Life Healthcare

Southern Africa Quality Review

2024–2025

Contents

We profile Life Healthcare by setting out our purpose, vision, mission and strategy, and providing an overview of our portfolio and key stakeholders, and how we make life better for them. We also outline our reporting approach, scope and reporting process within our broader suite of reports, and explain key terminology.

Our results summary features a frank, balanced and considered assessment of our quality healthcare journey, FY2025 performance and future prospects, provided by Clinical Committee Chair, Prof Marian Jacobs, and our Chief Medical Officer, Dr Karisha Quarrie.

We provide an overview of Life Healthcare's clinical governance framework and its seven pillars, which are aligned with international best practice and World Health Organization (WHO) recommendations. This section also sets out our quality policy and explains how our quality scorecard is used to monitor and measure the standard of care we deliver.

We outline our quality performance over the past two years and beyond, structured around the seven pillars of our clinical governance framework. We explain the measures on our quality scorecard, why we track them and how we performed, and highlight the programmes, people and innovative tools that support and enhance our quality outcomes.

We provide a glossary of terms for readers, as well as key corporate information about Life Healthcare.

Feedback

We value your feedback on this report as we endeavour to improve our disclosures continuously. We invite you to contact the Company Secretary, Joshila Ranchhod, at +27 11 219 9000 or companysecretary@life.co.za, or our Chief Medical Officer Dr Karisha Quarrie, at customer.service@lifehealthcare.co.za.

We are Life Healthcare

We are a southern African-based healthcare provider consisting of healthcare professionals, enabling teams and technologically advanced, multi-disciplinary facilities. Our employees, healthcare professionals and other stakeholders make the business run 24 hours per day, 365 days a year, ensuring safe, efficient and well-managed environments. They make life better for all.

Life Healthcare Group Holdings Limited (Life Healthcare or the Group or the Company) is one of the largest private healthcare providers in southern Africa, primarily serving the private medically insured market. We have more than 40 years' experience in healthcare and are recognised by South African funders as a leader in effective value-based care.

We began our journey with four hospitals in the early 1980s and expanded through acquisitions, new builds and additional lines of business. We have expanded internationally through acquisitions and partnerships and have now consolidated our operations to refocus on southern Africa.

1 OUR PURPOSE

Making life better

2 OUR MISSION

To improve the lives of people through the delivery of high-quality, cost-effective care

3 OUR VISION

To be the preferred healthcare provider and the best place to work

4

Our strategy directs our focus towards three pillars, supported by a set of key capabilities

5

An improvement in the key performance indicators (KPIs) resulting in improved returns on investment

GROW

Grow footprint in strategic locations through greenfield and brownfield expansion, acquiring facilities and expanding complementary lines of business

DRIVE

Drive facilities utilisation through existing channels, funders, networks, value-based care models and integrated care products

OPTIMISE

Optimise asset utilisation by streamlining business operations and strategic capital allocation

Utilise capabilities

Compassionate people | Clinical excellence | Doctor relationships | Footprint | Technology and data | Strong balance sheet

By implementing our strategy, we:

- **Deliver high-quality care** through continuous improvement in clinical outcomes and patient experience
- **Grow** our business footprint
- **Drive** improved utilisation of assets
- **Optimise the delivery of care,** resulting in improved efficiencies
- **Attract and retain great people** through creating a culture that drives excellence and embeds diversity and inclusion
- **Ensure long-term sustainability** through appropriate investment, minimising our environmental impact, while positively impacting the communities in which we operate

Our purpose inspires and motivates our dedication to patients, employees and communities. We have a lasting social impact through our services, relationships and healthcare solutions. We are committed to integrity and excellence, with our Code of Conduct being the foundation on which we base all that we do.

The Code of Conduct includes our ethical, respect, confidentiality and sustainability codes which guide us to create:

- An environment for our patients, partners and all stakeholders that contributes to making their lives better
- A business culture that sets us apart from our competitors and will help us be more successful
- A workplace where we all feel we belong and can contribute and benefit from our shared successes

We make life better…

for patients

We deliver quality healthcare that makes life better for patients and their families, whether through quick interventions, longer admissions or ongoing care. Our facilities and equipment are geared for quality and safety, incorporating appropriate technology to drive the best possible patient outcomes at cost-effective rates.

Our patients are in the care of the best professional and compassionate healthcare teams.

for employees

Our employees are our greatest asset and most of them are responsible for caring for our patients. We invest in their personal well-being and development and provide nursing training through seven learning centres. We support diversity and transformation through welcoming and safe work environments, ethical leadership and efficient systems.

Remuneration is designed to reward performance, attract and retain talent. Permanent employees, excluding executive and senior management, can participate in the broad-based employee share plan that gives them co-ownership of Life Healthcare. Employees in senior management roles qualify for performance incentive plans that reward them for both short- and long-term performance.

for clinicians

As our partners, clinicians rely on us to provide them with access to high-quality healthcare facilities, appropriate medical equipment, health technology, partnerships with healthcare funders and well-trained, compassionate healthcare professionals and teams.

The majority of clinicians operate as independent practitioners, who form a core element of our service offering across the continuum of care and play a key role in delivering clinical excellence. They have access to research support and participate in medical advisory and clinical governance structures to stay abreast of the most effective and efficient patient care pathways, treatments, medication and consumables.

for healthcare funders

We have contractual relationships with healthcare funders that rely on constructive dialogue, trust and clinical excellence at an appropriate cost. We aspire to deliver on their promises to their members by ensuring appropriate treatment, quality of care and positive outcomes.

Funders have consistently recognised Life Healthcare as one of the most efficient hospital groups in South Africa and as a preferred provider. This means we create and sustain lasting value for them and their members. Our investment in value-based care is designed to promote a transition to value-based care models that reward improved patient care and quality clinical outcomes, while lowering overall care costs.

for shareholders, investors and financiers

Our strategy aims to unlock value for shareholders through delivering returns in excess of our weighted average cost of capital and a sustained distribution of dividends. We ensure sustainability by maintaining a strong financial position and driving cost efficiency and better patient outcomes through environmental, social and governance initiatives.

We communicate transparently to build trust and a solid understanding of our business dynamics. Our strategy aims to deliver increased returns, market share and revenue.

for suppliers

We build long-term supplier relationships that rely on trust, knowledge sharing and value for money spend.

We make timely payments and communicate our expectations clearly via service level agreements to support their sustainability, reliability and compliance capacity. Our supplier criteria support broad-based black economic empowerment (B-BBEE) and the development of small, local suppliers.

for government and industry regulatory bodies

We have a long-standing and ongoing public-private partnership with the Government to meet growing demand for healthcare services due to a high burden of disease and pressure on public healthcare systems. We are aligned with the objective of the national health insurance to achieve universal health coverage for all South Africans and have been participating and engaging in the most sustainable design for such a system.

We respect the need for extensive regulation to ensure patient safety, better health outcomes and improved utilisation.

Life Healthcare is also a large taxpayer, providing essential public revenues for the Government to meet economic and social objectives.

for society

We consider stakeholder and community interests in our strategy development, risk management and trade-off decisions. Our commitment to being a good corporate citizen extends to our role as an employer, healthcare provider and neighbour. We recognise the social impact of our facilities, which often serve as beacons of hope for patients and their families.

Society can rely on us to maintain the highest standards of care, ethical behaviour and sustainable practices. We also contribute to initiatives that achieve positive educational, health and community impacts.

We report authentically

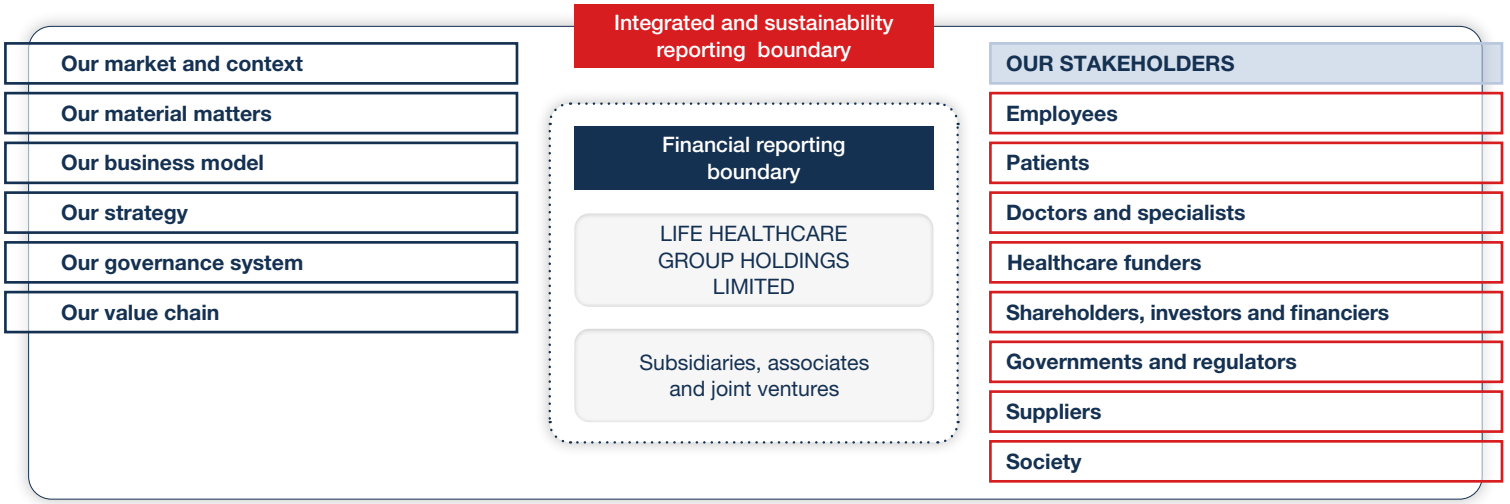
Life Healthcare operates and has extensive interests in private healthcare facilities and healthcare services companies in southern Africa. The Group is listed on the JSE and has a secondary listing on the A2X. Life Healthcare also has a debt listing through Life Healthcare Funding Limited, which issues senior unsecured notes under its Domestic Medium Term Note Programme.

Our reporting approach and scope

The 2024/2025 quality review covers the financial years ending 30 September 2024 (FY2024) and 30 September 2025 (FY2025). The quality review covers the governance, management and performance of quality at Life Healthcare's hospitals and complementary and healthcare services facilities during these reporting periods.

Our reporting boundary

Life Healthcare operates via three segments in South Africa, Botswana and Namibia, consisting of hospitals, complementary services and healthcare services.



Our reporting process

1

Our starting point

We considered the full reporting suite in re-structuring content for more targeted reporting, reducing duplication and streamlining disclosures. This report's chapters are structured in alignment with the clinical governance framework pillars to ensure we provide a holistic view of our commitment to clinical excellence.

2

Our reporting team

Our quality team facilitated the gathering of source material and interviews with key content owners to collect information. We also leverage the integrated and sustainability reporting process and ensure information is consistent between our various reports.

3

Assurance and controls

We followed a structured approval process that involved the executive team, the Board and the Clinical Committee.

We rely on our combined assurance model to ensure the accuracy, reliability and integrity of the information included in this report. Our external auditors have assured specific non-financial indicators. Read more about these indicators under *use our icons as visual keys* on page 4.

4

Final approval

The Southern Africa Quality Review for 2024-2025 has been reviewed and approved by the Chief Medical Officer Dr Karisha Quarrie on the 31 January 2026.

Our reporting suite

Our full reporting suite is available on our website at https://www.lifehealthcare.co.za.

QUALITY REVIEW

The quality review includes information on Life Healthcare's quality performance and interventions to improve quality outcomes

INTEGRATED ANNUAL REPORT

The integrated annual report includes summary information about remuneration, sustainability and clinical performance as these aspects relate to strategy and value creation

GROUP ANNUAL FINANCIAL STATEMENTS

The Group AFS include our audited results, Audit and Risk Committee report, directors' report and independent auditor's report

REMUNERATION REPORT

The remuneration report includes a background statement, the remuneration policy and implementation report for FY2025

SUSTAINABILITY REPORT

The sustainability report includes environmental, social and governance aspects that are material to our operations, including climate-related disclosures

We report according to the requirements of:

- The Integrated Reporting Framework
- The King Report on Corporate Governance™ for South Africa, 2016 (King IV™)[1]
- The Companies Act, 71 of 2008, as amended
- The Johannesburg Stock Exchange (JSE) Listings Requirements
- JSE Debt and Specialist Securities Listing Requirements
- IFRS® Accounting Standards
- United Nations Sustainable Development Goals (SDGs)

ADDITIONAL INFORMATION

The following information is available on our website:

- Interim and annual results presentations
- King IV™ compliance supplementary report
- Capital markets day presentation
- Our B-BBEE certificate
- Quality metrics for each Life Healthcare hospital
- Circulars and policies
- Domestic Medium Term Note Programme documents, including amended pricing supplements, amended and restated programme memorandum and guarantees
- The Notice of our annual general meeting (AGM) and proxy voting form

Forward-looking statement

This quality review contains forward-looking statements that, unless otherwise indicated, reflect the Group's expectations as at 31 January 2026. The actual results may differ materially from our expectations if known or unknown risks or uncertainties affect the business or if estimates or assumptions prove inaccurate. The Group cannot guarantee that any forward-looking statement will materialise. Readers are cautioned not to place undue reliance on these forward-looking statements, and the Group disclaims any intention and assumes no obligation to update or revise any forward-looking statement.

USE OUR ICONS AS VISUAL KEYS

MOVEMENTS IN OUR KPIs

Increase that is positive	▲
Increase that is negative	▲
Decrease that is positive	▼
Decrease that is negative	▼
Performance remained the same	▶

A Limited assurance provided by BDO for non-financial indicator

The following southern Africa KPIs were subject to limited assurance:

KPI	Unit of measurement
Patient safety adverse events	Total patient incidents/PPD x 1 000
Healthcare-associated infections (HAIs)	HAIs/PPD x 1 000
Paid patient days (PPDs)	Number

[1] *Copyright and trademarks are owned by the Institute of Directors in South Africa NPC, and all of its rights are reserved.*

KEY HEALTHCARE TERMS TO UNDERSTAND

Catheterisation laboratory	A catheterisation laboratory, also known as a cathlab, is a specialised medical facility equipped with diagnostic imaging technology. It is used for minimally invasive procedures related to the diagnosis and treatment of cardiac issues.
Clinical excellence	Clinical excellence in healthcare refers to the ability of healthcare providers to endeavour to provide the highest quality of care to their patients consistently. We measure clinical excellence through a scorecard with indicators related to patient experience, safety measures (including adverse events and infections) and clinical process outcomes. Clinical excellence relies on solid clinical governance.
Healthcare funders	Funders is a collective term for open or closed medical schemes or administrators, and includes the Road Accident and Compensation Funds. We also regard private or cash-paying patients as funders.
Nuclear medicine	Nuclear medicine is a specialised field that uses radiopharmaceuticals (safe, carefully controlled radioactive substances) to detect, understand and sometimes treat a wide range of medical conditions. As part of Life Diagnostics' advanced imaging and diagnostic services, nuclear medicine works alongside radiology to support precise, patient-focused care using state-of-the-art technology. Nuclear medicine includes positron emission tomography (PET) and computed tomography (CT) scans (PET-CT). A PET scan highlights cell activity, whereas a CT scan shows the body's structure. Life Diagnostics also offers single-photon emission computed tomography (SPECT) scans and nuclear therapies, further expanding its diagnostic capability. PET-CT thus combines technologies into a scan that is one of the most advanced imaging tools available today. It allows doctors to see the structure of organs and tissues, and how they function, giving them a detailed view of a problem and how it is behaving. PET-CT scans support decision-making across a number of diseases with a large and primary application in supporting cancer management. These scans involve the use of safe, low-dose radioactive compounds (known as a radiotracer or tracer) to highlight where diseased cells are most active. This helps doctors make better-informed treatment decisions. Through Axim Life Isotopes South Africa (ALISA), our joint-venture radiopharmacy, radiotracers will increasingly be produced locally, improving availability of these tracers across South Africa.
Paid patient days	A paid patient day (PPD) is a key driver of revenue growth and refers to a day of service provided to a patient, where the patient has been admitted to the hospital, and for which Life Healthcare is paid. It tracks patient volumes, capacity and resource utilisation. It helps us understand financial performance and patient flow, with higher numbers of days leading to better use of our hospitals and complementary services (mental health and rehabilitation).
Radiology	Radiology uses medical imaging technologies to look inside the body and help diagnose or treat disease. It includes diagnostic radiology, which uses imaging such as X-rays, ultrasound, CT, magnetic resonance imaging (MRI) and nuclear medicine to visualise internal structures and spot abnormalities. It also involves interventional radiology, which uses image guidance to perform minimally invasive procedures. Radiology enables clinicians to understand what is happening inside a patient to support clinical decisions across many medical specialities.
Renal dialysis	Patients living with chronic kidney disease receive renal dialysis treatment to remove waste products and excess fluid from the blood. Treatments are individualised but can require up to three weekly sessions for the rest of a patient's life. The two major types of dialysis are: • Haemodialysis, which uses a machine and a dialyser, also referred to as an artificial kidney • Peritoneal dialysis, which uses the lining of the abdominal cavity to filter blood and requires continuous ambulatory dialysis Read more about how we ensure quality care for renal patients on page 25.
Value-based care	Value-based care is a model based on collaboration, communication and co-ordination among healthcare professionals. It aims to ensure patients receive comprehensive and personalised care that meets their specific needs holistically. Unlike the traditional fee-for-service model, value-based care shifts the focus from volume of services to quality and value. Read more about value-based care on page 13.
Integrated care products	Integrated care products aim to achieve improved health outcomes by fostering innovation and clinical collaboration through co-ordinated care that considers physical, mental and emotional needs. Our integrated care products prioritise preventative care, early interventions and evidence-based practices, resulting in better management of chronic conditions, reduced hospital admissions and improved overall health outcomes at lower overall costs.

We have a diverse portfolio

Life Healthcare is a leading diversified healthcare provider in southern Africa. We offer a comprehensive suite of acute care and complementary services, including emergency medical services, mental health, acute rehabilitation, renal dialysis, oncology, diagnostic imaging and nuclear medicine.

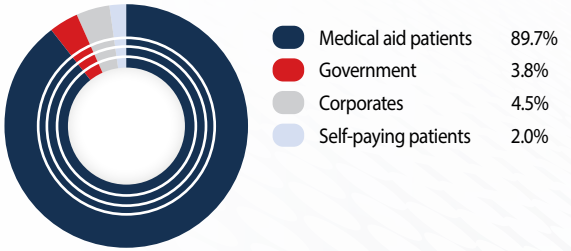
Our Group

Life Healthcare is one of the largest private healthcare providers in southern Africa. We have operations which span seven provinces in South Africa, Botswana and Namibia.

Our three biggest customers are Discovery Health Medical Scheme, Medscheme and Government Employees Medical Scheme (GEMS).

We typically contract annually with funders, but also have longer-term contracts with our biggest customers, which set the tariff framework over a three- or four-year period.

Our southern Africa customer profile according to revenue contribution

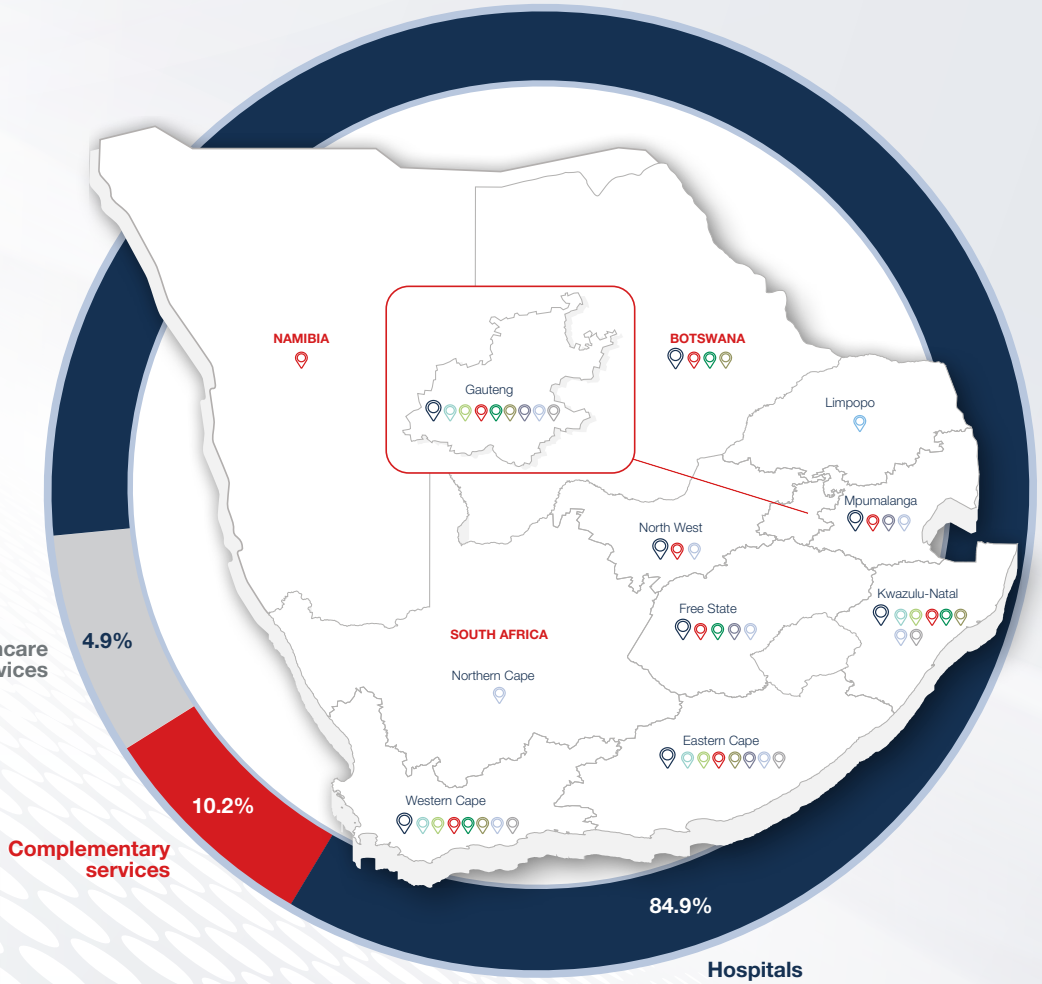


Centralised Group services include finance, legal and risk, information technology (IT), information security, data and analytics, human resources (HR), property portfolio management, funder relationships, patient services, health policy, clinical product development, procurement, compliance, governance, pharmacy, marketing and communications.

16 549 employees

3 000 specialists and allied healthcare professionals

7 Life Healthcare learning centres



Hospitals

84.9% contribution to turnover

- Acute hospitals
- Day facilities
- Emergency units

Complementary services

10.2% contribution to turnover

- Life Mental Health
- Life Rehabilitation
- Life Renal Dialysis
- Life Oncology
- Life Diagnostics

Healthcare services

4.9% contribution to turnover

- Life Nkanyisa
- Life Health Solutions

Key

- Hospitals
- Life Mental Health facilities
- Life Rehabilitation units
- Life Renal Dialysis units
- Life Oncology units
- Life Diagnostics units
- Life Nkanyisa facilities
- Life Health Solutions sites
- Nursing learning centres

Hospitals

ACUTE HOSPITALS

42 acute hospitals

278 surgical theatres

8 085 registered beds

17 cathlabs

5 vascular labs

DAY FACILITIES

5 day hospitals

89 registered beds

15 surgical theatres

EMERGENCY

39 units

We mainly serve the medically insured market in South Africa, including private patients who pay cash. The acute care hospital network comprises technologically advanced, multi-disciplinary hospitals offering specialised medical disciplines, community hospitals and day hospitals.

The hospital network has a wide geographical spread with hospitals in seven of the nine South African provinces and Gaborone, Botswana. Hospitals differ in size and the range of facilities they offer, each adapted to offer high-quality services that meet local needs and demands.

We have a federated operating model where individual hospitals are managed by local management teams who report to regional managers according to four regions: two coastal (east and west) and two inland (north and south).

Healthcare services

LIFE NKANYISA

7 facilities

2 531 beds

4 provinces

We partner with provincial governments in South Africa to provide professional, quality and cost-effective healthcare services to the most vulnerable segment of the population. We deliver these services to the Department of Health and Department of Social Development under contracts, which include frail care, substance abuse recovery and long-term mental health services, focusing on long-term rehabilitation and community reintegration.

LIFE HEALTH SOLUTIONS

198 on-site clinics

12 offsite clinics

14 mobile units

8 emergency medical services sites

We provide integrated health solutions to businesses of all sizes through a fee-for-service model, covering:

- Health and well-being services (employee wellness)
- Nurse-led primary healthcare services
- Occupational health
- Emergency medical services
- Complementary and advisory services

Complementary services

MENTAL HEALTH

- 9 facilities
- 607 registered beds

ACUTE REHABILITATION

- 7 units
- 287 registered beds

RENAL DIALYSIS

- 74 units
- 1 089 stations

ONCOLOGY

- 5 facilities
- 32 chemotherapy units
- 6 radiotherapy capability

DIAGNOSTICS

- 8 inpatient imaging facilities
- 3 outpatient imaging facilities
- 3 nuclear medicine facilities
- 3 PET-CT scanners

Our complementary services are offered via specialised facilities that provide either outpatient or inpatient services. These provide care to patients dealing with specific conditions.

LIFE MENTAL HEALTH

We offer multi-disciplinary mental healthcare services, for adults and adolescents, including general and liaison psychiatry, dual-diagnosis treatment and mental wellness support. Our facilities offer a calm, therapeutic environment, with theatres equipped for anaesthetic procedures such as electroconvulsive therapy.

LIFE REHABILITATION

We are the country's leading provider of private acute rehabilitation services, helping patients with disabling or traumatic injuries restore quality of life while monitoring their functional progress throughout rehabilitation.

LIFE RENAL DIALYSIS

We provide chronic and acute renal dialysis, including home-based peritoneal dialysis, supported by care co-ordinators for clinical and emotional guidance.

LIFE ONCOLOGY

We offer technologically advanced therapeutic treatments in oncology Our holistic model delivers chemotherapy, surgery, radiotherapy and advanced diagnostics, co-ordinating multiple specialists and treatment modalities.

LIFE DIAGNOSTICS

Our nuclear medicine and radiology services support diagnosis, treatment and disease management using advanced imaging (X-ray, ultrasound, CT, MRI, mammograms) and nuclear medicine (PET-CT and SPECT-CT).

We reflect on FY2024 and FY2025

The performance in brief

We ensure that our performance drives outcomes aligned to strategic targets.

Performance measure	Targets
Care bundle compliance	We measure four key clinical indicators as a collection of evidence-based interventions that ensure clinical excellence in our facilities: Targets per each bundle: • VAP: 97% • CAUTI: 96% • CLABSI: 96% • SSI: 92%

	2023	2024	2025	Period trend
CAUTI	96	97	97	▶
CLABSI	99	98	98	▶
SSI	95	97	97	▶
VAP	97	97	97	▶

Performance measure	Targets
Patient experience	We want patients to receive a positive and compassionate experience through their care journey with Life Healthcare. We measure this through patient satisfaction surveys. **Our patient experience target is 8.4.**

	2023	2024	2025	Period trend
Patient experience	8.51	8.54	**8.59**	▲

CAUTI : Catheter associated urinary tract infection
CLABSI: Central line-associated bloodstream infection
SSI: Surgical site infection
VAP: Ventilator associated pneumonia

A word with the Clinical Committee Chairman, Prof Marian Jacobs

Quality is embedded in every aspect of the work that we do at Life Healthcare. From the first point of contact that a patient has with Life Healthcare, we ensure that they receive treatment and care that reflect our commitment to quality and clinical excellence.

The WHO describes quality health services as effective, safe, people-centred, timely, equitable, integrated and efficient. As the Clinical Committee, our task is to oversee that Life Healthcare has appropriate measures in place to monitor clinical quality, patient safety and patient experience throughout the Group. We also ensure that the quality of services provided to patients is continuously improved and the highest standards of care are safeguarded.

During this reporting period, we prioritised patient centredness, ensuring patient safety and quality care. In 2025, the Committee oversaw the implementation of the clinical governance framework, which guides our approach to clinical excellence while placing patients at the centre.

We also approved the clarification of the list of never events and serious reportable events. This has allowed the Group to implement interventions to reduce the probability of such events. Through these interventions, we have provided training, professional development opportunities and support for employees. We continue to monitor the qualitative and quantitative reporting around the never events and reportable events.

Skills shortage in the healthcare sector remains a challenge, especially the shortage of nurses, clinicians and specialists.

There is robust engagement on a national level to address the skills shortage and its impact on the sector. We collaborate with the Life Healthcare nursing education and other stakeholders such as the Department of Higher Education and Training and the South African Medical Research Council to ensure that we create opportunities for our employees. In the future, we aim to provide additional training for specialist nurses in clinical areas.

In 2025, we welcomed two members to the Committee, namely, Dr Fareed Abdullah and Dr Raymond Campbell. They were both appointed to the Board in August 2024.

Dr Abdullah has extensive clinical experience with a particular focus on HIV/AIDS research. He is currently the director of the Office of AIDS and TB Research at the South African Medical Research Council. He previously served in leadership roles at the South African National Aids Council, the Global Fund in Geneva, Switzerland, the International HIV/AIDS Alliance in the UK, and the Western Cape Department of Health.

As a urology specialist, Dr Campbell has consulted at the Steve Biko Academic Hospital and Dr George Mukhari Academic units for more than 15 years. Dr Campbell was also the founding partner of the multi-disciplinary pelvic wellness unit at the Pretoria Urology Hospital.

We are confident that having clinicians with extensive private and public sector experience will bring immense value and insights to the Committee.

As I reach the end of my tenure as chairman of the Clinical Committee, I am proud to have played a role in advocating for the Committee's formation when I joined the Board of directors in 2014. It is incredible to witness the impact it has had in advancing clinical excellence and quality at Life Healthcare over the years. I am fortunate to have visited many of our facilities and hospitals and actively engaged with healthcare workers on the ground, responded to their questions and listened to their recommendations.

Going forward, we must look at opportunities for Life Healthcare to collaborate with other stakeholders in the sector to create more impact. This includes participating in key public and public sector engagements that seek to advance healthcare in South Africa.

Prof Marian Jacobs
Chairman of the Clinical Committee

Delivering quality care to the patient is a fundamental part of our mission of making life better.

Prof Marian Jacobs

Discussing clinical excellence with Dr Karisha Quarrie, our chief medical officer

Q: Reflecting on your first year as Life Healthcare's chief medical officer, what was your key focus?

Since joining Life Healthcare in 2017, I have worked in various structures of the business, from the regional and national levels and now the Executive Management Committee. This experience provides me with a holistic view of what is required from a clinical perspective, starting at the grassroots level.

What stood out for me is the need for a robust clinical governance framework. One of my first priorities was working on the clinical governance elements that needed to be addressed through this framework. Our approved clinical governance framework has seven pillars guided by international best practice and recommended by the WHO.

One of the most crucial pillars is **patient-centred care**, which speaks to the importance of providing services that prioritise the patient. This includes providing a satisfactory patient experience during their hospital stay and ensuring that quality care continues as they receive treatment through our facilities.

Clinical leadership is often overlooked as a key pillar of clinical governance in the private sector. This pillar helps us establish a formal decision-making hierarchy and accountability within Life Healthcare's clinical sphere. It enables us to identify the key subject matter experts within the various clinical aspects.

The **clinical effectiveness** pillar focuses on providing evidence-based care with positive clinical outcomes and good clinical efficiency. As the clinical team, our role is to ensure that our doctors, nursing teams and other healthcare professionals adopt the protocols and processes we have implemented in our hospitals. This ensures that we have solid mechanisms in place to monitor clinical outcomes for patients. Measuring clinical outcomes can be difficult as patients need to be monitored long-term, even after they were discharged. This requires systems to track a patient's progress.

Hospitals and healthcare facilities are high-risk environments due to the nature of the services we provide. This means we need firm measures to mitigate the risk of life-threatening events. Under **clinical risk management**, we identify risks as they emerge and implement preventative measures that we can monitor.

For **education and training**, we focus on how we can invest in the professional development of healthcare workers to achieve clinical excellence. We aim to address key research gaps in the healthcare sector by supporting research conducted by our healthcare professionals under the **research and information management** pillar.

The **clinical audit pillar** helps us to assess the overall quality of care that a patient receives, making sure they receive appropriate care in line with Life Healthcare's standards.

Read more about our clinical governance framework pillars and our performance from page 14.

Q: How did Life Healthcare improve its approach to quality during the period under review?

We focused on improving our QMSs, particularly optimising how we manage adverse events in our hospitals and facilities. In line with our clinical leadership pillar, we have partnered with doctors and practitioners at our facilities for advanced quality improvement projects. Since Life Healthcare does not employ doctors and practitioners, it was often difficult to get buy-in on quality improvement projects at our facilities.

Education and training, through the Life Healthcare nursing education, the Health Research and Ethics Committee and the various clinical departments, have played a crucial role in advancing buy-in and quality care during this period. We are seeing the effects of the academic research filter through our clinical outcomes and quality of care.

Read more about our research on page 38.

In FY2024 and FY2025, we focused on establishing and embedding our clinical governance framework and enhancing our quality management system (QMS), placing patients at the centre.

Dr Karisha Quarrie

Q: How did Life Healthcare enhance patient experience and patient safety during this period?

We focused on improving the experience in the emergency unit, as that is often the first point of contact for patients. We also looked at the experience beyond the emergency unit, such as their hospital stay and discharge process.

We measure our quality scorecard across our facilities, and we do benchmark exercises as well as monthly comparisons. The scorecard is reviewed annually. Read more about our quality scorecard on page 16.

Q: How has value-based care improved overall quality outcomes?

Value-based care ensures that patients receive the best care at the best cost, and is measured through the outcomes that the patient has after their journey. Through value-based care, we are able to reduce the variability in the costing, without reducing the quality of care. It aims to narrow the cost per event and, in doing so, we then have a more predictable cost pay event. This makes it easier to negotiate with funders on different funding models rather than the traditional fee-for-service model.

Value-based care has produced favourable outcomes for patients, such as reducing the length of stay and improving the level of care. We aim to implement the value-based care model across Life Healthcare's various units.

Q: What will Life Healthcare focus on going forward to achieve clinical excellence and improve quality outcomes?

Implementing and standardising the clinical governance framework will be a key focus for at least the next two years. The framework will change the way we operationalise clinical care at Life Healthcare.

We will continue to engage with patients, practitioners and leadership on how we can continuously improve quality and optimise care for our patients across all units. Our goal is to ensure that all our hospitals and facilities have aligned and standardised clinical outcomes. This includes developing a scorecard for each unit that reflects the seven pillars of the clinical governance framework.

Dr Karisha Quarrie
Chief Medical Officer

Under the microscope

Value-based care uses clinical effectiveness to drive patient-centred care

Value-based care is an evidence-driven model that promotes the quality of care provided rather than the volume of services delivered. This focus on outcomes helps reduce unnecessary procedures, improving efficiency and affordability while maintaining high standards of care.

Launched group-wide in 2023, Life Healthcare's value-based care programme integrates standardised care pathways and promotes multi-disciplinary collaboration and care co-ordination. This enables the design of personalised, cost-effective treatment plans that improve recovery and reduce readmissions. It also supports investment in complementary services such as renal dialysis, imaging and radiopharmaceuticals to enhance both quality and cost efficiency.

Oversight is maintained through a structured governance framework. Monthly hospital and regional meetings track progress, supported by a national interdisciplinary Value-Based Care Working Committee that drives shared learning and alignment.

Using the value-based care dashboard, hospitals monitor efficiency (cost per event), condition-specific mortality and readmission rates and patient experience scores. These indicators enable benchmarking against past performance and group-wide standards to identify improvement opportunities. 30-day condition-specific risk-adjusted mortality and readmission rates for specific conditions are measured over a three-year period to ensure statistical robustness. Each condition included in the mortality and readmission rates and each category included in the patient experience metrics is scored by comparing to the specific benchmark and threshold performance standards on Life Healthcare hospitals in the relevant baseline period.

Life Healthcare's value-based care model has demonstrated improving clinical outcomes and patient experience through the implementation of value-based care principles, which include standardised evidence-based clinical pathways, multi-disciplinary collaboration and care co-ordination.

We drive clinical excellence

Life Healthcare's clinical governance framework ensures that every aspect of care, from bedside interaction to clinical research, is delivered safely, effectively and with compassion. It establishes quality as a shared responsibility across the Group, so we all consistently work together towards excellent patient outcomes.

The framework is structured as seven pillars guided by international best practice and WHO recommendations. Our quality policy, scorecard, QMS and five-year quality plan translate this framework into action. The policy sets standards for care and safety, the scorecard tracks performance and highlights improvement areas and the quality plan charts our path forward.

The next chapter that outlines our quality performance over the past two years and more (from page 18) is structured around the seven pillars of the framework. It also explains the measures on the scorecard, why we track them and how we performed, while also highlighting the programmes, people and innovative tools that support and enhance our quality outcomes.

Our clinical governance framework

1. **Patient-centred care**
   Page 19
   We put patients at the centre of what we do, which means that we extend our care beyond the hospital bed to ensure there is continuity in achieving the best patient outcomes.
2. **Clinical leadership**
   Page 21
   Clinical leadership is essential as we rely on doctors to be leaders in our healthcare ecosystem. We ensure clarity on roles and accountabilities while promoting the adoption of best practices, innovation and continuous improvements to deliver high-quality, compassionate and safe care.
3. **Clinical effectiveness**
   Page 23
   We apply the best available evidence from clinical experience, patient preference and analytics to achieve optimal patient outcomes and high-quality healthcare. We ensure hospital protocols are adopted by doctors, nursing teams and our allied professionals and that we have a mechanism to monitor clinical outcomes and efficiency.
4. **Clinical risk management**
   Page 28
   Healthcare is a high-risk environment due to the service we provide on a 24/7 basis. We identify clinical risks as they occur, deal with them and implement corrective action or safety protocols that can be monitored and widely implemented, including in other facilities. We also track doctors' behaviour to monitor and mitigate risk, especially where an emerging trend becomes evident.
5. **Education and training**
   Page 36
   We are committed to training all professionals who work in our hospitals. Our employees are highly qualified but require continuing professional development (CPD) through our education and training platform, nursing education, postgraduate and specialist training programmes. We also offer skills gap analyses and assessments to support development programmes.
6. **Research and information management**
   Page 38
   We encourage participation at industry conferences, research initiatives and collaborative projects where we can contribute to public discussions on critical healthcare issues. We are responsible for managing and implementing information systems to collect, analyse and disseminate data relevant to patient care.
7. **Clinical audit**
   Page 39
   We consider the whole patient journey from admission to the end of their rehabilitation phase. This includes assessing the standard of care, including whether the patient received the proper medication for the right criteria at the right time.

Our quality policy | **Our quality scorecard** | **Our QMS** | **Our five-year quality plan**

Our quality policy

Our quality policy focuses on:

Life	• Ensuring well-being and quality of life • Respecting the rights and dignity of our patients and their families, customers, employees, as well as other stakeholders • Providing care that is personal and relevant to the individual needs of our patients
Health	• Striving to achieve the very best possible outcomes for our patients by delivering clinical excellence throughout the patient's journey in our hospitals • Protecting the health of our patients, customers and employees
Care	• Delivering healthcare service of exceptional quality in partnership with our doctors and members of the multi-disciplinary healthcare teams • Protecting our patients' and stakeholders' rights by ensuring privacy and confidentiality at all times • Always being mindful of respect and empathy while engaging in thoughtful interactions with our patients and customers to ensure a positive experience

Life Healthcare is committed to:

- Complying with the relevant regulatory and governing body requirements (e.g. Department of Health, Department of Labour)
- Identifying, mitigating and managing any risk to our patients, employees and other stakeholders
- Continually improving by implementing stringent quality standards and international best practices
- Constantly monitoring and improving the effectiveness of our QMSs
- Setting appropriate goals and objectives relating to clinical care, health, safety and quality for all business units
- Preventing incidents that negatively impact patients, stakeholders, employees and the environment through proactive risk management

There were no changes to the quality policy in FY2025.

Our quality scorecard

The Life Healthcare quality scorecard is specific to the Group and reflects our unique approach. Its measures, which were selected by our quality, clinical, nursing, pharmacy and infection prevention leadership teams, are based on internationally recognised indicators. They are reviewed annually. The scorecard monitors performance across three key areas:

Patient experience measures	• Definitely recommend – inpatient: percentage of patients admitted to hospital who would definitely recommend the facility to others • Definitely recommend – emergency unit: percentage of patients treated and discharged from the emergency unit who would definitely recommend the facility • Value-based care patient experience composite score: a composite measure of patient experience performance, comparing the current year's results with those from two years prior, using Discovery Health's value-based care methodology
Patient safety measures	• Overall patient adverse event rate: total number of reported adverse events per patient population • Patient falling adverse event rate: frequency of patient falls occurring during hospital stays • Pressure injury adverse event rate: rate of pressure injuries (bedsores) acquired while in hospital • Medication adverse event rate: incidence of errors or adverse reactions related to medication administration or use • Procedure-related adverse event rate: rate of complications or harm resulting from medical or surgical procedures • Healthcare-associated infection (HAI) rate: frequency of infections acquired while receiving healthcare • Ventilator-associated pneumonia (VAP) rate: rate of pneumonia cases in patients on mechanical ventilation • Surgical site infection (SSI) rate: frequency of infections occurring at or near surgical incision sites • Central line-associated bloodstream infection (CLABSI) rate: rate of bloodstream infections linked to central venous catheters • Catheter-associated urinary tract infection (CAUTI) rate: rate of urinary tract infections associated with catheter use
Clinical process and outcome measures	• Thrombolytics administered within 30 minutes (feeder hospital): percentage of patients with ST-elevation myocardial infarction (STEMI) who receive thrombolytic therapy within 30 minutes at hospitals without a catheterisation laboratory • Percutaneous coronary intervention (PCI) within 90 minutes (cathlab hospital): percentage of STEMI patients receiving PCI within 90 minutes at hospitals with a catheterisation laboratory • Maternal mortality ratio: number of women who die during pregnancy or within 42 days of delivery per 100 000 births, as defined by the WHO • Pharmacy intervention rate: percentage of pharmacist-recommended prescription changes accepted by doctors, supporting antimicrobial stewardship and medication safety • Carbapenem load rate: measure of carbapenem antibiotic use, reflecting appropriate use of these last-line agents for severe infections in line with WHO antimicrobial stewardship principles

For FY2025, we updated the quality scorecard: We replaced the overall patient experience score, which is measured out of ten, with a composite score for inpatient patient experience score linked to value-based care. We now measure the thrombolytic-in-30-minutes rate only for feeder hospitals, and we no longer report employee safety as part of the quality scorecard.

Our Quality Management System (QMS)

Life Healthcare's integrated QMS is based on the principles and standards of the High-Level Structure of the International Organization for Standardization (ISO). It is based on a factual approach to quality improvement – through consistent monitoring, measurement, management and reporting. The term integrated management system indicates that the Group has effectively integrated QMS ISO 9001 and environmental management system (EMS) ISO 14001, into one management system across our facilities.

Our QMS certification is through the British Standards Institution (BSI) assurance mark, which is for organisations whose management systems have met or exceeded the requirements of the BSI, a business standards company that helps organisations make excellence a habit globally. The Group's certification extends to acute hospitals, mental health and rehabilitation facilities, and Life Healthcare nursing education.

An important part of continuous learning is transparency and accountability. In line with the global healthcare industry trend, we embraced a transparent approach to our reporting and data management system. We were the first private hospital group in South Africa to publish our hospital quality scores on our website, on a per-hospital basis.

The benefits of our QMS include:

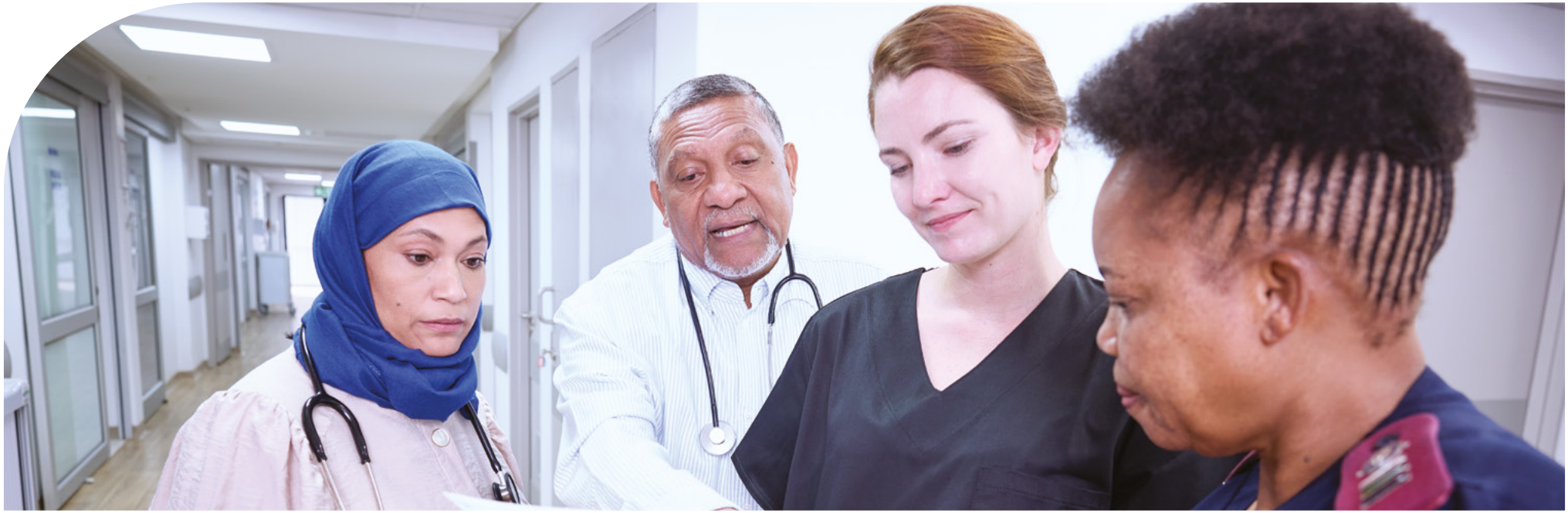
- Quality is a strategic focus, with every employee playing an integral role in maintaining our quality culture
- The duplication of best operating practices in all facilities substantially decreases risks and results in greater efficiencies
- Objectives and targets are set and performance is measured and monitored
- Measures are benchmarked against international standards
- QMS requires a rigorous auditing process, which monitors compliance to standards
- The focus is on continual improvement to enhance patient satisfaction

Our five-year quality plan

Building on our strong foundation, our five-year quality plan (FY2025 to FY2029) focuses on the next phase of progress through the principles of our clinical governance framework. We will embed the seven pillars of clinical governance across all facilities to ensure consistency and accountability.

Aligned with regulatory requirements and value-based care, we will:

- Improve data quality and reporting so that meaningful outcomes are consistently measured and shared internally and externally
- Strengthen clinical protocols and monitoring for key health priorities, ensuring care pathways are evidence-based and outcomes, such as for renal care, are tracked and acted on
- Develop clinical leadership and deepen doctor and practitioner involvement to drive excellence, oversight, continuous learning and shared accountability for outcomes
- Ensure quality audits are rigorously conducted and continuously improve practice across all facilities



We deliver quality care

Patient-centred care

We put patients at the centre of our care by focusing on their needs, experiences and outcomes throughout the care journey. To measure and improve these outcomes, we track patient experience and satisfaction across all facilities. The insights gained, guide targeted initiatives and programmes that strengthen compassionate care and ensure a consistently positive patient experience.

Quality scorecard patient experience measures (PXMs)

Positive patient experiences are critical to the success of our business, and Life Healthcare entrenches a patient-first culture throughout the Group. We offer our patients:

- Excellent experiences at our facilities
- Quality care
- The best possible outcomes
- Clinical excellence

The terms patient experience and patient satisfaction are often used interchangeably, but they should and are viewed as two seperate concepts:

To assess **patient experience**, one must find out from patients whether something that should happen at a hospital or facility, actually happened or how often it happened.

We have built a strong system to administer our PXM process, providing us with comprehensive feedback on all aspects of the patient journey – from admission to discharge. Our PXM is based on the internationally recognised Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) methodology, which we have tailored to our specific needs. The email or SMS survey provides a score out of 10, and asks for insight into a patient's hospital/facility stay and the level of service, with ratings for:

- The level of care received
- The rehabilitation process (if applicable)
- The quality of the equipment and facilities
- How quickly employees responded
- The information provided

Refer to our website at www.lifehealthcare.co.za/patient-information/patient-services/patient-experience-survey/ for real-time PXM scores.

Patient satisfaction refers to whether a patient's expectations were met. Patients receiving the same care will have different expectations and will therefore also have different satisfaction ratings. Satisfaction is recorded by whether patients would definitely recommend the hospital or facility they were treated at to their friends and family. A single question is asked on an electronic feedback system.

In addition to the patient experience and patient satisfaction surveys, each patient is given the following:

- A welcome letter on arrival, with details of who to contact with any requests or concerns
- Comment cards to provide feedback while in a hospital/facility
- A discharge letter and leaflet with information about what happens on the day of discharge, medication, wound care tips, follow-up appointments, self-care at home and general advice
- Details of the formal complaints management process

PATIENT EXPERIENCE – PXM OVERALL RATING OUT OF 10

Definition

A measure which indicates what the patient's overall rating out of 10 was for the hospital/facility at which they were treated

Question

Please rate your overall hospital/facility experience

Rating scale

0 is terrible; 10 is excellent

▲ A higher number implies improvement

LIFE HEALTHCARE PXM AVERAGE SCORES

	2021	2022	2023	2024	2025
PXM average score (out of 10) – emergency units	8.08	8.00	8.20	8.19	**8.20**
PXM average score (out of 10) – inpatient	8.41	8.37	8.51	8.53	**8.59**

We have seen a notable steady improvement patient experience scores across both inpatient and emergency units.

PATIENT SATISFACTION – DEFINITELY RECOMMEND

Definition

A measure which indicates that a patient would definitely recommend the hospital/facility at which they were treated to their friends and family

Question

How likely are you to recommend the specific Life Healthcare hospital/facility to friends and family?

Rating scale

Definitely yes; probably yes; probably no; definitely no

The score is for percentage answered definitely yes, therefore it only measures those who will definitely recommend Life Healthcare

▲ A higher number implies improvement

LIFE HEALTHCARE PATIENT EXPERIENCE DEFINITELY RECOMMEND SCORES

	2021	2022	2023	2024	2025
Definitely recommend (%) – emergency units	68.5	66.2	68.3	67.97	**68.29**
Definitely recommend (%) – inpatient	71.1	70.8	72.1	71.9	**73.06**

We have seen a steady improvement in patient experience scores across both inpatient and emergency units. What this means is that for both our inpatient and emergency units approximately seven out of 10 patients would definitely recommend us as a preferred healthcare services provider to their family and friends.

Our efforts to improve patient experiences and in turn patient satisfaction have extended to using data-driven improvement, where we have started to integrate social media sentiment analysis into internal reporting systems. These platforms allow us to capture nuanced patient experiences and drive appropriate collaborative learning while managing our engagement with the communities we operate within.

The results are evident in the improved patient experience scores across inpatient and emergency units, with notable increases in overall experience and recommendation rates.

Patient-centred care – supporting initiatives and programmes

THE CARE PROGRAMME

The difference between ordinary and special

A positive patient experience is enhanced through thoughtful behaviour, which ultimately culminates in the shift from providing good care to great care. A strong – and necessary – focus on clinical excellence can sometimes mean healthcare workers overlook the importance of compassionate care. A patient-centred approach has been shown to decrease patient anxiety and increase trust in doctors and caregivers. From time to time, we need to be reminded that our contribution to patient care is more than just clinical outcomes.

Our CARE programme encourages employees to be more thoughtful and mindful and to demonstrate genuine care when they engage with patients. The objective is to provide the best possible patient experience at every interaction, in all facilities and support functions. Our patients are at the centre of our care commitment:

- Our patients and their loved ones are partners in the care we provide
- We care for our patients in a dignified and supportive manner
- We listen to our patients with empathy
- We inform and involve our patients
- We respond quickly and efficiently to our patients' needs
- We acknowledge our patients' diverse cultures

Our CARE programme is presented to new employees at induction. It incorporates the existing Life Healthcare values and brand attributes. The aim is to provide the tools and behaviours, and to encourage employees to start or continue to be more thoughtful and mindful when engaging with patients. It is an interactive programme, where every touchpoint along the patient journey is mapped, and employees reflect on behaviours (maker or breaker) that directly or indirectly impact the patient experience.

The efficacy of the CARE programme is evidenced by our patient experience and patient satisfaction measures.

Under the microscope

Clinical care co-ordinators connect teams to improve care

In acute hospital settings, patients often receive care from multiple healthcare providers. This complexity can create challenges in continuity of care and efficiency. Placing patients at the centre of care means addressing these challenges through better co-ordination.

Clinical care co-ordinators ensure that every patient's journey is seamless, that information flows between doctors, nurses and allied professionals, and that the patient's needs and preferences remain the focus of decision-making. This is achieved by combining a structured approach, such as clinical pathways, with well-functioning multi-disciplinary teams and patient advocacy. Success depends not only on the co-ordinators' clinical knowledge but also on their ability to build strong relationships with doctors and other role-players.

Life Healthcare employed the first clinical care co-ordinators in 2022 in five of our large hospitals to manage newly rolled-out clinical pathways. The programme has demonstrated significant value in improving clinical outcomes, operational efficiency and patient experience. We now employ 34 clinical care co-ordinators at 38 facilities.

In FY2026, we will continue to invest in the training and development of clinical care co-ordinators to empower them to play an even more influential role in the clinical space. We aim to standardise the programme, expand it to more hospitals and include additional clinical products. We will also strengthen the measurement of outcomes, particularly those related to patient experience, to further advance our patient-centred approach to care.

Clinical leadership

The clinical leadership pillar focuses on establishing clear lines of responsibility and promoting best practices.

Our clinical and quality governance structures and reporting lines provide a framework to ensure that Life Healthcare adheres to its mission to provide high-quality healthcare that is safe, effective and cost-efficient.

Quality remains a priority across all our governance structures, from the Board and committees to all employees. We ensure that we achieve quality in patient experience, employee safety and clinical outcomes.

For each, we examine the granular details of the available metrics:

- We identify units and facilities that are excelling or underperforming. In both cases, reasons and trends are determined, and workflow plans that use these learnings to improve quality across the Group are developed.
- As a material number of events could be obscured by a negligible percentage change, we consider the recorded numbers, not just percentage changes. This helps us better understand the actual impact.
- If required, issues are referred to the quality department for further investigation.

How we govern clinical care

The Board

The Board oversees and directs Life Healthcare, including clinical compliance and quality care.

Life Healthcare Clinical Committee

The Committee provides oversight and strategic guidance to assist the Board in promoting a culture of clinical excellence and ensuring continued improvement in patient safety, clinical quality and patient experience. It ensures that clinical initiatives align with the Group's overall strategy and comply with its ethical standards and obligations.

The Committee provides external oversight of the Group's clinical governance arrangements and country-specific clinical and medical regulatory compliance. It ensures that appropriate measures are in place to monitor and promote excellence and continued improvement in patient safety, clinical outcomes and patient experience.

Chief Executive and Executive Management Committee

- Reviews the Group quality scorecard and provides feedback to the Clinical Committee
- Monitors the quality scorecard, noting trends and deviations and recommending corrective actions
- Approves new initiatives and projects
- Reviews the reporting of national, regional and hospital/facility clinical and quality review structures

Quality | **Infection Prevention and Control** | **Clinical Directorate**

Support function – the Life Healthcare quality department

Responsible for:

- Implementing the quality policy
- Maintaining the QMS
- Executing internal clinical and quality strategies throughout Life Healthcare
- Supporting cross-functions to improve outcomes and process measures

Management-level committees

Various management-level committees at national, regional and facility levels implement policies and processes on clinical compliance and governance:

National Clinical Governance Meeting

- Provide leadership and engagement to develop clinical strategy
- Oversee clinical outcomes and serious reportable events
- Provide oversight for clinical and quality strategic initiatives
- Identify and mitigate risk

Regional Clinical Governance Meeting

- Reviews clinical and quality performance outcomes and the effectiveness of improvement initiatives
- Identifies and mitigates risk
- Review quality assurance outcomes and legal compliance

Hospitals/facilities Governance Meeting

- Review clinical and quality performance outcomes
- Manage the quality assurance process
- Identify and mitigate risk and drive improvement initiatives

Clinical Review and Medico-Legal Forum

- Analyse trends of adverse events
- Identify areas for improvement and decide on actions to be taken

Clinical leadership – supporting initiatives and programmes

DOCTORS' ROLE IN SUPPORTING QUALITY CLINICAL OUTCOMES

Doctors are central to Life Healthcare's commitment to delivering safe, high-quality and efficient care. Our relationship with them is a strategic partnership built on trust and shared accountability for patient outcomes. Through access to advanced facilities, professional support and development opportunities, doctors are empowered to deliver excellent clinical care.

The clinical directorate, established to embed medical leadership in the business, ensures doctors are actively involved in setting and maintaining clinical standards. Through medical advisory committees and clinical review panels, doctors work alongside management, nursing and allied health professionals to monitor outcomes and guide quality improvement initiatives.

To support continuous improvement, the clinical directorate produces an annual doctor quality and efficiency report that provides specialists with detailed feedback on their performance, benchmarking outcomes and efficiency against peers. Structured engagement between doctors and clinical managers ensures insights from this process translate into practical action to enhance care quality and consistency.

Strong doctor relationships also underpin our ability to attract and retain skilled specialists. Through targeted recruitment, bursaries and partnerships with medical schools, we build a diverse and sustainable pipeline of clinicians equipped to meet South Africa's healthcare needs.

PURPOSE OF NURSING IN LIFE HEALTHCARE

The principal purpose of nursing in Life Healthcare is to deliver quality evidence-based nursing care aligned to international best practice within an integrated framework of nursing education, clinical practice and infection prevention and control (IPC).

Nursing is regarded as the core of our business and, as such, plays an important role in business success in the delivery of cost-effective quality care for all Life Healthcare patients.

Nursing has the largest operational and capital budgets and is therefore responsible for embracing best operating practices and best operating behaviours in creating synergy in the replication of such practices, of which quality patient care remains the key critical success factor.

Nursing practice drives continuous improvement through qualitative and quantitative measures, as well as the implementation of proactive and innovative nursing management processes and initiatives sustained by a dynamic, competent workforce.

Nursing Practice focuses on nursing professionalism (professional behaviour, patient engagement and satisfaction). This is based on:

- Gentle principles – with the focus on professional empathetic behaviour and responsiveness.
- Rest and sleep – to identify specific resting periods for patients during the day by switching off lights, closing doors and reducing all non-essential activities at ward level.
- CARE programme and sustainability toolkit – to improve customer experience and management.

PHARMACY'S CONTRIBUTION TO CLINICAL QUALITY

Pharmacists play a vital role in ensuring the safe, effective and cost-efficient use of medication across Life Healthcare facilities. Beyond managing procurement, supply and inventory, they contribute directly to clinical quality by supporting doctors and clinical teams to optimise treatment outcomes.

The growing involvement of clinical pharmacists in areas such as pharmacokinetics, pharmacodynamics and antibiotic stewardship has significantly strengthened patient care. Through active collaboration with doctors regarding pharmacotherapy, for example, on drug interactions, dose optimisation, antimicrobial stewardship and formulary compliance, pharmacists help ensure that every patient receives the most appropriate and evidence-based therapy.

Under the microscope

Strengthening workforce capability through the Life Health Solutions app

Life Healthcare recognises that strong clinical leadership relies on all employees having the tools, support and insights needed to deliver high-quality, compassionate care. The Life Health Solutions app supports this by promoting workforce health and resilience, enabling employees to perform at their best in every clinical and operational setting.

The app integrates mental, physical, nutritional, financial and legal well-being resources in a single digital platform, accessible via web and mobile. It provides self-assessments, daily well-being checkers, risk screenings and on-demand professional support. Our employees are better equipped to maintain focus, make informed decisions and deliver consistent, patient-centred care.

In FY2026, we will continue to invest in the training and development of clinical care co-ordinators to empower them to play an even more influential role in the clinical space. We aim to standardise the programme, expand it to more hospitals and include additional clinical products. We will also strengthen the measurement of outcomes, particularly those related to patient experience, to further advance our patient-centred approach to care.

Clinical effectiveness

Clinical effectiveness at Life Healthcare is achieved through care that is safe, evidence-based and consistently aligned with best practice. It is driven by interconnected elements: measuring outcomes to track and benchmark performance, structured programmes and pathways that translate evidence into practice and systems that provide real-time visibility and data-driven insights. Together, these elements create an integrated ecosystem that embeds clinical effectiveness across all facilities.

Quality scorecard clinical process and outcomes measures

Life Healthcare monitors key clinical process and outcome measures aligned with international best practice and WHO guidelines. These measures reflect both the quality of our clinical interventions and the effectiveness of multi-disciplinary collaboration to improve patient safety and care standards.

The following measures provide a view of Life Healthcare's clinical effectiveness. By tracking and improving these indicators, we strengthen our clinical governance framework and ensure patients consistently receive safe, effective, evidence-based care.

The measures are supported by multi-disciplinary teams, regular clinical audits and targeted quality improvement initiatives designed to identify gaps, share learnings and strengthen clinical practice.

MATERNAL MORTALITY RATIO

Maternal mortality is a critical indicator of the effectiveness and accessibility of our healthcare services for women. Reducing it reflects effective obstetric care, timely intervention and strong emergency response systems.

Definition

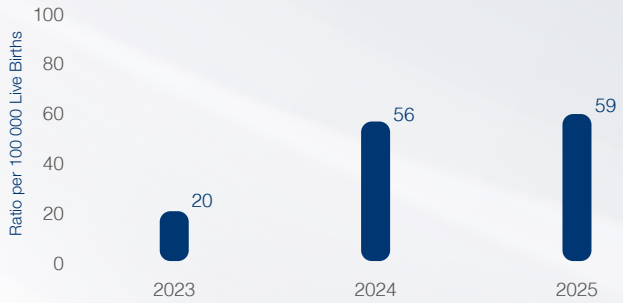
The number of women who die during pregnancy or within 42 days of delivery, per 100 000 live births

Methodology

Calculated as (number of maternal deaths ÷ total live births) × 100 000

▼ A lower ratio indicates better maternal safety and quality of care during pregnancy, labour and postnatal periods

Life Healthcare Maternal Mortality Ratio



Over the past few years there has been extensive focus placed on maternal safety and improved accuracy of reporting maternal deaths. Therefore, there was an increase in the reporting of maternal deaths which attributed to the initial increase in the maternal mortality ratio from 2023 to 2024 and subsequent stabilisation in 2024 and 2025.

PHARMACY INTERVENTION RATE

Pharmacy interventions help prevent medication errors, reduce adverse drug reactions, prevent drug interactions, align pharmacotherapy to evidence-based recommendations and ensure the most effective and cost-efficient treatment for patients.

Definition

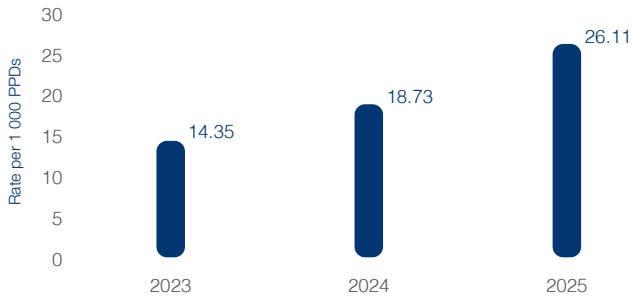
The percentage of prescription changes recommended by clinical pharmacists

Methodology

Calculated as (total number of pharmacist interventions ÷ total number of PPDs) × 1 000

▲ A higher rate reflects strong collaboration between pharmacists and doctors and more optimal medication management

Life Healthcare Pharmacy Intervention Rate



The clinical intervention rate is a reflection of interventions suggested by pharmacists on medications other than antimicrobials. This indicates the value of clinical pharmacy services outside of the antimicrobial stewardship (AMS) programme. Interventions are suggested on, for example, drug dosages, drug interactions, duration of therapy and therapeutic duplication. This upward trend indicates expanded clinical pharmacy services and a positive impact on patient care, considering the large percentage of these interventions that are accepted.

CARBAPENEM LOAD RATE

Carbapenems are critical last-resort antibiotics. Careful monitoring of their use helps preserve their effectiveness and prevents the spread of drug-resistant infections.

Definition

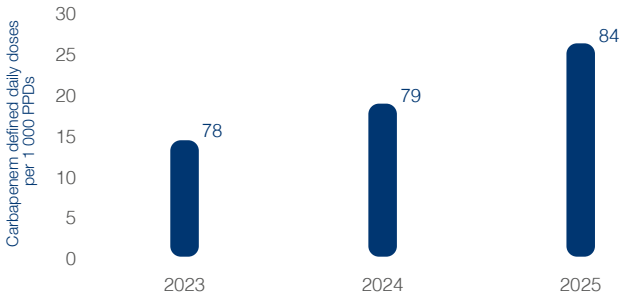
The utilisation of carbapenem antibiotic defined daily doses in relation to PPDs

Methodology

(Total number of carbapenem defined daily doses dispensed/ number of PPDs) x 1 000

▼ A lower rate is positive, reflecting effective antibiotic stewardship and reduced antimicrobial resistance risk

Life Healthcare Carbapenem Load Rate



Over the past three years, a notable decrease in carbapenem utilisation was observed, reflecting the ongoing impact of targeted antimicrobial stewardship interventions. This reduction is attributed to enhanced diagnostic stewardship, adherence to empiric therapy guidelines and increased awareness among prescribers regarding appropriate carbapenem use. Pharmacy-led prospective audit and feedback, coupled with the promotion of narrower-spectrum alternatives when clinically appropriate, contributed to optimising antibiotic selection. The overall trend indicates improved antimicrobial stewardship practices aimed at preserving carbapenem efficacy, minimising resistance development and ensuring judicious use of broad-spectrum agents.

Clinical effectiveness – supporting initiatives and programmes

The following integrated pathways, models and programmes are structured, evidence-based care frameworks that guide multi-disciplinary teams to deliver effective, value-based care. They standardise clinical processes and use data to continuously improve clinical effectiveness across the patient journey.

CRITICAL CARE RE-ENGINEERED ENHANCED CARE DELIVERY MODEL

As healthcare access expands and patient complexity increases, intensive care units (ICUs) have become a major driver of healthcare costs. To ensure high-quality, efficient care for critically ill patients, Life Healthcare developed the critical care re-engineered enhanced care delivery model in 2019. The model is built around a multi-disciplinary team approach, led by a designated intensivist or lead physician in each ICU. Key components include:

- Leadership by a critical care specialist to guide clinical decision-making, train teams and promote best-practice standards
- Multi-disciplinary collaboration, co-ordinating all aspects of patient care from nursing to allied health
- Standardised ICU protocols based on the best available evidence
- Continuous monitoring of clinical outcomes to identify improvement opportunities
- Patient severity and mortality scoring to support data-driven care adjustments

The initial roll-out involved eight facilities. Demonstrated benefits, including reduced ventilator days, lower antimicrobial use and decreased mortality, supported expansion. By FY2025, 18 hospitals have adopted the model.

By integrating standardised protocols, multi-disciplinary collaboration and outcome monitoring, the model ensures care is clinically effective. A critical care dashboard tracks KPIs and benchmarks progress, providing actionable insights that drive continuous improvement. KPIs and trends (Jan 2024 to Sept 2025):

- ICU length of stay (PPDs): average ICU admission duration decreased steadily from 5.7 to 5.6, demonstrating improved patient throughput and efficiency
- Ventilator days per visit: days on ventilator reduced from 2.9 to 2.7, reflecting faster recovery and optimised respiratory management
- Case mix-adjusted mortality rate: mortality across similar patient populations declined by 10.64% from 2024 to 2025, highlighting safer, more effective care

LIFE RENAL INTEGRATED CARE PROGRAMME

Chronic kidney disease affects over 850 million people globally, with diabetes and hypertension as leading causes, both of which accelerate kidney damage and increase cardiovascular risk. As chronic kidney disease prevalence rises, delivering efficient, patient-centred care is critical to optimising outcomes while managing costs.

In January 2023, Life Healthcare became the first hospital group in southern Africa to introduce a value-based care model for renal patients, moving away from fragmented, high-cost treatment approaches.

The renal integrated care programme strengthens Life Healthcare's capacity to deliver high-quality renal care efficiently.

It integrates care delivery across six elements:

- Patients experience a smooth, co-ordinated path through all stages of care, from initial assessment to treatment and follow-up, which reduces delays and improves continuity
- Patients and their families receive comprehensive guidance on chronic kidney disease, treatment options, lifestyle modifications and self-management strategies, empowering them to make informed decisions
- Dedicated renal care co-ordinators provide integrated physical, behavioural and psychosocial support, ensuring each patient receives holistic and continuous care tailored to their needs
- Multi-disciplinary teams meet regularly to review patient outcomes, interventions and clinical pathways
- The clinical management system tracks care plan tasks, alerts and progress in real time, enabling timely intervention when required
- The value-based reimbursement model aligns incentives for patients and providers for cost-effective care delivery

Through the following KPIs the programme has shown that integrated care is effective in reduces avoidable hospital admissions, decreases complications, lowers total cost of care and enhances the patient experience. KPIs for FY2025:

- Kt/V: Kt/V, a key measurement of dialysis adequacy, assesses how effectively dialysis removes waste products from the blood. Post a three-month stabilisation period, 81% of patients receiving chronic haemodialysis achieved the target dose of Kt/V ≥1.2, which shows improved dialysis efficiency and treatment consistency.
- Serum albumin: maintaining serum albumin levels is critical for survival, nutritional status, fluid management and reducing infection and inflammation risks. In FY2025, 91% of patients' post-stabilisation achieved recommended albumin levels.
- Permanent dialysis access: permanent vascular access provides safe long-term access for haemodialysis. In FY2025, 99.4% of patients' post-stabilisation had permanent access, minimising the risks associated with temporary lines and supporting long-term care quality.
- Haemoglobin levels: maintaining appropriate haemoglobin levels supports oxygen transport and overall patient health, reducing anaemia-related complications. In FY2025, 52% of patients' post-stabilisation were within target haemoglobin ranges.
- Kidney disease quality of life (KDQOL-36): patient-reported outcomes are central to assessing the impact of care on daily living, mental health and disease-specific quality of life. Surveys completed by patients show consistent improvements across the programme.

STROKE RESTORE INTEGRATED CARE PATHWAY

Stroke is a leading cause of death and disability worldwide, with one in every four adults over 25 expected to experience a stroke in their lifetime, according to the World Stroke Organization. Timely and co-ordinated stroke management is critical to reducing mortality and limiting disability.

Life Healthcare developed the Stroke Restore integrated care pathway, an evidence-based model that ensures all participating hospitals can assess, treat and manage stroke patients according to international best-practice standards, with consistent implementation across stroke-ready facilities.

Since September 2022, the Stroke Restore integrated care pathway has been implemented at 30 acute hospitals and seven inpatient rehabilitation facilities. It provides seamless continuity from acute care to rehabilitation for stroke survivors to ensure optimal recovery and independence.

Clinical outcomes and compliance with the pathway are captured on RES-Q, an international stroke registry used in approximately 89 countries, providing robust benchmarking and performance monitoring.

Key components of the pathway include:

- Standardised stroke assessment and treatment protocols across all participating hospitals to ensure evidence-based, timely interventions
- Early access to acute rehabilitation services for patients requiring inpatient follow-up to support functional recovery and reduce long-term disability
- Multi-disciplinary team collaboration, including stroke specialists, nurses, therapists and co-ordinators, to review outcomes and adjust clinical pathways
- Monitoring of clinical outcomes and pathway compliance using RES-Q, enabling data-driven improvements
- Education and training programmes to embed best practices and maintain high-quality stroke care
- Designation of stroke champions within hospitals to lead implementation and support adherence to the pathway

Compliance measures assess the extent to which hospitals adhere to the implementation of the Stroke Restore integrated care pathway across all categories. Compliance was assessed through focus group insights from local stroke teams and the national Stroke Restore steering committee, as well as a desktop review of 17 hospitals, with the following outcomes:

Category	2022 to 2025 Compliance (%)
Establish a stroke champion team	100
Establish a stroke multi-disciplinary team	88
Review and adapt facility implementation plan	95
Agree and implement rehabilitation referral pathway	86
Training	79
Launch of Stroke Restore	98
Operationalise pathway	90
Marketing Stroke Restore	95
Monitor and implement improvement strategies	86

The pathway has improved standardisation and continuity of stroke care, ensuring patients receive timely interventions and appropriate rehabilitation.

The World Stroke Organisation (WSO) Angels Awards recognise hospitals that provide exceptional, evidence-based stroke care and promote best practices worldwide. These quarterly gold, platinum and diamond awards, based on hospitals meeting certain clinical indicators reflect Life Healthcare's commitment to international excellence and acknowledge the dedicated healthcare professionals who work tirelessly to provide exceptional stroke care to our patients.

ANTIMICROBIAL STEWARDSHIP (AMS) PROGRAMME

Antimicrobial resistance happens when germs such as bacteria, viruses, fungi or parasites no longer respond to the medicines designed to kill them. As a result, infections become harder to treat, illnesses last longer and the risk of complications and death increases.

The rise of antimicrobial resistance is a global health crisis, and Life Healthcare's AMS programme addresses this by ensuring antibiotics are used safely and effectively. The programme reduces inappropriate use to preserve the effectiveness of critical medicines, enabling safer, higher-quality patient care.

AMS activities include reviewing prescriptions, tracking resistant pathogens, suggesting interventions to prescribers, providing feedback to the multi-disciplinary healthcare team and promoting safe practices such as removing catheters or devices when no longer required. Employees receive ongoing training to understand how AMS practices impact patient care and infection control.

The programme monitors compliance with an AMS bundle, which covers appropriate antibiotic selection, dosing, IV-to-oral step-downs, timely microbiology testing and avoidance of duplicate therapy. In addition, the ICNET ABX system supports pharmacists by alerting them to resistant micro-organisms or inappropriate therapy, enabling proactive intervention.

Under the microscope

ViGOR digital medical surveillance records app

The quality of patient documentation determines patient outcomes through effective and accurate recording of the patient's nursing care interventions and condition. Patient documentation is the most critical form of effective communication among all members of the clinical care team. It provides evidence of patient care and the execution of the scientific nursing process.

Nursing documentation records are legal documents that reflect evidence of the delivery of competent, effective, quality nursing care by the correct category of nursing employees. They show alignment to the scope of practice, while executing the scientific nursing process of assessment, planning, implementation and evaluation during a patient's admission and stay in a Life Healthcare facility.

The ViGOR digital application supports our commitment to clinical effectiveness by monitoring and improving the accuracy and efficiency of occupational health processes.

Developed by Life Health Solutions, ViGOR replaces the manual administration of medical surveillance records with a secure, digital system. The platform manages more than 40 000 occupational health records, ensuring that data is safely stored, backed up and easily accessible. This reduces the risk of information loss and improves compliance with record-keeping standards.

The app provides real-time visibility into the number of medicals managed each month, expected turnaround times and performance against service level agreements. By standardising data fields and maintaining medical histories, ViGOR reduces duplicate data entry and improves the accuracy of clinical information. This allows meaningful insights into the health status of client workforces, enabling more informed decisions and proactive interventions.

The move to a digital platform has significantly reduced our facilities' administrative burden, improved reporting accuracy and reduced the patient's risk due to over-testing. As the app is rolled out nationally, it will support up to 60 000 medical surveillance records.

Under the microscope

Integrating Life Diagnostics (nuclear medicine and radiology) to enhance clinical effectiveness

When Life Healthcare welcomed the extension of diagnostic services through the acquisition of the non-clinical operations of radiology and nuclear medicine, it marked the beginning of a journey to provide standardised, high-quality and world-class diagnostic care under one trusted brand. Life Healthcare is committed to increasing accessibility and unlocking deeper value for patients and clinicians through these services to achieve optimal outcomes and high-quality care.

These advanced nuclear medicine services enable doctors to see both the structure and function of organs and tissues. Using technologies such as PET and CT, clinicians can detect disease earlier and plan more effective treatment. They are especially critical in oncology and other complex conditions where accurate diagnosis and timely intervention directly influence outcomes.

When radiology (2022) and nuclear medicine (2023) were integrated into Life Healthcare's service offering, the key objective was to align their highly specialised operations with the Group's quality standards. The project focused on embedding Life Healthcare's quality standards by establishing robust safety and regulatory protocols.

To make quality visible and measurable, new systems were introduced to track and respond to incidents, address patient complaints and identify trends and opportunities for improvement. At the same time, critical regulatory requirements, including health and safety risk assessments, radiation safety measures and healthcare waste management processes were strengthened. Employees across both units have undertaken extensive training to apply best practices to ensure that every scan, procedure and patient interaction reflects Life Healthcare's commitment to excellence.

Nuclear medicine and radiology are now fully integrated into Life Healthcare's quality ecosystem. The result is a stronger, more connected network of diagnostic services that supports our clinicians and enhances patient care, ensuring that every patient benefits from safe, innovative and compassionate healthcare.

Under the microscope

Novalis Certified stereotactic radiosurgery: precision in clinical excellence

Stereotactic radiosurgery (SRS) and stereotactic body radiotherapy (SBRT) use highly focused radiation beams to treat cancer tumours and other abnormalities in the brain and body without surgical incisions. By delivering ablative doses of radiation with submillimetre accuracy, these techniques target tumours precisely while sparing surrounding healthy tissue, reducing recovery time and supporting better patient outcomes.

The high-dose nature of SRS and SBRT places exceptional demands on clinical accuracy, technology and team expertise. Achieving tumour ablation while protecting sensitive normal tissue requires the right equipment, highly skilled multi-disciplinary teams and strict adherence to quality assurance protocols.

In 2024, Life Oncology's radiosurgery sites at Life Vincent Pallotti Hospital and Life Eugene Marais Hospital enrolled in the Novalis Certified programme, following the successful accreditation of Life Hilton Private Hospital in 2022. Novalis Certified is an independent, internationally recognised certification programme for SRS and SBRT, aligned with global standards and publications from leading radiation oncology bodies, including ASTRO and the IAEA.

The certification process is built around four quality pillars. These include a clearly defined stereotactic programme with peer review, internal audits and disease-specific protocols; appropriately trained radiation oncologists, medical physicists and radiation therapists with a strong focus on continuous professional development; advanced technology capable of stereotactic delivery, immobilisation, motion management and rigorous physics testing; and a comprehensive quality assurance programme embedded in daily clinical practice and supported by a culture of evidence-based care and continuous improvement.

Through detailed offsite reviews and rigorous onsite assessments, auditors benchmark Life Oncology's radiosurgery services against international centres, validating existing practices and identifying opportunities to further strengthen procedures and outcomes. The process ensures that critical quality checkpoints are consistently applied across all radiosurgery units.

In January 2025, Life Healthcare achieved Novalis Certified status across all our radiosurgery sites. For patients, this means access to world-class, cutting-edge treatment delivered safely and in line with the highest international standards.

Under the microscope

Life Nkanyisa: structured care for complex needs

Life Nkanyisa partners with the Government to provide specialised mental healthcare in a complex environment, serving patients with varying intellectual and physical impairments. Many also live with communicable diseases such as HIV and TB, alongside non-communicable conditions including hypertension, diabetes, hyperlipidaemia and epilepsy. Delivering safe, high-quality care in this context requires more than routine management, it demands a structured, evidence-based approach to ensure clinical effectiveness.

To achieve this, Life Nkanyisa monitors four areas:

- HAIs: outbreaks of diarrhoeal disease, TB and skin infections are tracked. Evidence-based prevention and early intervention strategies reduce risk.
- Chronic disease management: care for HIV, hypertension, diabetes and hyperlipidaemia follows national guidelines. Compliance and complication rates are monitored, enabling teams to adjust interventions based on outcomes.
- Rehabilitation outcomes: patient-centred rehabilitation is measured through permanent discharge rates and reductions in readmissions, supporting individualised care plans and optimising long-term recovery.
- Mortality rates: monitoring crude and risk-adjusted mortality helps identify trends early and prompt corrective action, reinforcing a culture of safety and accountability.

Between FY2021 and FY2025, Life Nkanyisa achieved steady improvements across these indicators. Chronic disease compliance increased, complication rates declined and discharge success improved, confirming the impact of its evidence-driven approach. Future results will be benchmarked against industry norms through the Health Quality Assessment platform.

Clinical risk management

Clinical risk management involves identifying and mitigating risks across all aspects of patient care and the healthcare environment. Our approach is proactive and data-driven, using patient safety indicators, adverse event reviews and near-miss alerts to identify trends. We implement corrective actions and strengthen systems, processes and employee capability to support a culture of non-punitive accountability and continuous improvement.

Quality scorecard patient safety measures

PATIENT SAFETY ADVERSE EVENTS

Life Healthcare focuses on the reporting and mitigation of all adverse events. Regarding patient safety adverse events specifically, we focus on four key risk areas:

- Patient falling adverse events
- Patient medication adverse events
- Patients acquiring pressure ulcers
- Procedure-related adverse events

Patient safety adverse events are investigated at the operational level. Incident statistics are monitored for trends on an ongoing basis at all levels (i.e. facility, regional and national) and, should significant trends develop, corrective action reports are raised to correct adverse events and curb recurrence.

Life Healthcare also has an alert management system, which serves as an early warning indicator in an attempt to prevent the occurrence of patient safety adverse events. Refer to page 33.

TOTAL PATIENT ADVERSE EVENTS

Definition

Unintended or unexpected events which did, or could have, resulted in harm (such as falls, behaviour, medication, pressure ulcers, death due to unnatural causes, burns, procedure-related incidents, other patient incidents, patients absconding and other patient information incidents)

Methodology

(Number of patient events/number of PPDs) x 1 000

▼ A lower number implies improvement

	2021	2022	2023	2024	2025
Life Healthcare patient adverse event rate per 1 000 PPDs	2.12	2.55	2.87	3.03	**3.10**

Over the past five years there has been increased attention placed on the reporting of all adverse events. This has included extensive updating of our adverse events processes and classification to ensure that all patient adverse events are reported. This has resulted in a steady increase in the overall reporting of patient adverse events which has stabilised in 2024 and 2025.

MEDICATION ADVERSE EVENTS

Definition

Includes pharmacy dispensing, nursing administration and issuing events and other medication events, such as adverse drug reactions

Methodology

(Number of medication events/number of PPDs) x 1 000

▼ A lower number implies improvement

	2021	2022	2023	2024	2025
Life Healthcare medication adverse event rate per 1 000 PPDs	0.66	0.76	0.97	1.05	**1.02**

There has been extensive work done form a nursing and pharmacy perspective to reduce the number of medication adverse events over the past two years and this is noted with the stabilisation and slight decrease in the 2025 rate.

FALLING ADVERSE EVENTS

Definition

Includes slips and falls related to nursing, patient, equipment and therapy-related environment. Falling events could result in no or serious injury.

Methodology

(Number of falling events/number of PPDs) x 1 000

▼ A lower number implies improvement

	2021	2022	2023	2024	2025
Life Healthcare falling adverse event rate per 1 000 PPDs	0.63	0.66	0.71	0.70	**0.72**

The initial increase in the falling adverse event rate after 2022 is a consequence of improved awareness and reporting of all adverse events including falls. There are multiple nursing initiatives that prioritise the identification of patients with a high risk of falling and implementing proactive steps to mitigate their risk. This has a resulted in the stabilisation of the falls rate seen from 2023 to 2025.

PROCEDURE-RELATED ADVERSE EVENTS

Definition

Includes equipment not accounted for or found, rehabilitation equipment failure, incorrect use of rehabilitation equipment, incorrect diagnosis or treatment resulting in complications, doctors' orders not followed (excluding medication adverse events), incorrect or no identification, developed or acquired wounds, lesions and marks, procedures not followed resulting in complications or major risk to the patient, venous thromboembolism cases developed in hospital, patient documentation incorrect or incomplete, patient complication or patient compromised related to procedure or equipment, wrong site, wrong surgery, foreign object left in patient and intravenous (IV) therapy.

Methodology

(Number of procedure-related events/number of PPDs) x 1 000

▼ A lower number implies improvement

	2021	2022	2023	2024	2025
Life Healthcare procedure-related adverse event rate per 1 000 PPDs	0.48	0.64	0.71	0.78	**0.92**

There has been an increase in the reporting of procedure related adverse events over the past five years. There is currently substantial focus on theatre safety to ensure that all surgical and invasive adverse events are reported and actions taken to mitigate root causes at a national and local hospital level.

PRESSURE ULCER RATE

Definition

Pressure ulcers developed in Life Healthcare facilities during patients' hospital stay. A pressure ulcer is caused by the breakdown of skin tissue (not present on hospital admission) due to insufficient pressure relief.

Methodology

Number of pressure ulcer events/number of PPDs) x 1 000

▼ A lower number implies improvement

	2021	2022	2023	2024	2025
Life Healthcare pressure ulcer rate per 1 000 PPDs	0.08	0.13	0.11	0.13	**0.11**

The pressure ulcer rate has remained low and stable the past five years and is a testament to the active identification of high risk patients and implementation of appropriate actions to reduce the risk of pressure ulcers.

Never events

Never events are serious, largely preventable incidents in healthcare that should never occur if proper procedures are followed. They are critical lapses in patient safety and require immediate investigation and corrective action.

Examples include – among others – unintended retention of surgical instruments, procedures performed on the wrong site or patient, wrong procedures being carried out, serious medication errors and failure of healthcare workers to respond to a patient in need.

INFECTION PREVENTION AND CONTROL

To ensure the highest standards, our comprehensive, well-entrenched infection prevention and control programme is aligned with evidence-based international best practice. Clinical indicators are determined using the guidelines of the Centers for Disease Control and Prevention (CDC). We focus on the most material metrics for proactively managing clinical HAIs.

Our infection prevention and control bundles are a straightforward set of scientific practices, usually three to five elements that, when practised collectively and reliably, improve patient outcomes. We were the forerunners in implementing infection prevention bundles in South Africa and significantly assisted in the pioneering of the *Best Care – Always!* campaign. The campaign brought private and public healthcare organisations together to share ideas and learnings on the application of specific bundles.

The bundles we measure are for the prevention of:

- Ventilator-associated pneumonia (VAP)
- Surgical site infection (SSI)
- Central line-associated bloodstream infection (CLABSI)
- Catheter-associated urinary tract infection (CAUTI)

The overarching improvement approaches that span across the bundles are evidence based and further supported by excellent hand hygiene, cleanliness of the facility and real-time surveillance that provides laboratory reports and alerts for highly pathogenic organisms.

HEALTHCARE-ASSOCIATED INFECTIONS (HAIs) PER 1 000 PAID PATIENT DAYS (PPDs)

Definition

Combines all the HAIs determined according to the CDC guidelines – VAPs, SSIs, CLABSIs, CAUTIs as well as a comprehensive list of other infections associated with the hospital stay

Methodology

(Number of HAIs/number of PPDs) x 1 000

▼ A lower number implies improvement

	2021	2022	2023	2024	2025
Life Healthcare HAIs per 1 000 PPDs	0.32	0.47	0.62	0.65	**0.62**

Routine monitoring and surveillance of HAIs is pivotal in the identification of improvement opportunities and early interventions. The overall HAI rate has stabilised over the past three years. Interventions will be discussed under VAP, SSI, CLABSI and CAUTI.

VAP RATE (PER 1 000 VENTILATOR DAYS) AND VAP BUNDLE COMPLIANCE (%)

Definition

VAP is a pneumonia acquired where the patient is on mechanical ventilation for > 2 consecutive calendar days on the date of event as per CDC/NHSN definitions 2025.

Compliance with the following bundle elements is measured:

- The head of the bed is elevated 30° to 45°
- Sedation vacation – patient is assessed daily for readiness to extubate
- Deep venous thrombosis prophylaxis is given or foot pumps are used
- Mouth care is done at least six-hourly using chlorhexidine mouth wash

Methodology

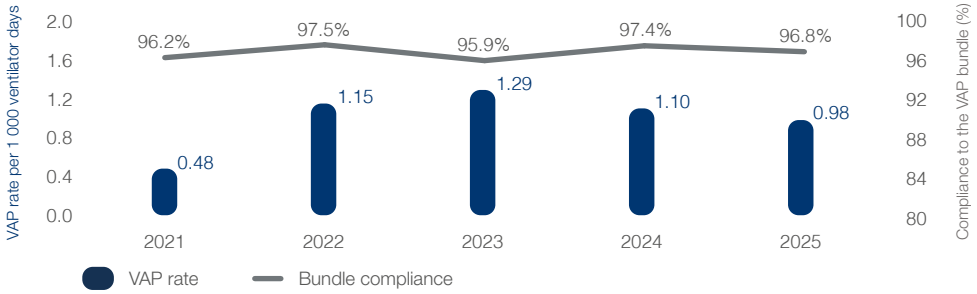
(Number of VAP cases/ventilator days) x 1 000

VAP compliance to all four elements/total number of applicable elements assessed x 100

▼ For the VAP rate, a lower number implies improvement

▲ For bundle compliance, a higher number implies improvement

Life Healthcare VAP Rate And Bundle Compliance



The identification of VAP's is complex and furthermore complicated by annual revisions of criteria by the CDC/NHSN. Following the low rates reported in 2021, we have focused on in-depth and ongoing training on the CDC/NHSN classification for VAP. Over the years we have engaged in several microbiologist lead workshops and training sessions on the accurate science-led interpretation of sputum results, including the Bartlett score. Monthly complex VAP case studies are presented by our facilities for peer review and facility surveillance audits are conducted based on ICNet results. Rates had stabilised between 2022 and 2024 we believe our interventions have ensured 100% and accurate reporting and that the 2025 tightened CDC criteria for VAP's has led to lower reported rates.

SSIs (PER 1 000 THEATRE CASES) AND SSI BUNDLE COMPLIANCE (%)

Definition

SSIs that develop up to 30 or 90 days after surgery (dependent on surgery types as set out by the CDC).

Compliance with the following elements is measured:

- Hair removal
- Antibiotic prophylaxis
- Glucose control
- Temperature control

Methodology

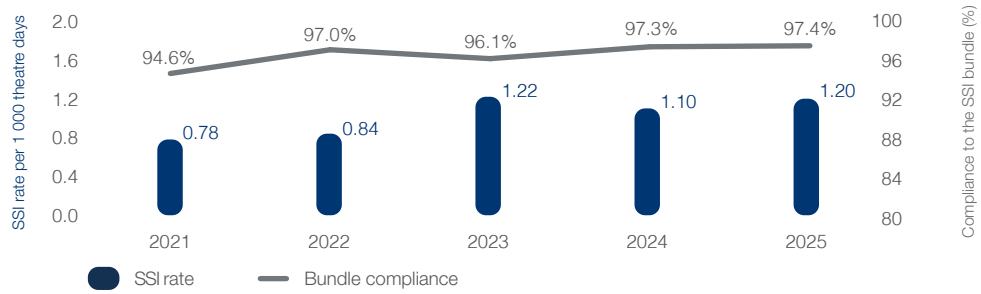
(Number of SSIs/theatre cases but excluding scopes) x 1 000

Compliance to all four elements/total number of applicable elements assessed x 100

▼ For the SSI rate, a lower number implies improvement

▲ For bundle compliance, a higher number implies improvement

Life Healthcare SSI Rate And Bundle Compliance



Rates have been stable over the past three years. CSSD training is conducted both formally and through live virtual Teams audits in our facilities. Learnings are gained and discussed.

Monthly complex SSI case studies are presented by our facilities for peer review and facility surveillance audits are conducted based on ICNet surgery related re-admission alerts. Facilities must motivate why an infection did not meet the criteria for an SSI. To be noted that a patient may be readmitted post-surgical procedure due to illness unrelated to surgery.

CLABSIs (PER 1 000 CENTRAL LINES) AND CLABSI BUNDLE COMPLIANCE (%)

Definition

CLABSIs acquired while central line is in situ and within 24 hours after removal.

Compliance with the following elements is measured:

- Hand washing procedure was followed
- Maximal barrier precautions were used by the doctor as per checklist
- 0.5% chlorhexidine in 70% alcohol skin preparation is done and allowed to dry before insertion
- Central line is sited in the sub-clavian or jugular vein
- A daily review is done of the need to retain the line
- The line is properly secured with a special dressing or device or stitched
- The dressing is visibly clean and intact

Methodology

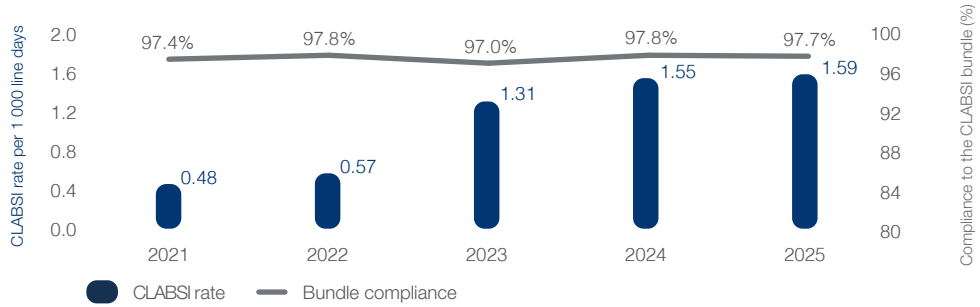
(Number of CLABSIs/central line days) x 1 000

CLABSI compliance of all seven elements/total number of applicable elements assessed x 100

▼ For the CLABSI rate, a lower number implies improvement

▲ For bundle compliance, a higher number implies improvement

Life Healthcare CLABSI Rate And Bundle Compliance



A recent internal Life Healthcare survey highlighted that most patients who developed a CLABSI were hospitalised for 10 days or longer, which increases risk for a bloodstream infection. This fact has made us more determined to find ways in which to mitigate this risk, one of which is bundle compliance.

Microbiologist lead workshops and training sessions are held on the accurate science-led interpretation of blood cultures and results need to be divided into infections and blood culture contaminations. Monthly complex CLABSI case studies are presented by our facilities for peer review and facility surveillance audits are conducted based on ICNet blood culture results.

CAUTIs (PER 1 000 CATHETER DAYS ON ONE LINE) AND CAUTI BUNDLE COMPLIANCE (%)

Definition

CAUTIs acquired while patient is catheterised and within 24 hours after removal.

Compliance with the following elements is measured:

- A sterile catheter pack was used to insert the catheter.
- The catheter is properly secured to avoid pulling.
- Catheter (perineal) care is done at least twice daily and after bowel movements using chlorhexidine and water or saline. A disposable cloth, cotton wool or gauze may be used (bar soap or face cloths are not used).
- A daily review is done of the need to keep the catheter in situ.

Methodology

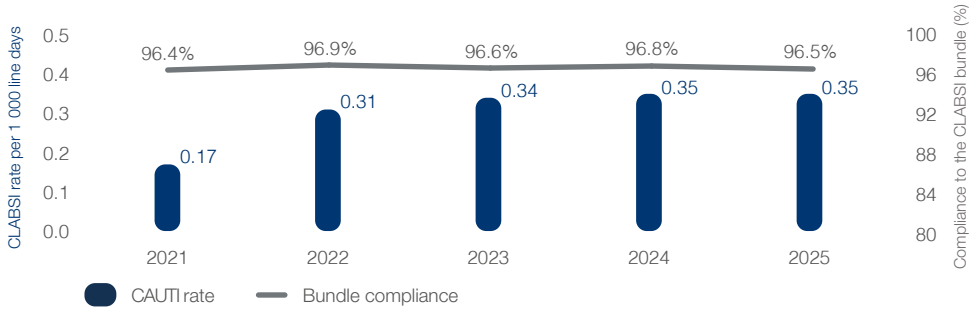
(Number of CAUTIs/urinary catheter days) x 1 000

CAUTI compliance of all four elements/total number of applicable elements assessed x 100

▼ For the CAUTI rate, a lower number implies improvement

▲ For bundle compliance, a higher number implies improvement

Life Healthcare CAUTI Rate And Bundle Compliance



At Life Healthcare our CAUTI rates remain low due to various factors including good CAUTI bundle compliance, catheters are only inserted if there is no alternative and they are removed as soon as possible. Urine samples are not sent for culture unless clinically indicated in order to prevent unnecessary antibiotic prescribing.

ALERTS

A proactive near-miss reporting system is in place to prevent potential adverse events. Alerts are reported and drive internal preventative measures at facility level through increased awareness of any potential unsafe conditions or actions.

There is a direct correlation between decreased adverse events and increased alert reporting.

Definition

Refers to any unsafe condition or act, poor service delivery or complaint that could have affected the quality of service or health and safety of an employee, customer or visitor. Potential for damage to property, materials, equipment or the environment are reported, although they may not have occurred.

Methodology

The identification and management of alerts will decrease the number of adverse events. All operational departments are therefore encouraged to report alerts.

▲ A higher number implies improvement

	2021	2022	2023	2024	2025
Life Healthcare alerts	563 639	589 272	522 837	544 455	**589 791**

Alerts are in essence near-misses and if these are identified early and addressed proactively the impact will be a decrease in adverse events. Therefore, the aim is to ensure steady reporting of alerts and Life Healthcare has achieved consistent reporting over the past five years.

Clinical risk management – supporting initiatives and programmes

INFECTION PREVENTION AND CONTROL PROGRAMME

The Life Healthcare infection prevention and control programme is based on international evidence-based practices and aligns with the seven pillars of our clinical governance framework. Every component of the IPC surveillance programme is an integral part of everyday delivery of care in a healthcare facility and involves every member of the multi-disciplinary team.

- The infection prevention and control team drives well-developed surveillance programmes, and our three key focus areas are:
  - Patient surveillance
  - Environmental surveillance
  - Employee surveillance

PATIENT SURVEILLANCE

Thorough and comprehensive patient surveillance is key to ensure that preventative and control measures are in place. Patient surveillance includes electronic hospital wide surveillance and targeted surveillance. Patient surveillance enables the infection prevention and control specialists (IPSs) to:

- Monitor patterns of infections and infectious diseases
- Prevent outbreaks due to early detection and timely actions
- Monitor and trend infections
- Identify which interventions have been successful and which have not been successful, using the plan, do, study, act (PDSA) methodology for continuous improvement

ENVIRONMENTAL SURVEILLANCE

Environmental surveillance has a direct effect on the patient environment as underpinned by the Patient's Rights Charter: Duty of Care. (Every patient has the right to a safe and healthy environment).

According to the Centre for Disease Control "contamination of equipment and environmental surfaces can cause health care associated infections".

The emergence of highly resistant organisms and the risk of spread of often difficult to treat infections calls for a robust and evidence-based approach to hospital cleanliness. Life Healthcare environmental surveillance enables our infection prevention and control specialists (IPSs) to ensure environmental cleanliness at a microscopic level.

Organisms are not visible to the human eye, so the process involves mimicking of organisms present in the environment whereby a luminescent stamp (not visible to the human eye) is applied to frequently touched surfaces in the patient care area. Following cleaning an audit is done using an ultraviolet torch to highlight areas that were missed.

Cleanliness of our facilities is of paramount importance, and we follow a practical and standardised approach to create a safe patient environment.

The methodology uses a staggered approach through three different lines of audit:

- Line one – Link nurses audit all elements in the audit tool
- Line two – unit managers audit five elements in the audit tool
- Line three – Nurse Managers and other enabling team members will also audit five elements in the audit tool

Actions on non-compliant elements get assigned and closed by a certain time.

We use standardised chemicals for cleaning as well as disinfection of the facility environment.

Water quality monitoring: the facility IPS oversees laboratory results for water testing for Legionella and for safe potable water.

Air quality monitoring: the IPS oversees particle count results in our operating theatres.

EMPLOYEE SURVEILLANCE

Employee health surveillance focuses on protecting employees through vaccination programmes, regular tuberculosis screening and clear procedures for managing exposure to blood or bodily fluids. The infection prevention and control team drives the following health and safety areas for healthcare workers (HCWs):

- A hepatitis B vaccination programme for all healthcare workers and employees who may come into contact with blood and other bodily fluids, e.g. porters, maintenance teams, etc.
- We ensure that this legal requirement is met for outsourced service providers, e.g. cleanings staff and agency HCWs, though input into service level agreements.
- Pulmonary tuberculosis screening questionnaires are done annually with all HCWs and cleaners, and more often in high risk areas. The questionnaires are reviewed by the facility IPS and referrals are made when indicated.
- At Life Healthcare we have a very detailed work procedure on the management of workplace exposures to blood and other bodily fluids, including risk assessment, counselling and latest prophylactic treatments.

ANTIMICROBIAL STEWARDSHIP (AMS)

The integration of IPC and AMS efforts in facilities can reduce HAIs. The infection prevention and control specialists play a vital role in AMS programmes. Their involvement includes:

- **Surveillance:** Performing surveillance for resistant pathogens to reduce the spread of antimicrobial resistance. Implementing activities that reduce the spread of resistant pathogens, thereby, reducing the need for antibiotic treatment.
- **Education and awareness:** Conduct training and lead awareness programmes to ensure clinical teams understand how IPC practices impact AMS.
- **Best practice:** Encourage healthcare workers to advocate for the removal of indwelling devices that are no longer needed.
- **Audit and feedback:** Auditing compliance to IPC practices and healthcare associated infection (HAI) rates, providing feedback and support to clinical areas with sub-optimal performance.
- **Improving patient clinical outcomes:** Preventing and controlling HAI which is a fundamental principal of AMS programmes.

By integrating IPC and AMS efforts, healthcare facilities can reduce HAIs, combat antimicrobial resistance and improve positive patient clinical outcomes. The collaborative approach between IPS and clinical practice pharmacists promotes a culture of accountability, multi-disciplinary teamwork and data driven decision-making leading to optimal patient clinical outcomes.

SUPPORT AND GUIDANCE FROM THE IPC TEAM

Acquisitions in renal dialysis, oncology and diagnostic imaging as well as the existing long term care facilities has introduced a new set of specialised requirements and risks. The infection prevention and control team at head office actively provide onboarding, guidance, various risk-based training and support to all lines of business, including renal dialysis, radiology, Theramed, oncology and Life Nkanyisa.

NATIONAL MEDICATION SAFETY TASK TEAM

Medication errors are a leading cause of preventable harm in healthcare. To strengthen clinical risk management, we established the national medication safety task team in 2023. The team brings together pharmacy operational and clinical leaders, senior nursing professionals and regional and national representatives.

The task team meets regularly to review medication-related incidents, identify trends and underlying causes and develop cross-functional strategies to address them by integrating insights from across Life Healthcare's network of facilities.

Interventions implemented through the task team include:

- Transparent reporting and analysis of medication adverse events.
- Employee training and awareness campaigns on safe medication practices.
- Collaboration between pharmacy, nursing and quality teams to address risks.
- Digital audits via the Tendable platform to provide real-time insight into clinical practices and highlight areas for improvement.

These initiatives have strengthened medication safety across all facilities. Recent campaigns have focused on neonatal dosing and compounding, patient counselling and mitigating risks associated with look-alike and sound-alike medications.

We aim to further embed medication safety into everyday practice by enhancing employee engagement and proactively addressing emerging risks. Insights from recurring medication incidents will guide the development of targeted interventions.

In the longer term, the integration of electronic e-prescribing platforms will enable real-time identification of potential risks at every stage of prescribing, dispensing and administration, supporting a proactive, world-class medication safety system.

RISK-BASED MEDICAL SURVEILLANCE (RBMS) PROGRAMME

Clinical risk management does not just apply to our patients. Healthcare is a high-risk environment, and managing clinical risks also requires proactive monitoring of employees' health. Traditional medical surveillance often applies uniform protocols that fail to reflect the specific hazards of different roles. The RBMS programme addresses this by aligning medical monitoring with actual exposure risks to enable timely interventions and effective risk management. By focusing on actual risks, employees gain awareness of their health status, and the programme ensures regulatory compliance while reinforcing Life Healthcare's commitment to employee safety.

The programme aims to:

- Detect work-related health effects early.
- Establish baseline medical records to track changes over time.
- Ensure compliance with the Occupational Health and Safety Act.
- Provide data to guide workplace hazard control and protection.

Employees are categorised by exposure to chemical, biological, physical, psychosocial and ergonomic hazards. Surveillance includes baseline assessments, periodic evaluations and exit medicals for high-risk employees. Electronic questionnaires identify potential health issues, which are followed up with on-site physical examinations by occupational health practitioners.

RBMS was piloted in early FY2025 and rolled out in phase one to 26 inland facilities and seven Life Nkanyisa sites, covering 4 412 high-risk employees. The programme now extends across all acute facilities, the Life Healthcare nursing education and new businesses such as Life Diagnostics.

Going forward, the programme will develop risk profiles for all job positions and continue engaging employees through inductions, forums and feedback.

MEASURING EXPOSURE TO RADIATION

In FY2025, we launched a project to strengthen the protection of radiation workers and improve clinical risk management.

The initiative introduced passive dosimeters, which monitor individual radiation exposure so that employees have timely access to their exposure data and can receive prompt medical follow-up if required. This system also ensures compliance with radiation safety regulations, thereby reducing potential legal or reputational risks.

The programme now covers around 1 800 radiation workers across hospitals, Life Health Solutions, Life Gaborone Private Hospital and independent practitioners.

Internal audits across twenty hospitals confirmed high satisfaction with the service and demonstrated improved regulatory compliance.

During FY2025, three alleged overexposure incidents were reported, all involving independent practitioners. Investigations confirmed that only one incident occurred at a Life Healthcare facility and was linked to the high volume of interventional procedures at the site. These cases highlight the importance of continuous monitoring.

In the future, Life Healthcare plans to adopt smart dosimeters with wireless data transmission, cloud-based analytics and AI-driven monitoring to predict exposure trends, identify high-risk zones and optimise staff rotations.

Under the microscope

Managing clinical risk in maternity care

Pregnancy, labour and the postpartum period carry inherent risks. Significant physiological changes and potential complications increase the risk for perinatal morbidity and mortality. Proactively identifying and managing these risks is essential to providing safe, high-quality maternity care.

Life Healthcare has implemented a focused programme to identify and manage clinical risks in maternity units. The initiative targets the 10 highest-risk maternity units and takes a supportive, non-punitive approach to help facilities close identified gaps.

Using the Donabedian model for measuring quality care, performance is assessed across three areas: structure, process and outcomes.

Structure and process indicators include midwife training, adherence to the South African Society of Obstetricians and Gynaecologists' BetterObs clinical standards and participation in the essential steps in managing obstetric emergencies training. These measures ensure maternity units are equipped to respond effectively to clinical challenges and emergencies

Outcome indicators such as the incidence of maternal and perinatal serious adverse events provide critical insight into the real-world impact of care and highlight areas for urgent improvement.

This intervention has been instrumental in identifying opportunities to strengthen clinical practice and mitigate maternal and perinatal risk. A multi-disciplinary team now provides targeted support, drawing on regional and national expertise to ensure lasting improvement and better outcomes for mothers and their babies.

Education and training

Ensuring our Life Healthcare employees have opportunities to upskill is key to providing quality care for our patients.

Specialist training

Life Healthcare invests in the development of specialist doctors to meet hospital needs and sustain South Africa's healthcare capacity.

Since 2012, the Group has funded training for candidates in strategic sub-specialty disciplines, expanding in 2025 to support an additional 10 to 14 specialists annually. We partner with leading universities to identify candidates and provide funding, while heads of department guide placement in Life Healthcare facilities. Fellowship programmes not registered as degrees with the Health Professions Council of South Africa (HPCSA) are funded as salaries, with universities responsible for training delivery and candidate disbursement. These initiatives enhance hospital capability and ensure a continuous pipeline of highly skilled specialists.

CANDIDATES SUCCESSFULLY TRAINED AND RECRUITED FOR HOSPITAL NEEDS

#	Discipline	Training University	Life Healthcare Hospital	Region
1	**Neurosurgery (Spinal)**	Stellenbosch University	Life Beacon Bay Hospital	Eastern Cape
2	**Cardiologist**	Stellenbosch University	Life Bay View Private Hospital	Western Cape
3	**Cardiologist**	University of KwaZulu-Natal	Life St George's Hospital	Eastern Cape
4	**Cardiologist**	Stellenbosch University	Life Bay View Private Hospital	Western Cape
5	**Vascular Surgeon**	Stellenbosch University	Life The Glynnwood	Gauteng
6	**Nephrologist**	University of Cape Town	Life Queenstown Private Hospital	Eastern Cape
7	**Reproductive Medicine**	University of Pretoria	Life Eugene Marais Hospital	Gauteng
8	**Cardiologist**	Stellenbosch University	Life Bay View Private Hospital	Western Cape
9	**Cardiologist**	University of the Witwatersrand	Life Wilgers Hospital	Gauteng PTA
10	**Pulmonologist**	Stellenbosch University	Life Vincent Pallotti Hospital	Western Cape
11	**Neurology**	University of Cape Town	Life Vincent Pallotti Hospital	Western Cape

#	Discipline	Training University	Life Healthcare Hospital	Region
12	**Neonatology**	Stellenbosch University	Life Gaborone Private Hospital	Botswana
13	**Cardiologist**	University of Cape Town	Life Fourways Hospital	Gauteng JHB
14	**Surgeon**	University Pretoria	Life Wilgers Hospital	Gauteng PTA
15	**Physician**	University of the Witwatersrand	Life Mercantile Hospital	Eastern Cape
16	**Urogynaecology**	Stellenbosch University	Life Bay View Private Hospital	Western Cape
17	**Gynae oncology**	Stellenbosch University	Life Vincent Pallotti Hospital	Western Cape
18	**Neurology**	University of Cape Town	Life Vincent Pallotti Hospital	Western Cape
19	**Nephrology**	University of Cape Town	Life Mercantile Hospital	Eastern Cape
20	**Pulmonologist**	Stellenbosch University	Life St George's Hospital	Eastern Cape
21	**Neurosurgery**	University of Cape Town	Life The Glynnwood	Gauteng JHB

Continuing professional development (CPD)

Healthcare professionals often face challenges in staying up to date with clinical knowledge, accessing CPD-accredited content and maintaining their CPD compliance due to time constraints and limited access to convenient educational resources.

In November 2024, the clinical directorate of Life Healthcare launched its on-demand CPD Platform, available to all Life Healthcare-affiliated healthcare professionals. This platform was created to meet the increasing need for accessible, relevant and high-quality clinical education. It allows healthcare professionals to enhance their clinical knowledge, remain updated with current practices and obtain CPD points at their own convenience. In 2025, 18 on-demand webinars were available on the platform.

This initiative is part of Life Healthcare's broader commitment to clinical excellence. Since its launch, it has been well-received, and a key goal for the 2026 financial year is to enable healthcare professionals to obtain at least 75% of their required CPD points exclusively through this platform.

The clinical team is continuously developing and uploading new content to ensure the platform remains current and valuable.

Under the microscope

Developing healthcare skills for quality outcomes

Life Healthcare nursing education and other structured programmes support the development and retention of skilled nurses and pharmacists, strengthening workforce capability and improving patient care outcomes.

All newly appointed nurses, including temporary employees, complete a formal induction programme and are encouraged to participate in CPD events, aligned with regulatory and professional standards. Life Healthcare nursing education also contributes to creating a pipeline of skilled, qualified nurses offering undergraduate nursing qualifications. In addition, university trained nursing students are supported through bursaries and supported during their transition into Life Healthcare after their mandatory community service. These initiatives strengthen succession planning and ensure nurses maintain high-quality, safe clinical practice.

Clinical pharmacy skills are scarce in southern Africa, making professional development and retention essential. Life Healthcare supports pharmacists through structured training, online continuing professional education modules, internship programmes and pharmacists' assistant training. These programmes enhance technical and clinical competency, enable pharmacists to engage more closely with clinical teams and build a pipeline of skilled professionals to support operational and patient care excellence.

Further details are available in the sustainability report available on our website at https://www.lifehealthcare.co.za.

Research and information management

Life Healthcare has a health research ethics committee tasked with reviewing all research proposals produced by our employees. In the future, we plan to provide our doctors and allied healthcare professionals with opportunities to conduct research at our facilities.

The health research ethics committee (HREC) was formed in 2016 and has been accredited in line with the National Health Research Ethics Council since it was formed.

Section 73 of the National Health Act, 61 of 2003 requires institutions to establish research ethics committees that are registered with the National Health Ethics Council and requires all health research involving human participants to undergo prior ethics review by a registered ethics committee.

The committee's terms of reference are aligned to the Life Healthcare research policy, Life Healthcare Code of Conduct for researchers, as well as with the National Health Act and the Department of Health's Ethics in Health Research Guidelines.

The committee is responsible for:

- Conducting rigorous ethics reviews, prospectively of all health or health-related research proposals to ensure that the welfare and other interests of participants and researchers are correctly protected and that the proposed research complies with ethical norms and standards outlined in the national ethics guidelines (Note: retrospective review is not permitted).
- Ensuring that research proposals are scientifically sound and feasible.
- Deciding whether to approve, to require amendments or to reject the proposals for lack of compliance with scientific or ethics norms and standards.
- Ensuring appropriate reporting occurs to fulfil the oversight obligation of Life Healthcare's HREC to monitor the welfare interests of the participants.

Clinical audit

Life Healthcare maintains a robust, multi-tiered approach to quality management to guarantee regulatory compliance and drive continual improvement across all facilities. Our audit framework integrates internal, external and regulatory assessments to monitor performance and identify opportunities for improvement.

Internal and external quality audits

All facilities conduct annual internal audits to assess compliance with the Life Healthcare QMS, which incorporates ISO 9001:2015 standards, Office of Health Standards Compliance norms and standards and relevant legal requirements. Focus areas include leadership responsibilities, risk-based thinking, continual improvement and a process approach to quality management.

Internal audits operate on three levels:

1. Management self-audit (MSA) – facility level management teams conduct annual audits to:
    - Proactively manage and mitigate risks.
    - Identify improvement opportunities.
    - Monitor compliance with ISO 9001:2015, Life Healthcare QMS requirements and OHSC norms and standards.
    - Prepare for verification and external audits.

    Over the past three years, audits have emphasised risk-based evaluation, with rigorous assessment techniques such as observation, demonstration, interviews and knowledge enquiry.
2. Head office verification audit

    This independent, second-level audit verifies MSA findings, focusing on high-risk and low-scoring areas to ensure corrective actions are implemented, and identifying further gaps or improvement opportunities. Verification audits have contributed to a reduction in major and minor findings during subsequent external audits.
3. External BSI audit

    Each facility undergoes an external audit at least once every three years. FY2024/2025 continued to reinforce compliance with ISO 9001 (QMS) and ISO 14001 (EMS) standards, legal requirements and Life Healthcare protocols. These audits identify additional process gaps, improvement opportunities and strategic and operational risks.

FY2024/2025 internal and external audit performance

- All functions achieved required compliance levels in internal audits, with significant improvements in previously underperforming areas.
- Facilities maintained high standards under external BSI assessments, with no major material non-conformances reported.
- Head office verification audits provided objective assurance and contributed to proactive risk mitigation and quality improvement.

Office of Health Standards Compliance (OHSC)

The OHSC Norms and Standards Regulations applicable to different categories of health establishments are published under section 90(1) of the National Health Act 2003 (Act 61 of 2003) in consultation with the OHSC. These norms and standards are articulated for the different types of health establishments through the OHSC Inspection Tools.

OHSC Inspections: During FY2024/2025, Life Healthcare acute facilities (39) underwent thorough OHSC inspections conducted over two to three days. All facilities received compliant ratings and an overall excellent grading. The next inspection cycle is planned for FY2027.

OHSC self-assessment: Self-assessment refers to the data generated from assessments conducted by health establishments using tools published by the OHSC. It is required that each health establishment must submit a minimum of one self-assessment annually.

In FY2024 and FY2025 our acute facilities completed OHSC-mandated self-assessments, supported by OHSC training sessions. The 39 acute facilities submitted assessments, with identified areas of non-compliance addressed through quality improvement plans.

Clinical audit and quality monitoring

Life Healthcare's clinical audit framework ensures ongoing monitoring of performance and quality outcomes. By combining internal MSAs, head office verification audits, external BSI audits and OHSC inspections, the Group ensures adherence to high-quality standards, compliance with legal and regulatory requirements and continuous opportunities for improvement across all facilities.

Appendices

Glossary

AGM	annual general meeting
ALISA	Axim Life Isotopes South Africa
AMS	antimicrobial stewardship
B-BBEE	Broad-Based Black Economic Empowerment
Bartlett score	The Bartlett criteria/score in a rapid method to assess the quality of a sputum specimen. It helps distinguish lower respiratory tract infection from sputum contaminated with saliva and reduces unnecessary laboratory work on poor quality specimens
BSI	British Standards Institution
Cathlab	catheterisation laboratory (usually cardiac)
CAUTI	catheter-associated urinary tract infection
CDC	Centers for Disease Control and Prevention
CLABSI	central line-associated bloodstream infection
CKD	chronic kidney disease
CPD	continuing professional development
CPE	cost per event
CRM	customer-relationship management
CT	computed tomography
EMS	environmental management system
EWP	employee wellness programme
HAI	healthcare-associated infection
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
HPCSA	Health Professions Council of South Africa
HR	human resources
HREC	health research ethics committee
IAEA	International Atomic Energy Agency
ICP	integrated care programme
ICU	intensive care unit
ISO	International Organization for Standardization
IPS	Infection Prevention and Control Specialists
IV	intravenous
JSE	Johannesburg Stock Exchange
KPI	key performance indicator
MSA	management self-audit
NHSN	National Healthcare Safety Network
OHSC	Office of Health Standards Compliance
PCI	percutaneous coronary intervention
PET	positron emission tomography
PPD	paid patient day
PXM	patient experience measure
QMS	quality management system
RMBS	risk-based medical surveillance
SBRT	stereotactic body radiotherapy
SDGs	United Nations Sustainable Development Goals
SPECT	single-photon emission computed tomography
SRS	stereotactic radiosurgery
SSI	surgical site infection
STEMI	ST-elevation myocardial infarction
VAP	ventilator-associated pneumonia
VBC	value-based care
WHO	World Health Organization

Corporate information

Executive directors

PG Wharton-Hood (Chief Executive), PP van der Westhuizen (Chief Financial Officer)

Non-executive directors

Dr VL Litlhakanyane (Chairman), Dr MF Abdullah, Dr JE Bolger, Dr RA Campbell, CM Henry, Prof ME Jacobs, TP Moeketsi, AM Mothupi-Palmstierna, Adv M Sello and F Tonelli

Company Secretary

J Ranchhod

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Equity Sponsor

Rand Merchant Bank (a division of FirstRand Bank Limited)

Debt Sponsor

QuestCo Corporate Advisory

Note regarding forward-looking statements

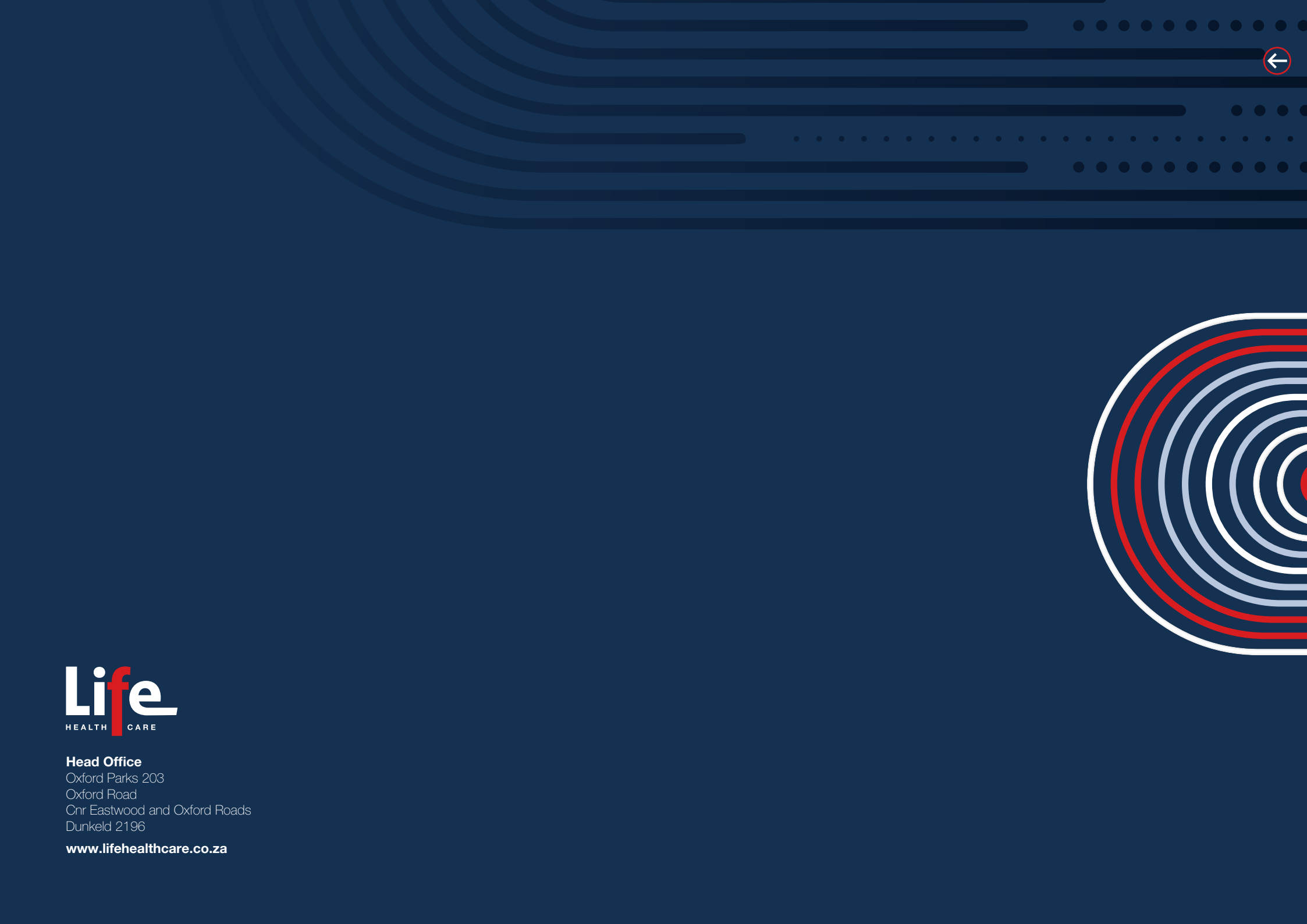
Any forward-looking statements or projections made by the Group, including those made in this report, are subject to risk and uncertainties that may cause actual results to differ materially from those projected, are the responsibility of the directors and have not been reviewed or reported on by the Group's external auditors.

Life Healthcare Group Holdings Limited

(Incorporated in the Republic of South Africa)
Registration number: 2003/002733/06
Income tax number: 9387/307/15/1
ISIN: ZAE000145892
JSE and A2X share code: LHC
(Life Healthcare, the Group, or the Company)

Life Healthcare Funding Limited

(Incorporated in the Republic of South Africa with limited liability)
Registration number 2016/273566/06
LEI: 3789SJPQJZF8ZYXTZ394
Bond company code: LHFI
(Life Healthcare Funding)



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