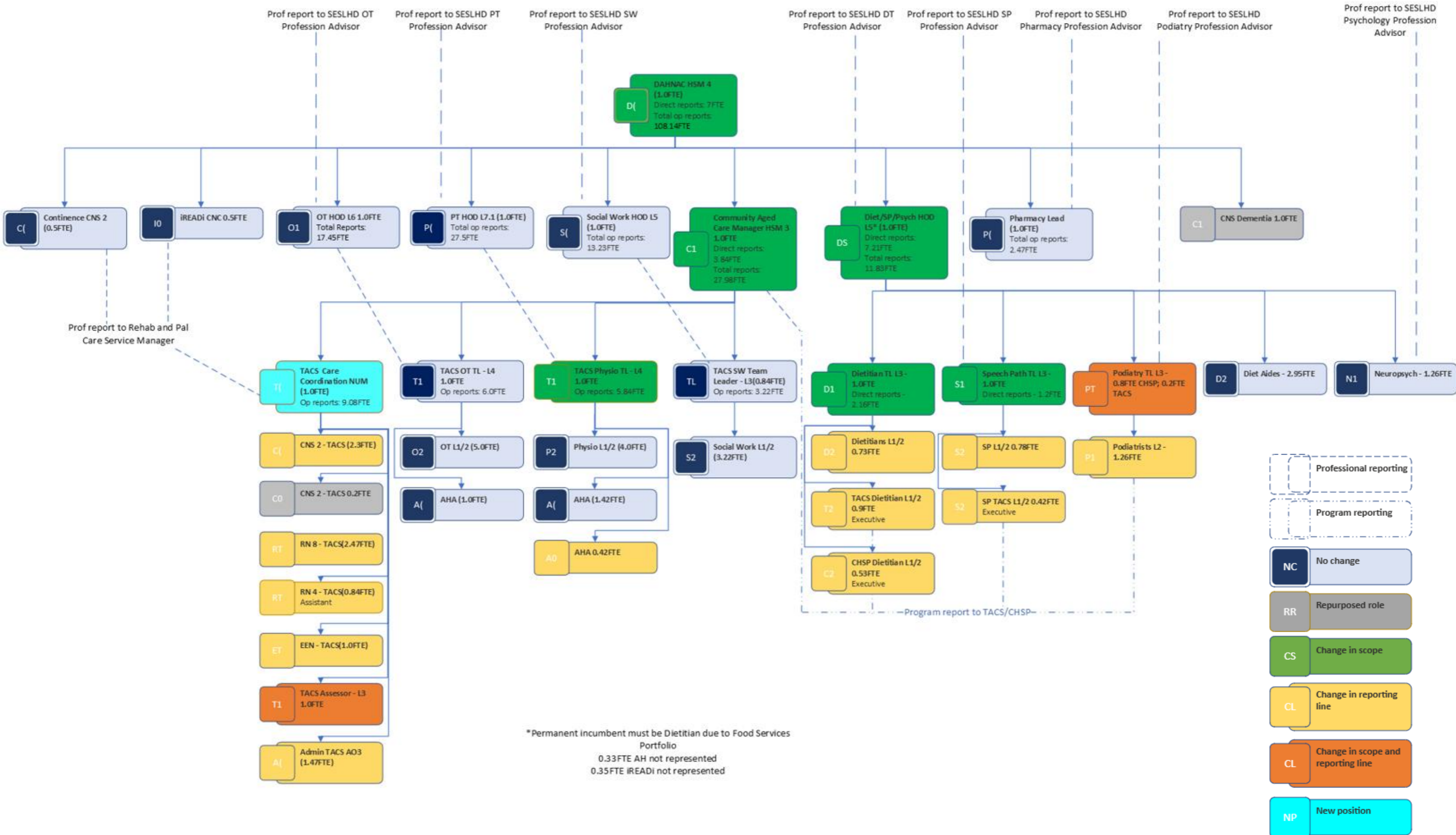
Current DT/SP/PS Structure



This chart only defines the 'program' reporting lines. It does not reflect professional reporting lines for each AH senior to the relevant SESLHD Prof Advisor.

Magnified chart

Proposed CHCK Aged Care Structure



Impacted Positions – role repurposed

Current State	FTE	Staff	Proposed future state
Clinical Nurse Specialist Level 2 – Dementia	1.0 FTE	-	Repurpose vacant roles from Clinical Nurse Specialist Level 2 to NUM Care Coordination (NEW POSITION) with a total of 9.08 FTE direct reports Nurse Unit Manager Level 1 or 2 (pending grading).
Clinical Nurse Specialist Level 2 – TACS	0.2 FTE	-	

Impacted Positions - change in reporting line only

Current State	FTE	Staff	Proposed future state
Clinical Nurse Specialist	2.3 FTE	2	Change in reporting line from TACS Manager to NUM Care Coordination
Registered Nurses	3.31 FTE	4	Change in reporting line from TACS Manager to NUM Care Coordination
Endorsed Enrolled Nurses	1.0 FTE	1	Change in reporting line from TACS Manager to NUM Care Coordination
TACS Administration	1.47 FTE	2	Change in reporting line from TACS Manager to NUM Care Coordination
TACS AHA	0.42FTE	1	Change in reporting line from TACS OT Team Leader to TACS Physio Team Leader
Speech Pathologist L1-2	1.2FTE	2	Change in reporting line from Dietician/Speech Pathologist/Psychology Head of Department to SP Team Leader
Dietitian L1-2	2.13FTE	3	Change in reporting line from Dietician/Speech Pathologist/Psychology Head of Department to DT Team Leader
Podiatrists	1.26 FTE	2	Change in reporting line from DAHNAC to Podiatry Team Leader

Impacted Positions – change in scope and reporting line

Current State	FTE	Staff	Proposed future state
Senior Podiatrist	1.0 FTE	1	Change in scope from Senior Podiatrist to Podiatry Team Leader. Change in reporting line from DAHNAC to DT/SP/PS HOD. Remains Level 3 position.
TACS Assessor	1.0FTE	1	Change in scope from L2 to L3 position. Change in reporting line from TACS Manager to TACS NUM Care Coordination.

Impacted Positions – change in scope

Current State	FTE	Staff	Proposed future state
TACS Manager	1.0 FTE	-	Change to Community Aged Care Manager with 3.84FTE direct reports (27.98 overall reports). Change scope to include responsibility for delivery of both TACS and CHSP programs and strategic aged care. Proposed HSM 3 (pending grading)
Senior Physio - TACS	1.0 FTE	1	Change in direct reports from 5.42FTE to 5.84FTE. Change to Team Leader. Position is currently being regraded to a Level 4 based on current FTE reporting to the position.
Dietetics/Speech Pathology/Psychology Head of Department	1.0 FTE	1	Increase FTE from 9.58FTE to 11.83FTE (7.21FTE direct reports) and with added responsibility of managing Podiatry. Remains Level 5 position (pending grading).
Director of Allied Health and Non-Admitted Care	1.0FTE	1	Reduction of FTE directly reporting to position by 3.26FTE due to change in reporting lines of Podiatry and role repurpose of Dementia CNS. Capacity created to fulfil 'NAC' component of role. Remains HSM 4
Senior Dietitian	1.0FTE	1	Change in scope from Senior Dietitian to Dietetics Team Leader with 2.16FE direct reports. Remains Level 3 position (pending grading)
Senior Speech Pathologist	1.0FTE	1	Change in scope from Senior Speech Pathologist to Speech Pathology Team Leader with 1.2 FTE direct reports. Remains Level 3 position (pending grading)

Communication Plan

Type	Description	Method	Date	Frequency
HOD Meeting	Inform HODs of final proposal	Face to Face	15/04/2026	One off meeting
Individual Staff Meetings	Consultation with Snr Diet / Snr SP with new proposed change of scope, Senior Pod with new reporting line change, DTs/SPs with new reporting line change and TACS AHA for change to single reporting line.	Face to Face	17/4/2026 to 22/4/2026	One off meeting
Union – HSU, NSWNMA	Consultation	Email	22/4/2026/ to 30/4/2026	One week consultation
All Staff Town Hall	Inform all staff of consultation outcome	Face to Face	WB 11/5/2026	One off meeting
All Staff Email	All staff email at the end of the consultation period	Email	WB 11/5/2026	One off

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.