Welcome to your CDP Water Security Questionnaire 2021

W0. Introduction

W0.1

(W0.1) Give a general description of and introduction to your organization.

Mediclinic is an international private healthcare services group, established in South Africa in 1983, with divisions in Switzerland, Southern Africa (South Africa and Namibia) and the United Arab Emirates (UAE).

SWITZERLAND: Hirslanden, the leading private healthcare provider in Switzerland, is recognised for clinical excellence and outstanding patient experience (www.hirslanden.ch).
SOUTH AFRICA AND NAMIBIA: Mediclinic Southern Africa is one of the three major private healthcare providers in the region with a relentless focus on offering value to all its partners and clients (www.mediclinic.co.za).
THE UAE: Mediclinic Middle East has established a trusted brand and strong reputation in this developing region by offering clinical care of internationally recognised standards (www.mediclinic.ae).
THE UK: Mediclinic has a 29.9% stake in Spire (www.spirehealthcare.com).

Mediclinic is focused on providing specialist-orientated, multidisciplinary services across the continuum of care in such a way that the Group will be regarded as the most respected and trusted provider of healthcare services by all stakeholders in each of its markets.

In 2020 Mediclinic International operated 74 hospitals, 5 sub-acute and specialised hospitals, 2 mental health facilities, 18 day clinics and 18 outpatient clinics with 11,449 inpatient beds in total, employing 33 136 permanent and fixed-term employees.

As an international healthcare services provider, Mediclinic not only strives to create value every day by providing cost effective, quality care and outstanding client experiences, the Company also takes a broader approach to value creation by taking responsibility for its operations beyond its facilities. It acknowledges that water poses a material risk to its operations and the environment, and that appropriate action is needed to reduce its impact.

This CDP Water Security response, for the first time, includes the operations of Southern Africa AND Middle East and Hirslanden. As a minority shareholder, and following the operational

control approach to boundary setting, our investment in the Spire Health Care Group is not included in the response.

W0.2

(W0.2) State the start and end date of the year for which you are reporting data.

	Start date	End date
Reporting year	January 1, 2020	December 31, 2020

W0.3

(W0.3) Select the countries/areas for which you will be supplying data.

Namibia
South Africa
Switzerland
United Arab Emirates

W0.4

(W0.4) Select the currency used for all financial information disclosed throughout your response.

GBP

W0.5

(W0.5) Select the option that best describes the reporting boundary for companies, entities, or groups for which water impacts on your business are being reported.

Companies, entities or groups over which operational control is exercised

W0.6

(W0.6) Within this boundary, are there any geographies, facilities, water aspects, or other exclusions from your disclosure?

No

W1. Current state

W1.1

(W1.1) Rate the importance (current and future) of water quality and water quantity to the success of your business.

	Direct use importance rating	Indirect use importance rating	Please explain

Sufficient amounts of good quality freshwater available for use	Vital	Important	In the healthcare industry, patient care, infection control and the operations of various equipment, is dependent on the supply of good quality freshwater. Without good quality and a sufficient supply of freshwater, the infection control risk increases, patient care quality decreases and various equipment failures can occur. Hence, this is considered of vital importance. As a private hospital group in the healthcare industry, we are focussed on service delivery and not manufacturing. We do not see this dependency changing in the future. Within our supply chain, freshwater is important. We rely on suppliers for the supply of pharmaceuticals and food. If either of these goods and services cannot be delivered due to water issues, the result can have an impact on our operational ability going forward. We consider this important, as we do not have operational control over our supply chain's access to good quality water. We do not see this dependency changing in the future as our hospitals, clinics and supply chain will always be dependent on sufficient amounts of freshwater. We are not in an industry that can substitute the need for such water and its quality.
Sufficient amounts of recycled, brackish and/or produced water available for use	Vital	Neutral	All water for our hospitals in the United Arab Emirates is desalinated sea water treated to sufficient quality levels for human consumption. It is, hence, vital that sufficient amounts of this recycled water is available for the ongoing operations of the hospitals in these areas. The only water sources on site that are recycled are for irrigation purposes or, in the case of a limited number of hospitals, in autoclave equipment and some laundry services. This does not impact our ability to perform our services - nor will it do so in the future - hence, we are neutral to its importance. We do not see this dependency changing in the future. We do, however, rely on suppliers for the supply of pharmaceuticals and food. Our knowledge of our supply chain usage of recycled, brackish and/or produced water is limited - hence, we are neutral to its importance. We do not see this dependency changing in the future as our Middle East hospitals, clinics and supply chain

			will be dependent on this desalinated water supply for the long-term. We are not in an industry or geography that can substitute the need for such water and its quality.

W1.2

(W1.2) Across all your operations, what proportion of the following water aspects are regularly measured and monitored?

	% of sites/facilities/operations	Please explain
Water withdrawals – total volumes	100%	Water withdrawal at every hospital and clinic is monitored and reported on a monthly basis as part of each hospital's individual water management plan. Measurement is done via internal water meter or through the municipal/ local authority water bills. As water is a vital part of our operations, we need to ensure that it is optimally managed and that we are made aware of any changes or deficiencies in supply. We are also able to manage water-related costs through such management.
Water withdrawals – volumes by source	51-75	For MCSA, water from all sources is measured at all hospitals and clinics on a monthly basis. In addition to municipal sources, there are boreholes at 28 of our hospitals, all of which are measured by internal water meters at their point of entry into our facilities. Treated wastewater from the local municipality is used at our Milnerton hospital for irrigation. This is also measured. Rain water harvesting has been installed at Midstream.
Water withdrawals quality	100%	As a healthcare provider, high quality water is of paramount importance. In South Africa, for example, we rely on municipal water being delivered in accordance to the South African National Standards (SANS) 241 Drinking Water Specification. All other water sources are tested on site by our hospital engineers to ensure adequate standards of quality. This is measured monthly at all our hospitals and clinics.
Water discharges – total volumes	100%	We measure the water discharge where possible, otherwise we employ a figure of 89% of water withdrawal as a proxy for discharge for

		MCSA. This is based on a detailed water audit at one of our South African hospitals. We rely on municipal discharge sewage systems to monitor the quality of our discharge and alert us if ever these exceed legislated standards. We calculated discharge on a monthly basis. For MCME, water discharge is assumed to be 100% as the cost of effluent water discharge is equal to the cost of water withdrawal. This is similarly applied for Hirslanden (Switzerland).
Water discharges – volumes by destination	51-75	Discharges from all MCSA hospitals and clinics is sent to local/ municipal wastewater treatment plants who are the agencies responsible for measuring and monitoring our discharge and who report these figures to the individual hospitals.
Water discharges – volumes by treatment method	51-75	Discharge from all MCSA hospitals and clinics is sent to local/ municipal wastewater treatment plants. This is measured and monitored by the responsible agency on a monthly basis.
Water discharge quality – by standard effluent parameters	51-75	The quality of the effluent discharge from all MCSA hospitals and clinics is tested on a monthly basis by the agencies responsible the local/ municipal wastewater treatment plants to which the discharge is sent. For Hirslanden (Switzerland), effluent measurements are not taken, however, a fee is paid on for effluent water in the same amount as the water that is used.
Water discharge quality – temperature	51-75	The temperature of the effluent discharge from all MCSA hospitals and clinics is tested on a monthly basis by the agencies responsible the local/ municipal wastewater treatment plants to which the discharge is sent.
Water consumption – total volume	100%	For MCSA, water withdrawals at all our hospitals and clinics is measured on a monthly basis by internal water meters. Discharge is either measured or a proxy used (being a figure of 89% of withdrawal), which allows us to calculate the total consumption of water at each hospital on a monthly basis. For MCME, water discharge is assumed to be 100% as the cost of effluent water discharge is equal to the cost of water withdrawal. This is similarly applied for

		Hirslanden (Switzerland). This allows us to calculate the total consumption of water at each hospital on a monthly basis.
Water recycled/reused	100%	Our operations in the United Arab Emirates consist of 7 hospitals and 19 clinics. These hospitals and clinics use desalinated water for their primary water needs. This water is measured by on-site water meters. The water meters are on-site but the meters are owned by the local authority .This, with the single hospital in South Africa that uses recycled water for irrigation purposes, account for 27 of our 104 facilities worldwide that are reliant on recycled water - the volume of which is measured and monitored at all these hospitals on a monthly basis. The other remaining facilities do not use recycled or reused water.
The provision of fully-functioning, safely managed WASH services to all workers	100%	All our hospitals and clinics are 100% compliant with internal WASH procedures. We have a corporate policy on hand hygiene stating the following: "Good hygiene is the most efficient and cost-effective infection prevention and control measure to assist in reducing the healthcare-associated infections." It is, hence, essential that there is sufficient good quality water to ensure that employees are able to comply with this policy. In South Africa, for example, this means sufficient volumes of good quality water is available to meet employee health standards under the OHS Act 85 of 1993. The implementation of the WASH Policy is measured as part of hospital management procedures on a monthly basis at all hospitals and clinics.

W1.2b

(W1.2b) What are the total volumes of water withdrawn, discharged, and consumed across all your operations, and how do these volumes compare to the previous reporting year?

	Volume (megaliters/year)	Comparison with previous reporting year	Please explain

Total withdrawals	1,647.74	Much higher	Much higher water withdrawal, discharge and consumption is primarily due to Covid-19 impacts where potable water has been used for additional hand washing, surface cleaning, scrubs usage and washing, and general laundry operations in the hospital. Threshold for "much higher" water withdrawal is above a 10% increase from 2019 figures.
Total discharges	1,534.55	Much higher	As discharge figures are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "much higher". For MCSA hospitals, we employ a figure of 89% of water withdrawal as a proxy for discharge for MCSA. For MCME, water discharge is assumed to be 100% as the cost of effluent water discharge is equal to the cost of water withdrawal. This is similarly applied for Hirslanden (Switzerland).
Total consumption	113.19	Much higher	Water consumption is defined by the CDP as "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or a third party over the course of the reporting year." As consumptions figures are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "much higher".

W1.2d

(W1.2d) Indicate whether water is withdrawn from areas with water stress and provide the proportion.

	Withdrawals are from areas with water stress	% withdrawn from areas with water stress	Comparison with previous reporting year	Identification tool	Please explain
Row 1	Yes	76-99	About the same	WRI Aqueduct	We have included river basins that are defined as both medium high AND high overall water risk by the WRI Aqueduct Water Risk Atlas. These are river basins that are exposed to water stress. We used the tool

					to evaluate the water basin risks of all our facilities. We do this on an annual basis as part of our preparation for the CDP Water Risk questionnaire.

W1.2h

(W1.2h) Provide total water withdrawal data by source.

	Relevance	Volume (megaliters/year)	Comparison with previous reporting year	Please explain
Fresh surface water, including rainwater, water from wetlands, rivers, and lakes	Not relevant			We do not directly withdraw any fresh water for any of our operations, hence not relevant.
Brackish surface water/Seawater	Relevant		This is our first year of measurement	Our hospitals and clinics in the UAE are dependent on desalinated seawater. This is the first year of Mediclinic including these facilities in our CDP Water Security response.
Groundwater – renewable	Relevant			Renewable groundwater used via borehole facilities at hospitals for irrigation or backup emergency supplies. All our borehole extraction is undertaken within legislative limits.
Groundwater – non-renewable	Not relevant			We do not directly withdraw from any non-renewable groundwater sources.
Produced/Entrained water	Relevant but volume unknown			Treated wastewater supplied by local authority at our Milnerton Hospital in South Africa. This is used for irrigation purposes. We expect this volume to remain the same in the future.
Third party sources	Relevant			The majority of our water is drawn from municipal or

				local water authority sources, hence third party. As the primary source of water for our hospitals and clinics, this is highly relevant. Future trends should see this decrease as the whole Mediclinic group continues to initiate water-efficiency techniques as part of Mediclinic's Sustainable Development Strategy.

W1.2i

(W1.2i) Provide total water discharge data by destination.

	Relevance	Volume (megaliters/year)	Comparison with previous reporting year	Please explain
Fresh surface water	Not relevant			No water discharged to fresh surface water areas, hence not relevant.
Brackish surface water/seawater	Not relevant			No water discharged to brackish surface water/ seawater, hence not relevant.
Groundwater	Not relevant			No water discharged to groundwater zones, hence not relevant.
Third-party destinations	Relevant			All water discharge sent to local/ municipal wastewater treatment plants (third party destinations). This discharge destination is very relevant.

W1.2j

(W1.2j) Within your direct operations, indicate the highest level(s) to which you treat your discharge.

	Relevance of treatment level to discharge	Volume (megaliters/year)	Comparison of treated volume with previous	% of your sites/facilities/operations this volume applies to	Please explain

			reporting year		
Tertiary treatment	Not relevant				Discharge from our hospitals and clinics does not undergo any tertiary treatment, hence not relevant.
Secondary treatment	Not relevant				Discharge from our hospitals and clinics does not undergo any secondary treatment, hence not relevant.
Primary treatment only	Not relevant				Discharge from our hospitals and clinics does not undergo any primary treatment, hence not relevant.
Discharge to the natural environment without treatment	Not relevant				Discharge from our hospitals and clinics does not go to the natural environment, hence not relevant.
Discharge to a third	Relevant			100%	All discharge from our

party without treatment					hospitals and clinics is sent to local/ municipal (third party) wastewater treatment plants without any on-site treatment prior to discharge. This is very relevant to our operations.
Other	Not relevant				

W1.4

(W1.4) Do you engage with your value chain on water-related issues?

Yes, our suppliers

Yes, our customers or other value chain partners

W1.4a

(W1.4a) What proportion of suppliers do you request to report on their water use, risks and/or management information and what proportion of your procurement spend does this represent?

Row 1

% of suppliers by number

1-25

% of total procurement spend

51-75

Rationale for this coverage

Engagement on water issues with suppliers largely focuses on building contractors, where experience informs us that water consumption can increase 100-150% during building projects if no management of water resources in enforced. Due to this significant increase in water withdrawal and consumption, we engage with these suppliers.

A Joint Building Contractors Committee document is signed with all building projects which include an environmental clause on the conservation of natural resources, including water.

Laundry and catering suppliers are the other large users of water on our premises, and we engage with them. Supplier staff is included in our environmental awareness training through our ISO14001 environmental management system. We also send out letters to our suppliers to encourage them to adopt similar processes. Water meters are installed at laundry, kitchen and building projects to monitor water usage.

We engage directly with our top 26 suppliers on water issues, accounting for some 65% of capital procurement spend.

Impact of the engagement and measures of success

In South Africa, where we have engaged with on-site service providers, we have requested limitation of water usage to 20 litres per staff member per day. This figure is set to ensure Mediclinic Southern Africa achieves its own water reduction targets, which would be impossible without buy-in from these suppliers. Mediclinic sets its annual water target based on litres withdrawn per bed-day sold at each hospital (in Southern Africa) or kilolitres per m2 of hospital building (in Middle East), regardless of activity taking place at that hospital during the course of the reporting period (e.g. a building project). Under normal operating conditions, the fact that Mediclinic is achieving its water reduction targets would be an indicator of success of engagement. However, due to the necessary increase in water withdrawal during the Covid-19 pandemic, this cannot be used as a measure in the 2020 year.

Comment

W1.4b

(W1.4b) Provide details of any other water-related supplier engagement activity.

Type of engagement

No other supplier engagements

Details of engagement

% of suppliers by number

% of total procurement spend

Rationale for the coverage of your engagement

There are no other areas of direct engagement that are deemed necessary from a supplier risk perspective at this stage. This is, however, continuously monitored through our various risk management analysis conducted at Mediclinic.

Impact of the engagement and measures of success

Comment

W1.4c

(W1.4c) What is your organization's rationale and strategy for prioritizing engagements with customers or other partners in its value chain?

Doctors who use our healthcare facilities and patients (both stakeholders are customers to Mediclinic, as doctors rent or lease their practice spaces from Mediclinic) are constantly engaged on our water efficiency and saving initiatives. The rationale/ motivation for this is cost control and environmental resource use efficiency. Similarly, as a private healthcare service organisation, our reputation is a significant contributor to our brand value. We ensure that our water management principles are known to customers (doctors and patients) and also the public who visit our facilities on a daily basis. With regards doctors this is done via direct communication and/or visits.

As we continue to introduce off-grid water augmentation measures, such as treated borehole water, it is essential to ensure that water consumption is as efficient as possible. In our Southern African operations, doctors are requested to use 20 litres per staff member per day in their consulting rooms. While the doctors consulting rooms are not independently metered, the fact that Mediclinic is achieving its annual water reduction targets (except for the unusual circumstance of 2020 due to the Covid-19 pandemic requiring extra use of water for cleaning and hygiene purposes) is indicative that this engagement is being successful.

In addition to direct engagement with doctors and patients, we also implement various water-saving communication materials in the hospitals to ensure understanding of our initiatives and the purpose behind the initiatives.

W2. Business impacts

W2.1

(W2.1) Has your organization experienced any detrimental water-related impacts?

No

W2.2

(W2.2) In the reporting year, was your organization subject to any fines, enforcement orders, and/or other penalties for water-related regulatory violations?

No

W3. Procedures

W3.3

(W3.3) Does your organization undertake a water-related risk assessment?

Yes, water-related risks are assessed

W3.3a

(W3.3a) Select the options that best describe your procedures for identifying and assessing water-related risks.

Direct operations

Coverage

Full

Risk assessment procedure

Water risks are assessed as part of an enterprise risk management framework

Frequency of assessment

Annually

How far into the future are risks considered?

3 to 6 years

Type of tools and methods used

Tools on the market
Enterprise Risk Management
International methodologies
Databases
Other

Tools and methods used

WRI Aqueduct
National-specific tools or standards
Other, please specify
CURA Enterprise Risk Management Software

Comment

In addition to the CURA Enterprise Risk Management Software, which integrates water-related risks at each of our hospitals, other risk management tools are used to identify water risk, e.g. ISO14001:2015 and the WRI Aqueduct Water Risk Atlas. During 2018 we implemented our second Water Strategy for the group, which included undertaking a prioritisation process of hospitals most at water risk according to financial; drought cycle; dam level; local authority infrastructure; history; and, hospital infrastructure impacts. These impacts are measured, weighted and each hospital is scored to indicate those

hospitals most at risk to water-related issues. The strategy is reviewed and updated annually.

Supply chain

Coverage
Partial

Risk assessment procedure
Water risks are assessed as part of other company-wide risk assessment system

Frequency of assessment
Annually

How far into the future are risks considered?
3 to 6 years

Type of tools and methods used
Enterprise Risk Management
Databases
Other

Tools and methods used
Internal company methods
Other, please specify
CURA Enterprise Risk Management Software

Comment
Water risk associated with relevant suppliers, such as building contractors, laundry and catering services are analysed as part of each hospitals own internal risk management systems. This is then fed through to Mediclinic International Group Services Governance Department Environmental Sustainability of the Group, which is ultimately responsible for informing the Group Chief Governance Officer who informs the Board's Clinical Performance and Sustainability Committee.

Other stages of the value chain

Coverage
None

Comment

W3.3b

(W3.3b) Which of the following contextual issues are considered in your organization's water-related risk assessments?

	Relevance & inclusion	Please explain

Water availability at a basin/catchment level	Relevant, always included	Water availability is a critical issue to Mediclinic and always evaluated from a risk perspective in both current and future (up to 10 year) time horizons and across all areas of our value chain. All hospitals and clinics are supplied by water from the water basins in which they are located. In the healthcare industry, patient care, infection control and the operations of various equipment, is dependent on the supply of good quality freshwater. Without sufficient supply of freshwater, the infection control risk increases, patient care quality decreases and various equipment failures can occur. Internal company knowledge - at a group level, our 2018 Water Strategy prioritised our hospitals against an impact matrix to determine the hospitals most at risk to water-related issues and which river basins they are located in. This included water availability at a basin/catchment level. The strategy is reviewed and updated annually. Each Mediclinic hospital develops its own "Water Management Plan" as part of the ISO 14001:2015 environmental management system that evaluates its risk to water availability, quality and regulatory and tariff frameworks; short and long-term strategies to respond to these risks; water saving targets; and, identified projects to reduce its water usage and water risk. These plans form the basis for response to hospital-level water risk. This water strategy and risk assessment is revisited on an annual basis. In addition, the WRI Aqueduct Water Risk Atlas is used to identify broad-level water risks at particular basin/catchment levels.
Water quality at a basin/catchment level	Relevant, always included	Water quality is a critical issue to Mediclinic and always evaluated from a risk perspective in both current and future (up to 10 year) time horizons and across all areas of our value chain. In the healthcare industry, patient care, infection control and the operations of various equipment, is dependent on the supply of good quality freshwater. Without good quality freshwater, the infection control risk increases, patient care quality decreases and various equipment failures can occur. Internal company knowledge - at a group level, our 2018 Water Strategy prioritised our hospitals against an impact matrix to determine the hospitals most at risk to water-related issues and which river basins they are located in. This

		included water quality at a basin/catchment level. The strategy is reviewed and updated annually. Each Mediclinic hospital develops its own "Water Management Plan" as part of the ISO 14001: 2015 environmental management system that evaluates its risk to water availability, quality and regulatory and tariff frameworks; short and long-term strategies to respond to these risks; water saving targets; and, identified projects to reduce its water usage and water risk. These plans form the basis for response to hospital-level water risk. This water strategy and risk assessment is revisited on an annual basis. In addition, the WRI Aqueduct Water Risk Atlas is used to identify broad-level water risks at particular basin/catchment levels.
Stakeholder conflicts concerning water resources at a basin/catchment level	Relevant, sometimes included	Hospitals are classified as essential services and by this have preference in water supply. When there are water disruptions some supplier services like building projects, laundry and catering will be stopped in order for hospital operations to continue. Internal company knowledge - at a group level, our 2018 Water Strategy prioritised our hospitals against an impact matrix to determine the hospitals most at risk to water-related issues and which river basins they are located in. This included local authority infrastructure and service delivery at a basin/catchment level. Mediclinic analyses such risks and, in 2018, each hospital also conducted community risk reports to evaluate various risks at a local level, including issues relating to water access and discharge among different stakeholders in different river basins. This water strategy and risk assessment is revisited on an annual basis. In addition, the WRI Aqueduct Water Risk Atlas is used to identify broad-level water risks, including stakeholder conflict, at particular basin/catchment levels.
Implications of water on your key commodities/raw materials	Relevant, always included	Extreme weather conditions (drought and flash floods) can have severe impacts on Mediclinic hospitals. Drought has an impact on food sustainability and flash floods can have an impact on the delivery of pharmaceutical and catering supplies, among other risks. Internal company knowledge - each Mediclinic hospital develops its own "Water Management Plan" as part of the ISO 14001: 2015 environmental management system that

		evaluates its risk to water availability, quality and regulatory and tariff frameworks; short and long-term strategies to respond to these risks; water saving targets; and, identified projects to reduce its water usage and water risk. These plans form the basis for response to hospital-level water risk, inclusive of analysis of water risks to each hospital's supply chain.
Water-related regulatory frameworks	Relevant, always included	Mediclinic uses high volumes of water, as such we need to be aware of all water regulations and tariff changes that impact all our hospitals. Internal company knowledge - each Mediclinic hospital develops its own "Water Management Plan" as part of the ISO 14001: 2015 environmental management system that evaluates its risk to water availability, quality and regulatory and tariff frameworks; short and long-term strategies to respond to these risks; water saving targets; and, identified projects to reduce its water usage and water risk. These plans form the basis for response to hospital-level water risk.
Status of ecosystems and habitats	Relevant, always included	Internal company knowledge - Mediclinic analyses such risks and, in 2018, each hospital conducted community risk reports to evaluate various risks at a local level, including issues relating to the ecosystem services, especially in relation to water conservation. This risk analysis is revisited and re-evaluated on an annual basis.
Access to fully-functioning, safely managed WASH services for all employees	Relevant, always included	WASH quality standards are required by legislation, and Mediclinic follows the World Health Organization's guidelines on Hand Hygiene in Health Care (WHO/IER/PSP/2009.07). In addition, each Mediclinic hospital develops its own "Water Management Plan" as part of the ISO 14001: 2015 environmental management system that evaluates its risk to water availability, quality and regulatory and tariff frameworks; short and long-term strategies to respond to these risks; water saving targets; and, identified projects to reduce its water usage and water risk. These plans form the basis for response to hospital-level water risk, including WASH services for employees.
Other contextual issues, please specify	Not considered	

W3.3c

(W3.3c) Which of the following stakeholders are considered in your organization's water-related risk assessments?

	Relevance & inclusion	Please explain
Customers	Relevant, always included	In the healthcare industry, patient care and infection control is dependable on the supply of good quality freshwater. Without good quality and sufficient supply of freshwater, the infection control risk increases and patient care quality decreases. This would damage our reputation among our customers. We engage with our customers (patients) about water risks through communication by means of our Safety, Health & Environmental Policy, awareness posters in public areas, social media and our website. This is both a current and future stakeholder.
Employees	Relevant, always included	Mediclinic employees are responsible for good quality care of our patients. In the healthcare industry, patient care and infection control, is dependable on the supply of good quality freshwater. Without good quality and sufficient supply of freshwater, the infection control risk increase and patient care quality decrease. In addition, healthcare workers are expected to comply with the highest hygiene (WASH) practices. Mediclinic is currently running an environmental awareness campaign which includes water scarcity - particularly in our Southern African and Middle East operations. This campaign includes distribution of monthly posters, articles, emailers and presentations. This is also published on our intranet. Each hospital has a water savings policy in place that is communicated to employees. This is both a current and future stakeholder.
Investors	Relevant, always included	We communicate our water-related risks to our investors through our Integrated Annual Report and annual Sustainable Development Report (that is presented in accordance to the GRI G4). These are compliance-driven reporting requirements by the investment community and indicate good management and best practice on behalf of Mediclinic. Mediclinic also participates in CDP's Water Security questionnaire, which is accessed by the global investment community. Investors are both current and future stakeholders.
Local communities	Relevant, always included	Hospitals are classified as essential services and by this have preference in water supply in the local community. However, Mediclinic hospitals have implemented water contingency plans to become self-sufficient in the supply of essential water supply to our hospitals and this potentially limits the impact of our hospitals the local communities. The ISO14001: 2015 Environmental Management System (EMS) applies to all Mediclinic hospitals and their operating contexts, which

		includes internal or external issues and interested parties that may affect or is capable of affecting the organisation and its ability to achieve the intended outcomes of the EMS. This includes our communities. Our staff members also take what they have learned about saving water to the community where they live to influence the behaviour of the community towards water scarcity and savings. Local communities are both current and future stakeholders.
NGOs	Relevant, sometimes included	Mediclinic is actively involved, and participates on the board, with the South African Federation of Healthcare Engineering (SAFHE) to drive awareness of water scarcity and risks in the healthcare industry. Mediclinic is also involved with ICAN (Infection Control Africa Network) sponsored by the WHO (World Health Organisation) promoting the WASH principles. NGOs, and the communities they represent, are considered as both important current and future stakeholders.
Other water users at a basin/catchment level	Relevant, sometimes included	Hospitals are classified as essential services and by this have preference in water supply. External communication channels with local municipality authorities have been established through our stakeholder outreach activities. These external communication channels ensure early warnings for the hospitals on water disruptions and quality issues and possible assistance by the local municipal authorities. Mediclinic is currently investigating water stewardship in the areas where our hospitals are located. These are considered current and future stakeholders.
Regulators	Relevant, always included	Communication and interaction with local authorities around issues of water disruptions, water quality and water tariffs are essential and undertaken through each hospital's stakeholder outreach activities. Examples of this includes Mediclinic Stellenbosch working in collaboration with the Stellenbosch local authority to investigate the sustainability of the local effluent infrastructure; communication with the Department of Water affairs regarding the registration of treated wastewater use at Milnerton; and, extensive engagement with the City of Cape Town to understand its plans and processes to deal with potential water shortages that the metropole continues to face. Regulators are both a current and future stakeholder.
River basin management authorities	Relevant, sometimes included	This is included in our Water Strategy. Investigation has been done to determine which dams and rivers feed our hospitals, and these are directly managed by river basin management

		authorities who need to be engaged with. This is part of our future water stewardship. An example includes Mediclinic, in conjunction with other organisations, being involved in the establishment of a sustainable water supply program in Thabazimbi where one of our hospitals is located. River basin management authorities are both current and future stakeholders.
Statutory special interest groups at a local level	Relevant, sometimes included	Communication and interaction with local authorities about new legislations and tariffs is essential. In addition, the ISO14001: 2015 Environmental Management System (EMS) applies to Mediclinic and its context which includes any internal or external issues and interested parties that may affect or is capable of affecting the organisation and its ability to achieve the intended outcomes of the EMS. These special interest groups are communicated with through each hospital's external stakeholder outreach activities.
Suppliers	Relevant, sometimes included	A Joint Building Contractors Committee document is signed with all building projects, which include an environmental clause on the conservation of natural resources. These suppliers are large consumers of water at our hospitals and clinics and require us to engage with them directly. Laundry and catering are the other large water consumers on our premises. Most of these services are outsourced. Supplier staff is included in our environmental awareness training through our ISO 14001: 2015 environmental management system. We also send out letters to our suppliers to encourage them to adopt similar processes. Water meters are installed at laundry, kitchen and for building projects to monitor water usage where possible. Corrective action requests relating to water wastage or high consumption are issued to suppliers when necessary. Suppliers are current and future stakeholders.
Water utilities at a local level	Relevant, always included	As the providers of most water supplied to our hospitals, the proper functioning of local water utilities is critical and always included in our water risk assessments at a Group and hospital level. Where necessary, we engage with them directly. These are current and future stakeholders. Water utilities are communicated with through each hospital's external stakeholder outreach activities.
Other stakeholder, please specify	Not considered	

W3.3d

(W3.3d) Describe your organization's process for identifying, assessing, and responding to water-related risks within your direct operations and other stages of your value chain.

Mediclinic continuously evaluates water risk impacts - to its direct operations and value chain - such as supply and quality of water; regulatory and tariff risk; and other water-related risks that might affect the Group's growth strategy.

During 2018, this was informed by the publication of our second Water Strategy which prioritised our hospitals most at risk to water-related issues, based on an impact matrix that analysed and weighted financial; drought cycle; dam level; local authority infrastructure; history; and, hospital infrastructure risks. The strategy is reviewed and updated annually.

In addition, an environmental risk survey, inclusive of water risk is conducted at each hospital using the CURA enterprise risk management software that identifies the severity and likelihood of water risks to Mediclinic. The exposure component of this survey includes risk evaluation over the next ten years.

The risks that are identified and audited by the Group corporate office on an annual basis to ensure that corrective action plans are put in place to address the risks that might impact the growth strategy. Similarly, the WRI Aqueduct Water Risk Atlas is used to highlight river basin-level generic water risk to each Mediclinic hospital.

W4. Risks and opportunities

W4.1

(W4.1) Have you identified any inherent water-related risks with the potential to have a substantive financial or strategic impact on your business?

Yes, both in direct operations and the rest of our value chain

W4.1a

(W4.1a) How does your organization define substantive financial or strategic impact on your business?

Substantive impact from water risk includes the impact on hospital operations that will occur without water supply. It includes both operational and financial consequences.

This includes the depletion of municipal water supply, all back-up water and all back-up water supply from external water suppliers and results in the required implementation of emergency responses.

After 24 hours, arrangements will be made to stop all operations if there is no water supply, and to evacuate the hospital. If this is not done, within the 24 hours, the infection rates can increase

exponentially. This will have a direct impact on operations and supply chain, our patients and staff are part of our supply chain.

In 2017 we undertook a study where the combined revenue loss per day at three of our major hospitals with water risk was estimated to be as follows:
1. With 20% water loss, the loss in revenue will be R1.04 million.
2. With 50% water loss, the loss in revenue will be R2.67 million.
3. With 70% water loss, the loss in revenue will be R3.83 million.

W4.1b

(W4.1b) What is the total number of facilities exposed to water risks with the potential to have a substantive financial or strategic impact on your business, and what proportion of your company-wide facilities does this represent?

	Total number of facilities exposed to water risk	% company-wide facilities this represents	Comment
Row 1	68	51-75	68 of our hospitals lie in river basins that pose overall medium-high and high water risk, as defined by the WRI Aqueduct Water Risk Atlas.

W4.1c

(W4.1c) By river basin, what is the number and proportion of facilities exposed to water risks that could have a substantive financial or strategic impact on your business, and what is the potential business impact associated with those facilities?

Country/Area & River basin

South Africa
Berg-Olifants

Number of facilities exposed to water risk

11

% company-wide facilities this represents

1-25

% company's total global revenue that could be affected

1-10

Comment

As defined by the WRI Aqueduct Water Risk Atlas, 11 facilities located within the Berg-Olifants river basin are considered at a high overall water risk. These facilities accounts for 10.68% of global Group-wide revenue (GBP 2995 million).

Country/Area & River basin

South Africa
Limpopo

Number of facilities exposed to water risk

15

% company-wide facilities this represents

1-25

% company's total global revenue that could be affected

11-20

Comment

As defined by the WRI Aqueduct Water Risk Atlas, 15 facilities located within the Limpopo river basin are considered at a medium- high overall water risk. These facilities accounts for 14.56% of global Group-wide revenue (GBP 2995 million).

Country/Area & River basin

South Africa
Orange

Number of facilities exposed to water risk

3

% company-wide facilities this represents

1-25

% company's total global revenue that could be affected

1-10

Comment

As defined by the WRI Aqueduct Water Risk Atlas, 3 facilities located within the Orange river basin are considered at a medium- high overall water risk. These facilities accounts for 2.91% of global Group-wide revenue (GBP 2995 million).

Country/Area & River basin

South Africa
Gamka

Number of facilities exposed to water risk

1

% company-wide facilities this represents

1-25

% company's total global revenue that could be affected

Less than 1%

Comment

As defined by the WRI Aqueduct Water Risk Atlas, 1 facility located within the Gamka river basin are considered at a medium- high overall water risk. This facility accounts for 0.97% of global Group-wide revenue (GBP 2995 million).

Country/Area & River basin

South Africa
Breede-Gouritz

Number of facilities exposed to water risk

4

% company-wide facilities this represents

1-25

% company's total global revenue that could be affected

1-10

Comment

As defined by the WRI Aqueduct Water Risk Atlas, 4 facilities located within the Breede-Gouritz river basin are considered at a high overall water risk. These facilities accounts for 3.88% of global Group-wide revenue (GBP 2995 million).

Country/Area & River basin

South Africa
Inkomati-Usuthu

Number of facilities exposed to water risk

1

% company-wide facilities this represents

Less than 1%

% company's total global revenue that could be affected

1-10

Comment

As defined by the WRI Aqueduct Water Risk Atlas, 1 facility is located within the Inkomati-Usuthu river basin, which is considered at a medium-high overall water risk. This facility accounts for 0.97% of global Group-wide revenue (GBP 2995 million).

Country/Area & River basin

South Africa
Pongola-Uzimkulu

Number of facilities exposed to water risk
3

% company-wide facilities this represents
1-25

% company's total global revenue that could be affected
1-10

Comment
As defined by the WRI Aqueduct Water Risk Atlas, 3 facilities located within the Pongola-Umzimkulu river basin are considered at a medium-high overall water risk. These facilities accounts for 2.91% of global Group-wide revenue (GBP 2995 million).

Country/Area & River basin
Namibia
Other, please specify
Ugab-Huab

Number of facilities exposed to water risk
1

% company-wide facilities this represents
Less than 1%

% company's total global revenue that could be affected
1-10

Comment
As defined by the WRI Aqueduct Water Risk Atlas, 1 facility located within the Ugab-Huab river basin is considered at a high overall water risk. This facility accounts for 0.97% of global Group-wide revenue (GBP 2995 million).

Country/Area & River basin
Namibia
Other, please specify
Omaruru-Swakop

Number of facilities exposed to water risk
2

% company-wide facilities this represents
1-25

% company's total global revenue that could be affected

1-10

Comment

As defined by the WRI Aqueduct Water Risk Atlas, 2 facilities located within the Omaruru-Swakop river basin are considered at a high overall water risk. These facilities accounts for 1.94% of global Group-wide revenue (GBP 2995 million).

Country/Area & River basin

United Arab Emirates

Other, please specify

Arabian Peninsula

Number of facilities exposed to water risk

27

% company-wide facilities this represents

1-25

% company's total global revenue that could be affected

21-30

Comment

As defined by the WRI Aqueduct Water Risk Atlas, 27 facilities located within the Arabian Peninsula river basin are considered at a high overall water risk.

W4.2

(W4.2) Provide details of identified risks in your direct operations with the potential to have a substantive financial or strategic impact on your business, and your response to those risks.

Country/Area & River basin

South Africa

Berg-Olifants

Type of risk & Primary risk driver

Physical

Drought

Primary potential impact

Reduction or disruption in production capacity

Company-specific description

Mediclinic has 12 facilities that are located within the Berg-Olifants river basin in the Western Cape and which feeds the Cape Town City metropolitan area. In 2017-18, the

Western Cape experienced its worst drought in recorded history, diminishing the carrying volumes of dams and forcing the City of Cape Town to implement water restrictions, raise tariffs and communicate the possibility of "Day Zero" when reticulated water supplies would be stopped and rationed water distributed at key points throughout the city. This historic scenario had a direct impact on our Western Cape hospitals, forcing our hospitals to strategise business continuity plans to ensure that they were operable under such circumstances. Although hospitals are considered strategic services, there is a risk that under such conditions supplies could be disrupted to our facilities and affect our hospitals ability to provide services in a healthy and hygienic manner.
This scenario could repeat itself due to the limited water supply infrastructure in the Western Cape and the propensity for the area to experience drought.

Timeframe

Unknown

Magnitude of potential impact

Medium

Likelihood

Likely

Are you able to provide a potential financial impact figure?

Yes, a single figure estimate

Potential financial impact figure (currency)

2,380

Potential financial impact figure - minimum (currency)

Potential financial impact figure - maximum (currency)

Explanation of financial impact

Due to water sustainability measures in place, there is no expected revenue loss at any of the affected hospitals and no scale-down of business envisaged. All hospitals affected are ISO 14001: 2015 certified and have emergency water supply backup contingency plans. The only costs envisaged would be those associated with public communications alerting patients that our operations are still fully functioning.

Primary response to risk

Develop drought emergency plans

Description of response

Mediclinic established a Water Resilience Committee to manage and monitor the impacts of the drought on our Western Cape Hospitals. This included representatives of all affected hospitals, Group Engineering and Group Safety, Health and Environment specialists. The Group also engaged with the City of Cape Town in addressing the crisis

and the future needs should a "Day Zero" scenario materialise. Each hospital installed boreholes and water treatment plants (including reverse osmosis plants) to ensure operational continuity in the event of any disruption of water supplies to the hospitals.

Cost of response

1,150,800

Explanation of cost of response

The cost of borehole installation and water treatment plants in the Western Cape region totalled GBP 1,150,800/ ZAR 24.18 million.

Country/Area & River basin

South Africa
Limpopo

Type of risk & Primary risk driver

Physical
Rationing of municipal water supply

Primary potential impact

Reduction or disruption in production capacity

Company-specific description

Some of our hospitals continue to experience water cut-offs. Water is central to the business continuity of the hospitals in terms of hygiene standards and the necessary medical and support functions.

Timeframe

Current up to one year

Magnitude of potential impact

Low

Likelihood

Very likely

Are you able to provide a potential financial impact figure?

Yes, a single figure estimate

Potential financial impact figure (currency)

2,380

Potential financial impact figure - minimum (currency)

Potential financial impact figure - maximum (currency)

Explanation of financial impact

Due to water sustainability and contingency measures in place, no revenue loss at any of the hospitals is envisaged and no scale-down of business enacted. All hospitals affected are ISO14001: 2015 certified and have emergency backup water supply contingency plans. The only costs envisaged would be those associated with public communications alerting patients that our operations are still fully functioning and the sourcing of an alternative water supply from third-parties (water tankers).

Primary response to risk

Secure alternative water supply

Description of response

Various alternative water supply initiatives from third sources are in place that allow these hospitals to continue operating without disruption to services.

Cost of response

9,520

Explanation of cost of response

There is an operational cost impact due to water tankers supplying alternative water to the hospitals. Based upon the last water outage at Mediclinic Muelmed, the estimated cost on water tankers is approximately GBP 9,520/ ZAR 200,000.

Country/Area & River basin

South Africa
Orange

Type of risk & Primary risk driver

Physical
Drought

Primary potential impact

Increased operating costs

Company-specific description

During 2016, South Africa experienced one of its worst droughts in recent times. This could happen again in the future. Under drought conditions, water supply disruptions are a potential risk to operations at two of our hospitals in this river basin - Bloemfontein and Hoogland (Bethlehem). Water is central to the operation of the hospitals in terms of hygiene standards and the necessary medical and support functions.

Timeframe

Unknown

Magnitude of potential impact

Low

Likelihood

About as likely as not

Are you able to provide a potential financial impact figure?
No, we do not have this figure

Potential financial impact figure (currency)

Potential financial impact figure - minimum (currency)

Potential financial impact figure - maximum (currency)

Explanation of financial impact
Due to the unknown nature of such a future risk, the financial impact is unknown.

Primary response to risk
Increase investment in new technology

Description of response
Mediclinic Bloemfontein drilled a new borehole to supplement its water availability should disruption to municipal water supplies occur. Mediclinic Hoogland has installed additional emergency water tanks - a 55,000 litre steel sectional tank in 2019.

Cost of response
28,556

Explanation of cost of response
Cost of borehole at Mediclinic Bloemfontein = GBP 8958/ ZAR 188,217. Cost of additional emergency water tanks at Mediclinic Hoogland = GBP 21,042/ ZAR 442,130. This are 2019 figures and are used as a proxy or estimation of costs for physical risk related to drought.

W4.2a

(W4.2a) Provide details of risks identified within your value chain (beyond direct operations) with the potential to have a substantive financial or strategic impact on your business, and your response to those risks.

Country/Area & River basin
South Africa
Berg-Olifants

Stage of value chain
Supply chain

Type of risk & Primary risk driver
Physical
Drought

Primary potential impact

Increased operating costs

Company-specific description

In response to water restrictions, increased water tariffs and the need to be seen to be saving water (brand reputation), we have worked directly with our on-site service providers to ensure they adhere to the water saving drive that Mediclinic has implemented in its Western Cape hospitals. This includes such service providers as catering, cleaning, laundry and security services. This engagement is being rolled out to all hospitals throughout the group.

Timeframe

Current up to one year

Magnitude of potential impact

Low

Likelihood

Virtually certain

Are you able to provide a potential financial impact figure?

Yes, a single figure estimate

Potential financial impact figure (currency)

176,503

Potential financial impact figure - minimum (currency)

Potential financial impact figure - maximum (currency)

Explanation of financial impact

Laundry and kitchen (catering) services in our hospitals account for 24% of water consumption alone. Across all our hospitals, total water consumption costs equal GBP 2,101,232/ ZAR 44,150,018. If we assume the Western Cape hospitals account for approximately 35% of this total cost (21 facilities out of a national total for South Africa of 60 facilities), then cost of laundry and kitchen water consumption in the Western Cape hospitals equates to some GBP 176,503/ ZAR 3,708,602 per year.

Primary response to risk

Supplier engagement

Develop supplier drought emergency plans

Description of response

Many and various different water-saving initiatives have been developed in conjunction with our service providers, and these differ from hospital to hospital. The initiatives include staff training; changing chemicals used; adjusting water pressures in toilets and cleaning facilities; adopting sanitising cleaning liquids; ensuring off-site laundry services have sufficient water back-up strategies at their own sites; etc. These Western Cape

initiatives have been used to inform a nation-wide water resilience strategy developed by Mediclinic over the following two years.

Cost of response

0

Explanation of cost of response

Costs incorporated into ongoing (recurring) operational costs dedicated to supplier engagement.

W4.3

(W4.3) Have you identified any water-related opportunities with the potential to have a substantive financial or strategic impact on your business?

Yes, we have identified opportunities, and some/all are being realized

W4.3a

(W4.3a) Provide details of opportunities currently being realized that could have a substantive financial or strategic impact on your business.

Type of opportunity

Efficiency

Primary water-related opportunity

Improved water efficiency in operations

Company-specific description & strategy to realize opportunity

Mediclinic has a water efficiency target based on the amount of water consumed per bed-day sold (560 litres per bed-day sold). To achieve this target, certain behaviour change initiatives have been implemented (for employees, on-site service providers such as doctors, catering and laundry, and patients). These include removal of bath tubs to encourage shower usage; shutting off of hot water supplies to public areas; patient awareness of initiatives; alcohol scrubs introduced in operating theatres; no window washing; no car washing; no irrigation; baths not to be used for pain relief during births. In addition, fixing of leaks at all hospitals has been implemented. Reused and recycled water systems have also been introduced in all our autoclave equipment and in some laundry units. This is strategic for Mediclinic as business continuity and the operation of the hospitals are dependent on a consistent water supply and efficiency measures on water use are a priority for Mediclinic.

Estimated timeframe for realization

Current - up to 1 year

Magnitude of potential financial impact

Low

Are you able to provide a potential financial impact figure?
Yes, a single figure estimate

Potential financial impact figure (currency)
2,380

Potential financial impact figure – minimum (currency)

Potential financial impact figure – maximum (currency)

Explanation of financial impact
Anticipated cost savings of reduced water consumption per bed day sold has been offset by increased water tariffs throughout the country (including a doubling in price in the Western Cape), resulting in a neutral financial impact. Additional costs identified include those associated with internal communications requirements and awareness raising.

Type of opportunity
Resilience

Primary water-related opportunity
Increased resilience to impacts of climate change

Company-specific description & strategy to realize opportunity
Directed by the Water Resilience Committee, all Western Cape hospitals have installed boreholes and water treatment plants (where required). This was done in 2017 and 2018, and ensured these hospitals have sufficient volumes of potable water for use in a scenarios where municipal water supplies would have been shut off and water rationed and distributed.
The water resilience initiatives introduced in the Western Cape have been rolled out to the rest of the Group's hospitals.

Estimated timeframe for realization
Current - up to 1 year

Magnitude of potential financial impact
Low

Are you able to provide a potential financial impact figure?
Yes, a single figure estimate

Potential financial impact figure (currency)
2,101,231

Potential financial impact figure – minimum (currency)

Potential financial impact figure – maximum (currency)

Explanation of financial impact

The total Mediclinic annual water bill of GBP 2,101,231/ ZAR 44,150,018. If a scenario occurred where all hospitals were forced to provide their own water through their backup borehole and water treatment installations, the cost of municipal water supplied to the hospitals would be null and void. This equates to a cost offset of at least GBP 2,101,231/ ZAR 44,150,018.

W5. Facility-level water accounting

W5.1

(W5.1) For each facility referenced in W4.1c, provide coordinates, water accounting data, and a comparison with the previous reporting year.

Facility reference number

Facility 1

Facility name (optional)

Mediclinic Constantiaberg

Country/Area & River basin

South Africa
Berg-Olifants

Latitude

-34.02664

Longitude

18.42552

Located in area with water stress

Yes

Total water withdrawals at this facility (megaliters/year)

29.5

Comparison of total withdrawals with previous reporting year

Higher

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

Withdrawals from brackish surface water/seawater

0

Withdrawals from groundwater - renewable

1.3

Withdrawals from groundwater - non-renewable

0

Withdrawals from produced/entrained water

0

Withdrawals from third party sources

28.2

Total water discharges at this facility (megaliters/year)

26.25

Comparison of total discharges with previous reporting year

Higher

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

26.25

Total water consumption at this facility (megaliters/year)

3.25

Comparison of total consumption with previous reporting year

Higher

Please explain

Higher water withdrawal, discharge and consumption is primarily due to Covid-19 impacts where potable water has been used for additional hand washing, surface cleaning, scrubs usage and washing, and general laundry operations in the hospital. Threshold for "higher" water withdrawal is between a 5-10% increase from 2019 figures - in this case 5.22%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "higher". Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number

Facility 2

Facility name (optional)

Mediclinic Cape Town

Country/Area & River basin

South Africa

Berg-Olifants

Latitude

-25.762153

Longitude

31.050819

Located in area with water stress

Yes

Total water withdrawals at this facility (megaliters/year)

9

Comparison of total withdrawals with previous reporting year

About the same

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

Withdrawals from brackish surface water/seawater

0

Withdrawals from groundwater - renewable

0

Withdrawals from groundwater - non-renewable

0

Withdrawals from produced/entrained water

0

Withdrawals from third party sources

9

Total water discharges at this facility (megaliters/year)

8.01

Comparison of total discharges with previous reporting year

About the same

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

8.01

Total water consumption at this facility (megaliters/year)

0.99

Comparison of total consumption with previous reporting year

About the same

Please explain

"About the same" water withdrawal, discharge and consumption is primarily due to Covid-19 impacts where potable water has been used for additional hand washing, surface cleaning, scrubs usage and washing, and general laundry operations in the hospital.
Threshold for "about the same" water withdrawal is between a 0-5% change, in this case an increase of 4.71%, from 2019 figures. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "about the same".
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number

Facility 3

Facility name (optional)

Mediclinic Milnerton

Country/Area & River basin

South Africa
Berg-Olifants

Latitude

-33.865439

Longitude

18.506681

Located in area with water stress

Yes

Total water withdrawals at this facility (megaliters/year)

14.21

Comparison of total withdrawals with previous reporting year

Much higher

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

Withdrawals from brackish surface water/seawater

0

Withdrawals from groundwater - renewable

0.37

Withdrawals from groundwater - non-renewable

0

Withdrawals from produced/entrained water

0

Withdrawals from third party sources

13.84

Total water discharges at this facility (megaliters/year)

12.65

Comparison of total discharges with previous reporting year

Much higher

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

12.65

Total water consumption at this facility (megaliters/year)

1.56

Comparison of total consumption with previous reporting year

Much higher

Please explain

Much higher water withdrawal, discharge and consumption is primarily due to Covid-19 impacts where potable water has been used for additional hand washing, surface cleaning, scrubs usage and washing, and general laundry operations in the hospital. This facility also had a building project occur during 2020, requiring additional water needs and increasing the overall square meterage of the facility.
Threshold for "much higher" water withdrawal is above a 10% increase from 2019 figures - in this case 30.87%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "much higher".
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number

Facility 4

Facility name (optional)

Mediclinic Vergelegen

Country/Area & River basin

South Africa
Berg-Olifants

Latitude

-34.090656

Longitude

18.858817

Located in area with water stress

Yes

Total water withdrawals at this facility (megaliters/year)

23.79

Comparison of total withdrawals with previous reporting year

About the same

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

Withdrawals from brackish surface water/seawater

0

Withdrawals from groundwater - renewable

1.55

Withdrawals from groundwater - non-renewable

0

Withdrawals from produced/entrained water

0

Withdrawals from third party sources

22.25

Total water discharges at this facility (megaliters/year)

21.17

Comparison of total discharges with previous reporting year

About the same

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

21.17

Total water consumption at this facility (megaliters/year)

2.62

Comparison of total consumption with previous reporting year

About the same

Please explain

"About the same" water withdrawal, discharge and consumption is primarily due to continued water efficiency initiatives in particular continued response to the Western Cape water crisis of 2017-18, and the objective of attaining the Mediclinic water target of 560 litres/bed-day sold.

Threshold for "about the same" water withdrawal is between a 0-5% change, in this case a decrease of 4.25%, from 2019 figures. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "about the same".

Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number

Facility 5

Facility name (optional)

Mediclinic Cape Gate

Country/Area & River basin

South Africa

Berg-Olifants

Latitude

-33.848213

Longitude

18.696882

Located in area with water stress

Yes

Total water withdrawals at this facility (megaliters/year)

20.84

Comparison of total withdrawals with previous reporting year

Lower

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

Withdrawals from brackish surface water/seawater

0

Withdrawals from groundwater - renewable

0.3

Withdrawals from groundwater - non-renewable

0

Withdrawals from produced/entrained water

0

Withdrawals from third party sources

20.54

Total water discharges at this facility (megaliters/year)

18.55

Comparison of total discharges with previous reporting year

Lower

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

18.55

Total water consumption at this facility (megaliters/year)

2.29

Comparison of total consumption with previous reporting year

Lower

Please explain

"Lower" water withdrawal, discharge and consumption is primarily due to continued water efficiency initiatives in particular continued response to the Western Cape water crisis of 2017-18, and the objective of attaining the Mediclinic water target of 560 litres/bed-day sold.
Threshold for "lower" water withdrawal is between a 5-10% decrease from 2019 figures - in this case 5.56%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "lower".
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number

Facility 6

Facility name (optional)

Mediclinic Durbanville

Country/Area & River basin

South Africa
Berg-Olifants

Latitude

-33.825421

Longitude

18.654886

Located in area with water stress

Yes

Total water withdrawals at this facility (megaliters/year)

19.92

Comparison of total withdrawals with previous reporting year

About the same

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

Withdrawals from brackish surface water/seawater

0

Withdrawals from groundwater - renewable

0

Withdrawals from groundwater - non-renewable

0

Withdrawals from produced/entrained water

0

Withdrawals from third party sources

19.92

Total water discharges at this facility (megaliters/year)

17.73

Comparison of total discharges with previous reporting year

About the same

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

17.73

Total water consumption at this facility (megaliters/year)

2.19

Comparison of total consumption with previous reporting year

About the same

Please explain

"About the same" water withdrawal, discharge and consumption is primarily due to continued water efficiency initiatives in particular continued response to the Western Cape water crisis of 2017-18, and the objective of attaining the Mediclinic water target of 560 litres/bed-day sold.
Threshold for "about the same" water withdrawal is between a 0-5% change, in this case a decrease of 2.73%, from 2019 figures. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "about the same".
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number

Facility 7

Facility name (optional)

Mediclinic Louis Leipoldt

Country/Area & River basin

South Africa
Berg-Olifants

Latitude

-33.901325

Longitude

18.613297

Located in area with water stress

Yes

Total water withdrawals at this facility (megaliters/year)

16.71

Comparison of total withdrawals with previous reporting year

Higher

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

Withdrawals from brackish surface water/seawater

0

Withdrawals from groundwater - renewable

0

Withdrawals from groundwater - non-renewable

0

Withdrawals from produced/entrained water

0

Withdrawals from third party sources

16.71

Total water discharges at this facility (megaliters/year)

14.87

Comparison of total discharges with previous reporting year

Higher

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

14.87

Total water consumption at this facility (megaliters/year)

1.84

Comparison of total consumption with previous reporting year

Higher

Please explain

Higher water withdrawal, discharge and consumption is primarily due to Covid-19 impacts where potable water has been used for additional hand washing, surface cleaning, scrubs usage and washing, and general laundry operations in the hospital. Threshold for "higher" water withdrawal is between a 5-10% increase from 2019 figures - in this case 8.00%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "higher". Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number

Facility 8

Facility name (optional)

Mediclinic Panorama

Country/Area & River basin

South Africa

Berg-Olifants

Latitude

-33.875921

Longitude

18.577813

Located in area with water stress

Yes

Total water withdrawals at this facility (megaliters/year)

43.2

Comparison of total withdrawals with previous reporting year

Lower

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

Withdrawals from brackish surface water/seawater

0

Withdrawals from groundwater - renewable

0.33

Withdrawals from groundwater - non-renewable

0

Withdrawals from produced/entrained water

0

Withdrawals from third party sources

42.87

Total water discharges at this facility (megaliters/year)

38.15

Comparison of total discharges with previous reporting year

Lower

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

38.15

Total water consumption at this facility (megaliters/year)

5.04

Comparison of total consumption with previous reporting year

Lower

Please explain

"Lower" water withdrawal, discharge and consumption is primarily due to continued water efficiency initiatives in particular continued response to the Western Cape water crisis of 2017-18, and the objective of attaining the Mediclinic water target of 560 litres/bed-day sold.
Threshold for "lower" water withdrawal is between a 5-10% decrease from 2019 figures - in this case 6.86%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "lower".
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number

Facility 9

Facility name (optional)

Mediclinic Paarl

Country/Area & River basin

South Africa
Berg-Olifants

Latitude

-33.718322

Longitude

18.969704

Located in area with water stress

Yes

Total water withdrawals at this facility (megaliters/year)

12.12

Comparison of total withdrawals with previous reporting year

Much higher

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

Withdrawals from brackish surface water/seawater

0

Withdrawals from groundwater - renewable

1.92

Withdrawals from groundwater - non-renewable

0

Withdrawals from produced/entrained water

0

Withdrawals from third party sources

10.2

Total water discharges at this facility (megaliters/year)

10.78

Comparison of total discharges with previous reporting year

Much higher

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

10.78

Total water consumption at this facility (megaliters/year)

1.33

Comparison of total consumption with previous reporting year

Much higher

Please explain

"Much higher" water withdrawal, discharge and consumption is primarily due to Covid-19 impacts where potable water has been used for additional hand washing, surface cleaning, scrubs usage and washing, and general laundry operations in the hospital. Threshold for "much higher" water withdrawal is above a 10% increase from 2019 figures - in this case 19.33%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "much higher".
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number

Facility 10

Facility name (optional)

Mediclinic Stellenbosch

Country/Area & River basin

South Africa
Berg-Olifants

Latitude

-33.944466

Longitude

18.850063

Located in area with water stress

Yes

Total water withdrawals at this facility (megaliters/year)

10.29

Comparison of total withdrawals with previous reporting year

Much higher

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

Withdrawals from brackish surface water/seawater

0

Withdrawals from groundwater - renewable

2.41

Withdrawals from groundwater - non-renewable

0

Withdrawals from produced/entrained water

0

Withdrawals from third party sources

7.89

Total water discharges at this facility (megaliters/year)

9.16

Comparison of total discharges with previous reporting year

Much higher

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

9.16

Total water consumption at this facility (megaliters/year)

1.13

Comparison of total consumption with previous reporting year

Much higher

Please explain

"Much higher" water withdrawal, discharge and consumption is primarily due to Covid-19 impacts where potable water has been used for additional hand washing, surface cleaning, scrubs usage and washing, and general laundry operations in the hospital. Furthermore, this is a new facility that was not fully operational in 2019, and thus resulting in a large difference in water figures between 2019 and 2020.
Threshold for "much higher" water withdrawal is above a 10% increase from 2019 figures - in this case 128.90%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "much higher".
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number
Facility 11

Facility name (optional)
Mediclinic Worcester

Country/Area & River basin
South Africa
Berg-Olifants

Latitude
-33.643914

Longitude
19.45085

Located in area with water stress
Yes

Total water withdrawals at this facility (megaliters/year)
22.92

Comparison of total withdrawals with previous reporting year
About the same

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
22.92

Total water discharges at this facility (megaliters/year)
20.4

Comparison of total discharges with previous reporting year
About the same

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

20.4

Total water consumption at this facility (megaliters/year)

2.52

Comparison of total consumption with previous reporting year

About the same

Please explain

"About the same" water withdrawal, discharge and consumption is primarily due to Covid-19 impacts where potable water has been used for additional hand washing, surface cleaning, scrubs usage and washing, and general laundry operations in the hospital.
Threshold for "about the same" water withdrawal is between a 0-5% change, in this case a 4.80% increase, from 2019 figures. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "about the same".
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number

Facility 12

Facility name (optional)

Mediclinic Highveld

Country/Area & River basin

South Africa
Limpopo

Latitude

-26.491908

Longitude

29.232578

Located in area with water stress

Yes

Total water withdrawals at this facility (megaliters/year)

17.49

Comparison of total withdrawals with previous reporting year

Much lower

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

Withdrawals from brackish surface water/seawater

0

Withdrawals from groundwater - renewable

0

Withdrawals from groundwater - non-renewable

0

Withdrawals from produced/entrained water

0

Withdrawals from third party sources

17.49

Total water discharges at this facility (megaliters/year)

15.57

Comparison of total discharges with previous reporting year

Much lower

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

15.57

Total water consumption at this facility (megaliters/year)

1.92

Comparison of total consumption with previous reporting year

Much lower

Please explain

"Much lower" water withdrawal, discharge and consumption is primarily due to continued water efficiency initiatives in particular continued response to the Western Cape water crisis of 2017-18, and the objective of attaining the Mediclinic water target of 560 litres/bed-day sold.
Threshold for "much lower" water withdrawal is above a 10% decrease from 2019 figures - in this case 12.36%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "much lower".
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number

Facility 13

Facility name (optional)

Mediclinic Morningside

Country/Area & River basin

South Africa
Limpopo

Latitude

-26.094633

Longitude

28.054719

Located in area with water stress

Yes

Total water withdrawals at this facility (megaliters/year)

28.76

Comparison of total withdrawals with previous reporting year

Much lower

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

Withdrawals from brackish surface water/seawater

0

Withdrawals from groundwater - renewable

0

Withdrawals from groundwater - non-renewable

0

Withdrawals from produced/entrained water

0

Withdrawals from third party sources

28.76

Total water discharges at this facility (megaliters/year)

25.6

Comparison of total discharges with previous reporting year

Much lower

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

25.6

Total water consumption at this facility (megaliters/year)

3.16

Comparison of total consumption with previous reporting year

Much lower

Please explain

"Much lower" water withdrawal, discharge and consumption is primarily due to continued water efficiency initiatives in particular continued response to the Western Cape water crisis of 2017-18, and the objective of attaining the Mediclinic water target of 560 litres/bed-day sold.
Threshold for "much lower" water withdrawal is above a 10% decrease from 2019 figures - in this case 18.12%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "much lower".
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number

Facility 14

Facility name (optional)

Mediclinic Sandton

Country/Area & River basin

South Africa
Limpopo

Latitude

-26.077707

Longitude

28.012623

Located in area with water stress

Yes

Total water withdrawals at this facility (megaliters/year)

37.6

Comparison of total withdrawals with previous reporting year

About the same

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

Withdrawals from brackish surface water/seawater

0

Withdrawals from groundwater - renewable

0

Withdrawals from groundwater - non-renewable

0

Withdrawals from produced/entrained water

0

Withdrawals from third party sources

37.6

Total water discharges at this facility (megaliters/year)

33.46

Comparison of total discharges with previous reporting year

About the same

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

33.46

Total water consumption at this facility (megaliters/year)

4.14

Comparison of total consumption with previous reporting year

About the same

Please explain

"About the same" water withdrawal, discharge and consumption is primarily due to Covid-19 impacts where potable water has been used for additional hand washing, surface cleaning, scrubs usage and washing, and general laundry operations in the hospital.
Threshold for "about the same" water withdrawal is between a 0-5% change, in this case a 1.93% increase, from 2019 figures. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "about the same".
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number

Facility 15

Facility name (optional)

Wits Donald Gordon Medical Centre

Country/Area & River basin

South Africa
Limpopo

Latitude

-26.179126

Longitude

28.034573

Located in area with water stress

Yes

Total water withdrawals at this facility (megaliters/year)

42.9

Comparison of total withdrawals with previous reporting year

Lower

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

Withdrawals from brackish surface water/seawater

0

Withdrawals from groundwater - renewable

0

Withdrawals from groundwater - non-renewable

0

Withdrawals from produced/entrained water

0

Withdrawals from third party sources

42.9

Total water discharges at this facility (megaliters/year)

38.18

Comparison of total discharges with previous reporting year

Lower

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

38.18

Total water consumption at this facility (megaliters/year)

4.72

Comparison of total consumption with previous reporting year

Lower

Please explain

"Lower" water withdrawal, discharge and consumption is primarily due to continued water efficiency initiatives in particular continued response to the Western Cape water crisis of 2017-18, and the objective of attaining the Mediclinic water target of 560 litres/bed-day sold.
Threshold for "lower" water withdrawal is between a 5-10% decrease from 2019 figures - in this case 9.51%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "lower".
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number

Facility 16

Facility name (optional)

Mediclinic Brits

Country/Area & River basin

South Africa
Limpopo

Latitude

-25.63345

Longitude

27.782868

Located in area with water stress

Yes

Total water withdrawals at this facility (megaliters/year)

19.25

Comparison of total withdrawals with previous reporting year

Lower

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

Withdrawals from brackish surface water/seawater

0

Withdrawals from groundwater - renewable

0.21

Withdrawals from groundwater - non-renewable

0

Withdrawals from produced/entrained water

0

Withdrawals from third party sources

19.04

Total water discharges at this facility (megaliters/year)

17.13

Comparison of total discharges with previous reporting year

Lower

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

17.13

Total water consumption at this facility (megaliters/year)

2.12

Comparison of total consumption with previous reporting year

Lower

Please explain

"Lower" water withdrawal, discharge and consumption is primarily due to continued water efficiency initiatives in particular continued response to the Western Cape water crisis of 2017-18, and the objective of attaining the Mediclinic water target of 560 litres/bed-day sold.
Threshold for "lower" water withdrawal is between a 5-10% decrease from 2019 figures - in this case 6.54%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "lower".
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number

Facility 17

Facility name (optional)

Mediclinic Gynaecological Hospital

Country/Area & River basin

South Africa
Limpopo

Latitude

-25.755983

Longitude

28.205555

Located in area with water stress

Yes

Total water withdrawals at this facility (megaliters/year)

4.04

Comparison of total withdrawals with previous reporting year

About the same

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

Withdrawals from brackish surface water/seawater

0

Withdrawals from groundwater - renewable

0

Withdrawals from groundwater - non-renewable

0

Withdrawals from produced/entrained water

0

Withdrawals from third party sources

4.04

Total water discharges at this facility (megaliters/year)

3.6

Comparison of total discharges with previous reporting year

About the same

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

3.6

Total water consumption at this facility (megaliters/year)

0.44

Comparison of total consumption with previous reporting year

About the same

Please explain

"About the same" water withdrawal, discharge and consumption is primarily due to continued water efficiency initiatives in particular continued response to the Western Cape water crisis of 2017-18, and the objective of attaining the Mediclinic water target of 560 litres/bed-day sold.
Threshold for "about the same" water withdrawal is between a 0-5% change, in this case a 0.57% decrease, from 2019 figures. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "about the same".
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number

Facility 18

Facility name (optional)

Mediclinic Heart Hospital

Country/Area & River basin

South Africa
Limpopo

Latitude

-25.749335

Longitude

28.206983

Located in area with water stress

Yes

Total water withdrawals at this facility (megaliters/year)

14.04

Comparison of total withdrawals with previous reporting year

About the same

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

Withdrawals from brackish surface water/seawater

0

Withdrawals from groundwater - renewable

0

Withdrawals from groundwater - non-renewable

0

Withdrawals from produced/entrained water

0

Withdrawals from third party sources

14.04

Total water discharges at this facility (megaliters/year)

12.5

Comparison of total discharges with previous reporting year

About the same

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

12.5

Total water consumption at this facility (megaliters/year)

1.54

Comparison of total consumption with previous reporting year

About the same

Please explain

"About the same" water withdrawal, discharge and consumption is primarily due to Covid-19 impacts where potable water has been used for additional hand washing, surface cleaning, scrubs usage and washing, and general laundry operations in the hospital.
Threshold for "about the same" water withdrawal is between a 0-5% change, in this case a 0.29% increase, from 2019 figures. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "about the same".
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number

Facility 19

Facility name (optional)

Mediclinic Kloof

Country/Area & River basin

South Africa
Limpopo

Latitude

-25.810963

Longitude

28.263072

Located in area with water stress

Yes

Total water withdrawals at this facility (megaliters/year)

25.36

Comparison of total withdrawals with previous reporting year

Much lower

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

Withdrawals from brackish surface water/seawater

0

Withdrawals from groundwater - renewable

0

Withdrawals from groundwater - non-renewable

0

Withdrawals from produced/entrained water

0

Withdrawals from third party sources

25.36

Total water discharges at this facility (megaliters/year)

22.57

Comparison of total discharges with previous reporting year

Much lower

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

22.57

Total water consumption at this facility (megaliters/year)

2.79

Comparison of total consumption with previous reporting year

Much lower

Please explain

"Much lower" water withdrawal, discharge and consumption is primarily due to continued water efficiency initiatives in particular continued response to the Western Cape water crisis of 2017-18, and the objective of attaining the Mediclinic water target of 560 litres/bed-day sold.
Threshold for "much lower" water withdrawal is above a 10% decrease from 2019 figures - in this case 13.75%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "much lower".
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number
Facility 20

Facility name (optional)
Mediclinic Legae

Country/Area & River basin
South Africa
Limpopo

Latitude
-25.525927

Longitude
28.037272

Located in area with water stress
Yes

Total water withdrawals at this facility (megaliters/year)
28.31

Comparison of total withdrawals with previous reporting year
Much lower

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
28.31

Total water discharges at this facility (megaliters/year)
25.19

Comparison of total discharges with previous reporting year
Much lower

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

25.19

Total water consumption at this facility (megaliters/year)

3.12

Comparison of total consumption with previous reporting year

Much lower

Please explain

"Much lower" water withdrawal, discharge and consumption is primarily due to continued water efficiency initiatives in particular continued response to the Western Cape water crisis of 2017-18, and the objective of attaining the Mediclinic water target of 560 litres/bed-day sold.
Threshold for "much lower" water withdrawal is above a 10% decrease from 2019 figures - in this case 12.28%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "much lower".
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number

Facility 21

Facility name (optional)

Mediclinic Limpopo

Country/Area & River basin

South Africa
Limpopo

Latitude

-23.90817

Longitude

29.464546

Located in area with water stress

Yes

Total water withdrawals at this facility (megaliters/year)

39.36

Comparison of total withdrawals with previous reporting year

Much lower

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

Withdrawals from brackish surface water/seawater

0

Withdrawals from groundwater - renewable

0

Withdrawals from groundwater - non-renewable

0

Withdrawals from produced/entrained water

0

Withdrawals from third party sources

39.36

Total water discharges at this facility (megaliters/year)

35.03

Comparison of total discharges with previous reporting year

Much lower

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

35.03

Total water consumption at this facility (megaliters/year)

4.33

Comparison of total consumption with previous reporting year

Much lower

Please explain

"Much lower" water withdrawal, discharge and consumption is primarily due to continued water efficiency initiatives in particular continued response to the Western Cape water crisis of 2017-18, and the objective of attaining the Mediclinic water target of 560 litres/bed-day sold.
Threshold for "much lower" water withdrawal is above a 10% decrease from 2019 figures - in this case 10.88%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "much lower".
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number

Facility 22

Facility name (optional)

Mediclinic Medforum

Country/Area & River basin

South Africa
Limpopo

Latitude

-25.748373

Longitude

28.198737

Located in area with water stress

Yes

Total water withdrawals at this facility (megaliters/year)

31.15

Comparison of total withdrawals with previous reporting year

Lower

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

Withdrawals from brackish surface water/seawater

0

Withdrawals from groundwater - renewable

0

Withdrawals from groundwater - non-renewable

0

Withdrawals from produced/entrained water

0

Withdrawals from third party sources

31.15

Total water discharges at this facility (megaliters/year)

27.72

Comparison of total discharges with previous reporting year

Lower

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

27.72

Total water consumption at this facility (megaliters/year)

3.43

Comparison of total consumption with previous reporting year

Lower

Please explain

"Lower" water withdrawal, discharge and consumption is primarily due to continued water efficiency initiatives in particular continued response to the Western Cape water crisis of 2017-18, and the objective of attaining the Mediclinic water target of 560 litres/bed-day sold.
Threshold for "lower" water withdrawal is between a 5-10% decrease from 2019 figures - in this case 6.31%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "lower".
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number
Facility 23

Facility name (optional)
Mediclinic Muelmed

Country/Area & River basin
South Africa
Limpopo

Latitude
-25.747018

Longitude
28.20762

Located in area with water stress
Yes

Total water withdrawals at this facility (megaliters/year)
22.9

Comparison of total withdrawals with previous reporting year
Lower

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
22.9

Total water discharges at this facility (megaliters/year)
20.38

Comparison of total discharges with previous reporting year
Lower

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

20.38

Total water consumption at this facility (megaliters/year)

2.52

Comparison of total consumption with previous reporting year

Lower

Please explain

"Lower" water withdrawal, discharge and consumption is primarily due to continued water efficiency initiatives in particular continued response to the Western Cape water crisis of 2017-18, and the objective of attaining the Mediclinic water target of 560 litres/bed-day sold.
Threshold for "lower" water withdrawal is between a 5-10% decrease from 2019 figures - in this case 6.72%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "lower".
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number

Facility 24

Facility name (optional)

Mediclinic Midstream

Country/Area & River basin

South Africa
Limpopo

Latitude

-25.925453

Longitude

28.181832

Located in area with water stress

Yes

Total water withdrawals at this facility (megaliters/year)

33.03

Comparison of total withdrawals with previous reporting year

Much higher

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

Withdrawals from brackish surface water/seawater

0

Withdrawals from groundwater - renewable

0.00027

Withdrawals from groundwater - non-renewable

0

Withdrawals from produced/entrained water

0

Withdrawals from third party sources

33.03

Total water discharges at this facility (megaliters/year)

29.4

Comparison of total discharges with previous reporting year

Much higher

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

29.4

Total water consumption at this facility (megaliters/year)

3.63

Comparison of total consumption with previous reporting year

Much higher

Please explain

Much higher water withdrawal, discharge and consumption is primarily due to Covid-19 impacts where potable water has been used for additional hand washing, surface cleaning, scrubs usage and washing, and general laundry operations in the hospital. Threshold for "much higher" water withdrawal is above a 10% increase from 2019 figures - in this case 16.20%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "much higher".
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number

Facility 25

Facility name (optional)

Mediclinic Thabazimbi

Country/Area & River basin

South Africa
Limpopo

Latitude

-24.59844

Longitude

27.406411

Located in area with water stress

Yes

Total water withdrawals at this facility (megaliters/year)

4.87

Comparison of total withdrawals with previous reporting year

Much lower

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

Withdrawals from brackish surface water/seawater

0

Withdrawals from groundwater - renewable

4.57

Withdrawals from groundwater - non-renewable

0

Withdrawals from produced/entrained water

0

Withdrawals from third party sources

0.3

Total water discharges at this facility (megaliters/year)

4.33

Comparison of total discharges with previous reporting year

Much lower

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

4.33

Total water consumption at this facility (megaliters/year)

0.54

Comparison of total consumption with previous reporting year

Much lower

Please explain

"Much lower" water withdrawal, discharge and consumption is primarily due to continued water efficiency initiatives in particular continued response to the Western Cape water crisis of 2017-18, and the objective of attaining the Mediclinic water target of 560 litres/bed-day sold.

Threshold for "much lower" water withdrawal is above a 10% decrease from 2019 figures - in this case 12.90%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "much lower".

Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number
Facility 26

Facility name (optional)
Mediclinic Tzaneen

Country/Area & River basin
South Africa
Limpopo

Latitude
-23.822601

Longitude
30.152805

Located in area with water stress
Yes

Total water withdrawals at this facility (megaliters/year)
21.92

Comparison of total withdrawals with previous reporting year
About the same

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
21.92

Total water discharges at this facility (megaliters/year)
19.51

Comparison of total discharges with previous reporting year
About the same

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

19.51

Total water consumption at this facility (megaliters/year)

2.41

Comparison of total consumption with previous reporting year

About the same

Please explain

"About the same" water withdrawal, discharge and consumption is primarily due to continued water efficiency initiatives in particular continued response to the Western Cape water crisis of 2017-18, and the objective of attaining the Mediclinic water target of 560 litres/bed-day sold.
Threshold for "about the same" water withdrawal is between a 0-5% change, in this case a decrease of 1.95%, from 2019 figures. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "about the same".
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number

Facility 27

Facility name (optional)

Mediclinic Bloemfontein

Country/Area & River basin

South Africa
Orange

Latitude

-29.109352

Longitude

26.204799

Located in area with water stress

Yes

Total water withdrawals at this facility (megaliters/year)

55.7

Comparison of total withdrawals with previous reporting year

Much lower

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

Withdrawals from brackish surface water/seawater

0

Withdrawals from groundwater - renewable

0.12

Withdrawals from groundwater - non-renewable

0

Withdrawals from produced/entrained water

0

Withdrawals from third party sources

55.58

Total water discharges at this facility (megaliters/year)

49.57

Comparison of total discharges with previous reporting year

Much lower

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

49.57

Total water consumption at this facility (megaliters/year)

6.13

Comparison of total consumption with previous reporting year

Much lower

Please explain

"Much lower" water withdrawal, discharge and consumption is primarily due to continued water efficiency initiatives in particular continued response to the Western Cape water crisis of 2017-18, and the objective of attaining the Mediclinic water target of 560 litres/bed-day sold.
Threshold for "much lower" water withdrawal is above a 10% decrease from 2019 figures - in this case 12.05%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "much lower".
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number

Facility 28

Facility name (optional)

Mediclinic Gariep

Country/Area & River basin

South Africa
Orange

Latitude

-28.764956

Longitude

24.736981

Located in area with water stress

Yes

Total water withdrawals at this facility (megaliters/year)

24.74

Comparison of total withdrawals with previous reporting year

About the same

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

Withdrawals from brackish surface water/seawater

0

Withdrawals from groundwater - renewable

0.21

Withdrawals from groundwater - non-renewable

0

Withdrawals from produced/entrained water

0

Withdrawals from third party sources

24.53

Total water discharges at this facility (megaliters/year)

22.02

Comparison of total discharges with previous reporting year

About the same

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

22.02

Total water consumption at this facility (megaliters/year)

2.72

Comparison of total consumption with previous reporting year

About the same

Please explain

"About the same" water withdrawal, discharge and consumption is primarily due to continued water efficiency initiatives in particular continued response to the Western Cape water crisis of 2017-18, and the objective of attaining the Mediclinic water target of 560 litres/bed-day sold.
Threshold for "about the same" water withdrawal is between a 0-5% change, in this case a decrease of 0.44%, from 2019 figures. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "about the same".
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number

Facility 29

Facility name (optional)

Mediclinic Welkom

Country/Area & River basin

South Africa

Orange

Latitude

-27.988151

Longitude

26.730139

Located in area with water stress

Yes

Total water withdrawals at this facility (megaliters/year)

29.7

Comparison of total withdrawals with previous reporting year

Lower

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

Withdrawals from brackish surface water/seawater

0

Withdrawals from groundwater - renewable

0

Withdrawals from groundwater - non-renewable

0

Withdrawals from produced/entrained water

0

Withdrawals from third party sources

29.7

Total water discharges at this facility (megaliters/year)

26.42

Comparison of total discharges with previous reporting year

Lower

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

26.42

Total water consumption at this facility (megaliters/year)

3.27

Comparison of total consumption with previous reporting year

Lower

Please explain

"Lower" water withdrawal, discharge and consumption is primarily due to continued water efficiency initiatives in particular continued response to the Western Cape water crisis of 2017-18, and the objective of attaining the Mediclinic water target of 560 litres/bed-day sold.
Threshold for "lower" water withdrawal is between a 5-10% decrease from 2019 figures - in this case 7.80%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "lower".
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number

Facility 30

Facility name (optional)

Mediclinic Klein Karoo

Country/Area & River basin

South Africa
Gamka

Latitude

-33.586683

Longitude

22.185045

Located in area with water stress

Yes

Total water withdrawals at this facility (megaliters/year)

3.74

Comparison of total withdrawals with previous reporting year

Lower

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

Withdrawals from brackish surface water/seawater

0

Withdrawals from groundwater - renewable

0

Withdrawals from groundwater - non-renewable

0

Withdrawals from produced/entrained water

0

Withdrawals from third party sources

3.74

Total water discharges at this facility (megaliters/year)

3.33

Comparison of total discharges with previous reporting year

Lower

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

3.33

Total water consumption at this facility (megaliters/year)

0.41

Comparison of total consumption with previous reporting year

Lower

Please explain

"Lower" water withdrawal, discharge and consumption is primarily due to continued water efficiency initiatives in particular continued response to the Western Cape water crisis of 2017-18, and the objective of attaining the Mediclinic water target of 560 litres/bed-day sold.
Threshold for "lower" water withdrawal is between a 5-10% decrease from 2019 figures - in this case 7.08%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "lower".
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number

Facility 31

Facility name (optional)

Mediclinic George

Country/Area & River basin

South Africa
Breede-Gouritz

Latitude

-33.957272

Longitude

22.456651

Located in area with water stress

Yes

Total water withdrawals at this facility (megaliters/year)

20.9

Comparison of total withdrawals with previous reporting year

Much lower

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

Withdrawals from brackish surface water/seawater

0

Withdrawals from groundwater - renewable

0

Withdrawals from groundwater - non-renewable

0

Withdrawals from produced/entrained water

0

Withdrawals from third party sources

20.9

Total water discharges at this facility (megaliters/year)

18.6

Comparison of total discharges with previous reporting year

Much lower

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

18.6

Total water consumption at this facility (megaliters/year)

2.3

Comparison of total consumption with previous reporting year

Much lower

Please explain

"Much lower" water withdrawal, discharge and consumption is primarily due to continued water efficiency initiatives in particular continued response to the Western Cape water crisis of 2017-18, and the objective of attaining the Mediclinic water target of 560 litres/bed-day sold.

Threshold for "much lower" water withdrawal is above a 10% decrease from 2019 figures - in this case 10.92%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "much lower".

Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number
Facility 32

Facility name (optional)
Mediclinic Geneva

Country/Area & River basin
South Africa
Breede-Gouritz

Latitude
-33.957031

Longitude
22.452034

Located in area with water stress
Yes

Total water withdrawals at this facility (megaliters/year)
2.06

Comparison of total withdrawals with previous reporting year
Much lower

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
2.06

Total water discharges at this facility (megaliters/year)
1.84

Comparison of total discharges with previous reporting year
Much lower

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

1.84

Total water consumption at this facility (megaliters/year)

0.23

Comparison of total consumption with previous reporting year

Much lower

Please explain

"Much lower" water withdrawal, discharge and consumption is primarily due to continued water efficiency initiatives in particular continued response to the Western Cape water crisis of 2017-18, and the objective of attaining the Mediclinic water target of 560 litres/bed-day sold.
Threshold for "much lower" water withdrawal is above a 10% decrease from 2019 figures - in this case 38.56%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "much lower".
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number

Facility 33

Facility name (optional)

Mediclinic Hermanus

Country/Area & River basin

South Africa
Breede-Gouritz

Latitude

-34.423822

Longitude

19.227217

Located in area with water stress

Yes

Total water withdrawals at this facility (megaliters/year)

9.95

Comparison of total withdrawals with previous reporting year

About the same

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

Withdrawals from brackish surface water/seawater

0

Withdrawals from groundwater - renewable

0.000364

Withdrawals from groundwater - non-renewable

0

Withdrawals from produced/entrained water

0

Withdrawals from third party sources

9.95

Total water discharges at this facility (megaliters/year)

8.86

Comparison of total discharges with previous reporting year

About the same

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

8.86

Total water consumption at this facility (megaliters/year)

1.09

Comparison of total consumption with previous reporting year

About the same

Please explain

"About the same" water withdrawal, discharge and consumption is primarily due to Covid-19 impacts where potable water has been used for additional hand washing, surface cleaning, scrubs usage and washing, and general laundry operations in the hospital.
Threshold for "about the same" water withdrawal is between a 0-5% change from 2019 figures - in this case an increase of 3.45%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "about the same".
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number

Facility 34

Facility name (optional)

Mediclinic Plettenberg Bay

Country/Area & River basin

South Africa
Breede-Gouritz

Latitude

-34.053293

Longitude

23.364947

Located in area with water stress

Yes

Total water withdrawals at this facility (megaliters/year)

1.68

Comparison of total withdrawals with previous reporting year

Much higher

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

Withdrawals from brackish surface water/seawater

0

Withdrawals from groundwater - renewable

0

Withdrawals from groundwater - non-renewable

0

Withdrawals from produced/entrained water

0

Withdrawals from third party sources

1.68

Total water discharges at this facility (megaliters/year)

1.5

Comparison of total discharges with previous reporting year

Much higher

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

1.5

Total water consumption at this facility (megaliters/year)

0.19

Comparison of total consumption with previous reporting year

Much higher

Please explain

"Much higher" water withdrawal, discharge and consumption is primarily due to Covid-19 impacts where potable water has been used for additional hand washing, surface cleaning, scrubs usage and washing, and general laundry operations in the hospital. Threshold for "much higher" water withdrawal is above a 10% increase from 2019 figures - in this case 17.43%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "much higher".

Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number
Facility 35

Facility name (optional)
Mediclinic Nelspruit

Country/Area & River basin
South Africa
Inkomati-Usuthu

Latitude
-25.493552

Longitude
30.961888

Located in area with water stress
Yes

Total water withdrawals at this facility (megaliters/year)
54.24

Comparison of total withdrawals with previous reporting year
Higher

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
54.24

Total water discharges at this facility (megaliters/year)
48.27

Comparison of total discharges with previous reporting year
Higher

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

48.27

Total water consumption at this facility (megaliters/year)

5.97

Comparison of total consumption with previous reporting year

Higher

Please explain

"Higher" water withdrawal, discharge and consumption is primarily due to Covid-19 impacts where potable water has been used for additional hand washing, surface cleaning, scrubs usage and washing, and general laundry operations in the hospital. Threshold for "higher" water withdrawal is between a 15-10% increase from 2019 figures - in this case 5.16%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "higher". Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number

Facility 36

Facility name (optional)

Mediclinic Victoria

Country/Area & River basin

South Africa
Pongola-Uzimkulu

Latitude

-29.573113

Longitude

31.117836

Located in area with water stress

Yes

Total water withdrawals at this facility (megaliters/year)

17.16

Comparison of total withdrawals with previous reporting year

Much lower

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

Withdrawals from brackish surface water/seawater

0

Withdrawals from groundwater - renewable

0

Withdrawals from groundwater - non-renewable

0

Withdrawals from produced/entrained water

0

Withdrawals from third party sources

17.16

Total water discharges at this facility (megaliters/year)

15.27

Comparison of total discharges with previous reporting year

Much lower

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

15.27

Total water consumption at this facility (megaliters/year)

1.89

Comparison of total consumption with previous reporting year

Much lower

Please explain

"Much lower" water withdrawal, discharge and consumption is primarily due to continued water efficiency initiatives in particular continued response to the Western Cape water crisis of 2017-18, and the objective of attaining the Mediclinic water target of 560 litres/bed-day sold.
Threshold for "much lower" water withdrawal is above a 10% decrease from 2019 figures - in this case 13.62%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "much lower".
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number

Facility 37

Facility name (optional)

Mediclinic Pietermaritzburg

Country/Area & River basin

South Africa
Pongola-Uzimkulu

Latitude

-29.608893

Longitude

30.389317

Located in area with water stress

Yes

Total water withdrawals at this facility (megaliters/year)

30.99

Comparison of total withdrawals with previous reporting year

About the same

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

Withdrawals from brackish surface water/seawater

0

Withdrawals from groundwater - renewable

0

Withdrawals from groundwater - non-renewable

0

Withdrawals from produced/entrained water

0

Withdrawals from third party sources

30.99

Total water discharges at this facility (megaliters/year)

27.58

Comparison of total discharges with previous reporting year

About the same

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

27.58

Total water consumption at this facility (megaliters/year)

3.41

Comparison of total consumption with previous reporting year

About the same

Please explain

"About the same" water withdrawal, discharge and consumption is primarily due to continued water efficiency initiatives in particular continued response to the Western Cape water crisis of 2017-18, and the objective of attaining the Mediclinic water target of 560 litres/bed-day sold.

Threshold for "about the same" water withdrawal is between a 0-5% change, in this case a decrease of 3.30%, from 2019 figures. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "about the same".

Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number
Facility 38

Facility name (optional)
Mediclinic Howick

Country/Area & River basin
South Africa
Pongola-Uzimkulu

Latitude
-29.477399

Longitude
30.21843

Located in area with water stress
Yes

Total water withdrawals at this facility (megaliters/year)
2.98

Comparison of total withdrawals with previous reporting year
Much lower

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
2.98

Total water discharges at this facility (megaliters/year)
2.66

Comparison of total discharges with previous reporting year
Much lower

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

2.66

Total water consumption at this facility (megaliters/year)

0.33

Comparison of total consumption with previous reporting year

Much lower

Please explain

"Much lower" water withdrawal, discharge and consumption is primarily due to continued water efficiency initiatives in particular continued response to the Western Cape water crisis of 2017-18, and the objective of attaining the Mediclinic water target of 560 litres/bed-day sold.
Threshold for "much lower" water withdrawal is above a 10% decrease from 2019 figures - in this case 21.98%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "much lower".
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number

Facility 39

Facility name (optional)

Mediclinic Otjiwarongo

Country/Area & River basin

Namibia
Other, please specify
Ugab-Huab

Latitude

-20.469473

Longitude

16.650944

Located in area with water stress

Yes

Total water withdrawals at this facility (megaliters/year)

2.09

Comparison of total withdrawals with previous reporting year

Lower

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

Withdrawals from brackish surface water/seawater

0

Withdrawals from groundwater - renewable

0

Withdrawals from groundwater - non-renewable

0

Withdrawals from produced/entrained water

0

Withdrawals from third party sources

2.09

Total water discharges at this facility (megaliters/year)

1.86

Comparison of total discharges with previous reporting year

Lower

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

1.86

Total water consumption at this facility (megaliters/year)

0.23

Comparison of total consumption with previous reporting year

Lower

Please explain

"Lower" water withdrawal, discharge and consumption is primarily due to continued water efficiency initiatives in particular, the objective of attaining the Mediclinic water target of 560 litres/bed-day sold.
Threshold for "lower" water withdrawal is between a 5-10% decrease from 2019 figures - in this case 6.79%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "lower".
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number

Facility 40

Facility name (optional)

Mediclinic Swakopmund

Country/Area & River basin

Namibia
Other, please specify
Omaruru-Swakop

Latitude

-22.659047

Longitude

14.536221

Located in area with water stress

Yes

Total water withdrawals at this facility (megaliters/year)

7.27

Comparison of total withdrawals with previous reporting year

About the same

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

Withdrawals from brackish surface water/seawater

0

Withdrawals from groundwater - renewable

0

Withdrawals from groundwater - non-renewable

0

Withdrawals from produced/entrained water

0

Withdrawals from third party sources

7.27

Total water discharges at this facility (megaliters/year)

6.47

Comparison of total discharges with previous reporting year

About the same

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

6.47

Total water consumption at this facility (megaliters/year)

0.8

Comparison of total consumption with previous reporting year

About the same

Please explain

"About the same" water withdrawal, discharge and consumption is primarily due to continued water efficiency initiatives in particular, the objective of attaining the Mediclinic water target of 560 litres/bed-day sold.
Threshold for "about the same" water withdrawal is between a 0-5% change, in this case a decrease of 3.58%, from 2019 figures. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "about the same".
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number

Facility 41

Facility name (optional)

Mediclinic Windhoek

Country/Area & River basin

Namibia

Other, please specify

Omaruru-Swakop

Latitude

-22.659047

Longitude

14.536221

Located in area with water stress

Yes

Total water withdrawals at this facility (megaliters/year)

11.66

Comparison of total withdrawals with previous reporting year

Much higher

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

Withdrawals from brackish surface water/seawater

0

Withdrawals from groundwater - renewable

0

Withdrawals from groundwater - non-renewable

0

Withdrawals from produced/entrained water

0

Withdrawals from third party sources

11.66

Total water discharges at this facility (megaliters/year)

10.38

Comparison of total discharges with previous reporting year

Much higher

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

10.38

Total water consumption at this facility (megaliters/year)

1.28

Comparison of total consumption with previous reporting year

Much higher

Please explain

"Much higher" water withdrawal, discharge and consumption is primarily due to Covid-19 impacts where potable water has been used for additional hand washing, surface cleaning, scrubs usage and washing, and general laundry operations in the hospital. Threshold for "much higher" water withdrawal is above a 10% increase from 2019 figures - in this case 15.77%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "much higher".
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

Facility reference number

Facility 42

Facility name (optional)

Mediclinic Middle East

Country/Area & River basin

United Arab Emirates
Other, please specify
Arabian Peninsula

Latitude

25.23042

Longitude

55.320432

Located in area with water stress

Yes

Total water withdrawals at this facility (megaliters/year)

252.04

Comparison of total withdrawals with previous reporting year

About the same

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

Withdrawals from brackish surface water/seawater

0

Withdrawals from groundwater - renewable

0

Withdrawals from groundwater - non-renewable

0

Withdrawals from produced/entrained water

0

Withdrawals from third party sources

252.04

Total water discharges at this facility (megaliters/year)

252.04

Comparison of total discharges with previous reporting year

About the same

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater

0

Discharges to groundwater

0

Discharges to third party destinations

252.04

Total water consumption at this facility (megaliters/year)

0

Comparison of total consumption with previous reporting year

About the same

Please explain

This cluster of facilities includes all the facilities within Mediclinic Middle East due to data accuracy and all the facilities falling in the same major basin that is exposed to water stress. The coordinates follow the recommendation for clustered facilities: the coordinates are for the facility with the largest total withdrawal volumes.
"About the same" water withdrawal, discharge and consumption is primarily due to Covid-19 impacts where potable water has been used for additional hand washing, surface cleaning, scrubs usage and washing, and general laundry operations in the hospital.
Threshold for "about the same" water withdrawal is between a 0-5% change from 2019 figures - in this case an increase of 3.28%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "about the same".
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 100% of withdrawal, as the cost for effluent water discharged is the same amount as the water withdrawn. Water consumption figures are based on the CDP definition: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or third party over the course of the reporting year."

W5.1a

(W5.1a) For the facilities referenced in W5.1, what proportion of water accounting data has been externally verified?

Water withdrawals – total volumes

% verified

76-100

What standard and methodology was used?

Withdrawal from third party sources are metered and reported by external municipal water accounts.

Water withdrawals – volume by source

% verified

76-100

What standard and methodology was used?

Withdrawal from third party sources are metered and reported by external municipal water accounts. Borehole water usage is metered onsite using internal water meters.

Water withdrawals – quality

% verified

76-100

What standard and methodology was used?

SANS241:2015 - South African National Standard on Drinking Water Part 1: Microbiological, physical, aesthetic and chemical determinants.

Water discharges – total volumes

% verified

Not verified

Water discharges – volume by destination

% verified

Not verified

Water discharges – volume by treatment method

% verified

76-100

What standard and methodology was used?

As per indication from local water authority measurement to all Mediclinic hospitals that discharged water is treated in accordance with municipal wastewater treatment works.

Water discharge quality – quality by standard effluent parameters

% verified

Not verified

Water discharge quality – temperature

% verified

Not verified

Water consumption – total volume

% verified

Not verified

Water recycled/reused

% verified

Not verified

W6. Governance

W6.1

(W6.1) Does your organization have a water policy?

Yes, we have a documented water policy that is publicly available

W6.1a

(W6.1a) Select the options that best describe the scope and content of your water policy.

	Scope	Content	Please explain
Row 1	Company-wide	Description of business dependency on water Description of business impact on water Description of water-related performance standards for direct operations Description of water-related standards for procurement Company water targets and goals Commitments beyond regulatory compliance Commitment to water-related innovation Commitment to stakeholder awareness and education Commitment to water stewardship and/or collective action Commitment to safely managed Water, Sanitation and Hygiene (WASH) in the workplace Acknowledgement of the human right to water and sanitation	Water is incorporated within the Mediclinic Safety, Health and Environmental policy, and the Mediclinic Sustainable Development Strategy policy document that was approved during 2020. These policies are applicable across all our operations and, hence, are company-wide. Within these policies, we aim to: comply with relevant occupational health and safety, and environmental legislation and regulations - including water; define environmental management programmes to achieve continual improvement in our Environmental Management System; create awareness with regards to safety, health and the environment among all employees; set objectives and targets to minimise the impact of our activities on the environment and ensure continuous improvement of our environmental performance; influence our suppliers and service providers to adopt similar programmes, in order to limit our overall impact on the environment; to implement and distribute the present policy to all employees and make it publicly available.

		Recognition of environmental linkages, for example, due to climate change	

W6.2

(W6.2) Is there board level oversight of water-related issues within your organization?

Yes

W6.2a

(W6.2a) Identify the position(s) (do not include any names) of the individual(s) on the board with responsibility for water-related issues.

Position of individual	Please explain
Director on board	Chairperson of the Board's Clinical Performance and Sustainability Committee. The aim of the Committee is to promote a culture of excellence in patient safety, quality of care and patient experience; and ensure the Group remains a good and responsible corporate citizen by monitoring its sustainability performance, inclusive of all water-related issues. This committee has been responsible for integrating water issues into the group's Sustainable Development Strategy that was published in 2020, and committing Mediclinic to the different water-related targets across its different geographical operations.
Chief Executive Officer (CEO)	The CEO is responsible for briefing the Board's Clinical Performance and Sustainability Committee on all issues relating to environmental, social and governance sustainability, including that of the group's water policies and performance.
Other C-Suite Officer	The Group Chief Governance Officer is the executive responsible for overall environmental management, including water risks and opportunities, of the group and reports directly to the CEO.

W6.2b

(W6.2b) Provide further details on the board's oversight of water-related issues.

	Frequency that water-related issues are a scheduled agenda item	Governance mechanisms into which water-related issues are integrated	Please explain
Row 1	Scheduled - some meetings	Monitoring implementation and performance	The Clinical Performance and Sustainability Committee (a committee of the Board) briefs the Board and assists the Board in ensuring that the Group is, and remains, a good and responsible

		Overseeing major capital expenditures Providing employee incentives Reviewing and guiding annual budgets Reviewing and guiding major plans of action Reviewing and guiding risk management policies Reviewing and guiding strategy Reviewing and guiding corporate responsibility strategy Reviewing innovation/R&D priorities Setting performance objectives	corporate citizen by monitoring the sustainable development performance of the Group and addressing the selected governance mechanisms, as they pertain to water management, in a documented manner. The Clinical Performance and Sustainability Committee is briefed by the Group CEO who, in turn, is briefed by the Group Chief Corporate Services Officer.

W6.3

(W6.3) Provide the highest management-level position(s) or committee(s) with responsibility for water-related issues (do not include the names of individuals).

Name of the position(s) and/or committee(s)

Chief Executive Officer (CEO)

Responsibility

Both assessing and managing water-related risks and opportunities

Frequency of reporting to the board on water-related issues

Quarterly

Please explain

The Group Chief Governance Officer, responsible for environmental management, sits on the Executive of Mediclinic International and reports directly to the Chief Executive Officer (CEO) who, as the highest management position of the company, sits on the Board's Clinical Performance Sustainability Committee and through this mechanism reports all water-related issues to the Board. This includes risks, responses, required

CAPEX and OPEX. Meetings are held on a quarterly basis
This Committee monitors the sustainable development performance of Mediclinic, inclusive of water-related issues, while the CEO develops and oversees the implementation of Board-approved actions and the strategic direction of Mediclinic. Hence, there is direct communication and direction between the CEO and the Board. It is in the interests then of the Chief Corporate Services Officer to report directly to the CEO on water-related issues in order for such issues to be escalated to Board level for consideration.

W6.4

(W6.4) Do you provide incentives to C-suite employees or board members for the management of water-related issues?

	Provide incentives for management of water-related issues	Comment
Row 1	No, not currently but we plan to introduce them in the next two years	

W6.5

(W6.5) Do you engage in activities that could either directly or indirectly influence public policy on water through any of the following?

Yes, direct engagement with policy makers

W6.5a

(W6.5a) What processes do you have in place to ensure that all of your direct and indirect activities seeking to influence policy are consistent with your water policy/water commitments?

Mediclinic engages with Government, Regulators, Industry Bodies and Business Partners on policy issues impacting the business including water. Mediclinic meets on a regular basis with its various associations and policy-makers to debate and give recommendations on various topics to ensure consistency and sustainability in its business models. Feedback on issues is reported as per Mediclinic's risk management framework. If inconsistency is discovered, this will be escalated to the Group Chief Governance Officer and, through the Chief Executive Officer, taken to the Board's Clinical Performance Sustainability Committee for consideration and action.

W6.6

(W6.6) Did your organization include information about its response to water-related risks in its most recent mainstream financial report?

Yes (you may attach the report - this is optional)

W7. Business strategy

W7.1

(W7.1) Are water-related issues integrated into any aspects of your long-term strategic business plan, and if so how?

	Are water-related issues integrated?	Long-term time horizon (years)	Please explain
Long-term business objectives	Yes, water-related issues are integrated	> 30	The sustainable use and reuse of water is the third key objective of our Sustainable Development Strategy (published in March 2020), which is aligned to and enhances the Group Business Strategy's response to environmental, social and economic concerns. In addition a detailed water management strategy includes the following initiatives: - Installation of hospital water meters - Implementation of detailed Water Contingency Plans - Water Contamination Plans implemented and updated - Regular water quality testing by national service provider - Leadership support to drive the change of human behaviour - Corporate programme for the sink of boreholes at hospitals - Hospital design to include the implementation of grey and black water systems - Hospital design to increase water backup supply at hospitals - Hospital procurement equipment preference to closed water loop systems. Without access to quality potable water, healthcare services provided by Mediclinic cannot be offered. Hence, the time horizon for such strategy is beyond 30 years in order to maintain the longevity of the organisation.
Strategy for achieving long-term objectives	Yes, water-related issues are integrated	> 30	To comply with the long-term sustainable water management strategy of Mediclinic the following long-term goals were set: 1. Ensure a reliable water supply for all hospitals and investigate solutions in drought stricken areas to ensure long-term business continuity; 2. Improve operational efficiency to ultimately reduce water consumption to

			560 litres per bed day sold (Mediclinic Southern Africa water target) and 1.03 kl/m2 (Mediclinic Middle East water target). Through the implementation of ISO 1400: 2015 Environmental Management System, benchmarking was set for Mediclinic Southern Africa. The hospitals in Mediclinic are measured against these benchmarks. This assists each hospital in setting sustainable goals for each financial year to reach the group target of 560 litres per bed day sold over the next 3 years. The timeframe chosen is aligned to the long-term business continuity embedded in Mediclinic's corporate strategy.
Financial planning	No, water-related issues not yet reviewed, but there are plans to do so in the next two years		In the short-term, a water strategy was developed during 2018 to provide guidance on financial capital expenditure according to priority of importance. Each hospital was evaluated according to the following weighted criteria: financial impact; drought cycle impact; dam level impact; local authority infrastructure impact; history impact and hospital infrastructure impact. Purchase of new capital equipment with water efficiency technology is required in response to potential water shortages. Water management strategy caters for 100% of all hospitals for the next ten years and beyond. The Strategy includes: - Water meters installed: GBP 47,500 - Water Contingency Plans implemented - Water quality testing centralised and managed - Leadership support to drive the change of human behaviour: GBP 54,500 - Corporate program for the sinking of boreholes: GBP 1.2 million - Hospital design to include the implementation of grey water systems - Hospital design to increase water backup supply: GBP 470,000 - Hospital procurement equipment preference to closed water loop systems.

W7.2

(W7.2) What is the trend in your organization's water-related capital expenditure (CAPEX) and operating expenditure (OPEX) for the reporting year, and the anticipated trend for the next reporting year?

Row 1

Water-related CAPEX (+/- % change)

-100

Anticipated forward trend for CAPEX (+/- % change)

100

Water-related OPEX (+/- % change)

10

Anticipated forward trend for OPEX (+/- % change)

0

Please explain

As a primary healthcare responder to the Covid-19 pandemic, unnecessary capital expenditure was paused to respond adequately to the demands of our patients during the pandemic. This included all capital expenditure on water-related issues, hence a 100% decrease in such expenditure in comparison to 2019. Any water-related capital expenditure for the 2021 year will equate to a 100% increase in water-related expenditure (financial CAPEX cost for calendar year 2021 is expected to be ZAR 9 million).

Under the Covid-19 environment, water-related operating expenditure increased, largely due to increased water consumption as a result of additional washing and hygienic demands placed on our hospitals and clinics in response to the pandemic. We are uncertain of the longevity of the pandemic, but it is likely to continue to demand increased water consumption, hence our anticipated forward trend in operational expenditure for 2021 is expected to be the same as 2020 withdrawal and consumption.

W7.3

(W7.3) Does your organization use climate-related scenario analysis to inform its business strategy?

	Use of climate-related scenario analysis	Comment
Row 1	No, but we anticipate doing so within the next two years	Mediclinic has committed to being carbon neutral by 2030. This process will adopt climate-related scenario analysis planning.

W7.4

(W7.4) Does your company use an internal price on water?

Row 1

Does your company use an internal price on water?

No, and we do not anticipate doing so within the next two years

Please explain

At this stage, Mediclinic does not anticipating setting an internal price on water as our focus is on other interventions e.g. water efficiency target.

W8. Targets

W8.1

(W8.1) Describe your approach to setting and monitoring water-related targets and/or goals.

	Levels for targets and/or goals	Monitoring at corporate level	Approach to setting and monitoring targets and/or goals
Row 1	Company-wide targets and goals Site/facility specific targets and/or goals Country level targets and/or goals	Targets are monitored at the corporate level Goals are monitored at the corporate level	Mediclinic measures its water intensity in relation to bed-days sold. A Group-wide target (based on what we feel is a stretch-target, but achievable) of 560 litres/bed day sold is in place. However, each individual hospital has autonomy to set its own target in relation to its local realities. These targets are monitored at both a Group and hospital level.

W8.1a

(W8.1a) Provide details of your water targets that are monitored at the corporate level, and the progress made.

Target reference number

Target 1

Category of target

Water use efficiency

Level

Country level

Primary motivation

Water stewardship

Description of target

Mediclinic Southern Africa has a water-efficiency target based on the water withdrawal per bed-day sold. The target is to stabilise water use to 560 litres per bed day sold. This is in line with government directives of the minimum amount of water per bed-day that hospitals have to have available for health and safety reasons.

Quantitative metric

% reduction of water withdrawals from municipal supply

Baseline year

2015

Start year

2015

Target year

2021

% of target achieved

0

Please explain

In 2015 (base year for the target), Mediclinic consumed 668 litres per bed-day sold. This has now changed to 650 litres per bed-day sold for Hirslanden (Switzerland), 600 litres per bed-day sold for Mediclinic Southern Africa and 1350 litres per bed-day sold for Mediclinic Middle East. This averages to 580 litres per bed-day sold for the group in 2020 as pandemic measures increased usage due to the following: rise in hand washing, increase in surface cleaning, upsurge in scrubs usage and increased laundry operations. This target is specific to Mediclinic Southern Africa (MCSA).

Target reference number

Target 2

Category of target

Water consumption

Level

Country level

Primary motivation

Water stewardship

Description of target

The divisional water target for Mediclinic Middle East (MCME) is to decrease absolute water consumption 1% by the end of 2021 to a value of 249,522 kL.

Quantitative metric

% reduction in total water consumption

Baseline year

2020

Start year

2020

Target year

2021

% of target achieved

0

Please explain

The target is in progress and thus hasn't been achieved within the reporting year of 2020.

W8.1b

(W8.1b) Provide details of your water goal(s) that are monitored at the corporate level and the progress made.

Goal

Engagement with suppliers to reduce the water-related impact of supplied products

Level

Site/facility

Motivation

Risk mitigation

Description of goal

Mediclinic Western Cape hospitals, through its Water Resilience Committee, engaged with on-site suppliers (building contractors, laundry, catering and cleaning suppliers) to encourage these suppliers to reduce water consumption. These initiatives formed part of the Water Resilience Committee's efforts to reduce water consumption as part of its contribution towards water saving in the drought-stricken area.

Baseline year

2016

Start year

2017

End year

2020

Progress

Various practical initiatives were implemented by the aforesaid suppliers at the different hospitals. Total water reduction at the hospitals is being achieved, albeit not in 2020 due to COVID-19 impacts, and can be used as an indicator of success of the goal.

W9. Verification

W9.1

(W9.1) Do you verify any other water information reported in your CDP disclosure (not already covered by W5.1a)?

No, but we are actively considering verifying within the next two years

W10. Sign off

W-FI

(W-FI) Use this field to provide any additional information or context that you feel is relevant to your organization's response. Please note that this field is optional and is not scored.

W10.1

(W10.1) Provide details for the person that has signed off (approved) your CDP water response.

	Job title	Corresponding job category
Row 1	Group Chief Governance Officer	Other C-Suite Officer

W10.2

(W10.2) Please indicate whether your organization agrees for CDP to transfer your publicly disclosed data on your impact and risk response strategies to the CEO Water Mandate's Water Action Hub [applies only to W2.1a (response to impacts), W4.2 and W4.2a (response to risks)].

Yes

Submit your response

In which language are you submitting your response?

English

Please confirm how your response should be handled by CDP

	I am submitting to	Public or Non-Public Submission
I am submitting my response	Investors	Public

Please confirm below

I have read and accept the applicable Terms