

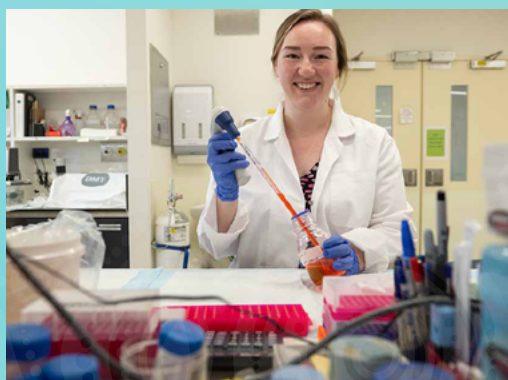


Mercy Health

Care first

MERCY HOSPITALS VICTORIA LTD

REPORT OF OPERATIONS 2024/2025





CONTENTS

Welcome	4
Introduction	6
Financial Commentary	7
Mercy Hospitals Victoria Limited.....	9
Our Services.....	10
Mercy Health Strategic Framework 2023 – 2027.....	11
Our Strategic Commitments	12
Organisational Structure.....	15
Governance	16
Board	17
Executive	23
Health Services Leadership Team.....	24
Workforce Data	25
Part A: Statement of Priorities	27
Performance of Priorities.....	36
Reporting Procedures.....	39
Environmental Performance	43
Attestations.....	51
Disclosure Index.....	52
Year In Review	54

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 and present. This report was produced on Wurundjeri Country.

Welcome

Welcome to the Mercy Hospitals Victoria Ltd (MHVL) Report of Operations 2024-25.

It is with great pride and purpose that we present the Report of Operations for MHVL for the financial year ending 30 June 2025. This report reflects a year of significant progress, transformation, and unwavering commitment to our mission of delivering compassionate care to the people of Victoria.

At the heart of Mercy Health lies the enduring legacy of Catherine McAuley, founder of the Sisters of Mercy, whose vision of justice, mercy, and compassion continues to guide our work, now under the stewardship of Mercy Ministry Companions. Our belief in the dignity of every person and the importance of caring for those most vulnerable is embedded in everything we do.

Today, Mercy Health is a dynamic and growing organisation that supports individuals and families through every stage of life. Our services span acute and subacute hospital care, aged care, mental health programs, maternity and specialist women's and newborns' health services, early parenting support, home care, and health worker education and development. This breadth of care reflects our holistic approach to health and wellbeing, ensuring that no matter the need, we are ready to respond with empathy and expertise.

Mercy Health, like many other health services, remains under significant pressure to meet the increasing demand for care in our community. The financial pressures on all health services remain high, which is why Mercy Health has established an improvement system - a way of working that is focused on high-quality care and increasing the value we add to those we serve. This approach is central to enabling long-term financial sustainability.

Our 2023-2027 Strategic Framework sets a bold and ambitious course for the future. We are focused on expanding access to our services, particularly in areas of high demand and unmet need. We continue to lead in women's and perinatal health, developing innovative models of care that respond to the evolving needs of families.

We are also advancing service excellence in palliative care and in support of vulnerable populations, ensuring that our care is not only clinically outstanding but also respectful and inclusive.

This vision is not just about growth – it is about transformation. It is about reimagining how we deliver care, how we support our workforce, and how we remain true to our values in a rapidly changing health landscape.

We extend our sincere thanks to the State Government of Victoria for its continued support and investment in our services. We are grateful to our many partners – across health, community, and government sectors – whose collaboration enables us to deliver care that is integrated and responsive.

Most importantly, we thank the Victorians and their families who place their trust in us. Your confidence in Mercy Health is both humbling and motivating, and we are honoured to walk alongside you in your health journey.

We also acknowledge the thousands of dedicated individuals who come to work each day in our health services. It is through their compassion, hospitality, respect, innovation, stewardship, and teamwork that we are able to fulfil our mission. Their tireless efforts are the foundation of our success.

This year saw some leadership changes. Matthew Posar served as Group Deputy Chief Executive Officer & Chief Financial Officer from 1 July 2024 to 21 January 2025, followed by Mark O'Connor in an acting capacity until 7 April 2025. We were pleased to welcome Michelle Wright as Group Chief Financial Officer from 7 April 2025.

We thank Alison Moran for her service as Company Secretary until April 2025 and welcomed Doron Karliner as Interim Company Secretary from May 2025.

These transitions reflect our commitment to strong leadership and continuity, ensuring that Mercy Health remains well-positioned to meet future challenges and opportunities.

This year, we launched our inaugural Mercy Health Culture Survey, a milestone in our journey toward building a more inclusive, engaged, and values-driven organisation. The insights from this survey have informed the development of an aspirational Culture Roadmap, which will guide our efforts to foster a workplace where every individual feels valued and empowered.

Our Leadership Framework is also progressing and will evolve into a strategic initiative next financial year. This

framework is designed to support leaders at all levels to embody our values and lead with purpose, clarity and compassion.

We continue to make meaningful progress in cultural safety and inclusion. Over 200 staff have completed training through the Replanting the Birthing Trees (RBT) package, enhancing their ability to provide culturally safe care. We have increased Aboriginal Health Liaison Officer (AHLO) in-services and are actively implementing our Aboriginal Employment Plan 2023 – 2026, which aims to create more opportunities for Aboriginal and Torres Strait Islander peoples within Mercy Health.

These initiatives are central to our commitment to reconciliation and to ensuring that our services are respectful, inclusive and responsive to the diverse communities we serve.

We also strengthened our commitment to Clinical Governance through a series of targeted training sessions and system enhancements. Board, Executive, Senior Leaders, Consumer Advisers, and operational teams participated in workshops facilitated by Safer Care Victoria and Cathy Balding, Director of Qualityworks, focusing on high-quality care and consumer partnership. We began a refresh of our 'Care First' Clinical Governance framework, redefining care goals in consultation with Consumer Advisers, and completed a system-wide performance assessment. The Board Quality Committee undertook a skills matrix and annual review to ensure governance capability. We also formed a connection with Western Health leveraging their learnings from their successful implementation and long term use of 'Best Care' and joined the National Safety Culture Community of Practice to foster shared learning and continuous improvement.

Notwithstanding significant budgetary challenges, strong financial stewardship remains a cornerstone of our operations. Weekly monitoring of key financial indicators and operational enablers – such as the Daily Operating System (DOS) – ensures that we remain agile, accountable and focused on delivering value.

Some of the major highlights of the year include Werribee Mercy Hospital Emergency Department (ED) Redevelopment. The construction is a transformative project for the Wyndham region. The new ED will double our current patient capacity, enabling us to treat an additional 25,000 emergency presentations annually. This investment will ensure that our community has access to timely, high-quality emergency care, supported by a skilled and ready workforce.

In November 2024, we celebrated the 75th anniversary of the O'Connell Family Centre in Canterbury. Since its founding, the Centre has been a beacon of support for parents navigating the challenges of early childhood. Its multidisciplinary team – including nurses, midwives, early parenting practitioners, psychiatrists, and psychologists – provides tailored programs for families with children from newborns to four years old. The Centre's Day Stay and Residential programs continue to foster nurturing environments during these formative years, reflecting our deep commitment to family wellbeing.

As we look ahead, we remain steadfast in our mission to care for people during critical health moments at every age and stage of life. We thank you our partners and stakeholders for continued support.

In accordance with the Financial Management Act 1994, we are pleased to present the Report of Operations for MHVL for the year ending 30 June 2025, as at 14 October 2025.



Virginia Bourke

Virginia Bourke
Board Chair



Angela Nolan

Angela Nolan
Group Chief Executive
Officer

Introduction

I'm pleased to present the 2024 – 25 Report of Operations, showcasing the significant achievements of Mercy Health (Health Services) under the leadership of my predecessor, and the strong foundation I am proud to now build upon. This past year has been marked by transformation, innovation, and a deep commitment to the communities we serve. Across our organisation, we've made progress that strengthens our foundations and positions us for a sustainable and impactful future.

A major advancement has been in our use of data and analytics. We implemented Microsoft Fabric, a modern platform now central to our decision-making. With over 80 reports actively used across clinical, operational, and financial domains, teams are empowered with timely insights that support better care, smarter resource allocation, and more efficient operations. This shift to a data-driven culture is helping us continuously improve the way we deliver services.

Our focus on people and culture has also delivered strong results. Mercy Health was recognised among Australia's top 20 most attractive employer brands, following the successful embedding of our Employee Value Proposition (EVP). This led to a 21% increase in employer appeal, helping us attract the talent needed to deliver exceptional care. We also expanded our management development training, with a stronger emphasis on wellbeing and safety – fostering a workplace where people feel supported, valued and equipped to thrive.

Improving access to care and strengthening partnerships has remained a priority. At Werribee Mercy Hospital, surgical capacity was expanded with the addition of nine new theatre lists, enabling care for an additional 45 patients each week. Our Rapid Access Hub has seen increased collaboration with the Royal Melbourne Hospital, which now provides 20 more treatments per week.

We also completed a comprehensive review of our Clinical Governance Framework to align with the updated Safer Care Victoria (SCV) framework. This included targeted education for our Board, executive teams and consumer advisers, ensuring governance is robust and well understood across all levels. We were proud to be awarded three years' accreditation under the National Safety and Quality Health Service (NSQHS) Standards – affirming our commitment to safe, high-quality care.

Our improvement program has been a cornerstone of our strategy this year. We've focused on embedding best practice systems and processes to support long-term success and financial sustainability. Central to this is a culture of continuous improvement, where frontline leaders and teams are empowered to identify and solve problems every day. Guided by improvement science, we use structured, evidence-based methods to test and refine ideas, ensuring changes are effective, measurable, and sustainable. This approach fosters a safe environment for learning and innovation, where small-scale testing leads to meaningful, lasting change.

Since launching in 2016 at Mercy Hospital for Women, Mercy Perinatal has become a global leader in perinatal medicine. We also secured a Medical Research Future Fund (MRFF) grant to support a national stillbirth biomarker test and strengthen international research collaborations. Our education programs reached over 12,000 subscribers in 100+ countries, and we expanded clinical services across 13 sub-specialist clinics, including telehealth to regional centers.

We also celebrated a major milestone in maternity care with the launch of the publicly funded homebirth model at Mercy Hospital for Women. As one of only three Victorian hospitals selected for this initiative, we developed a model that offers low-risk women the choice to give birth at home with continuity of care. Since its launch, 12 families have safely welcomed their babies in the comfort of their homes. This program has also enabled midwives to practise to their full clinical scope, enhancing professional satisfaction and strengthening our model of woman-centred care.

These achievements are the result of the dedication, expertise, and compassion of our staff, the strength of our partnerships, and the unwavering support of the Victorian Government. I extend my gratitude to everyone who contributed to another successful year.



A stylized, handwritten signature in black ink, appearing to read 'Clinton Cummins'.

Clinton Cummins
Chief Executive Health Services

Clinton Cummins was appointed Chief Executive Officer, Health Services in July 2025.

Financial Commentary

2025 data to be added at a later date, subject to VAGO review of financials. FRD standard 22.

Financial Information					
	2025	2024	2023	2022	2021
	\$000	\$000	\$000	\$000	\$000
Operating Result *	-45,475	-1,721	57	127	160
Total revenue	635,767	626,063	589,482	532,932	478,330
Total expenses	685,514	637,695	596,367	543,162	490,267
Net result from transactions	-49,747	-11,632	-6,885	-10,230	-11,937
Total other economic flows	181	688	-197	4,279	5,572
Net result	-49,566	-10,944	-7,082	-5,951	-6,365
Total assets	277,717	312,296	231,913	239,338	217,463
Total liabilities	166,097	151,110	149,527	149,870	122,044
Net assets/Total equity	111,620	161,186	82,386	89,468	95,419

* 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		2024 – 2025
		\$000
Net operating result *		-45,475
Capital purpose income		9,069
Specific income		0
COVID-19 State Supply Arrangements		0
– Assets received free of charge or for nil consideration under the State Supply		
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		13,196
Impairment of non-financial assets		0
Finance costs (other)		145
Net result from transactions		-49,747

Consultancies

Details of consultancies (under \$10,000)

In 2024 – 25, there was two consultancies where the total fees payable to the consultants were less than \$10,000. The total expenditure incurred during 2024 – 25 in relation to these consultancies is \$11,580 (excl. GST).

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

In 2024 – 25, there were two consultancies where the total fees payable to the consultants were \$10,000 or greater. The total expenditure incurred during 2024 – 25 in relation to these consultancies is \$175,200 (excl. GST).

Table 3: Consultancies over \$10,000

Consultant	Purpose of consultancy	Start date	End date	Total approved project fee (excluding GST)	Expenditure 2024 – 2025 (excluding GST)	Future expenditure (excluding GST)
TrakRight	Engineering review	June 2024	October 2024	75,640	61,600	0
Mayfield Advisory	Review of Strategic Business Plan	Oct-24	Jun-25	113,600	113,600	0

Information And Communication Technology (ICT) Expenditure

For the 2024 – 25 reporting period, Mercy Hospitals Victoria Limited had a total ICT expenditure of \$11.205m, 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

Mercy Hospitals Victoria Limited

MHVL 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).

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

Minister for Ambulance Services

The Hon. Mary-Anne Thomas

(1 July 2024 – 30 June 2025)

Minister for Mental Health

Minister for Ageing

The Hon. Ingrid Stitt

(1 July 2024 – 30 June 2025)

Minister for Health Infrastructure

The Hon. Mary-Anne Thomas

(1 July 2024 – 19 December 2024)

The Hon. Melissa Horne

(19 December 2024 – 30 June 2025)

Minister for Disability

Minister for Children

The Hon. Lizzie Blandthorn

(1 July 2024 – 30 June 2025)

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

MHVL 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 and Wellbeing Services 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 MHVL, 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 – 2027

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.

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.

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.

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.

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.

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.

Outcomes

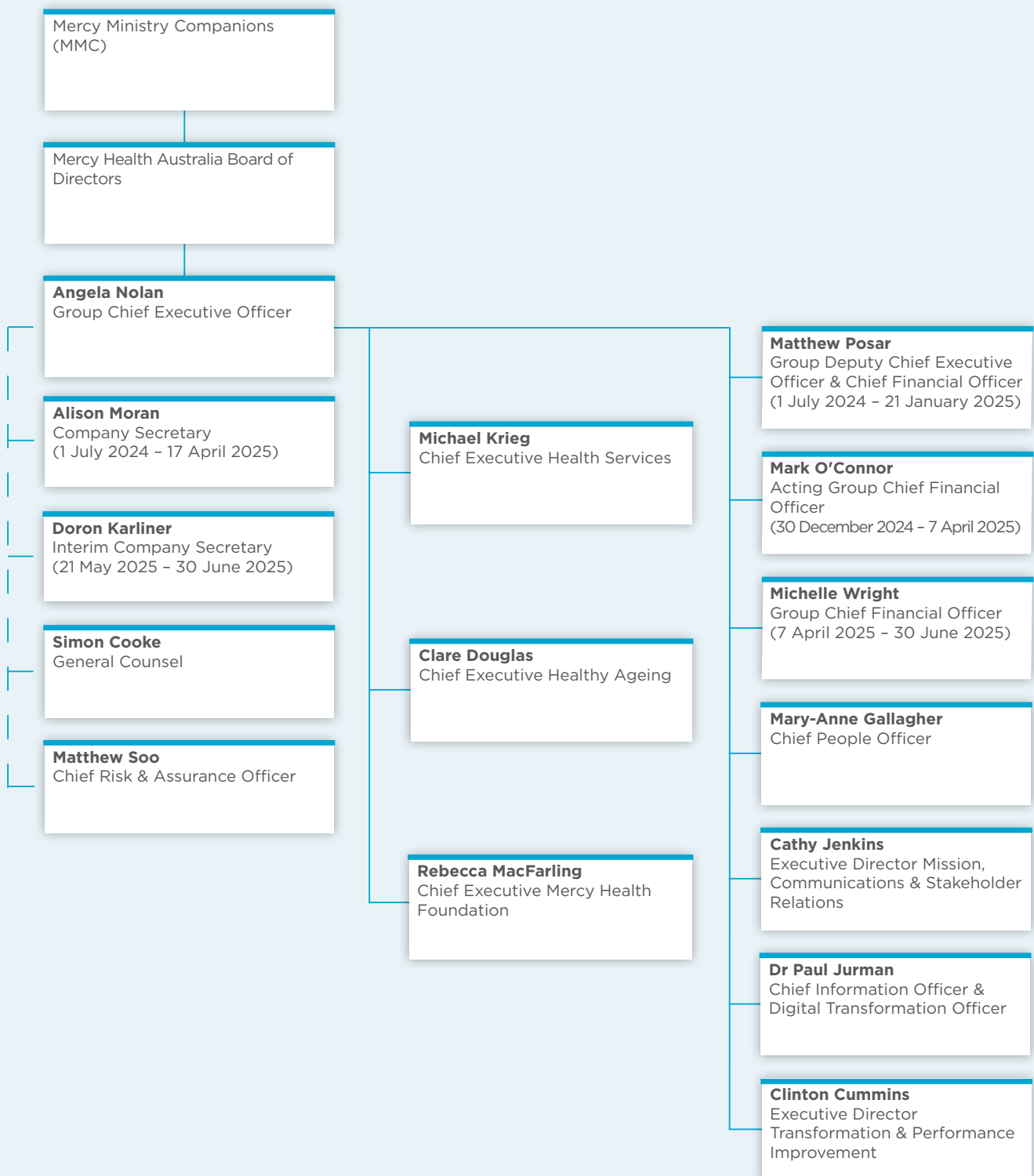
- » sustainable models of care are in place that deliver improved outcomes in both individual health and sustainability
- » reduced carbon emissions
- » improvement in efficiency of high-quality services
- » capital projects are delivered on time, within budget, and in line with community needs
- » service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

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.



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
Dr Jane Fischer
Mr Tim O'Leary
Adjunct Professor Francis Sullivan AO
Sr Kath Tierney RSM, AO (appointed December 2024)
Sr Berice Livermore RSM (departed November 2024)

Company Secretary

Ms Alison Moran (30 June 2024 – 17 April 2025)
Mr Doron Karliner (Interim) (21 May 2025 – 30 June 2025)

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
Reverend Kevin McGovern
Sr Carol Ong RSM
Dr Michael Rasmussen
Adjunct Professor Francis Sullivan AO
Rev Dr Bernard Teo CSsR
Ms Angela Nolan
Mr Michael Krieg

Ms Mary Klasen (departed July 2024)
Ms Karan Smith (joined November 2024)
Mr Joe McCarthy (joined November 2024)

Board Quality Committee

Dr Jane Fischer (Chair)
Ms Penelope Eden
Dr Patrick Gilbourne
Mr Marcel Mihulka
Dr Colin Feekery (joined June 2024)
Ms Sally Moore (departed November 2024)
Sr Berice Livermore RSM (departed November 2024)
Ms Kate Birrell OAM (departed December 2024)
Ms Anna Clark (joined February 2025)

Human Research Ethics Committee (1 July 2024 – *3 December 2024)

*HREC transitioned to St Vincent's Health in December 2024
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
Dr Neelofar Rehman
Dr Andrew Watkins (1 July 2024 – 2 October 2024)

Corporate Governance Remuneration and Nominations Committee

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

Board

Virginia Bourke

BA, LL.B Hons, MA, Grad Dip Theol, 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 – 2014.

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.

"I am proud to be part of the Mercy story. For me there is immense appeal in the story of Catherine McAuley: a visionary, yet practical woman, whose leadership style was based on warm relationships with those around her. I believe one of the strengths of our Boards is the diversity of its members, particularly its gender diversity. I aim to contribute not only my professional skills, but my real-life experience and my perspective as a woman involved in many aspects of community life."

Adjunct Professor Susan Pascoe AM

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

Deputy Chair and Board Member

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 was 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 – 2011, 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 United Nations Educational, Scientific and Cultural Organisation (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 conferred an honorary doctorate from Australian Catholic University.

"I was educated by Mercy sisters in primary school and have worked with a number of Mercy women as colleagues over the years. I have deep respect for their commitment to those who are experiencing vulnerability and marginalisation, and to their professional approach to their ministry and missionary endeavours. I am honoured to have some role in continuing the work of Catherine McAuley here in Australia."

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 the CGRN and the Mercy Health Foundation committees.

Jo is a partner within the EY Parthenon Strategy & Transactions 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 including large scale acquisitions, divestments and capital markets transactions.

"I hope that my strong financial and commercial experience and diverse perspective are a valuable addition to the existing strong Board and management capability."

Mr Martin Day

Associate 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 Southeast 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.

"I am inspired by the founding Sister of Mercy, Catherine McAuley, and her successors, who have dedicated their lives to improving the wellbeing of those who are less fortunate than others, vulnerable, and in need of compassion and holistic care. These works are now largely provided by laypersons who, like the Sisters of Mercy, have a very strong vocation and actively embrace the mission, vision and values of Mercy Health."

Ms Penelope Eden LL.B

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 Minter Ellison, 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.

"I was educated by the Sisters of Mercy and feel a strong connection to the Mercy values. I am passionate about the work I do across the health and human services sector and hope to contribute in some way to the important work of Mercy within our community. I feel privileged to be part of such an experienced and committed Board and management team."

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 the Chief Executive Officer 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'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.

"As a passionate change-maker motivated by my faith, I'm innately drawn to Catherine McAuley's servant leadership, advocacy and practical action for the poor. Her vision for the world is even more compelling today and I'm thrilled to serve alongside Mercy Board colleagues and executive staff all of whom are so committed to stewarding Catherine's legacy and the Mercy values."

Dr Colin Feekery

MBBS, MHA, FRACP, FRACMA, GAICD

Board Member

Colin has extensive experience in clinical governance, quality improvement, medical and industrial law and is well regarded professionally as a medical manager 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 to 2018, he held the position of Executive Director – Medical Services & 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.

"I value that Mercy Health provides a range of services encompassing a whole of life journey, placing equal worth on all lives, regardless of their station; from infants just starting, to the frail and elderly who may be approaching their end. I hope that I can contribute to Mercy Health's continuing commitment to providing just, kind and professional care to all those who seek our help."

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.

"The values of Mercy Health are strongly aligned with my own personal values. I admire Catherine McAuley and the founding Sisters of Mercy, who, against adversity, established services caring for those most vulnerable. It is a privilege to be part of the Board and to work with other Directors to continue the mission of the Sisters and ensure Mercy Health continues to meet the changing health needs of the community."

Mr Tim O’Leary

BA Hons, Grad Dip Applied Philosophy

Board Member

Tim joined the Mercy Health Boards in 2016. 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), Deputy Chair of the Catholic Development Fund 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.

“I welcome the opportunity to support and serve the ministry of Mercy Health. It is a privilege to be part of a Catholic organisation providing compassionate and responsive care to all people, but especially the vulnerable and disadvantaged, at all stages of life.”

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. He currently chairs Jesuit Social Services.

Francis was Chairman of the Board of the Mater Group from 2019 to 2023 and chaired Catholic Social Services Australia across the same period. Prior to this he 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.

“I have been fortunate to see close hand the exceptional way in which the Sisters of Mercy have risen to the contemporary challenges of health and aged care in our community. Their resolve to continue a gospel-based ministry in highly competitive and exacting environments plus their unswerving dedication to the disadvantaged and marginalised not only inspire me but beckon me to join in the unfolding story of Mercy Health today.”

Sr Kath Tierney RSM, AO

B.Bus

Board Member

Kath joined the Mercy Health Boards in December 2024 and has been a Sister of Mercy for 49 years. During this time she was in ministry in Child and Family Welfare for 19 years. Following her roles in the welfare sector, Kath was elected to the position of Congregation Leader for the Sisters of Mercy, Melbourne Congregation and served two terms (12 years), concluding in this position in December 2011.

From 2012 – 2014, Kath was engaged by the Catholic Education Office, Melbourne and worked in the area of Professional standards, conduct, ethics and investigation. Kath was then engaged by the Catholic Archdiocese of Melbourne, as Senior Advisor to the Vicar General, from 2014 – 2019. Kath was in the role of Senior Advisor, Safeguarding, Institute of Sisters of Mercy of Australia & Papua New Guinea from 2021, concluding this role in December 2024.

Kath is engaged in consultancy/advisory roles in Professional Standards, education, health and welfare and for the Catholic Archdiocese of Melbourne and the Diocese of Sale and serves on a number of Boards and Committees for the Institute and beyond. Kath is also a Board Director on Australian Catholic Safeguarding Limited.

Mr Doron Karliner

B.Sc., LL.B., MBA, Grad Dip ACG, FGIA

Company Secretary

Doron was appointed as Company Secretary of the companies governed by the Mercy Health Boards and the Mercy Health Foundation in June 2025. He attends all meetings of the Board and its Corporate Governance, Remuneration and Nominations Committee, and selected other Committee meetings.

Doron provides governance advice and support to the Mercy Health Board Chair and the Board, and to the Group Chief Executive Officer. Doron is an experienced corporate governance professional and corporate lawyer with experience in private and in-house practice and in regulated industries. He also holds an MBA from Melbourne Business School and is a Fellow of the Governance Institute of Australia.

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. Angela is Director of the Mercy Health Foundation Board.

Michael Krieg

Chief Executive Health Services

Michael commenced his role as Chief Executive Health Services at Mercy Health in February 2024. He is a distinguished healthcare executive with extensive experience in strategic leadership and clinical governance. At UnitingCare Queensland, he managed four hospitals and led the organisation's COVID-19 response. Previously, as General Manager of The Wesley Hospital, he enhanced financial performance and established nationally recognised Centres of Excellence. His career includes Chief Executive roles at St John of God Ballarat and Calvary Health Care Tasmania. A former operating theatre nurse, Michael has held numerous board appointments and contributed significantly to statewide health advisory bodies.

Michelle Wright

Group Chief Financial Officer

Michelle was appointed Group Chief Financial Officer at Mercy Health in April 2025, following a 13-month tenure as Divisional CFO – Corporate.

With over 20 years of experience as a senior finance leader, Michelle brings a range of finance strategy, governance, risk and compliance, mergers and acquisitions, and commercial expertise. Michelle has built a diverse career across leading organisations including DuluxGroup, Coles Group, Amcor, Caulfield Grammar, and PricewaterhouseCoopers.

Michelle is a Chartered Accountant and a member of the Australian Institute of Company Directors. She holds a Senior Executive MBA and a Bachelor of Commerce from the University of Melbourne.

Clinton Cummins

Executive Director Transformation & Performance Improvement

Clinton is a business-minded executive with extensive leadership capability and experience in transformation through embedding improvement systems and ways of working, across complex private and public sector organisations including healthcare.

Over the past 30 years, Clinton has developed a strong capability in successfully leading and developing teams, as well as applying transformation and performance improvement methodologies. This experience has significantly contributed to driving organisational performance improvement and transformation across a variety of industries.

Clinton has held executive roles at St Vincent's Health Australia within Virtual and Home Healthcare and Performance Improvement and Quality. Earlier in his career, Clinton held a range of quality, business improvement, and innovation roles, including positions in the UK, Victoria Police and Toyota where he worked both here in Australia and Japan, which is where he refined his knowledge and capability in what it takes to embed improvement and drive sustainable change.

Mark O'Connor

Acting Group Chief Financial Officer
(30 December 2024 – 6 April 2025)

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

Health Services Leadership Team

Tanya Darrer

General Manager, Mercy Hospital for Women

Gen Toop

General Manager – People & Culture, Health
Services (commenced 25 February 2025)

Kirrily Gilchrist

Director Business Improvement & Corporate
Services (1 July 2024 – 25 November 2024)

Executive Officer (commenced 25 November 2024)

Adjunct Professor Jeffrey Kirwan

Chief Medical Officer

Kent MacMillan

Director, Allied Health

Leanne Mills

Chief Nursing and Midwifery Officer

Mark O'Connor

Divisional Chief Financial Officer

Brendan Pawsey

General Manager, Mercy Mental Health &
Wellbeing Services

Paula Stephenson

Director, Quality and Improvement
(commenced 9 July 2024)

Glen Stokes

General Manager Major Projects, Assets &
Infrastructure (commenced 21 March 2025)

Bradley Van Ooi

Executive Director, Werribee Mercy Hospital
(commenced 25 July 2024)

Workforce Data

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

Hospitals labour category	June FTE		Average monthly FTE	
	2025	2024	2025	2024
Nursing	1751.54	1707.78	1685.77	1636.61
Administration and Clerical	330.76	340.73	333.82	330.55
Medical Support	92.22	84.43	84.89	82.6
Hotel and Allied Services	186.07	192.81	178.84	191.2
Medical Officers	35.03	33.4	34.71	33.46
Hospital Medical Officers	362.22	375.71	366.50	356.72
Sessional Clinicians	142.79	145.16	146.11	138.64
Ancillary Staff (Allied Health)	245.91	234.04	238.90	235.89

Nursing increases are as a result of changes to safe patient care ratios and establishment of recruit to targets and reduction of overall EFT deficits.

Occupational Health And Safety

Occupational Health and Safety Statistics	2024 – 25	2023 – 2024	2022 – 2023
The number of reported hazards/incidents for the year per 100 FTE	69.86	59.40	60.70
The number of 'lost time' WorkCover claims for the year per 100 FTE	0.83	0.75	0.96
The average cost per WorkCover claim for the year ('000)	\$10,429	\$10,925	\$17,769

The Work Health and Safety Plan 2023 – 27 that aligns with our People Strategy aims to nurture our people to thrive through initiatives that invest in proactively supporting our people's health, safety, and wellbeing. Mercy Health is working together to keep everyone safe from harm.

In the second year of the plan, the targets set to increase incident reporting by 10%, send monthly safety messages to staff, support managers to complete incident investigations within 5 days and increase training compliance from 80% to 85% are on track. There has been close monitoring of benchmarking through an occupational violence and aggression audit to ensure that our systems are meeting standards, as well as a high priority being placed on training supervisors in safety leadership, monitoring fatigue and improving staff wellbeing.

The new Mercy Health Wellbeing Framework has been launched and has the three pillars of meaningful roles and work, feeling supported and belonging to Mercy and ensuring staff have a psychologically safe work environment.

Mercy Health is also focusing on preventing and responding to Occupational Violence and Aggression (OVA). This Framework provides the strategic model for providing operational support to all areas of our business and is completed in line with Mercy Health's Safety Management System.

The OVA Team oversees the Occupational Violence Road Map which details the strategic priorities, time frames, measures and accountability for our Health Services portfolio. In October 2024 the team launched the new Response and Prevention of Aggression (RAPA) training. To date over 600 staff have completed training.

Managers remain accountable for creating a strong safety culture and responding when staff need support and guidance. Mercy Health continues to promote early intervention. Over 90 staff were supported after an injury through the program.

Mercy Health continues to support staff through the successful early intervention processes with the average back at work rate at above 80%, using processes and practices that have been in place since 2018.

Occupational Violence Statistics	2024 – 25
Workcover accepted claims with an Occupational violence cause per 100 FTE	0.06
Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	0.32
Number of occupational violence incidents reported	1,233
Number of occupational violence incidents reported per 100 FTE	39.55
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	2.84%

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 2024 – 25.*

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.

Part A: Statement of Priorities

System Priorities

Excellence in clinical governance

Goal: Strengthen all clinical governance systems, as per the Victorian Clinical Governance Framework, to ensure safe, high-quality care, with a specific focus on building and maintaining a strong safety culture, identifying, reporting, and learning from adverse events, and early, accurate recognition and management of clinical risk to and deterioration of all patients.

Deliverable

Improve paediatric patient outcomes by implementing the “Victorian Children’s Tool for Observation and Response (ViCTOR) track and trigger” observation chart and escalation system whenever children have observations taken.

Status: Achieved

Outcome

- » ViCTOR charts have been fully implemented at both Mercy Hospital for Women (MHW) in Heidelberg and Werribee Mercy Hospital (WMH)
- » The most recent audit shows compliance with using the correct ViCTOR chart at 89% at WMH and 100% at MHW.

Deliverable

Strengthen clinical governance systems that support safe care including addressing clinical risk in response to Safer Care Victoria (SCV) Clinical Governance Review January 2024.

Status: Ongoing

Outcome

- » In September 2024, Mercy Health – Health Services achieved three years’ accreditation following a successful assessment against the National Safety and Quality Health Service (NSQHS) Standards
- » Our Quality Improvement Program (QIP), designed to enhance the delivery of safe, high-quality care, is well underway, with over 72% of actions completed
- » Mercy Hospital for Women and Werribee Mercy Hospital have led clinical improvements through the SCV Safer Together Program and other collaboratives, focusing on:
 - Stroke care
 - Childhood asthma management
 - Criteria-led discharge in surgery
 - Comprehensive care for older people
 - Delirium prevention
 - Safer medication transitions
 - Infection reduction (neonatal and healthcare-associated)

- » A strong safety culture remains a priority, supported by targeted training for clinical staff, managers, and quality teams. This includes education on early recognition and response to deteriorating patients (including pregnant women), adverse event investigations, and the Mental Health Act (2022)
- » To better partner with patients and clients, a new Patient Experience survey tool has been introduced, helping us refine care practices based on feedback
- » We've launched an End-to-End Clinical Incident Management Improvement project to enhance responsiveness when harm occurs
- » A review of our Clinical Governance Framework is underway, including education for the Board, executive teams, and consumer advisers. The framework now aligns with the updated SCV Clinical Governance Framework and redefines the components of high-quality care
- » Key initiatives include:
 - Clinical Governance training for Board, Executive, and consumer advisers (Feb – Apr 2025)
 - High-quality care workshops for operational leaders and residential teams (May – Jun 2025)
 - Board Quality Committee performance review and skills matrix
 - Completion of the Quality System
 - Performance Assessment (May 2025).

Goal: 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.

Deliverable

Utilise an improvement framework to focus improving access and flow systems, with a particular focus on long wait surgical patients, emergency department time to treat, and reduction of general medicine length of stay.

Status: Ongoing

Outcome

Surgical Access: In 2024-25, Mercy Hospitals Victoria participated in a number of initiatives supported by the Department of Health, focusing on reducing long-wait patients on the Surgical Waiting list. As a result, Mercy Hospitals achieved a 19.01% reduction, equating to 1,155 fewer long-wait patients (WMH – 853, MHW – 302). This was accomplished through:

- » Establishing a surgical services partnership with St Vincent's Hospital to improve access
- » Implementing Client Relationship Management software to improve waitlist and referral management and streamline pre-surgery preparation
- » Introducing Early Recovery After Surgery (ERAS) activities for gynaecology, general surgery and orthopaedic patients
- » Implementation of High Intensity Theatre lists to improve access to care
- » Initiating actions to improve theatre start-time performance.

Emergency Access: WMH participated in the Timely Emergency Care (TEC) collaborative and commenced new Ambulance access standards. Key achievements in 2024-25 include:

- » Redesigning and enhancing the WMH Daily Operating System to support tiered escalation to improve local problem-solving ability
- » Implementing a new evening bed management meeting focused on identifying next-day discharges
- » Identifying operational inefficiencies within general medical teams as a major barrier to access, with a significant model-of-care change planned for early 2025–26.

Goal: Improve mental health and wellbeing outcomes by implementing Victoria's new and expanded mental health and wellbeing system and architecture and services.

Deliverable

Integrated mental health and other drugs treatment, care and support for people living with mental illness.

Status: Achieved

Outcome

The Mercy Health Alcohol and Other Drugs (AOD) team is a specialist unit within Mercy Mental Health & Wellbeing Services (MMH & W), implemented following recurrent funding from the Department of Health in 2023-24. The team comprises professionals skilled in supporting individuals living with mental illness and alcohol and other drug use. It includes Consultant Psychiatrists with expertise in AOD, an experienced AOD clinician, and a peer/lived experience worker (consumer)

- » By integrating mental health and substance use services, the AOD team provides comprehensive care and support for individuals living with mental illness and substance use or addiction
- » The team's primary purpose is to ensure there is 'no wrong door' for people seeking help. This is achieved through:
 - Service provision, including primary and secondary consultation, and referrals support
 - Capacity building for MMH & WS staff
 - Driving systemic change to improve access and service provision
 - Information sharing with the WMH Emergency Department AOD clinician to support coordinated care
 - Maintaining partnerships with the Hamilton Centre and other relevant external agencies.

Mercy Health has received recurrent annual funding of \$530,923 starting in 2023-24 to deliver integrated treatment, care, and support for adults.

From 2024-25 indexation will be applied annually, in line with Recommendation 35 of the Royal Commission into Victoria's Mental Health System.

Operate within budget

Goal: Develop and implement a health service Budget Action plan (BAP) in partnership with the Department to manage cost growth effectively to ensure the efficient operation of the health service.

Deliverable

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.

Status: Achieved

Outcome

- » A modern analytics environment and business intelligence platform (Microsoft Fabric) has been established, with data migration from legacy systems currently underway. New source system data has already been integrated and will continue to be acquired, significantly expanding the range of data available to clinicians and staff via Mercy Health's analytics tools
- » Dashboards are actively used across a wide range of areas including clinical incidents, complications and readmissions, inpatient and surgical activity, theatre utilisation, emergency department performance, National Weighted Activity Unit (NWAU), and finance. Currently, 81 reports are in use, with 194 active users. Development of additional tools and dashboards is ongoing to further expand coverage and insights
- » The use of analytics tools across Daily Operating System (DOS) continues to grow as new data sources and insights become available. A key example is the weekly 'Tier 4' meeting, where business intelligence dashboards are used to review performance across critical domains: staff safety, quality of care (patient safety), timely service delivery, workforce, and sustainability.

Deliverable

Implement the financial recovery road map for Mercy Health Services.

Outcome

Status: Ongoing

- » Governance and reporting structures for the Financial Improvement Program were established for the 2025 – 2027 financial reporting period. Operational enablers such as the Daily Operating System (DOS) and progression of the Access and Demand function in support of financial performance
- » A detailed action plan has been developed and was tracked on at least a weekly basis. The program use 'Red/Amber/Green' Status to designate the status of initiatives at weekly meetings to ensure focus on action plans to get initiatives 'back to green'
- » Ongoing work to embed a culture of accountability and stewardship across all levels of the organisation supported by refocusing and dedicating partnering with the Health Services finance team
- » Key financial performance indicators are monitored and reported weekly, supported by a finance tracker to ensure timely oversight and accountability.

Improving equitable access to healthcare and wellbeing

Goal: Enhance the provision of appropriate and culturally safe services, programs, and clinical trials for and as determined by Aboriginal people, embedding the principles of self-determination.

Deliverable

Implement the MHW 'Replanting the Birthing Trees' (RBT) Research project in partnership with University for Melbourne which aims to close the gap for Aboriginal Families, Women and Babies.

Status: Achieved

Outcome

- » MHVL trained 200 clinical and frontline staff using the RBT Cultural Safety Training package
- » The site implementation team continues to meet regularly to monitor progress against the action plan
- » Recruitment has commenced for a Senior Indigenous Advisor role within Health Services. Objectives for the project incorporate Targets 2 and 12 from the Closing the Gap framework. Target 2 "Babies born healthy and strong" is monitored
- » MHW will contribute to a research paper for RBT.

Deliverable

Implement key actions documented in the MHVL Aboriginal Cultural Safety Plan 2024 – 2025.

Status: Ongoing

Outcome

- » Recruitment of key roles under the program progressed successfully, including the appointment of a male Aboriginal Health Liaison Officer and a Manager of Aboriginal Programs. Recruitment is also underway for a Postnatal Engagement Officer and a Strategic Advisor
- » Engagement with the local Aboriginal community has increased, with valuable feedback received. In March, two stories from the Aboriginal Programs team were shared, highlighting patient-centred care and the embodiment of Mercy Health's values.

Goal: Expand the delivery of high-quality cultural safety training for all staff to align with the Aboriginal and Torres Strait Islander cultural safety framework. This training should be delivered by independent, expert, community-controlled organisations or a Kinaway or Supply Nation certified Aboriginal business.

Deliverable

Ensure 100% of all staff members undertake and pass an assessment of cultural safety training that aligns with the Aboriginal and Torres Strait Islander cultural safety framework and is delivered by independent, expert, and community-controlled organisations, Kinaway or Supply Nation certified Aboriginal businesses.

Status: Ongoing

Outcome

- » A well-established Cultural Safety Training plan, endorsed by the Board, is in place and mandatory for all staff
- » Aboriginal Health Liaison Officer (AHLO) in-services have increased across service areas, particularly at WMH
- » Midwifery and social work staff have participated in 'First 1000 Days' training
- » The Aboriginal Employment Plan (AEP) 2023-2026 includes additional cultural safety training targets and provisions.

A stronger workforce

Goal: MD1 Improve employee experience across four initial focus areas to assure safe, high-quality care: leadership, health and safety, flexibility, and career development and agility

Deliverable

Continue implementation of the Mercy Health People Strategy 2023 – 2027.

Status: Ongoing

Outcome

- » Efforts to embed the Mercy Health Employee Value Proposition (EVP) have been successful, resulting in a 21% increase in employer appeal. Mercy Health was recently ranked among the top 20 most attractive employer brands in Australia
- » The inaugural Mercy Health Culture Survey was conducted in FY25. Based on the results, an aspirational culture roadmap was developed, with implementation planned for FY26
- » Recruitment strategies and campaigns have led to an increase in both candidate applications and the number of candidates choosing Mercy Health as their employer
- » The implementation of a new Human Resource Information System (HRIS) system is designed to reduced the time to fill roles, enhancing the overall candidate experience
- » Across Mercy Health, 75 employees celebrated 25+ years of service, alongside recognition of our 88 dedicated volunteers
- » Award recognition programs celebrating employees who embody Mercy Health values are held regularly at each site, culminating in an annual celebration at the Mercy Health Leadership Summit
- » Mercy Health actively recognises days of significance throughout the year, including R U OK? Day, NAIDOC Week, and IDAHOBIT (International Day Against Homophobia, Bi-phobia, Inter-phobia and Trans-phobia).

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

Deliverable

Development of a workforce strategy.

Status: Ongoing

Outcome

- » The development and implementation of the Leadership Framework has progressed and will transition into a new strategic initiative in FY26, aligning with Mercy Health's aspirational culture
- » Management development training has expanded its reach, with an increased focus on wellbeing and safety. Continued leadership development is planned as a strategic priority for FY26
- » Monthly Health Services Forums, introduced in FY24, are regularly attended by over 100 leaders. These forums feature guest speakers – including the Group CEO – and foster thought leadership and strategic discussions
- » We co-designed and implemented our first Organisational Culture Survey in September-October 2024. The results informed the design of our aspirational culture, and strategies are now being developed to bridge the gap between our current and desired culture
- » A Succession Planning approach has been developed and is being implemented, including succession plans for key roles within Health Services. This ensures a strong internal candidate pipeline and supports Talent Management
- » We are proud to celebrate the achievements of several graduates from the Diploma of Leadership and Management
- » Senior leaders participated in the Leadership Conference (300 attendees overall) in 2024 and the Leadership Summit (300 attendees overall) in 2025, with a focus on their role in leading strategy development and execution
- » Two new employee advisory networks have been launched to hear the voice of our people, and the Equity and Inclusion Committee has been revitalised
- » Initiatives from Mercy Health's gender equity action plan have been implemented, including a commitment to invest in seeking gender equality programs.

Moving from competition to collaboration

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

Deliverable

Continue to develop the Rapid Access Hub (RAH) model of care at WMH to include targeted Elective Surgery Information System activity.

Status: Achieved

Outcome

- » This initiative is on track. Since September, nine additional surgical lists have been added to WMH schedule, providing access for an extra 45 patients per week
- » Over 40 patients received treatment at WMH following direct admission from our emergency department. The Royal Melbourne has also increased the number of patients treated each week in the WMH RAH by 20.

Goal: Engage in integrated planning and service design approaches while assuring consistent and strong clinical governance with partners to connect the system to deliver seamless and sustainable care pathways and build sector collaboration.

Deliverable

Continue MHW's partnership with The Royal Women's Hospital (RWH) in relation to the Public Fertility Care service and establish new pathways with The Northern Hospital (TNH).

Status: Achieved

Outcome

- » A partnership to support the Public Fertility Clinics has been established; however, it was temporarily paused in late 2024 due to critical staffing issues. Planning is currently underway with RWH to recommence the service in mid-2025. Pathways with TNH have already been established.

Performance of Priorities

In 2024 – 25, 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

Program	Measure	Target		Result	
Infection prevention and control					
Percentage of healthcare workers immunised for influenza		94%		95%	
Continuing care					
Average change in the functional independence measure (FIM) score per day of care for rehabilitation separations		≥ 0.645		0.661	
Adverse events					
Percentage of reported sentinel events for which a root cause analysis (RCA) report was submitted within 30 business days from notification of the event		100%		90%	
Patient experience					
Percentage of patients who reported positive experiences of their hospital stay		95%		88%	
Aboriginal health		MHW	WMH	MHW	WMH
The gap between the number of Aboriginal patients who discharged against medical advice compared to non-Aboriginal patients		0%		1%	
The gap between the number of Aboriginal patients who 'did not wait' presenting to hospital emergency departments non-Aboriginal patients		0%	0%	1%	1%
Mental health patient experience					
Percentage of consumers/families/carers reporting a 'very good' or 'excellent' overall experience of the service		80%		NA – Statewide Survey did not take place in 2024-25	
Percentage of families/carers who report they 'always' or 'usually' felt their opinions as a carer were respected		90%		NA – Statewide Survey did not take place in 2024-25	
Percentage of mental health consumers reporting they 'usually' or 'always' felt safe using this service		90%		NA – Statewide Survey did not take place in 2024-25	
Mental Health follow-ups, readmissions, and seclusions					
Percentage of consumers followed up within 7 days of separation – Inpatient		88%		60%	
Percentage of consumers re-admitted within 28 days of separation – Inpatient		<14%		15%	
Rate of seclusion episodes per 1,000 occupied bed days – Inpatient		≤ 6		8	

Strong governance, leadership, and culture

Program	Measure	Target	Result
Organisational culture	People matter survey (PMS) – Percentage of staff with an overall positive response to safety culture survey questions	80%	NA

Timely access to care

Program 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 the clinically recommended time	94%		71%	
Number of patients admitted from the planned surgery waiting list	5,716		5,230	
Percentage of patients on the waiting list who have waited longer than the clinically recommended time for their respective triage category	28.6%		39.2%	
Optimisation of surgical inpatient length of stay (LOS), including through the use of virtual and home-based pre- and post-operative models of care	1.43		1.38	
Emergency Care	MHW	WMH	MHW	WMH
Percentage of patients transferred from ambulance to emergency department (ED) within 40 minutes	80%	74%	99%	62%
Number of emergency patients with a length of stay in the ED greater than 24 hours	0	0	1	284
Mean ED length of stay (admitted) in minutes	306	487	261	601
Mean ED length of stay (non-admitted) in minutes	240	286	162	307
Inpatient length of stay in minutes	3,624	3,909	3,458	4,347
Mental Health				
Percentage of mental health-related emergency department presentations with a length of stay of less than 4 hours	65%		19%	
Percentage of departures from emergency departments to a mental health bed within 8 hours	80%		40%	
Number of admitted mental health occupied bed days	17,520		17,520	
Specialist Clinics				
Percentage of patients referred by a GP or external specialist who attended a first appointment within the recommended timeframe	95%		82%	
Home based care				
Percentage of admitted bed days delivered at home	10.2%		9.1%	

Effective financial management

Key performance indicator	Target	Result
Operating result (\$m)	-\$35.8	-\$45.5
Adjusted current asset ratio	0.7	0.3
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June.	5% movement in forecast revenue and expenditure forecasts	Achieved

Part C

Activity Reporting

Funding Type	Activity
Consolidated Activity Funding	
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	73,948.55
Acute admitted mental health NWAU	5,337.03
Acute Admitted	
Acute admitted DVA	37.22
Acute admitted TAC	9
National Bowel screening Program NWAU	146.54
Subacute/Non-Acute, Admitted & Non-admitted	
Subacute - DVA	1.57
Transition care - bed days	1103
Transition care - home days	525
Mental Health and Drug Services	
Mental health ambulatory (NWAU)	3,507.5
Primary Health	
Community health / primary care programs (Hours)	57,538

Reporting Procedures

Gender Equality Act 2020

While Mercy Health is not considered a defined entity for the purposes of the Gender Equality 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

MHVL 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 act.

Car Parking

MHVL 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

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’.

Disclosures under the Public Interest Disclosures Act 2012

	2024 – 25	2024 – 23
	Quantity	Quantity
The number of disclosures made by an individual to the health service and notified to the Independent Broad-based Anti-corruption Commission	0	0
Assessable disclosures	0	0

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 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.

This information is available on request from:

Executive Officer Health Services

Phone: 03 8458 4444

Email: information@mercy.com.au

Carers Recognition Act 2012

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
 - MHVL 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

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 MHVL.

During 2024-25 MHVL received 948 applications. Two requests progressed to the Victorian Civil and Administrative Tribunal (VCAT). One case from 2023-24 is still awaiting an outcome. There were five complaints against MHVL made to OVIC in 2024-25 which have been settled.

MHVL made 1,031 FOI decisions during the 12 months ended 30 June 2025.

There were 531 decisions made within the statutory time periods. Of the decisions made outside time, 114 were made within a further 45 days and 52 decisions were made in greater than 45 days.

Of the total decisions made, 550 granted access to documents in full, 126 granted access in part and five denied access in full. 52 decisions were made after mandatory extensions had been applied or extensions were agreed upon by the applicant.

Of requests finalised, the average number of days over/under the statutory time (including extended timeframes) to decide the request was 21 days.

During 2024-25, five requests were subject to a complaint/internal review by Office of the Victorian Information Commissioner. Two requests progressed to the Victorian Civil and Administrative Tribunal (VCAT). One case from 2023-24 is still awaiting an outcome. We had five complaints against MHVL made to OVIC throughout the year which have been settled.

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 \$32.70. 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/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 and Wellbeing Services

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 www.ovic.vic.gov.au.

Environmental Performance

Mercy Health's Strategic Framework 2023 – 2027 identifies 'Leading in Sustainability and Agility' as a core commitment, with carbon emissions reduction as a key target. This aligns with the Caring for People and Planet 2020 – 2025 strategy, which guides the integration of sustainable care models, climate response, and social accountability across Mercy Health.

In 2024 – 25, efforts have focused on strengthening sustainability governance in health services and on continuing to support the Green Champions network of 70 staff across six health service sites. Ensuring accurate and high-quality environmental data remains a key area of focus, as it provides a foundation for performance analysis that guides future strategic environmental actions.

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, confidential paper recycling at Wyndham Clinic has been included as the data is readily available. Corporate fleet data associated with the operation of these sites are also included in MHVL totals.

Mercy Health operates early parenting services at Woi-wurrung-yagila-wulumperi, Whittlesea Early Parenting Centre (WEPC). MHVL was brought onto the property lease this year, however water and electricity consumption data were not loaded into the Environmental Management Data System (EDMS) in time for this report. Every effort will be made to include WEPC in future reports, and consumption data will be backdated where possible. General waste, recycling and confidential paper recycling data has been included in MHVL totals as the data is readily available.

Contextual commentary is provided under each section where notable variations in data are observed between reporting years.

Greenhouse gas emissions

MHVL reports its greenhouse gas emissions under Scopes 1, 2 and 3. Scope 1 refers to emissions directly emitted by organisationally owned or controlled assets into the local atmosphere, such as by diesel generators or fleet vehicles. Scope 2 refers to indirect emissions from purchased electricity, 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 7.4% from the previous reporting year. This was driven by increased purchasing of medical gases desflurane, sevoflurane and nitrous oxide. Higher refrigerant leakage is reported this year due to more complete data becoming available for 2024-25. It is therefore likely that refrigerant leakage reported in previous years was incomplete.

Scope 2 emissions from electricity generation increased by 2.7% from the previous year.

Scope 3 emissions increased by 26.4% from the previous year. This was a result of indirect emissions from commercial air travel, stationary energy and transport increasing by 59.5%, 10.3% and 54.2% from the previous year respectively.

While gross greenhouse gas emissions increased from 18,415.60 tonnes CO₂-e in 2023-24 to 20,172.32 tonnes CO₂-e in 2024-25, the increase was offset by purchasing a limited set of 25% GreenPower electricity utility contracts. As a result, net greenhouse gas emissions remain unchanged from the previous year.

GREENHOUSE GAS EMISSIONS			
	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
G1 Total Scope 1 (direct) greenhouse gas emissions (CO₂-e(t))			
Carbon Dioxide	2,307.27	2,549.64	2,644.79
Methane	4.25	4.60	4.84
Nitrous Oxide	1.71	2.03	2.03
Total	2,313.24	2,556.27	2,651.66
Scope 1 GHG emissions from stationary fuel (F2 Scope 1) (CO ₂ -e(t))	2,171.94	2,338.40	2,466.27
Scope 1 GHG emissions from vehicle fleet (T3 Scope 1) (CO ₂ -e(t))	141.30	217.87	185.39
Medical/Refrigerant gases			
Desflurane	19.14	4.47	2.67
Nitrous oxide	2,414.31	1,871.10	1,627.75
Refrigerant - R134A (HFC-134A)	28.70	24.39	24.40
Refrigerant - R22 (HCFC-22)	4.96	4.45	4.45
Refrigerant - R32 (HFC-32)	0.19	0.17	0.17
Refrigerant - R404A (HFC-404A)	1.18	0.99	0.98
Refrigerant - R407C (blend R32/R125/R134a)	0.15	0.13	0.14
Refrigerant - R410A (HFC-410A)	25.56	21.80	21.51
Sevoflurane	34.98	23.12	22.19
Total Scope 1 (direct) greenhouse gas emissions (CO ₂ -e(t))	4,842.41	4,506.89	4,355.92

G2 Total Scope 2 (indirect electricity) greenhouse gas emissions (CO₂-e(t))			
Electricity	9,760.88	9,502.97	9,862.36
Total Scope 2 (indirect electricity) greenhouse gas emissions (CO ₂ -e(t))	9,760.88	9,502.97	9,862.36

G3 Total Scope 3 (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (CO₂-e(t))			
Commercial air travel	1,474.86	924.67	1,008.94
Waste emissions (WR5)	926.98	981.02	992.01
Indirect emissions from Stationary Energy	1,494.49	1,354.72	1,463.04
Indirect emissions from Transport Energy	1,510.76	980.03	1,055.65
Paper emissions			
Water emissions	161.94	165.27	144.13
Any other Scope 3 emissions			
Total Scope 3 greenhouse gas emissions (CO ₂ -e(t))	5,569.03	4,405.73	4,663.78

G(Opt) Net greenhouse gas emissions (CO2-e(t))			
Gross greenhouse gas emissions (G1 + G2 + G3) (CO2-e(t))	20,172.32	18,415.60	18,882.06
Total gross reported greenhouse gas emissions per bed-day (t CO2-e/OBD)	0.10	0.10	0.10
Green Power Electricity	-1,757.34		
Any Reduction Measures Offsets purchased (EL4-related)	-1,757.34		
Any Offsets purchased	-1,757.34		
Net greenhouse gas emissions (CO2-e(t))	18,414.98	18,415.60	18,882.06

Electricity use

Electricity use data is supplied directly to EDMS by 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 and reported based on a Delineation of Responsibilities agreement with Austin Health. The manual recordings are provided to Mercy Health at the end of the financial year.

There has been a slight increase in electricity use across MHVL, from 14,448.36 MWh in 2023-24 to 14,773.50 MWh in 2024-25.

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. However, 2024-25 was the first year that MHVL purchased 25% GreenPower electricity for Werribee Mercy Hospital (including co-located Mercy Mental Health meters), Mercy Palliative Care and O'Connell Family Centre. Through GreenPower, MHVL has offset 1,910.15 MWh.

ELECTRICITY USE	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
EL1 Total electricity consumption segmented by source (MWh)			
Purchased	14,773.50	14,448.36	14,356.69
Self-generated			
EL1 Total electricity consumption (MWh)	14,773.50	14,448.36	14,356.69
EL2 On site-electricity generated (MWh) segmented by:			
Consumption behind-the-meter			
Solar Electricity	0.00	0.00	0.00
Total Consumption behind-the-meter (MWh)	0.00	0.00	0.00
Exports	0.00	0.00	0.00
EL2 Total On site-electricity generated (MWh)	0.00	0.00	0.00
EL3 On-site installed generation capacity (kW converted to MW) segmented by:			
Diesel Generator	1.50	1.50	1.50
EL3 Total On-site installed generation capacity (MW)	1.50	1.50	1.50
EL4 Total electricity offsets segmented by offset type (MWh)			
GreenPower	1,910.15		
RPP (Renewable Power Percentage in the grid)	2,704.32	2,710.44	2,699.06
EL4 Total electricity offsets (MWh)	4,614.47	2,710.44	2,699.06

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 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.

Due to the nature of billing cycles, estimated data was used for Mercy Palliative Care and Werribee Critical Care Unit (CCU) for the final billing cycle.

Natural gas use decreased by 7.21% across MHVL from the previous year.

Diesel is used at Werribee Mercy Hospital for back-up power generation. Refuelling data is collected annually as a proxy for annual fuel usage. Diesel fuel generators at Mercy Hospital for Women are not under operational control and are therefore not included in this data.

STATIONARY ENERGY	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
F1 Total fuels used in buildings and machinery segmented by fuel type (MJ)			
Natural gas	42,109,630.39	45,379,468.19	47,756,202.35
Diesel	28,942.30		76,818.00
F1 Total fuels used in buildings (MJ)	42,138,572.69	45,379,468.19	47,833,020.35
F2 Greenhouse gas emissions from stationary fuel consumption segmented by fuel type (CO2-e(t))			
Natural gas	2,169.91	2,338.40	2,460.88
Diesel	2.03		5.39
F2 Greenhouse gas emissions from stationary fuel consumption (CO2-e(t))	2,171.94	2,338.40	2,466.27

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 2024-25 the MHVL fleet used two fuel sources: petrol and diesel. The fleet decreased from 103 passenger vehicles in 2023-24 to 96 passenger vehicles in 2024-25. The reduction of vehicles in the fleet has been accompanied by a reduction in kilolitres of fuel used and greenhouse gas emissions. No plug-in hybrid or electric vehicles have yet been introduced to the corporate fleet.

Air travel is captured manually and includes approved continuing medical education (CME) claims containing flight travel. 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. Approximately 4 million kilometres were travelled by commercial flights, where 99% arose from CME. The reported figure is significantly larger in 2024-25 compared to previous years due to continued improvements to the manual data capture process for CME air travel.

TRANSPORTATION ENERGY	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type (MJ)			
Petrol	2,007,550.10	3,121,095.30	2,594,073.10
Petrol (E10)	0.00	5,309.00	35,766.40
Diesel	78,759.50	92,245.80	110,797.40
Total energy used in transportation (vehicle fleet) (MJ)	2,086,309.60	3,218,650.10	2,740,636.90

T2 Number and proportion of vehicles in the organisational boundary segmented by engine/fuel type and vehicle category			
Road vehicles	96 (100%)	108 (100%)	98 (100%)
T2 Passenger vehicles	96 (100%)	108 (100%)	98 (100%)
Petrol	90 (94%)	103 (95%)	89 (99%)
E10	0 (0%)	3 (3%)	8 (8%)
Diesel	6 (6%)	2 (2%)	1 (1%)
T2 Internal combustion engine	96 (100%)	108 (100%)	98 (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 (CO2-e(t))			
Petrol	135.75	211.05	175.41
Petrol (E10)	0.00	0.32	2.18
Diesel	5.55	6.50	7.80
Total Greenhouse gas emissions from transportation (vehicle fleet) (CO2-e(t))	141.30	217.87	185.39
T4 Total distance travelled by commercial air travel (passenger km travelled for business purposes by entity staff on commercial or charter aircraft)			
Total distance travelled by commercial air travel	3,983,224.00	2,582,285.00	2,568,746.00

Total energy use

MHVL's total energy use from stationary and transport fuels decreased by 9.0% from the previous year. Total energy use from electricity increased by 2.3%. Renewable energy sources listed in E3 arise from purchased GreenPower and the renewable power percent (RPP) of the National Electricity Market. Pleasingly, energy use when normalised to LOS, separations and floor area all decreased from the previous financial year.

TOTAL ENERGY USE	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)			
Total energy usage from stationary fuels (F1) (MJ)	42,138,572.69	45,379,468.19	47,833,020.35
Total energy usage from transport (T1) (MJ)	2,086,309.60	3,218,650.10	2,740,636.90
Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)	44,224,882.29	48,598,118.29	50,573,657.25
E2 Total energy usage from electricity (MJ)			
Total energy usage from electricity (MJ)	53,184,591.99	52,014,079.73	51,684,093.37
E3 Total energy usage segmented by renewable and non-renewable sources (MJ)			
Renewable	16,612,092.23	9,758,121.60	9,720,186.14
Non-renewable (E1 + E2 - E3 Renewable)	80,797,382.05	90,854,076.41	92,537,564.49
E4 Units of Stationary Energy used normalised: (F1+E2)/normaliser			
Energy per unit of LOS (MJ/LOS)	494.64	504.14	550.19
Energy per unit of bed-day (LOS+Aged Care OBD) (MJ/OBD)	494.64	504.14	550.19

Energy per unit of Separations (MJ/Separations)	1,515.78	1,526.31	1,637.74
Energy per unit of floor space (MJ/m2)	1,733.34	1,770.98	1,809.60

Sustainable buildings and infrastructure

2024-25 saw the commencement of the construction of Werribee Mercy Hospital's new Emergency department in partnership with the Victorian Health Building Authority. Upon completion, any sustainable design features will be disclosed in a future annual report.

Site	NABERS Energy star rating 2023-24	NABERS Water star rating 2023-24
Mercy Hospital for Women	Not available	3.5
Werribee Mercy Hospital	5.0	4.5
O'Connell Family Centre	6.0	6.0

Water use

Potable water data is supplied directly to EDMS by the water provider for upload every two months. Potable water invoices and associated consumption data for Werribee Mercy Hospital, Mercy Palliative Care, and Mercy Mental Health Community Care Unit were unavailable from the provider at the time of reporting and so estimate data has been reported.

Total water use reported for 2024-25 incorporates this estimate data.

WATER USE	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
W1 Total units of metered water consumed by water source (kL)			
Potable water (kL)	99,002.08	98,490.21	85,091.21
Alternate supply consumption (kL)		1,317.00	2,812.00
Total units of water consumed (kL)	99,002.08	99,807.21	87,903.21
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	0.52	0.49
Water per unit of bed-day (LOS+Aged Care OBD) (kL/OBD)	0.51	0.52	0.49
Water per unit of Separations (kL/Separations)	1.57	1.56	1.45
Water per unit of floor space (kL/m2)	1.80	1.81	1.60

Waste and recycling

The total units of waste and recycling disposed across MHVL increased by 0.9% from the previous year.

At Werribee Mercy Hospital, incinerated clinical waste has increased significantly in 24-25, with a corresponding reduction in treated clinical waste. This change results from a change in the provider's disposal practices.

There have been continued efforts across MHVL to divert recyclable waste from landfill. There have been pleasing increases in both units recycled and % of total waste across a number of recycling streams including batteries, blister packs, commingled, e-waste, fluorescent tubes, packaging plastics and PVC. This has resulted in an increase of MHVL's recycling rate from 20.47% in 2023-24 to 21.74% in 2024-25.

Overall, greenhouse gas emissions associated with waste disposal decreased by 5.5% from the previous year.

WASTE AND RECYCLING	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
WR1 Total units of waste disposed of by waste stream and disposal method (kg)			
Landfill (total)			
General waste - bins	200,742.27	202,432.36	194,057.80
General waste - compactors	345,780.00	351,460.00	336,930.00
General waste - skips	27,105.75	26,639.06	38,000.00
Offsite treatment			
Clinical waste - incinerated	118,831.00	7,279.79	6,344.30
Clinical waste - sharps	3,774.86	3,940.14	4,619.80
Clinical waste - treated	55,311.00	165,236.17	185,186.49
Recycling/recovery (disposal)			
Batteries	751.00	640.90	392.00
Blister Packs	107.00	56.00	
Commingled	9,085.12	6,198.56	7,993.85
E-waste	4,345.51	3,662.29	1,908.96
Fluorescent tubes	279.73	95.00	104.72
Grease traps	4,232.25	3,961.36	5,047.50
Metals	955.24	1,071.00	
Other recycling	50.00	345.22	
Packaging plastics/films	208.00	117.00	
Paper (confidential)	99,940.60	89,565.69	81,926.78
Paper (recycling)	86,742.30	87,184.96	91,939.00
PVC	1,185.00	564.00	538.00
Reused Medical Supplies and Equipment	582.68	921.55	
Toner & print cartridges	325.30	395.82	561.66
Total units of waste disposed (kg)	960,334.61	951,766.87	955,550.86

WR1 Total units of waste disposed of by waste stream and disposal method (%)			
Landfill (total)			
General waste	59.73%	61.00%	59.55%
Offsite treatment			
Clinical waste - incinerated	12.37%	0.76%	0.66%
Clinical waste - sharps	0.39%	0.41%	0.48%
Clinical waste - treated	5.76%	17.36%	19.38%

Recycling/recovery (disposal)			
Batteries	0.08%	0.07%	0.04%
Blister Packs	0.01%	0.01%	
Commingled	0.95%	0.65%	0.84%
E-waste	0.45%	0.38%	0.20%
Fluorescent tubes	0.03%	0.01%	0.01%
Grease traps	0.44%	0.42%	0.53%
Metals	0.10%	0.11%	
Other recycling	0.01%	0.04%	
Packaging plastics/films	0.02%	0.01%	
Paper (confidential)	10.41%	9.41%	8.57%
Paper (recycling)	9.03%	9.16%	9.62%
PVC	0.12%	0.06%	0.06%
Reused Medical Supplies and Equipment	0.06%	0.10%	
Toner & print cartridges	0.03%	0.04%	0.06%

WR3 Total units of waste disposed normalised by FTE, headcount, floor area, or other entity or sector specific quantity, by disposal method	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
Total waste to landfill per patient treated ((kg general waste)/PPT)	1.75	1.76	1.82
Total waste to offsite treatment per patient treated ((kg offsite treatment)/PPT)	0.54	0.54	0.63
Total waste recycled and reused per patient treated ((kg recycled and reused)/PPT)	0.64	0.59	0.61

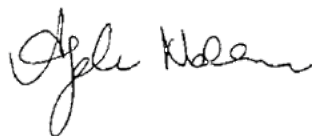
WR4 Recycling rate (%)	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
Weight of recyclable and organic materials (kg)	208,789.73	194,779.35	190,412.47
Weight of total waste (kg)	960,334.61	951,766.87	955,550.86
Recycling rate (%)	21.74%	20.47%	19.93%

WR5 Greenhouse gas emissions associated with waste disposal (CO2-e(t))	Jul-24 to Jun-25	Jul-23 to Jun-24	Jul-22 to Jun-23
CO2-e(t)	926.98	981.02	992.01

Attestations

Proposed Data Integrity Declaration

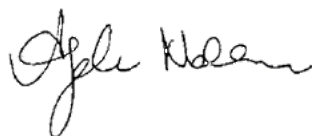
I, Angela Nolan, certify that Mercy Hospitals Victoria Ltd continues to put in place appropriate internal controls and processes to enhance the accuracy of reported data. MHVL critically reviews these controls and processes during the year.



Angela Nolan
Accountable Officer
4 August 2025

Proposed Conflict of Interest Declaration

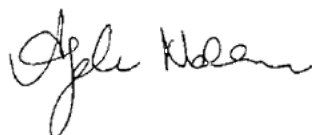
I, Angela Nolan, certify that Mercy Hospitals Victoria Ltd has put in place appropriate internal controls and processes to ensure that it has implemented a 'Declaration of Material Interests' procedure consistent with the minimum accountabilities required by the Australian Public Services Commission. All Mercy Health Australia executive staff have completed an annual declaration of material interests form for 2024 – 25 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 board meeting.



Angela Nolan
Accountable Officer
4 August 2025

Proposed Integrity, Fraud and Corruption Declaration

I, Angela Nolan, certify that Mercy Hospitals Victoria Ltd continues to 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 2024 – 25.



Angela Nolan
Accountable Officer
4 August 2025

Disclosure Index

The Report of Operations 2024-2025 of the Mercy Hospitals Victoria Limited is prepared in accordance with all relevant legislation. This index has been prepared to facilitate identification of the Department's compliance with statutory disclosure requirements.

Legislation	Requirement	Page reference
Statutory and Financial Reporting Directions		
Report of operations		
FRD 22	Manner of establishment and the relevant Ministers	6
FRD 22	Purpose, functions, powers, and duties	11
FRD 22	Nature and range of services provided	10
FRD 22	Activities, programs, and achievements for the reporting period	12-13
FRD 22	Significant changes in key initiatives and expectations for the future	4-5
Management and structure		
FRD 22	Organisational structure	15
FRD 22	Workforce data/employment and conduct principles	25
FRD 22	Occupational Health and Safety	25-26
Financial and other information		
FRD 22	Summary of the financial results for the year	7
FRD 22	Significant changes in financial position during the year	38
FRD 22	Operational and budgetary objectives and performance against objectives	36-37
FRD 22	Subsequent events	54
FRD 22	Details of consultancies under \$10,000	8
FRD 22	Details of consultancies over \$10,000	8
FRD 22	Disclosure of ICT expenditure	8
FRD 22	Application and operation of Freedom of Information Act 1982	41-42
FRD 22	Compliance with building and maintenance provisions of Building Act 1993	41
FRD 22	Application and operation of Public Interest Disclosure Act 2012	39
FRD 22	Application and operation of Carers Recognition Act 2012	40
FRD 22	Additional information available on request	40
FRD 24	Environmental data reporting	43
Compliance attestation and declaration		

SD 5.2.3	Declaration in Report of Operations	4
Attestation on Data Integrity		51
Attestation on managing Conflicts of Interest		51
Attestation on Integrity, Fraud, and Corruption		51
Other reporting requirements		
Reporting of outcomes from Statement of Priorities 2024 – 2025		27-37
Occupational Violence reporting		25-26
Reporting obligations under the Safe Patient Care Act 2015		39
Reporting of compliance regarding Car Parking Fees (if applicable)		39
Financial statements		
Legislation		
Freedom of Information Act 1982 (Vic) (FOI Act)		41
Building Act 1993		41
Public Interest Disclosures Act 2012		39
Carers Recognition Act 2012		40
Financial Management Act 1994 (b)		7

Year In Review

New Werribee Mercy Hospital Emergency Department build

The construction of a new Emergency Department (ED) for Werribee Mercy Hospital is a highly-anticipated project that will deliver a fit-for-purpose, modern ED for the Werribee and Wyndham communities.

The expanded department will facilitate increased access to essential emergency care at Werribee Mercy Hospital, supporting improved health outcomes for the community with more care close to home. The new ED will eventually double current patient capacity at Werribee Mercy Hospital, treating an additional 25,000 emergency presentations each year.

The expansion will increase spaces for patient treatment from 33 to 67 — creating four resuscitation bays, 16 short stay beds, 36 emergency care cubicles and a behavioural assessment room.

The project aims to expand upon existing emergency services at Werribee Mercy Hospital, providing additional points of care to support the growing population in Wyndham which is a significant growth corridor.

As we approach the opening of our new ED, there will be a focus on growing our workforce and enabling staff readiness to ensure our team is equipped to deliver exceptional care to meet the needs of our community.

With a new ED will come updated models of care to enable more efficient care delivery to overcome current challenges such as long waiting room times and improve the patient experience.

Mercy Health Clare Moore Building Capital Improvement Works

The refurbishment of the outdoor areas of the Werribee Mercy Psychiatric Unit, the Clare Moore Building, will help improve patient experience and outcomes.

Features of the improvements include:

- » The refurbished Clare Moore Building outdoor spaces provide a safe, engaging and aesthetically pleasing environment.
- » The removal of concrete and installation of soft fall surfaces improve safety.
- » Shade sails will ensure outdoor spaces can be used year-round.
- » New facilities like a half-court basketball area and spin cycles will encourage physical activity and reduce boredom.
- » Indigenous artwork will enhance the internal courtyard, providing a relaxing and private area for staff to take breaks.
- » The reception area will be brighter and more inviting, offering a better first impression for visitors and staff. This transformation fosters a safer, more therapeutic environment for consumers and a supportive, healthier workspace for staff.

The works have involved removing old concrete, installing new surfaces and shade structures, creating exercise facilities, and designing a rejuvenated courtyard with artwork to provide privacy, relaxation, and a more stimulating atmosphere.

Mother and Baby Unit (MBU) Refurbishment

The Mother and Baby Unit (MBU) at Werribee Mercy Hospital is a vital resource, providing early, specialised support for women experiencing perinatal mental health challenges. It supports both maternal recovery and the development of a strong mother – infant bond, offering care in a safe, family-centred environment. The recent refurbishment, funded by the Department of Health, was guided by principles of safety, privacy, therapeutic care, and family inclusion.

The upgraded environment now offers a more secure and dignified experience through the installation of anti-ligature fixtures, swipe-access rooms and lockable doors. Natural light, calming colours, and low-stimulation spaces contribute to emotional regulation and recovery, while flexible layouts support family visits, overnight stays where appropriate and culturally inclusive care practices. The refurbishment also prioritised mother – infant bonding, with dedicated breastfeeding rooms, shaded outdoor areas, and expanded play zones designed to foster connection and developmental support.

Clinical enhancements include new offices for psychologists, perinatal educators and maternal health nurses, as well as upgraded group therapy spaces equipped with audiovisual capability. The introduction of new parenting programs, including My Early Relational Trauma Informed Learning (MERTIL) and Partners in Parenting (PIP), has expanded therapeutic offerings, alongside increased access to one-on-one therapy sessions. While staffing levels remain unchanged, the additional space now supports student placements and psychology registrars, contributing to workforce development.

Consumer feedback has been positive, with many reporting increased comfort, improved privacy, and a greater sense of calm and safety. Outdoor areas and private spaces have been particularly well received by families, contributing to a more welcoming and therapeutic atmosphere. The improvements have led to better outcomes for mothers, babies and families, and align with the organisation's commitment to early intervention, family-centred care and service excellence in perinatal mental health.

Mercy Hospital for Women launched a new Homebirth Program

In November 2024, Mercy Hospital for Women successfully launched its publicly funded homebirth model of care. As one of three Victorian hospitals selected for this funding opportunity, Mercy Hospital for Women created a model that provides low-risk women with the choice and continuity of care to birth their babies at home.

Twelve families have safely welcomed their babies in the comfort of their homes through this program. Homebirth has enabled midwives to practise within their full scope of clinical skills, fostering professional satisfaction.

With strong governance structures and supporting guidelines in place, Mercy Hospital for Women is prepared to meet the growing demand for this service safely and sustainably.

Mercy Health O'Connell Family Centre celebrates 75 years of supporting parents

In November 2024, Mercy Health celebrated 75 years since the O'Connell Family Centre in Canterbury first opened its doors to the community, providing essential support to parents navigating the challenges of raising children.

Founded in 1949, the O'Connell Family Centre's multi-disciplinary team of nurses, midwives, early parenting practitioners, psychiatrists and psychologists guide parents through a range of challenges. The Centre offers Day Stay and Residential programs for families with children from newborns to four-year-olds, and staff are committed to fostering a nurturing environment during these formative years.



Mercy Health Aboriginal Programs

Mercy Health is committed to closing the gap and improving health outcomes and experiences for Aboriginal and Torres Strait Islander people. We strive to improve our engagement with Aboriginal and Torres Strait Islander communities and organisations, and to improve the cultural competence of our staff.

Our Aboriginal Programs provides support and advocacy to Aboriginal and Torres Strait Islander patients, women carrying an Aboriginal or Torres Strait Islander baby, and their families. The Nangnak Wan Myeek “Nurture, Care, Look after me and Mine”, program started at Mercy Hospital for Women and has expanded to include Werribee Mercy Hospital, and provides help to new mothers in accessing services, support for families whose babies have been admitted to special care nursery or neonatal intensive care unit, post-natal care and support services and linking families to local Aboriginal organisations.

Building Improvement Capability Across Mercy Health

Mercy Health’s Improvement Capability Building Program is designed to embed a culture of continuous improvement by equipping leaders and frontline teams with the skills and confidence to solve problems and improve outcomes for patients, residents and clients. The program is built around our improvement system, which focuses on direction (knowing where we are going), control (being able to see our problems) and capability (having the skills to solve our problems when we see them).

Central to this initiative is the Foundation Improvement Program, a 16-week learning experience where participants address real problems from their local areas using a structured problem-solving approach. Participants are selected through an expression of interest process and supported by their managers to ensure alignment and prioritisation.

Throughout the program, participants build both confidence and capability, sharing their progress in daily and operational huddles and concluding with a showcase presentation to senior leadership. The program covers improvement principles, consumer participation, team formation, stakeholder engagement, waste identification, data-driven problem understanding, root cause analysis, solution development and sustainability of improvements.

Since its launch, two waves of the Foundation Improvement Program have involved 42 participants working on 25 real-world problems, with a third wave in FY26 to include 28 more participants. The program represents the foundation level of Mercy Health’s three-tier capability framework, which also includes awareness-building for all employees and a specialised Improvement Coach Secondment Program for future leaders.

Outcomes to date include increased engagement in problem-solving, greater visibility of improvement activities, broader use of structured problem-solving, and strengthened organisational capability for sustainable change. Looking ahead, Mercy Health plans to deliver three Foundation Program waves annually, continue the Improvement Coach Secondment Program, and conduct yearly capability maturity assessments to guide future priorities.

A Year of Innovation and Impact at Mercy Perinatal

At Mercy Perinatal, our mission remains clear: bringing mothers and their babies safely home. Since launching in 2016 at the Mercy Hospital for Women, under the leadership of Professors Stephen Tong and Sue Walker, we've grown into a global centre of excellence in perinatal medicine. Our work is built around three pillars – research, education, and clinical care – and 2024-25 has been a year of significant progress.

In research, we continue to lead Australia in obstetric academic excellence, with a strong international presence. Our discoveries have led to clinical trials across South Africa, Sweden, the Netherlands, Chile, and the UK. We're proud of our 10-year partnership with Stellenbosch University in South Africa and collaborations with institutions worldwide. We also secured funding from the Medical Research Future Fund (MRFF) to support a national epidemiology platform and implement a stillbirth biomarker test across Australia.

In education, our global reach has expanded to over 12,000 subscribers in more than 100 countries. We delivered nine major events, including our flagship Global Obstetrics Update, which sold out and drew attendees from 24 countries. We launched the Global Midwifery Update, hosted the Australian Reproduction Update, and introduced new initiatives like the Global Obstetrics and Neonatal Journal Clubs. Our Fetal Medicine at Twilight webinar series attracted over 9,000 registrants, and our podcast "Prepare" reached 4,700 downloads. We also partnered with the University of Melbourne to offer three online courses in ultrasound and genetics.

In clinical care, we've seen increased patient volumes across our 13 sub-specialist clinics, supporting high-risk pregnancies and providing telehealth consultations to regional centres across Victoria, Tasmania, and the Northern Territory.

As we reflect on the past financial year, we're proud of our impact and remain committed to advancing research, education, and clinical care – always with families at the heart of everything we do.





A vibrant, colorful illustration featuring various Indigenous Australian art motifs. The design includes three large, intricate circular mandala-like patterns in the center, each with concentric circles and geometric shapes. Surrounding these are stylized elements like a kangaroo, a boomerang, a handprint, a bird, and a fish. The background is a mix of blue, green, and brown tones with decorative patterns. The overall style is traditional and culturally rich.



Mercy Health

Care first