مستشفى الدكتور سليمان فقيه
Dr. Soliman Fakeeh Hospital

The CSR report of Dr. Soliman Fakeeh Hospital for the year 2012 based on the Third Generation Guidelines of the Global Reporting Initiatives and comply with the Communication On Progress by the United Nations Global Compact

Dr. Soliman Fakeeh Hospital

CSR Report 2012

The Sustainable Hospital

Global Reporting Initiative™ Organizational Stakeholder 2012

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Statement
GRI Application Level Check

GRI hereby states that **Dr. Soliman Fakeeh Hospital** has presented its report "CSR report 2012" to GRI's Report Services which have concluded that the report fulfills the requirement of Application Level A.

GRI Application Levels communicate the extent to which the content of the G3 Guidelines has been used in the submitted sustainability reporting. The Check confirms that the required set and number of disclosures for that Application Level have been addressed in the reporting and that the GRI Content Index demonstrates a valid representation of the required disclosures, as described in the GRI G3 Guidelines. For methodology, see www.globalreporting.org/SiteCollectionDocuments/ALC-Methodology.pdf

Application Levels do not provide an opinion on the sustainability performance of the reporter nor the quality of the information in the report.

Amsterdam, 19 June 2013

Nelmara Arbex
Deputy Chief Executive
Global Reporting Initiative

GRI REPORT
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Principles We Believe and Support

Human Rights

- Principle 1: Businesses should support and respect the protection of internationally proclaimed human rights; and
- Principle 2: make sure that they are not complicit in human rights abuses.

Labour Standards

- Principle 3: Businesses should uphold the freedom of association and the effective recognition of the right to collective bargaining;
- Principle 4: the elimination of all forms of forced and compulsory labour;
- Principle 5: the effective abolition of child labour; and
- Principle 6: the elimination of discrimination in respect of employment and occupation.

Environment

- Principle 7: Businesses should support a precautionary approach to environmental challenges;
- Principle 8: undertake initiatives to promote greater environmental responsibility; and
- Principle 9: encourage the development and diffusion of environmentally friendly technologies

Anti-Corruption

- Principle 10: Businesses should work against all forms of corruption, including extortion and bribery.

Statement

"Dr. Soliman Fakeeh Hospital is proud to present its Sustainability Report for the year 2011. The report complies with the Communication On Progress required by the United Nations Global Compact and follows the GRI framework (Third Generation)."

For more information please contact, Dr. Sherif Zaki Tehemar, the CSR Committee Chairman email: stehemar@drfakeehhospital.com or stehemar@hotmail.com, Tel: 00966593000683

Dr. Soliman Fakeeh Hospital CSR Report 2012

Message from the President & Chairman of the Board

It gives me a great pleasure to present you the 2012 Corporate Social Responsibility Report of Dr. Soliman Fakeeh Hospital (DSFH). This is our 4th report in our sustainability journey. Since we started our CSR journey 5 years ago, we have received many awards and recognitions and DSFH has been recognized as a leader in healthcare CSR in the region and one of the major CSR players in Saudi Arabia especially when our last CSR report (2011) reached the A+ level that made DSFH the first organization in Saudi Arabia and one of very few hospital worldwide to reach this level based on the 3rd generation of the Global Reporting Initiatives (GRI) guidelines.

At the end of 2011, the board of Governor of Dr. Soliman Fakeeh Hospital (DSFH) decided to move from a proprietary concerned business to a close joint stock company under the name of Dr. Soliman Fakeeh Hospital Company. We consider this move a major step to enhance the competitive advantage of the hospital and its business units and aligned with the government direction mentioned in the Ninth Development plan of KSA. To allow smooth transition so as not to affect the operations of DSFH, the organization structure was changed gradually. It is worth mentioning that the organization hierarchy remains the same till October 2012 when a new CEO was appointed to manage the hospital. The hospital being the core business of the company started to be recognized as a separate business unit by December 2012. Consequently, our 4th CSR report will be the last to be based on the operations and performance of the hospital only and will not include the performance of the other business units like Dr. Soliman Fakeeh College for Nursing & Medical Sciences, Olympia fitness Center, Fakeeh Complementary Healthcare Company, Ambulatory Care Service and others).

Since we started sharing our CSR performance with the public by issuing CSR reports, we choose the Global Reporting Initiatives (GRI) guidelines as our reporting platform. We considered and we still do that GRI is one of the most comprehensive international guidelines available for CSR reporting, the reason why we choose to join the Organizational Stakeholders (OS) program of the GRI in 2012 aiming to enrich our CSR knowledge and enhance our exposure globally through the GRI network. Moreover, in 2012, we decided to raise the bar and participated in the United Nations Global Compact (UNGC) network to be able to strongly engage in areas of human rights, labour, environment, anti-corruption and contribute to UN goals in order to achieve the common objectives of building a sustainable and inclusive global economy. Consequently, this report can be considered the first of its kinds in the healthcare sector in Saudi Arabia that will use the GRI guidelines as an accepted framework to report on our CSR performance for the Communication on Progress of UNGC as well *(based on the*

Memorandum of Understanding signed in May 2010 between the GRI and UN Global Compact at the Amsterdam Global Conference on Sustainability and Transparency).

We understand that patients are and will always remain the core of our business operations. In 2012, DSFH has been reaccredited for the third time by the Joint Commission International (JCI) and for the second by the Australian Council for Healthcare Standards International (ACHSI). Moreover, DSFH has fulfilled all the necessary requirements for the ISO 14001 and OHSAS 18001 reaccreditation due in January 2013. These accreditations made DSFH the first hospital in the Western Region of Saudi Arabia to receive this number of accreditations that exemplify our commitment to provide our patients with best quality of care. Within the same context, we are delighted of our new initiative (H-Connect) that we introduced in 2012 as a unique service in the healthcare sector in Saudi Arabia. As an online portal, the H-Connect will allow patients to retrieve and check the result of their investigations or their radiographic reports and manage their appointments directly from our website.

We invest on human capital and we consider that retaining and attracting quality employees require a holistic system that take into consideration the education and career development programs we provide, the work-life balance atmosphere we implement and the healthy fair environment we create. We listen to our employees and we are proud of our wages and benefits we offer. We believe that our anti-corruption policy and the equality and diversity atmosphere in our hospital helped us in improving our productivity as illustrated by the increase in the number of patients we treat as a yearly trend. Moreover, we will continue to support our Saudization plan to improve the local economy aiming to reach a 30% of our workforce by the end of 2013.

Our support and commitment to environmental health and safety remain the same. In 2012, we started our new environmental initiative under the title: “Drug-Take-Back” campaign. Managed by the Pharmacy department in cooperation with the CSR committee, the campaign targeted our patients by educating them on the hazardous effect of keeping expired medicine at home. During the campaign, we asked our patients to return back any expired medication they have at home to us so we can dispose them according to the environmental regulations. This initiative was very successful. We hope to extend this initiative to the community by partnering with some pharmaceutical companies in 2013.

Our community will remain a core element in our CSR practices. Within this context, we are proud of the activities and the out-reach programs conducted by the Community Teaching Center that promote healthy and safely life style and provide free education services to our patients and their families. In 2012 and based on our stakeholders’ engagement, we open a Diabetes Center. Managed by high skilled professionals in endocrinology, surgery and equipped with state-of-the-art equipment, the Diabetes Center provides an evidence-based treatment to

the diabetic patients. Moreover, our charity office was able to raise its fund to 1.5 million SAR and provided free treatment to more than 11,000 patients in 2012 compared to 9000 patients in 2011.

It is absolutely essential that the many and diverse CSR activities that we perform be visible as a fundamental prerequisite so that target groups which are crucial us (consumers, investors and even potential job applicants and the general public) can become aware of, judge and reward (through their decisions in the marketplace) corporate social responsibility. Aware community are increasingly expressing a desire for a 'second price tag' that would shed light on the sustainability and social responsibility of DSFH's business practices. We understand that meeting this wish will require reliable, transparent and comparable information on our socially-responsible conduct information that extends to our supply chains and competitors as well. Fostering a culture of transparency and promote CSR practices within our society and the healthcare sector was one of our targets for 2012. Within the same spirit we are satisfied from our awareness activities in 2012. We published the first worldwide CSR guide for hospitals under the title: "Good Hospital Guide" as a sustainability guide directed to the healthcare service sector and is available for download, free of charge, through our website. An online version of the guide was sent to more 5000 healthcare service sectors in the MENA region. Also, we introduced and sponsored a new award for the best sustainable hospital in the Middle East in the Arab Health Conference. The award is based on the principle of human rights, sustainable development and eco-friendly practices. Furthermore, we conducted a CSR workshop for 100 suppliers in order to educate and promote the Responsible Supply Chain Management as a concept among our supply chain. These efforts are coupled with our newly structured website that includes comprehensive information and education materials for CSR. Moreover, in 2012, we conducted an internal CSR awareness campaign for our employees under the theme "Educated on CSR" and we were able to educate 77% of our workforce on the principle of human rights, CSR and ethical business and patient rights.

As much as the recent developments are commendable, the country faces important challenges going forward. Health and education do not reach the standards of other countries at similar income levels. Although some progress is visible in health outcomes, improvements are being made from a low level. As a result, the country continues to occupy low ranks in the health and primary education pillar (58^{th}), and room for improvement remains on the higher education and training pillar (40^{th}) according to the recent Global Competitiveness Index. Issues like patient rights, shortage of qualified healthcare professionals, and the tremendous increase in life style-related disease like obesity and diabetes remain challenges that need to be considered.

We will continue to support the GRI, the UNGC and the Millennium Development goals through our stakeholders' network. By doing so, we aim is to foster the culture sustainability, human

rights and anti-corruption and raise awareness about environmental and labour issues in the community we live in.

I would like to take this opportunity to thank all our stakeholders for their support and contribution and the members of CSR committee for their efforts and commitments in making our sustainability journey successful.

Sincerely,

Dr. Mazen Fakeeh

President & Chairman of the Board

Letter from the CSR Committee Chairman

Dear Readers

On behalf of the CSR committee, I am delighted to present you our achievements in sustainability during 2012.

During the year 2012, the CSR team became a standing committee and most of its members are executives, chiefs of divisions, international quality accreditation team leaders and directors. I believe that this strategic move allowed us to better assess and monitor the CSR activities within the hospital in a more holistic approach. I am very proud of our sustainability journey. In 2012 we conducted the CSR workshop for suppliers, the internal CSR awareness campaign under the title "Educated on CSR" for our employees; we published the first sustainability guide for the healthcare sector, we introduced and supported the new Sustainable Hospital Award by the Arab Health and most importantly we joined the Organizational Stakeholders network of the GRI and UNGC.

We continued to manage CSR through our responsible commitments and activities directed to patients, employees, community and environment. Some of our initiatives we conducted in 2012 include; the "Drug-Take-Back" campaign, the launch of the online portal for patients "H-Connect", the establishment of "Aman Home Health Care" service, the "Child Safety" campaign in cooperation with the Civil Defence and Ministry of Health, the Rapid Response Team as performance improvement for the patient safety and the Perfect Order Fulfilment process that reward our suppliers that incorporated CSR and ethical business concept within their practices. I believe that those initiatives would never be possible without the excellent commitment and support we received from the President of the company, the exceptional sustenance from the upper management, the dedication of our employees, the strong engagement form our stakeholders and the outstanding efforts of all the CSR committee members.

This is the fourth published CSR report in our sustainability journey. It represents another challenge for us as it combines the GRI and the Communication on Progress of the UNGC in one report. I will really appreciate your feedback on our CSR performance as without your suggestions and inputs we cannot move forward. I would like to thank each member of the DSFH for his/her faith, support and exceptional commitment showed during our journey but most importantly our leader for his outstanding support and wisdom vision in supporting the implementation of CSR within DSFH……Thank you all…….

Sincerely

Dr. Sherif Tehemar / CSR Committee Chairman 2008-2012

Mission

As a leading referral hospital, we are committed to the provision of preventive and therapeutic comprehensive health care in all medical and surgical specialties in a compassionate, sincere and professional manner in order to cater to our patients' needs and demands. We strive to achieve excellence in servicing our primary care patients, together with our secondary and tertiary referrals.

Vision: Achieve international standards, and provide quality service at a reasonable and affordable cost to our patients.

Values:

We value ethics and professional integrity

The patient is our top priority

We continuously look for improvement opportunities

We understand the needs of our patients

We believe that every member of our team is valuable

About Dr.Soliman Fakeeh Hospital

Founded and based in Jeddah, Saudi Arabia, in 1978 by Dr.Soliman Fakeeh, Dr.Soliman Fakeeh Hospital (DSFH) has been a true leader in the field, whose pioneering spirit and visionary resolve has - for over three decades - advanced by leaps the standards of healthcare delivery in the Kingdom of Saudi Arabia and in the region. The hospital is located in an urban neighbourhood and there are no such areas that serve as a habitat for birds and plants in our immediate vicinity. Therefore, no habitats were protected or restored during the reporting period.

DSFH is the first private hospital in the Western Region of the Kingdom of Saudi Arabia to be accredited by the Joint Commission International (JCI) in 2006 and reaccredited in 2009 and 2012, and the first hospital to be accredited by the Australian Council for Healthcare Standards International (ACHSI) in 2008 and reaccredited in 2012. In 2011, DSFH was accredited for ISO 14001 and HACCP/ISO 9001 OHSAS 18001 and is considered to be one of few hospitals in the region to be accredited for the ISO and OHSAS. With a workforce of more than 2600 employee, DSFH is presently one of the most notable healthcare providers in the region and is visited by greater than 700,000 patients every year. DSFH provides comprehensive preventive and therapeutic healthcare services to both adults and children in KSA and Arab countries in general and the city of Jeddah in particular.

DSFH provides 13 Medical specialties including 47 sub specialties and 5 clinical services. *The health care services include both inpatient and outpatient services in all medical and surgical specialties. The hospital has a robust review mechanism to ensure that all local regulations such as Ministry of Health (MOH), Saudi Food and Drugs Authority, Saudi Labor Law, Presidency of Meteorology and Environment (PME) and all other locally relevant regulations are fully complied with.

The hospital is 100% equity based and the following table provides key financial information taken from the financial statements of the hospital audited by Ernst and Young International. It is worth mentioning that since our last published report, no significant changes regarding the size, location occurred. As for the ownership, the hospital was moved to a closed joint stock company status as mentioned in the letter of the President of the Company and the shareholders are the family members of Dr. Soliman Fakeeh (the founder). Moreover, DSFH did not receive any financial support from the government during the reporting cycle. DSFH activities do not impact climate change in a significant manner and neither are there any

financial risks and implications due to climate change. However we do realize our responsibility towards preservation of the ecosphere and take all possible actions to address key issues

Direct Economic value generated		
Particulars	**Amount (2011)**	**Amount (2012)**
Revenues	611,522,204	690,619,263
Other Income	16,202,016	13,544,919
Economic value generated	**627,724,220**	**704,164,182**

Economic value distributed		
Operating costs	265,161,400	297,031,258
Employee wages and benefits	258,738,575	310,952,933
Payments to providers of capital**	698,790	
Payments to Government	5,206,782	4,255,985
Community Investments*	518,640	282,982
Economic value distributed	**530,324,187**	**612,523,158**

Economic value retained	**97,400,033**	**91,641,024**

**We have converted our legal status from a proprietary concern to a Closed Joint Stock company. Hence no amount of money can be paid to the providers of capital via distribution of profits unless approved by the annual general meeting. No payment has been done as of date. Once approved in the annual general meeting, such amount as approved will be paid and will be reflected in the next year's fiscal period.

*This represents only the amount paid to third parties for community investment not including the free medical treatments and other in-house community initiatives. For details on those programs please refer to page 65.

Awards & Recognitions

1. In 2011, DSFH was the first and only hospital among the health sector in the Middle East, the first organization in Saudi Arabia and one few hospital worldwide to publish an externally assured Corporate Social Responsibility (CSR) Report abiding by the Global Reporting Index (GRI G3) Guidelines at A+ level.
2. DSFH is the first private hospital in the Western Region of the Kingdom of Saudi Arabia to be accredited by the Joint Commission International (JCI) in 2006 and reaccredited in 2009 and 2012, and the first hospital to be accredited by the Australian Council for Healthcare Standards International (ACHSI) in 2008 and reaccredited in 2012. In 2011, DSFH was accredited for ISO 14001, HACCP/ISO 9001

and OHSAS 18001 and is considered to be one of few hospitals in the region to be accredited for the ISO and OHSAS.

3. In recognitions of the responsible commitment of our leader to sustainable practice and to the healthcare industry in general, the president and chairman of the board was awarded the "Outstanding Achievement of an Individual in the Healthcare industry in the Middle East" during the Annual Arab Health Conference and exhibition held in January 2012. The Arab Health is renowned as being the biggest medical gathering in the Middle East and in the Arab world. This prestigious award is judged by international figures selected from some of the biggest healthcare institutions.
4. DSFH was recognized as a pioneer in sustainability during the annual Hospital Build & Infrastructure Conference & Exhibition held in June 2012. The hospital was selected as one of the best 3 nominees for the award of Best Sustainable Hospital Project based on our sustainable performance that reveals the innovative use of new materials, products or construction methods, which will save energy and encourage future efficiency and demonstrates an efficient use of resources, such as energy and water, and use of materials that reduce environmental and health impacts of the facility.
5. In 2012, DSFH and the president of the hospital received the BIZZ Award 2012 which is considered one of the most important awards worldwide. Given by the World Confederation of Business in USA to the most outstanding companies and businesspeople who worked in innovative, knowledgeable and systematic manner in the sustainable business development. It is worth mentioning that DSFH is the first hospital in the MENA region to receive this award.

DSFH Service Snapshot (2009-2012)

Statistic description	2009	2010	2011	2012
Average daily number of admissions	101	103	106	110
Average length of patient stay	3.97	3.96	3.83	3.82
Average daily outpatient visits	1,294	1,394	1,758	1,763
Average ER daily visits	173	200	218	235
Total number of surgeries (operations)	12,636	16,827	16,698	17,989
Total number of diagnostic images	100,803	111,536	117,791	123,700
Total number of laboratory investigations.	849,820	844,841	1,102,377	1,273,580

DSFH Services and Business Units

The hospital offers a wide array of services categorized into specialized units and centers, clinical, laboratory and pharmaceutical services. In addition to our expansion and renovation for the Emergency Room, Diagnostic Imaging department and Intensive Care Unit and as part of continuous improvement that respects community needs, DFSH has introduced the following services and units since our last report in 2011: (for full list of medical and clinical services please refers to the table)

Diabetes Center: Managed by high skilled professionals in endocrinology and surgery, the Diabetes Center provides an evidence-based treatment to the diabetic patients. The center includes diabetic educators to provide free medical education to those patients and helped them to maintain a healthy life style.

O2 Heal Center for Hyperbaric Oxygen DSFH was the first private hospital in the kingdom to introduce Hyper Baric Oxygen (HBO) treatment to the public. HBO is the only treatment for decompression sickness and diving accidents and for carbon monoxide poisoning. It is also an adjuvant treatment for thermal burns, cosmetic surgeries, diabetic foot, chronic ulcers and unhealed wounds, chronic osteomyelitis, sudden sensorineural hearing loss, memory loss, chronic fatigue, autism and many other indications. The center is managed by a highly professional specialized staff in the field of HBO.

Paediatric, Neonatal & Fetal Cardiology Clinic: A dedicated clinic that provide comprehensive medical treatment including but not limited to diagnosis and treatment congenital heart diseases including 3D echo, genetic counselling and intervention for heart disease for fetal, new born and children patients.

AMAN Home Health Care: Established to provide continuity of care to clients living within 30 KM from DSFH after being discharged from the hospital. Continuing care in the home includes nurse case management, home health care nurse aides, nurse midwife, medical social worker, dietician, physical therapy, occupational therapy, speech and language therapy, respiratory therapy, and physician. It is the plan for AMAN HHC to adopt and develop case management and disease programs that meet the needs of its population. The benefits of a case management system include, one-on-one assessment and education, client is at home receiving care, decreases length of stay in hospital, decreases the chance of infections, increases customer satisfaction as the client has individual attention, decreased hospitalizations with on-going assessment and communication, decreased costs for insurance companies, increased support for hospital in terms of acute care occupancy.

DSFH Business Units

Dr.SolimanFakeeh College of Nursing and Medical Sciences: The college of Nursing and Medical sciences was established in 2003 to provide nursing and allied health Baccalaureate programs to pre-empt global nursing shortages and in response to recruitment competition for nurses and allied healthcare workers. The curriculum incorporates research findings into education programs and uses assisted learning technologies in the class room. We have previously expanded the college to increase the number of students undergoing baccalaureate training and to incorporate male students into the programs. In order to contribute effectively in the Saudization of the allied healthcare workforce, we have also established allied healthcare Baccalaureate programs (radiography and laboratory). In 2011 we have signed a partnership agreement with the renowned ULSTER University in United Kingdom of Saudi Arabia through which our nursing students will have an accredited British-Saudi Baccalaureate degree. We shall work in partnership with ULSTER University to provide institutionally accredited high calibre education standards.

Olympia Fitness Center: Olympia Fitness Center was established as a public health initiative to provide the space and facilities for general public to engage in fitness activities. It offers state of the art facilities including a fully equipped gymnasium, indoor swimming pools, a tennis/squash court, basketball and many other recreation and sports facilities. Olympia has around 1700 male and female members served by 75 employees. It focuses on wellness and promotion of healthy life style and diet.

Fakeeh Complementary Health Care (FCHC): FCHC, a subsidiary of DSFH was established in 2006 to cater to the needs of the parent organization and the local market. It is headquartered in Jeddah with a branch in Riyadh. FCHC's objective is to provide the best available quality products of medical supplies, medical equipments, pharmaceuticals and cosmoceutical products as well as after sales services at a convenient and affordable price to the local market.

Khdija Attar Center for Children with Special Needs and the Bright Talk Day Care: Named by the late wife of the founder "Mrs. Khadija Attar", this recently opened center caters for children with special needs from birth to the age of 12 years, providing medical services, special needs education, social activities, physiotherapy, speech therapy and behavioural therapy to children with conditions such as autism and Downs syndrome. While the Bright Talk Day care provides children with a stimulating environment and hands-on activities that allow them to develop their cognitive skills and individual talents.

CSR in Saudi Arabia: A Look to the Future

DSFH Impact on Sustainability:

As a healthcare organization, we started our sustainable journey 34 years ago. Our mission, vision and values are built on a sustainable framework that focuses on our patients' need while taking into consideration the community in which we live and the sector we represent. We believed that healthcare is a sustainable social investment, the reason why we do not see CSR practice as an added cost. Our strategy, based on principles of ethics, integrity and quality, demonstrates our responsible commitment to patients, employees, environment and community by setting clear goals and objectives that respect the Millennium Development Goals.

We believed that our compliance with international quality standards and placing the total quality management (TQM) as the hub for controlling our operations has helped us in integrating CSR in our daily work. TQM ensures a balance between the goal of organization and the quality of service. Equally, CSR considers the value-based behaviour as the root to sustainable performance. Hence, TQM plays an important part in facilitating a deeper penetration of CSR in our organization and provides us with a solid framework to easily introduce and communicate CSR with our stakeholders.

We noticed that CSR became more popular in the last years. This fact was exemplified by the number of forums and conferences that were conducted to discuss the sustainable

development, the benefits of adopting CSR principle and its role in the competitiveness at the national and international levels. It is worth mentioning that Saudi Arabia realizes the importance of Responsible Competitiveness and the role of CSR in improving the position of Saudi Economy in the Global market. Initiatives like the establishment of the National Competitiveness Center**,** the National Commission for Anti-corruption, the Saudi Arabian Responsible Competitiveness Index (SARCI), the King Khalid Award for Responsible Competitiveness and others have helped positioning Saudi Arabia as the second foreign direct investment destination for the Arab world. Moreover, and within the context of Responsible Competitiveness, Saudi Arabia has done major improvements over last years and upgraded its overall rank from 28th (2009-2010) to 18th (2012-2013) based on the Global Competitiveness Index and ranked 12thin the World Bank's 2011 Ease of Doing Business index. However, we noticed that the CSR concept is still developing and has not reached the maturity stage. It consists of a number of free standing and competing ideas and initiatives that have not been sufficiently integrated into a broadly accepted and robust theory.

We believed that a national CSR strategy is required in order to build a solid responsible competitive framework based on a national stakeholder's dialogue that identified the real needs of the community and contributes to the national development of the country. Within this context, DSFH has always been invited to share its expertise in sustainability in several CSR conferences nationally and internationally. The participation and contribution of the CSR committee chairman in many national and international forums like; the 2nd CSR forum of Jeddah Chamber of Commerce & Industries, the 1st CSR conference of Al Jubail in the Eastern province of the kingdom of Saudi Arabia and the 2nd MENA regional forum of the Principle Responsible Management Education (PRME) conducted in Lebanon and organized by the University of the Holy Spirit of Kaslik and in cooperation with the United nations Global Compact as well as his recent participation in the Regional Forum of the International Organization for Migration in Kuwait for the " The Role of the Private Sectors in Promoting Corporate Social responsibility toward Labour in the GCC" organized in cooperation with the regional office of UN; exemplifies our commitment in promoting the CSR concept and the Millennium Development Goals in the region. We believed that our contributions in these events was a great opportunity for us to enhance our relationship with international organizations like UNGC and IMO and helped us to participate in shaping the CSR concept within Saudi Arabia and the MENA region.

Moreover, one of the members of the CSR committee (Director of The Academic Training Affairs Department) is also a member of the Jeddah Health Promoting Committee. This committee consists of 9 eminent members representing different sectors of the healthcare service. The scope of this committee is to initiate, monitor and supervise different health out-reach programs that respect community's needs.

The president and chairman of the board sits on numerous private and public health committees such as the Health Committee at the Jeddah Chamber of Commerce and its Communication sub-committee, which is composed of representatives from private hospitals and meets on a regular basis with the Ministry of Health (MOH) leadership. For the last 5 years, the president also served as a member of the Mecca Region Development Council, which is the highest body responsible for healthcare programs and strategic planning for the Mecca Region. The Council is composed of representatives from all healthcare providers in the region, including private and public hospitals. He is also a member of the Board of Trustees of the Saudi Council for healthcare Specialities. Through these committees, the president played an important role in fostering the culture of CSR and sustainability within the healthcare service sector.

Sustainability Trends, Risks and Opportunities:

On the national level, DSFH considers The Saudi Arabia Responsible Competitiveness Index (SARCI), managed by King Khaled Foundation, and previously by the Saudi Arabia General Investment Authority (SAGIA) an excellent governmental initiative to foster the culture of competitiveness advantage within the business sector. DSFH has been a major participant in SARCI since it began 5 years ago. We believe that the knowledge that DSFH gained and the recognition that they received from helped DSFH to pursue its CSR journey on a scientific yet comprehensive basis.

On the international level, DSFH understands that by joining the Organizational Stakeholders programs of international recognized CSR bodies like the Global Reporting Initiatives and the United Nations Global Compact will help our organization to manage CSR on a scientific basis, communicating and learning from other CSR players, and assist us in linking our goals to that of the Millennium Development Goals. Moreover, by joining the OS programs of the aforementioned organizations, we can foster the culture of sustainability within the healthcare service sector in the region.

With an estimated population of 26 million residents with an annual growth rate of 2.2%, the Saudi Arabian healthcare sector caters to a rapidly growing population and the concurrent increasing demand on the healthcare sector. Overall the supply of healthcare facilities struggles to keep pace with the burgeoning population, a situation recognised by the Government who have recently introduced initiatives to encourage the private sector to match the shortfall and benefit from this potentially lucrative sector.

On the other hand, and in terms of percentage spent on healthcare as a percentage of GDP, Saudi Arabia is still behind many developed nations in the world. Moreover, comparing the healthcare indicators of Saudi Arabia to other developed countries such as the US, UK and

Germany demonstrates that there is a shortage of physicians, nurses and beds in Saudi Arabia. The shortage is prevalent across all GCC countries; nevertheless, Saudi Arabia has the lowest number of beds, nurses and doctors per population within the GCC. *(Source: KSA: A Structured Growing Industry, Deloitte 2012)* Additionally, other challenges remain; Shortage of hospital beds and healthcare resources, the tremendous increase in life-style related disease, competition from public hospital sector and the distribution of the market structure in term of the predominance of insurance companies that resulted in services being driven by cost versus quality are issues to be highlighted. We believe that these issues are the reasons behind the low rank of Saudi Arabia in health and primary education (58^{th}) in the last Global Competitiveness Index for 2012.*(Source: Global Competitiveness Index Report 2012-2013)*

It can be concluded that while KSA's performance strength came from the major improvements in basic requirement of Global Competitiveness Index, KSA should pay more attention to the health and education issues and gives more efforts to the "efficiency enhancers" factors of the index.

As a healthcare service provider for 34 years and one of the major CSR players in the country, we understand our role in undertaking the healthcare concerns in a sustainable manner and we believe that if our customers are provided with better information and guidance on healthy lifestyles, it will definitely improve the benefit they receive from any medical treatment. We consider these concerns as motive for us to innovate and introduce new businesses and services. Moreover, we realize the importance of patient rights and that it has to be managed within the broader scope of human rights. Additionally, we work with regulators to ensure that quality standards are upheld at the industry level and lobby against the concept of cost versus quality that some insurance companies adopt.

It is well recognized that the healthcare sector depends greatly on the availability of a highly qualified human resource base. We see the development of local talents as part of our responsibility and that is why we have invested heavily in a nursing college. We established The College of Nursing and Medical sciences to provide nursing Baccalaureate programs in order to pre-empt global nursing shortages and in response to recruitment competition for nurses and allied healthcare workers. Moreover, we paid close attention to the education and training issues. In 2012, we join the Saudi Board Program and DSFH has been recognized as a training center for the Residency Programs that provide medical and clinical training for Saudi Board candidates.

Since our first CSR report in 2008, we, at DSFH, realized that education and awareness are vital for any CSR practice to succeed. Consequently, in 2010, we published our first CSR digital magazine aiming to increase CSR awareness among the community. Within the same spirit and in 2012 we published the first worldwide CSR guide for hospitals under the title: "Good Hospital

Guide" as another CSR awareness activity directed to the healthcare service sector and made available for download, free of charge, through our website.

Our Fourth CSR Report: The Parameters

We are pleased to provide you with DSFH's fourth report on our corporate social responsibility performance. This report highlights our recent activities and updates our last report. Based on feedback from readers and stakeholders and similar to our last report we have chosen to make this report as concise as possible and to link it closely with the Hospital overall Strategy.

Scope and Boundary: This report covers the sustainability activities of Dr.Soliman Fakeeh Hospital, and includes all activities and data from1st January 2012 to 31st December 2012. Our last report was released in June 2012, covering performance for the calendar year 2011.The report covers social, economic and environmental aspects that are contextual to a hospital and includes data and activities from Dr.Soliman Fakeeh Hospital only and not the other business units (Dr.Soliman Fakeeh College of Nursing and Medical Sciences, Olympia Fitness Center, Fakeeh Complementary Health Care (FCHC), Bright-Talk Montessori Preschool, Khadija Attar Center for Children with Special Needs).DSFH is not part of any joint venture, subsidiaries, leased facilities, outsourced operations, and other entities that can significantly affect comparability from period to period and/or between organizations.

Content Definition: As in our previous report, the content of this report is based on a materiality assessment conducted by our CSR committee and our sustainability advisors. The materiality of issues was considered based on three key factors—the significance of the issue to stakeholders, the linkage of the issue with DSFH overall mission, vision and business goals and the potential to contribute to national development priorities. Our stakeholders' opinions are of extreme importance to us and we have ensured that their opinions are consistently sought throughout the year. Additionally, in keeping with the principle of stakeholder inclusiveness, we have interviewed/ surveyed key stakeholders to gain their perspectives on our CSR performance and on reporting expectations. The CSR strategy of the hospital is built around hospital's overall mission and on key areas of national priority thereby ensuring that the CSR direction of the hospital takes into account these key imperatives.

Data for the Report: The relevance and accuracy of the data included in the report has been reviewed closely by the management. In most instances, the data has been collected from the source of origination by CSR committee members as per the table of responsibilities and has been validated twice by review of the supporting documentation Firstly by one of the CSR team and secondly by the CSR committee chairman; both of whom were not involved in data

collection). In case where source document was not available, we used data estimation techniques based on logical assumption. The data in the report has been presented for 2012 (12 months) along with 2011 given as baseline where applicable.

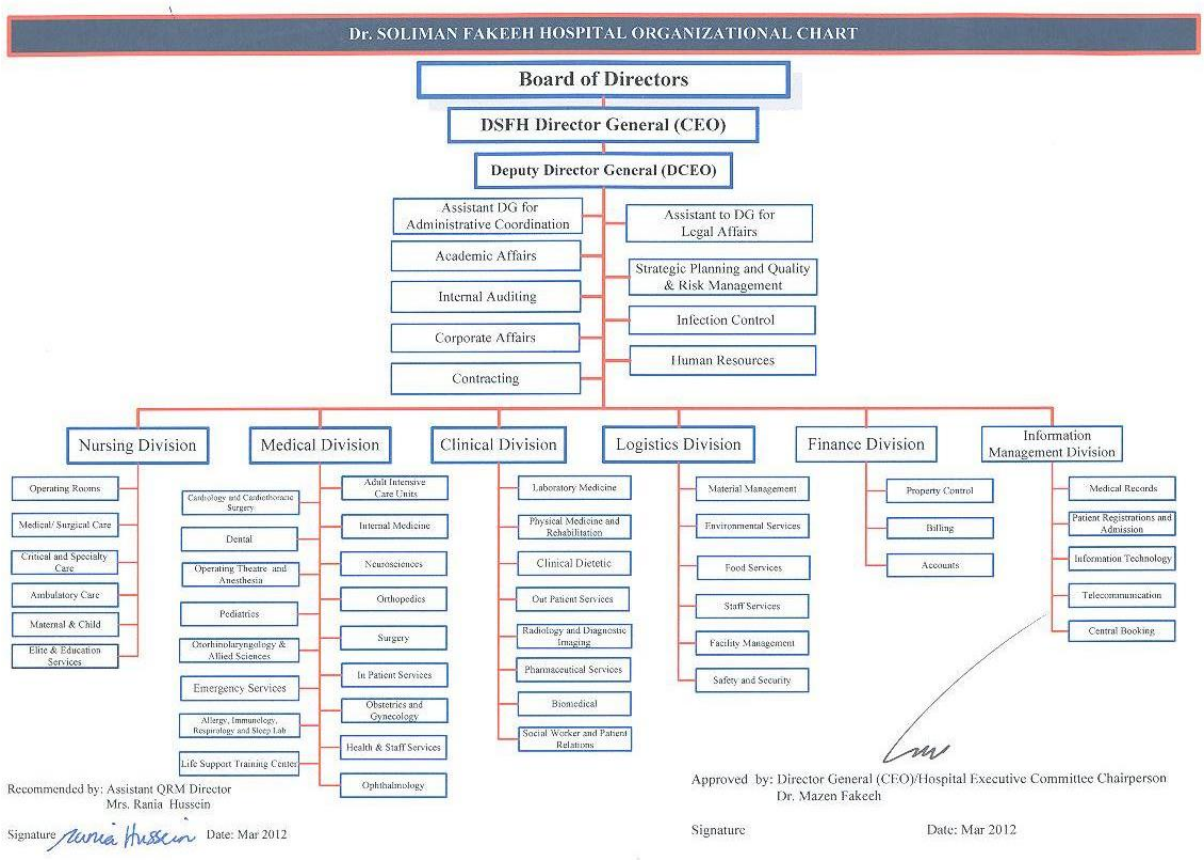
Reporting Guidelines: We considered the Global Reporting Initiative (GRI) Sustainability Reporting Guidelines (G3), Application level A and the Communication on Progress process of the United Nations Global Compact (learning level) in preparing this report and include a comprehensive GRI/COP index at the end of the report. The report has been checked by GRI for the declared application level. For more information please contact CSR Committee Chairman Dr.Sherif Tehemar BDS, MSc., PhD, FACOMS at + (966) 2 6655000 ext.: 1303 or email at csr@drfakeehhospital.com.

DSFH Governance structure: Composition & Function

DSFH Governance Structure: The highest governance body in DSFH is the Board of Governors, which is responsible for approving major decisions affecting DSFH strategies and for annually evaluating its performance against pre-established goals. The hospital is a part of a close-joint stock company and all the members of the Board of Governors are the family members of Dr.Soliman Fakeeh (the founder) and the shareholders of the company. Dr.Mazen Fakeeh is the president and chairman of the board and Mr.Ammar Fakeeh is the vice president, thus one is non-executive. Dr.Mazen Fakeeh, who is a practicing Medicine and Endocrinology Consultant, provides the overall leadership and management of the hospital, and delegate's responsibility to the Hospital Executive Committee. The Hospital Executive Committee, which is chaired by the DG, includes all division chiefs and executives as members and is responsible for approving hospital plans such as long-term strategic plans and allocation of capital. The mechanism of evaluation of the Board by the Hospital Executive Committee was explained in our last report. It is worth mentioning that the compensation mechanism for members of the highest governance body and senior management is embedded within the committees' performance mechanisms under the governance body and linked to their CSR inclusive performance. The inclusion of the executive committee in strategic decision-making ensures that conflicts of interest are avoided and the decisions taken are impartial and free of bias. The hospital has an open door policy and all stakeholders, internal and external can approach the highest governance level to provide recommendations or arbitrate grievances.

CSR Governance Structure: The CSR governance structure was described in details in our last report 2011. In 2012, The CSR team became a standing committee consisting of 14 members and is responsible for setting the strategic directions and supporting the integration of CSR throughout the hospital. The CSR committee manages CSR by monitoring the responsible commitments and activities toward the four pillar of CSR; Community, Employees, Patients and Environment and measure the impact of these activities. We believe that that moving the CSR structure from a team to committee helped to strengthen the vital role of CSR in the organization and empower the authority of the CSR committee members in managing CSR issues. Moreover, CSR issues are managed within each department through CSR representatives. Monthly meetings are conducted between the CSR committee chairman and CSR representatives to ensure that CSR is well integrated in all operations. A bi-weekly meeting is conducted between the DG and the CSR committee chairman to keep the former updated on all CSR related issues and the achievement of CSR goals set earlier.

The illustration below portrays the hospital Governance Structure & Hierarchy in 2011/2012



Embedding CSR into Hospital Operations: We believe that embedding CSR into hospital operations requires a multidisciplinary approach and the contribution of all our stakeholders. The main responsibility of the CSR committee is to ensure that CSR initiatives are well implemented and the CSR goals previously set are met by communicating with CSR representatives of all divisions and departments. Additionally, DSFH has established several committees that are responsible for managing the performance of different operational activities in the hospital and for ensuring adherence to CSR principles and international quality standards at all levels. It is worth mentioning that the 14 members of the CSR committee are either members or chairpersons of all hospital committees.

Commitment to external Initiatives: We continue to place quality at the core of our business climate thus raising the standards bar across the entire private sector on an on-going basis. Having been involved in the Mecca Region Quality Program accreditation from the outset we went on to be the first private hospital to achieve JCI accreditation in the Western Region in 2006 and reaccredited in 2009 and 2012, and the first hospital in the Western region to be

accredited by the Australian Council on Healthcare Standards International ACHSI in 2008 and reaccredited in 2012. Recently, DSFH was the first hospital in the Western Region to be accredited for ISO 14001 and OHSAS 18001.

From the CSR perspective, DSFH believes that the GRI sustainability reporting framework provides guidance for sustainability performance disclosure and gives stakeholders a framework to understand the disclosed information. Moreover, we used the GRI guidelines as a common platform for the Communication Progress as well, based on the Memorandum of Understanding signed in May 2010 between the GRI and UN Global Compact at the Amsterdam Global Conference on Sustainability and Transparency. It is worth mentioning that DSFH have used the GRI G3 guidelines as the reporting framework for all reports. Additionally, DSFH has been engaged in the Saudi Arabia Responsible Competitiveness Index conducted by Saudi Arabia Governance Investment Authority since its beginning 5 years ago.

We understand that our strategic commitment to the community requires participation and contribution in numerous private and public health committees and activities. The DG is member of the Health Insurance Council and member of the Health Committee at the Jeddah Chamber of Commerce and its Communication sub-committee, which is composed of representatives from private hospitals and which meets on a regular basis with the Ministry of Health (MOH) leadership. For the last 5 years, the DG has also served as a member of the Mecca Region Development Council, which is the highest body responsible for healthcare programs and strategic planning for the Mecca Region. The Council is composed of representatives from all healthcare providers in the region, including private and public hospitals. Moreover, DSFH has provided financial and logistic support for numerous activities conducted by the MOH, Civil Defence, and NGOs. The CSR committee chairman being a member of an external CSR committee has been able to collaborate and deliver support for several communities' activities. As mentioned previously, we believed that the contribution of the CSR committee chairman in several national and international CSR forums was a great opportunity for us to enhance our relationship with international organizations like UNGC and IMO and helped us to participate in shaping the CSR concept within Saudi Arabia and the MENA region.

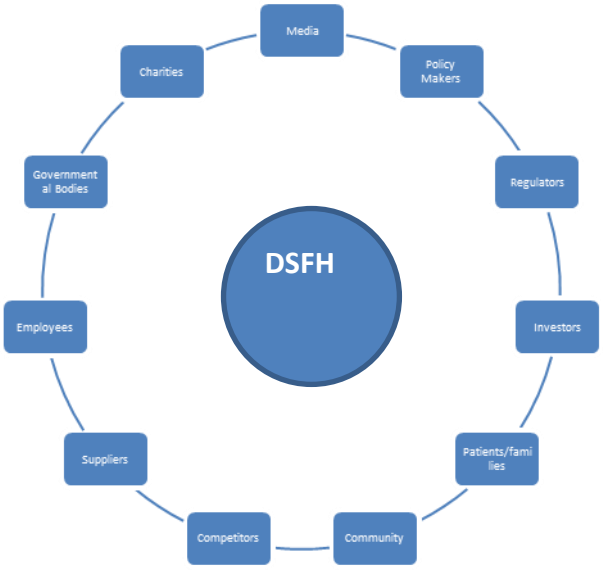
Hospital Functional Committees

During the year 2012, DSFH had 23 active functional committees and sub-committees. The committees adopt a precautionary approach towards all operational aspects of decision making. The CSR committee regularly updates the President and chairman of the board about any economic, environmental and social risks and opportunities that can impact the hospital. We believe that by delegating responsibility to different committees, all issues of conflict of

interest can be avoided while teamwork plays an important part in decision making. The table below describes the functions of the main committees.

The Hospital Executive Committee (HEC)	The HEC serves as a strategic committee which functions to ensure that all activities within the organization are aimed at providing best quality health care services and are in line with the overall mission, vision and goals of DSFH. It also works as a liaison with the Ministry of Health and ensures complete adherence with their policies.
Accreditation Steering Committee	The ASC is responsible for monitoring the compliance of hospital activities with accreditation standards (JCI) and (ACHSI). It consists of all JCI and ASHCI team leaders.
Strategic Planning Committee	The SPC was established in order to plan, form and continuously review DSFH strategy. Other responsibilities include establishing the goals and objectives at the operational level by setting the Key Performance indicators.
The Performance Improvement& Patient Safety Committee (PIPSC)	The PIC is responsible for implementing and maintaining an effective Performance Improvement Program that is designed to objectively and systemically monitor and evaluate the quality and appropriateness of all aspects of hospital operations.
The Research and Ethics Committee (REC)	The REC's purpose is to deal with ethical issues and to ensure their alignment with the Code of Ethics at all levels within the organization.
Community Advisory Committee (CAC)	The CAC is in charge of developing a community benefit plan that identifies the needs of the community and seeks to respond in ways that are feasible and compatible with the hospital's scope of work.
Corporate Social Responsibility Committee (CSRC)	The CSRC is responsible for setting the strategic directions and supporting the integration of and monitor CSR throughout the hospital.

Stakeholder Engagement



As mentioned in our previous CSR reports (2008-2011), we understand the importance of close relationship with all our stakeholders by maintaining different communication channels with them. We believe that the word "dialogue" better described the two-ways communication process that we developed in order to improve our CSR effort. For better understanding our stakeholders mapping and engagement process please refer to our previous report (2009-2010) pages 14 and 15 and our last report (2011) pages 20-22. Our stakeholders previously identified have remained the same (investment community, policy makers, regulators, media, employees, patients, suppliers and sub-contracted companies, the community). All of our stakeholder engagement processes are governed by company policies and formal Terms of Reference (TOR) except those with competitors which is through the health sub-committee of Jeddah Chamber of Commerce & Industries on which DSFH has a representation along with other players from the industry.

Communication Channels with stakeholders, the frequency and key issues of concerns			
Governmental Bodies	External Committee CAC	Monthly Quarterly	• Compliance • Policies & Regulations • Threats & Opportunities
Charities	Charity Office Agreements	As indicated	• Preventive Healthcare program • Providing quality care service to needy patients
Regulator/Policy Makers	External Committee/CAC/One-on-one	Monthly/Quarterly/As indicated	• Compliance

Competitors	External Committees	Monthly	• CSR awareness
Employees	Staff Satisfaction Survey CSR Committee General Staff Meeting	Yearly Monthly Yearly	• Better on-job training especially Customer Service & Communication Skills • Management Skills for upper management • Shortage of Staff in certain areas
Suppliers	One-on-one CAC	Daily Quarterly	• CSR awareness • Responsible Supply Chain management
Media	One-on-one CAC	As indicated Quarterly	• CSR awareness • Outreach programs directed for safety issues
Patients	Patient Satisfaction Complaint Mechanism	Daily As indicated	• Availability of the beds at time of admission • Reduction of the discharge time for the in-patients • Continuity of Care at home
Community	CAC Brand Audit	Quarterly Yearly	• CSR awareness • Environmental Initiatives
Investors/Governance	Meeting	Bi-weekly	• Expansion

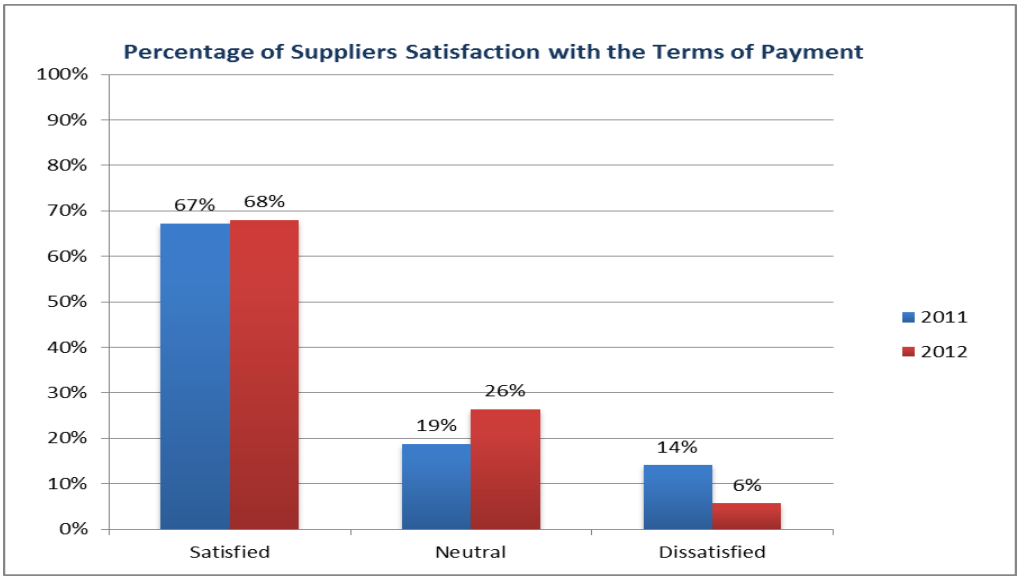
For the year 2012, and after adding new members and restructured the Community Advisory Committee as mentioned in our previous report, we conducted two meetings and maintained our one-on-one meetings between CSR committee chairman and community members from different sectors. Through our dialogue, we tried to identify the impact of our location as healthcare provider on the community. We noticed that our location in the heart of Jeddah and being in a residential district was considered as an added value in our neighbourhood. We have a strong Hazard Vulnerability Analysis which analyses risks to community and the hospital from internal and external disasters. Moreover, our strong infection control procedures to ensure that there is no leakage of viruses or infections form our diagnostic labs.

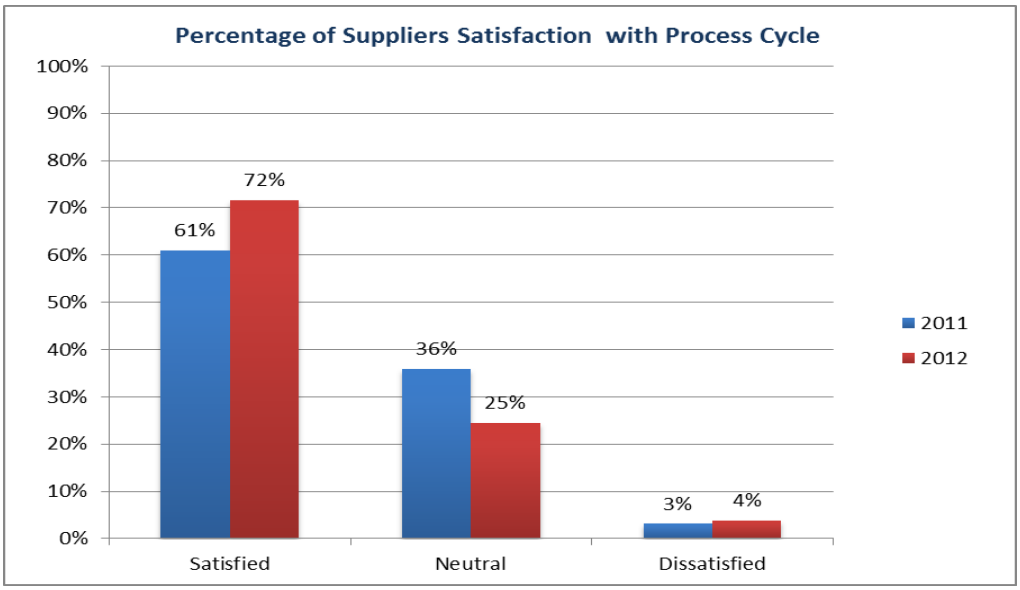
After being ranked as no.1 healthcare provider in the region for two consecutive years according to our Brand Audit, we decided to stop it for the year 2012. Starting from 2013, we will develop more comprehensive mechanism for assessing the impact of our operations and CSR performance that will take into consideration the new hospital structure as well as the new corporate framework.

Extending CSR to the Supply Chain:

As in our last report, we prioritized selection of products and services from suppliers that adopt our established CSR criteria in the areas of environmental management, employer-employee relationships and in ethical business practices. In 2012, DSFH through the Material Management Department started a new process for rewarding and monitoring our suppliers based on several criteria including CSR, ethical code of conduct and human and labour rights. This process called Perfect Order Fulfilment monitor the CSR performance among other issues through a self-assessment survey "Supplier Social Performance" questionnaire posted on our website that the supplier has to fill it. The result of the Supplier Social Performance questionnaire was taken into consideration when analysing the result of the Perfect Order Fulfilment that monitor other criteria as well, like quality of the product, its availability and on-time delivery. Moreover, we conducted workshop to educate our suppliers on the CSR concept and the Responsible Supply Chain Management (RSCM) theory. The workshop was very successful and was attended by 100 suppliers. Within the same spirit, our performance on the RSCM was exemplified when the CSR committee chairman was invited to share the experience of DSFH in implementing RSCM in the hospital, in the 2nd CSR forum conducted the Jeddah Chamber of Commerce & Industries in Jeddah.

DSFH has routinely engaged its supplier through regular satisfaction surveys. In 2012, the supplier survey showed clearly that 68% of suppliers are satisfied with the tem of payment and 72% are satisfied with the process cycle compared to 67% and 61% in 2011, respectively. However, we noticed a decrease in the supplier satisfaction regarding the actual business size and the process of introducing new products (42% and 49% in 2012 compared to 53% and 63% in 2011, respectively). This decrease can be attributed to the strict process that we implemented recently when we included CSR as one of the selection criteria for our suppliers. We believe that when considering that 100% of the suppliers are willing to expand their business size with DSFH is an opportunity for us to promote the culture of sustainability among our suppliers. It is worth mentioning that we increased our previous percentage of 95% of the hospital purchases from local suppliers as per our policies to 99%. We will continue to take measures to address the issues raised by suppliers and enhance the percentage of suppliers satisfied with DSFH.





DSFH classifies materials purchased into 3 main categories: medical items, non-medical items and medications. Medical supplies and medications are considered core materials that are essential for our practice. Since 99% of our suppliers are local businesses, the indirect economic impact of our business can be estimated at 183.5 million Saudi Riyals.

Monetary Value Spent on Core Materials Purchased in the years 2010 - 2012			
	Year 2010	**Year 2011**	**Year 2012**
Medical Supplies	52,497,204	57,336,240	61,833,942
Medications	108,297,575	118,454,141	123,544,901

Communicating Human Rights

As a healthcare provider, we manage human rights issues from patient and employee rights perspective (described in details in the following sections). Within the same context, we started to screen our suppliers on human rights and ethical business principles in 2012. According to our screening, 67% have strong to average process for CSR, 65% have some sort of code of conducts that respects human rights, labour rights and humanitarian issues, 62% have strong policies related to labour rights while 84% of the suppliers have strong to average transparent and accountable systems in place. Despite the small numbers of suppliers that were screened in 2012 (22 suppliers) we consider it a good start especially when taking into consideration the perception of our suppliers to this new system that we try to implement. We will continue our process we started in 2012 and we will update the readers on the progress in our future reports. The results of the screening are presented in the table below.

	Strong	Average	Weak
Health, Safety & Environment Performance	62%	7%	31%
Contribution to Local Economy & Community Investment	46%	14%	40%
Labour, Human Management & Ethical Conduct	57%	8%	35%
Transparency & Accountability	57%	27%	16%

Risk Assessment &Management of Anti-corruption

Our management for anti-corruption and risk management were described in details in our last report. In brief, the Quality and Patient Safety (QPS) plan provides background information and guidance on the principles, components and methodologies of TQM, Continuous Quality Improvement (CQI), and Patient Safety for DSFH staff and organizational work units. Risk assessment and management of anti-corruption is addressed through the Risk Register Profile which includes risks identified and their rates based on Hospital Risk Matrix and the current control and techniques for each identified risk. Risk management program identifies risk associated with patient care in order to eliminate/ mitigate the risk and improve the quality of patient care.

Healthcare is a complex culture consists of multinational staffs and patients. We realized that in order to provide the highest level of care to our patients, discrimination should be considered as risk. Moreover, the hospital systems, adopted to ensure proper selection of material and supplies, avoid contact between suppliers and end users to mitigate any possibility of corruption. More detailed information is presented in the report.

Our Patients

We at DSFH value our patients and we consider the reason for our business to exist and we perform all the necessary measures to increase their satisfactions and loyalty. Inspired by our previous CSR strategy and aligned with our future hospital strategy (2013), our management approach to reach our goals focus on

Objectives

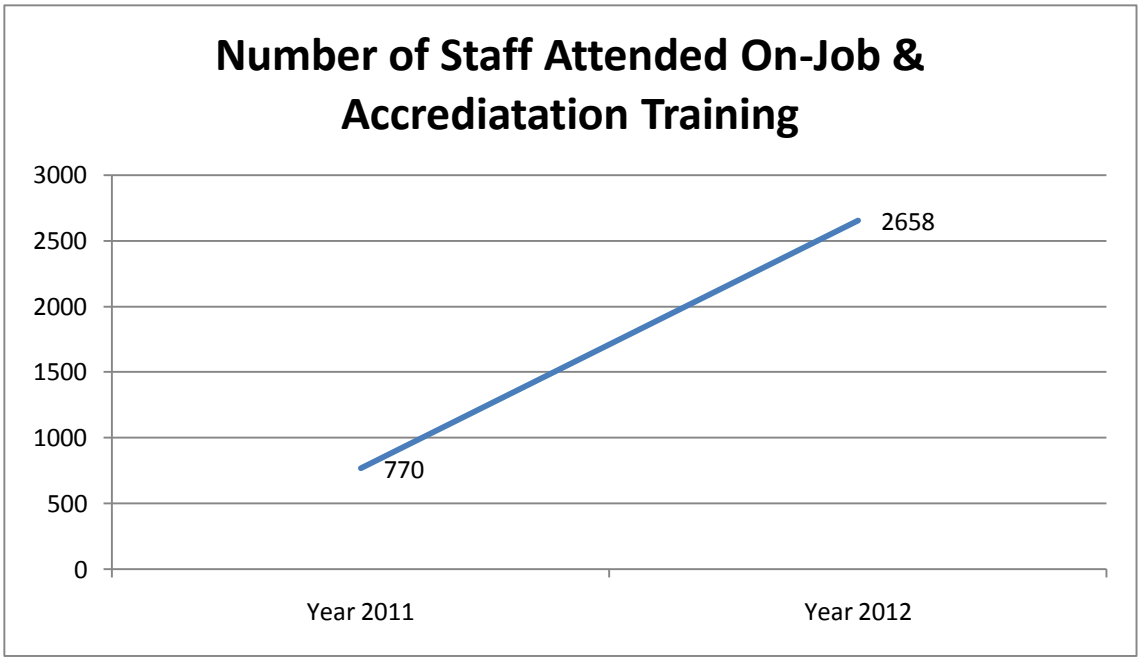
Providing our staff with comprehensive on-job training related to communication skills, customer service and training on human and patient rights
Conduct the yearly patient satisfaction survey as an essential tool for our dialogue with patients to identify the improvement opportunities required
Innovation and introduce new business service and initiatives that respect the patient demands
Manage the subject of patient and family rights within our holistic management approach of human rights
Maintain and empower our quality of service to provide our patient with the highest possible quality of care.

Management Approach & Goals Progress

On-Job –Training for Our Staff

We at DSFH believe that Communication is the key to good patient service and have always placed great emphasis on effective communication skills. Therefore, we routinely conduct soft-skills training courses for our front line personnel. Moreover, we understand that providing our employees with specific on-job-training will improve their performances and will positively reflect on our patient satisfaction and loyalty. Some of the courses conducted in the reporting period are summarized in the table below

Name of Course	Total number of training hours/Attendance for each course
	Year 2012
English language course	161 (41)
Communication skills course	14 (139)
Customer Service course	14 (138)
Specific On-job training	58 (259)
Accreditation Training	30 (2013)
HIS training for physicians	136 (68)



- **Patient Relation & Customer Service**

Our support to the customer service section remains the same in 2012. However, to streamline the process of managing issues and complaints raised by our patients, the Patient Relations Department was moved under the responsibility of the Chief Executive Officer. The rationale beyond this move is to strengthen the vital role of the Patient Relations & Customer Service and to facilitate the management of complaints that need executive decision.

- **Patient Satisfaction**

DSFH has always been transparent about its services and operations. We are aware that patients are increasingly playing a more active role in their health care, thereby putting more emphasis on finding reliable sources for information and treatment options. Our primary goal hence, is to align our activities in matching those needs. This is realized by first focusing on establishing and improving a two-way communication that eventually caters to their betterment and overall satisfaction with our hospital. Within the same context, we always conduct satisfaction surveys for the in- and out-patients. Those surveys, coupled with our complaint mechanisms and the phone surveys (described in details in our last report) constitute the main tool of understanding and communicating with our patients. We consider that the new complaint/complement mechanisms were successful in terms of solving complaints within less than 5 days. In 2012, we were able to resolve 95% of the complaint raised within 5 days compared to 92% in 2011. We have notice that our patient appreciated the phone call survey as a tool to assess the patient satisfaction. Consequently, the Patient Relations & Social Worker department decided to raise the percentage of the phone call survey by 10% for the year 2013.

However, we noticed an increase number of complaints in 2012 compared to 2012 (792 and 691 respectively). The increased number of complaints was attributed to an increased patient's census in 2012 compared to 2011 and the easiness of raising complaints after implementing the new complaint mechanism. It is worth mentioning that the complaints received in 2012 represent 0.1% of total number of patients treated.

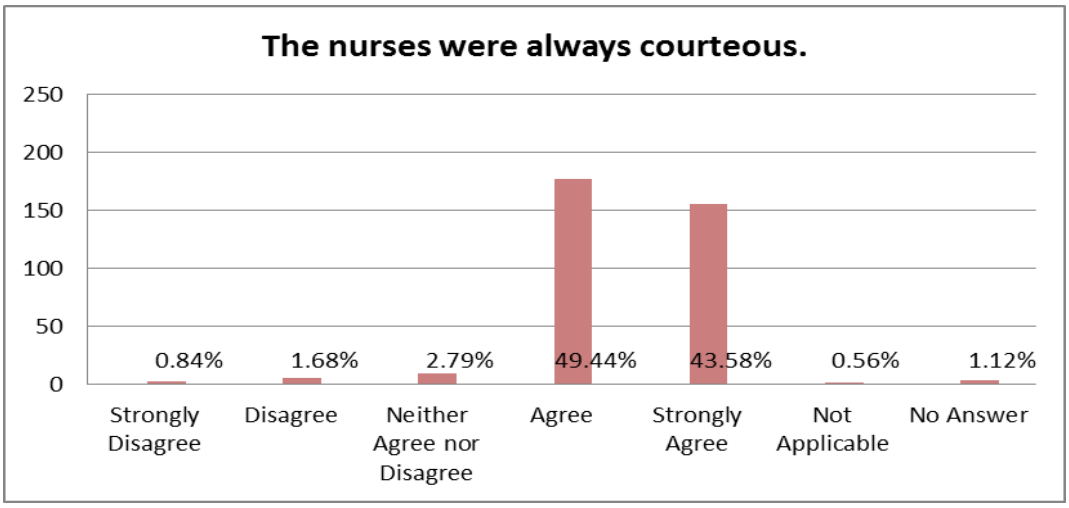
It is worth mentioning that we closely monitor the result of those surveys and any repetitive concerns raised against a specific employee is taking into consideration during his/her annual evaluation.

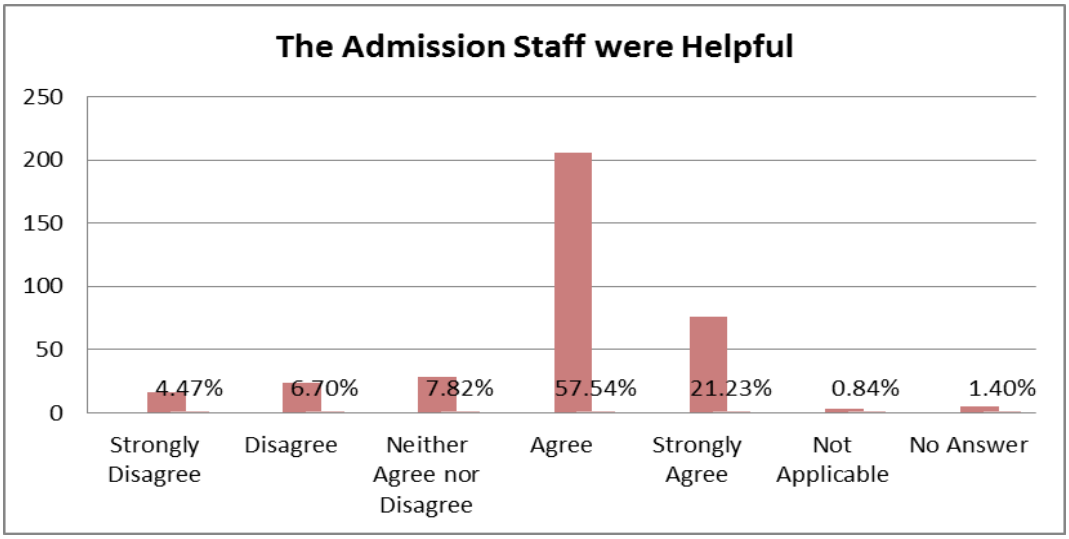
In 2012, we have launched our new online portal for our patients under the name H-Connect. This online service allows the registered patients to access the result of their laboratory investigations and/or radiological reports and manage their appointment directly from our website. The rationale of this innovation is

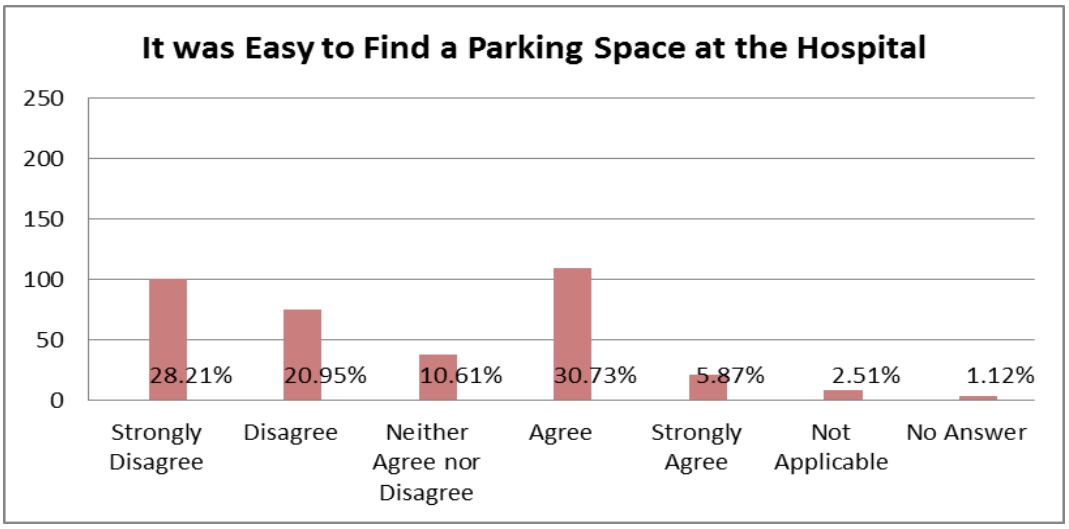
1. Increase patient satisfaction and loyalty by introducing new service
2. Reduce the waiting time for getting the result of investigation
3. Increase the availability of the parking spaces
4. Facilitate the process of getting an appointment
5. Increase the traffic to our website, thus increasing the opportunity to get more health tips or CSR information
6. Reduce the environmental negative impact of fuel consumed by our patients' car in case they will return back to the hospital for getting appointment or receive results

During year 2012, the hospital paid SAR 227,746 against fines from regulatory authorities regarding patient complaints compared to SAR 184,330 paid in 2011. With respect incident of violations involving rights of indigenous people and violation of privacy, there no reported cases during the reporting period.

In 2012, comments were raised from the patients concerning the availability of the parking spaces, the helpfulness of the admission staff and the courteously of the nurses. Based on the action taken to resolve those concerns, a specific in-patient survey targeting those issues was conducted. The results of the survey showed a major improvement that is highlighted in the graphs below







The hospital complies with Ministry of Health and Saudi Food and Drugs Authority regulations for storage, information and labelling. The authorities ensure compliance with their regulations

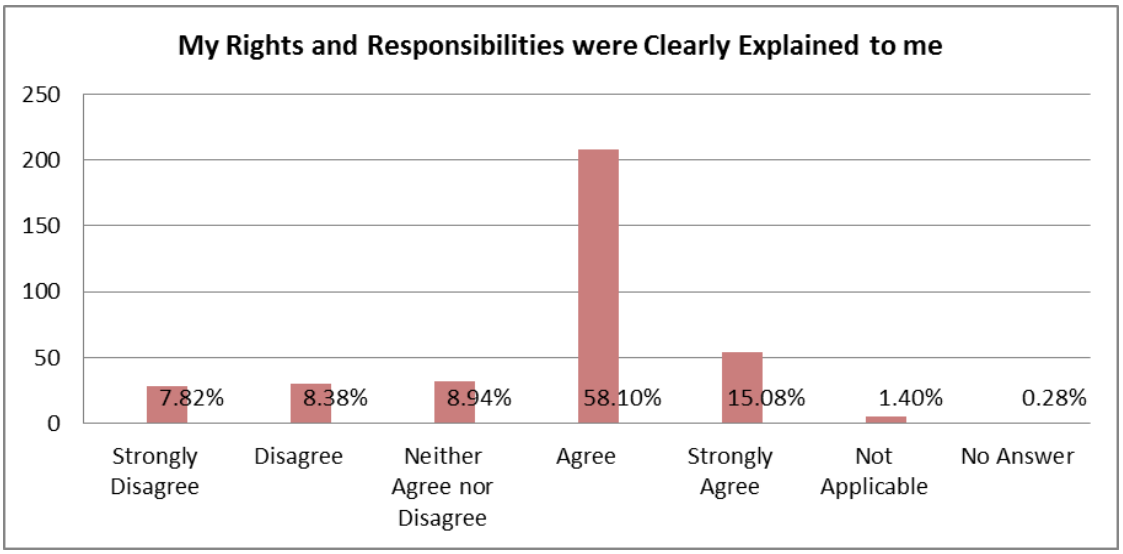
through the issuance of warning letters in case of violations. During the reporting period, there were no warning letters received from the regulators and therefore no incidents of non-compliance with regulations concerning product and service information and labelling

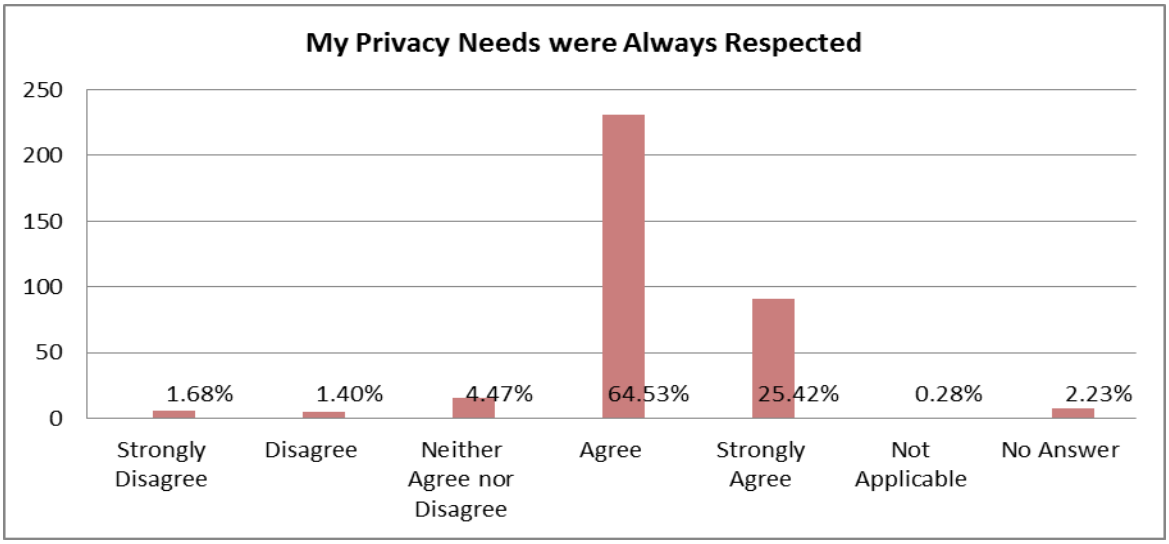
- **Patient Rights**

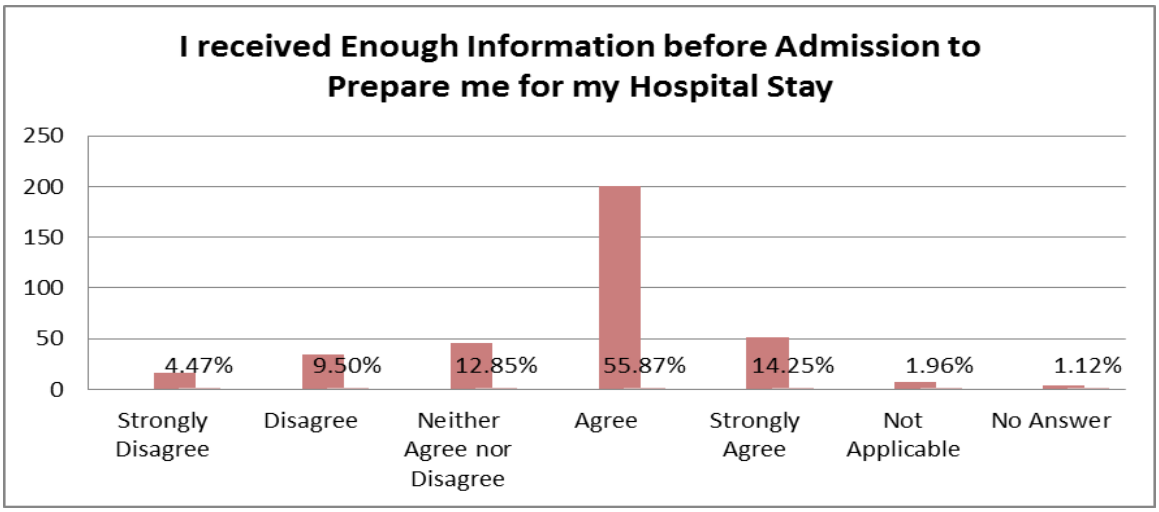
We consider continuity of care essential element in the patient right's subject. Previously, we used to give the patient upon discharge the full instructions to ensure that they remain safe and their use of prescribed medication is safe. This includes practices such as a detailed instruction sheet at the time of discharge and safe containers for disposal of used syringes by diabetic patients. In 2012, we move a step further by giving the patient these instructions upon admission so as to give more time for physicians, educators, and pharmacists to educate the patient and to be able to provide more detailed information in case required. Moreover, we maintained our previous process in providing every patient with a bi-lingual document called "Bill of Rights" which acquaints patients with their rights as well as responsibilities during and after their stay at DSFH to ensure continued safety. It is worth mentioning that all the information regarding patient rights and responsibility are available on our website.

The satisfaction surveys conducted for our in-patients regarding their rights showed that 70% were satisfied about the information given to them prior admissions, and 90% believed that their privacy were respected while 73% responded that their rights and responsibilities were clearly explained to them.

The graphs below demonstrate the patient satisfaction regarding his rights







Within the context of continuity of care, we established a new service under the name of Aman Home Health Care. Aman is launched to provide continuity of care to patients living within 30 KM from DSFH after being discharged from the hospital. Continuing care in the home includes nurse case management, home health care nurse aides, nurse midwife, medical social worker, dietician, physical therapy, occupational therapy, speech and language therapy, respiratory therapy, and physician. It is the plan for AMAN HHC to adopt and develop case management and disease programs that meet the needs of its population. The benefits of a case management system include, one-on-one assessment and education, patient is at home receiving care, decreases length of stay in hospital, decreases the chance of infections, increases customer satisfaction as the client has individual attention, decreased hospitalizations with on-going assessment and communication, decreased costs for insurance companies, increased support for hospital in terms of acute care occupancy. The following home health care models are applied:

1. The maintenance and preventive model, which serves people with health and/or functional deficits in the home setting, both maintaining their ability to live independently, and in many cases preventing health and functional breakdowns, and eventual institutionalization;

2. The long term care substitution model, where home care meets the needs of people who would otherwise require institutionalization

3. The acute care substitution model, where home care meets the needs of people who would otherwise have to remain in an acute care facility

We understand that it is our priority to ensure that our patients get the right information about the services we provide and to confirm that those services can be easily accessed. In order to do so, we always market our new service through legally appropriate channels and follow the directives of MOH and Ministry of Information while advertising those services. We have also voluntarily adopted the ethical best practices of International Institute of Marketing professionals. It is noteworthy that during the reporting period there were no actions taken against DSFH for such action. It is also worth mentioning that there are no procedural requirements for service labelling for DSFH but we do display informative signage about our service offerings in different key areas in the hospitals (outside entrance, in front of the elevators) to inform and direct our patient about the medical and clinical services we provide. The hospital has a Medication Management policy and a Patient and Family Education by Pharmacist policy to ensure that information is appropriately disbursed to the patient.

DSFH has incorporated CSR in the orientation program for the newly hired staff. In addition, patient and family rights (PFR), considered part of human rights, are also included in the orientation program. Furthermore, being a JCI standard, PFR is addressed in a multidisciplinary approach by a PFR team and several sessions are conducted during the year to raise the awareness of PFR issues among the staff. Within the context of humans and patient rights, we conducted a campaign under the title “Educated on CSR”. The campaign included educational sessions on CSR subjects, ethical business, corporate citizenship and human and patient rights. Detailed information about the campaign is described in Our People section page 41.

- **Quality of Service**

Quality and risk are managed by the Quality & Risk Management (QRM) department. It is considered an essential core element of our business environment. The role of the QRM department was described in details in our previous report. In brief the QRM supervise all DSFH operational activities and monitor the quality indicators and benchmarked them with international standards. Additionally, the Performance Improvement and Patient Safety (PIPS) committee is responsible for implementing an effective Performance Improvement Program

that is designed to objectively and systemically monitor the quality of care provided and ensure that issues of patient safety are well managed. Moreover, the PIPS oversees the appropriateness of all aspects of hospital operations. Additionally, our accreditation standards (JCI & ACHSI) ensure that our services are monitored for health and safety throughout its life cycle within the hospital.'

One of the most successful improvement project conducted in 2012 was the launch of our Rapid Response Team (RRT) which is based on the concept of "failure to rescue." Failure to rescue refers to the lack of caregivers' ability to recognize early signs and symptoms of deterioration in a patient's condition, or acting too late to prevent a cardiac arrest. The RRT is considered a measure of the overall performance of a hospital and is recommended by the Institute for Healthcare Improvement (IHI). The team consisted of a designated group of healthcare clinicians who can be assembled quickly to deliver critical care expertise in response to grave clinical deterioration of a patient located outside ICUs. The RRT was able to reduce the percentage of Code Blue from 11.5 (2011) to 11.3 (2011) and reduce the average rate of code per 1000 discharges to 4.7 (2012) versus 6.1 (2011).

Being a tertiary referral hospital, DSFH realizes its massive business volume in the healthcare market in the Western Region. This requires complete management approaches of admission and discharge processes, implementing measures to reduce the waiting time and provide solutions to avail appointment. In our last report, we provide the reader with detailed information about these measures. Our success in improving the admission and discharge process and reducing the waiting time can be illustrated by the increase number of admissions, out-patients and ER visits compared to previous years (shown in table page 10). We believe that the full implementation of the EMR, the implementation of in the booking system (H-Connect) and the streamlining the process of claim approval that we implemented last years were very successful and contributed to the tremendous increase in the patient census.

Commitment for future years:

During the reporting period, we have successfully achieved our objectives directed to patients. We will continue monitor and update the progress of these objectives in our future reports. It is always our commitment to listen to the voice of our customers through patient satisfaction survey and will always focus on meeting their demands. Moreover, we will ensure to provide our patients with the best quality of care while respecting their rights. In 2013, we are planning to expand our healthcare service by staring running the medical centers of some development clusters like King Abdullah Economic City (KAEC) and the King Abdullah University of Science & Technology (KAUST). Moreover, we are in the process of establishing new centers in Jeddah and Riyadh called Diabetes Plus. These centers are designed to provide comprehensive diabetes treatment outside the hospitals.

Our People

We at DSFH believe in our people and we consider them one of the four pillars of our CSR system. Our responsible commitments to our employees aim to increase their satisfaction and loyalty while increasing their productivity and respecting their rights. Our management approaches focus on the followings:

Objectives
Promoting culture of diversity & equality
Investing in Human capital
Listening to their needs and demands
Respecting their rights from labour and human perspectives
Continuously revising and upgrading their wages and benefits whenever required
Attracting local talents while retaining quality employees
Maintaining a work-life balance atmosphere
Fostering culture of transparency

Management Approach & Goals Progress

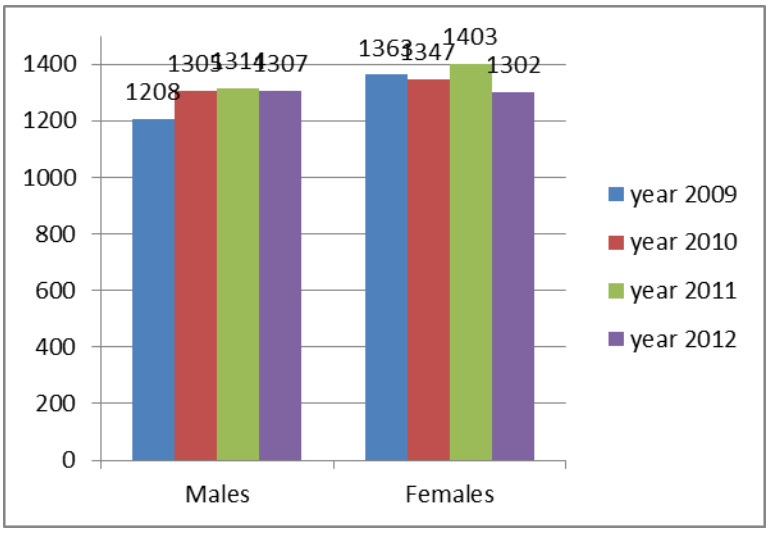
- **Promoting Culture of Diversity & Equality**

Women constitute a large percentage of our workforce (50.10% of the total workforce). Our policies and public statements strongly emphasize the importance of a diverse workforce and commitment to ethnic and gender equality. Moreover, we have a policy on no discrimination in wages for the same level of experience between genders. Similar to our last year, and during the reporting period the male to female salary ratio remains the same for consultants 1.06 while the male to female ratio for nursing 0.33 The reason for male ratio in nursing is because most of them are students in the college and are paid only allowances while most of female are actual nurses with higher salaries. We believe that this indicator exemplifies the culture of equality and diversity within the hospital.

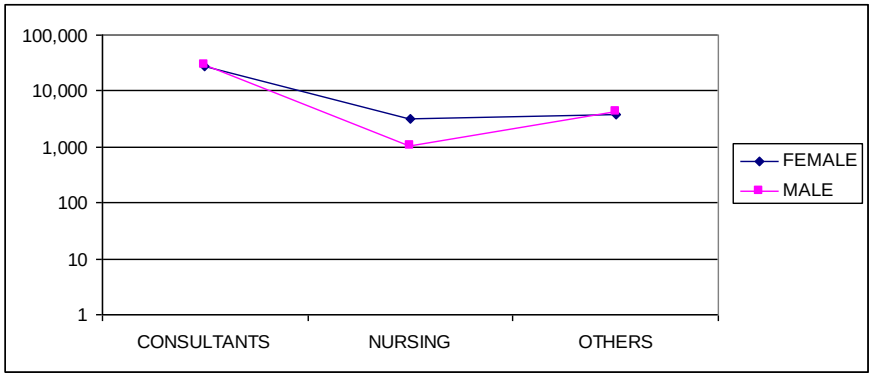
The table below describes the breakdown of the workforce per employee category in 2010 and in 2012

Employee category	Total Number in 2011	Total number in 2012
Consultants	132	150
Nurses	1149	927
Other (supporting) staff	1436	1532
Total workforce	2717	2609

The table below demonstrates the percentage of males vs. female who contributes to our workforce



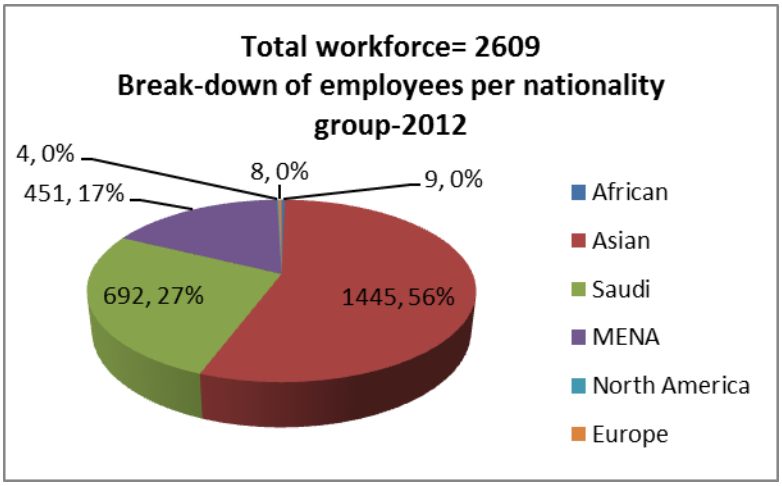
The graph below portrays the male to female salary ratio per employee category

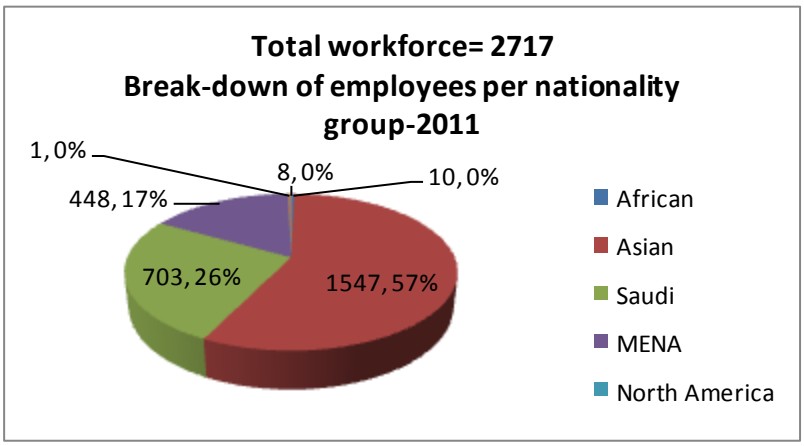


The composition and breakdown of the Governance body (Hospital Executive Committee) per gender and age group in 2012

Gender & Age Group	Number or Percentage
Total Number	12
Percentage of Saudi National	41.6%
Percentage of Male members	66.6%
Percentage of Female members	33.3%
Members aged 18-30	none
Members aged 30-50	6
Members aged over 50	6

The following charts provide the break -down of staff according to nationalities for the year 2012, and 2011





*MENA region: Middle East and North Africa

- **Investing in Human Capital**

As mentioned in our previous report, the Life Support Training Center (LSTC) conducts certified training on basic Life Support, Advanced Life Support, and Neonatal Resuscitation for medical, nursing and other staff. The table below summarizes training hours received by employee category in the year 2011.

Life Support Training hours for medical staff for the year 2012			
Course Name	Training hours per physician	Training hours per Nurse	Total Training Hours (Hours)
Basic Cardiac Life Support (BLS)	4.2	3.9	976
Advanced Cardiac Life Support (ACLS)	2.9	1.7	272
Neonatal Resuscitation Program	0.3	0.8	72

(NRP)

It is worth mentioning that the total number of physicians and nurses eligible to attend the life support training for their licensure renewal and help in their re-employment was 100% representing 76%and 70% from the total workforce of the physician and nurse respectively.

Moreover, the Education Department in the Nursing Division has a very active and comprehensive training program throughout the year. The education activities include; nursing department' orientation, workshops, clinical teaching and class room sessions, and biomedical training. During the reporting period, the Education departments conducted a total of 469 sessions that were attended by 10770 nurses (as accumulative number). The table below describes the training hours per nurse compared to the total number of nursing workforce.

Number of training hours per nurse per education category	
Workshop	11.1
Biomedical Training	1.3
Clinical Teaching	5
Class room Teaching	2.6
Orientation	4.1

As a healthcare provider, we understand that it is our duty to provide the medical, paramedical and nursing staff with the education and training required to improve their skills. Our aim is not only to increase the staff retention and satisfaction but for their career development as well. Within the same context, it is worth mentioning that our comprehensive education and training ensures that staffs wishing to pursue their career elsewhere have gained the knowledge required to join a reputable healthcare service provider in future.

The table below highlights the training hours that our employee receive per employee category

EVENTS FOR EMPLOYEES PER EMPLOYEE CATEGORY (Jan to Dec. 2012)				
TOTAL ATTENDEES For Conferences/Symposium	CONSULTANTS	NURSES	OTHERS*	TOTAL HOURS
5277	1512	2330	1430	205
TOTAL ATTENDEES For Hospital Wide Lectures	CONSULTANTS	NURSES	OTHERS	TOTAL HOURS
960	600	250	110	23

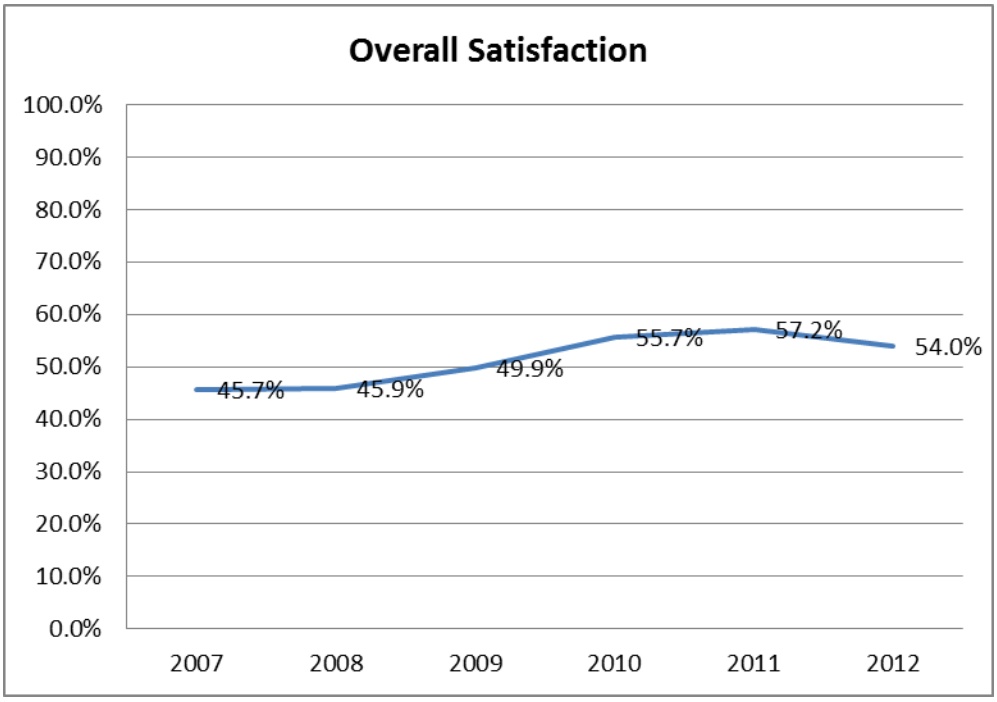
*Others include paramedical, administrative, facilities management and other support staff.

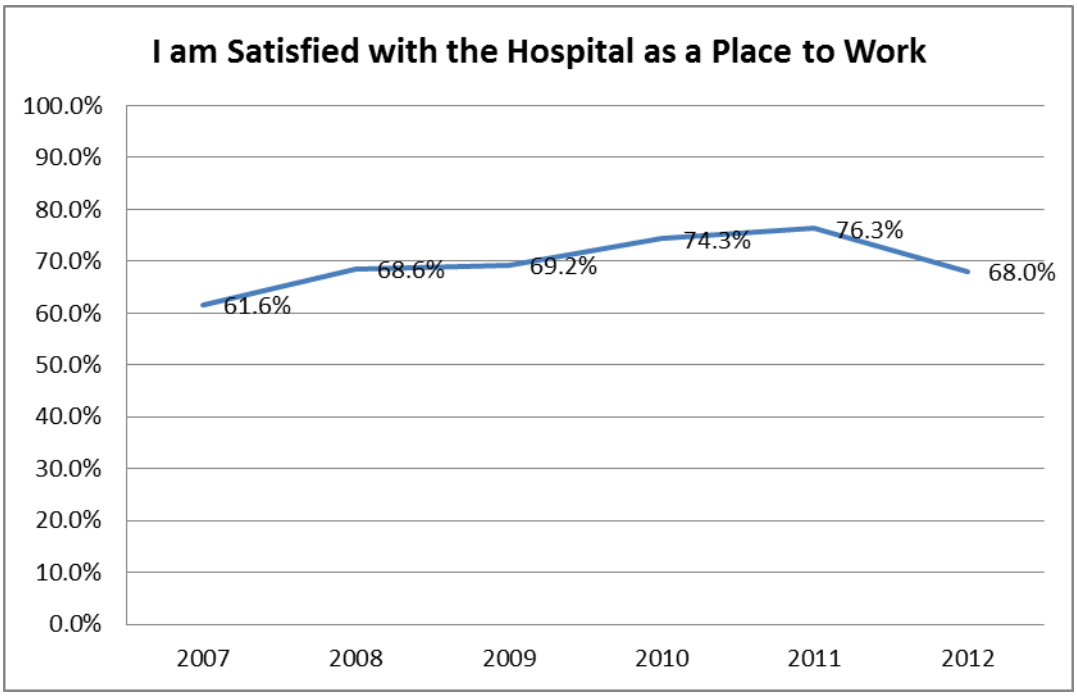
- **Listening to Employees' needs and concerns**

We understand that is our responsibility to listen to our employees. Several communication channels were implemented to ensure that our staff can raise their concerns freely. These channels are well explained to each newly hired staff during the orientation program. Moreover, our policies ensure that our climate promotes a culture of freedom of speaks. Beside

the staff satisfaction survey that we conduct every year, we have an open door policy, grievance system, occurrence variance reporting mechanism and an online social media network “DSFH café” for our staff. In 2012, we have changed the frequency of the general staff meeting with the upper management from annual to monthly meetings to be able to promptly act on any concerns that they might have.

As mentioned in our previous CSR report, we have established a comprehensive employee staff satisfaction survey conducted once a year. In 2012, we noticed a decrease in the overall staff satisfaction (54% in 2012 compared to 57% in 2011). While the result of the survey is higher than the international benchmark (National UK: 37% Vanderbilt MC: 34.4%). When we investigated this issue, we found that this decrease was related to the performance of some staff in the HR department. Consequently, we restructured the HR department aiming to solve this issue. We will update the reader on impact of the new HR structure on the satisfaction of our staff. The tables below portray the results of the satisfaction surveys and its yearly trend





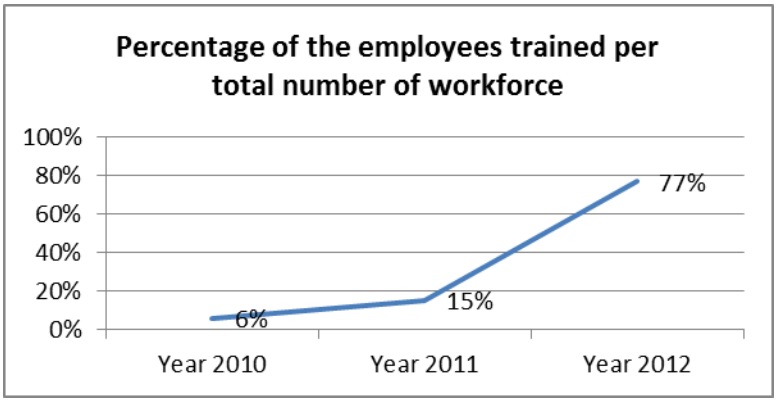
As described previously, we believe our staffs have the right to express their opinion freely. While building this climate of openness and freedom in the workplace, we are abiding by the rules and regulations of the Kingdom of Saudi Arabia of Saudi Arabia. Consequently, as the Kingdom of Saudi Arabia of Saudi Arabia has not yet ratified the ILO conventions 87 and 98, our employees are not covered by bargaining agreements and any operations or actions were identified regarding the exercise freedom of association. Similarly, no actions were addressed concerning operational changes from collective agreement perspective.

- **Respecting their rights from labour and human perspectives**

As described in our previous report, DSFH has always been an equal opportunity employer and has maintained a zero tolerance discrimination policy among employees. DSFH takes very seriously any form of malpractice that is identified or uncovered. Our Code of Conduct for Employees sets out the standards expected from all our employees. It is the policy of DSFH to foster a climate of openness in which staff can raise legitimate concerns without fear of reprisal. In the year 2011, we have introduced a new policy and procedure for confidential whistle- to refine our practice into a more structured framework. While this policy addresses the mechanism for raising concerns related to serious malpractice, it ensures that staff who raises concerns of serious malpractice will not suffer any adverse consequences for raising the complaint and will be protected from discipline, dismissal or victimization unless the concern was raised with malicious intent.

In 2012, and based on our stakeholders engagement process we identified the need to conduct an internal CSR awareness campaign directed to our employee. The Campaign under the title "Educated on CSR" was conducted in a three days session in a friendly atmosphere. Throughout the campaign, the employees were educated on the concept of CSR, the benefits of it and how to incorporate CSR to their daily practices. Issues of patient rights and human rights were also discussed during the campaign. Each employee who has been trained received a pin with name "Educated on CSR". The campaign also included an awareness internal email, the distribution of booklets "Get to Know CSR", hospital-wide presentations as well as digital and printed materials. A total of 2013 were educated on CSR and issues of Humans and patient rights (77% of the total workforce). Moreover, we conduct orientation program for the newly hired staff, which include topics on CSR and patients and families' rights, strategic directions, health and safety measures and the grievance systems. In 2012, all security staff, who are managed by a third party company, attended the orientation program and the CSR awareness campaign, described early, to ensure that they are educated on CSR and human rights issues.

The graph below presents the percentage of the employees who have been trained on Human Rights per total workforce

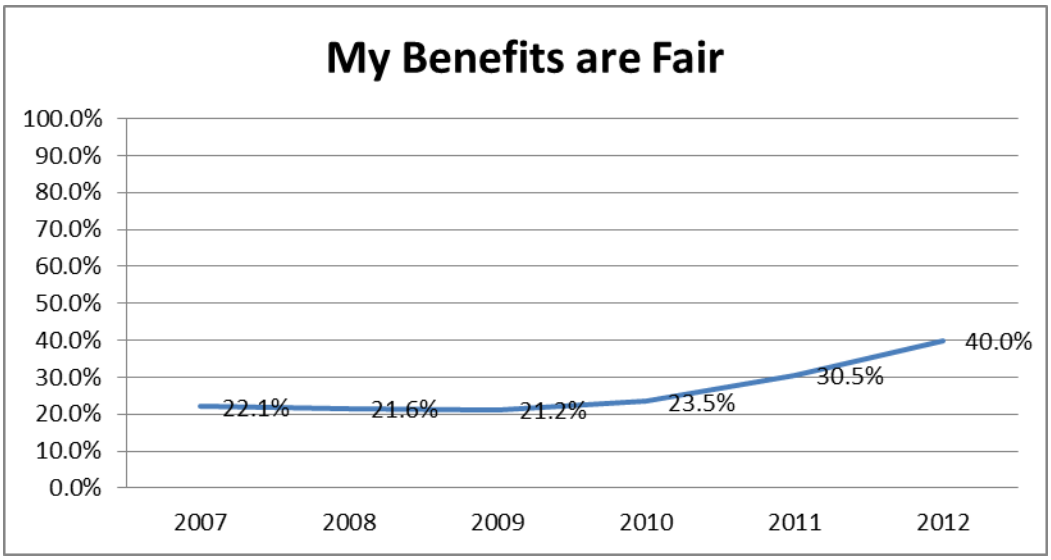


We consider that maintaining a robust system of evaluation, rewarding and recognition will improve the staff morale and promote a climate of fairness and productivity amongst our staff. Within the same context, the HR department is responsible to conduct an annual performance evaluation for the employees as per our appraisal policy. During the reporting period, and similar to last year, 81% of our employees received an annual evaluation. We consider this percentage satisfactory when taking into consideration the turnover rate of our workforce. Moreover, we are proud of the process of evaluating the President and chairman of the board that we implemented last year.

- **Continuously revising and upgrading their wages and benefits whenever required**

DSFH offers multiple ends of service benefits for its employees including contribution to Governmental Organization for Social Insurance (GOSI) which amounts to 6,075,588 and covers 100% of the Saudi employees a pension plan for 100% of fulltime employees which amounts to 70557956 as of December 31, 2012.

We understand the competitive nature of the market we practice in thus we constantly review the benefits we offer in order to attract highly talented staff while retaining our existing top quality workforce. Since we introduced the new benefits scheme mentioned in our last report were able to increase the staff satisfaction as illustrated in the graph below.



The following represent some new benefits that were introduced during the reporting period:

Extra Benefits for DSFH employee
Full Death and Disability insurance coverage free of charge
50% reduction in enrolment fees for staff at DSFH Olympia Fitness Center
Two day weekend for administrative staff
Free consultation and treatment at the DSFH smoking cessation clinic.
Paid study leave for all consultants and senior staff (one week annually)
Free vaccination program to all staff on an annual basis.

The standard benefits that we offer to our employees are presented in the table below.

Benefits offered to employees	Full time Employees	Part Time Employees
Housing	**100%**	**50%**
Transportation allowances	**100%**	**50%**
Food allowances	**100%**	**50%**
Work nature allowances	**100%**	**50%**
Bonus	**100%**	**50%**
Retention benefits	**100%**	**50%**
Medical insurance	**100%**	**100%**
Ticket to home country	**100%**	**50%**
Annual leave 30 days yearly	**100%**	**50%**
Insurance life	**100%**	**100%**

Moreover, our HR department always takes the necessary measures to ensure that the benefits we provide are matching or exceeding that required by the Saudi labor law including the benefits of end of service.

We were the first hospital in the region to disclose its salary scale through a CSR report (2010). Unfortunately, till now no other player in the market discloses similar information. Consequently we were unable to benchmark our salary scale in the private healthcare sector. Our salary scale for the year 2012 is demonstrated in the table below

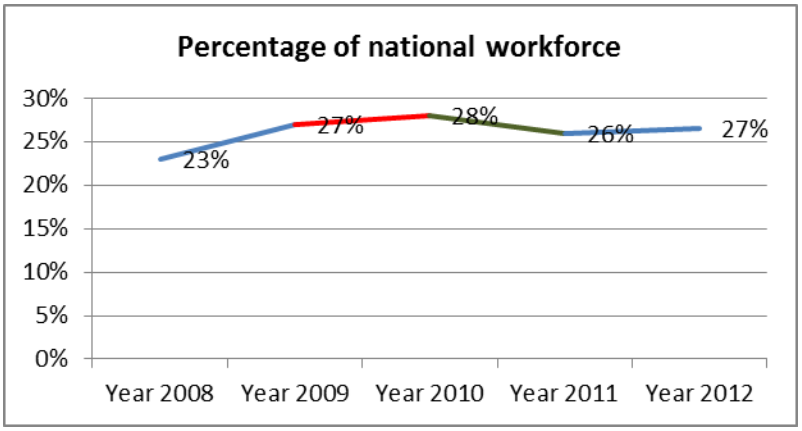
Grade 1	**1000 SR as minimum and 1.513 SR as maximum**
Grade 2	1.286 SR as minimum and 2.760 SR as maximum
Grade 3	1653 SR as minimum and 2500 SR as maximum
Grade 4	2125 SR as minimum and 4701 SR as maximum
Grade 5	2733 SR as minimum and 5641 SR as maximum
Grade 6	3513 SR as minimum and 6111 SR as maximum
Grade 7	4000 SR as minimum and 6832 SR as maximum
Grade 8	5000 SR as minimum and 9005 SR as maximum
Grade 9	6000 SR as minimum and 11294 SR as maximum
Grade 10	8000 SR as minimum and 14521 SR as maximum
Grade 11	12300 SR as minimum and 18669 SR as maximum
Grade 12	15869 SR as minimum and 33263 as maximum
Grade 13	19000 SR as minimum and 39500 as maximum
Grade 14	22000 SR as minimum and 45736 as maximum
Grade 15	37500 SR as minimum and 56722 SR as maximum

Note: Grades 1.2.3 are for workers, Grades 4.5.6 are for employees, Grades 7.8 and 9 are for specific positions, heads and directors and grades 10.11.12.13.14.15 are specifically for staff employed in positions of seniority.

The minimum DSFH wage for Saudis in SAR 3,030 which is in line with the Saudi Government requirement of minimum wage of SAR 3,000.

- **Attracting local talents while retaining quality employees**

We understand that building a nationally competitive workforce is crucial for the competitiveness of the country. In 2011, we have revised our salary scales and increased the benefits for Saudi nationals in order to be competitive. In addition, we have opted to follow the recently introduced minimum wage recommendation in alignment with that of Saudi's working in the government sector. Our last report described in details our efforts in attracting and retaining national workforce by providing them competitive salaries and benefits. In 2012, our Saudization plan was successful as we noticed an increase in the percentage of nationals in the workforce (27% in 2012 compared to 26% in 2011). We will continue to support the Saudization plan aiming to reach 30% by the end of 2013. The graph below demonstrates the percentage of the nationals in the total workforce in the last 5years.



In 2012, we noticed an increase in the turnover rate of our employees. While this increase is less than the international benchmark, we consider it an alarming signal for our retention plan. We understand that part of this issue is due to our newly implemented evaluation process. The new process is very strict and paid more attention to quality and safety issues more seriously than its predecessors. We realize that maintaining and attracting quality employees while supporting the Saudization plan, previously described, at the same time, may have such an impact on the turnover rate. We will do all the necessary measures in the future to ensure that our turnover rate remains less than the international benchmark in this transition period.

International rate of hospital turnover	**17.5 %to 19.4%**
DSFH overall turnover in 2012	18.76%
International nursing turnover	17.1 %to 25.2%
DSFH nursing turnover 2012	20.40%

From www.ahrq.gov and NHS institute for innovation and improvement www.institute.nhs.uk

Turnover per gender and age group for years 2011-212

	At 31/12/2011			At 31/12/2012		
AGE GROUP	**# Female Staff/turnover (rate)**	**# Male Staff/ turnover (rate)**	**TOTAL STAFF**	**# Female Staff/ turnover (rate)**	**# Male Staff/turnover (rate)**	**TOTAL STAFF**
18-30	617/114	487/78		611/181	310/76	
31-50	681/79	653/73		571/90	796/65	
>51	108/6	171/19	2717	120/12	201/24	2609
Total	1403 (14.8%)	1314 (12.94%)		1302 (22.50%)	1307 (12.62%)	

- **Maintaining a work-life balance atmosphere**

We at DSFH take all the necessary measure to maintain a good, balanced, leisure-work relationship coupled with promoting a healthy life style. In 2012, we formulate a new committee under the name Social and Cultural Committee (SCC). The scope of this committee was to promote a culture of sociable and friendly work environment. Other than the regular events like cultural nights, trips and Hajj, the committee introduced a cinema club as a new initiative, in 2012.

During the reporting period, the SCC has successfully conducted the following activities

Social & Cultural Activities conducted in 2012
Cine Club
Nurse Day Celebration
Hajj draws, where DSFH sponsors employees for performance of Hajj duties.
Hajj trips
Filipino Cultural and Social Night
Trips to Mecca, Madina, Taif and beaches resorts.

It is worth mentioning that during the cultural events, other nationalities were encouraged to participate to promote a spirit of cultural exchange and to encourage an atmosphere of cultural respect and understanding.

- **Fostering culture of transparency**

We realize that access to information is the cornerstone to good governance, meaningful participation, and increasing transparency, and is recognized as a fundamental human right. Within the same spirit, and in order to promote a culture of transparency in DSFH, we ensure that our employees have the right to know their benefits, rights and responsibilities and to be kept continuously updated on newly introduced or revised policies. Consequently, we review and update our employee handbook on a regular basis. The last version of the handbook contained a description of the anti-corruption policies that DSFH adopted. We are proud that 100% of the employees are trained on anti-corruption policies outlined in the employee handbook. Based on our anti-corruption system, no incidents of anti-corruption incidents in 2012.

We encourage our employee to report on any case of discrimination through our grievance and OVR mechanisms managed by the Human Resources (HR) and Quality and Risk Management (QRM) Departments. In 2012, we have introduced a new OVR form containing a special section on discrimination. Moreover, the Risk officers have attended all departmental meetings and conducted intensive education sessions to ensure that 100% of our employees have been educated on all aspects covered by the OVR system. Employees have been encouraged to report on any incidents in order to improve our performance. Within the same context, the RQRM department has invested in a new OVR system "Intilex" to automate our OVR process. The new system is expected to be launch in 2013. It is worth mentioning that our employee handbook, the orientation program and the general staff meeting all stress the importance of motivating our employees to adopt an attitude of openness and transparency whenever they have concerns about possible malpractice or witness discrimination to themselves or to others. As a result of our efforts, there were no incidents of discrimination reported during 2012.

Commitment for the future

We consider our employees one of the main assets of our business. Investing on human capital, retaining and attracting quality staff and providing opportunities for local talents are crucial to improve the competitiveness of our nation. We will continue to support the activity of Social and Culture Committee and the Transportation and Housing Committee to improve the work environment of our workforce. Fostering a climate of openness and transparency will always be a driving force for our efforts. In 2013, we are planning to start a Speak-Up program as another tool for our staff to raise their concerns. We will closely monitor the performance of the HR department to improve our staff satisfaction. Providing education and training to our employees will be vital in our management approach to improve their career development and refining our quality of service delivered to our patients. We will keep the reader updated on these topics in our future reports.

Our Environment

We understand that responsible practice requires commitment to environment. We strive to ensure that our practices and operations do not harm the environment or the climate. We consider that reducing waste, better utilization of resources, water and energy conservation as well as the recycling are crucial the success of our CSR projects. The reason why we consider environment as a pillar in our sustainability approaches

Objectives
Promoting GO Green as environmental initiative
Sustain the ISO 14001 to improve our environmental management activities
Conduct awareness and education programs for staff
Continuously evaluate the waste management system
Increase the health and safety issue at the workplace
Develop environmental initiative related to our core business

Management Approach & Goal Progress

- **Promoting GO Green as environmental initiative**

In 2010, we launched our Go Green campaign as an environmental initiative aiming to promote a culture of green environment. During the reporting period, we monitor our environmental performance indicators such as recycled materials, water and energy conservation, air quality assessment, biodiversity and waste management and compliance with national and international regulations. The following paragraphs highlight our performance regarding those indicators.

Regarding indirect energy consumption, we noticed a minimal increase in the indirect energy consumed compared to 2011. This increase might be attributed to the major renovation and upgrading that occurred in the hospital in 2012. We have introduced new MRI and radiology machines in the department of Diagnostic and Imaging. We have increased the capacity of the ICU beds by establishing new ICU. This is in addition to the increase in the number of admission and surgeries compared to 2011 (3.6% and 7.7% increases in admissions and surgeries respectively). We believe that our efforts in decreasing the consumption of the indirect energy were successful when we consider the aforementioned issues. However, we will continue to monitor our performance in this topic and we will update the reader on our progress in future reports.

Saudi Arabia's energy mix is thermal and is divided between oil-fired and gas-fired facilities. Oil accounts for 55% of the power mix (2009) and gas supplies the rest. Based on this, the

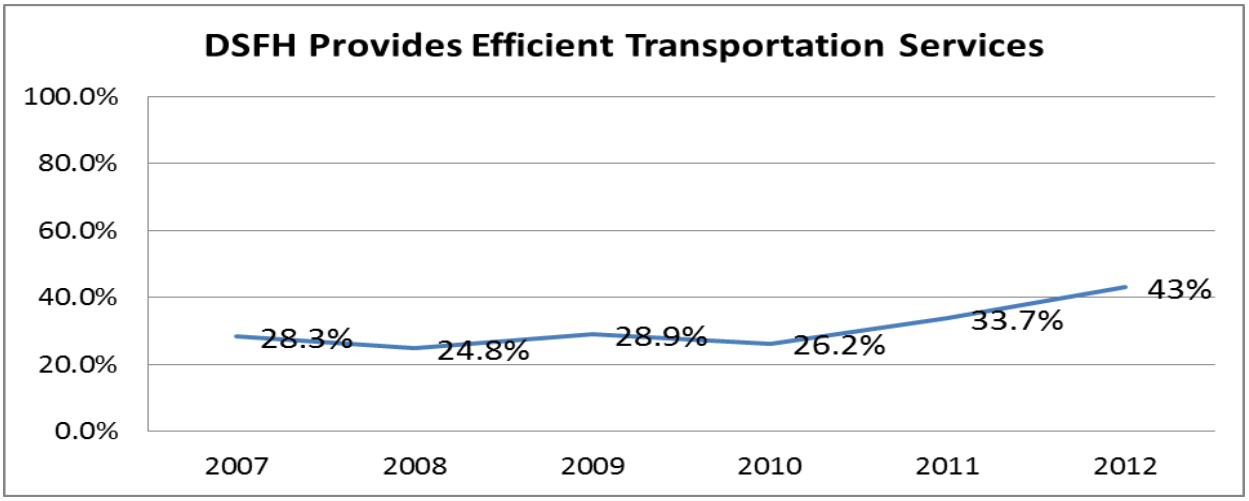
emissions factor for Saudi Arabia is 750 based on 2009 data. The table below summarizes our direct consumption of energy in 2010, 2011 and 2012

Energy Consumption	Year 2010	Year 2011	% of Reduction /Increase	Year 2012	% of Reduction /Increase
(W.H)	35723791.85	35325382	-1.1%	35587180.85	+0.7%
(J.H)	128,605,650,660.0	127,171,375,200.0	-1.1%	128,113,851,060.0	+0.7%
Amount in SAR	4369894.95	4244215.75	-2.9%	4269026.85	+0.5%

We measure our direct energy consumption by calculating the fuel consumed by the hospital's vehicles during indirect operations. We believe that our effort in applying an accurate time management protocol and upgrading our transportation facilities was successful in reducing the fuel consumption taking into consideration the two new accommodation compounds introduced in 2011. Moreover, our newly transportation allowance, introduced in 2012, as part of the new benefit system to our employees has significantly reduced the load on our transportation facilities and was well appreciated by our staff. The table below represents our fuel consumption as an indicator for our direct energy consumption.

	Year 2010	Year 2011	Year 2012
Fuel consumption (in litres)	326437	278264	29850

Category	*2006*	*2007*	*2008*	*2009*	*2010*	*2011*	*2012*
Water Consumption (m^3)	*466,700*	*500,000*	*244,500*	*139,910*	*188,127*	*199,009*	*212,940*



As applied in our last report, the figures for water consumption are based on a mix of actual consumption data from the water bills and estimation techniques used by the Facilities Management departments where actual consumption figures are not available. For more information please refer to our 2011 CSR report, page 48.

As a healthcare provider, we understand that water consumption for our daily operations, provided by the Municipality, do not pose any risk to water sources in comparison to other manufacturing or production industries. DSFH is considered a busy hospital. One of the major challenges that face the healthcare sector in Jeddah is the shortage of hospital beds. A recent study demonstrated that the private sector received 31% of the patients. Additionally, there is influx of expatriate patients seeking medical treatment who previously had access to MOH hospitals. This situation requires continuous upgrading and renovating our facilities in order to cope with the great demands on our hospital. These demands were exemplified by the year on year trend of the number of admissions, out-patients and ER visits, surgeries performed and the tremendous increase of the diagnosting images and laboratory investigations. Consequently, we consider our effort in reducing the energy and water consumption very successful. Moreover, the traffic within the hospital premises increased as shown by the overall increase in census of inpatients- and outpatients as well as the accumulative days of stay for in-patient. High visitor traffic is known to consume more water than energy.

Similar to last year and during the reporting period, we have continued implementing and monitoring our water and energy saving initiatives including the followings:

- Strict adherence to ISO 14001 standards.
- Planning for periodic water balance (input-output) audit and identification of improvement areas and water closing cycle opportunities
- Action list through generation of improvement items with facility-line staff and prioritization of actions through cost-benefit assessment.
- Reduce wastage by continuous maintenance and leak detection
- Installation of water saving fixtures and devices
- Raising staff and patient awareness on water and energy conservation
- Planning for periodic energy efficiency audits of all energy using devices in the facility.
- Changing lighting fixtures
- Investment in more energy efficient HVAC system
- Continuously upgrading our transportation facilities by replacing vehicles with new ones to reduce fuel consumption

The Material Management Department used to segregate the materials by units not in weights. To comply with the GRI indicator, the department started in 2012 to segregate the core

material of our operation (drug store) by weights. In our next report we will report on other materials by weights. It is worth mentioning that all materials used by DSFH are non-renewable. The quantity in units for the material consumption is as below:

Material Category	Units Consumed during 2011	Units Consumed during 2012	Units Consumed during 2012 (Kg)
Drug Store	2,842,848	2,886,729	130,747
Medical Supplies (any supplies and materials used for the delivery of healthcare)	7,138,181	7,760,315	Scheduled for Reporting 2013
Maintenance (any materials used for the maintenance of hospital equipment)	77,963	89,823	Scheduled for Reporting 2013

From the biodiversity perspective, hospital's operations are not performed in any protected land, thus they do not impose any risk or have any impact on habitats on protected or restored land.

Being a healthcare service provider, we understand that the core input materials we used cannot be from recycled source. While we encourage our employees to recycle waste such as paper, glass, and we have been faced with the lack of a municipal wide system to handle recycling. The table below presents the amount generated in SAR and KG from the paper recycling activity

	Year 2011	Year 2012
Amount Generated (SR)	60,460	72000
Amount Recycled (KG)	168000	180000

- **Sustain the ISO 14001 to improve our environmental management activities**

To comply with environmental regulations, DSFH has stopped the use of incinerators for burning medical waste since in 2009; hence Green House Gas GHG was reduced to a minimum. In 2010, we started a more comprehensive and detailed process for both in-door and out-door air quality by assessing Ambient Air Quality based on the Presidency of Meteorology and Environment (PME) regulations and as a pre-requisites for ISO 14001. The table below summarizes our findings related to GHG emission in 2012.

DSFH purchases its electricity from Saudi Electric Company (SEC) and the GHG emissions from purchases electricity is below:

Purchased Electricity in KWH	KSA Electricity mix conversion Factor	CO2 Emissions In KGs
35587180.85	757	26,940
Total Indirect GHG		26,940

During the year, the hospital did not use the generator since the power supply was continuous from the SEC.

Within the context of GHG emission, the vehicles used for the transport of hospital staff and patients used 28,950 litres of fuel. The GHG emission from this is given below.

Fuel Consumption in Vehicles (2011)	Fuel Consumption in Vehicles (2012)	Combustion Formula for Petrol/ gasoline	CO2 Emissions In KGs (2011)	CO2 Emissions In KGs (2012)
278264	29850	2.3035 kg/litre	640,981	68,760
Total Direct GHG			**640,981**	**68,760**

We used the following methodology to calculate our GHG emissions.

http://www.sunearthtools.com/dp/tools/CO2-emissions-calculator.php#txtCO2_7

Our Freon Consumption is as below:

Type of Freon	Consumption in KGs (2010)	Consumption in KGs (2011)	Consumption in KGs (2012)
R22	2,899	2626	2094
R134	41	41	13.6
R11	869	294	288

In order to comply with EMS ISO 14001 standards, we started to study air pollution and ambient air quality in the area in 2010 to determine compliance with the National Ambient Air Quality Standards (NAAQS) promulgated by the PME. The result of this study was described in details in our 2011 CSR report, page 51. In brief, the study demonstrates that the air quality in the area (east and west parking) doesn't show any significant criteria pollution impact. Similarly, no naturally occurring dust storms or strong surface winds were observed or recorded. The indoor air quality in the generator rooms 1 & 3 did indicate spikes for particulate matter (PM10) concentration exceeding the PME PM10 ambient standard of 340µg/m3. However, the prevailing wind direction recorded is northwest and these spikes could be attributed to the wind draft caused by intake and exhaust fans operation blowing dust and dirt that were probably accumulated over period of time. It is worth mentioning that as per the regulations of ISO 14001; the Ambient Air Quality Assessment is required to be conducted every two years. Consequently, the table below is applicable till the year 2012. We are planning to conduct a new assessment in the year 2013 to fulfil the requirement of the reaccreditation for ISO 14011.

The results of this study are summarized in the table below

The result of the air pollution and ambient air quality study (to be performed every two years)	
General air pollution and air ambient air quality	Ozone Average Reading = 22.587
The air pollution and air ambient air quality study (East Parking)	SO2 Average Reading = 9.297
	NO Average Reading = 10.539
	NO2 Average Reading = 19.092
	NOx Average Reading = 28.628
The air pollution and air ambient air quality study (West Parking)	SO2 Average Reading = 4.067
	NO Average Reading = 6.211
	NO2 Average Reading = 12.017
	NOx Average Reading = 26.009

Moreover, we measure the impact of mitigation by calculating the monetary or unit of measure (UOM) saving after implementing our environmental best practice. The table below describes the status of each initiative. It is noteworthy that during the reporting period, there have been no incidents of noncompliance with local environmental laws or regulations.

Initiative Measured	Status	Percentage	Impact
Energy (direct)	Reduction	-89%	Positive
Energy (Indirect)	Increase	+0.7%	Negative
Amount Recycled	Increase	+7%	Positive
Indirect GHG Emission	Increase	+0.7%	Negative
Direct GHG Emission	Decrease	-89%	Positive

- **Conduct awareness and education programs for staff**

We realize the importance of promoting an eco-friendliness' culture among our employees. This necessitates conducting used to educate our employees about best environmental practices and the requirements for EMS ISO 14001. During last year we continued to conduct similar activities to maintain this culture as required for our reaccreditation.

- **Continuously evaluate the waste management system**

General waste generated by DSFH is identified as Healthcare Waste which is further categorized into Risk and non-risk health care waste. Healthcare waste is collected by housekeeping personnel on duty for each floor. DSFH staff disposes of waste using hospital colour-coded bags. Small plastic liners containing waste of a specific category are carefully removed and closed at each collection point and compressed to avoid rupture. Treatment of healthcare risk waste is done 'off-site' via a contracting party before it is finally disposed to sanitary landfills. The amounts generated for each category are summarized in the tables below:

Item description	Year 2010	Year 2011	Year 2012
Infected waste (kg)	73269.0	191865.5	243557
Chemical waste (kg)	485	899.5	2395
Total Health Care risk waste (HCRW-Kg)	73754.0	192765	245952
Total number of patients for the period	54734	110045	123755
HCSRW per patient (kg)	1.34	1.75	1.98

Items	Year 2010	Year 2011	Year 2012
Pathological waste in Kg	6052	6102	6868
Number of New born	6121	6670	7313

The Pharmacy department started to implement a pharmaceutical waste handling process in 2012. All remaining portions of pharmaceutical products that will not be re-used again are considered as chemical waste and are collected in yellow bags (special bags assigned for pharmaceutical waste) to be disposed according to the MOH regulations. The reason why our chemical waste increased in 2012 compared to 2011.

Our health care risk waste production is benchmarked against the SITA and WHO standards. The SITA upper limit is 0.7595 kg per patient which puts DSFHs mean of 1.98 at a higher level than the standard. DSFH has adopted the Ministry of Health (MOH) waste management program. However, MOH waste classification is more stringent than either SITA or CDC. On the

other hand, our healthcare waste generation (the mean KG/HCRW/bed-day/year production) appears less than that of WHO and MOH. The reason why we are confident that DSFH doesn't generated excessive healthcare waste. Within the context of significant spills, there was no reported case during 2012.

Within the same context, our waste regarding water discharge was subject to further study for quality. Our recent study regarding the quality of water discharged (sewage water) collected from 2 different sources revealed that the average Ph level was 7.5.

- **Increase the health and safety issue at the workplace**

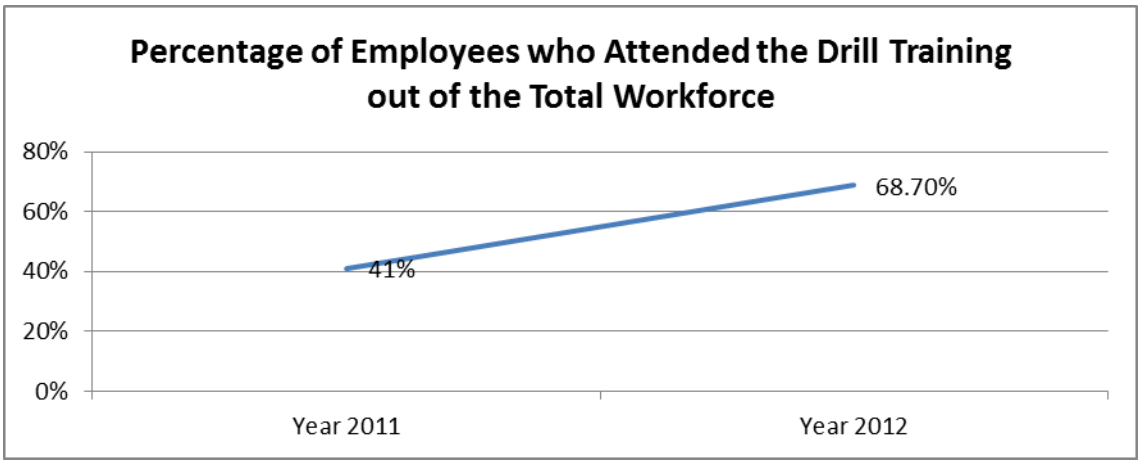
We at DSFH coordinate with the Civil Defence, Labour Office and GOSI in terms of all governmental regulations. We also follow the Joint Commission International (JCI) and Australian Council of HealthCare Standards International (ACHSI) rules and highest international standards in healthcare, for excellence in operational efficiency to ensure that health and safety of the workplace are well implemented. As mentioned in our last report, we track several indicators relevant to our H&S performance metrics. These include 1) non-compliance cases with guidelines concerning H&S of patients 2) Occupational injuries, and 3) Mandatory staff vaccinations compliance. We also keep records for training attendance such as fire and evacuation drills.

AS mentioned in our last CSR report, DSFH introduced pre-employment screening for Varicella through our employment agencies in order to ensure immunity among our new recruits. In addition, we provide a free vaccination program to our staff. Our efforts in implementing a healthy and safe environment were crowned by being accredited for OHSAS 18001 in 2011. Our health and safety practices were described in details in our CSR report (2009-2010).

Health & Safety Practices
• Existence of material safety Data Sheet within each unit
• Proper labelling and storage of hazardous material
• Safe handling and disposal of medical instruments/materials after usage
• PPE equipment available
• Periodical check-up for floors and stairs
• Regular safety inspections
• Manual Handling Policy

We understand that building a healthy and safe environment requires proper communication channels within the hospital. One department (Health, Safety, Environment and Security Department) and three committees (the Infection Control Committee, the Performance Improvement & Patient Safety Committee and the Sustainability, Environment & Facility Safety Committee) are responsible to manage the health and safety issues in DSFH. Their

responsibilities include education, training, counselling, prevention, and conduct risk-control programs for employees, their families, or community members regarding occupational and non-occupational serious diseases. Additionally, we have safety designees within each department who are responsible for addressing health and safety issues among colleagues. During this reporting period, there are 97 safety designees in the hospital. One of the responsibilities of the HSES department is to educate our employees about fire safety. During the reporting period 86 simulated fire drills were conducted and were attended by 1794 employees (68.7% of the total workforce)



During the year there were 52 lost days because of occupational injuries compared to 131 in 2011. In 2012 our sharp exposure rate was 0.17 per 100 occupied beds compared to that of 2011 (0.42) per 100 occupied beds. Eve though th Our rate still remains way below international benchmark (the EPINET reported rate for hospital our size is 16.6). DSFH will continue educating the staff on the necessity of reporting to assure we are not under reporting.

As mentioned previously we track our safety performance by measuring the rate of occupational injuries, the table above summarizes the occupational injury rate in the last 3 years

Despite of the new policy for the staff clinic and vaccination introduced in 2012, one case was reported and is under investigation as it happened in December 2012. We will update the reader of the result and if any change will be implemented in the screening process and vaccination.

Our commitment to a healthy and safe workplace was extended to include our contractors and suppliers. We take all the necessary measures to ensure that our Contractor' Safety & Security Handbook is well circulated. During the reporting period, there were no cases reported regarding safety or security issues from our contractors.

As mentioned in our previous CSR report, our Staff Health Services (SHS) Guidelines are communicated to our staff. In terms of patient handling, employees are taught to take measures in order to prevent transmission of communicable diseases. It is worth mentioning that the vaccination program we offer to our staff is free of charge.

Injury category	2010	2011	2012
Needle stick injury	**11**	**25**	**17**
Varicella infection	**0**	**4**	**1**
Manual handling injuries and falling cases	**13**	**132**	**108**

Actions Undertaken as part of our responsibility towards ensuring safe employee-patient contact

- Pre employment vaccination
- Review of immunizations and updating employees on them.
- Monitoring exposure to infectious diseases.
- Proper disposal and sterilization of all tools used for diagnosis and treatment of patients.
- Maintaining employee overall health records.
- Pamphlets and brochures and books educating about personal and work hygiene.

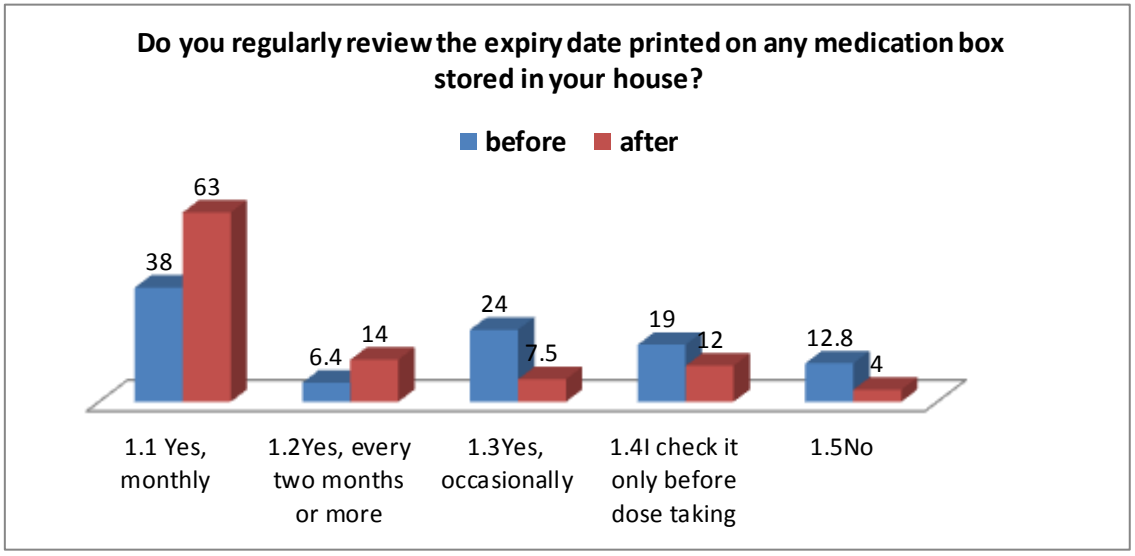
The vaccination census of our workforce in the last 2 years

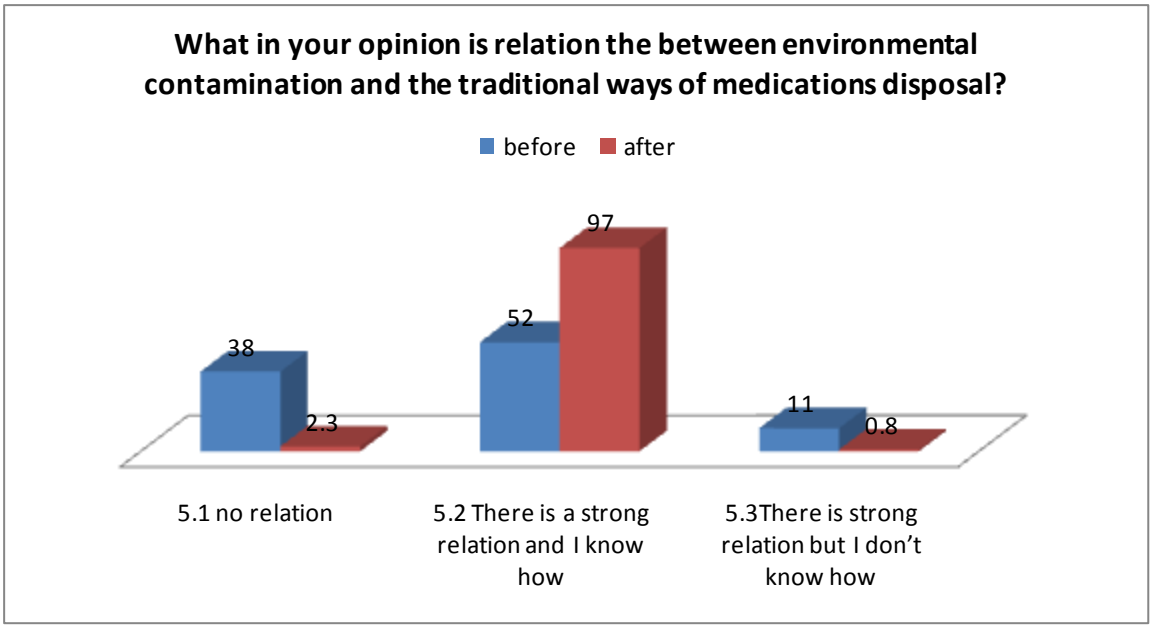
Vaccination category	2010	2011	2012
HBV vaccine	596	384	275
Varicella vaccine	206	415	66
Measles, Mumps, Rubella vaccine	667	492	89

- **Develop environmental initiative related to our core business for our patients.**

Unused pharmaceutical products can contaminate the environment if they get into drinking and ground water. In 2012, we launched our Drug-Take-Back as environmental initiative directed to our patients. Managed by the Pharmacy department and the CSR committee, the campaign was initiated to help our patients to safely dispose of the unused and expired medicines that may be dangerous to others and to the environment.

The programs aimed to educate patients on the risks expected when expired medications are kept at home, orient them about the environmental contamination that resulted from disposing medicines in trash or in ordinary garbage, and provides safe way to collect and dispose such unused medications. The implementation process was including interaction and discussion between the assigned pharmacist and patients while they are waiting for their prescriptions preparations. A baseline survey was conducted at the start to assess the basic knowledge of the patients about the environmental impact of unsafe disposing of medicines. Through the campaign we asked our patients to bring back any unused or expired medicines that they might have at home using special yellow bags that were made available in our pharmacies. The bags were collected in special boxes in our pharmacies than segregated according to the MOH regulations then send to a third party company licensed by the MOH to dispose unused or expired medicines. The campaign achieved its goal in increasing awareness about this issue as illustrated in the graphs below.





Commitment for the future

We will continue to support our GO Green project as an environmental initiative. We understand that we have challenges to face; reducing our energy and water consumption while respecting the great demand on our hospital and improve our performance in recycling are important for our responsible commitment to the environment to succeed. We are proud of our new initiative" Drug-take-back". We are planning to extend it to the Jeddah's community by partnering with some major pharmaceutical companies. Moreover, we have finalized all the necessary steps toward our reaccreditation for ISO 14001 and OSHAS 18001 due on 2013. In an effort to reduce our energy consumption, we are in the process of establishing a Solar System in the hospital by 2014. Within the context of recycling, we will start lobbying with other players and regulators through different channels to start building municipal wide system to handle recycling. Our effort in fostering a culture of health and safety within the workplace was successful. We will update the reader on our progress in the next report.

Our Community

We understand that developing and maintaining strong relationship with our community is a key priority and an essential pillar of our CSR strategy. We do believe that by investing and playing an active role in the well-being of our community we can generate community support, loyalty and good will and building our "social license to operate".

Objectives
Promote the Community Teaching Center
Promote the Life Support Training Center
Increase the direct financial contribution to the charity program
Continuously Support the Charity Office
Increase CSR awareness in the community
Maintain the role of the Nursing College as a community investment model
Improve our Volunteer Program
Participate in corporate philanthropic community initiative (free campaigns)
Adopt a CSR program supporting community wellbeing

Management Approach & Goal Progress

- **Promote the Community Teaching Center**

As a healthcare provider, we serve our community by different approaches. One of our approaches is the Community Teaching Center (CTC). The scope of the CTC is to educate the patient and community about medical issues, disease management and environmental and social issues. We believe that by creating a positive change in knowledge and behaviours, we can improve their quality of life. In 2012, several group teaching/ patient empowerment sessions were conducted discussing several topics including diabetes, smoking, tuberculosis, menopause, kidney diseases, diabetes, psoriasis, asthma and breast feeding. Furthermore, the Center supported other activities conducted by MOH, Islamic Bank and others by providing educational sessions and medical assessment.

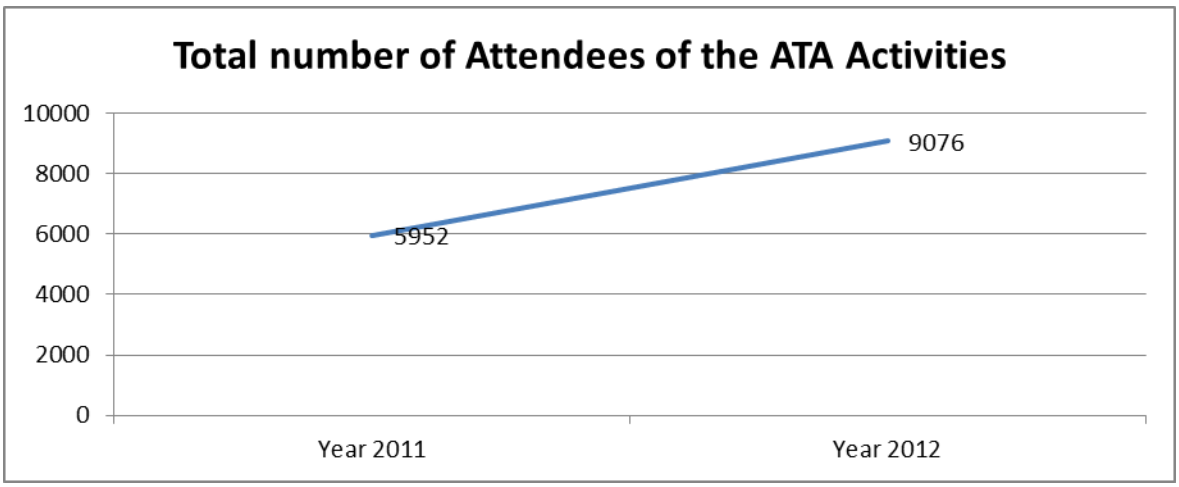
The table below describes the different activities conducted by CTC, number of attendees and hours

Activity Location	Number of Attendees	Hours
Indoor Activities	2588	265
Outdoor Activities	2656	118
Diabetic Education Activities	676	11

- **Promote the Life Support Training Center**

As mentioned in our previous report, the Staff Development section of the Academic Department is committed to enhancing the continuous education of medical and clinical staff to ensure that their specialties are well represented. We believe that it is our responsibility not to limit the activities of the development section to our employees only, but to extend it to all the healthcare community in the kingdom of Saudi Arabia. In order to improve the knowledge and skills to the healthcare workers, we conduct specialized workshops and conferences which earn Continuous Medical Education hours (CME) that also helps them to renew their licensures. During the reporting period, a total of 9076 attended the educational activities of the ATA and LSTC, representing 52% increase compared to 2011). It is worth mentioning that 2545 were non-DSFH staff.

Educational Activities	Total Candidates	Non-DFSH Employees	DSFH Employees
LSTC activities	2023	764	1259
Workshop/conferences	7053	1781	5272



Moreover, DSFH through agreements with different education institutions like King Abdel Aziz University and the International Academy of Medical sciences provides provided training to nationals aiming to help them in their employment. Through those agreements and in 2012 we have trained 147 students for a total of 750 hours. This multidisciplinary training program conducted by the Education Department allows the candidate to be trained on issues related to

hospital management including medical records, hospital information system, customer service, clinical pharmacy as well as specialized medical issues.

Within the same spirit, DSFH has started the Residency Program in the last quarter of 2012. The Residency program allowed candidates of the Saudi Board to get highly specialised training required to accomplish their certification requirements. We believe that this strategic investment will provide the healthcare sector with qualified nationals and help to reduce the shortage in qualified physicians noticed in our field. During the reporting period, 4 candidates joined the Residency program of DSFH in the internal medicine speciality.

- **Increase the direct financial contribution to the charity program**

We categorize our philanthropic activities into monetary and non-monetary. We continue to support our agreements started in 2011 with several NGOs (Al Faysaliah, Help Center and Disabled Children Association and others). Through those agreements, free medical consultation, and discounts on clinical services have been provided to their patients. Other activities include:

- Similar to the last year, we encouraged our employees and visitors to donate food, clothing, household goods and other items of quality to the underprivileged. We place donation boxes in the foyer of the Community Teaching Centre for a whole week each month during which time donations can be made. To ensure that the donated materials reach underprivileged people, we have established agreements with different NGOs to be responsible for redistribution of the donated items.

- After the great success of our Charity Day conducted in 2011, we conducted a similar event in 2012. Led by nursing, this event was a great success with participation in the preparation of activities from many hospital disciplines and an outpouring of generosity from other staff. The amount raised was used towards the purchasing requirements for needy patients and their families.

- **Continuously Support the Charity Office**

At DSFH, we strive to offer health care services for the impoverished and financially challenged. During the reporting period, we continue to support our previous agreements with NGOs, mentioned in details in our previous report. Our Charity office plays an important role in providing the needy patients with free medical treatments. We are really proud of being the first hospital that has implemented the process of deducting one riyal from each patient's bill for the benefit of the Charity Office. DSFH also routinely waives the medical bill for patients who cannot afford to pay. The following table shows the amount spent by the hospital on treatment of poor patients.

Our social investment is categorized and described in the following table:

Activity	Amount in SAR
Contribution to charity	1,948,547
Free Medical Treatment	3,960,790
Community activities	240,760
Charity Office	1,520,315

It is worth mentioning that 11,230 people have received free medical treatment. Moreover, the figure above does not include other cash contributions to community development such as the logistic and medical support for NGOs activities and others.

- **Increase CSR awareness in the community**

We at DSFH believe that raising the CSR awareness of the community is crucial for promoting the culture of sustainability and competitiveness in our society. The society should be able to reward the ethical businesses based on clear understanding of the whole concept of CSR and how it can affect their future. DSFH use a holistic management approach in CSR awareness by directing its effort to different sectors. The management approach we used in=s illustrated in the diagram below. Some of our CSR awareness activities are mentioned in different section in the report.

In

2011, we initiated our CSR awareness project by publishing a digital CSR magazine under the name of "Our Community" in the Arabic language. The magazine is distributed electronically through email to our database and is available for download through our website. The magazine focuses on all issues related to sustainability including tips on energy and water savings, promoting healthy life style and topics related to the four pillars of sustainability.

During the reporting period we have re-structured and uploaded our new site on the web. The new website contains a dedicated section on CSR. All our initiatives, reports and strategy are included in this section. Furthermore, the section contains education materials that are directed to different sectors like suppliers, hospitals and community at large.

As mentioned previously we always conduct a launch ceremony when a new CSR report is published. During the event, media reporters are invited and a press conference usually follows the event. The interviews conducted with the President and Chairman of the Board occurs in a transparent friendly atmosphere. The President usually takes this occasion to stress on the importance of sustainability, human rights and highlights our CSR practices. Moreover, he stressed on the role of the media in building a culture of sustainability within the community and explained the difference between philanthropy and CSR. A similar activity was conducted on the morning of this event for our internal stakeholders (employees), when the DG repeated the information sharing session with the employees and acknowledged the winners of the CSR Quiz.

After publishing the first communication model in the healthcare sector, the CSR committee chairman participated in many national and international forums like; the 2nd CSR forum of Jeddah Chamber of Commerce & Industries, the 1st CSR conference of Al Jubail in the Eastern province of the kingdom of Saudi Arabia and the 2nd MENA regional forum of the Principle Responsible Management Education (PRME) conducted in Lebanon and organized by the University of the Holy Spirit of Kaslik and in cooperation with the United nations Global Compact as well as his recent participation in the Regional Forum of the International Organization for Migration in Kuwait for the " The Role of the Private Sectors in Promoting Corporate Social responsibility toward Labour in the GCC" organized in cooperation with the regional office of UN; exemplifies our commitment in promoting the CSR concept.

- **Maintain the role of the Nursing College as a community investment model**

We believe that it is our responsibility to support the community, the reason why we invested heavily in Dr. Soliman Fakeeh College of Nursing and Medical Sciences to provide nursing Baccalaureate programs in order to pre-empt global nursing shortages and in response to recruitment competition for nurses and allied healthcare workers. Since its inauguration in 2004, 210 nurses graduated from our college joined the healthcare field. We are proud that the

College is running by national highly qualified teaching and supporting staff. As mentioned previously, and in order to contribute effectively in the Saudization of the allied healthcare workforce, we have also established allied healthcare Baccalaureate programs (radiography and laboratory). Recently we have activated a partnership program with the renowned ULSTER University in United Kingdom of Saudi Arabia through which the nursing students will have an accredited British-Saudi Baccalaureate program. We are planning to introduce master program for Psychology assistant. We will keep the reader updated on our progress in future reports.

- **Improve our Volunteer Program**

In our last report we have described in details (page 62) our volunteer policy. We believe that it is our responsibility as good citizen to strengthen the community we live in by encouraging our employees to donate their time and effort to support the society. As a feature of our sponsorship of World Health Day activities organized by the MOH, 24 staff from medical, nursing, and the education departments donated time out of their duty hours for 118 hours. Their work includes medical assessment, support and education.

Examples of personal interest programs are demonstrated in the voluntary work of the our staff from Philippines who are members of Arabian Scorpions Chapters which is part of Guardians Bona Fide for Hope Foundation Incorporation. The Chapters conduct different social and cultural activities and provide support for expatriates in case of emergency.

- **Participate in corporate philanthropic community initiative (free campaigns)**

  It is the strategy of DSFH to raise health, social and environmental awareness in the community and invest in philanthropic initiatives by conducting free campaigns targeting community members. Several campaigns were conducted in 2012 like the world health day, Diabetes day, and Anti-Smoking Campaign and others. One of the great campaigns conducted in 2012 was the child safety and illustrated the commitment of DSFH to manage issues other than its core business.

  Child Safety Campaign: In an effort to raise awareness about the child safety issues in the community, DSFH conducted a child Safety Camping in cooperation with civil defence and Ministry of Health. Several educational sessions and workshops were conducted throughout the campaign inside and outside the hospital (famous shopping malls in Jeddah). A total of 1366 visited the booth of the campaign in the malls while 965 attended the awareness lectures. During the event, 3000 CDs and 50000 educational flyers were distributed.

- **Adopt a CSR program supporting community wellbeing**

We understand that the healthcare business in its fundamental nature is a social development undertaking. Not wishing to stop here, we are constantly reviewing the healthcare needs of the governorate of greater Jeddah and investing in new services and capacities. Within the same context, and during the reporting period, we have initiated the following:

- **Aman Home Health Care:** Established to provide continuity of care to clients living within 30 KM from DSFH after being discharged from the hospital. Continuing care in the home includes nurse case management, home health care nurse aides, nurse midwife, medical social worker, dietician, physical therapy, occupational therapy, speech and language therapy, respiratory therapy, and physician. It is the plan for AMAN HHC to adopt and develop case management and disease programs that meet the needs of its population. The benefits of a case management system include, one-on-one assessment and education, client is at home receiving care, decreases length of stay in hospital, decreases the chance of infections, increases customer satisfaction as the client has individual attention, decreased hospitalizations with on-going assessment and communication, decreased costs for insurance companies, increased support for hospital in terms of acute care occupancy. More information about Aman HHC was demonstrated in pages 33-34

  We continue to support our programs that started in 2011. For more information please refer to our 2011 CSR report pages 66-67
- **Breast-Feeding Clinic:** The role of the clinic staff extends beyond the boundaries of the actual clinic location as they follow their clients though the delivery process and troubleshoot any breastfeeding difficulties with the mother following delivery. They follow mothers up after discharge working together with volunteers who are members of the DSFH breast feeding support group. The benefits of this simple strategy on the future health needs of the community cannot be overstated as exclusive breast feeding has been proven to improve health outcomes for both the infant and the mother
- **Smoking Cessation Clinic:** designed to give nicotine dependent individuals pharmacological support, psychological counselling and all the necessary advice to those who wish to kick the habit. This is a dedicated clinic which provides clients with access to medical practitioners who are well qualified and well skilled to assist with the initiation of the required lifestyle change and the support and encouragement to continue with this commitment.
- **Khadija Attar Center for Children with special needs:** caters for children with special needs from birth to the age of 12 years, providing medical services, special needs education, social activities, physiotherapy, speech therapy and behavioural therapy to children with conditions such as autism and Downs syndrome.
- **Fakeeh Complementary Healthcare Company (FCFC),** a subsidiary of DSFH was established to cater to the needs of the parent organization and the local market. It is

headquartered in Jeddah with a branch in Riyadh. FCHC's objective is to provide the best available quality products and after sales services at a convenient and affordable price to the local market.

- **Olympia Fitness Center:** was established as a public health initiative to provide the space and facilities for general public to engage in fitness activities. It offers state of the art facilities including a fully equipped gymnasium, indoor swimming pools, a tennis/squash court, basketball and many other recreation and sports facilities. The center underwent a major renovation three years ago to include other fitness services and equipments.

Appendix

Content Index/Cross Reference GRI & COP

GRI/COP Content Index

G3 / COP Content Index

STANDARD DISCLOSURES PART I: Profile Disclosures			
1. Strategy and Analysis			
Profile Disclosure	**Description**	**Cross-reference/Direct answer**	**COP**
1.1	Statement from the most senior decision-maker of the organization.	page1-4	Statement of the President
1.2	Description of key impacts, risks, and opportunities.	Page 13-17	
2. Organizational Profile			
Profile Disclosure	**Description**	**Cross-reference/Direct answer**	**COP**
2.1	Name of the organization.	Page 1	
2.2	Primary brands, products, and/or services.	Page 11-13	
2.3	Operational structure of the organization, including main divisions, operating companies, subsidiaries, and joint ventures.	Page 11-13	
2.4	Location of organization's headquarters.	Page 8	
2.5	Number of countries where the organization operates, and names of countries with either major operations or that are specifically relevant to the sustainability issues covered in the report.	Saudi Arabia Only	

2.6	Nature of ownership and legal form.	Closed Joint Stock company under the laws of Kingdom of Saudi Arabia	
2.7	Markets served (including geographic breakdown, sectors served, and types of customers/beneficiaries).	Primarily serving Western province of KSA	
2.8	Scale of the reporting organization.	page 8	
2.9	Significant changes during the reporting period regarding size, structure, or ownership.	Move from a proprietary concerned business to a close joint stock company under the name of Dr. Soliman Fakeeh Hospital Company	
2.10	Awards received in the reporting period.	page 9	

3. Report Parameters

Profile Disclosure	**Description**	**Cross-reference/Direct answer**	**COP**
3.1	Reporting period (e.g., fiscal/calendar year) for information provided.	page 17-18	
3.2	Date of most recent previous report (if any).	page 17-18	
3.3	Reporting cycle (annual, biennial, etc.)	page 17-18	
3.4	Contact point for questions regarding the report or its contents.	page 17-18	
3.5	Process for defining report content.	page 17-18	
3.6	Boundary of the report (e.g., countries, divisions, subsidiaries, leased facilities, joint ventures, suppliers). See GRI Boundary	page 17-18	

	Protocol for further guidance.	
3.7	State any specific limitations on the scope or boundary of the report (see completeness principle for explanation of scope).	page 17-18
3.8	Basis for reporting on joint ventures, subsidiaries, leased facilities, outsourced operations, and other entities that can significantly affect comparability from period to period and/or between organizations.	page 17-18
3.9	Data measurement techniques and the bases of calculations, including assumptions and techniques underlying estimations applied to the compilation of the Indicators and other information in the report. Explain any decisions not to apply, or to substantially diverge from, the GRI Indicator Protocols.	page 17-18
3.10	Explanation of the effect of any re-statements of information provided in earlier reports, and the reasons for such re-statement (e.g., mergers/acquisitions, change of base years/periods, nature of business, measurement methods).	No restatements from earlier reports. Except that the report will be used as COP required by the UNGC based on the Memorandum of Understanding signed in May 2010 between the GRI and UN Global Compact at the Amsterdam Global Conference on Sustainability and Transparency
3.11	Significant changes from previous reporting periods in the scope, boundary, or measurement methods applied	No significant changes

	in the report.		
3.12	Table identifying the location of the Standard Disclosures in the report.	page 68	
3.13	Policy and current practice with regard to seeking external assurance for the report.	page 17-18	
4. Governance, Commitments, and Engagement			
Profile Disclosure	**Description**	**Cross-reference/Direct answer**	**COP**
4.1	Governance structure of the organization, including committees under the highest governance body responsible for specific tasks, such as setting strategy or organizational oversight.	Page 19	Action Taken by DSFH to implement UNCG Principle 1-10
4.2	Indicate whether the Chair of the highest governance body is also an executive officer.	Yes	Action Taken by DSFH to implement UNCG Principle 1-10
4.3	For organizations that have a unitary board structure, state the number of members of the highest governance body that are independent and/or non-executive members.	1 member is non-executive.	Action Taken by DSFH to implement UNCG Principle 1-10
4.4	Mechanisms for shareholders and employees to provide recommendations or direction to the highest governance body.	page 19	Action Taken by DSFH to implement UNCG Principle 1-10

4.5	Linkage between compensation for members of the highest governance body, senior managers, and executives (including departure arrangements), and the organization's performance (including social and environmental performance).	page 19	Action Taken by DSFH to implement UNCG Principle 1-10
4.6	Processes in place for the highest governance body to ensure conflicts of interest are avoided.	page 21	Action Taken by DSFH to implement UNCG Principle 1-10
4.7	Process for determining the qualifications and expertise of the members of the highest governance body for guiding the organization's strategy on economic, environmental, and social topics.	page 19-21	Action Taken by DSFH to implement UNCG Principle 1-10
4.8	Internally developed statements of mission or values, codes of conduct, and principles relevant to economic, environmental, and social performance and the status of their implementation.	Page 21, Full compliance with GRI, JCI, ACHSI and UNGC	Action Taken by DSFH to implement UNCG Principle 1-10
4.9	Procedures of the highest governance body for overseeing the organization's identification and management of economic, environmental, and social performance, including relevant risks and opportunities, and adherence or compliance with internationally agreed standards, codes of conduct, and principles.	page 21	Action Taken by DSFH to implement UNCG Principle 1-10

4.10	Processes for evaluating the highest governance body's own performance, particularly with respect to economic, environmental, and social performance.	page 19	Action Taken by DSFH to implement UNCG Principle 1-10
4.11	Explanation of whether and how the precautionary approach or principle is addressed by the organization.	page 22	Principle 7
4.12	Externally developed economic, environmental, and social charters, principles, or other initiatives to which the organization subscribes or endorses.	page 20	
4.13	Memberships in associations (such as industry associations) and/or national/international advocacy organizations in which the organization: * Has positions in governance bodies; * Participates in projects or committees; * Provides substantive funding beyond routine membership dues; or * Views membership as strategic.	page 21	
4.14	List of stakeholder groups engaged by the organization.	page 22-23	
4.15	Basis for identification and selection of stakeholders with whom to engage.	page 22-23	
4.16	Approaches to stakeholder engagement, including frequency of engagement by type and by stakeholder group.	page 22-23	

4.17	Key topics and concerns that have been raised through stakeholder engagement, and how the organization has responded to those key topics and concerns, including through its reporting.	page 22-23	

STANDARD DISCLOSURES PART II: Disclosures on Management Approach (DMAs)

G3 DMA	**Description**	**Cross-reference/Direct answer**	**COP**
DMA EC	**Disclosure on Management Approach EC**		
Aspects	Economic performance	Our business strategy ensures that all quantitative and qualitative elements of our business are addressed at all times. Corporate responsibility is embedded within our culture as a part of the qualitative element and we ensure to keep that focus in mind while taking any key business decisions.	Action taken by DSFH to implement UNGC Principles 1,4,6,7
	Market presence	All of the members of our BOD are locals and we have policies and procedures to enhance the percentage of locals at all levels. We participate in job fairs to attract local talent and our nursing school provides good quality local nurses.	Action taken by DSFH to implement UNGC Principles 1,4,6,8

	Indirect economic impacts	One of the most material issues concerning our Economic aspect is the local economic empowerment and we consider this our top priority in all aspects of our decision making from staff hiring to preference of local suppliers.	Action taken by DSFH to implement UNGC Principles 1,4,6,9
DMA EN	**Disclosure on Management Approach EN**		
Aspects	Materials	As a hospital, we focus on quality when making purchasing decisions. AS much as we want to, it is not always possible to recycle or reduce the material usage when it comes to medical supplies. Stationary usage has shown a reduction due to our Reduce, Reuse and Recycle program.	Actions Taken to Implement Principles 7, 8 and 9
	Energy	We have taken some specific measures to reduce energy usage which includes behavioural changes, use of energy efficient bulbs and other soft changes.	Actions Taken to Implement Principles 7, 8 and 9
	Water	Usage of water is also controlled through behavioural changes and flow-control faucets. However, as a hospital we cannot undertake water recycling for fear of cross-contamination.	Actions Taken to Implement Principles 7, 8 and 9
	Biodiversity	Although DSFH is in an urban setting and there are no issues of biodiversity, we will take this under consideration for our second hospital building.	Actions Taken to Implement Principles 7, 8 and 9

	Emissions, effluents and waste	We monitor quality of air and water through our environmental management system and take all measures to ensure compliance with ISO 14001.	Actions Taken to Implement Principles 7, 8 and 9
	Products and services	We have a comprehensive environmental management system based on ISO 14001 which enables us to control the negative environmental impacts of our operations.	Actions Taken to Implement Principles 7, 8 and 9
	Compliance	We abide by a number of local and international environmental codes and standards as laid out in the report.	Actions Taken to Implement Principles 7, 8 and 9
	Transport	As a hospital, our service is delivered to our customer (patient) within the hospital premises (onsite) so it is not related to our business model. Within the context of Transportation, it is only provided to our staff and it is closely monitored and measures are applied to reduce its negative environmental impact as mentioned in the report page 49	
	Overall	Our core business does not have any environmental impact on climate.etc. We have comprehensive measures to monitor and implement environmental management system through our ISO 14001, OHSAS 18001 and waste management system as well as by complying with the national and international regulations.	
DMA LA	**Disclosure on Management Approach LA**		

Aspects	Employment	We believe that our biggest assets are our employees. Since a large percentage of our employees are locals, we believe that by investing in our human capital we are directly contributing to the national development.	Actions Taken to Implement Principles 1, 3 and 6
	Labor/management relations	We have competitive packages and offer monetary and non-monetary rewards to all employees to ensure motivation, career development, Health and Safety and growth.	Actions Taken to Implement Principles 1, 3 and 6
	Occupational health and safety	Occupational Health and safety is one of our top priorities and all our locations comply with local health and safety regulations.	Actions Taken to Implement Principles 1, 3 and 6
	Training and education	We offer regular training sessions to all our employees as part of our investment in our people.	Actions Taken to Implement Principles 1, 3 and 6
	Diversity and equal opportunity	All our employees are treated at par with each other with respect to remuneration and other benefits	Actions Taken to Implement Principles 1, 3 and 6
DMA HR	**Disclosure on Management Approach HR**		

Aspects	Investment and procurement practices	We have made a commitment to not invest in any project that violates human rights and are extending these responsible practices to the supply chain by encouraging our suppliers to also undertake CSR and adopt ethical practices.	Actions Taken to Implement Principles 1, 2, 3, 4, 5 and 6

	Non-discrimination	Human Rights is a sensitive issue in KSA and we manage HR issues under the scope of patient, families and employee rights Our employee code of conduct and orientation plan lays out our zero tolerance policy towards any sort of preferential or discriminatory behaviour. We also train our employees on human rights aspect of dealing with patients. Within our capacity, we also screen our supplier based on human rights issues	Actions Taken to Implement Principles 1, 2, 3, 4, 5 and 6
	Freedom of association and collective bargaining	Freedom of Association and collective bargaining are issues we cannot support in KSA since the Government has not ratified the ILO conventions.	Actions Taken to Implement Principles 1, 2, 3, 4, 5 and 6
	Child labor	We have a policy to not use child labor or buy from any supplier who does.	Actions Taken to Implement Principles 1, 2, 3, 4, 5 and 6
	Forced and compulsory labor	We have a policy to not use forced labor or buy from any supplier who does.	Actions Taken to Implement Principles 1, 2, 3, 4, 5 and 6
	Security practices	As a healthcare giver (hospital), security practice is not related to our core operation. However, we have a policy that manages security practice related to mis-behavior according to the law and regulations of Saudi Arabia	
DMA SO	**Disclosure on Management Approach SO**		

Aspects	Community	Community is a key aspect of our CSR strategy and we continuously seek to enhance engagement and undertake meaningful activities with the community.	Actions Taken to Implement Principle 10
	Corruption	We continually review and enhance our anti-corruption controls. The program is part of our overall risk assessment program carried out by the TQM department.	Actions Taken to Implement Principle 10
	Public policy	We also strive to be an active part of any public policy changes to include sustainability issues and improved regulations for the healthcare industry.	Actions Taken to Implement Principle 10
	Compliance	We have stringent controls in operation to ensure full compliance with all applicable local and international regulations.	Actions Taken to Implement Principle 10
DMA PR	**Disclosure on Management Approach PR**		

Aspects	Customer health and safety	All aspects of patient health and safety are monitored and controlled under our TQM department. We have adopted stringent patient safety goals in line with JCI and ACHSI certification requirements.	
	Product and service labelling	We strive to provide as much information as possible to patients and regular satisfaction surveys are carried out to ensure the patients receive all the information they need and are satisfied with the quality of service.	

	Marketing communications	We are committed to be fully transparent in all our marketing and advertising methods.	
	Customer privacy	Maintained by our compliance with the JCI and ACHSI standards and the MOH regulations	
	Compliance	We have stringent controls in operation to ensure full compliance with all applicable local and international regulations.	

STANDARD DISCLOSURES PART III: Performance Indicators

Economic			
Performance Indicator	**Description**	**Cross-reference/Direct answer**	**COP**
Economic performance			
EC1	Direct economic value generated and distributed, including revenues, operating costs, employee compensation, donations and other community investments, retained earnings, and payments to capital providers and governments.	page 8	
EC2	Financial implications and other risks and opportunities for the organization's activities due to climate change.	page 8	principle 7
EC3	Coverage of the organization's defined benefit plan obligations.	The hospital does not offer any defined benefit plan obligations.	

EC4	Significant financial assistance received from government.	No financial assistance received from the government	
Market presence			
EC5	Range of ratios of standard entry level wage compared to local minimum wage at significant locations of operation.	Ratio is 1:1 for Saudi employees	Outcome from Implementing Principle 1
EC6	Policy, practices, and proportion of spending on locally-based suppliers at significant locations of operation.	page 24-25	
EC7	Procedures for local hiring and proportion of senior management hired from the local community at significant locations of operation.	BOD: 100% Saudi and HEC: 41.6% Saudi	Actions Taken and Outcomes from Implementing Principle 6
Indirect economic impacts			
EC8	Development and impact of infrastructure investments and services provided primarily for public benefit through commercial, in-kind, or pro bono engagement.	page 66-68	
Environmental			
Performance Indicator	**Description**	**Cross-reference/Direct answer**	**COP**
Materials			
EN1	Materials used by weight or volume.	page 26 and 51	Outcomes from Implementing Principle 8

EN2	Percentage of materials used that are recycled input materials.	No input materials are recycled materials because we are a healthcare service provider and the risk of cross-contamination is high.	Outcomes from Implementing Principles 8 and 9
Energy			
EN3	Direct energy consumption by primary energy source.	page 49 (1154.6 GJ) based on the conversion rate 1 cubic meter is equal 38.68 GJ	Outcomes from Implementing Principle 8
EN4	Indirect energy consumption by primary source.	page 48	Outcomes from Implementing Principle 8
Water			
EN8	Total water withdrawal by source.	page 49 As a healthcare provider, we understand that water consumption for our daily operations, provided by the Municipality, do not pose any risk to water sources in comparison to other manufacturing or production industries	Outcomes from Implementing Principle 8
Biodiversity			
EN11	Location and size of land owned, leased, managed in, or adjacent to, protected areas and areas of high biodiversity value outside protected areas.	page 51	Outcomes from Implementing Principle 8
EN12	Description of significant impacts of activities, products, and services on biodiversity in protected areas and areas of high biodiversity value outside protected areas.	page 51	Outcomes from Implementing Principle 8
Emissions, effluents and waste			

EN16	Total direct and indirect greenhouse gas emissions by weight.	page 52	Outcomes from Implementing Principle 8
EN17	Other relevant indirect greenhouse gas emissions by weight.	page 52	Outcomes from Implementing Principle 8
EN19	Emissions of ozone-depleting substances by weight.	page 52	Outcomes from Implementing Principle 8
EN20	NOx, SOx, and other significant air emissions by type and weight.	page 52-53 Measure in accordance with ISO 14001	Outcomes from Implementing Principle 8
EN21	Total water discharge by quality and destination.	100% of the water consumed is discharged through the sewage and the Ph level is 7.5. Page 54	Outcomes from Implementing Principle 8
EN22	Total weight of waste by type and disposal method.	page 54	Outcomes from Implementing Principle 8
EN23	Total number and volume of significant spills.	Page 55	Outcomes from Implementing Principle 8
Products and services			
EN26	Initiatives to mitigate environmental impacts of products and services, and extent of impact mitigation.	Page 50-53. The quantitate measurement of impact mitigation is not available but starting 2013, Hospital will start measuring the exact reductions in quantitative terms.	Actions Taken to Implement Principles 7, 8 and 9

EN27	Percentage of products sold and their packaging materials that are reclaimed by category.	We are in service industry. DSFH does not sell any products except medicines that are purchased from third party vendors.	Outcomes from Implementing Principles 8 and 9
Compliance			
EN28	Monetary value of significant fines and total number of non-monetary sanctions for non-compliance with environmental laws and regulations.	No fines or non-monetary sanctions for non-compliance with environmental laws and regulations.	Outcomes from Implementing Principle 8
Social: Labor Practices and Decent Work			
Performance Indicator	**Description**	**Cross-reference/Direct answer**	**COP**
Employment			
LA1	Total workforce by employment type, employment contract, and region.	Page 36-38	
LA2	Total number and rate of employee turnover by age group, gender, and region.	page 45-46	Outcomes from Implementing Principle 6
LA3	Benefits provided to full-time employees that are not provided to temporary or part-time employees, by major operations.	page 43-44	
Labor/management relations			
LA4	Percentage of employees covered by collective bargaining agreements.	No employees are covered by Collective bargaining agreements since the Kingdom of Saudi Arabia has not yet ratified the ILO conventions 87 and 98.	Outcomes from Implementing Principles 1 and 3

LA5	Minimum notice period(s) regarding significant operational changes, including whether it is specified in collective agreements.	Minimum notice period is 1 month for all positions except consultants.	Outcomes from Implementing Principle 3
Occupational health and safety			
LA7	Rates of injury, occupational diseases, lost days, and absenteeism, and number of work-related fatalities by region.	Page 55-57	Outcomes from Implementing Principle 1
LA8	Education, training, counselling, prevention, and risk-control programs in place to assist workforce members, their families, or community members regarding serious diseases.	page 56 and 60	Actions Taken to Implement Principle 1
Training and education			
LA10	Average hours of training per year per employee by employee category.	page 38-39	
LA12	Percentage of employees receiving regular performance and career development reviews.	page 42	
Diversity and equal opportunity			
LA13	Composition of governance bodies and breakdown of employees per category according to gender, age group, minority group membership, and other indicators of diversity.	page 37-38	Outcomes from Implementing Principles 1 and 6
LA14	Ratio of basic salary of men to women by employee category.	36	Outcomes from Implementing Principles 1 and 6

Social: Human Rights

Performance Indicator	Description	Cross-reference/Direct answer	COP
Investment and procurement practices			
HR1	Percentage and total number of significant investment agreements that include human rights clauses or that have undergone human rights screening.	page 26	Outcomes from Implementing Principles 1, 2, 3, 4, 5, and 6
HR2	Percentage of significant suppliers and contractors that have undergone screening on human rights and actions taken.	Page 26.	Actions Taken and Outcomes from Implementing Principles 1, 2, 3, 4, 5, and 6
HR3	Total hours of employee training on policies and procedures concerning aspects of human rights that are relevant to operations, including the percentage of employees trained.	page 41	Outcomes from Implementing Principles 1, 2, 3, 4, 5 and 6
Non-discrimination			
HR4	Total number of incidents of discrimination and actions taken.	No such incidents reported.	Actions Taken and Outcomes from Implementing Principles 1, 2 and 6
Freedom of association and collective bargaining			

HR5	Operations identified in which the right to exercise freedom of association and collective bargaining may be at significant risk, and actions taken to support these rights.	No such operations identified.	Actions Taken to Implement Principles 1, 2 and 3
Child labor			
HR6	Operations identified as having significant risk for incidents of child labor, and measures taken to contribute to the elimination of child labor.	No Operations identified. The issue of child labor is not directly relevant to DSFH as children are not suited to the delivery of healthcare services.	Actions Taken to Implement Principles 1, 2 and 5
Forced and compulsory labor			
HR7	Operations identified as having significant risk for incidents of forced or compulsory labor, and measures to contribute to the elimination of forced or compulsory labor.	No Operations identified. However, to ensure that our hiring of foreign workers is transparent and legal, we only hire through state approved recruitment agencies and all agency agreements include clauses to address this issue.	Actions Taken to Implement Principles 1, 2 and 4
Social: Society			
Performance Indicator	**Description**	**Cross-reference/Direct answer**	**COP**
Community			
SO1	Nature, scope, and effectiveness of any programs and practices that assess and manage the impacts of operations on communities, including entering, operating, and exiting.	page 24-25	
Corruption			

SO2	Percentage and total number of business units analysed for risks related to corruption.	Since DSFH has an organization wide anti-corruption mechanism, all business units in the report have been analysed for risks related to corruption.	Outcomes from Implementing Principle 10
SO3	Percentage of employees trained in organization's anti-corruption policies and procedures.	page 47	Outcomes from Implementing Principle 11
SO4	Actions taken in response to incidents of corruption.	No incidents of corruption were reported.	Actions Taken to Implement Principle 10
Public policy			
SO5	Public policy positions and participation in public policy development and lobbying.	Page 14 and 21	Actions Taken to Implement Principles 1-10
Compliance			
SO8	Monetary value of significant fines and total number of non-monetary sanctions for non-compliance with laws and regulations.	page 30	
Social: Product Responsibility			
Performance Indicator	**Description**	**Cross-reference/Direct answer**	**COP**
Customer health and safety			
PR1	Life cycle stages in which health and safety impacts of products and services are assessed for improvement, and percentage of significant products and services categories subject to such procedures.	Page 35. All services are subject to such measures.	Actions Taken and Outcomes from Implementing Principle 1

Product and service labelling			
PR3	Type of product and service information required by procedures and percentage of significant products and services subject to such information requirements.	Page 34	Actions Taken and Outcomes from Implementing Principle 8
PR5	Practices related to customer satisfaction, including results of surveys measuring customer satisfaction.	page 29-30	
Marketing communications			
PR6	Programs for adherence to laws, standards, and voluntary codes related to marketing communications, including advertising, promotion, and sponsorship.	page 34	
PR7	Total number of incidents of non-compliance with regulations and voluntary codes concerning marketing communications, including advertising, promotion, and sponsorship by type of outcomes.	No incidents of non-compliance.	
Customer privacy			
PR8	Total number of substantiated complaints regarding breaches of customer privacy and losses of customer data.	page 30	Outcomes from Implementing Principle 1
Compliance			
PR9	Monetary value of significant fines for non-compliance with laws and regulations concerning the provision and use of products and	Page 30	

services.