NETCARE

Netcare Limited

QUALITY REPORT

For the year ended 30 September 2025

Contents

Our reporting suite

Materiality consideration: impact

Environmental, social and governance report
The ESG report explains in detail the Group's economic, social and environmental impacts, and the governance practices and approaches that ensure these impacts are appropriately managed to secure the Group's long-term sustainability.

Audience: all key stakeholder groups, prospective investors and employees, doctors considering joining the Group, ESG rating agencies and broader society.

Assurance: [CA] [ELA] [OA]

Key regulatory and reporting frameworks applied
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Quality report
THIS REPORT

The quality report explains in detail the Group's consistency of care strategy and includes clinical outcomes data and measurement requirements.

Audience: patients, doctors, allied healthcare professionals, private medical funders and regulators.

Assurance: [CA]

Materiality consideration: impact and financial

Integrated report
The integrated report explains Netcare's strategy to create a sustainable competitive advantage and deliberate social, economic and environmental value. It provides material information on how the Group creates and preserves enterprise value and mitigates its erosion over time. Detailed analysis of our financial, environmental, social and governance performance can be found in our other online publications.

Audience: primarily providers of financial capital, analysts and prospective investors; however, the report is also relevant to other stakeholders as it discusses how Netcare creates, preserves or may lose value across the six capitals.

Assurance: [CA] [EA] [ELA] [OA]

Key regulatory and reporting frameworks applied
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Shareholder report
The shareholder report provides detailed disclosure on the Group's approach to ethical business conduct, corporate governance and remuneration. The report includes the full remuneration policy and implementation report and the summarised Group annual financial statements.

Audience: all of our key stakeholder groups, prospective investors and employees, credit and ESG rating agencies and broader society.

Assurance: [CA] [EA]

Key regulatory and reporting frameworks applied
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Materiality consideration: financial

Annual financial statements
The Group's audited annual financial statements, including the report of the independent auditor, provide information on the Group's financial position and performance, and include important regulatory disclosures.

Audience: providers of financial capital, analysts, credit rating agencies, regulators and other stakeholders.

Assurance: [CA] [EA]

Key regulatory and reporting frameworks applied
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Key regulatory and reporting frameworks

- ■ International <IR> Framework (January 2021).
- ■ King Report on Corporate Governance for South Africa (2016)™ (King IV)[1].
- ■ South African Companies Act 71 of 2008, as amended (Companies Act).
- ■ JSE Listings Requirements.
- ■ International Financial Reporting Standards (IFRS)® Accounting Standards.
- ■ SAICA[2] Financial Reporting Guides.
- ■ Global Reporting Initiative (GRI) Standards.
- ■ Task Force on Climate-related Financial Disclosures.
- ■ UN Sustainable Development Goals.
- ■ UN Global Compact.
- ■ Broad-based Black Economic Empowerment Act, 53 of 2003.
- ❖ *IFRS Sustainability Disclosure Standards were considered.*

1. King IV copyright and trademarks are owned by the Institute of Directors in Southern Africa NPC and all of its rights are reserved.
2. **SAICA:** South African Institute of Chartered Accountants.

Assurance

- [CA] Management and Board oversight through internal reporting and internal audit.
- [EA] External audit of financial information.
- [ELA] External limited assurance over selected KPIs.
- [OA] Other external verification of selected KPIs eg B-BBEE scorecard.

Where to find our reports

Access our reports at www.netcare.co.za/Netcare-Investor-Relations or use the links on this page.

Additional information

- Key ESG indicator report.
- GRI content index.
- Notice of AGM and proxy form.
- Broad-based Black Economic Empowerment certificate.
- Hospital listing (downloads tab).

Group medical director's review

> Consistency of care is a fundamental strategic focus area for the Group. Tasked with ensuring continuous improvement in the quality, safety and experience of care we deliver, while driving operational excellence and clinical efficiency, the consistency of care team is key in enabling person centred health and care. The pursuit to provide consistently excellent care is enabled by our fully digitised ecosystem and the insights generated from our wealth of clinical data.

Dr Anchen Laubscher

Netcare's significant investment in digital capabilities over the past seven years, from digitising operational processes and patient records to advanced clinical modelling and integrating artificial intelligence (AI), provides a structured basis for aligning outcomes, patient experience and cost efficiency. In a fully digitised ecosystem, we continue to ensure we retain a human touch and human heart while delivering data and AI driven care.

The Hospital Division's patient feedback survey (PFS) enables patients to express their level of satisfaction with their stay, and specifically the level of compassionate care they received from nurses and doctors. We define patient satisfaction as the extent to which we exceed patients' expectations for compassionate, quality care. Doctors receive personalised clinical information reports that include their patient experience scores.

The proportion of patients who respond to our PFS remains in line with international benchmarks, showing us where we need to direct our efforts to most meaningfully improve patient experience. To align to the Hospital Division PFS, all divisions will include a measure of satisfaction in their surveys going forward. In FY 2025, efforts to enhance compassion, communication and whole-person care in our emergency departments resulted in an impressive improvement across perception of care measures.

Our Summary of Care reports, which provide information on the clinical care a patient received while under our care, continue to be a valuable resource for patients and caregivers. Following a period of development and testing, we have implemented a large language model to facilitate patients' ability to use and understand their Summary of Care reports. Other patient-driven improvements that will inform further development, such as more practical self-care information following discharge and advice for caregivers, will ensure these reports become even more meaningful for patients over time.

Doctors are pivotal partners in the delivery of person centred health and care, directly impacting patients' experience of care and clinical outcomes. During the year, we launched a project to re-establish GPs as the central custodians of patient health and care. The Netcare GP Partner Network aims to improve continuity of patient care and increase referral rates through better communication between GPs and Netcare facilities. Doctors can remotely access real-time clinical data and a single source of patient information to assist in shared decision-making in multidisciplinary teams.

From a regulatory perspective, heightened policy uncertainty has required increased engagement with doctors. Netcare hospitals conducted a series of well-attended roadshows to keep doctors informed and to reiterate Netcare and the industry's support for sustainable private healthcare.

To further assist nurses and doctors in providing compassionate care, in FY 2026 we will introduce AI-driven ambient listening and dictation to create structured clinical notes, allowing doctors and nurses to be fully engaged with patients at the bedside. Over time, we aim to develop AI clinical assistants to further reduce administrative burdens while improving the quality and depth of patient records.

Group medical director's review continued

Our digital and data assets provide a compelling value proposition to doctors and enable us to continuously improve the consistency and quality of patient care outcomes. Some examples discussed in this report include improved accuracy and auditability of outcomes and adverse incidents; significantly reduced adverse drug interactions and prescribing errors through electronic prescribing and accurate recording of drug administration times; applying AI driven machine learning to predict life threatening conditions such as sepsis several hours before onset; assisting clinicians in making medication choices based on analysis of clinical outcomes and price; and facilitating clinical research.

A highlight for the team in FY 2025 was the introduction of non-invasive medical-grade wearable devices for all patients in general wards, maternity, psychiatry and rehabilitation. These devices allow nurses and clinicians to continuously monitor patients in real time, enabling earlier detection and intervention of any deterioration in a patient's condition.

The Group is establishing AI governance capabilities to ensure that AI is used ethically and that patient data is protected. Across the various AI solutions currently being explored, work is underway to define a risk assessment framework that provides a consolidated view of AI solutions in use.

Various data driven improvement projects, made possible through the successful implementation of our digitisation strategy, form part of our centrally coordinated clinical efficiency programme. We have also observed greater interest from private medical scheme funders in value based contracting, which further incentivises hospitals to improve patient outcomes and experience while reducing cost.

Crucial to maintaining the quality and safety of care we provide is ensuring that clinicians and other independently contracted healthcare workers hold the credentials required to provide clinical services, which include suitable qualifications and registration with their respective professional councils. The advanced electronic signature (AES) links to every eligible doctor with prescribing privileges on CareOn, which allows the monitoring of prescriptions issued in the Netcare Hospital Division.

Netcare's facilities retained their ISO 9001:2015 (quality management systems) certification following the addressing of non-conformances identified. A specific gap identified during this process was with non-conformance management and root cause analysis (RCA), which we will address through improved guidance and procedures to effectively manage and review non-conformances, and the introduction of standard operating procedures for RCA.

To promote clinical excellence and innovation, we have developed an electronic research application and tracking platform that will improve research output over the next year, with oversight provided by the Netcare Research Operations Committee. Investing in research strengthens our ability to provide evidence-based care, facilitates collaboration with academic institutions and industry partners, attracts top talent and ultimately benefits our patients.

Our comprehensive risk-based employee medical surveillance programme provides health assessments for our employees, promoting health and wellbeing. Given the demanding nature of many of the roles within our work environment, our integrated wellness strategy supports employees and drives preventative and curative interventions.

This year we placed special emphasis on ergonomics in the workplace, rolling out various initiatives and undertaking surveys to inform the development of a comprehensive ergonomics programme to be launched over the next year. Our people must feel cared for in order for them to always act compassionately in their roles. In the year ahead we will ensure that a holistic wellbeing narrative is communicated and demonstrated by group leadership.

It has been extremely encouraging to see the Group's strategic investment in digitisation and data analysis transform the way in which we deliver health and care, achieving the results envisioned. As digitally enabled, data and AI driven person centred health and care becomes entrenched across the Group, the consistency of care team will continue to enhance the quality, safety and value of care Netcare provides, to benefit all stakeholders.
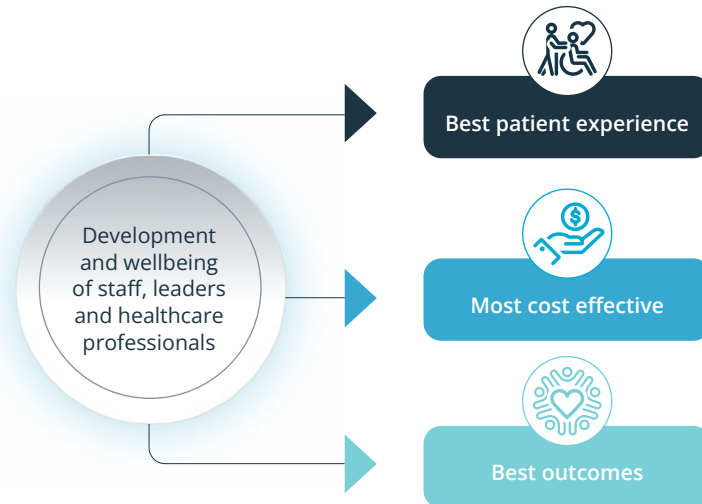
It remains a profound honour to deliver care in partnership with our clinical staff and clinician partners. Their meticulous care in making decisions and taking actions is essential to our strategies succeeding. We extend our most sincere appreciation and admiration for their knowledge, skill, competence and compassion in caring for our patients.

Anchen Laubscher
Group medical director

Guiding frameworks

Our consistency of care strategy is guided by the following internationally recognised healthcare models

The Quintuple Aim[1]

Development and wellbeing of staff, leaders and healthcare professionals

- Best patient experience
- Most cost effective
- Best outcomes

The Quadruple Aim[1] is an international framework directed at optimising the performance of healthcare systems through the integration of four critical objectives. The concept was first introduced by Berwick and colleagues as the Triple Aim, covering care, health and cost – where care refers to a patient's subjective experience of care.

1. Source: Bodenheimer, T., & Sinsky, C. (2014). From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. The Annals of Family Medicine, 12(6), 573–576.

Building on the well-entrenched Triple and Quadruple Aim frameworks[1], the Quintuple Aim adds equity in care as an additional imperative to advance equity in healthcare provision.
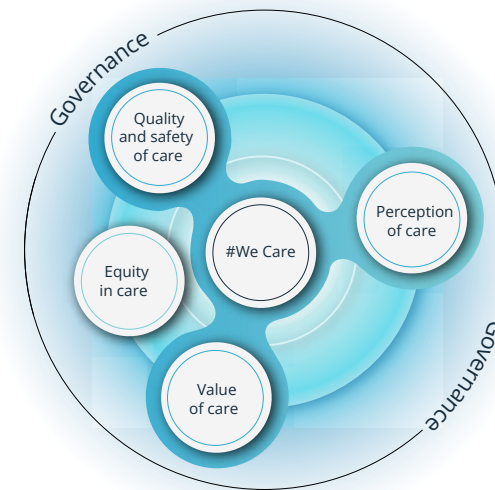
The consistency of care strategy retains the foundation of quality, safety and value of care, centred on caring compassionately for our people, who are in turn empowered and expected to provide compassionate care to our patients.

In furtherance of the Quintuple Aim, we continue to advance our strategy to broaden people's ability to access care within our ecosystem, as demonstrated by the growth of our Netcare Plus and Netcare Occupational Health divisions and the success of our innovative maternity care model, Netcare birthwise.

1. Nundy et al. (2022). The Quintuple Aim for Health Care Improvement – A new Imperative to Advance Health Equity. JAMA. 2022;327(6):521-522. doi:10.1001/jama.2021.25181

Modified value of care equation[3]

$$\text{Value of care} = \frac{\text{Clinical outcomes}}{\text{Cost of a clinical event}} \times \text{Patient experience}$$

- **Clinical outcome:** the degree to which the clinical event achieved a clinical goal (objective measure).
- **Cost of the clinical event:** total cost charged by care providers (patient, medical aid or both).
- **Patient experience:** the degree to which the patient's expectation was met (subjective measure).

3. Source: Porter, M. E. (2010). What is value in health care? New England Journal of Medicine, 363(1), 2477–2481. http://doi.org/10.1056/NEJMp1002530.

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PERCEPTION OF CARE

Key focus areas for FY 2025

Our patients
- Promoting online preadmission through digital channels.
- Educating patients on Summary of Care reports and using artificial intelligence to de-jargonise and enable patients to ask questions in plain language.
- Implementing new patient feedback surveys aligned to the Hospital Division's survey to focus on patient satisfaction across all operating platforms.

Doctor partnerships
- Growing engagement touchpoints and better aligning our offering to doctors' needs and expectations.
- Operationalising our research and analytics tool that leverages our centralised Big Data analytics platform.

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Doctor partnerships   13

Objective

To improve our patient satisfaction
and perception of care
delivered

Our patients

Enhanced and personalised patient experiences are achieved when patients have access to the information and tools they need to be active and empowered participants in decisions about their care, and when they and their loved ones experience compassionate and meaningful engagement from their care providers. This person centred health and care approach sets the foundation from which to establish lifelong relationships with our patients. For Netcare, this will allow us to grow the embedded value of our offering and supports our strategic priority to grow market share.

Who they are
Medically insured, self-pay, government-funded and foreign patients.

Quality of our relationships

We measure patient experience by analysing the results from our independently validated patient feedback surveys. The results are used to address areas of suboptimal performance and identify and learn from facilities that are performing well. Surveys align to our core values and the behaviours we seek to encourage in our people and see reflected in the patient experience.

Key value indicators for FY 2025

Patient reported experience measures (PREMs)	Nurse compassion score	Satisfaction with hospital stay score
24	**8.36**	**8.17**
out of 34 PREMs improved[1], led by Netcare emergency departments and National Renal Care.	average nurse compassion score for the year.	average patient overall satisfaction with hospital stay score for the year.
FY 2024: 14 out of 23	FY 2024: 8.26	FY 2024: 8.04

1. Of the 34 measures, six Netcare Medicross measures have only one year of data as they were introduced in FY 2025.
2. Patient feedback surveys.
3. Patient adoption is defined as a patient accessing their Summary of Care report at least once.

Patient engagement

Compassionate engagement with our patients and their loved ones, and providing them with the information and tools they need to participate in their journey to health, form the foundation for establishing lifelong relationships with our patients. Over the past five years, we significantly enhanced patient engagement by updating our divisional patient feedback surveys and introducing additional engagement channels to more effectively understand patient experiences and priorities.

How we engage	Their needs, expectations and interests
• Person centred care teams. • Patient focus groups and listening forums. • Various digital platforms (eg digital PFS[2], MyNetcare Online (patient portal), the Netcare App, the ONE Netcare website and social media). • Netcare **appoint**med™ (appointment booking system). • Summary of Care reports across seven divisions. • CareNet (complaints management system) with dashboards refreshed every 30 minutes for every hospital.	• Excellence in quality and safety of care and patient experience. • Post-discharge recovery support. • Competent, compassionate and professional healthcare practitioners. • The highest level of medical ethics. • Our inclusion in medical scheme network options. • Data privacy and protection. • Affordable healthcare services.

Summary of Care reports

Our Summary of Care (SoC) reports provide patients with access to a valuable, full electronic clinical summary of the care they have received at Netcare facilities. Patients can access their SoC reports through the Netcare mobile app and the Netcare website. Using data captured by attending doctors, these reports empower patients to actively participate in their care, ultimately supporting improved clinical outcomes. The long-term effectiveness of the SoC reports will be determined by the consistency of adoption by clinicians and patients, and relies on the thoroughness of doctors' notes, and patients' ability to understand the information provided. Across the seven divisions, overall patient adoption rate[3] at year end was 5.4%

A survey of 2 113 eligible hospital patients revealed that 42% accessed their Summary of Care reports, 39% of whom found it more valuable than expected. Patients primarily used the report to verify billing and care accuracy, and suggestions included the provision of more practical information, such as prognosis, self-care guidance and advice for caregivers.

Our patients continued

Digital patient engagement

Providing our patients with easier, digital access to our facilities and seamless access to their digital health records across our delivery platforms has been crucial in our advancement of person centred health and care. Our objective is a personalised, intuitive and user-centric digital healthcare ecosystem for our patients that educates and empowers them, providing a simpler, more convenient omnichannel experience that meets patient needs when, where and how they prefer.

Seven EMR[1] platforms were successfully implemented by April 2024, and marked a pivotal point in the Group's transformation to person centred health and care. This integrated platform entrenches a powerful advantage for the Group and reinforces our commitment to innovation, clinical excellence and patient empowerment. Doctors were included in the design process to ensure our systems meet their expectations, and comprehensive change management programmes helped our nurses and employees adapt to new ways of working.

Our digitised ecosystem consists of CareOn, for Netcare hospitals; CareOn Akeso for Netcare Akeso; Aria, for Netcare Cancer Care; Care@Work for Netcare Occupational Health; NephrOn, for National Renal Care; CareOn for Netcare 911; and Medicross HEAL for Netcare Medicross.

The National Renal Care App now provides a seven-day renal-friendly meal planner and fluid intake tracker, with average time spent on the app rising to 21 minutes from 18 minutes in FY 2024.

Other priorities for the year included educating patients about their Summary of Care reports and providing them with targeted healthcare information. Patient consent is actively sought for personalised, timely updates about care.

The Netcare App: page 100 of the *integrated report*.

1. **EMR:** *electronic medical records.*
2. *https://peoplepulse.com/resources/useful-articles/survey-response-rates/; https://blog.surveyplanet.com/average-survey-response-rate-what-is-a-good-survey-response-rate; https://www.genroe.com/blog/acceptable-survey-response-rate-2/11504.*

PFS responses	PFS completion rate	PFS response rate	17%
71 347	**90%**	**14%**	**response rate** to email invitation.
responses received.	**completion rate**.	**response rate** of surveyable discharges*.	
FY 2024: 78 703	FY 2024: 91%	FY 2024: 17%	FY 2024: 21%

Note: metrics are for the Hospital Division.

* *An average survey response rate of between 10% and 30% is considered acceptable[2].*

Patient feedback

Perception of care is one of the foundations of the Quintuple Aim and a key pillar of the consistency of care portfolio. All Netcare divisions use structured, validated PFS questionnaires to ask about a person's unique experience.

For our public reporting, we report patients' feedback on their interactions with the people directly involved in their care. Reporting is at a construct level, which enables patients to rate their experience in relation to their expectation, allowing us to more accurately understand their perception of care, as satisfaction is only reached when experience exceeds expectation.

Improved consistency and quality of patient care outcomes through the Netcare App

With more than 883 000 downloads and over 332 000 active users, the Netcare App is positioned to improve patients' ease of access to health and care. The app provides Netcare 911 geolocation, and can be used to book appointments and facilitate online pre-admission to hospital. In-hospital, it provides access to free Wi-Fi, a comprehensive hospital guide, messaging and communication with the hospital management team, digital scripts, and facilities to express thanks to hospital staff. The Netcare App further assists by providing recovery information, access to health records, patients' Summary of Care reports with AI support to enhance understanding, the ability to provide feedback, account and billing information, and virtual GP consultations.

Our patients continued

Netcare Hospital Division
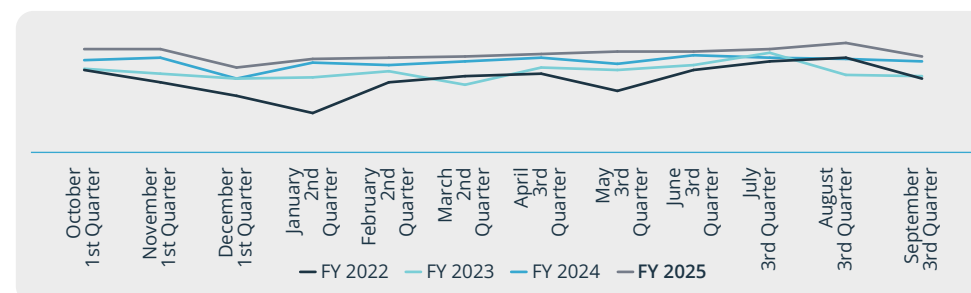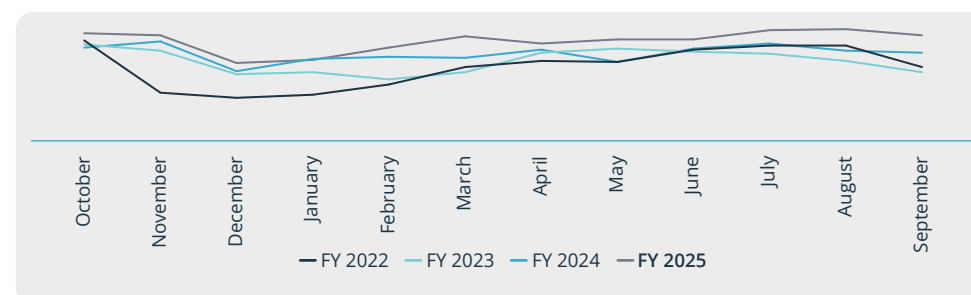### Patient perception of nurse and doctor care

NETCARE hospitals

Person centred care

Measure[#]	Measure definition	FY 2025	FY 2024	FY 2023
Nursing care				
Nurses' display of compassion when caring for patients	Average rating on a scale from 0 to 10	**8.38**	8.26	8.16
Nurses communicated in an understandable way when discussing aspects of a patient's care	Average rating on a scale from 0 to 10	**8.23**	8.10	7.98
Overall satisfaction with nursing care received	Average rating on a scale from 0 to 10	**8.31**	8.17	8.04
Doctor care				
Doctors' display of kindness and compassion when caring for patients	Average rating on a scale from 0 to 10	**9.01**	8.94	8.90
Doctors communicated with you in an understandable way when discussing aspects of a patient's care	Average rating on a scale from 0 to 10	**9.00**	8.92	8.88
Doctors kept patients informed about their care during their hospital stay	Average rating on a scale from 0 to 10	**8.78**	8.68	8.64

[#] A higher score is better.

The PFS is sent to patients 48 hours following their discharge from an acute Netcare hospital. The survey scale is from zero, which represents 'much worse than expected', to ten, 'much better than expected'. Responses are captured directly into the Netcare database and cannot be manipulated once entered.

Our nursing teams have made commendable progress in improving on all three of our nursing patient feedback scores, with increases between 1.5% and 1.7%. This is a result of multiple initiatives implemented across our hospitals, ranging from working with our frontline staff, to acknowledging all patients and encouraging behavioural changes to stronger peer accountability. Training on the Care4U programme continued with modules five and six implemented this year.

Our clinician feedback scores have also shown improvement on the previous year with the doctors' kindness and compassion and communication scores reaching nine for the first time. Doctors keeping patients informed increased by 2.2%. This year we have made strong progress in our partnerships with clinicians in providing the best and safest care. The partnering for sustainability roadshows, in support of our clinical efficiency strategy, showed clinicians the interplay between clinical decisions, comprehensive coding, cost and clinical outcomes, and was generally well received by our doctors.

October | November | December | January | February | March | April | May | June | July | August | September

— FY 2022 — FY 2023 — FY 2024 — **FY 2025**

October 1st Quarter | November 1st Quarter | December 1st Quarter | January 2nd Quarter | February 2nd Quarter | March 2nd Quarter | April 3rd Quarter | May 3rd Quarter | June 3rd Quarter | July 3rd Quarter | August 3rd Quarter | September 3rd Quarter

— FY 2022 — FY 2023 — FY 2024 — **FY 2025**

Our patients continued

Patient perception of emergency department team care

NETCARE hospitals

Person centred care

Measure#	Measure definition	FY 2025	May – Sep 2024
NEW Emergency department team showed care and compassion	% of patients answered 'yes, definitely'	**77.4%**	70.7%
NEW Emergency department team explained things clearly	% of patients answered 'yes, definitely'	**76.5%**	70.2%
NEW Emergency department team was interested in them as a whole person	% of patients answered 'yes, definitely'	**75.7%**	69.0%

\# *A higher score is better.*

Perception of care in the emergency department (ED) directly impacts patient satisfaction, trust, adherence to treatment, and overall healthcare outcomes. The PFS is sent to patients after their discharge from the ED. Responses are captured directly into the Netcare database and cannot be manipulated once entered. The new ED PFS was implemented in May 2024 with compassion and satisfaction as its base and suited to the Netcare ED context.

International studies confirm that compassion, clear explanations, and personalised interest are each strongly associated with superior patient experience in EDs worldwide. Netcare EDs' impressive improvement of between 9.0% and 9.7% reflects the commitment of the teams to continuous improvement and adopting evidence-based interventions focused on kindness, compassion and communication. Routine use of patient feedback, staff support against compassion fatigue, and ongoing training in holistic care are vital to maintaining and advancing this performance.

Netcare Akeso
Patient perception of nurse, doctor and therapist care

NETCARE akeso

Person centred care

Measure#	Measure definition	FY 2025	May – Sep 2024
Nursing care			
NEW Nurses' display of compassion when caring for patients	Average rating on a scale from 0 to 10	**8.92**	8.85
NEW Nurses' displays of competency and proficiency in the care provided	Average rating on a scale from 0 to 10	**8.99**	8.92
NEW Nurses' attentiveness to patients' concerns	Average rating on a scale from 0 to 10	**8.85**	8.77
Doctor care			
NEW Doctors' displays of kindness and compassion when caring for patients	Average rating on a scale from 0 to 10	**9.31**	9.26
NEW Doctors' displays of competency, expertise and proficiency	Average rating on a scale from 0 to 10	**9.36**	9.30
NEW Doctor explained things to you about your condition in a way you could understand	Average rating on a scale from 0 to 10	**9.30**	9.21
Therapist care			
NEW Therapists' displays of kindness and compassion when caring for patients	Average rating on a scale from 0 to 10	**8.99**	8.93
NEW Therapists' displays of competency, expertise, and proficiency	Average rating on a scale from 0 to 10	**8.99**	8.94
NEW Therapists establishing and maintaining a good positive and supportive relationship with you	% of patients answered 'yes, definitely'	**9.02**	8.97

\# *A higher score is better.*

Our patients *continued*

Netcare Akeso transitioned from an experience survey, which seeks to understand the success of measures put in place to improve patient experience, to a satisfaction survey which seeks to establish whether measures are meeting or exceeding a patient's expectations, in line with our commitment to compassion and patient satisfaction. This validated patient survey is aligned with the Netcare Hospital Division in-hospital PFS and was implemented in May 2024.

As part of their discharge process, patients complete a PFS in CareOn Akeso. The survey scale is from zero, which represents 'much worse than expected' to ten, 'much better than expected'. Responses are captured directly into the Netcare database and cannot be manipulated once entered.

Netcare Akeso's consistent attention to patient care and to quality improvement is reflected in its results. All measures have improved with an increase of between 1.0% and 0.5% from the previous period. Netcare Akeso continues to prioritise patient experience and what patients identify as important to them, validating and addressing concerns as soon as they arrive. Our teams can do this, and be present, due to the compassionate relationships the nursing and therapeutic teams foster with their patients.

Netcare Medicross
Patient perception of nurse, dental and doctor care

Measure#	Measure definition	FY 2025
Nurse and dental assistant care		
NEW Nurses' display of compassion when caring for patients	Average rating on a scale from 0 to 10	**9.30**
NEW Nurses and dental assistants helped you to understand your condition better	Average rating on a scale from 0 to 10	**9.11**
NEW Overall satisfaction with the nurses and dental assistants	Average rating on a scale from 0 to 10	**9.25**
Doctor and dentist care		
NEW Doctors' and dentists' displays of kindness and compassion	Average rating on a scale from 0 to 10	**9.64**
NEW Doctors and dentists listened to concerns and understood needs	Average rating on a scale from 0 to 10	**9.56**
NEW Doctors and dentists informed you about your condition, risks and follow-up plan	Average rating on a scale from 0 to 10	**9.51**

\# A higher score is better.

A new validated PFS was implemented in October 2024 with compassion and satisfaction as its base and suited to the Netcare Medicross context. Targets for the overall satisfaction score were set based on historical trends observed from the previous survey in combination with the initial pilot data obtained from the new survey using a rigorous methodology. The PFS is emailed to patients 24 hours after their visit to a facility. The survey scale is from zero, which represents 'much worse than expected' to ten, 'much better than expected'. Responses are captured directly into the Netcare database and cannot be manipulated once entered.

A trusted relationship with a patient's primary care team is important for better outcomes when facing health concerns, thus kindness and compassion in every interaction is prioritised. The positive feedback from the new PFS is encouraging.

Our patients continued

Netcare Cancer Care
Patient perception of radiation therapist and SACT care

NETCARE cancer care

Person centred care

Measure#	Measure definition	FY 2025	FY 2024	Jan – Sep 2023
Radiation therapist care				
Radiation therapists' displays of kindness and compassion in response to your emotional and physical needs	Average rating on a scale from 0 to 10	**9.86**	9.85	9.87
Radiation therapists communicated in an understandable way when discussing aspects of your care	Average rating on a scale from 0 to 10	**9.81**	9.88	9.83
Radiation therapists greeted you with courtesy and respect	Average rating on a scale from 0 to 10	**9.83**	9.87	9.89
Systemic anticancer therapy (SACT) nurse care				
SACT nurses' displays of kindness and compassion in response to your emotional and physical needs	Average rating on a scale from 0 to 10	**9.49**	9.68	9.72
SACT nurses communicated in an understandable way when discussing aspects of your care	Average rating on a scale from 0 to 10	**9.63**	9.71	9.75
SACT nurses greeted you with courtesy and respect	Average rating on a scale from 0 to 10	**9.60**	9.71	9.76

\# A higher score is better.

The Netcare Cancer Care PFS is informed by the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Cancer Care Survey drug therapy and radiation therapy subsets and the Netcare Hospital Division's independently validated PFS. The survey scale is from zero, which represents 'much worse than expected' to ten, 'much better than expected'. Feedback on radiation therapists is collected in the second week of a patient's radiation therapy and on SACT nurses in each cycle of a patient's chemotherapy treatment. Responses are captured directly into the Netcare database and cannot be manipulated once entered.

During FY 2025, Netcare Cancer Care maintained consistently high patient feedback scores across both radiation therapy and SACT units, reflecting sustained excellence in providing high quality person centred care. The radiotherapy units have maintained high average scores above 9.8 for all reported measures. The SACT unit average scores, while slightly lower than the previous financial year, remain high, averaging above 9.4 for all reported measures.

Our patients continued

Caring for people on long-term haemodialysis
Patient perception of care by dialysis unit employees

Person centred care

Measure[#]	Measure definition	FY 2025	FY 2024	Jan – Sep 2023
Dialysis unit employees always show respect for what you had to say	% of patients who responded rated their experience as always in the last three months	78.1%	73.8%	76.2%
Dialysis unit employees always listen carefully	% of patients who responded rated their experience as always in the last three months	74.9%	69.0%	72.7%
Dialysis unit employees always explain in a way you can understand	% of patients who responded rated their experience as always in the last three months	72.9%	67.7%	71.6%
Dialysis unit employees always care about you as a person	% of patients who responded rated their experience as always in the last three months	76.1%	71.8%	74.9%

[#] *A higher score is better.*

A positive and compassionate patient experience is important in creating a person centred participatory healthcare environment and impacts the quality, effectiveness, and safety of our care. The CAHPS® in-centre haemodialysis survey link is sent to a patient's mobile phone to be completed online. Patients who are unable to access the link use their dialysis unit's electronic device to complete the survey. The surveys are conducted twice a year.

NRC's commitment to person centred, compassionate and culturally inclusive care continues to deliver measurable improvements across all four key patient reported experience measures, with increases of between 5.8% and 8.6% in FY 2025.

Doctor partnerships

The Hospital Division PFS shows that 34% (FY 2024: 35%) of our patients are admitted at a Netcare facility because their doctor is based there. Playing a crucial role in attracting patients to our facilities, doctors (particularly specialists) are a key driver of revenue and organic growth. They are also pivotal partners in the delivery of best and safest care; have a direct impact on patient experience, the cost of care and clinical outcomes; and specialists in particular are key enablers of our expansion into higher demand disciplines.

Quality of our relationships

Our relationships with doctors are mutually beneficial. Doctor engagement surveys allow us to assess the quality of our doctor partnerships. Past surveys have shown that the highly rated reasons for doctors choosing to partner with Netcare include the convenience of our sites, our standards of clinical excellence and the career opportunities associated with practising at Netcare.

Clinician engagement

Effective engagement with doctors ensures that we provide an attractive value proposition that meets their needs and builds strong collaborative relationships, ultimately benefiting our patients.

We have grown our engagement touchpoints and are investing in improved mechanisms to better align our offering with doctors' needs and expectations. A project was also launched to re-establish GPs as the central custodians of patient health and care. The Netcare GP Partner Network pilot aims to improve communication between GPs and Netcare hospitals to enhance continuity of patient care and increase referral rates.

Who they are
Independent specialists and healthcare professionals across all clinical disciplines.

During FY 2025, we held 18 clinician webinars which had 8 135 registrations and 4 978 attendees, averaging to 415 per event. We have built the platform into a provider of quality continuing professional development (CPD) events. The clinician engagement survey will be repeated in FY 2026.

How we engage

- Doctor engagement surveys.
- Online doctor portal.
- Various structures that support the sharing of information on quality of care (eg PCI tools[1], physician and practitioner advisory boards, clinical governance engagements, practitioner forums and meetings etc).

Their needs, expectations and interests

- Cutting-edge medical equipment, advanced technology, well maintained and modern medical equipment and facilities, and advanced treatment protocols.
- Qualified and experienced nurses.
- Our inclusion in restricted provider networks.
- Access to clinical data for analysis and research.
- Enterprise development support.
- Availability of medicines and consumables.
- Clinical leadership and shared accountability.
- Continuous professional development.
- Mitigation against power and water outages.

Physician Advisory Boards

167

Physician Advisory Board meetings (hospital governance structures) that serve as advisory and communication forums between healthcare practitioners and hospital management.

FY 2024: 157

Emergency and trauma

218

emergency and trauma morbidity and mortality meetings.

FY 2024: 201

323

emergency and trauma medical education meetings.

FY 2024: 346

Other

18

Waxing Clinical events (7 819 attendees).

FY 2024: 10

1. Personalised clinical information tools that support one-on-one engagement with doctors.

Doctor partnerships continued

Digital doctor engagement

Having digitised all Netcare delivery platforms, the benefits for doctors include remote access to real-time, accurate clinical data 24/7, improved quality of care outcomes, and one source of patient information to aid shared decision-making within multidisciplinary teams. In time, doctors will have a longitudinal view of their patients' medical history across the Netcare ecosystem. Our Big Data analytics platform is being operationalised and aims to provide doctors practicing at Netcare with the opportunity to become key contributors to clinical research.

Electronic medical records

The implementation of electronic medical records (EMRs) are providing various benefits including:
- Encouraging multi-disciplinary approaches and enhancing collaboration between clinicians, allied health professionals, pharmacists and nurses.
- The portability of medical records, enabling access away from the bedside and outside of the hospital environment.
- Improving clinician work/life balance.
- Working in partnership with clinicians to improve patient safety, outcomes and reducing the cost of care through the use of AI and our Big Data analytics platform.
- Digital clinical decision support tools that assist clinicians in achieving better outcomes through best practice.

1. An average survey response rate of between 10% and 30% is considered acceptable (PeoplePulse).

Personalised clinical information (PCI) reports

PCI reports provide doctors with evidence-based information on their personal quality of care outcomes, patient experience scores and contribution to the total cost of an admission. Netcare staff have access to an electronic version that allows for case level data analysis. We continue to mature our focused doctor reports and identification of outlier doctors, supporting meaningful, data driven engagement with doctors. In FY 2025, outlier engagements included pathology test orders, formulary compliance on medication and surgical items, and robotic assisted surgery. This supports strong doctor partnerships to enhance clinical efficiency, inform our clinical and efficiency data models and support evidence-based commercial contracting.

Netcare Medicross

Netcare Medicross' FY 2025 engagement survey reached 404 healthcare practitioners and achieved an overall response rate of 20%[1]. The survey revealed that healthcare practitioners increasingly value Netcare Medicross' support in achieving financial growth, digital systems that enhance their practices and a culture of teamwork, equality and shared accountability. High-quality, compassionate nursing and dental support staff remained the top priority. Compared to the FY 2023 survey, dentist satisfaction declined while GP satisfaction showed a strong improvement.

Netcare Akeso

Netcare Akeso's doctor engagement survey, with a 25% response rate, highlighted the need to improve food services and communication between management, doctors and multi-disciplinary teams. Our group therapy programmes were a major draw for psychiatrists.
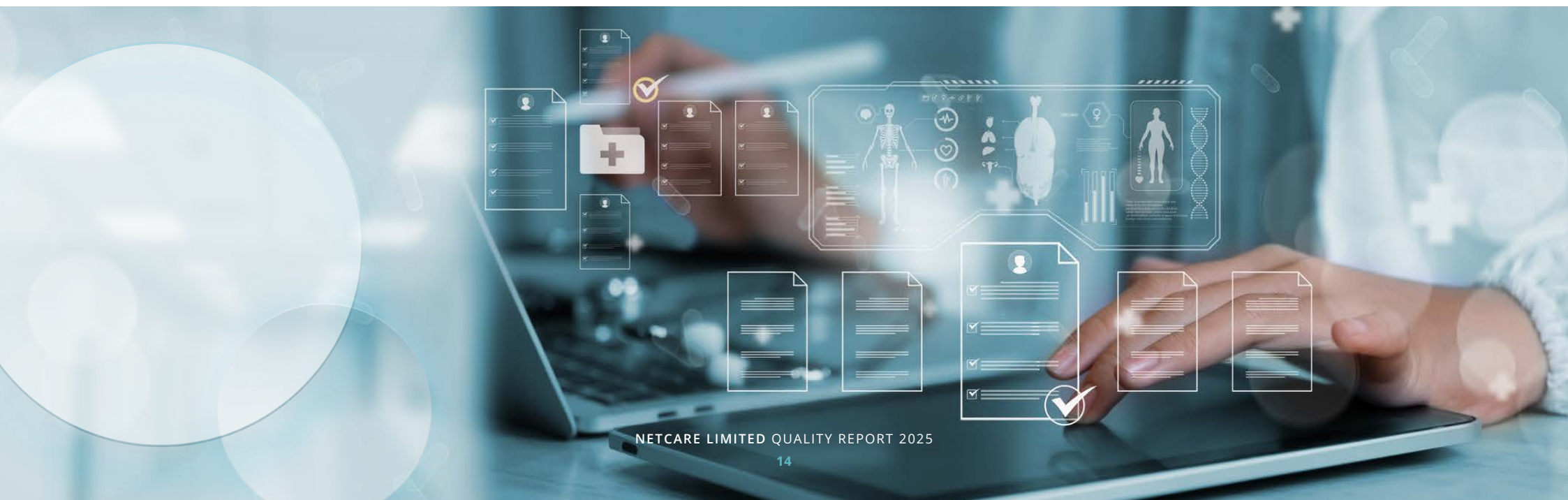
02

QUALITY AND SAFETY OF CARE

Key focus areas for FY 2025

Quality of care public reporting

- Continued to mature and expand the quality of care measures publicly reported, in line with our digitisation and data strategy and the maturation of reported measures.

Data and digital

- Introducing an in-hospital wearable monitoring device.
- Development of additional predictive algorithms (ED conversion, 30-day readmission) and models for acute in-hospital renal failure and transition of care to general ward from high care or ICU.

Objective

To demonstrate our ability to provide accurate and meaningful quality and safety of care measures and results, and to use them to inform focused improvement initiatives

Introduction

Our quality of care (QoC) measures add value for patients and funders. For the Group, they provide a baseline for understanding the efficacy of our initiatives and treatments over time and a benchmark against which to compare our performance. They also encourage teams to address negative deviations, and engender a sense of achievement when performance improves and teams achieve outstanding results.

We drive improved performance against our QoC measures through interventions designed to achieve the best outcomes for our patients. Many of these interventions result in positive outcomes that extend beyond our patients and healthcare workers to benefit society more broadly, contributing to addressing South Africa's quadruple burden of disease.

Measures are aligned with international standards and good data science practice. Our internal processes are overseen by consistency of care committees at Board and divisional levels. The Clinical Data Council collects data from across all divisions and ensures the accuracy and completeness of all datasets.

Local and international benchmarks are used when sufficient information and context can support valid comparisons. It should be noted that comparability in QoC measurement is notoriously difficult due to differences in operating models, variations in definitions applied between healthcare providers, and challenges with the adequacy of case mix adjustment.

Our publicly reported measures can further be divided into three quality domains, as indicated for each set of quality and safety measures starting on .

Person centred

Person centred health and care prioritises an individual's unique needs, preferences, values, and goals. It recognises and respects a person's autonomy and involves them as an active participant in decisions about their care. This approach aims to provide care that is tailored to an individual's specific circumstances and to enhance overall wellbeing and satisfaction with their healthcare experience.

Best practice

To achieve best practice, we measure whether we are doing the right thing, at the right time, in the right way, for the right person, and achieving the best possible results[1].

Safest care

We have adopted local and international standards to measure the safety of our care and encourage our employees to report all safety-related incidents. A non-punitive approach when reviewing reported incidents, supported by a just culture, is important for learning and to encourage reporting. Our people are encouraged to identify patient risks and prevent harm, while caring for all with compassion.

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1. *Sofaer, S. and Hibbard, J. (2010). Best practices in public reporting no. 2: maximizing consumer understanding of public comparative quality reports: effective use of explanatory information. Rockville, MD: Agency for Healthcare Research and Quality.*
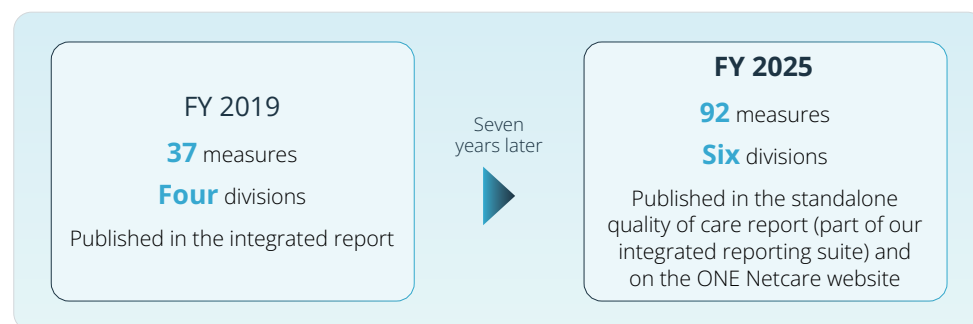
Introduction *continued*

Internal reporting

The Quality of Care Index is the governance and automation tool that supports our public reporting as well as our contractually bound quarterly reports to private medical funders. It covers the Hospital Division, Netcare Akeso, Netcare Medicross and Netcare Cancer Care, and is updated monthly. The index supports the standardisation and governance of our measures for public reporting and reporting to funders.

Public reporting

We are in the seventh year of publicly reporting our quality of care measures and results. During this time, our measures have continued to progress and change as a result of the impact of our digitisation and data strategy and the maturation of the measures we report.

FY 2019	Seven years later	FY 2025
37 measures	▶	**92** measures
Four divisions		**Six** divisions
Published in the integrated report		Published in the standalone quality of care report (part of our integrated reporting suite) and on the ONE Netcare website

Of the measures reported in FY 2024, 58 are unchanged. We have added 23 new measures: three new emergency department patient feedback measures, six new Netcare Medicross patient feedback measures, three antibiotic stewardship measures from the digital clinical pharmacy unit and 11 from Netcare Cancer Care, a collaboration to evolve our public reporting for high-risk areas: one regulatory, two external accreditation, six patient and two staff safety measures. Ten measures have been retired and replaced as their data source was changed: nine patient feedback measures from Netcare Akeso, and antibiotic hang time, retired in FY 2024, which will now be reported using CareOn data from when CareOn was deployed across all hospitals.

One Netcare 911 measure has been redefined: transporting patients to Level I and II trauma centres. Eight neonatal ICU measures were retired.

	Quality report	Website
FY 2024 measures		
Published	75	74
FY 2025 measures		
Retained	58	57
New	23	23
Refined	1	1
Retired and replaced	10	10
Retired	8	8
FY 2025 public reporting	92	80

Introduction

Perception of care

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Value of care

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#WeCare

Clinical data modelling

We seek to deliver the highest value for every healthcare interaction a patient has with us. Our clinical modelling is foundational to identifying factors that can be leveraged to improve quality and safety of care, reduce costs and drive efficiency. In addition to the potential benefits of clinical models for our patients, we are also leveraging them to inform engagement and contracting with our funders.

The seven models developed and deployed to date include one prediction algorithm, live in all ICUs; four clinical prediction algorithms; and two clinical data models. In total, we have data models for ten disciplines (FY 2024: five clinical data models).

In acknowledgement that modelling is always an incomplete representation of real events, we are cautious in ensuring a sound understanding of both the clinical framework being modelled and the limitations of the data. We verify and test the results of clinical models with clinicians who, at the coalface of care, conduct the actual procedures or manage the cases being modelled.

Improving consistency and quality of patient care outcomes

We continue to expand on the benefits of our digital investments, which includes the ability to measure and manage quality of care in a way that is accurate and auditable, as opposed to relying on manually reported outcomes and adverse incidents. We intend to significantly reduce adverse drug interactions and prescribing errors by using electronic prescription and accurate recording of administration time. Analysis of clinical outcomes enables us to assist clinicians in their choice of medications based on outcomes and cost.

Our investment in electronic medical records and our Big Data analytics platform is further enhancing our quality and safety of care capabilities. In 2026 we are introducing AI-driven, ambient listening and dictation to create structured clinical notes, allowing clinicians and nurses to be fully engaged with patients rather than typing notes, with the aim of developing full AI clinical assistants that will reduce administrative time while improving the quality and depth of records. We will continue to develop and mature our analytics innovations and leverage Big Data to support the quality and safety of care.

Wearable monitoring

We are introducing unique, medical-grade wearable devices (wearables) for all patients in general wards, maternity, psychiatry and rehabilitation to assist nurses and clinicians with real-time monitoring. These wearables will integrate with CareOn EMR and be augmented by AI-driven early warning systems and clinical decision support, offering accurate, non-invasive, continuous and proactive patient monitoring. This will enable the identification of patient deterioration and the need to escalate care earlier than intermittent and reactive observation. The wearable accurately measures blood pressure, heart rate, oxygen saturation (SpO_2), respiratory rate, skin and core body temperature, sleep hygiene, cardiac arrhythmias and atrial fibrillation. Made in Switzerland, the wearable is certified by the United States Food and Drug Administration, and the Conformité Européenne Medical Device Regulation ii.

Analytic innovation

Sepsis risk prediction algorithm

Sepsis is a serious and life-threatening condition that occurs when the body's immune system has an extreme response to an infection, causing damage to its own tissues and organs. Up to 20% of deaths globally are related to sepsis[1]. Early identification and treatment of patients with sepsis reduces both mortality rates and length of stay.

Our quick Sequential Organ Failure Assessment (qSOFA) score prediction algorithm, live on CareOn across all intensive care units since July 2025, is a first in Africa and operating well. The algorithm identifies patients who are at risk of physiological deterioration, including sepsis, within the next eight to ten hours using real-time heart rate, respiratory rate, blood pressure and SpO_2 to calculate probability.

The algorithm forms part of a two-year observational study, with the first round of analysis to be undertaken 12 months from implementation. Feedback from our clinicians is positive, with many describing its value around periods of patient transition into and out of intensive care and high care, or where there is uncertainty about a patient's clinical condition. We have approached the South African Health Products Regulatory Authority (SAHPRA) to use the score to collaboratively develop a standard for the registration of algorithmic medical devices.

Emergency department (ED) conversion algorithm

The ED conversion algorithm uses clinical variables to ensure appropriate admissions into hospital from the ED. The algorithm is now integrated into our Doctor's Portal and is being made available to a group of doctors who are participating in research to evaluate the acceptance of the admission-risk score and its impact on clinical workflow. This, along with the 30-day readmission algorithm below, will be submitted to SAHPRA[2] for approval in 2026.

1. *Rudd, K.E. et al. (2020). Global, regional, and national sepsis incidence and mortality, 1990-2017: analysis for the Global Burden of Disease Study. Lancet. 395(10219):200-211. doi: 10.1016.*
2. ***SAHPRA:*** *South African Health Products Regulatory Authority.*

30-day readmission algorithm

Our 30-day readmission algorithm uses more than 14 predictive factors as indicators to identify unplanned readmissions. Using a machine learning model, including CareOn laboratory data, the algorithm performed well in field testing and showed good correlation between the calculated readmission risk and the doctor's impression of whether the patient was of a higher readmission r

We believe this algorithm has great utility in planning and coordinating patient care after discharge informing fit-for-purpose out-of-hospital interventions aimed at reducing preventable readmission High-risk patients can be referred into care at home programmes and can be scheduled for early follow-up by an appropriate doctor. Anonymised readmission rates are shared with medical schem

Acute in-hospital renal failure

Acute renal failure is a common in-hospital complication associated with a high risk of in-hospital mortality. This core renal failure prediction model has been developed to predict the risk of developing renal failure within a six-hour window. Future models will explore more sophisticated prediction methods to extend the prediction window to 12 hours and thereby increase the timefra for possible intervention.

Transition of care

The transition of care model focuses on identifying patients in high care or ICU who could be safely transferred to a general ward. It uses predictors from the therapeutic intervention scoring system (TISS) to quantify nursing acuity, and predictors from the patient focused modified early warning score (MEWS), which quantifies physiological instability. These innovations have the potential to ad significant value for patients and our clinical and funder partners. Our focus during 2026 will be or addressing regulatory aspects of these new products and ensuring that their implementation maximises potential benefits.

Big Data analytics platforms

Implementation of our Big Data analytics platforms was a significant strategic initiative during FY 2025. To date, it has been populated with 16 data domains (FY 2024: six) including clinical measurements, patient feedback scores, pathology and radiology orders, doctor and healthcare worker consults and employee safety data. The following six independent satellite units use the platform independently, enabling teams to identify, plan and monitor data driven clinical improvement projects that enhance patient safety, quality of care and overall cost per event:

| Nursing	Pharmacy	Emergency departments
Funders	Digital clinical pharmacy	Infection prevention and control

The platform organises patient information by using a unique identifier for each patient as a central reference point, enabling it to construct comprehensive patient event timelines. The platform also seeks to democratise data access, ensuring that information can be distributed to and accessed by those who need to analyse and interpret it. Data domains, grouped by theme, make it easy for users to locate relevant information. Throughout the year, targeted training initiatives have enhanced user proficiency.

Our self-service analytics and research tool that makes use of data from the platform has 18 domains to date. The platform addresses data security and patient privacy requirements through the use of data. This ensures additional safety and confidentiality of clinical data and produces a dataset that cannot be deanonymised and unlocks further research opportunities, thereby supporting research and facilitating doctor collaboration. The platform delivers robust clinical analysis and reporting, ensuring outcomes are accurate and auditable.

Clinical and research partnerships

We aim to establish individual clinician partners as users of the analytics and research tool for quality and safety improvement purposes. Good progress has been made towards developing a framework whereby credentialed doctors will receive access through a single secure access point.

The tool also supports our research efforts which, together with our extensive data catalogue, underpin our collaborations with divisions of Oxford University, Chicago University, the University of the Witwatersrand and the University of Cape Town.

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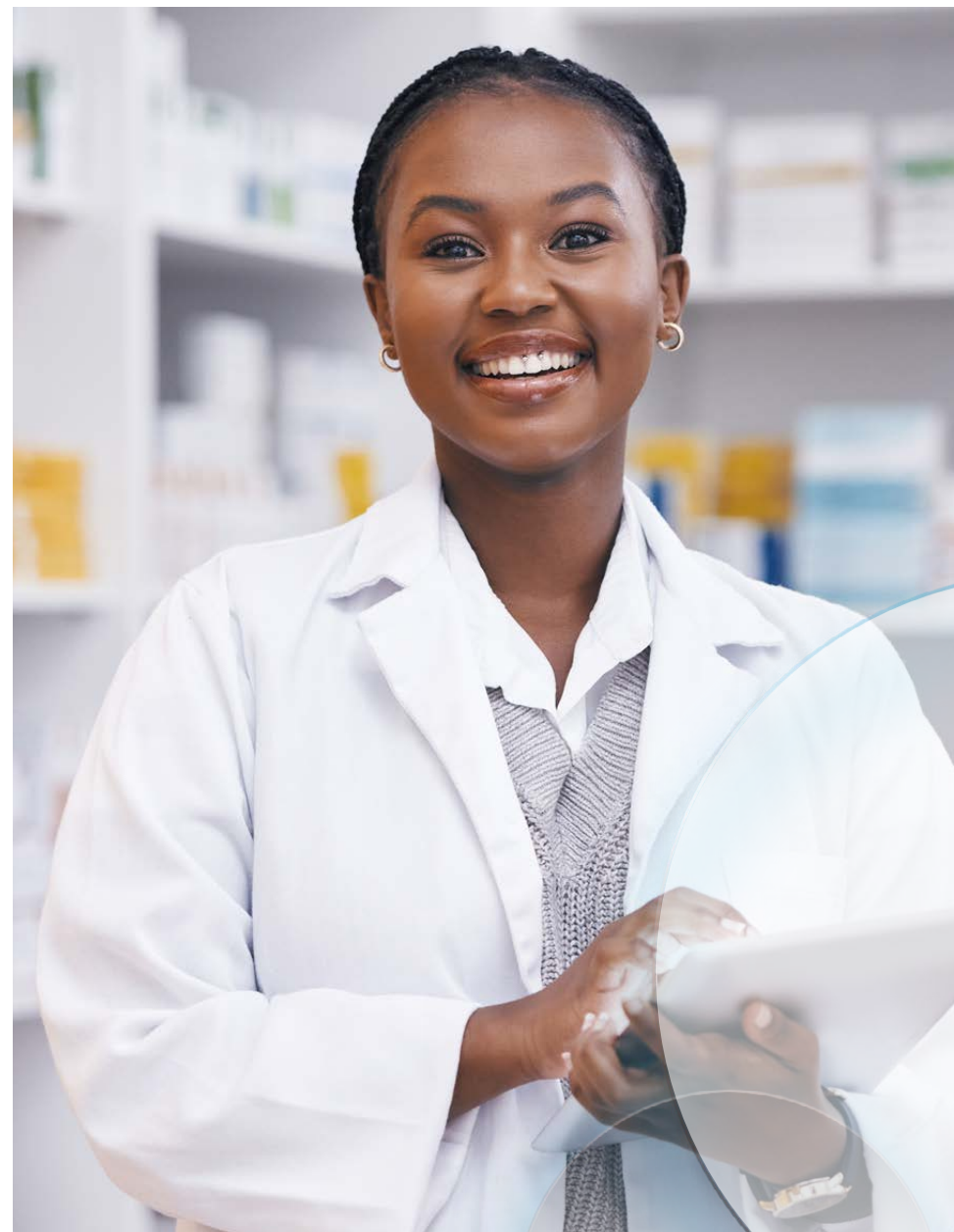
Quality of care measures

Our consistency of care strategy responds decisively and intentionally to South Africa's burden of disease. The sections that follow consolidate our quality of care measures under the following topics:

Our quality of care measures relating to patients' perception of care at Netcare are discussed in the Perception of care section starting on page 5.

Quality of care measures continued

Caring for people with injuries

For people suffering from severe physical trauma, timeous treatment at the most appropriate facility can greatly improve recovery from their injuries. Central to this is the concept of "the right patient to the right facility at the right time". We do our utmost to achieve the best outcomes, both in terms of our emergency care, and specialised physical rehabilitation.

When considering the high rates of injuries and violence in South Africa, it is necessary to acknowledge both the critical need for, and heightened demands placed on, emergency medical services (EMS). Leading causes include interpersonal violence, road accidents and suicide, affecting predominantly the younger and most productive segments of society. Non-natural causes account for 53% of deaths in persons aged 20 to 39 years[1].

Netcare applies an integrated trauma system approach which encompasses all aspects of trauma, from prevention to rehabilitation. The goal of trauma systems is to decrease the risks and burden of injury to individuals and society. The effectiveness of our approach is demonstrated in its impact on survival rates. Netcare data has shown that priority one (P1) trauma patients with the most severe physical injuries have a 76% reduction in their mortality rate when treated at Trauma Society of South Africa (TSSA) accredited Level I trauma centres.

The steps in our integrated trauma system approach to promote the best outcomes for people with injuries are:

Timeous response for P1 patients

Right patient to the right facility

Transport by HEMS if necessary

Treat at Level 1 trauma centres

Improved survival prospects

Improved independence

Figure 1 *Integrated trauma system approach*

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1. *The third Injury Mortality Survey: A national study of injury mortality levels and causes in South Africa in 2020/21, p. 22.*

Quality of care measures continued

Timeous response and treatment at the most appropriate facility for P1 patients with injuries

Best practice

Measure#	Measure definition	FY 2025	FY 2024	FY 2023
Timeous Netcare 911 response for P1 patients#	Average time in minutes for P1 patients from when the call is received to the first EMS provider arriving at the scene	**19.2 minutes**	18.5 minutes	19.4 minutes
P1 polytrauma patients transported in Netcare^	% P1 polytrauma patients with shock score >1 transported to accredited Level I or II Netcare trauma centres	**78.0%***		

\#   A lower score is better.
^   A higher score is better.
*   The measure was redefined in FY 2025, thus no results available for previous periods.

P1 is a classification used in EMS to identify patients with the most critical and life-threatening conditions who require immediate medical attention and prompt intervention to increase their chances of survival. The P1 classification for response time is determined at the point of dispatch and includes medical and trauma related emergencies. Response time is internationally and locally recognised as the primary indicator of EMS service delivery effectiveness.

In FY 2025, the measure for transporting P1 polytrauma patients was redefined to more accurately identify patients with severe trauma. A combination of a Revised Trauma Score[1] of six or lower and a South African Triage Scale category of red or orange[2] is now being used to classify a patient as P1.

Level I or II TSSA accredited trauma centres have the specialists and equipment to rapidly diagnose and treat these patients. A patient may be transferred to a Level I or II centre for specialised treatment after being stabilised at a local facility. These transfers are not included in the measure.

There are four Level I trauma centres in South Africa, and Netcare operates a further seven centres accredited with Level II status. The Level I trauma centres are Netcare Milpark, Netcare Alberton, Netcare Christiaan Barnard Memorial, and Netcare St Anne's hospitals.

There has been a 3.8% increase in average response time to P1 cases from 18.5 minutes in FY 2024 to 19.2 minutes in FY 2025. A key focus for improving this critical measure is the use of predictive tools for optimal vehicle placement during peak periods to enhance our operational efficiency. In FY 2025, 78.0% of trauma patients were transported to the appropriate level trauma centre. Helicopter EMS (HEMS) plays a vital role in delivering patients to these trauma centres. In regions without these trauma centres, the patients are first transported to the nearest hospital and transferred to appropriate trauma centres once stabilised.

1.   The Revised Trauma Score is calculated using three physiological parameters: Glasgow coma scale, systolic blood pressure and respiratory rate. The lower the score, the higher the degree of injury.
2.   In the South African Triage Scale, red indicates emergency and orange very urgent.

Quality of care measures *continued*

Timeous transport and treatment for patients with the most severe life threatening physical injuries

NETCARE hospitals

Best practice

Measure#	Measure definition	FY 2025	FY 2024	FY 2023
Most severe life-threatening physical injuries transported via HEMS	% of patients with an Injury Severity Score (ISS) >15 transported via HEMS to an accredited Level I trauma centre	**59.0%**	62.0%	68.0%
Most severe life-threatening physical injuries treated at Level I trauma centres	% of patients with an ISS >15 treated at TSSA accredited Level I trauma centres	**28.0%**	30.0%	32.7%

 # A higher score is better.

P1 patients with the most severe injuries who are treated as quickly as possible at an accredited Level I trauma centre have a better prospect for survival. HEMS are available to transport patients requiring urgent or more specialised care. Appropriate pre-hospital triage that follows best practice on survivability, the fastest route, distance, time of the day, and weather, are considered when activating a helicopter transfer.

The percentage of patients with an ISS >15 transported via HEMS to an accredited Level I trauma centre continues to decrease, but at a lower rate of 4.8% compared to 8.8% in FY 2024. There are no international benchmarks for comparison due to significant variation in HEMS availability, trauma system maturity and geography across countries.

At Netcare Milpark hospital, a mature Level I Trauma System, 42.0% of its P1 trauma patients have an ISS of above 15 while the less mature systems have a lower percentage: Netcare St Anne's Hospital 25.0%, Christian Barnard Memorial Hospital 24.0% and Netcare Alberton Hospital 22.0%. Mature Level I trauma centres in high-income countries report that 40–60% of their patients are the highest-acuity trauma admissions, aligning with Milpark's 42.0%[1]. For less mature or regional trauma centres, the international proportions are closer to 20–30%, like our other three facilities. Mature centres concentrate on the most severely injured cases, while less mature systems see a broader mix of lower and moderate-acuity trauma patients[2].

1. Candefjord, S., Asker, L. and Caragounis, E.C., 2022. Mortality of trauma patients treated at trauma centers compared to non-trauma centers in Sweden: a retrospective study. *European journal of trauma and emergency surgery*, 48(1), pp.525-536.
2. Scharringa, S., Krijnen, P., van de Linde, P., Stigter, W., Stollenwerck, G., Reinders, J.S., Hartholt, K., Hoogendoorn, J.M. and Schipper, I.B., 2025. Role of trauma center level in the outcome of severely injured geriatric patients. *Injury*, 56(3), p.112201.

Quality of care measures continued

Improved independence of patients requiring physical rehabilitation

NETCARE hospitals

Best practice

Measure#	Measure definition	FY 2025	FY 2024	FY 2023
Patients discharged home following an acquired brain injury	% discharged to their home environment	**91.0%**	93.0%*	90.4%
Patients discharged home following a traumatic spinal cord injury	% discharged to their home environment	**95.5%**	97.6%*	95.9%

\# A higher score is better.
* These results are restated as more data became available after the close of the reporting period.

After injuries or severe polytrauma, many people require physical rehabilitation to help them get back to daily life. This usually requires relearning old skills and acquiring new abilities. Rehabilitation practitioners at Netcare Rehabilitation Hospital work in multi-disciplinary teams to develop personalised rehabilitation programmes unique to each patient's condition and ability, and with consideration for their home environment. The goal is to facilitate and empower patients to live as independently as possible in their homes. A patient's level of independence is measured using the Functional Independence Measure (FIM), which measures disability. A lower FIM score suggests higher injury severity, with a larger impact on a patient's capacity to improve their ability to function independently.

There was a 2.2% decrease in patients with a traumatic spinal cord injury discharged to their home environment in FY 2025 compared to the previous period. For acquired brain injury, there was also a 2.2% decrease of patients discharged home from 97.6% to 95.5% in the current period. For this patient population, their admission FIM scores were lower in FY 2025 compared to FY 2024, indicating more severe disability.
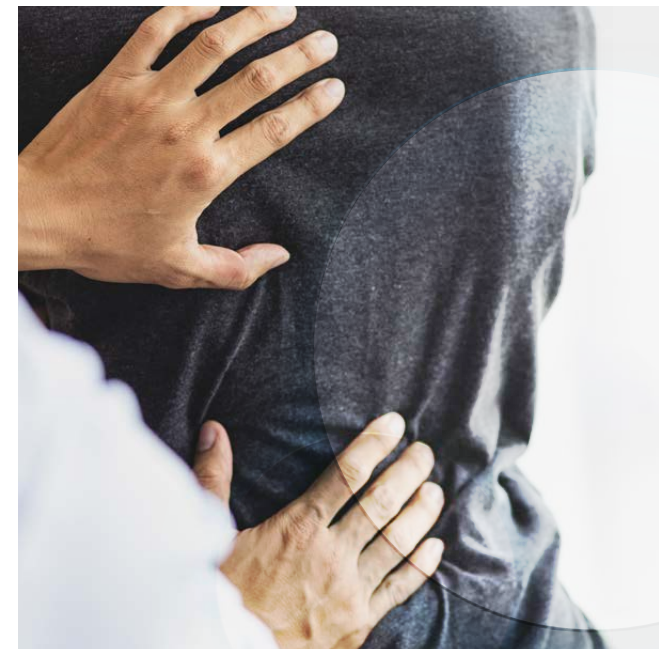
Quality of care measures continued

Caring for people with non-communicable diseases

People with non-communicable diseases (NCD) require a comprehensive, person centred approach that focuses on long-term management and improves their quality of life. NCDs such as diabetes, cardiac failure, chronic renal failure, stroke and chronic respiratory conditions arise from a variety of factors, including genetics, lifestyle choices and environmental influences.

Effective care involves regular monitoring, patient education, lifestyle changes, and adherence to prescribed treatments. Multidisciplinary teams work together to develop personalised care plans tailored to each patient's specific needs. Early detection and consistent management help prevent complications and improve outcomes and clinical efficiency.

Beyond medical treatment, emotional and psychological support is critical for patients managing chronic conditions. Individuals often face mental and emotional challenges that can impact their ability to follow treatment plans and maintain their overall health. By promoting a holistic approach to NCD care, Netcare is focused on enhancing patient outcomes and improving their quality of life.

Caring for people on long-term haemodialysis

Patients with permanent kidney failure rely on long-term haemodialysis to remove waste and excess fluid from their blood. At National Renal Care (NRC) dialysis units, patients are active partners in their care, co-creating personalised care plans and regularly sharing feedback on their health, wellbeing, and overall care experience. This person centred approach is further strengthened through the digital enablement of the care journey.

NephrOn, NRC's innovative mobile application, was designed with patient input and focuses on what matters most to them: improved health outcomes, enhanced quality of life, and greater involvement in their care. The app allows patients to track and improve their clinical markers, fostering a more collaborative and therapeutic relationship between patients and care providers. By offering easy access to personal clinical data, it empowers patients to take an active role in managing their condition.

As at September 2025, app registration reached 98.5%, with an engagement rate of 74.8%, reflecting strong patient adoption and sustained use. Summary of Care reports provide patients with an update on their dialysis prescription and three months' pathology results. This report supports informed, shared decision-making and drives continuous improvement across clinical outcomes, patient experience, and overall wellbeing.

Quality of care measures continued

Level of wellbeing for patients on long-term haemodialysis

		Person centred care		
Measure#	**Measure definition**	**FY 2025**	FY 2024	FY 2023
Physical wellbeing of patients on long-term haemodialysis	% of patients who report that their physical wellbeing is within the recommended range	**76.5%**	72.9%	72.3%
Mental wellbeing of patients on long-term haemodialysis	% of patients who report that their mental wellbeing is within the recommended range	**92.5%**	92.6%	92.9%

A higher score is better.

NRC uses patient reported outcome measures to gain insight into the impact of kidney disease and its treatment on a patient's quality of life, including their physical and mental wellness. Their responses are used to establish realistic personalised treatment goals based on what matters most to them. The Short Form-36 questionnaire is used to assess health related quality of life and is conducted twice a year.

In FY 2025, NRC's effective care approach resulted in a 4.9% increase in patients' physical quality of life scores. Mental wellbeing scores remained consistently high with a negligible decrease from the previous year. Continuous patient feedback is central, ensuring that care remains aligned with what matters most to our patients.

Shared care haemodialysis

		Best practice		
Measure#	**Measure definition**	**FY 2025**	FY 2024	FY 2023
Shared care haemodialysis	% of haemodialysis units in which patients perform at least one of their haemodialysis treatment tasks	**98.0%**	100%	97.2%

A higher score is better.

Shared care empowers patients to become actively involved in their treatment by performing one or more of the tasks required for their haemodialysis. A patient's involvement and engagement in their own care improves both their dialysis outcome and their treatment experience, facilitating independence and building self-confidence to care for themselves, as well as being a step towards performing their own dialysis at home.

The percentage of haemodialysis units offering shared care remains high, demonstrating the commitment of our teams to encourage patients to be actively engaged in their treatment programmes.

Quality of care measures continued

Dialysis outcome measures

		Best practice		
Measure#	**Measure definition**	**FY 2025**	FY 2024	FY 2023
Albumin – monitoring for nutritional insufficiency	% of patients on long-term haemodialysis whose latest albumin results are within the recommended range	**86.2%**	86.1%	85.3%
Haemoglobin – monitoring for anaemia	% of patients on long-term haemodialysis whose latest haemoglobin results are within the recommended range	**54.5%**	55.2%	56.5%
Calcium – monitoring for a bone and mineral disorder	% of patients on long-term haemodialysis whose latest calcium results are within the recommended range	**69.7%**	69.5%	70.3%
Phosphates – monitoring for a bone and mineral disorder	% of patients on long-term haemodialysis whose latest phosphate results are within the recommended range	**48.0%**	48.5%	48.5%

\# A higher score is better.

Blood test results are required to monitor the effectiveness of dialysis and to identify early signs of complications such as inadequate nutrition, anaemia, and bone and mineral disorders. Results are included in NephrOn and the monthly Summary of Care. These measures are key clinical markers for living longer and leading a better quality of life.

Performance against these measures remained stable over FY 2025.

Caring for people following stroke

A stroke occurs when there is a bleed into or a block in the blood supply to a part of the brain, which deprives it of oxygen and nutrients. A stroke is a medical emergency and requires urgent intervention as it may cause lasting brain damage. Netcare divisions strive to ensure optimal patient outcomes, including rapid response and transport to an ED with specialised stroke facilities, timely diagnosis and treatment on arrival, definitive hospital treatment, and multidisciplinary rehabilitation.

Netcare 911 and Netcare EDs are voluntarily registered with and submit data to the Registry of Stroke Care Quality, RES-Q. This initiative, which falls under the European Stroke Organisation's Enhancing and Accelerating Stroke Treatment Project (ESO East), provides a set of standards for the full spectrum of diagnostic and interventional services to identify and treat strokes 24 hours a day.

Transporting patients with stroke symptoms to the best place

		Best practice		
Measure#	**Measure definition**	**FY 2025**	FY 2024	FY 2023
Patients with stroke symptoms transported	% of patients with stroke symptoms transported to Netcare hospitals that have specialised stroke services available	**99.8%**	92.7%	88.0%

\# A higher score is better.

Quality of care measures continued

Netcare 911 closely monitors the transport of patients with signs and symptoms of a stroke to an emergency department that has specialised services, specialists, and technologically advanced equipment available to rapidly diagnose and treat strokes (stroke-ready). A patient may be transferred to another hospital after being stabilised at a local hospital for specialised treatment. These transfers are not included in the measure.

Netcare 911 continued to improve in FY 2025, with a 7.7% increase in patients with stroke symptoms being transported to stroke-ready facilities. This improvement is linked to a structured stroke care pathway, adherence to international best practices, and ongoing staff training in partnership with the Angels Initiative. In FY 2025, Netcare 911 received multiple World Stroke Organization (WSO) Angels EMS Awards which recognise excellence in pre-hospital stroke care. Gauteng North (Pretoria) was awarded diamond, the highest level of achievement, and gold; Gauteng South gold and platinum; Gauteng Central two golds, and KwaZulu-Natal gold and platinum awards.

Meeting European Stroke Organisation standards for care

NETCARE hospitals

Best practice

Measure#	Measure definition	Jul – Sep 2025	Apr – Jun 2025	Jan – Mar 2025
Meeting ESO standards for treating strokes	% EDs meeting RES-Q standards of care for identifying and treating strokes	100%	100%	100%
Achieving ESO Angel Awards for outstanding stroke care	Number of EDs achieving ESO Angel Awards for outstanding stroke care	8	13	11

A higher score is better.

The measure for meeting RES-Q standards for stroke care is based on compliance with ten ESO East internationally benchmarked parameters for diagnosing and treating strokes in EDs.

The unwavering commitment and professionalism of the Netcare stroke teams in our EDs and our stroke service champion continue to drive excellence within our stroke care framework. Their collaborative efforts have been integral in advancing evidence-based practices and ensuring the sustained implementation of high-quality stroke services.

Two ED units successfully completed comprehensive international accreditation assessments and achieved accreditation as Essential Stroke Centres from the WSO. This is a notable achievement that reflects Netcare's dedication to global standards in stroke management and underscores the ongoing pursuit of service excellence and continuous quality improvement for the benefit of patients and the broader healthcare community.

Improved independence for patients following a stroke

NETCARE hospitals

Best practice

Measure#	Measure definition	FY 2025	FY 2024	FY 2023
Patients discharged home following a stroke	% discharged to their home environment	91.6%	99.3%	97.3%

A higher score is better.

Quality of care measures continued

Each patient experiences a stroke differently. Physical rehabilitation involves relearning skills to be able to move and care for oneself independently. Rehabilitation clinicians work in multidisciplinary teams to develop individualised rehabilitation programmes unique to each patient's condition and ability, with consideration of their home environment. A patient's level of independence is measured using the FIM score, an instrument for measuring disability. The lower the FIM score, the less a patient's level of independence.

There was a 7.8% decrease in the number of patients with strokes discharged to their home environment and a corresponding increase in patients discharged to frail care facilities in FY 2025. This was a result of patients admitted in FY 2025 being more disabled by their stroke than in the previous periods. The average admission FIM score for stroke patients in FY 2025 was 52.3, a 13.0% reduction from the FY 2024 FIM score of 60.1. The average FIM score of those discharged to a frail care facility in FY 2025 was 43.5, within the FIM range for the maximum number of hours of care required per day.

Transporting patients with cardiac chest pain to the best place

NETCARE 082 911 24HR EMERGENCY MEDICAL SERVICES

Best practice

Measure[#]	Measure definition	FY 2025	FY 2024	FY 2023
Patients with cardiac chest pain transported in Netcare	% of patients with cardiac chest pain transported to Netcare hospitals with a cardiac catheterisation laboratory	81.3%	80.3%	79.2%

[#]   *A higher score is better.*

Patients with cardiac chest pain are closely monitored during transport to a hospital with a cardiac catheterisation laboratory for rapid diagnosis and treatment. Electrocardiogram (ECG) machines in the EMS vehicles transmit data in real-time to the Emergency Operations Centre (EOC), which provides additional support to the crews treating the patient. When catheterisation labs are not readily accessible, patients are transported to EDs for thrombolysis before being transferred to a suitable facility. These transfers are not included in this measure.

Quality of care measures continued

Caring for people with communicable diseases

Communicable diseases are caused by infectious agents that can be transmitted through various means such as direct contact, respiratory droplets, or contaminated surfaces. Effective care involves timely diagnosis, appropriate medical treatment, and the implementation of measures to limit the spread of infection. In hospital settings, where patients may be more vulnerable due to preexisting conditions or weakened immune systems, preventing the transmission of communicable diseases is of paramount importance.

Infection prevention

Infection prevention

NETCARE hospitals

Safest care

Measure#	Measure definition	FY 2025	FY 2024	FY 2023
Hospital-acquired infections	Hospital-acquired infections (HAI) per 100 admissions	1.96	2.28*	3.14*
Healthcare associated surgical site infections	Surgical site infections (SSI) per 100 surgeries	0.30	0.19	0.12
Healthcare associated urinary tract infections	Catheter associated urinary tract infections (CAUTI) per 100 catheters inserted	0.42	0.40	0.36
Healthcare associated bloodstream infections	Central line associated bloodstream infections (CLABSI) per 100 central lines inserted	4.33	3.96*	3.00*

\# A lower score is better.
* These results were restated as more results became available after the close of the reporting period.

HAIs are infections that patients develop while receiving treatment for other conditions within a healthcare setting. Netcare monitors for HAIs that may arise from exposure to resistant pathogens or lapses in infection control.

We make every effort to keep patients safe from HAIs, which is especially important for patients with compromised immunity. We have strict infection control protocols essential to preventing and detecting infections, including isolating patients with infectious diseases, hand hygiene protocols, proactive monitoring of infections and pathology test results, and maintaining sanitary environments including the use of robots equipped with ultraviolet lights to clean and disinfect rooms.

HAIs are defined as infections with a specimen collection date occurring 48 hours or more after admission. Netcare's automated surveillance system, the infection management tool (IMT), classifies all positive results, distinguishing between community- and hospital-acquired infections based on the time interval. A rules engine alerts specialist infection prevention nurses to investigate and categorise possible infections.

Our hospitals continue to make strong progress in successfully preventing infections and keeping patients safe, as reflected in a further 14.0% reduction in our overall rate of HAIs in FY 2025, following the 27.4% reduction in FY 2024. This reflects the success of our strict infection control measures and staff vigilance.

The healthcare associated infections remain low but have increased over the period. The increases over time in SSI, CAUTI and CLABI cases are largely attributable to our ongoing efforts to improve quality and accuracy in classifying these infections. Targeted quality improvement initiatives are in place to further strengthen prevention and reduce the risk of infection.

Quality of care measures continued

Effective and responsible use of antibiotics

Antibiotics are an essential tool for treating infections. However, antibiotic resistance is a major global concern and is exacerbated by excessive or unnecessary prescription. Urgent action is required to ensure that common infections and minor injuries do not cause death and disability in the future due to antibiotic resistance. Netcare has a well-established antibiotic stewardship (ABS) programme. ABS measures are based on principles recommended by the WHO and the National Department of Health's (DoH) strategic framework on antimicrobial resistance in SA. The digital clinical pharmacy unit (DCPU) was established to leverage Netcare's digital systems, with a centralised clinical pharmacist team that delivers in-depth clinical pharmacy services to more patients across all Netcare hospitals regardless of location.

Use of antibiotics

NETCARE hospitals

Safest care

Measure#	Measure definition	FY 2025	FY 2024	FY 2023
Use of antibiotics	Defined daily dose per 100 bed days	82.1	83.3*	85.5*

A lower score is better.
* *These results have been restated as more data became available after the close of the reporting period.*

The Netcare Hospital Division monitors antibiotic prescription for all adult patients (excluding antifungal agents and Bactrim). The defined daily dose is the assumed average maintenance dose per day of a drug used for its main indication in adults.

Antimicrobial consumption remains a primary measure for the Netcare ABS programme. The 1.4% improvement in FY 2025 can be attributed to the increased focus on the recommendation acceptance rate. This reflects positively on the enhanced trust relationship established between prescribers and digital clinical pharmacists.

Antibiotic prescription review

NETCARE hospitals

Safest care

Measure#	Measure definition	FY 2025	FY 2024	FY 2023
Right antibiotic	% of patients receiving the right antibiotic for their infection	98.9%	99.2%	98.9%
Right antibiotic dose	% of patients receiving the right antibiotic dose for their infection	97.9%	98.3%	98.7%
Right antibiotic duration	% of patients receiving the right antibiotic duration for their infection	98.7%	98.8%	96.1%

A higher score is better.

Quality of care measures continued

Using infection markers and clinical responses to treatment, the DCPU regularly reviews the antibiotic therapy used to treat patients. Any concerns are raised with the treating doctor and a suitable alternative recommended. Our pharmacists review patient prescriptions and clinical indicators via the CareOn and IMT systems and capture compliance electronically.

Sustained strong results are attributed to the consistent, focused attention applied by the DCPU to these foundational stewardship principles. Dedicated vigilance to prescription reviews and notifications triggered via the IMT system help target high risk patients for timeous review and recommendation for best therapeutic dose, duration and antibiotic selection.

Individualised antibiotic treatment

NETCARE hospitals

Safest care

Measure[#]	Measure definition	FY 2025	FY 2024	FY 2023
NEW Recommendations accepted	% of antibiotic stewardship recommendations accepted by doctors	78.0%	79.5%	79.2%

[#] A higher score is better.

Pharmacist initiated ABS recommendations are documented, performed and the acceptance thereof recorded in the IMT system to ensure optimised antibiotic treatment based on a patient's clinical profile.

The number of recommendations instituted by the DCPU increased by 3.4% with prescribing doctors' overall acceptance rate remaining stable. This reflects favourably on the trust, expertise and collaborative relationships fostered between the Netcare clinical pharmacists and private practitioners across Netcare hospitals.

Timeous administration of antibiotics for severe infections

NETCARE hospitals

Best practice

Measure[#]	Measure definition	FY 2025	H2 FY 2024
NEW Timeous administration of antibiotics for severe infections (hang time)	% of patients who received their first dose of their first antibiotic within one hour of prescription	62.5%	51.1%

[#] A higher score is better.

Starting treatment for a serious infection with a prescribed antibiotic as soon as possible can be a critical factor in ensuring the best possible patient outcomes[1]. To monitor hang time, pharmacists review a sample of CareOn antibiotic prescriptions (time of prescription versus time of administration) and capture compliance on the IMT system.

The introduction of CareOn, with its accurate and transparent documentation of prescription and administration times, impacted the measurement of hang time during the hybrid period of paper and electronic records. This measure was retired in FY 2024 and has now been re-introduced.

There has been an 22.3% improvement in patients receiving the first dose of their first antibiotic within one hour of prescription. We acknowledge the leadership of the DCPU teams in improving hang time, a priority measure for FY 2025, through a multidisciplinary collaboration across the Netcare Hospital Division, supported by monthly data sharing on individual ward performance.

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1. Kumar, A., Roberts, D., Wood, K.E., Light, B., Parrillo, J.E., Sharma, S., Suppes, R., Feinstein, D., Zanotti, S., Taiberg, L. and Gurka, D., 2006. Duration of hypotension before initiation of effective antimicrobial therapy is the critical determinant of survival in human septic shock. Critical care medicine, 34(6), pp.1589-1596.

Quality of care measures continued

Antibiotic prophylaxis for surgery

NETCARE hospitals

Safest care

Measure#	Measure definition	FY 2025	FY 2024	FY 2023
NEW Antibiotic prophylaxis for caesarean sections	% of average compliance to antibiotic prophylaxis bundle	**72.9%**	82.6%	82.5%
NEW Antibiotic prophylaxis for orthopaedic surgery (trauma excluded)	% of average compliance to antibiotic prophylaxis bundle	**81.3%**	84.6%	84.1%

A higher score is better.

Reducing the risk of infections following surgery is a key objective in providing quality, safe care and reducing associated costs. Appropriate antibiotic prophylaxis around the time of surgery reduces the risk of infection. The measures are the average compliance to best practice on the four pillars of the antibiotic prophylaxis bundle: right antibiotic, dose, time of administration and duration.

This year the DCPU enhanced its vigilance on antibiotic surgical prophylaxis. The decrease in compliance can be attributed to non-compliance with the appropriate timing of antibiotic administration prior to surgical incision. In addition, improvement work is needed on the appropriate prophylactic weight-based dose for patients undergoing caesarean section.

Caring for maternal and child health

Reducing preventable maternal and neonatal mortality and morbidity remains a national and global priority. Despite progress in SA, rates remain above targets[1]. Netcare continues to focus on improving maternal and child health outcomes through robust data collection and continuous quality improvement.

Netcare supports the World Health Organization (WHO) and United Nations Children's Fund (UNICEF) Mother Baby Friendly Initiative (MBFI). Breastfeeding is promoted as the most natural, sustainable, and socially responsible form of infant nutrition. It aligns with the United Nations sustainable development goals, particularly Goal 3 (good health and wellbeing), Goal 12 (responsible consumption and production) and Goal 13 (climate action). It reduces carbon emissions, conserves water and energy, and avoids the environmental impact of formula production and packaging waste. Breastfeeding also supports equitable access to optimal infant nutrition, enhances immunity, and reduces preventable illnesses such as infection and gastroenteritis, lowering healthcare costs.

Universal newborn hearing screening is another essential component of comprehensive maternal and child health care. Early detection of hearing loss enables timely intervention, supporting normal speech, language and cognitive development.

1. Odendaal, W. et al. (2022). Early reflections on Mphatlalatsane, a maternal and neonatal quality improvement initiative implemented during COVID-19 in South Africa. Global Health: Science and Practice, 10(5).

Quality of care measures continued

Breastmilk for newborn babies

NETCARE hospitals

Best practice

Measure#	Measure definition	FY 2025	FY 2024	FY 2023
Feeding newborn babies donor breastmilk	Number of babies being fed with donor breastmilk	1 010	765	670
Feeding newborn babies donor breastmilk	Number of mothers donating their excess breastmilk	222	240	187

\#   A higher score is better.

Netcare operates six (FY 2024: six) Netcare Ncelisa human milk banks with 36 (FY 2024: 36) collection points for mothers to donate excess breastmilk. This milk is provided free of charge to public and private hospitals. The adequate recruitment of breastmilk donors and judicious use of donor milk remains an ongoing priority.

Donor breastmilk is tracked in the neonatal ICU feed system from donor to recipient, recording all details relevant to matching age-appropriate donor breastmilk to the recipient babies. This is aligned with the draft regulations of the National DoH and international protocols on the management of breastmilk banks.

In FY 2025, the number of babies fed with donor breastmilk increased 32.0% despite a 6.7% reduction in the number of donors. Donor recruitment strategies are continuously being fine-tuned to ensure that the milk banks have adequate stock of breastmilk. The increased number of recipients is clear evidence that the demand and supply for donor milk has been met, despite fewer donors.

Netcare Ncelisa human milk banks: page 86 of the ESG report.

Screening newborn babies' hearing

NETCARE hospitals

Best practice

Measure#	Measure definition	FY 2025	FY 2024	FY 2023
Screening newborn babies' hearing#	% of babies screened in our participating hospitals	87.8%	83.8%	85.5%
Screening newborn babies' hearing	% of babies screened referred for a follow up screening test	10.7%	10.6%	12.3%
Screening newborn babies' hearing	Number of babies referred for a follow up screening test	2 366	2 235	2 874
Screening newborn babies' hearing#	% of babies referred for follow up screening who had the second test	35.2%	33.3%	31.1%

\#   A higher score is better.

As per international best practice for data management, screeners capture the data in the bespoke Hi-5 Netcare screening app. In addition to establishing the first longitudinal dataset in SA, ethical data management also supports a follow-up process of any newborn referred for further care and ultimately diagnosed with hearing loss. The programme is guided by the international best practice of 1:3:6 early hearing detection and intervention. The aim is screening by one month, diagnosis of hearing loss by three months, and early intervention started by no later than six months. Newborn hearing screenings are undertaken every day at 35 Netcare hospitals.

The number of babies screened at our participating hospitals continues to increase, improving 4.8% in FY 2025. It is noteworthy that 77.1% of the hospitals achieved a screening reach of above 80%, 16% of which achieved a screening reach of over 90%. The first screen referral rate is well managed between the 10% and 15% standard. We are pleased with the continued increase in our second screening follow up rate, with a 13.1% increase from FY 2023 to FY 2025.

Quality of care measures continued

Pain management

Pain is the most common reason for patients to seek medical treatment. Each person's experience of pain is unique to them. Timeous, appropriate pain management is important for a person's quality of life, outcomes, and experience of care. Across the Netcare Group, we engage with patients on their experience of pain and how effectively we manage it.

Managing pain pre-hospital

Person centred care

Measure[#]	Measure definition	FY 2025	FY 2024	FY 2023
Managing pain pre-hospital	% of patients with severe pain, whose pain was reduced post treatment	**94.5%**	93.9%	91.1%

[#] A higher score is better.

We measure how well Netcare 911 manages a patient's pain while being transported to hospital. The WHO's pain ladder classifies severe pain as a rating between six and ten. A patient's pain score is captured by the EMS team when they arrive at the scene and again after treatment has been initiated.

Pain management for patients with severe pain continues to improve. The importance of pain management for Netcare 911 is reinforced with a detailed report distributed monthly to all operations that highlights opportunities for further improvement.

Managing pain in the emergency department

Person centred care

Measure[#]	Measure definition	FY 2025	May – Sep 2024
Emergency department tried to help reduce pain	% of patients answered 'yes, definitely'	**85.5%**	79.9%*

[#] A higher score is better.
* These numbers have been restated as more data became available after the close of the reporting period.

More than 75% of patients presenting at an emergency department are experiencing pain[1], each requiring a personalised approach to their pain management depending on the severity of their trauma. Effective pain management improves patient satisfaction, and timely and adequate pain relief is more likely to have a positive influence on a patient's perception of their care[2]. Poorly managed pain can contribute to physiological stress responses, including increased heart rate and blood pressure, which may complicate underlying conditions and delay recovery[3].

The goal of pain management in an ED is not to completely eradicate a patient's pain, but to reduce it to an acceptable level until they are admitted to hospital or are able to go home. Our ED pain management score for FY 2025 improved 7.0%. Maintaining this trajectory is important for further optimising patient recovery times and overall emergency care quality.

1. Eager, M.M., Nolan, G.S., Tonks, K., Ramjeeawon, A. and Taylor, N., 2021. Inhaled methoxyflurane (Penthrox) for analgesia in trauma: a systematic review protocol. Systematic reviews, 10(1), pp.1-6.
2. Todd, K. H., et al. (2019). Patient satisfaction and pain management in the emergency department. The American Journal of Emergency Medicine, 37(1), 85-90.
3. National Academies of Sciences, Engineering, and Medicine, 2019. Evaluating Clinical Practice Guidelines for Prescribing Opioids for Acute Pain. In Framing Opioid Prescribing Guidelines for Acute Pain: Developing the Evidence. National Academies Press (US).

Quality of care measures continued

Patient perception of pain management

NETCARE hospitals

Person centred care

Measure#	Measure definition	FY 2025	FY 2024	FY 2023
How well your pain was managed during your stay	Average rating on a scale from 0 to 10	**8.89**	8.81	8.75

 # A higher score is better.

Controlling pain helps speed up recovery and can reduce the risk of developing complications after surgery, as well as enabling patients to better participate in physical therapy. Developing individualised pain management plans requires good communication between patients, doctors and nurses, and helps keep patients as pain-free as possible. Patients' pain is assessed at regular intervals while in hospital, aligned to their pain medication schedule.

Netcare hospitals' pain management score improved 0.9% in FY 2025. Pain scores are captured in CareOn. Staff can easily confirm that medication has been administered and follow up on its efficacy in relieving pain. Hospitals have elected pain management champions to conduct regular pain assessment rounds, and post-operative pain assessments are a focus area.

Patient safety while under our care

We have adopted local and international standards to measure the safety of our care and encourage our staff to report all safety related incidents. A non-punitive approach, supported by a just culture, when reviewing reported incidents is important for our learning and encourages reporting. Our people are encouraged to maintain a treating environment that pays attention to identifying risk and preventing harm while providing compassionate and competent care. This section reports patient safety results that have not been included in previous sections.

Medication safety

NETCARE hospitals **NETCARE akeso** **MEDICROSS / NETCARE medicross**

Safest care

Measure#	Measure definition	FY 2025	FY 2024	FY 2023
Preventing medication related patient harm – Hospital Division	Medication related events that result in any harm to a patient per 100 admissions	**0.01**	0.01	0.01
Preventing medication related patient harm – Netcare Akeso	Medication related events that result in any harm to a patient per 100 admissions	**0.01**	0.03	0.06
Preventing medication related patient harm – Netcare Medicross*	Medication related events that result in any harm to a patient per 100 000 visits to a doctor or dentist	**0.00**	0.00	0.00

 # A lower score is better. Day theatres are excluded.
* This measure was refined to report 100 000 visits.

Quality of care measures continued

We closely monitor our medication practices to support safe and appropriate medication use, and to identify opportunities for improvement that promote safe prescribing, dispensing and administration of medication. Educating our patients on safe use of medication is an important part of this process. Details of incidents are recorded electronically.

The stability in the Netcare Hospital Division's results is attributed to the strengthened operational awareness and collaboration between pharmacy and nursing teams and the success of targeted interventions and ongoing staff engagements.

For Netcare Akeso, ongoing training on medication safety with our nursing team is a priority, focusing on look-alike and sound-alike medication and the importance of immediate and accurate reporting when incidents occur. Medication related events continue to decrease year on year, with an impressive 83.3% decrease from FY 2024 to FY 2025.

At Netcare Medicross, ongoing efforts to improve medication practices have resulted in maintaining excellent medication safety rates for FY 2025. Staff are actively encouraged to seek opportunities to improve prescribing, dispensing, and administration processes.

Fall prevention

Safest care

Measure#	Measure definition	FY 2025	FY 2024	FY 2023
Falls that result in injury – Hospital Division	Falls that result in any injury per 100 admissions (age ≥18 years)	**0.10**	0.11	0.13
Falls that result in injury – Netcare Akeso	Falls that result in any injury per 100 admissions (age ≥18 years)	**0.39**	0.39	0.35
Falls that result in injury – Netcare Medicross	Falls that result in any injury per 10 000 visits to a doctor or dentist	**0.07**	0.07*	0.04*

\# A lower score is better. Day theatres are excluded.
* These results have been restated following a review of the classification of whether an incident resulted in harm or not.

A patient's illness and condition, medication side effects, and unfamiliarity with a healthcare environment can make them vulnerable to falling. Patients seeking care in our facilities are assessed using international standards to determine their risk of falling. We use these assessments to identify patients at risk and take special precautions to mitigate their risk of falling, including working with the patient's family. Details of incidents are captured electronically.

The rate of falls at Netcare hospitals continues to decline, with a 7.1% reduction between FY 2025 and FY 2023. Netcare Akeso's falls rate was stable over the period. The Netcare Medicross falls rate is unchanged from FY 2024 and their staff members are becoming more proactive in conducting fall risk assessments and educating high risk and geriatric patients.

Quality of care measures continued

Pressure lesion prevention

NETCARE hospitals

		Safest care

Measure#	Measure definition	FY 2025	FY 2024	FY 2023
Developing a severe pressure lesion	Stage III or IV HAPLs per 100 admissions of three or more days. (age>=18 years, obstetrics, and burns >=20% of body surface excluded)	**0.01**	0.01	0.01

 #   A lower score is better.

Patients admitted to hospital, particularly those admitted to critical care units, are at risk of developing hospital acquired pressure lesions (HAPLs). Patients admitted to Netcare hospitals are reviewed regularly for the risk of developing HAPLs using international standards, and preventative actions are taken where necessary. Incident reports are captured electronically. With the implementation of new risk reports with CareOn data, nursing leadership can more easily review current practices, identify hospitals with higher HAPL rates and implement improvement initiatives.

The rate of HAPLs remains stable. Accurate, timeous risk assessments and the correct classification of HAPLs are ongoing focus areas.

Safest care for our patients and people in high-risk areas

Netcare Cancer Care

As the incidence of cancer continues to rise both locally and globally, the cornerstones of treatment remain surgery, radiation and systematic anti-cancer therapy (SACT), each with its own distinct role and unique clinical and occupational risks. Cancer treatment requires a multi- and inter-disciplinary specialist team approach where safety is paramount.

Radiation therapy uses high-energy rays or particles to destroy or damage cancer cells by interfering with their ability to divide and grow. It is indicated as part of the treatment plan for more than 50% of patients during their cancer journey. SACT treatment circulates throughout the body to target cancer cells that may have spread beyond the primary tumour. Traditional therapy acts by damaging rapidly dividing cells, while newer modalities act more selectively, harnessing molecular or immune mechanisms to disrupt tumour growth.

Netcare Cancer Care's quality management systems adhere to regulatory standards with external accreditation and internal quality reviews in place. An open reporting culture with robust digitally enabled incident reporting has been a focus area. A digital radiotherapy error reporting form, based on the International Atomic Energy Agency (IAEA) Safety in Radiation Oncology (SAFRON)[1] learning system was created in FY 2024, replacing the previous reporting platform.

Externally assured safest care

The SAHPRA plays a key role by regulating medical devices, pharmaceuticals, and radiopharmaceuticals used in cancer treatment. SAHPRA requires that any Level I radiation incident be reported. **FY 2025: zero Level 1 incidents reported** (FY 2024: one, FY 2023: zero).	ISO 9001:2015, an international quality standard certification, audits the radiation units to check that consistent, standardised processes are maintained and continuously improved. **FY 2025: two non-conformances** (FY 2024: one, FY 2023: one).	SACT outpatient units are externally accredited through the South African Oncology Consortium (SAOC) and ICON. **SAOC: FY 2025 and FY 2024: no audits.** (FY 2023: 1 non-conformance). ICON: Netcare Christiaan Barnard Memorial Hospital is the first Netcare managed SACT unit to achieve ICON accreditation. **FY 2025: two recommendations.**

1. https://www.iaea.org/resources/rpop/resources/databases-and-learning-systems/safron.

Quality of care measures continued

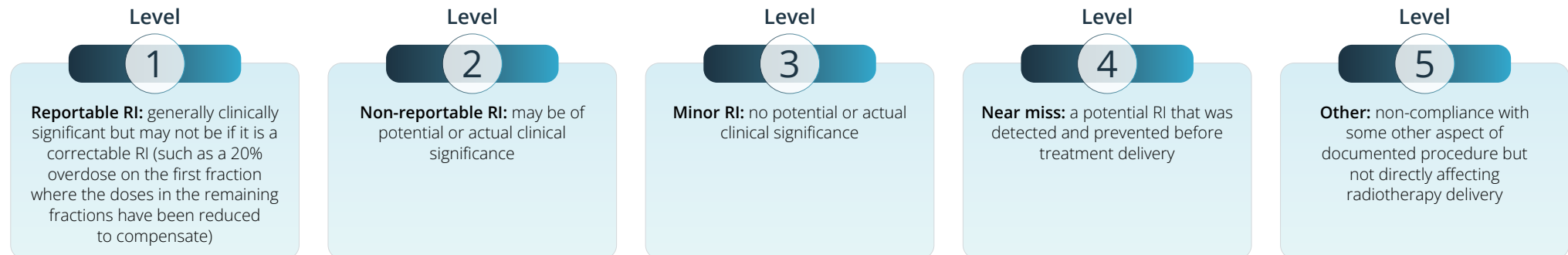## Safest care in our radiation units

NETCARE cancer care

Safest care

Measure#	Measure definition	FY 2025	FY 2024	FY 2023
NEW Any radiation non-conformance	Radiation related events Level 1-5 per 100 treatments (in and outpatients)	**0.09**	0.04	0.04
NEW Radiation related events, including near misses	Radiation related events Level 1-4 per 100 treatments (in and outpatients)	**0.05**	0.02	0.03
NEW Radiation event potentially impacting a patient	Radiation related events Level 1-2 potentially impacting a patient per 100 treatments (in and outpatients)	**0.01**	0.01	0.00
NEW Number of radiation events potentially impacting our people	Radiation related events potentially impacting our people per 100 treatments	**0**	0	0

 #   A lower score is better.

The health, wellbeing and safety of our patients and people are critical in providing high quality, safe radiation therapy. Stringent policies, protocols and quality assurance processes are intended to protect both patients and staff. Staff exposure to ionizing radiation is an occupational hazard, mitigated through shielding, strict adherence to radiation safety principles and regular monitoring via dosimeters.

The Towards Safer Radiotherapy (TSR)[1] error classification grid is used in the classification of radiation incidents (RI) into five levels:

Level 1	Level 2	Level 3	Level 4	Level 5
Reportable RI: generally clinically significant but may not be if it is a correctable RI (such as a 20% overdose on the first fraction where the doses in the remaining fractions have been reduced to compensate)	**Non-reportable RI:** may be of potential or actual clinical significance	**Minor RI:** no potential or actual clinical significance	**Near miss:** a potential RI that was detected and prevented before treatment delivery	**Other:** non-compliance with some other aspect of documented procedure but not directly affecting radiotherapy delivery

In FY 2025, Netcare Cancer Care radiation units demonstrated strong performance in maintaining patient and staff safety. The overall rate of radiation-related non-conformances was 0.09 per 100 treatments, an increase from previous years attributable to a maturing open-reporting culture. Importantly, radiation events with potential patient impact remained low at 0.01 per 100 treatments, consistent with FY 2024.

No radiation events were reported that impacted staff, maintaining a zero incident rate for the third consecutive year. The increase in reported near misses (0.05 per 100 treatments versus 0.02 in FY 2024) reflects a positive safety culture with improved incident detection and reporting. The absence of Level 1 reportable incidents to SAHPRA and the minimal non-conformance findings in ISO audits further affirm the robustness of our safety protocols and continuous quality improvement efforts.

1. The Royal College of Radiologists, Society and College of Radiographers, Institute of Physics and Engineering in Medicine, National Patient Safety Agency, and British Institute of Radiology. (2008). Towards safer radiotherapy. London: The Royal College of Radiologists.

Quality of care measures continued

Safest care in our SACT units

NETCARE
cancer care

Safest care

Measure#	Measure definition	FY 2025	FY 2024	FY 2023
NEW Any SACT agent spill impacting a patient	Number of SACT related spills (outpatients)	0	1	0
NEW Any SACT agent spill impacting our people	Number of SACT related spills (staff)	0	0	1
NEW Any SACT agent extravasation event	Number of SACT agent extravasation events (outpatients)	1	0	0
NEW Falls with or without injury	Number of falls with or without injury	0	0	2

A lower score is better.

Many cytotoxic medications are hazardous to handle and may pose risks to patients and staff through inhalation, skin contact or accidental needle stick injuries, highlighting the need for SACT units staffed by oncology staff who are trained in handling cytotoxic medications. Strict protocols are needed: specialised biological safety cabinets, protective clothing, and training in extravasation and spill management. Waste disposal is carefully regulated to prevent environmental contamination.

SACT units continued to uphold high safety standards in FY 2025. No spills were reported, an improvement from FY 2024 and FY 2023. One extravasation event was recorded, which, while notable, was managed effectively without further complications. These results reflect the effectiveness of and staff adherence to our safety protocols.

Introduction

Perception of care

Quality and safety of care

Value of care

Governance

#WeCare

03

VALUE OF CARE

Key focus areas for FY 2025

- Continued to improve against the three drivers of value of care: quality, patient experience and clinical efficiency.
- Appointed four regional clinical digital managers to boost our capacity for clinical efficiency initiatives.
- Roadshows to hospitals on the sustainability of private healthcare.
- Ongoing projects under our clinical efficiency programme.
- Ongoing adaptation to value-based contracting with private medical funders.

Clinical efficiency 43
Private medical funders 44

Objective

To manage the cost of delivering care and to commercialise clinical quality

Clinical efficiency
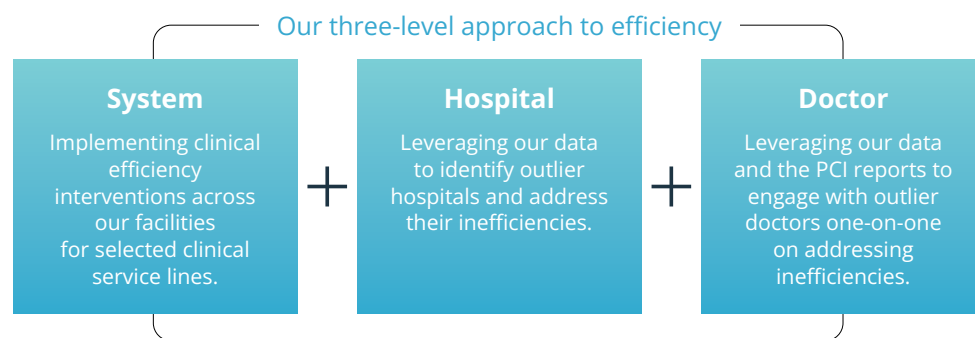
We take a proactive approach to improving the value of care. The three drivers of value of care – quality, patient experience and clinical efficiency – are monitored to ensure that our healthcare interventions, treatments and services are effective, efficient and person centred. Drawing on our clinical and efficiency data models and international and local experience, we continued to enhance the value of care we provide in FY 2025, which has enabled more focused and proactive engagements with clinicians and medical schemes.

The commercial relevance of reducing costs and improving the quality and safety of care we provide has become increasingly evident as our work on quality of care matures and the funder landscape evolves. Clinical efficiency is a priority for all medical schemes during tariff negotiations and when selecting hospitals for network plans. Netcare applies clinical efficiency enhancements at the following three levels:

Our three-level approach to efficiency

System	**Hospital**	**Doctor**
Implementing clinical efficiency interventions across our facilities for selected clinical service lines.	Leveraging our data to identify outlier hospitals and address their inefficiencies.	Leveraging our data and the PCI reports to engage with outlier doctors one-on-one on addressing inefficiencies.

With renewed urgency to address clinical efficiency, we have boosted our capacity to engage and intervene on our clinical efficiency initiatives by enhancing access to data from our analytics and research tool, and with the appointment of four regional clinical digital managers (RCDM).

During FY 2025, we conducted a series of roadshows at our hospitals to address the importance of partnering to promote the sustainability of private healthcare, reassuring clinicians of Netcare and the industry's support in these times of policy and legal uncertainty. Completed at the end of August 2025, 572 doctors attended roadshows, twelve of which were in person, with the remaining hospitals attending remotely.

Clinical efficiency programme

Our centrally coordinated clinical efficiency programme benchmarks our usage patterns and identifies efficiency opportunities at system, hospital and doctor levels to carefully manage the cost of delivering high-quality care. The funder relations and consistency of care teams are driving this programme in close collaboration with the Netcare Hospital Division. The programme comprises several projects, implemented with appropriate governance oversight, resources and tangible deliverables across all hospitals.

Projects are governed and managed under the project office. In FY 2025, focus areas included using Netcare data and clinical efficiency reports to improve efficiencies around pathology test orders, the use of medication and surgical items, efficiencies in robotic surgery and clinical coding improvement.

Private medical funders

Our relationships and engagements with private medical funders allow us to present competitive proposals to secure our participation in their hospital networks which, in turn, enables us to preserve and grow patient volumes and attract and retain doctors. In addition to competitive proposals, delivering patient centric, cost-effective care, and collaborating with medical schemes on improvement opportunities, are also key aspects of our funder strategy.

Quality of our relationships

The increasing maturation of our ability to leverage our analytical and measurable clinical expertise and quality of care outcomes stands us in good stead when engaging with medical schemes. These relationships are well-established and mutually beneficial; however, a natural tension exists, especially as schemes drive utilisation and cost containment. This is further exacerbated with the ongoing deterioration in medical scheme risk pools.

Private medical funders: page 103 of the integrated report.

Who they are
National and international private medical funders, together with the Compensation Fund for Occupational Injuries and Diseases.

How we engage

- Day-to-day interventions on patient coding and case management.
- Dedicated relationship managers.
- Quarterly quality of care reports as per contractual agreements.
- Contract and tariff negotiations.

Their needs, expectations and interests

- Measurable quality of care, safety and patient experience outcomes.
- Predictable and sustainable cost of care.
- Utilisation trends.
- Participation in scheme options with restricted hospital networks.
- Risk-sharing contracts with providers to align incentives.
- A balanced service offering to satisfy member needs.
- High levels of medical ethics, including combatting medical fraud, waste and abuse.

Quality of care measures

34

quality of care measures were reported in our automated quality report to medical funders, released quarterly.

Value based contracting and public reporting

Value based contracting (VBC) incentivises hospitals to improve patient outcomes and experience while reducing cost. We are in a multi-year VBC with Discovery Health, and their Hospital Care rating has been published on their website since 2021. National Renal Care has a mature and successful VBC with Discovery Health and details are available in the NRC report.

This year, Discovery Health have amended their VBC measures to include a patient safety measure (surgical site infections for three procedures), and an additional clinical outcomes measure (hospital-wide readmissions for five service line categories). These are not included in our current contract which ends next year. The existing measures are condition specific mortality for six conditions, condition specific readmissions for seven conditions and patient experience for nine domains.

This year the Government Employee Medical Scheme (GEMS) and Medscheme expressed interest in entering a VBC with Netcare.

04

GOVERNANCE

Key focus areas for FY 2025

Clinical governance
- Continued credentialing independently contracted healthcare workers in all Netcare divisions.
- Rolled out the digital credentialling process to other divisions within the Group.
- Continued the medical surveillance programme across the Group.
- Further reduced overall healthcare risk waste volumes.

SHEQ governance
- Retaining ISO 9001:2015 (quality management systems) certification.
- Ensuring compliance with OHSC inspections.
- Continued medical surveillance implementation.
- Reducing healthcare risk waste volumes in the Netcare Hospital Division.

Research governance
- Strengthened our research governance framework and developed a dedicated research application platform to streamline processes and improve efficiency.
- Various clinical research publications, posters and podium presentations.

Clinical governance objective
To improve and strengthen the regulatory framework governing clinical practice

SHEQ governance objective
To inform the integrated safety, health, environmental/waste and quality framework

Research governance objective
To drive innovation, improve quality of care and patient outcomes, and enhance operational efficiencies

Clinical governance

Netcare's clinical governance framework aims to regulate the relationship between Netcare and the independently contracted healthcare workers (ICHW) who provide clinical services to patients in our facilities. It comprises the admitting, practising and treating privileges terms and conditions, clinical governance committees and the credentialling process.

Credentialling

The primary objective of the credentialling process is to ensure that only clinicians suitably qualified and registered with their respective professional councils are allowed to provide clinical services in Netcare facilities. All doctors and health workers at the Hospital Division, Netcare 911, Netcare Akeso, Netcare Medicross, Netcare Cancer Care and National Renal Care are required to undergo credentialling annually. For FY 2025, credentialling of ICHWs commenced in May across all divisions except for Netcare Medicross, which commenced in August 2025.

The primary focus for FY 2025 was on data quality, particularly the accuracy of mandatory fields required for successful cross-platform integration. At end September 2025, 98.0% of ICHWs had been credentialled, exceeding our target of 92.0%.

Advanced electronic signatures

The advanced electronic signature (AES) and CareOn account activation processes were updated during the year. We continue to monitor the number of prescriptions issued by credentialled doctors in the Netcare Hospital Division, to ensure that all doctors eligible for an AES have completed the onboarding process. Our objective is for every doctor who prescribes medication on CareOn to hold a valid AES. At the end of FY 2025, 97.0% of eligible doctors are compliant.

Clinical governance committees

Our clinical governance committees ensure that healthcare practitioners practise within their regulatory and legislative framework, and are held accountable to the highest professional, ethical and legal standards. The Hospital Division, Netcare Akeso, Netcare Medicross and Netcare Cancer Care all have their own clinical governance committees.

At the Group level, the Netcare Clinical Practice Committee (NPCC) monitors the conduct, impairment and credentials of healthcare practitioners and oversees the suspension and revocation of privileges, should this be necessary. An independent multidisciplinary panel of 11 experts in various fields of clinical medicine supports the committee, advising on matters related to clinical practice, conducting peer reviews and making recommendations regarding evidence-based clinical guidelines, policies and protocols.

A total of 44 physician advisory boards (PAB) within the Hospital Division have adopted and integrated the new PAB terms of reference, with regular meetings being held by these facilities.

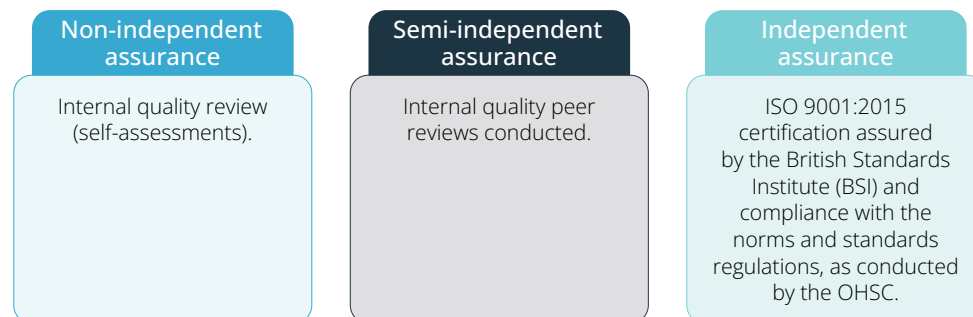| Netcare Clinical Practice Committee	Independent panel	Privileges revoked
77	**Four**	**Two**
cases reviewed by the NPCC with most cases resolved.	**cases referred** to the independent panel for peer review.	healthcare practitioners' privileges revoked for unsafe clinical practice and conduct not in keeping with Netcare's values.
FY 2024: 62	FY 2024: three	FY 2024: three
FY 2023: 73	FY 2023: eight	FY 2023: five

Safety, health, environment and quality governance

Netcare's Safety, Health, Environment and Quality (SHEQ) function provides internal and independent assurance processes throughout the Group and safeguards Netcare by managing SHEQ risks and regulatory compliance in a manner that contributes to long-term business sustainability. SHEQ is overseen by the Consistency of Care Board Committee.

The key focus areas for SHEQ in FY 2025 were to retain ISO 9001:2015 (quality management systems) certification, ensuring compliance to the national health norms and standards regulations as inspected by Office of Health Standard Compliance (OHSC), designing an integrated health and wellness strategy, continuing the medical surveillance implementation, and reducing healthcare risk waste (HCRW) volumes in the Hospital Division.

Quality management system

Our quality management system (QMS) comprises the following three levels of assurance:

Non-independent assurance	Semi-independent assurance	Independent assurance
Internal quality review (self-assessments).	Internal quality peer reviews conducted.	ISO 9001:2015 certification assured by the British Standards Institute (BSI) and compliance with the norms and standards regulations, as conducted by the OHSC.

Non-independent and semi-independent assurance

Internal quality reviews are an essential mechanism for evaluating compliance with Netcare policies and procedures, the national health norms and standards regulations, industry best practices, and other legal requirements.

In FY 2025, self-assessments were conducted in all facilities across all divisions and functional areas in the Group. Peer reviews were conducted for all Netcare hospitals, Netcare 911, Netcare Akeso and Netcare Cancer Care, while Netcare Medicross and National Renal Care followed a risk-based sample approach.

Division	Self-assessment 2024	Self-assessment 2025	Peer review 2024	Peer review 2025
Netcare Akeso	95%	**92%**	92%	**90%**
Netcare hospitals	92%	**92%**	86%	**95%**
Netcare Medicross	91%	**91%**	75%	**76%**
Netcare Cancer Care	98%	**99%**	97%	**98%**
National Renal Care	96%	**99%**	87%	**98%**
Netcare 911	95%	**95%**	93%	**96%**

Independent assurance

The OHSC was established under the National Health Amendment Act of 2013 with the objective to protect and promote the health and safety of users of health services in South Africa. The OHSC monitors and enforces compliance with norms and standards regulations applicable to different categories of health establishments, as prescribed by the Minister of Health in terms of section 78 of the National Health Act, 2003 (Act no. 61 of 2023).

In FY 2025, only one hospital was formally inspected by the OHSC and achieved compliance certification with an overall excellent grading. No other acute hospitals underwent routine inspections as they already have compliance certification which is valid for four years. OHSC self-assessments were completed and submitted to the OHSC portal by February 2025, meeting the prescribed deadline as per the OHSC's fiscal year requirements. Peer reviews were conducted as part of our internal quality review programme using the OHSC tools, with an average score of 96.3% for vital measures and 95.7% for essential measures. Following verification audits for non-negotiable measures, all hospitals achieved 100% compliance.

The ISO 9001:2015 surveillance audits conducted by BSI concluded in June 2025 and Netcare has achieved continued certification. A total of 21 findings were raised across all divisions.

Safety, health, environment and quality governance continued

Occupational health and safety (OHS)

Our approach to OHS supports our focus on holistic employee health and wellbeing while ensuring appropriate risk management and compliance with key regulatory requirements. It creates value for the Group and our employees by ensuring greater workplace safety and reducing absenteeism and occupational injuries and diseases, thereby enhancing productivity and ensuring legislative and regulatory compliance. OHS is integrated into the SHEQ system and is overseen by the Consistency of Care Committee. Compliance is managed through our digital SHEQ compliance IT system, SafeCyte.

OHS is ultimately underpinned by our medical surveillance programme that enables us to identify occupational hazards or risks to reduce workplace injuries and occupational diseases; assess employee fitness for duty against identified occupational risk profiles; and implement appropriate deployment and mitigation strategies for employees who are at risk. The surveillance programme and Care@Work are fundamental enablers of our holistic and integrated wellness programme and our FY 2026 strategy.

Focus areas for FY 2025 and FY 2026 include supporting the design and implementation of psychosocial and physical wellbeing interventions aligned with the aims of our FY 2026 strategy; implementing the FY 2026 strategy; continuing to onboard employees onto our medical surveillance programme; conducting ergonomic risk assessments (for report-back in FY 2026); employee incident management, particularly enhancing measurement of the Group's top two risks (slips, trips and falls; and sharps and splashes[1]); benchmarking employee incident rates for comparative analysis; and enhancing incident rate and lost time injury frequency rate measurement. We deferred SHEQ dashboard development this year to prioritise migrating data onto our Big Data analytics platform, which will enable us to harness the full potential of predictive analytics and reporting.

1. Needlestick injuries and bodily fluid contact.

We continue to ensure that employee incidents are accurately recorded on SafeCyte and to conduct trend analyses to identify emerging OHS risks and opportunities, as well as to improve liability accepted for COID claims.

Our collective agreements with representative trade unions include OHS . Onsite shop stewards act as union representatives in our Health and Safety committees, enabling them to discuss health and safety issues in the workplace.

Employee incident reporting

FY 2025 was focused on reducing the two top risk categories and establishing employee incident rate benchmarks. A total of 1 049 (FY 2024: 1 054) incidents were reported across the Group. For benchmarking, incident rates per 200 000 labour hours have been implemented as the metric. Labour hours from the Group and NRC were used, facilitating reliable year-on-year comparison, informing data driven decisions, and measuring progress in enhancing employee safety and reducing absenteeism. The Group's incident rate in FY 2025 improved by 13.87% to 3.85 (FY 2024: 4.47).

Safety, health, environment and quality governance continued

Integrated waste management

Netcare's integrated waste management programme aims to prevent, minimise, recycle, treat and dispose of healthcare waste in a manner that is safe for people and the environment. We focus on tracking waste generated per patient day, increasing landfill diversion, identifying cost saving measures, and identifying alternatives to landfills and incineration.

The Group targeted a reduction in healthcare related waste volumes to 2.00 kg/patient day through improved segregation and innovative environmental sustainability initiatives. For FY 2025, the Hospital Division achieved 1.99 kg/patient day, meeting the balanced scorecard target. This represents an improvement from FY 2024's 2.02 kg/patient day. The Hospital Division also managed to reduce waste to landfill diversion, with 80% of general waste diverted and 31.4% of healthcare risk waste diverted.

Hospital Division HCRW
1.99 kg/pd
Target: 2.00 kg/pd

Waste: *page 41* of the *ESG report*.

OHS incidents
1 049

OHS incidents recorded (FY 2024: 1 054), of which 90% (FY 2024: 90%) is categorised as insignificant or minor risk, **9%** as moderate (FY 2024: 9%), and **1%** high to major risk (FY 2024: 1%).

Improving safety practices requires that employee incidents are reported and managed. Netcare promotes a "safe to report" culture to encourage employees to report incidents, to ensure we have robust data to inform safety interventions.

594

injury on duty claims submitted to the Compensation Fund for the Hospital Division. Liability has been accepted for **77%** of cases (FY 2024: 621, 81%).

Internally, we measure this metric on a two-year basis as the time taken to process claims affects our actual performance against this metric. The two-year average for FY 2025/24 was maintained at 83%. The prior year number for this metric changes year on year as cases are processed.

SHEQ training
4 365

employees received SHEQ training, with some employees attending more than one session.

FY 2024: 3 665

Absenteeism
1 013 618

total hours of sick leave.

FY 2024: 1 027 480

Medical surveillance
97%

of employees onboarded onto our **medical surveillance programme** since 2022.

FY 2025 target: 90%

OHSC inspections
1

Netcare facility underwent a OHSC inspection in FY 2025, achieving compliance certification with an overall excellent grading.

OHS quality review
95%

Average score achieved for OHS peer reviews conducted internally, utilising the OHSC inspection tools across all Netcare hospitals, reflecting our commitment to maintaining a healthy and safe work environment.

FY 2025 OHS incident reporting	Group total	Netcare Hospital Division	Netcare 911	Netcare Akeso	Netcare Medicross	National Renal Care
Exposure to COVID-19	**2**	2	0	0	0	0
Exposure to TB/other infectious diseases	**40**	35	5	0	0	0
Hazardous biological agent (HBA) exposure: sharps injuries	**227**	201	11	1	8	6
HBA exposure: splash injury	**46**	41	3	0	0	2
Exposure to hazardous chemical agents	**31**	28	3	0	0	0
Incident/accident resulting in injury	**703**	559	112	11	13	8
Radiation incident	**0**	0	0	0	0	0
Exposure to cytotoxic or antineoplastic drugs	**0**	0	0	0	0	0
Total incidents	**1049**	866	134	12	21	16

Research governance

Research is a key focus area for Netcare, driving innovation, improving quality of care and patient outcomes, and enhancing operational efficiencies. Investing in research strengthens our ability to provide evidence-based care, facilitates collaboration with academic institutions and industry partners, attracts top talent and ultimately benefits our patients.

We have developed an electronic research application and tracking platform, facilitated by our research and analytics tool that forms part of our Big Data analytics platform, and we expect to see an increase in Netcare's research output over the next year. The platform can receive research applications, submit them for review, and track and report on their progress. Implementation is expected to commence in January 2026.

Netcare research publications, posters and podium presentations in FY 2025

To promote and develop research within Netcare, we have in this year strengthened our research governance framework and developed a dedicated research application platform to streamline processes and improve efficiency. These efforts are integral to our data driven, patient focused goals and will allow us to leverage our Big Data analytics platform to optimise resource allocation and accelerate research outputs. With these investments, we aim to significantly increase the volume and impact of research generated over the next year, reinforcing our commitment to advancing healthcare through innovation and evidence-based practice.

In FY 2025, clinical research publications, posters and podium presentations included:

Award winning publications

Digitally enabled and data driven

The Digital Evolution of Pharmacist-led Antimicrobial Stewardship across a private hospital network

Silver Award in the category Innovation and Technology in Health Care

Presented by Kim Nagoor

at the

Hospital Association of South Africa Conference 2025

Transforming controlled medicine governance: The development, implementation and impact of an electronic controlled medicine register

Bronze Award in the category Innovation and Technology in Health

Presented by Kristien Schutte

at the

Hospital Association of South Africa Conference 2025

Co-authors:
Veloshini Bhoowanpursadh, Morne Kielblock, Brad Cron, Angeliki Messina

Trauma

Advanced Pathways Cardiopulmonary Resuscitation (CPR) Real-Time Feedback Technology improves in Hospital CPR

Gold Award in the category Innovation and Technology in Health Care at 2025 HASA conference

Presented by Mande Toubkin

at the

Hospital Association of South Africa Conference 2025

Authors:
M. Toubkin, C. Crawford- Nutt, S. Trott et al

Communicable diseases

Reducing Klebsiella Pneumoniae infection in the NICU:
A multi-disciplinary success story

Silver Award in the category Sustainability in healthcare at 2025 HASA conference

Presented by Raeesah Bhaglia

at the

Hospital Association of South Africa Conference 2025

Research governance continued

Title	Presenter/author(s)	Presented at/published in
Trauma		
Elements of a care pathway for human trafficking victims in emergency departments: A mapping review	**Authors:** L. van Rooy, Y. Botma, C. Filmalter, et al	**Presentation:** African Conference on Emergency Medicine 2024 **Publication:** Worldviews on Evidence-Based Nursing 00 (2024)
Beyond Triage: Comprehensive Management of the Patient Journey in Emergency Departments	**Author:** M. Toubkin	**Publication:** African Conference on Emergency Medicine 2024
Transforming emergency care: The power of compassion and civility	**Authors:** M. Toubkin, F. Motara, A. Klette, et al	**Publication:** African Journal of Emergency Medicine 14, 4 (2024)
Trauma outcome review (TOR) Adding value to all emergency departments	**Authors:** A. Klette, M. Human, N. Baltsoucos, et al	**Publication:** African Journal of Emergency Medicine 14, 4 (2024)
A system wide implementation of a medication safety programme across 37 South African Emergency Departments – using error based training	**Authors:** M. Toubkin, N. Singh, K. Schutte, et al	**Publication:** African Journal of Emergency Medicine 14, 4 (2024)
Collaborative Pathways to Managing Severe Burn patients	**Presenter:** Farzana Docrat	**Publication:** 14th South African Society of Clinical Pharmacy conference 2025
Communicable diseases		
Defining and responding to the contextual drivers for implementation of antimicrobial stewardship in 14 neonatal units in South Africa	**Authors:** D. van den Bergh, E. Charani, A. Dramowski, et al	**Publication:** JAC – Antimicrobial Resistance 7, 11 (2025)
Machine learning models for early real-time prediction of deterioration in intensive care units – a novel approach to the early identification high-risk patients	**Authors:** D. Thiele, R. Rodseth, R. Friedland, et al	**Publication:** Journal of Clinical Medicine 14, 350 (2025)
Quantitative 4D-CT reconstruction dependency on acquisition periodicity	**Author:** H Fourie	**Presentation:** 61st South African Association of Physicists in Medicine and Biology conference 2025
SASQART: South African standards for quality assurance in radiotherapy	**Authors:** H. Fourie, T. Alidzulwi, W.P.E. Boonzaier, et al	**Publication:** SA Journal of Oncology, 2518-8704, 2025
Advancing HIV and Tuberculosis Stewardship: The Essential Role of Clinical Pharmacist	**Presenter:** Farzana Docrat	**Presentation:** 14th South African Society of Clinical Pharmacy conference 2025
Harnessing Digital Health Tools for the effective surveillance and treatment of Clostridioides difficile infection	**Presenter:** Kim Nagoor	**Presentation:** Hospital Association of South Africa Conference 2025
A Multidisciplinary approach to enhancing Antifungal Stewardship in a private hospital	**Presenter:** Farzana Docrat	**Presentation:** Hospital Association of South Africa Conference 2025
A Digital intervention to decrease antibiotic treatment durations across 38 South African Hospitals	**Presenter:** Angeliki Messina	**Presentation:** Hospital Association of South Africa Conference 2025
Co-Design and implementation of an integrated digital medication and dispensing module across 45 Private hospitals	**Presenter:** Angeliki Messina	**Presentation:** Hospital Association of South Africa Conference 2025
Advancing HIV and Tuberculosis Stewardship: The Essential Role of Clinical Pharmacist	**Presenter:** Farzana Docrat	**Podium presentation:** South African Society of Clinical Pharmacy conference 2025
Antifungal Stewardship	**Presenter:** Cahlia Naested	**Presentation:** Critical Care Society of South Africa conference 2025
The stewardship of echinocandins in a private South African Hospital: A pharmacist driven approach	**Presenter:** Cahlia Naested	**Podium presentation:** South African Society of Clinical Pharmacy conference 2025

Research governance continued

Title	Presenter/author(s)	Presented at/published in
Non-communicable diseases		
Quality assurance and optimization for fluoroscopically guided interventional procedures	**Authors:** A. de Vos, C. Maccia, F. Malchair, C. Yeong, V. Tsapaki, K. Wunderle, C. Ubeda	**Publication:** International Atomic Energy Agency Human Health Series No. 48 (2025)
Cone beam CT (CBCT) in radiotherapy: Assessment of doses using a pragmatic setup in an international setting	**Authors:** M. Djukelic, C. Martin, A. Abuhaimed, et al	**Publication:** Physica Medica 131 (2025) 104937
Quantitative 4D-CT reconstruction dependency on acquisition periodicity	**Author:** H. Fourie	**Presentation:** 61st South African Association of Physicists in Medicine and Biology conference 2025
SASQART: South African standards for quality assurance in radiotherapy	**Authors:** H. Fourie, T. Alidzulwi, W.P.E. Boonzaier, et al	**Publication:** SA Journal of Oncology, 2518-8704, 2025
Codesigning a mobile health application to improve engagement and outcomes in dialysis care: A multi-site evaluation in South Africa	**Authors:** C.L. Clark, R. Friedland, P. Becker, et al	**Presentation:** International Consortium for Health Outcome Measurement – Dublin in October 2025
Value of care		
How value perspectives influence decision-making in the South African private healthcare sector: A cross sectional comparative study	**Authors:** A. Laubscher, R. Rodseth, F. Retief, et al	**Published in:** PLoS ONE 20, 2 (2025) 0316547
Patient safety		
Osmotic demyelination syndrome	**Author:** Megan Bester	**Podium presentation:** South African Society of Clinical Pharmacy conference 2025

Introduction

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05

#WECARE

Key focus areas for FY 2025

- Commenced rollout of final Care4YOU module.
- Continued to roll out the medical surveillance programme.
- Conducted an ergonomics risk assessment in the Hospital Division.

Objective

To look after the health and wellness of our workforce, true to the philosophy of the *Quintuple Aim*

Our people

Our people do crucial work; their expertise, wellbeing and resilience are key to effectively and efficiently providing the best health and care outcomes for our patients, and delivering on the Group's strategic priorities. How our people and partners experience the delivery of health and care in our facilities directly impacts how our patients experience the care we provide.

Engaging with our people

We prioritise employee engagement, particularly in our approach to connecting employees and employee performance, retention and wellbeing. Effective engagement also encourages innovation, critical thinking, proactiveness, continuous development and lifelong learning to motivate and equip our employees to deliver our strategic priorities. Based on employee feedback, we implement targeted programmes to enhance the workplace as we strive to distinguish ourselves as an employer of choice in a competitive skills market.

Care4YOU

Our Care4YOU programme remains our flagship initiative for enhancing our patients' experience of compassionate care. The programme recognises our people for acting with compassion; builds confidence, mindfulness and resilience; and harnesses our employees' intrinsic motivation to care for others by providing them with the tools and support to practice compassion for themselves and others. The programme is delivered via two platforms – the Living and Working Compassionately Journey, and our digital gratitude platform. The final module of Care4YOU was rolled out in FY 2025, having achieved over 69 669 interventions since inception, and received more than 103 456 gratitude cards.

*Care4YOU: **page 66** of the **ESG report**.*

Who they are
Nurses, paramedics and pharmacists; support, operational, IT and administration teams; contracted employees, and the labour unions that represent our employees.

How we engage

- Employee engagement surveys and performance reviews.
- Care4YOU programme and wellbeing initiatives.
- Online diversity and inclusion programme.
- MyNetCareer platform.
- Many other initiatives (eg CEO strategy updates, employee recognition events etc).
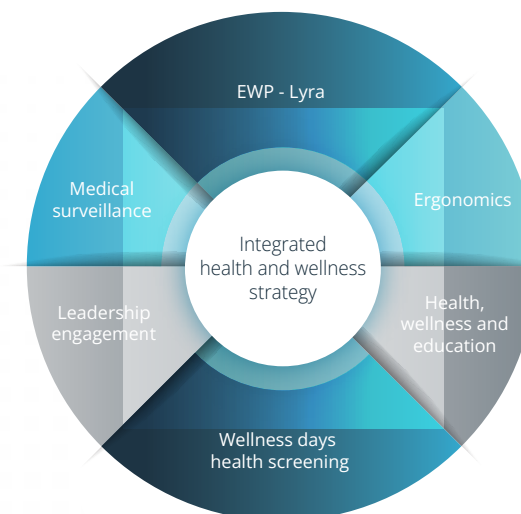- National consultation forums with trade unions.

Their needs, expectations and interests

- A safe, caring, compassionate and empowering work environment.
- Equal training, development and career progression opportunities.
- Fair and transparent labour practices.
- The impact of digitisation and automation.
- Financial wellbeing support in a challenging economic environment.
- Trusted and supportive leadership.
- Working for a responsible corporate citizen.
- Trade unions: remuneration, employee medical benefits and employment equity.

Integrated health and wellness strategy

Our integrated employee wellbeing strategy is designed to support our employees and proactively drive preventative and curative interventions that encompass physical health, mental health, emotional balance and social connections.

In FY 2026, this multifaceted strategy will focus on several key areas including upskilling leadership to develop a holistic wellbeing narrative, continuing the medical surveillance programme, advancing the ergonomics programme, conducting wellness days and health awareness campaigns, and delivering an employee wellness programme.

EWP - Lyra

Ergonomics

Health, wellness and education

Wellness days health screening

Leadership engagement

Medical surveillance

Integrated health and wellness strategy

Our people continued

Wellness days

Annual wellness days provide an opportunity to assess employees' health risks by evaluating various risk factors, including family medical history, demographic information, lifestyle habits and stress levels. Assessed along with biometric data, we calculate each employee's total health risk to provide targeted support and interventions to reduce the risk of chronic diseases and promote wellbeing.

Medical surveillance programme (MSP)

Launched in 2022 with a 3-5 year phased rollout plan, our medical surveillance programme underscores our commitment to prioritising the health and wellbeing of our workforce. Since inception to date, 96.8% of patient-facing employees have been successfully onboarded into the programme, exceeding the target for FY 2025. The programme assists in detecting and referring employees for treatment of work-related conditions and non-occupational disorders.

Compassion training

The Living and Working Compassionately Journey is delivered through a blended learning approach and includes Care4YOU theoretical content, experiential workshops and toolbox talks. The programme comprises six modules that are based on learnings from Stanford University's Applied Compassion Training programme:

	Rollout progress
Modules 1 and 2 introduce the principles and practices of compassion.	Rolled out to all Netcare and third-party employees in the Hospital Division, Netcare Akeso, Netcare 911, Netcare Education and the Netcare Shared Services Centre. Completed roll out to Netcare Medicross, while roll out to Netcare Head Office is in progress.
Module 3 deepens understanding around self-compassion, common humanity, and the spirit of Ubuntu (humanity to others).	Rolled out to all Netcare and third-party employees in the Hospital Division, Netcare Akeso, Netcare 911, Netcare Shared Services and Netcare Education.
Module 4 teaches how to exercise the principles of compassion and humanity in the context of power imbalances.	Rolled out to Netcare and third-party employees in the Hospital Division, Netcare Akeso and Netcare Shared Services Centre. Roll out to Netcare 911 in progress.
Module 5 focuses on developing the skills needed to build and maintain compassionate relationships.	Rolled out to Netcare and third-party employees in the Hospital Division and Netcare Akeso.
Module 6 equips employees with the skills needed to resolve conflict in a civil, respectful and dignified manner.	Roll out in Hospital Division complete.

We measure our impact and progress using the nurse compassion score. See .

Gratitude platform

Our gratitude platform allows patients, visitors and other employees to thank individuals and teams at Netcare for acts of compassion, motivating and reinforcing compassionate behaviours that positively impact patient and employee experiences. Gratitude cards are delivered to the mobile devices of the acknowledged employees and posted on gratitude board displayed in the wards. We measure this programme's impact and progress through the number of cards received and the sentiments of the cards submitted. Negative sentiments received through this platform are managed through our complaints management process.

Gratitude platform
20 887
cards received

FY 2024: 28 758

NETCARE