



Mercy Health

Care first



Mercy Hospitals
Victoria Ltd

2023-2024

REPORT OF OPERATIONS



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WELCOME

Welcome to the Mercy Hospitals Victoria Ltd Report of Operations 2023–24. It is with great pride that we continue the legacy of our Sisters of Mercy founder Catherine McAuley who, in responding to the needs of the time, created a house of refuge for women and children. Nearly two centuries on, in these pages you will see evidence of how her vision thrives today through the innovation and teamwork of our staff who continue to serve our community with deep compassion and respect.

Providing safe, high-quality care to our patients is our highest priority. We actively demonstrate this commitment by conducting our own regular internal reviews of processes and culture, and using findings to continuously improve our processes, systems and culture. In early 2024, we received a report from Safer Care Victoria. This report has also provided valuable feedback about ways we can continue to improve and serve our community better. As a result, we are undertaking a significant transformation change program. I thank the many staff and consumers involved in this three year program of work.

This year, we saw a change in our hospitals leadership as we farewelled Chief Executive Officer, Health Services Adjunct Professor Jason Payne and welcomed Michael Krieg. Already, Michael has been able to adeptly build on four years of Jason's insightful leadership to ensure that Mercy Health is well placed in this post-pandemic healthcare environment.

We thank departing board member Adjunct Clinical Associate Professor Ian Haines, and Acting Chief Executive Officer Lesley Dwyer and Chief Operating Officer Robynne Cooke for their contributions in the executive team. We welcome board member Dr Colin Feekery and executives Rebecca MacFarling, the new Chief Executive of Mercy Health Foundation, Clinton Cummins Executive Director Transformation & Performance Improvement, and Clare Douglas who is Chief Executive Healthy Ageing.

We have seen substantial progress this year in our vision to build a stronger Mercy Health workforce. To begin, the launch of the Mercy Health People Strategy 2023–27 in February represents a brave new step for the organisation, demonstrating our commitment to investing in our workforce. In line with this vision was the introduction of our Employee Value Proposition (EVP), an employee brand which will continue to unfold

throughout the organisation in the new year. The EVP will help define what makes people want to work for Mercy Health and to bring their best to the organisation. Additionally, our fourth Aboriginal Employment Plan (AEP) will see the appointment of an Aboriginal Cultural Safety and Workforce Development Officer, strengthening development pathways for current and future Aboriginal employees. The launch of Human Resource Information System (HRIS), Workday in June will simplify and automate core Human Resource tasks. This significant leap into best practice contemporary employee experiences will improve our ways of working and the overall experience of accessing and managing employment information.

Gender equality has been a key driver since the inception of Sisters of Mercy by our founder and we continue to hold our heads high in the workplace. Once again, Mercy Health received an Employer of Choice for Gender Equality citation from the Workplace Gender Equality Agency (WGEA). Of significance, this year we were the only large organisation in the Health and Social Assistance industry to hold a citation across Australia.

Building on equality, of note are improvements to equitable access to healthcare where a number of initiatives from the Aboriginal Cultural Safety Plan 2023–24 have been implemented such as the Replanting the Birthing Trees Project in partnership with La Trobe University. In line with this project at Mercy Hospital for Women, Wellbeing Champions learned the We-A-Li approach to understanding complex trauma in Aboriginal families.

Mercy Health continues to partner with the Department of Health to ensure sufficient funding is made available for Mercy Health to deliver high quality, safe care to our patients and communities. We are grateful for the Department of Health's continued support and, despite the difficult financial conditions endured in the last year, Mercy Hospitals Victoria Ltd delivered an acceptable financial result for this reporting period.

With the ever increasing cost of delivering services, it is imperative for Mercy Health's financial sustainability that we take appropriate measures to contain our costs, whilst ensuring any disruption to our care and services is minimal. Mercy Health is partnering with the Department of Health to deliver a balanced budget for the coming financial year.

Families living in Melbourne's outer north now have access to the Woi Wurrung Yagila Wulumperi Whittlesea Early Parenting Centre (WEPC) which opened in November. Here, flexible, targeted services will enhance parent-child relationships and these are complemented by a variety of programs which support parents to achieve their parenting goals.

In June, it was humbling to celebrate 40 years of Mercy Palliative Care (MPC) alongside the dedicated staff and volunteers who regularly work with patients and families in their most delicate and vulnerable moments. To date, we are the only 24-hour visiting service in Victoria that offers in-person medical support from a Registered Nurse and Palliative Care Physician. The compassion and care of this specialist work cannot be overstated.

Looking ahead to the new financial year, we will have a continued focus on waste reduction where possible, improving quality, safety and effectiveness of care, strengthening operational performance, enhancing

our organisational culture and workforce experience, and improving financial performance to support the achievement of our overall vision and strategic intent.

Thank you to the State Government of Victoria for its ongoing support, our partners for their contribution to allow us to care, and most importantly all Victorians and their families who trust and choose us to partner with them in their care. We would also like to acknowledge the thousands of people who come to work each day at Mercy Hospitals. It is only through their tireless compassion, hospitality, respect, innovation, stewardship, and teamwork that we can continue to strive for justice in the delivery of compassionate care to Victorians in need.

In accordance with the Financial Management Act 1994, we are pleased to present the Report of Operations for Mercy Hospitals Victoria Ltd for the year ending 30 June 2024, as at 30th October 2024.



A handwritten signature in black ink that reads "Virginia Bourke".

Ms Virginia Bourke
Chair



A handwritten signature in black ink that reads "Angela Nolan".

Ms Angela Nolan
Ms Angela Nolan, Group Chief Executive Officer

INTRODUCTION

It is a privilege to join an organisation with such an enduring legacy to healthcare in Victoria. In this post-pandemic era, we have experienced significant changes in executive leadership across Health Services and this, in turn, presents a certain level of disruption. I acknowledge the patience and commitment of Mercy Health staff in light of these shifts. I am grateful to our team members who continue to display exceptional levels of care and compassion in their work even with these significant changes.

The Emergency Department expansion project at Werribee Mercy Hospital commenced this year which was made possible with support with the Victorian Government investing \$117.6 million. To enable preparatory works to commence, administrative staff and some patient services were relocated from one wing of the hospital in late 2023. This wing has now been demolished and the remaining site preparation is almost complete. Many Werribee staff members have been working remotely during this period of works and I thank them for their patience whilst we establish an off-site office hub for their use in the coming year.

Currently, Werribee Mercy Hospital services an area of more than 300,000 residents with growth predicted to increase by 76% in this catchment population between 2016–36 (compared with 41% state average). Once complete in 2026, the expansion of the Emergency Department will enable treatment of an extra 25,000 patients each year. To meet the increasing demand in the community for care closer to home, we've continued to expand our home-based care model, Hospital in the Home (HITH). The HITH program at Werribee Mercy Hospital has achieved its growth target with 60 beds now open and 84% occupancy. This growth includes neonatal care with plans in place to incorporate mental health HITH in the near future. Continuing to bring care closer to home, the endoscopy Rapid Access Hub (RAH) exemplifies the power of collaborative healthcare and showcases a partnership model that delivers a well-connected healthcare system and better outcomes for Victorians. To date, Werribee Mercy Hospital has developed strong partnerships with four other health services through the West Metro Health Services Partnership to achieve the deliverables of the project.

The annual Mercy Perinatal Global Obstetric Update (GOU) has been an exemplary education model in healthcare and this year's event in November was no

exception. For almost a decade, the event has attracted leading academics from across the globe to deliver the latest practical evidence-based knowledge for clinicians and, in turn, nurture trusted international collaborations that pave the way for emerging researchers. The event was attended by 790 medical professionals, predominantly obstetrician-gynaecologists (481) and featured seven key topics.

This year we have continued to strengthen programs that support First Nations people to access early intervention and prevention strategies. In consultation with Aboriginal community members, a welcoming environment with Acknowledgement to Country plaques are now displayed at all Health Services entrances. Additionally, 13 staff from Mercy Hospital for Women and Werribee Mercy Hospital, social workers, and midwives participated in the First 1000 Australia: Early Life Strategies for Aboriginal and Torres Strait Islander Children and Families training to address intergenerational trauma and promote strategies for family resilience, mental health, cultural safety, and social and emotional wellbeing.

Mercy Health underwent its first Short Notice Accreditation Assessment Process (SNAAP) in May 2024, following the announcement in July 2023 of the Australian Commission on Safety and Quality in Health Care's move to the new process. The assessment team were very complimentary about their visit, stating they would be happy to be a Mercy Health patient based on the passion and collaboration shown by Mercy Health staff. We are delighted that we achieved accreditation, particularly with our ongoing focus of continuous improvement work.

My sincere thanks to all Mercy Health staff, our partners, and the Victorian Government for their ongoing support as we acknowledge the achievements of another year.



Mr Michael Krieg

Chief Executive Officer,
Health Services

FINANCIAL COMMENTARY

Financial Information	2024 \$000	2023 \$000	2022 \$000	2021 \$000	2020 \$000
Operating Result *	-1,721	57	127	160	1
Total revenue	626,063	589,482	532,932	478,330	447,109
Total expenses	637,695	596,367	543,162	490,267	459,560
Net result from transactions	-11,632	-6,885	-10,230	-11,937	-12,451
Total other economic flows	688	-197	4,279	5,572	-1,399
Net result	-10,944	-7,082	-5,951	-6,365	-13,850
Total assets	312,296	231,913	239,338	217,463	220,161
Total liabilities	151,110	149,527	149,870	122,044	118,307
Net assets/Total equity	161,186	82,386	89,468	95,419	101,784

* The Operating result is the result for which the health service is monitored in its Statement of Priorities

Reconciliation of Net Result from Transactions and Operating Result	2023-2024 \$000
Net operating result *	-1,721
Capital purpose income	4,648
Specific income	0
COVID-19 State Supply Arrangements – Assets received free of charge or for nil consideration under the State Supply	0
State supply items consumed up to 30 June 2022	0
Assets provided free of charge	0
Assets received free of charge	0
Expenditure for capital purpose	0
Depreciation and amortisation	14,559
Impairment of non-financial assets	0
Finance costs (other)	0
Net result from transactions	-11,632

MERCY HOSPITALS VICTORIA LTD

Mercy Hospitals Victoria Ltd is a company limited by guarantee and a charity registered by the Australian Charities and Not-for-profits Commission. It is a Denominational Hospital as set out in Schedule 2 of the Health Services Act 7988 (Vic).

Mercy Hospitals Victoria Ltd (MHVL) forms part of Mercy Health, a Catholic not-for-profit organisation which provides a range of health, aged and community care services to communities in Victoria, New South Wales, Western Australia, and Queensland. Mercy Health works closely with government to identify and respond to current and emerging health needs in our communities. We acknowledge the generous support offered by the Victorian Government over the past 12 months.

The relevant ministers for the reporting period were:

Minister for Health

*The Hon. Mary-Anne Thomas, Minister for Health
(1 July 2023 to 30 June 2024)*

Minister for Ambulance Services

*The Hon. Gabrielle Williams from 1 July 2023
to 2 October 2023*

*The Hon. Mary-Anne Thomas from 2 October 2023
to 30 June 2024*

Minister for Mental Health

*The Hon. Gabrielle Williams from 1 July 2023
to 2 October 2023*

*The Hon. Ingrid Stitt from 2 October 2023
to 30 June 2024*

Minister for Disability, Ageing and Carers

*The Hon. Lizzie Blandthorn from 1 July 2023
to 2 October 2023*

Minister for Disability/Minister for Children

*The Hon. Lizzie Blandthorn from 2 October 2023
to 30 June 2024*

Minister for Ageing

*The Hon. Ingrid Stitt from 2 October 2023
to 30 June 2024.*

The predominant objectives for which MHVL (the Company) was established are:

1. to carry on or assist in the carrying on of the charitable activities of Mercy Ministry Companions (a lay civil and canonical entity established to carry on the work of the Sisters of Mercy) in connection with hospital, healthcare, and related services.
2. to operate:
 - Mercy Hospital for Women, Heidelberg
 - Werribee Mercy Hospital
 - other hospitals, health, and related services, as determined by the Company.
3. to educate and train:
 - medical, nursing, social welfare and pastoral care students at undergraduate, intern, and postgraduate level
 - others engaged in hospital, healthcare, and related services on a paid or voluntary basis.

The Company will operate at all times as part of the mission of the Catholic Church in conformity with canon law and in conformity with the theological framework of Mercy Ministry Companions.

Central to our mission is providing care for those in need, irrespective of religion, faith, beliefs, or background.

OUR SERVICES

Mercy Hospitals Victoria Ltd provides acute and subacute hospital care, mental health programs, specialist women's and newborns' health, early parenting education and support, and palliative care services.

Mercy Hospital for Women is a tertiary hospital based in Heidelberg, Victoria offering obstetric, gynaecological, and neonatal services. The Neonatal Intensive Care Unit is co-located with the Special Care Nursery and collectively they care for some of Victoria's most unwell babies. The facility also provides perinatal medicine, perioperative services, women's health, and diagnostic services. It is a major teaching hospital and specialist referral centre with medical, nursing, midwifery, and allied health expertise to treat the most complex obstetric, neonatal, and gynaecological cases. Mercy Hospital for Women is part of the North-East Metro Health Service Partnership.

Werribee Mercy Hospital is a rapidly growing general hospital providing comprehensive care in the south-western region of Melbourne. The hospital provides surgical, medical, emergency, intensive care, maternity, newborn, renal dialysis, paediatrics, mental health, subacute, rehabilitation and palliative care services. The hospital also provides a range of home-based support services including Hospital in the Home and Midwifery in the Home. Werribee Mercy Hospital is part of the West Metro Health Service Partnership.

Mercy Health has two Early Parenting Centres (EPCs), The O'Connell Family Centre (OFC) and the Woi- wurrung-yagila-wulumperi Whittlesea Early

Parenting Centre (WEPC). EPCs strive to ensure the safety, health and happiness of babies and toddlers (up to the age of four) by promoting the parent-child relationship and equipping parents with pathways to achieve their parenting goals. These goals relate to sleep and settling, child behaviour plus health and wellbeing, with a focus on the needs of vulnerable families and young children.

Mercy Mental Health also offers inpatient and community specialist perinatal mental health services to women and infants in Western Victoria.

Mercy Palliative Care is a 24-hour service, which provides in-home support and assistance with all aspects of care relating to a patient in the advanced stages of their disease. While not officially part of Mercy Hospitals Victoria Ltd, Mercy Palliative Care is integrated into Mercy Health's service delivery. Service delivery is through a dedicated 12-bed inpatient palliative care service at Werribee Mercy Hospital and through home-based palliative care services for people living in Melbourne's Northwest Metropolitan Region. Counselling, nursing and medical services, allied therapies, grief counselling and pastoral care services provide continuity of care to patients, their families, and carers.

MERCY HEALTH STRATEGIC FRAMEWORK 2023–27

Our *Strategic Framework 2023–27* describes the mission, vision, and strategic direction for Mercy Health. It outlines our core values and five strategic commitments to guide all our decision-making and work priorities in pursuit of our strategic intent.

Our Mission

Together we witness God’s mercy and strive for justice in the delivery of compassionate care to our communities.

Our Vision

Mercy Health is a growing, recognised leader of compassionate and contemporary care for people of all ages.

Our Strategic Direction

Caring for people during critical health moments, at every age and stage of life

Our Values

Compassion – Hospitality – Respect – Innovation – Stewardship – Teamwork

Our vision for the future is inspired by our deep commitment to the delivery of justice, mercy, and compassionate care to those that we serve, and reinforced by our values. Our future is focused on growth, transformation, leadership, and excellence, as we care for people during critical health moments, at every age and stage of life.

Our Strategic Framework articulates a commitment to expanding access to our services, continuing to excel and innovate in women’s and perinatal health services, and developing models of service excellence in areas of expertise such as palliative care and for vulnerable populations. It also describes an ambitious agenda for Mercy Health to grow and be sector leaders in Healthy Ageing, implementing contemporary models of aged care and specialised services for those living with dementia.

OUR STRATEGIC COMMITMENTS

Five strategic commitments guide our decision-making in pursuit of our strategic direction, each supported by a set of clear objectives, and measurable outcomes.

1. Serving our People and Communities

Objectives

- we partner with those that we serve throughout their care journey, and through co-design of services
- we partner with our local communities to ensure services meet their needs
- we advocate for our communities and the people that we serve
- we develop services that are person-centred and easy to access and navigate.

Outcomes

- increased consumer engagement in the design of all new services
- measurable improvement in timely access to care
- more care delivered in, or closer to home
- demonstrable program of advocacy activity
- improvement in consumer feedback survey results.

2. Investing in our Workforce and Culture

Objectives

- we foster a workplace culture in which our diverse workforce feels connected, safe, and valued
- we create workforce retention through a compelling value proposition
- we develop strong leadership capability that nurtures culture, collaboration, inclusion, improvement, and innovation
- we are redesigning our workforce to address constraints in supply and skill.

Outcomes

- improved staff safety and reduced incidents of staff harm
- employer of choice and high staff engagement as measured through benchmarked surveys and pulse checks
- staffing requirements are met through attraction and retention

- leadership succession demonstrated
- increased diversity in staff and leadership profiles.

3. Delivering Exceptional Quality and Innovation

Objectives

- we are embedding a culture of problem solving and continuous improvement to support the high quality and safety of care that we provide
- we design and deliver our care and services to create quality health outcomes and reduce the risk of harm
- we invest in research and evaluation to inform new services, models of care and use of digital technologies
- we demonstrate our sector leadership and advocacy through translational research.

Outcomes

- reputation for innovation
- measurable improvement in care outcomes
- measurable reduction in harm to those in our care
- improved customer experience of care as measured through established surveys and feedback mechanisms
- measurable increase in research impact.

4. Harnessing Digital Health and Technology

Objectives

- we strive toward digitally enabled delivery of care in our hospitals, healthy ageing settings and at home
- we partner with technology providers to implement systems that facilitate safe and effective care
- we engage technology, including AI, that turns data into information to support our operational decisions, models of care and research.

Outcomes

- enhanced technologies to support care, with measurable improvement in care outcomes, access, and customer experience
- increased uptake of virtual and at-home care
- reliable data available to inform decision.

Outcomes

- sustainable models of care are in place that deliver improved outcomes in both individual health and sustainability
- reduced carbon emissions
- improvement in efficiency of high-quality services
- capital projects are delivered on time, within budget, and in line with community needs
- service growth in areas of identified need
- increased services delivered in partnership with community and health care partners.

5. Leading in Sustainability and Agility

Objectives

- we achieve financial sustainability through optimised efficiency and maximised revenue opportunities
- we are growing current services and introducing new offerings
- we partner with other experts and providers to improve care outcomes
- we have standardised and efficient organisational operating models
- we are committed to delivering and upholding our nationally recognised Caring for People and Planet strategy.

Strategy Deployment

Deployment of our strategy over time is supported by a range of Enabling Strategies and Plans, and the development and implementation of an annual Group Plan, which represents the specific strategic initiatives and associated programs of work to progress strategic and enterprise priorities across a financial year.

MERCY HEALTH STRATEGIC FRAMEWORK 2023-2027



OUR MISSION

Together we witness God's mercy and strive for justice in the delivery of compassionate care to our communities

OUR VISION

We are a growing, recognised leader of compassionate and contemporary care for people of all ages

OUR VALUES



COMPASSION

We are present for others in their time of need



HOSPITALITY

We welcome people with warmth and comfort



RESPECT

We act with integrity and justice and value each person's dignity



INNOVATION

We draw on research, evidence and teaching to inform what we do



STEWARDSHIP

We advocate for those in need and strengthen our ministry and its resources



TEAMWORK

We work together to progress the Mercy mission

OUR STRATEGIC COMMITMENTS AND OBJECTIVES



SERVING OUR PEOPLE & COMMUNITIES

- We partner with those that we serve throughout their care journey, and through co-design of services
- We partner with our local communities to ensure services meet their needs
- We advocate for our communities and the people that we serve
- We develop services that are person-centred and easy to access and navigate



INVESTING IN OUR WORKFORCE AND CULTURE

- We foster a workplace culture in which our diverse workforce feels connected, safe and valued
- We create workforce retention through a compelling value proposition
- We develop strong leadership capability that nurtures culture, collaboration, inclusion, improvement and innovation
- We are redesigning our workforce to address constraints in supply and skill



DELIVERING EXCEPTIONAL QUALITY AND INNOVATION

- We are embedding a culture of problem solving and continuous improvement to support the high quality and safety of care that we provide
- We design and deliver our care and services to create quality health outcomes and reduce the risk of harm
- We invest in research and evaluation to inform new services, models of care and use of digital technologies
- We demonstrate our sector leadership and advocacy through translational research



HARNESSING DIGITAL HEALTH AND TECHNOLOGY

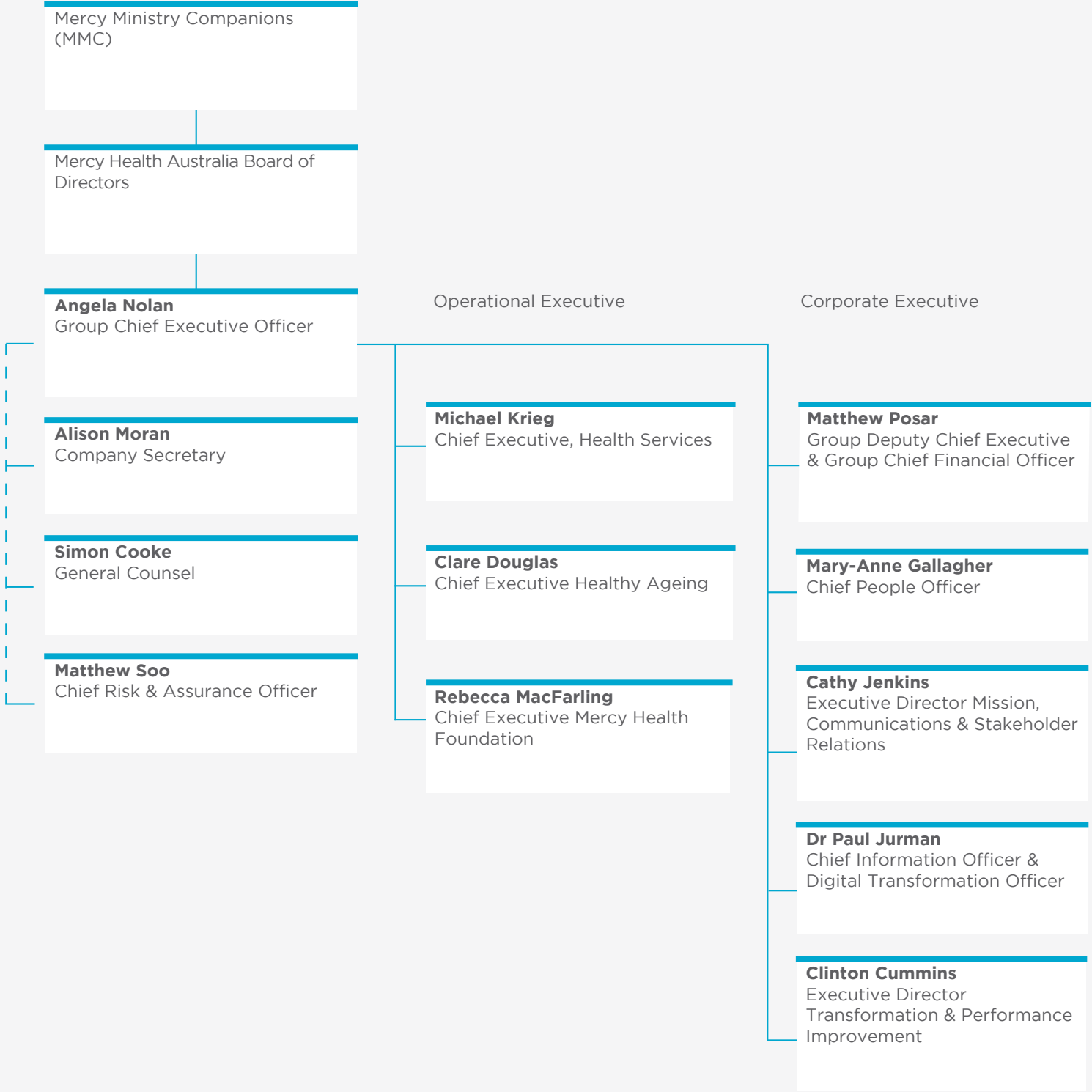
- We strive toward digitally enabled delivery of care in our hospitals, healthy ageing settings and at home
- We partner with technology providers to implement systems that facilitate safe and effective care
- We engage technology, including AI, that turns data into information to support our operational decisions, models of care and research



LEADING IN SUSTAINABILITY AND AGILITY

- We achieve financial sustainability through optimised efficiency and maximised revenue opportunities
- We are growing current services and introducing new offerings
- We partner with other experts and providers to improve care outcomes
- We have standardised and efficient organisational operating models
- We are committed to delivering and upholding our nationally recognised "Caring for People and Planet" strategy

ORGANISATIONAL STRUCTURE



GOVERNANCE

Mercy Hospitals Victoria Ltd Board

Ms Virginia Bourke (Chair)
Adjunct Professor Susan Pascoe AM (Deputy Chair)
Ms Jo Barker
Mr Martin Day
Ms Penelope Eden
Ms Jane Edge
Dr Colin Feekery (appointed June 2024)
Dr Jane Fischer
Adjunct Clinical Associate Professor Ian Haines (retired January 2024)
Sr Berice Livermore RSM
Mr Tim O'Leary
Adjunct Professor Francis Sullivan AO

Company Secretary

Ms Alison Moran

Finance, Audit and Risk Committee

Ms Jo Barker (Chair)
Mr Martin Day
Ms Jane Edge
Ms April Edwards
Ms Sandy Lawson
Ms Sheena Peeters
Mr Tony Ryan

Ethics Committee

Mr Martin Day (Chair)
Ms Clare Douglas
Dr Genevieve Green
Ms Cathy Jenkins
Ms Mary Klasen
Reverend Kevin McGovern
Sr Carol Ong RSM
Dr Michael Rasmussen
Adjunct Professor Francis Sullivan AO
Rev Dr Bernard Teo CSsR

Quality Committee

Dr Jane Fischer (Chair)
Ms Kate Birrell OAM
Ms Penelope Eden
Dr Colin Feekery (appointed June 2024)
Dr Patrick Gilbourne
Adjunct Clinical Associate Professor Ian Haines (retired January 2024)
Sr Berice Livermore RSM
Mr Marcel Mihulka
Ms Sally Moore

Human Research Ethics Committee

Mr Tim O'Leary (Chair)
Dr Fiona Brownfoot
Mr Diarmid Davine
Mr James Dwyer
Professor Christine East
Dr Lenore Ellett
Dr Philip Henschke
Associate Professor Lisa Hui
Ms Margaret Joss
Professor Peter Lange
Dr Kathy McMahon
Mr Tim Norton
Professor David O'Neal
Dr Josephine Power
Dr Neelofar Rehman
Dr Andrew Watkins

Corporate Governance Remuneration and Nominations Committee

Ms Virginia Bourke (Chair)
Ms Jo Barker
Ms Jane Edge
Adjunct Professor Susan Pascoe AM

BOARD

Ms Virginia Bourke

BA, LL. B Hons, MA, FAICD

Board Chair

As Chair of the Mercy Health Boards, Virginia Bourke brings experience across a range of sectors including health, aged care, community services, education, training, and publishing. She has particular expertise in the governance of charitable not-for-profit organisations.

Virginia joined the Mercy Health Boards in 2016 and is Chair of the Mercy Health Corporate Governance, Remuneration and Nomination Committee. She previously served a term as a Director of Mercy Health from 2008–14.

In addition to chairing Mercy Health, Virginia is Pro-Chancellor of Australian Catholic University and a Director of Catholic Health Australia and Caritas Australia. She was formerly Chair of St John Ambulance Victoria and a Director of St John Ambulance Australia.

Virginia's Non-Executive Director career has been complemented by her work as a lawyer and consultant in private practice and senior in-house counsel positions for over 25 years. She is currently a consultant with the national health and aged care industry team at MinterEllison Lawyers. Through that work she has developed a breadth of commercial experience, business development skill and a deep knowledge of corporate governance law.

Ms Alison Moran

LL.B. (Hons.), B.A., Grad Dip ACG, FGIA, GAICD

Company Secretary

Alison joined Mercy Health in September 2020 and is appointed as Company Secretary to each of the companies governed by the Mercy Health Boards and the Mercy Health Foundation. Alison attends all Board meetings and meetings of the Corporate Governance, Remuneration and Nominations Committee, and provides governance advice and support to the Mercy Health Board Chair, the Board as a whole, and the Group Chief Executive Officer. Alison is an experienced corporate governance professional and lawyer, having enjoyed a long career at a major commercial law firm, Corrs Chambers Westgarth, in both client-facing, commercial law roles and internal legal and governance

roles, including as the firm's General Counsel. Prior to joining Mercy Health, Alison was Company Secretary of Cabrini Health, a leading private Catholic healthcare service in Melbourne. Alison holds a Bachelor of Laws (Hons.) and a Bachelor of Arts from the University of Melbourne, a Graduate Diploma of Applied Corporate Governance, and is a Graduate of the Australian Institute of Company Directors. She is also a Fellow of the Governance Institute of Australia.

Adjunct Professor Francis Sullivan AO

BA, Dip Ed, MA

Board Member

Francis was appointed to the Mercy Health Boards in November 2019. He is committed to equity and justice and has been highly successful in bringing a social conscience to the political debate on health and aged care issues. In 2020, Francis was appointed an Officer of the Order of Australia for his distinguished service to the community, particularly through social justice and legislative reform initiatives, and to health and aged care.

Francis was Chairman of the Board of the Mater Group from 2019–24 and prior to this was Chief Executive Officer at the Truth, Justice and Healing Council and Secretary General of the Australian Medical Association.

He spent 14 years as the Chief Executive Officer of Catholic Health Australia, speaking for 73 private and public hospitals and more than 500 aged care services across Australia. Prior to that, Francis was senior advisor to the Minister for Health in Western Australia.

Francis has a masters degree in theology from Loyola University in Chicago and a bachelor degree in politics from Curtin University in Western Australia. Early in 2008, the Australian Catholic University awarded Francis an honorary doctorate for his work in public health advocacy. He is also an Adjunct Professor at the Australian Catholic University.

Adjunct Professor Susan Pascoe AM

BA, Dip Ed, Grad Dip Special Ed, M Ed Admin (Hons), FAICD, FIPAA, FACE

Board Member and Deputy Chair

Susan was appointed to the Mercy Health Boards in March 2018 and is a member of the Mercy Health Corporate Governance, Remuneration and Nomination Committee. She is President and Chair of the Australian Council for International Development (ACFID), Chair of the Community Director's Council and Chair of the Social Services Regulator Consultative Committee. Susan is a member of the Vatican's Commission on Methodology and a facilitator at the 2023 and 2024 Synod Assemblies. She was a member of the Australian Catholic Bishops Conference Safeguarding Steering Committee, and its Governance Review Project Team from 2019 to April 2020.

Susan was the inaugural Commissioner for the Australian Charities and Not-for-profits Commission (ACNC) from 2012–17 and subsequently co-chaired a review of early childhood education in Australia. From 2006–11, Susan was Commissioner of the State Services Authority in Victoria. In 2009, she was appointed as one of three commissioners for the Royal Commission into Victoria's Black Saturday bushfires.

Susan's earlier career was in education. She served as President of the Australian College of Educators, Chief Executive Officer of the Victorian Curriculum and Assessment Authority and Chief Executive of the Catholic Education Commission of Victoria. Susan chaired the Australian National Commission for UNESCO and has chaired or served on a number of education, health, and government boards.

In 2007, Susan was appointed Member of the Order of Australia for service to education. In 2016, she was awarded the Leadership in Government Award for her outstanding contribution to public administration in Australia, and in 2024, she was conferred an honorary doctorate from Australian Catholic University.

Ms Jo Barker

B Comm, ACA, GAICD

Board Member

Jo joined the Mercy Health Boards and the Mercy Health Finance, Audit and Risk Committee in 2015, and provides valuable financial risk and commercial

knowledge and insight. Jo was appointed Chair of the Mercy Health Finance, Audit and Risk Committee in 2021. She is also a member of the Corporate Governance Remuneration and Nomination Committee and the Mercy Health Foundation Committee.

Jo is a partner within EY's Strategy and Transaction Advisory team in Melbourne. She has over 30 years of transaction experience in Australia and globally, helping private and public companies achieve long-term competitive advantage by advising on the management of all aspects of their capital agenda.

Mr Martin Day

Assoc Dip Valuations and Real Estate Management, MBA, FAICD, GAIST Adv

Board Member

Martin has been on the Mercy Health Boards since 2016. He is Chair of the Mercy Health Ethics Committee and a member of the Finance, Audit and Risk Committee. Prior to this, Martin was Chief Executive Officer of the Private Hospitals Division of St Vincent's Health Australia, which included eight leading private hospitals in Melbourne, Sydney, Brisbane, and Toowoomba. Martin held senior executive roles in the health service industry for 23 years, in both Australian and international acute healthcare markets, including South-East Asia and the Pacific. He also has 20 years of corporate governance experience in the not-for-profit sector, including healthcare and industry superannuation.

Martin's qualifications include Associate Diploma of Valuations and Real Estate Management, RMIT; Master of Business Administration, Deakin University, Victoria; Fellow of Australian Institute of Company Directors; and Graduate of the Australian Institute of Superannuation Trustees. His industry experience includes risk management, clinical governance, workforce development, financial management, operational management, stakeholder engagement, public/private partnerships, and social accountability. Martin is also a Director of Adeney Private Hospital Pty Ltd and East Sydney Day Hospital Pty Ltd. Adeney is a new private hospital in Kew, Melbourne, being developed by a joint venture including Medibank Private and 42 specialist doctors. East Sydney is also a joint venture including Medibank, specialist doctors and other investors.

Ms Penelope Eden

LLB, Cert Nursing

Board Member

Penelope joined the Mercy Health Board in May 2021. Penelope brings her broad expertise across health and aged care, mental health, youth and child health, and disability services to the Mercy Health Board, having advised operators across the sector for over 20 years as a legal practitioner. Penelope is a partner at law firm MinterEllison, where she leads the firm's national aged care and human services practice.

Penelope is passionate about the work she does and her contribution to the sector.

Penelope's background as a clinician and longstanding engagement in the health and human services sectors gives her a unique understanding of the complex regulatory and operational environment within which Mercy Health operates. She advises on the regulatory, contractual, and broader commercial risks and opportunities in the rapidly changing human services sector. Penelope is widely regarded as an industry expert and has been consistently recognised in 'Best Lawyers in Australia' and 'Doyles Guide' in the categories of Health and Aged Care, Medical Negligence, Personal Injuries, and Insurance Law.

Ms Jane Edge

MBA (Exec), GAICD

Board Member

Jane joined the Mercy Health Board on 1 November 2021. Jane draws on over 25 years' experience in high impact roles delivering social change. She has a unique blend of senior executive/CEO/board experience across strategic and operational management. Jane is a member of the Corporate Governance Remuneration and Nomination Committee. She was appointed to the Finance, Audit and Risk Committee in May 2024.

Jane is the CEO of Australia's largest disability-focused international development organisation, CBM Australia, where she leads catalytic, collaborative, and innovative approaches that see millions of lives transformed each year in a growing movement to end the cycle of poverty and disability. Jane also serves on the Board of the Australian Council for International Development as Vice-President Finance and has held a range of governance roles locally and internationally.

Jane's early career was in journalism and communications, followed by executive management roles and organisational change/executive coaching consulting across a variety of industries. Jane has a Master of Business Administration (Executive) and Advanced Certificate in Executive Coaching.

Dr Colin Feekery

MBBS, MHA, GAICD

Board Member

Colin has extensive experience in clinical governance, quality improvement, medical and industrial law and is well regarded professionally as a medical executive and mentor.

Colin graduated from the University of Queensland Medical School in 1979. After training in paediatrics in both Brisbane and Melbourne, in 1990 he became a Fellow of the Royal Australasian College of Physicians. He spent the next 16 years working at both the Royal Children's Hospital, Melbourne and in private practice specialising in behavioural and developmental paediatrics and family therapy.

In 2002, Colin was awarded a Masters of Health Administration by the University of NSW. This qualification launched his career in medical administration when in 2005, he successfully applied for the position of Medical Director of Western Health, Melbourne. From 2008–18, he held the position of Executive Director Medical Services and Research at Eastern Health, Melbourne. This is the second largest health service in the state of Victoria, having 52 sites.

In 2011, Colin was granted an Adjunct Clinical Associate Professorship by Monash University and in 2012, he was admitted to the Royal Australasian College of Medical Administrators. He is now a censor for this college, and a lecturer for the Management for Clinicians Course.

Dr Jane Fischer

MBBS, FACHPM, GAICD

Board Member

Jane joined the Mercy Health Board in May 2023 and is also Chair of the Board Quality Committee.

As a former CEO in the Victorian public health sector and an experienced Board Chair in the not-for-profit sector, Jane brings strong leadership, clinical governance, and strategic expertise to the Mercy Health Board.

Jane has a medical background, specialising in palliative medicine and has worked in both metropolitan and rural settings. She has extensive knowledge of the health, aged, and disability sectors and over 20 years of experience in senior health executive roles including as the former CEO/Medical Director at Calvary Health Care Bethlehem. In that role, Jane led a significant change management process resulting in a major organisational restructure. She achieved a financially sustainable model of care with the expansion of ambulatory services and ultimately, the redevelopment of their Caulfield site.

Jane has over 15 years of governance experience and was Chair of Palliative Care Australia for five years. She is skilled at working with government and a range of key stakeholders at a state, national and international level to advocate for funding and policy development. Jane has also been a member of a number of federal and state government advisory committees to influence strategy and policy directions for palliative care.

Sr Berice Livermore ^{RSM}

RN, MN, B Health Admin, Dip Theology

Board Member

Berice joined the Mercy Health Boards in November 2018 and joined the Mercy Health Quality Committee in 2020. A Religious Sister of Mercy, Berice has various qualifications including a Bachelor of Health Administration, as well as extensive experience administering non-profit organisations, particularly in healthcare.

Berice is a consultant to many religious congregations, assisting them in their financial management, governance and planning of strategies for meeting the demands of caring for the elderly among them.

Berice has been a Sisters of Mercy Congregation Leader and Community Leader, Chair of the Institute Finance Committee, Chair of Catherine McAuley Services Ltd and Chair of St Joseph's Cowper Ltd. She is currently Chair of The Corporation of the Trustees of the Sisters of Perpetual Adoration of the Blessed Sacrament Ltd ATF The Sisters of Perpetual Adoration Trust.

Tim O'Leary

BA Hons, Grad Dip Applied Philosophy

Board Member

Tim joined the Mercy Health Boards in 2016 and is Chair of the Mercy Health Human Research Ethics Committee. Tim is an experienced business and corporate affairs executive, having worked in the oil, banking, and telecommunications industries. He is currently Executive Director Stewardship for the Catholic Archdiocese of Melbourne. In this role he is responsible for the business, financial and governance aspects of the Archdiocese.

Tim is a Member of Council at Newman College (University of Melbourne) and a board member of Melbourne Archdiocesan Catholic Schools. He is also a former board member of eMotion 21, a for-purpose charity that champions the inclusion of young people with Down Syndrome. Tim has an Honours degree in Arts and a Graduate Diploma in Philosophy from the University of Melbourne.

EXECUTIVE

Angela Nolan

Group Chief Executive Officer

Angela was appointed Group Chief Executive Officer (GCEO) at Mercy Health Australia in October 2022. This follows five years as Chief Executive Officer of St Vincent's Hospital Melbourne and previous executive positions at St Vincent's in operations and corporate services.

Angela holds a Bachelor of Business and began her career as a Chartered Accountant at Arthur Andersen, working with organisations across a variety of industries, including healthcare, manufacturing, banking and finance and superannuation.

After completing a second qualification in Human Resource Management and Industrial Relations, Angela worked for the ANZ Bank. In her final role at ANZ, Angela was Global Head of HR Advisory and Consulting, where she led significant transformation programs.

Angela has served on the Boards of St Vincent's Research Institute, Aikenhead Centre for Medical Discovery, the Victorian Comprehensive Cancer Centre, and Inclusion Melbourne. Angela was awarded the Australian Centenary Medal for her work with Inclusion Melbourne, a community based not-for-profit organisation that facilitates community involvement for people with intellectual disabilities

Michael Krieg

Chief Executive Health Services

Michael joined Mercy Health in February 2024. He is a recognised healthcare leader with demonstrated experience in transformative leadership and implementing strategic vision. Bringing a wealth of experience to the role of Chief Executive Health Services, he has held pivotal roles in healthcare services nationwide.

Previously serving as Group Executive for hospitals at UnitingCare Queensland since 2019, Michael oversaw the operation of four hospitals and over 5,000 staff. He was crucial in leading clinical governance and spearheading the organisation's COVID-19 response.

Before his tenure at UnitingCare Queensland, Michael revitalised the financial performance of The Wesley Hospital in Brisbane as General Manager. Under his

leadership, the hospital introduced accredited Centres of Excellence in Robotic and Bariatric Surgery, setting Australian firsts. The Wesley Hospital is internationally recognised across many specialties for its care provision, research, and training.

Michael's leadership journey includes former Chief Executive Officer roles at various hospitals, including St John of God Ballarat Hospital, Calvary Health Care Tasmania, and others.

With a professional background as a nurse in operating theatres across Australia and London, Michael has recently served as an active board member of Wesley Medical Research and held roles on boards such as Fiona Elsey Cancer Research Institute and Committee for Ballarat. Additionally, he was Chair of the Grampians Integrated Cancer Service, an inaugural member of the Victorian Clinical Council, and a judge for the Premier's Health Service of the Year awards.

Matthew Posar

Deputy Group Chief Executive Officer and Group Chief Financial Officer

Matthew assumed the role of Chief Financial Officer at Mercy Health in June 2018. His role involves oversight and direction of the finance and business services function of the organisation.

An accomplished senior executive with considerable Chief Financial Officer and Chief Executive Officer experience, Matthew has a strong commercial background and demonstrated executive experience in ASX listed, private equity-backed companies and not-for-profit organisations. He has leadership experience in the fields of professional services, mining, and health.

Prior to joining Mercy Health, Matthew was Chief Financial Officer and Head of Corporate Services of headspace, the National Youth Mental Health Foundation, from 2012 to January 2018. In addition to his Chief Financial Officer role, he also was the headspace Interim Chief Executive Officer from June 2016 to February 2017.

Matthew has a proven track record in delivering successful commercial and strategic outcomes, with expertise in all aspects of finance including accounting, treasury, government funding, and risk management.

Simon Cooke

General Counsel

Clinton Cummins

Executive Director Transformation and Performance Improvement

Clare Douglas

Chief Executive Healthy Ageing

Mary-Anne Gallagher

Chief People Officer

Cathy Jenkins

Executive Director Mission, Communications & Stakeholder Relations

Dr Paul Jurman

Chief Information and Digital Transformation Officer

Rebecca MacFarling

Chief Executive Mercy Health Foundation

Jason Payne

Chief Executive Officer, Health Services
October 2019 – November 2023

Lesley Dwyer

Acting Chief Executive Officer, Health Services
November 2023 – February 2024

HEALTH SERVICES LEADERSHIP TEAM

Ms Robynne Cooke

Chief Operating Officer (concluded November 2023)

Tanya Darrer

General Manager, Mercy Hospital for Women

Travis Green

General Manager Health Services Finance (commenced April 2024)

Kirrily Gilchrist

Acting Director Business Improvement and Corporate Services (commenced October 2023)

Adjunct Professor Jeffrey Kirwan

Chief Medical Officer

Kent MacMillan

Director, Allied Health (commenced December 2023)

Leanne Mills

Chief Nursing and Midwifery Officer

Mark O'Connor

Divisional Chief Finance Officer

Brendan Pawsey

General Manager Mental Health

Bradley Van Ooi

Acting General Manager, Werribee Mercy Hospital (commenced January 2024)

WORKFORCE DATA

We confirm that employees have been correctly classified in the workforce data collections.

Hospitals labour category	June FTE		Average monthly FTE	
	2024	2023	2024	2023
Nursing	1707.78	1552.74	1636.61	1496.76
Administration and Clerical	340.73	310.75	330.55	300.92
Medical Support	84.43	79.24	82.6	70.73
Hotel and Allied Services	192.81	178.72	191.2	173.06
Medical Officers	33.4	32.54	33.46	29.2
Hospital Medical Officers	375.71	346.8	356.72	299.83
Sessional Clinicians	145.16	122.81	138.64	124.76
Ancillary Staff (Allied Health)	234.04	227.63	235.89	220.69

The planned increased EFT (employed full-time) was due to the opening of the Whittlesea Early Parenting Centre.

Additional staff were also employed by Mercy Health

through the opening of the Rapid Access Hub.

We increased the number of junior medical staff to service the current and expected growth in demand for services.

Occupational Health and Safety

Occupational Health and Safety Statistics	2023–24	2022–23	2021–22
The number of reported hazards/incidents for the year per 100 FTE	59.40	60.70	51.81
The number of 'lost time' WorkCover claims for the year per 100 FTE	0.75	0.96	0.89
The average cost per WorkCover claim for the year ('000)	\$10,925	\$17,769	\$13,453

Mercy Health actively promotes reporting injuries early for assessment, triage, treatment, and suitable work accommodations to facilitate recovery at work.

A decrease in claims costs is reflective of injuries sustained that have been supported by an early intervention approach, providing contemporary first aid advice and/or appropriate medical treatment with the focus of recovery at work.

At the end of the 2023–24 financial year, employees and their managers were accessing the early intervention triage service to report workplace injuries at an increasing rate of in excess of 82%.

Mercy Health remains focused on supporting staff through the successful early intervention processes with the average back at work rate at 83.49%, supporting

the processes and practices that have been in place since 2018.

Mercy Health has launched the Work Health and Safety Plan 2023-27 that aligns with our People Strategy with the focus on nurturing our people to thrive through initiatives that invest in proactively supporting our people's health, safety, and wellbeing. The plan aims at ensuring we are working together to keep each other safe from harm.

Our new plan has ambitious targets to increase the number of risk records to ensure that our activities are assessed, and risk control measures are implemented, ensure that incident investigations are completed within five days, and support staff to complete their mandatory training. Targets are also in place to reduce injuries, claims, and serious occupational violence events.

To achieve this, work is in progress to establish a Mental Health and Wellbeing Framework, uplift our training programs in both manual handling and occupational violence and aggression prevention, encouraging staff to be safety champions through reward and recognition programs, and ensuring that

staff have access to support networks if they have been exposed to serious events. Staff workspaces, equipment and facilities are also being reviewed to ensure that they are meeting the needs of staff to have a healthy and safe work environment.

Occupational Violence

Occupational Violence Statistics	2023-24	2022-23
Workcover accepted claims with an occupational violence cause per 100 FTE	0.20	0.22
Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	1.03	1.12
Number of occupational violence incidents reported	1,015	1,030
Number of occupational violence incidents reported per 100 FTE	34.43	37.98
Percentage of occupational violence incidents resulting in a staff injury, illness, or condition	1.18%	2.72%

The following definitions apply:

Occupational violence – any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in the course of their employment.

Incident – an event or circumstance that could have resulted in, or did result in, harm to an employee. Incidents of all severity ratings must be included.

Code Grey reporting is not included, however, if an incident occurs during the course of a planned or unplanned Code Grey, the incident must be included.

Accepted Workcover claims – accepted Workcover claims that were lodged in 2023–24.

Lost time – is defined as greater than one day. Injury, illness or condition – this includes all reported harm as a result of the incident, regardless of whether the employee required time off work or submitted a claim.

STATEMENT OF PRIORITIES: OVERARCHING STRATEGY 2023–24

A Health System That Takes Effective Climate Action

Reduce clinical and operational practices that are wasteful and environmentally harmful to effectively contribute towards achieving net zero emissions across the health, wellbeing, and care system, including by delivering more energy efficient health service.

Status: In progress

Implementation of emission reduction projects, related to Medical Gases (including Nitrous Oxide and Desflurane), single use plastics and decreasing waste/ increasing recycling rates to align with the “Mercy Health Caring for People and Planet Strategy”.

Outcomes:

- Nitrous Oxide (N₂O) is a potent greenhouse gas with a 100-year Global Warming Potential 273 times that of carbon dioxide. Research has found up to 90% of Nitrous Oxide is leaked into the atmosphere prior to reaching patients. N₂O leaks are financially wasteful and are a significant contributor to the anaesthetic gas carbon footprint of healthcare. A Nitrous Oxide leak detection project has been initiated for the Mercy Hospital for Women and Werribee Mercy Hospital sites. The initial phase involves investigating the existence and estimating the potential extent of Nitrous Oxide leakages. Findings from the initial investigation will be referred to the Health Services, Medical Gas Oversight Committee.
- The Green Champions network has grown in size again after an expression of interest period in late 2023, with 70 passionate staff across six sites and 40 departments now championing sustainability in their departments.
- Waste diversion initiatives led by Green Champions across wards and departments has led to:
 - diversion of clear soft plastics from landfill in our Mercy Hospital for Women peri-operative and supply departments
 - expansion of the PVC recycling program to two new wards, totalling seven wards across Mercy Hospital for Women and Werribee Mercy Hospital

- the development of an approved protocol for recycling single use metal instruments in two clinical areas at Mercy Hospital for Women
- increased use of centralised recycling stations for hard to recycle items, installed at Mercy Hospital for Women and Werribee Mercy Hospital in July 2023
- Desflurane, a potent anaesthetic gas, is only used in limited circumstances. Alternative anaesthetics like propofol and sevoflurane with lower global warming potentials have become the default choice.

Build a better understanding of the health service's carbon footprint, including Scope 3 (indirect emissions), to inform effective action.

Status: Complete

Submit an article for peer reviewed publication to share the methodology and results of Mercy Health's comprehensive carbon footprint analysis across Scopes 1, 2 and 3 with health and aged care providers across Australia and beyond.

Develop an evidenced based decarbonisation trajectory for Mercy Health across Scopes 1, 2 and 3; with targets for emissions reduction by 2026, 2028, 2030 and 2035.

Outcomes:

- A peer-reviewed article detailing the methodology and results of Mercy Health's carbon footprinting study across Scopes 1, 2, and 3, undertaken in 2022, was submitted and published in the Australian Health Review in October 2023:

Desmond, S., Smith, J., Hogg, J., Walton-Hespe, J., & Gardner-Marlin, J. (2023). Gathering the Evidence: Health and Aged Care Carbon Inventory Study. Australian Health Review, 47(6), 634-640.

This publication contributes to the body of academic and professional literature on environmental sustainability and serves as a valuable resource for the health and aged care sector in Australia and beyond. The publication provides an evidence-based case study that underscores the importance of context-specific carbon footprinting and tailored interventions providing data and insights that can be replicated or adapted to inform policy and practice. It also highlights Mercy

Health's commitment to environmental sustainability and alignment with national and global sustainability goals.

- Following Mercy Health's carbon footprinting assessment in 2022, an evidence-based Decarbonisation Trajectory has been developed to guide the organisation to Net Zero by 2036. The development of the proposed trajectory involved exploring opportunities within 15 emissions categories that were utilised in the Carbon Footprint study (Desmond, et al., 2023) and consideration of emission reductions by scope.
- The recommended scenario for Mercy Health is considered an ambitious, yet suitable long-term target for the organisation. It proposes the organisation pursue ~80% total emissions reduction on FY 21 baseline by 2035 and the remaining ~20% of emissions to be offset via the purchase of carbon offsets credits in 2036 to achieve carbon neutrality.
- Development of a high-level Decarbonisation Action Plan 2024–26 for the organisation which sets the aim to reduce Mercy Health's carbon footprint by 23.8% (26.49 kT Co2-e) on FY 21 baseline by 2026 by focussing on decarbonisation initiatives, within the categories Delivery of Care, Supply Chain, Personal Travel and Commissioned Health Services.

Care Closer to Home

Improve pathways through the health system and implement models of care to enable more people to access care closer to, or in their homes.

Status: Complete

Implement and expand the capacity of Hospital in the Home beds across Mercy Hospitals Victoria Ltd.

Outcomes:

- The Hospital In The Home (HITH) program at Werribee Mercy has achieved its growth targets with 60 beds now open. The program now mirrors our inpatient model of care, with adult surgical, medical, geriatric evaluation medicine, maternity, paediatrics, and neonates. In May, our occupancy was above 70%. However, with the addition of Paediatric HITH in June, it was above 80%.

Support improved access to services for people managing chronic disease by improving access to home-based and remote service delivery.

Status: In progress

Develop a model of care in conjunction with St Vincent's Hospital Melbourne to improve access to home-based renal therapies.

Outcomes:

- This project was not achieved and needs to be revisited in 2024–25. Our partnership with St Vincent's regarding our satellite unit requires strengthening, and this item will need to be on the agenda for 2024–25.

Moving from Competition to Collaboration

Partner with other organisations (for example community health, ACCHOs, PHNs, General Practice, private health) to drive further collaboration and build a more integrated system.

Status: Complete

Continue to strengthen the Priority Primary Care Centre (PPCC) pathways at Werribee Mercy Hospital.

Outcomes:

- Werribee Mercy engaged with the Werribee Primary Care Centre and developed streamlined pathways of patient transfer from the Emergency Department to the PPCC. We have continued to build on this relationship in preparation for winter 2024.

Engage in integrated planning and service design approaches, whilst assuring consistent and strong clinical governance with partners, to join up the system to deliver seamless and sustainable care pathways and build sector collaboration.

Status: Complete

Continue to develop the Rapid Access Hub model of care at Werribee Mercy Hospital to include targeted ESIS activity.

Outcomes:

- The Werribee Mercy Hospital Endoscopy Rapid Access Hub (RAH) symbolises a partnership initiated in April 2023, supported by the Department of Health (DH) and West Metro Health Service Providers (WMHSP). This collaboration has transformed an unused former operating theatre suite into an RAH, with the goal of delivering high-quality endoscopy services to patients from across the region.
- The RAH was officially launched at Werribee Mercy Hospital in April 2023, in collaboration with the Royal Melbourne Hospital (RMH), Royal Children's Hospital (RCH) and Western Health. The Werribee Mercy Hospital Endoscopy RAH welcomed Peter MacCallum Cancer Centre (PMCC) as a partner in November 2023. In the FY23/24 there were 2,216 patients across the five partner health services. The scope of the RAH has now expanded beyond endoscopy to include day-surgery urology for paediatrics.

A Stronger Workforce

Improve employee experience across four initial focus areas to assure safe, high-quality care: leadership, health and safety, flexibility, and career development and agility.

Status: In progress

Commence implementation of the Mercy Health People Strategy 2023–27.

Outcomes:

- In February 2024, Mercy Health launched its first People Strategy. The People Strategy recognises that investing in the Mercy Health workforce is fundamental to delivering excellent patient, resident, and client care. The People Strategy outlines an ambitious four-year program to prioritise the wellbeing of our people, invest in professional development opportunities, and foster a culture of collaboration and connection to build a more resilient workforce capable of meeting the challenges of today and tomorrow.
- In 2023, Mercy Health implemented its first employee value proposition (EVP), which will play a key role in attracting, engaging, and retaining our talent, ensuring a more sustainable workforce. The tangible assets from the EVP include video stories about our people and refreshed candidate communications, job advertisements and careers information.

- Throughout 2023, Mercy Health conducted an international recruitment campaign aimed at qualified overseas nurses to address critical staffing needs in specialised areas of nursing. This campaign successfully secured eight nurses and midwives for Mercy Hospital for Women, Werribee Mercy Hospital, and Mercy Mental Health and Wellbeing Services.

Explore new and contemporary models of care and practice, including future roles and capabilities.

Status: In progress

Identify Allied Health advanced practice opportunities and build capacity and capability in clinical practice.

Outcomes:

- Several Advanced Practice Allied Health opportunities have been identified and are endorsed by Medical and Nursing teams. These include Hand Therapy clinic, Emergency Department musculoskeletal therapy and OsteoArthritis Hip and Knee Service (OAHKS) clinic roles.
- Capacity has been built in each of these roles.
- The subsequent focus is to ensure permanent approvals to continue advanced practice models following temporary implementation projects.

Improving equitable access to healthcare and wellbeing

Address service access issues and equity of health outcomes for rural and regional people including more support for primary, community, home-based and virtual care, and addiction services.

Status: In progress

Establish a Women's Health Clinic at Mercy Hospital for Women and Werribee Mercy Hospital in partnership with the Department.

Outcomes:

This has not yet been achieved.

Strengthen programs that support Aboriginal people to access early intervention and prevention services.

Status: In progress

Implement key actions documented in the Mercy Hospitals Victoria Ltd Aboriginal Cultural Safety Plan 2023–2024.

Outcomes:

The goals of improving our services for Aboriginal and Torres Strait Islander Peoples remain ongoing. In 2023–24 Mercy Health implemented a number of initiatives and changes in support of improving cultural safety for Aboriginal and Torres Strait Islander People.

- Aboriginal and/or Torres Strait Islander identification has been added to patient labels (only if patients ticked yes on registration)
 - Create a welcoming environment
 - Acknowledgment of Country plaques were purchased from Kinya Lerrk and are displayed at all Health Services public entrances
 - Plans to install Dixon Patten's artwork from the Health Services Reconciliation Action Plan (RAP) in all birth suites at Werribee Mercy Hospital and Mercy Hospital for Women. Consultation with Aboriginal community members is underway.
- Cultural Safety Training
 - As part of the Replanting the Birthing Trees (RBT) project staff from Mercy Hospital for Women, including senior leaders, participated in a full day cultural training session and co-design workshop facilitated by the RBT project team
 - Thirteen staff from Werribee Mercy Hospital and Mercy Hospital for Women social workers and midwives participated in the First 1000 Australia: Early Life Strategies for Aboriginal and Torres Strait Islander Children and Families training which provides participants with the capacity to address intergenerational trauma and promote strategies for family resilience, mental health, cultural safety, and social and emotional wellbeing
 - 91.4% of Health Services staff have completed the mandatory Aboriginal cultural awareness e-learning package.
- CEO and Leadership
 - Reviewed governance of the Aboriginal Reference Committee so that it reports to Health Services Executive Committee (HSEC)
 - RAP (2021–23), Cultural Safety Plan and Aboriginal and Torres Strait Islander dashboard reported to HSEC
 - Aboriginal Elder invited to perform NAIDOC Week 2024 Welcome to Country and Smoking Ceremony
 - Reporting on Aboriginal and Torres Strait Islander patient discharge against medical advice and left against medical advice, and plans to address this
 - As part of the RBT Project with La Trobe University, currently being implemented at Mercy Hospital for Women, around 10 staff have completed the orientation to become a Wellbeing Champion. Champions are required to complete two, two-day workshops and learn about the We-A-Li approach to understanding complex trauma in Aboriginal families.
- Identifying health needs of Aboriginal and Torres Strait Islander population and plans to address:
 - Health Services Aboriginal and Torres Strait Islander dashboard in DecisionPoint enables live monitoring of the health outcome data of our Aboriginal patients and clients. The data is measured against non-Aboriginal data to reflect our goals in Closing the Gap. The metrics align with our reporting requirements for Aboriginal programs under Indigenous Australians' Health Program (IAHP) funding and the National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care (NKPI) reports that are nationally reported
 - Past (<5 years) patients of Mercy Hospital for Women will be interviewed as part of the RBT project and birthing experience at Mercy Hospital for Women.

Excellence in clinical governance

Working with Safer Care Victoria to reduce hospital acquired complications, including minimising COVID-19 transmission into and within the health service, including to staff and patients.

Status: Complete

Implement a hospital acquired complications (HAC) Working Party and develop strategies to address the HAC rate.

Outcomes:

Establishment of the Hospital Acquired Complication (HAC) Committee including terms of reference.

Creation of a dashboard for HACs. All HACs are assigned to the National Standards Committee where appropriate. The remainder are monitored through the Clinical Care Council.

Improve access to timely emergency care by implementing strategies that improve whole of system patient flow to reduce emergency department wait times and improve ambulance to health service handover times.

Status: In progress

Implement the Whole of Hospital Access Improvement Work Plan (Project 8) at Werribee Mercy Hospital and evaluate previous projects for sustainability.

Outcomes:

- This is an ongoing priority for Werribee Mercy Hospital. We have made improvements in our ambulance offload time in 2023–24 with year-to-date performance at 71%, compared to 67% in 2022–23. This is despite being on track to receive more ambulances than the year prior. This has been achieved through the work of Whole of Hospital Project 8 and the redesign of our ambulance offload processes. Our work continues to improve our time to treat performance. Current performance is slightly less than in 2022–23, with an increase in presentations greater than 3%.

Develop strong and effective systems to support early and accurate recognition and management of deterioration of paediatric patients.

Status: Complete

Improve paediatric patient outcomes through the implementation of the “ViCTOR track and trigger” observation chart and escalation system, whenever children have observations taken.

Implement staff training on the “ViCTOR track and trigger” tool to enhance identification and prompt response to deteriorating paediatric patient conditions.

Outcomes:

- The ViCTOR charts have been implemented across all areas that provide Paediatric and Neonatal Care. Use of these charts have been embedded in education frameworks. Chart use is audited by the education teams and fed back to Nurse and Midwifery Unit Managers.

Working to achieve long term financial sustainability

Co-operate with and support Department-led reforms that look towards reducing waste and improving efficiency to address financial sustainability, operational and safety performance, and system management.

Status: In progress

Data-driven decision-making: Utilise data analytics and performance metrics to identify areas of inefficiency and waste and make evidence-based decisions to improve financial sustainability and operational performance.

Outcomes:

- A business case for data analytics has been approved.

Development of a health service financial sustainability plan in partnership with the Department with a goal to achieving long term health service safety and sustainability.

Status: In progress

Implement the financial recovery road map for Mercy Health Services.

Outcomes:

- MHVL Financial Improvement Management Plan was developed.

PERFORMANCE PRIORITIES

In 2023–24, Mercy Health continued to respond to increased demand. Mercy Health has outperformed in a number of key result areas this year. For those areas where we have not met targets, we will be focused on meeting them through our program of continuous improvement work.

*The outcomes reported below are reflective of published data available at the time of authoring.

Here, Werribee Mercy Hospital appears as (WMH) and Mercy Hospital for Women appears as (MHW).

High quality and safe care

Key performance measure	Target	Result	
Infection prevention and control			
Compliance with the Hand Hygiene Australia program	85%	85.3%	
Percentage of healthcare workers immunised for influenza	94%	96%	
Continuing care			
Functional independence gain from an episode of rehabilitation admission to discharge relative to length of stay	≥ 0.645	0.686	
Healthcare associated infections (HAI's)			
Rate of central line (catheter) associated blood stream infections (CLABSI) in intensive care units, per 1,000 central line days	Zero	0	
Rate of healthcare-associated <i>S. aureus</i> bloodstream infections per 10,000 bed days	≤ 0.7	0.3	
Patient experience			
Percentage of patients who reported positive experiences of their hospital stay – Quarter 1	95%	87.6%	
Percentage of patients who reported positive experiences of their hospital stay – Quarter 2	95%	83.2%	
Percentage of patients who reported positive experiences of their hospital stay – Quarter 3	95%	86.2%	
Maternity and newborn		MHW	WMH
Percentage of full-term babies (without congenital anomalies) who are considered in poor condition shortly after birth (APGAR score <7 to 5 minutes)	≤ 1.4%	1.3%	0.7%
Percentage of singleton babies with severe fetal growth restriction (FGR) delivered at 40 or more weeks gestation	≤ 28.6%	17.9%	17.9%
Aboriginal Health		MHW	WMH
Percentage of Aboriginal admitted patients who left against medical advice	25% reduction in gap	Not Achieved	
Percentage of Aboriginal emergency department presentations who did not wait to be seen	25% reduction in gap	Achieved	

Key performance measure	Target	Result
Mental Health		
Patient Experience		
Percentage of mental health consumers who rated their overall experience of care with a service in the last 3 months as positive	80%	61.9%
Percentage of mental health consumers reporting they 'usually' or 'always' felt safe using this service	90%	88.6%
Percentage of families/carers reporting a positive experience of the service	80%	29.4%
Percentage of families/carers who report they were 'always' or 'usually' felt their opinions as a carer were respected	90%	65.1%
Post-Discharge Follow-up		
Percentage of consumers followed up within 7 days of separation – Inpatient (adult)	88%	88.76%
Readmission		
Percentage of consumers re-admitted within 28 days of separation – Inpatient (adult)	< 14%	15%
Seclusion		
Rate of seclusion episodes per 1,000 occupied bed days – Inpatient (adult)	≤ 8	4
Unplanned Readmissions		
Unplanned readmissions to any hospital following a hip replacement procedure	≤ 6%	NA

Strong governance and leadership

Key performance measure	Target	Result
Organisational culture		
People matter survey – Percentage of staff with an overall positive response to safety culture survey questions	62%	Not Applicable

Timely access to care

Key Performance Measure	Target	Result	
Planned Surgery			
Percentage of urgency category 1 planned surgery patients admitted within 30 days	100%	100%	
Percentage of all planned surgery patients admitted within clinically recommended time	94%	66%	
Number of patients on the planned surgery waiting list	1,960	2,333	
Number of patients admitted from the planned surgery waiting list	5,738	5,250	
Number of patients (in addition to base) admitted from the planned surgery waiting list	1,040	0	
Percentage of patients on the waiting list who have waited longer than clinically recommended time for their respective triage category	5% or 15% proportional improvement from prior year	41.3%	
Number of hospital-initiated postponements per 100 scheduled elective surgery admissions	≤ 7	7.2	
Emergency Care		MHW	WMH
Percentage of patients transferred from ambulance to emergency department within 40 minutes	90%	98%	73%
Percentage of Triage Category 1 emergency patients seen immediately	100%		100%
Percentage of Triage Category 1 to 5 emergency patients seen within clinically recommended time	80%	83%	37%
Percentage of emergency patients with a length of stay in the emergency department of less than four hours	81%	74%	39%
Number of patients with a length of stay in the emergency department greater than 24 hours	0	0	278
Mental Health			
Percentage of mental health-related emergency department presentations with a length of stay of less than 4 hours	81%	20%	
Percentage of triage episodes requiring an urgent response (triage scale C) where a face-to-face response was provided by the mental health service within 8 hours	80%	16%	

Key Performance Measure	Target	Result
Specialist Clinics		
Percentage of urgent patients referred by a GP or external specialist who attended a first appointment within 30 days	100%	49%
Percentage of routine patients referred by GP or external specialist who attended a first appointment within 365 days	90%	94%
Home Based Care		
Percentage of admitted bed days delivered at home	Equal to or better than prior year result	10%
Percentage of admitted episodes delivered at least partly at home	Equal to or better than prior year result	5%

Effective financial management

Key performance indicator	Target	2023/24 Result (30 June actual result)
Operating result (\$m)	\$0.00	-\$1.72
Average number of days to pay trade creditors	60 days	48
Average number of days to receive patient fee debtors	60 days	128
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	0.56
Actual number of days available cash, measured on the last day of each month	14 days	31 days
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June	Variance \leq \$250,000	not achieved
Actual number of days available cash, measured on the last day of each month.	14 days	31 days

Note these results are based on Interim calculations from the June 2024 Victorian Health Services Performance Monitor unless able to be calculated from actual final financial data.

Activity funding

Funding Type	Activity / Actual
Consolidated Activity Funding	
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	74,635
Acute Admitted	
National Bowel Cancer Screening Program NWAU	8
Acute admitted DVA	43
Subacute/Non-Acute, Admitted and Non-admitted	
Subacute – DVA	5
Transition Care – Bed days	1482
Transition Care – Home days	375

ICT expenditure

The total ICT expenditure incurred during 2023-24 is \$11,205,466 (excluding GST) with the details shown below.

Business As Usual (BAU) ICT expenditure	Non-Business As Usual (non-BAU) ICT expenditure		
Total (excluding GST)	(Total=Operational expenditure and Capital Expenditure) (excluding GST)	Non Business As Usual Operational expenditure (excluding GST)	Non Business As Usual Capital expenditure (excluding GST)
\$9.729m	\$1.476m	\$0m	\$1.476m

Consultancies

Details of consultancies (under \$10,000)

In 2023/24, there was two consultancies where the total fees payable to the consultants were less than \$10,000. The total expenditure incurred during 2023/24 in relation to these consultancies is **\$14,197** (excl. GST).

Details of consultancies (valued at \$10,000 or greater)

In 2023/24, there were three consultancies where the total fees payable to the consultants were \$10,000 or greater. The total expenditure incurred during 2023/24 in relation to these consultancies is **\$45,141** (excl. GST).

Consultant	Purpose of consultancy	Start date	End date	Total approved project fee (excl. GST)	Expenditure for 2023/24 (excl. GST)	Future expenditure (excl. GST)
Karabena	Aboriginal Employment Plan	Sep-22	Jun-23	125,745	13,845	0
O'Connell Advisory	Medical Imaging Tender	Nov-22	Jul-23	56,432	17,256	2,133
Trakright	Maintenance Engineering Review	Jun-24	Jun-25	75,640	14,040	61,600

REPORTING PROCEDURES

Gender Equality Act 2020

While Mercy Health is not considered a defined entity for the purposes of the Act, Mercy Health has a longstanding commitment to gender equity and has voluntarily participated and been recognised as an Employer of Choice by the Workplace Gender Equality Agency (WGEA) (or its equivalent) since 2008.

In 2024, Mercy Health was the only large organisation in the Health and Social Assistance industry to hold a citation across Australia and looks forward to maintaining the citation in years to come. Our application to renew our citation was completed in 2024.

Mercy Health has a three-year Gender Equity Plan, based on the criteria set by WGEA, which sets annual targets aimed at addressing issues of equality. Women are well represented in management and senior roles and the mean gender pay gap between men and women has been trending down since 2019–20.

Mercy Health continues to work hard to improve gender equity through our attraction, development and engagement programs which focus on bringing female talent to our organisation, advancing women at all levels, and supporting women to develop.

Safe Patient Care Act 2015

Mercy Hospitals Victoria Ltd complies with the obligations under section 40 of the Safe Patient Care Act 2015. The hospital has no matters to report in relation to its obligations under section 40 of the Safe Patient Care Act 2015.

Car Parking

Mercy Hospitals Victoria Ltd complies with the Victorian Department of Health circular on car parking fees and details of car parking fees and concession benefits can be viewed at mercyhealth.com.au.

Public Interest Disclosures Act 2012

Mercy Hospitals Victoria Ltd (MHVL) is committed to the aims and objectives of the Public Interest Disclosures Act 2012 (Vic).

MHVL does not tolerate detrimental action being taken against any person in relation to the making of a public interest disclosure or any other 'whistleblower' disclosure protected by law.

MHVL has developed procedures for the protection of persons from detrimental action being taken against them by MHVL's officers and employees. These procedures include information about the welfare support MHVL will provide to a person who makes a disclosure.

The procedures are readily available to MHVL's officers and employees through Mercy Health's intranet. The procedure accessible to members of the public is available at <https://www.mercyhealth.com.au/legal/policy-information/whistleblowers/>. The Mercy Health website search function also points to the relevant procedure through the search terms of 'whistleblower', 'protected disclosure' and 'public interest disclosure'.

Additional information available on request

In compliance with the requirements of FRD 22 Standard Disclosures in the Report of Operations, details in respect of the items listed below have been retained by Mercy Hospitals Victoria Ltd (MHVL) and are available to the relevant Ministers, Members of Parliament, and the public on request (subject to the Freedom of Information requirements, if applicable):

- a statement of pecuniary interests of all relevant officers
- details of shares held by senior officers as nominee or held beneficially or in a statutory authority or subsidiary
- details of publications produced by MHVL about the activities of MHVL and how these can be obtained.
- details of changes in prices, fees, charges, rates, and levies charged by MHVL
- details of any major external reviews carried out on MHVL
- details of major research and development activities undertaken by MHVL
- details of overseas visits undertaken including a summary of the objectives and outcomes of each visit
- details of major promotional, public relations and marketing activities undertaken by MHVL to develop community awareness of MHVL and its services
- details of assessments and measures undertaken to improve the occupational health and safety of employees

- general statement on industrial relations within MHVL and details of time lost through industrial accidents and disputes
- a list of major committees sponsored by MHVL, the purposes of each committee and the extent to which those purposes have been achieved, and
- details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement.

Disclosures under the Public Interest Disclosures Act 2012

	2023–24	2022–23
	Quantity	Quantity
The number of disclosures made by an individual to the Department and notified to the Independent Broad-based Anti-corruption Commission	0	0
Assessable disclosures	0	0

Environmental performance

Mercy Health is guided by the Mercy Health Strategic Framework 2023 – 2027, which identifies ‘Leading in Sustainability and Agility’ as one of the five strategic commitments to achieve the organisation’s Mission, Vision and Strategic Direction. Specifically, reducing carbon emissions is referenced in the strategy.

Alongside the strategic framework, Mercy Health continues to uphold its Caring for People and Planet 2020–2025 strategy as the roadmap to achieving sustainable models of care, addressing climate change, and maintaining ethical and social responsibility.

The focus in financial year 2023-24 has been on continuous improvement in data collection and harnessing the passion for action exhibited by our network of Green Champions to drive sustainability and waste reduction initiatives across health services.

The Eden Suite Environmental Data Management System (EDMS) collects and tracks environmental data for reporting purposes. This data is analysed to determine trends and impacts of strategic waste reduction initiatives.

The Green Champions is a network of 60 passionate,

environmentally conscious clinical and non-clinical staff across six sites and more than 40 departments. Green Champions are supported in developing Local Action Plans to drive sustainability focused projects and initiatives in their wards or departments.

In 2023-24, the Green Champions introduced PVC recycling in two new wards, clear soft plastics recycling in a theatre department, and developed an approved protocol for recycling single use metal instruments in two departments.

Reporting boundary for environmental data

The environmental data presented in this report covers MHVL locations under operational control, specifically:

- Mercy Hospital for Women (MHW)
- Werribee Mercy Hospital (including Mercy Mental Health services located within Werribee Mercy Hospital) (WMH)
- Mercy Mental Health Community Care Unit
- Mercy Palliative Care
- O’Connell Family Centre

Mercy Mental Health services also operate from three leased sites: Saltwater Clinic, Prevention and Recovery Care (PARC) and Wyndham Clinic.

Saltwater Clinic is considered to be within the MHVL reporting boundary for environmental data, with electricity procurement and waste management within operational control. PARC and Wyndham Clinic operate from shared community health facilities, with utilities, general waste and recycling services and facility management outside of MHVL's operational control and therefore outside of the MHVL reporting boundary for environmental data. However, clinical waste activities at PARC and confidential paper recycling at Wyndham Clinic have been included in MHVL totals as the data is readily available. Corporate fleet data and air travel data associated with the operation of these sites are also included in MHVL totals.

Mercy Health began operating early parenting services at the newly built Woi-wurrung-yagila-wulumperi, Whittlesea Early Parenting Centre (WEPC) in December 2023, however a lease agreement has not yet been executed to bring MHVL onto the property lease. For this reason, WEPC is not considered to be within the MHVL reporting boundary. However, general waste and recycling data has been included in MHVL totals as the data is readily available.

Where appreciable variation in data exist between reporting years, contextual information regarding changes in service operation or data availability will be provided. Completeness of data sets for Werribee Mercy Hospital and Mercy Hospital for Women has been of particular focus as these are the most resource intensive sites within the MHVL reporting boundary.

Greenhouse gas emissions

Consistent with standard reporting conventions, MHVL reports its greenhouse gas emissions as Scopes 1, 2 and 3 emissions. Scope 1 refers to emissions directly emitted by organisationally owned or controlled assets into the local atmosphere, such as backup power diesel generators. Scope 2 refers to indirect emissions from purchased electricity provision, which are emitted at power stations across the National Electricity Market (NEM). These power stations are largely powered by fossil fuels. Scope 3 refers to all other indirect emissions that are not covered by Scopes 1 or 2. These emissions may be beyond the organisation's direct control and

result from the organisation's operations and supply chain, and include indicators such as waste generation and corporate air travel.

Scope 1 emissions increased by 3.3% from 4,355.9 tonnes CO₂e in 2022-23 to 4,502.0 tonnes CO₂e in 2023-24. Use of medical gases desflurane, sevoflurane and nitrous oxide increased, while refrigerant leakage remained similar to 2022-23. Changes to values reported in previous financial years arise from a revised apportionment arrangement in EDMS between Mercy Hospital for Women and Austin Health for natural gas use, as well as rounding errors in previous manual refrigerant leakage calculations.

Scope 2 emissions from electricity generation decreased by 3.6% from 9,862.4 tonnes CO₂e in to 9,503.1 tonnes CO₂e. Changes to values reported in previous financial years arise from a revised apportionment arrangement in EDMS between Mercy Hospital for Women and Austin Health.

Scope 3 emissions also decreased by 5.6% over this period from 4,664.3 tonnes CO₂e to 4,403.3 tonnes CO₂e. This was a result of indirect emissions from commercial air travel, waste disposal, stationary energy and transport decreasing by 1-8%. Reported values that have changed from previous annual reports arise from changes to waste data availability, and from changes to the natural gas apportionment arrangement in EDMS between Mercy Hospital for Women and Austin Health.

Net total greenhouse gas emissions reduced by 2.5% from 18,882.5 tonnes CO₂e to 18,408.4 tonnes CO₂e. This result is made more pleasing when taking MHVL's normalising factors into account – ED Departures, Full-Time Equivalent, Length of Stay, Occupied Bed Days and Separations all increased by 3-7% in the same period. While MHVL expanded its services, total CO₂e emissions decreased.

GREENHOUSE GAS EMISSIONS	Jul 23 to Jun 24	Jul 22 to Jun 23	Jul 21 to Jun 22
G1 Total scope one (direct) greenhouse gas emissions [tonnes CO2e]			
Carbon Dioxide	2,544.7	2,644.8	2,596.1
Methane	4.6	4.8	4.8
Nitrous Oxide	2.0	2.0	1.9
Total	2,551.3	2,651.7	2,602.8
GHG emissions from stationary fuel (F2 Scope 1) [tonnes CO2-e]	2,333.5	2,466.3	2,433.5
GHG emissions from vehicle fleet (T3 Scope 1) [tonnes CO2-e]	217.9	185.4	169.3
Medical/Refrigerant gases			
Desflurane	4.5	2.7	11.7
Nitrous oxide	1,871.1	1,627.7	2,770.8
Refrigerant – R134A (HFC-134A)	24.4	24.4	-
Refrigerant – R22 (HCFC-22)	4.5	4.5	-
Refrigerant – R32 (HFC-32)	0.2	0.2	-
Refrigerant – R404A (HFC-404A)	1.0	1.0	-
Refrigerant – R407C (blend R32/R125/R134a)	0.1	0.1	-
Refrigerant – R410A (HFC-410A)	21.8	21.5	-
Sevoflurane	23.1	22.2	21.5
G1 Total scope one (direct) greenhouse gas emissions [tonnes CO2e]	4,502.0	4,355.9	5,406.8
G2 Total scope two (indirect electricity) greenhouse gas emissions [tonnes CO2e]			
Electricity	9,503.1	9,862.4	10,403.6
G2 Total scope two (indirect electricity) greenhouse gas emissions [tonnes CO2e]	9,503.1	9,862.4	10,403.6
G3 Total scope three (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (tonnes CO2e)			
Commercial air travel	924.7	1,008.9	-
Waste emissions (WR5)	981.0	992.5	977.6
Indirect emissions from Stationary Energy	1,354.4	1,463.0	1,325.5
Indirect emissions from Transport Energy	980.0	1,055.7	9.0
Paper emissions	-	-	92.9
Any other Scope 3 emissions	163.2	144.1	144.1
G3 Total scope three greenhouse gas emissions [tonnes CO2e]	4,403.3	4,664.3	2,549.1
Net greenhouse gas emissions (tonnes CO2e)			
Gross greenhouse gas emissions (G1 + G2 + G3) [tonnes CO2e]	18,408.4	18,882.5	18,359.5
Any Reduction Measures Offsets purchased (EL4-related)	0.0	0	0
Any Offsets purchased	0.0	0	0
Net greenhouse gas emissions [tonnes CO2e]	18,408.4	18,882.5	18,359.5

Electricity use

Electricity use data is supplied directly to EDMS by the energy providers for upload on a monthly basis. Mercy Hospital for Women is an exception because the facility's metered electricity use is manually recorded by Austin Health staff. The manual recordings are then provided to Mercy Health at the end of the financial year. Changes to values reported in previous financial years arise from a revised apportionment arrangement in EDMS between Mercy Hospital for Women and Austin Health.

Due to the nature of billing cycles, estimate data was used for Werribee CCU and Saltwater Clinic for the final billing cycle.

There has been a slight increase in electricity use across MHVL, from 14,356.7 MWh in 2022-23 to 14,448.6 MWh in 2023-24.

There have been continued efforts to replace broken fluorescent lighting with LED equivalents at every opportunity across MHVL.

MHVL continues to draw all electricity requirements from the NEM electricity grid as it has not yet pursued onsite renewable electricity generation in any form. No additional electricity offsets have been purchased to offset continued reliance on fossil fuels. The organisation is therefore falling short of its commitment in the Caring for People and Planet strategy to "work towards...100 per cent renewable energy at all sites".

ELECTRICITY USE	Jul 23 to Jun 24	Jul 22 to Jun 23	Jul 21 to Jun 22
EL1 Total electricity consumption segmented by source [MWh]			
Purchased	14,448.6	14,356.7	14,246.7
Self-generated	0.0	0.0	0.0
EL1 Total electricity consumption [MWh]	14,448.6	14,356.7	14,246.7
EL2 On site-electricity generated [MWh] segmented by:			
Consumption behind-the-meter	0.0	0.0	0.0
Solar Electricity	0.0	0.0	0.0
Total Consumption behind-the-meter [MWh]	0.0	0.0	0.0
Exports	0.0	0.0	0.0
EL2 Total On site-electricity generated [MWh]	0.0	0.0	0.0
EL3 On-site installed generation capacity [kW converted to MW] segmented by:			
Diesel Generator	1.5	1.5	1.5
EL3 Total On-site installed generation capacity [MW]	1.5	1.5	1.5
EL4 Total electricity offsets segmented by offset type [MWh]			
RPP (Renewable Power Percentage in the grid)	2,716.3	2,699.1	2,648.5
EL4 Total electricity offsets [MWh]	2,716.3	2,699.1	2,648.5

Stationary energy

Heating and hot water systems are powered by natural gas at most MHVL sites. Natural gas use data is supplied directly to EDMS by the energy providers for upload on a monthly basis. Mercy Hospital for Women is an exception because the facility's reported use is based on a Delineation of Responsibilities agreement with Austin Health. Changes to values reported in previous financial years arise from a revised apportionment arrangement in EDMS between Mercy Hospital for Women and Austin Health.

Due to the nature of billing cycles, estimate data was used for Mercy Palliative Care, O'Connell Family Centre, Werribee Mercy Hospital and Werribee CCU for the final billing cycle.

Natural gas use is comparable to two years ago (approximately 77,000,000 MJ in 2023-24 to 76,000,000 MJ in 2021-22) indicating that the higher use reported in 2022-23 was an outlier. As discussed in the 2022-23 annual report, this high usage was largely attributable to Mercy Hospital for Women, but due to the apportionment arrangement with Austin Health it is difficult to understand the cause.

Diesel is used at Werribee Mercy Hospital for back-up power generation. Refuelling data is collected annually as a proxy for annual fuel usage. No diesel was purchased in 2023-24 due to the refuelling in 2022-23. Diesel fuel generators at Mercy Hospital for Women are not under operational control and are therefore not included in this data.

STATIONARY ENERGY	Jul 23 to Jun 24	Jul 22 to Jun 23	Jul 21 to Jun 22
F1 Total fuels used in buildings and machinery segmented by fuel type [MJ]			
Natural gas	45,283,658	47,756,202	47,225,552
Diesel	0	76,818	0
F1 Total fuels used in buildings [MJ]	45,283,658	47,833,020	47,225,552
F2 Greenhouse gas emissions from stationary fuel consumption segmented by fuel type [Tonnes CO2-e]			
Natural gas	2,333.5	2,460.9	2,433.5
Diesel	0.0	5.4	0.0
F2 Greenhouse gas emissions from stationary fuel consumption [Tonnes CO2-e]	2,333.5	2,466.3	2,433.5

Transportation

Transport data covers all of MHVL, including leased sites that are otherwise not considered part of the organisational boundary for environmental data.

Corporate fleet data is obtained annually from the organisation's fleet leasing partner. In 2023-24 the MHVL fleet used three fuel sources: petrol, petrol (E10), and diesel. The fleet increased from 98 passenger vehicles in 2022-23 to 103 passenger vehicles in 2023-24 due to further growth in Hospital in the Home services. The rise in the number of vehicles in the fleet has been accompanied by a rise in kilolitres of petrol used and greenhouse gas emissions. No efforts have yet been made to introduce plug-in hybrid or electric vehicles to the corporate fleet, which falls short of the Caring for People and Planet strategy step of "reviewing the hospital car fleet".

Air travel was again captured manually for 2023-24 due to an absence of a centralised travel booking system, however an improvement in the process has ensured

that all approved continuing medical education (CME) claims containing flight travel are captured. Staff groups which were most likely to travel by air were identified to be senior medical staff travelling for CME purposes, and staff in senior leadership and executive roles. CME air travel was extracted from approved claims in the CME claim portal. Assistance in obtaining information about air travel by senior leaders and executive was sought from administrative support staff. Approximately 2.5 million kilometres were travelled on commercial flights, where 99% arose from CME. The reported figure is very similar to 2022-23 data in both number of kilometres travelled and proportion of CME.

MHVL recognises the health and environmental benefits of active travel to and from work by staff. Werribee Mercy Hospital and Mercy Hospital for Women both offer secure bike parking, end-of-trip facilities and a membership discount to Bicycle Network. In October 2023, participation in National Ride2Work day was encouraged.

TRANSPORT ENERGY	Jul 23 to Jun 24	Jul 22 to Jun 23	Jul 21 to Jun 22
T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type [MJ]			
Petrol	3,121,095	2,594,073	2,396,736
Petrol (E10)	5,309	35,766	0
Diesel	92,246	110,797	102,298
T1 Total energy used in transportation (vehicle fleet) [MJ]	3,218,650	2,740,637	2,499,034
T2 Number and proportion of vehicles in the organisational boundary segmented by engine/fuel type and vehicle category			
Road vehicles	108 (100%)	9 (100%)	79 (100%)
T2 Passenger vehicles	108 (100%)	98 (100%)	79 (100%)
Petrol	103 (95%)	89 (91%)	78 (99%)
E10	3 (3%)	8 (8%)	0 (0%)
Diesel	2 (2%)	1 (1%)	1 (1%)
T2 Internal combustion engine	108 (100%)	98 (100%)	79 (100%)
T2 Hybrid (independently charged)	0 (0%)	0 (0%)	0 (0%)
T2 Electric propulsion	0 (0%)	0 (0%)	0 (0%)
T3 Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type [tonnes CO2-e]			
Petrol	211	175	162
Petrol (E10)	0.3	2	0
Diesel	7	8	7
T3 Total Greenhouse gas emissions from transportation (vehicle fleet) [tonnes CO2-e]	218	185	169
T4 Total distance travelled by commercial air travel (passenger km travelled for business purposes by entity staff on commercial or charter aircraft)			
T4 Total distance travelled by commercial air travel	2,582,285	2,568,746	-

Total energy use

MHVL’s total energy use decreased by 4% in 2023-24 compared to 2022-23. While total energy use from transport increased, this was offset by a larger decrease in stationary fuel use. Total energy use from electricity

increased to its highest value in three years. Renewable energy sources listed in E3 arise from the renewable portion of ethanol in E10 fuel and the renewable power percent (RPP) of the National Electricity Market. Energy use when normalised to LOS, separations and floor area all decreased from the previous financial year.

TOTAL ENERGY USE	Jul 23 to Jun 24	Jul 22 to Jun 23	Jul 21 to Jun 22
E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) [MJ]			
Total energy usage from stationary fuels (F1) [MJ]	45,283,658	47,833,020	47,225,552
Total energy usage from transport (T1) [MJ]	3,218,650	2,740,637	2,499,034
Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) [MJ]	48,502,308	50,573,657	49,724,586
E2 Total energy usage from electricity [MJ]			
E2 Total energy usage from electricity [MJ]	52,014,793	51,684,093	51,288,011
E3 Total energy usage segmented by renewable and non-renewable sources [MJ]			
Renewable	9,779,312	9,720,186	9,534,441
Non-renewable (E1 + E2 – E3 Renewable)	90,737,789	92,537,564	91,478,156
E4 Units of Stationary Energy used normalised: (F1+E2)/normaliser			
Energy per unit of LOS [MJ/LOS]	504	550	568
Energy per unit of Separations [MJ/Separations]	1,525	1,638	1,649
Energy per unit of floor space [MJ/m2]	1,769	1,810	1,879

Sustainable buildings and infrastructure

2023-24 saw the demolition of an old building block at Werribee Mercy Hospital to make way for the new Emergency Department. Construction works will begin in 2024-25, and once completed any sustainable design features will be disclosed in future reports.

Steps were taken this year to revise Mercy Hospital for Women’s NABERS Energy rating for 2023-24. In previous years an Energy rating of 0 was reported due to an incorrect apportionment of electricity and gas use in EDMS. Actual energy use data for Mercy Hospital for Women was sourced with help from representatives at Austin Health, which was passed onto VHBA to revise the NABERS rating.

Site	NABERS Energy star rating 2023-24	NABERS Water star rating 2023-24
Mercy Hospital for Women	3.5	4.0
Werribee Mercy Hospital	5.5	5.0
O’Connell Family Centre	4.5	6.0

Water use

Potable water data is supplied directly to EDMS by the water provider for upload every two months. Due to nature of the billing cycles, estimate data was required for the final billing cycles of 2023-24 for Mercy Palliative Care, O'Connell Family Centre, Werribee Mercy Hospital and Werribee CCU. For the same reason, reported water consumption for 2022-23 and 2021-22 differs from previous annual reports.

Total units of potable water consumed increased by 14% (approximately 10,000kL) from 2022-23 to

2023-24. There has been a marked decrease of 53% in alternate supply consumption (Class A Recycled Water) from previous years, which is only consumed at Werribee Mercy Hospital. Class A Recycled Water invoices between December 2023 and June 2024 could not be sourced, so use during that period has not been reported.

Normalised water consumption has only slightly increased when normalised against LOS, Separations and floor space.

WATER USE	Jul 23 to Jun 24	Jul 22 to Jun 23	Jul 21 to Jun 22
W1 Total units of metered water consumed by water source (kl)			
Potable water [kL]	96,828.0	85,091.2	76,693.0
Alternate supply consumption [kL]	1,317.0	2,812.0	2,822.0
W1 Total units of water consumed [kl]	98,145.0	87,903.2	79,515.0
W2 Units of metered water consumed normalised by FTE, headcount, floor area, or other entity or sector specific quantity			
Water per unit of LOS [kL/LOS]	0.51	0.49	0.46
Water per unit of Separations [kL/Separations]	1.54	1.45	1.33
Water per unit of floor space [kL/m2]	1.78	1.60	1.52

Waste and recycling

Waste and recycling data is collected directly from waste providers through various data collection arrangements – most waste reports are collected on a monthly basis, while others are collected on a quarterly or ad hoc basis.

There has been a modest increase of 0.8% to the recycling rate from the previous year (19.9% in 2022-23 to 20.7% in 2023-24), a direct result of continued efforts across MHVL to divert recyclables from landfill. These efforts arise from a dedicated Green Champions program designed to empower staff to undertake waste diversion initiatives across their wards or departments, and from projects overseen by the Health Services Sustainability Committee. Three key Green Champion initiatives have led to single use metal instrument diversion from the clinical waste stream at Mercy Hospital for Women; increased participation in a clinical product collection and remanufacturing service at Mercy Hospital for Women and Werribee Mercy Hospital, newly reported under the Other recycling

activity; and clear soft plastics recycling at Mercy Hospital for Women.

2023-24 was the first financial year the centralised recycling stations were fully operational at Werribee Mercy Hospital and Mercy Hospital for Women. The recycling stations were installed to offer staff an accessible way to recycle hard to recycle items. Battery and e-waste recycling increased by over 60% and 80% by weight respectively from 2022-23 figures which can be partly attributed to the availability of these recycling stations. Blister pack recycling is a new recycling stream to MHVL reporting, with a total of 56kg collected (approximately 37,200 blister packs). The recycling stations also allowed staff to recycle approximately 80kg of aluminium coffee pods, contributing to the Other recycling activity figure.

To make way for upcoming construction of the new Emergency Department at Werribee Mercy Hospital, two existing building blocks were decanted in October 2023, for demolition in early 2024. The decant project sparked a 'Spring Clean' of the entire hospital campus,

leading to large increases in e-waste and metals recycling. However, the demolition also required a revision of the toner cartridge recycling process, resulting in a decrease in toner cartridges collections. The new process has been in progress for some months, and with further planned improvements MHVL should see a return to values in previous years.

General waste, commingled recycling, paper recycling and soft plastics recycling services at Mercy Hospital for Women are shared with the Austin hospital as both hospitals are co-located. Mercy Health has been advised by Austin Health that almost all commingled recycling from the site is being disposed of in landfill due to unacceptable levels of contamination. Mercy Health has aligned itself with Austin Health by reporting

commingled recycling weights from the health service under the General waste activity in EDMS for 2023-24, resulting in a lower than anticipated commingled recycling rate.

PVC recycling increased again from the previous year (538.0kg in 2022-2023 to 564.0kg in 2023-24), a direct result from efforts by Green Champions to continue diverting PVC from general waste bins.

There has been an increase in confidential paper recycling across MHVL (81,926.8 kg in 2022-23 to 89,565.7kg in 2023-24). While this could be seen in a positive light, it may hint at higher rates of document printing across the health service.

WASTE AND RECYCLING	Jul 23 to Jun 24	Jul 22 to Jun 23	Jul 21 to Jun 22
WR1 Total units of waste disposed of by waste stream and disposal method [kg]			
Landfill (total)			
General waste – bins	202,432.4	194,057.8	189,827.2
General waste – compactors	351,460.0	336,930.0	304,990.0
General waste – skips	26,639.1	38,000.0	44,600.0
Offsite treatment			
Clinical waste – incinerated	7,279.8	6,344.3	6,024.0
Clinical waste – sharps	3,940.1	4,986.3	3,382.2
Clinical waste – treated	165,236.2	185,186.5	205,148.9
Recycling/recovery (disposal)			
Batteries	640.9	392.0	172.8
Blister Packs	56.0	0.0	0.0
Commingled	6,198.6	7,993.8	5,464.8
E-waste	3,634.8	1,909.0	935.6
Fluorescent tubes	95.0	104.7	164.2
Grease traps	7,048.4	5,047.5	3,277.5
Metals	1,071.0	0.0	0.0
Organics (food)	0.0	0.0	1,330.0
Other recycling	826.8	0.0	0.0
Packaging plastics/films	117.0	0.0	0.0
Paper (confidential)	89,565.7	81,926.8	62,311.2
Paper (recycling)	87,185.0	91,939.0	64,247.3
PVC	564.0	538.0	535.0
Toner & print cartridges	395.8	561.7	461.4
WR1 Total units of waste disposed [kg]	954,386.4	955,917.3	892,872.0

WR1 Total units of waste disposed of by waste stream and disposal method [%]			
Landfill (total)			
General waste	60.83%	59.52%	60.41%
Offsite treatment			
Clinical waste – incinerated	0.76%	0.66%	0.67%
Clinical waste – sharps	0.41%	0.52%	0.38%
Clinical waste – treated	17.31%	19.37%	22.98%
Recycling/recovery (disposal)			
Batteries	0.07%	0.04%	0.02%
Blister Packs	0.01%	0.00%	0.00%
Commingled	0.65%	0.84%	0.61%
E-waste	0.38%	0.20%	0.10%
Fluorescent tubes	0.01%	0.01%	0.02%
Grease traps	0.74%	0.53%	0.37%
Metals	0.11%	0.00%	0.00%
Organics (food)	0.00%	0.00%	0.15%
Other recycling	0.09%	0.00%	0.00%
Packaging plastics/films	0.01%	0.00%	0.00%
Paper (confidential)	9.38%	8.57%	6.98%
Paper (recycling)	9.14%	9.62%	7.20%
PVC	0.06%	0.06%	0.06%
Toner & print cartridges	0.04%	0.06%	0.05%
WR2 Percentage of office sites covered by dedicated collection services for each waste stream	N/A		
WR3 Total units of waste disposed normalised by FTE, headcount, floor area, or other entity or sector specific quantity, by disposal method			
Total waste to landfill per patient treated [(kg general waste)/PPT]	1.8	1.8	1.8
Total waste to offsite treatment per patient treated [(kg offsite treatment)/PPT]	0.5	0.6	0.7
Total waste recycled and reused per patient treated [(kg recycled and reused)/PPT]	0.6	0.6	0.5
WR4 Recycling rate [%]			
Weight of recyclable and organic materials [kg]	197,398.9	190,412.5	138,899.8
Weight of total waste [kg]	954,386.4	955,917.3	892,872.0
WR4 Recycling rate [%]	20.7%	19.9%	15.6%
WR5 Greenhouse gas emissions associated with waste disposal [tonnes CO2-e]			
tonnes CO2-e	981.0	992.5	977.6

Carers Recognition Act 2012

Mercy Hospitals Victoria Ltd (MVHL) recognises, promotes, and values the role of carers. The main purposes of the Carers Recognition Act 2012 are to:

- recognise, promote, and value the role of people in care relationships
- recognise the different needs of people in care relationships
- support and acknowledge the benefits care relationships bring to the people in the care relationship and to the community
- enact care relationship principles to promote understanding of the significance of care relationships.

MHVL takes all practical measures to comply with its obligations under the Act, including:

- Promoting the principles of the Act to people in care relationships who receive our services and to the wider community. For example:
 - Support groups and information sessions for bereaved carers run by the Mercy Palliative Care program
 - Employed mental health care consultant and carer peer workers
 - Regular mental health carer support sessions
 - Promotion of and adherence to the Charter of Healthcare Rights.
- Ensuring that our staff have awareness and understanding of the care relationship principles set out in the Act. For example:
 - Induction and training programs offered by the organisation include discussion of the principles of the Act
 - Person-centred care initiatives include engagement of carers in documentation and training
 - REACH escalation program is in place to support carers to address care issues
 - Mental health staff training includes carer participation training.
- Consideration of the carer relationship principles set out in the Act when setting policies and providing services. For example:
 - Flexible working arrangements including leave provisions for employees who are in care relationships is documented in specific policies and procedures

- Our employees and people in care relationships have access to our Employee Assistance Program
- MVHL references the Carer Recognition Act 2012 in its policy and procedure documents.
- Patient experience surveys used by the organisation measures carer recognition, involvement and support in care and decision-making.

Building Act 1993

Mercy Hospitals Victoria Ltd (MHVL) ensures buildings, plant, and equipment that it owns and leases, are maintained in accordance with the requirements of all relevant statutory authorities. All new building works performed by or on behalf of MHVL comply with current requirements of the Building Code of Australia and other applicable Australian standards, statutory authorities, and codes of practice.

Freedom of information

The Freedom of Information Act 1982 (Vic) (the Act) allows the public a right of access to documents held by Mercy Hospitals Victoria Ltd.

During 2023–24 Mercy Health Victoria Limited (MHVL) received 816 Freedom of Information (FOI) applications from the general public. There were no requests made from Members of Parliament or the media. Of these requests received:

- access was granted in full to 583 requests
- access was granted in part to 95
- access denied in full to one
- 14 applications were withdrawn
- one was transferred to another agency
- 58 had no documents
- 53 had not yet been finalised as of 30 June 2024.

There were 596 decisions made within statutory period of 30 days. Of the decisions made outside the statutory period:

- 80 were within 45 days with mandatory extensions applied
- 38 decisions exceeded 45 days after mandatory extensions had been applied or extensions were agreed upon by the applicant
- on average decisions were made 16 days after the request was deemed valid.

During 2023–24 three requests were subject to a

complaint/internal review by Office of the Victorian Information Commissioner (OVIC). One request has progressed to the Victorian Civil and Administrative Tribunal (VCAT).

Making a request

Access to documents may be obtained through written request to the Freedom of Information (FOI) Manager, as detailed in section 17 of the Act. In summary, the requirements for making a request of MHVL are:

- the application should be made in writing
- the application should identify as clearly as possible which type of document is being requested
- the application should be accompanied by the appropriate application fee of \$31.80 (as of 30 June 2024). The fee may be waived in upon request.

FOI fact sheets and an access request form are available on the 'Access your information' section of the Mercy Health website at mercyhealth.com.au. Requests for documents in possession of MHVL should be addressed to the relevant facility/service:

Mercy Hospital for Women/Mercy Health O'Connell Family Centre/Whittlesea Early Parenting Centre

Freedom of Information Officer
Health Information Services
163 Studley Rd Heidelberg Vic 3084

Werribee Mercy Hospital

Freedom of Information Officer
Health Information Services
300 Princes Hwy Werribee Vic 3030

Mercy Mental Health

Freedom of Information Officer
PO Box 2083 Footscray Vic 3011

Mercy Hospitals Victoria Ltd

Freedom of Information Officer
Level 2, 12 Shelley St Richmond Vic 3121

Access charges may also apply once documents have been processed and a decision on access is made; for example, photocopying and search and retrieval charges.

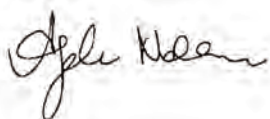
If an applicant is not satisfied with a decision made by MHVL, they have the right to seek a review, under section 49A of the Act, by the OVIC within 28 days of receiving a decision letter.

Further information regarding the operation and scope of FOI can be obtained from the Act, regulations made under the Act, and at ovic.vic.gov.au.

ATTESTATIONS

Integrity, fraud and corruption

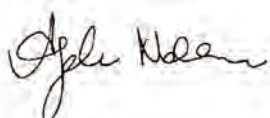
I, Angela Nolan, certify that Mercy Hospitals Victoria Ltd has put in place appropriate internal controls and processes to ensure that Integrity, fraud, and corruption risks have been reviewed and addressed at Mercy Hospitals Victoria Ltd during the year.



Angela Nolan
Accountable Officer
13 August 2024

Conflict of interest

I, Angela Nolan, certify Mercy Hospitals Victoria Ltd that has put in place appropriate internal controls and processes to ensure that it has complied with the requirements of hospital circular 07/2017 Compliance reporting in health portfolio entities (Revised) and has implemented a 'Conflict of Interest' policy consistent with the minimum accountabilities required by the VPSC. Declaration of private interest forms have been completed by all executive staff within Mercy Hospitals Victoria Ltd and members of the board, and all declared conflicts have been addressed and are being managed. Conflict of interest is a standard agenda item for declaration and documenting at each executive board meeting.



Angela Nolan
Accountable Officer
13 August 2024

Data integrity

I, Angela Nolan, certify that Mercy Hospitals Victoria Ltd has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. Mercy Hospitals Victoria Ltd has critically reviewed these controls and processes during the year.



Angela Nolan
Accountable Officer
13 August 2024

DISCLOSURE INDEX

The Mercy Hospitals Victoria Ltd Report of Operations is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of the Department's compliance with statutory disclosure requirements.

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YEAR IN REVIEW



Early Parenting Centres

Woi Wurrung Yagila Wulumperi Whittlesea Early Parenting Centre (WEPC) opened on Monday 27 November 2023.

The name of the centre in Woi-wurrung Language by Wurundjeri Elder Aunty Doreen Garvey Wandin Woi-wurrung-yagila-wulumperi in English is 'To Learn Good Health Learning is knowledge and caring- Health is normally a good condition of someone's body'.

WEPC is part of the Victorian Government \$163 million investment to expand Victoria's Early Parenting Centres (EPC's) network and is one of nine new centres being built across the state. EPCs are a free primary health service. They provide specialist support for Victorian families with children from birth and up to four years.

First Nations artist, Tommy Day was commissioned to install artwork throughout WEPC and his art first welcomes families at the front door before taking them on a journey through the building. Even though the artwork is incomplete, it has already contributed to the building feel safe, warm, welcoming and fun.

EPC's deliver flexible, targeted services that aim to enhance the parent-child relationship. They also support parents with strategies to achieve their parenting goals such as:

- sleep and settling
- child behaviour
- parent and child health and wellbeing.





WEPC is funded to provide:

- a residential program over three to four nights, which is a centre-based intensive early parenting program with a target of 500 families per year
- centre-based day programs with a target of 500 families per year
- home-based care which is intended to be flexible and provide additional support to families to work towards their identified goals. This may be provided as a standalone service, or in conjunction with a mix of residential or day programs. WEPC target is 38 (four hours each target).

WEPC is staffed by a multidisciplinary workforce, which comprises administration, early parenting practitioners, maternal and child health nurses, midwives, nurses, and also includes a psychologist and psychiatrist.

Community Hub name

In accordance with government approved naming conventions, WEPC is called the Woi-wurrung-yagila-wulumperi Whittlesea Early Parenting Centre so that the Aboriginal name is followed by the English name. As part of the broader EPC network, the WEPC could not specifically reference Mercy Health, however Mercy Health's logo is displayed on signage.

In the WEPC front-of-house building in the administration area, there is a large multipurpose space that has been designed for community use. Approval was sought by the Mercy Ministry Companions and Mercy Health Board to name this space The Mercy and Family Care Sisters Community Hub. This name reflects the long history and work of the Family Care Sisters in support of families with young children (since 1930), as well as the continuation of that work by Mercy Health (since 2008 at the Mercy Health O'Connell Family Centre in Canterbury).





Werribee Mercy Hospital

Werribee Mercy Hospital Endoscopy – Rapid Access Hub

The Werribee Mercy Hospital Endoscopy Rapid Access Hub (RAH) is a partnership that commenced services in April 2023 and is supported by the Department of Health (DH) and West Metro Health Service Partnership (WMHSP). The Werribee Mercy Hospital Endoscopy RAH exemplifies the spirit of collaborative healthcare delivery, unified by a shared vision and dedication to patient-centred care. The collaboration transformed an unused former operating theatre suite into a RAH, with the goal of delivering high-quality endoscopy services to patients from across the Western Metropolitan region of Melbourne.

In the 2022–23, the RAH treated 656 patients. In 2023–24, across the five partnering health services, a total of 2,984 patients have been treated. This is a significant milestone in improving healthcare accessibility and efficiency that benefits both Werribee Mercy Hospital patients and patients from our partner health services, demonstrating the wide-reaching impact of our collaborative efforts.

Wait times were reduced for patients needing essential diagnostic and interventional procedures. This timely access to care that is provided by Werribee Mercy

Hospital Endoscopy RAH is vital for:

- diagnosing colorectal cancer because a colonoscopy can detect and remove pre-cancerous polyps, preventing the progression to advanced stages of disease which require surgery and treatment (a wait time that may otherwise take six months or longer)
- managing cases of inflammatory bowel disease
- promptly addressing uncomfortable gastrointestinal symptoms like diarrhoea.

The increased productivity for patients in receipt of this accelerated care has enabled them to resume active participation in personal, social and community activities.

Werribee Mercy Hospital Endoscopy RAH patient Natasha's (name changed for privacy) potential two-month wait was reduced to less than a week when her procedure was fast-tracked. Natasha said the fast turnaround on her colonoscopy procedure brought her peace of mind. 'I would recommend (treatment via the Werribee Mercy Hospital Endoscopy RAH) because the treatment is the same, but it removes the stress of waiting. It's also nice knowing the doctors travel as well.'

Moreover, elective surgery waitlists at Werribee Mercy Hospital and other partner health services have also

been reduced, strengthening the overall Victorian healthcare system by optimising resource allocation, and improving patient outcomes. Natasha's story, alongside data demonstrating improved patient outcomes and reduced waiting times, serves as compelling evidence of the partnership's efficacy and success in achieving its objectives.

The scope of the Werribee Mercy Hospital Endoscopy RAH expanded to include day-surgery urology for paediatrics, further enhancing Werribee Mercy Hospital's reputation for quality paediatric care whilst also attracting skilled staff to work at the hospital. This additional partnership enables surgeons from Royal Children's Hospital (RCH) to deliver day-surgery urology procedures for Wyndham children. As part of the COVID-19 Catch-Up Plan, 72 paediatric urology services were performed at Werribee Mercy Hospital Endoscopy RAH this year. This initiative has fostered a self-sustaining partnership between Werribee Mercy Hospital and RCH, allowing for future direct referrals to their combined waitlist for paediatric urology patients.

Further benefits of the Werribee Mercy Hospital Endoscopy RAH include:

- inter-hospital collaboration
- expanding same-day models of care

- sharing of scarce Anaesthetic Specialist resource to optimise regional service delivery
- inter-hospital connectivity of data and intelligence infrastructure to support inter-hospital communication and secure file transfer protocols for sharing sensitive health information
- integration of diagnostic/pathology results direct to patients domiciled health service and lead proceduralist, either via pathology provider results portal, or direct upload into EPIC EMR for Parkville precinct hospitals
- established networks and infrastructure as a foundation for future collaborations and expansion into broader scopes of practice.

The transition from theatre-based care to a purpose-renovated endoscopy facility, which was initially partially staffed by specialised endoscopy nurses, has bolstered the unit's skills mix and capabilities. This development has led to significant improvements in clinical efficiency and patient safety. The Werribee Mercy Hospital Endoscopy RAH exemplifies the power of collaborative healthcare and showcases a partnership model that delivers a well-connected healthcare system and better healthcare outcomes for Victorians.

Mercy Mental Health and Wellbeing Service Reducing Restrictive Interventions Collaborative (RRI)

Mercy Mental Health and Wellbeing Service (MMH&WS) was excited to collaborate with Safer Care Victoria (SCV) on the Reducing Restrictive Interventions Collaborative (RRI Collaborative). The objective was to train healthcare staff to develop initiatives supporting a 20% reduction in restrictive practices, including seclusion, by April 2024.

Seclusion is defined as the sole confinement of a person to a room or other enclosed space from which it is not within the control of the person confined to leave.

Using improvement science, and the implementation of strategies such as the Infant, Child and Adolescent (ICA) group programs, RRI Huddles, and ICA environmental changes, MMH&WS successfully reduced episodes of seclusion for mental health consumers by 66%, while reducing the number of consumers exposed to seclusion by 50%. Exposure to mechanical restraints also decreased by 35%.

Mercy Palliative Care Urgent Need Identification and Team Evaluation Program

Mercy Palliative Care (MPC) is a community palliative care service based in Melbourne's Western Metropolitan region, covering seven local government areas. MPC's multidisciplinary team, available 24/7, cares for 600 patients at any given time, receives 2,220 referrals annually, and manages 120 deaths per month. MPC's Urgent Need Identification and Team Evaluation (UNITE) program addresses urgent and complex patient needs identified during daily multidisciplinary meetings within 24 hours. A multidisciplinary team of senior clinicians provides home visits to manage symptoms, support carers, and ensure necessary equipment is available, enabling patients to remain at home for end-of-life care.

The UNITE Program reviewed a total of 265 patients in 2023–24.

Notable outcomes are outlined below:

- improved response to complex pain in patients in the unstable and deteriorating phase
- improved response to complex symptom management
- improved response to complex family dynamics
- enhanced multidisciplinary team communication and approach to patient goals of care
- 90% of UNITE patients were seen within 24 hours.
- 84% of UNITE patients died in their preferred place of choice.

Mercy Palliative Care celebrates 40 years

On 6 June 2024 over 50 esteemed past and present leaders, staff, volunteers, and donors gathered at The Pavilion, Werribee Mansion to acknowledge the achievements of 40 years of Mercy Palliative Care (MPC).

Sister of Mercy and first Mercy Hospice Director, Sister Margaret Ryan as well as local parish priest, Father O'Reilly opened proceedings. Mercy Health Group Chief Executive Officer Angela Nolan, honoured the important work of the team, thanking both former and current staff.

'Thank you for your deep understanding about the meaning of life. For your presence. For your unwavering commitment to being with our patients in their living and in their dying. For easing their pain, for helping them find meaning at the end of their lives, for being a hopeful presence to friends and family,' Angela said.



MPC began as a small community service of 20 volunteers, today it comprises 37 nurses, seven doctors, 17 after hours staff and numerous volunteers. The multidisciplinary specialist palliative care team of doctors, nurses, social workers, grief and bereavement counsellors and volunteers, provide a range of services supporting patients and their families. Of note, the 24-hour visiting service offers in-person medical support from a Registered Nurse and Palliative Care Physician and is the only service of its kind in Victoria.

Mercy Health is proud of this tremendous achievement and continues our commitment to providing a high-quality palliative care service to patients and families.



Mercy Hospital for Women

Advancing Models of Care for women and babies

Homebirth

In 2023, Mercy Hospital for Women was successful in obtaining a Department of Health (DH) grant to establish a publicly funded Homebirth Model of Care.

Research shows that women receiving care through continuity of care models have improved outcomes and higher satisfaction ratings. Expanding the existing Midwifery Group Practice, continuity of care model at Mercy Hospital for Women was deemed the best fit for a home birth program.

A multidisciplinary steering group was formed to provide project governance and determine clinical processes. The steering group worked collaboratively with a range of departments and clinicians to develop a

robust clinical guideline, to set up the support systems and processes, and procure the appropriate equipment for the program.

The program will support women wishing to birth at home who have uncomplicated pregnancies and live within 30 minutes' drive of the hospital. Midwives are currently working in the program to undertake shadowing shifts with homebirth midwives at Joan Kirner hospital. Following this, these staff will participate in scenario simulation training sessions with Ambulance Victoria.

Several women wishing to birth at home are currently receiving antenatal care with the first homebirth planned for November 2024. Gradual expansion of the program to include approximately 60 women will occur across 2025.

Neonatal Hospital in the Home – Phototherapy at Home for babies with jaundice

The Neonatal Phototherapy at Home Program was launched in June 2024. The program was developed at Mercy Hospital for Women to facilitate treatment of jaundice in babies at home rather than through readmission to hospital. It is funded through the DH Better at Home grant and is a collaboration between Neonatal Services and Mercy at Home teams.

The aim of this program is to provide safe and evidenced-based care, while keeping babies and their primary caregivers together and at home. The program has set criteria for babies and families to be eligible, includes training for staff to educate families, plus has dedicated equipment for the treatment and monitoring of babies.

Neonatal Nursery Family Hub

In December 2023, Mercy Hospital for Women celebrated the opening of the Neonatal Services Parent Hub with key benefactor, Stephen Mitchell in attendance at the launch. The Parent Hub was redesigned and developed with support of The Mercy Health Foundation through a generous donation from Mr Mitchell and team at Oak Capital.

Mr Mitchell is a past parent of the Special Care Nursery where his son spent many weeks a number of years ago. He shared his personal experience, touching on the trauma families face when their infant is admitted to the Neonatal Intensive Care Unit (NICU).

Mr Mitchell acknowledged the incredible team of doctors who helped them on their journey and despite all the ups and downs, he said the Mercy NICU felt safe and like home.

The Parent Hub is the vision of Mr Mitchell and his team, who wanted to provide a quiet place for parents to take a break. It comprises a lounge area with kitchenette, an outside play area and several rooms for parents to stay overnight as they prepare for discharge.

The design of the Parent Hub feels homely and provides a spacious, calm, light-filled area for parents to treat as their own, away from the clinical surrounds of the Special Care Nursery.







Mercy Health

Care first



Mercy Health

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Mercy Health acknowledges Aboriginal and Torres Strait Islander Peoples as the First Australians. We acknowledge the diversity of Indigenous Australia. We respectfully recognise Elders past, present and emerging. This report was produced on Wurundjeri Country.