

HALF YEAR RESULTS

H1 2026 results

Executing on our path to scalable growth

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All amounts are in Euros unless otherwise specified. All references starting with FY refer to the year ended 31 December 2025. H1 refers to the period ended 30 June 2026 (H1 26).

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Speakers



James Fitter
Chief Executive Officer



Darragh Lyons
Chief Financial Officer

Agenda

01 Financial performance

02 Commercial momentum

03 Product and innovation

04 Outlook

05 Questions

INVESTMENT HIGHLIGHTS

Executing on our path to scalable growth

+13%

Recurring revenue growth

€4.3m of recurring revenue, up from €3.8m in H1 2025.

70%

Gross margin

Up nine points from 61%. Gross profit held at €3.8m.

A\$19m

two-tranche placement secured

Cash of €7.2m (A\$11.9m) at 30 June, with Tranche 2 of A\$7m (€4.2m) still to settle.

New

Revenue channel

Bedside Hub launched in May following Epic certification.

-15%

Operating cash outflow

€4.1m of operating outflow, against €4.8m in H1 2025.

SCORECARD

H1 2026 at a glance

Financial

Revenue of €5.5m down 14%
or **-9%** on a constant currency basis
reflecting a lower non-recurring contribution

Recurring revenue of €4.3m, up 13%
or **+20%** on a constant currency basis

Gross Margin increased from 61% to 70%

EBITDA loss improved by 11% yoy

**Cash of €7.2m or €11.4m pro forma
for Tranche 2**

Commercial

**Four new logos in contract
negotiation**

15,092 live endpoints at 30 June
with 693 units deployed in the half

**Added to Baxter's national care
communication agreement with GPO**
of a top-10 US health system

**Bedside Hub opened as a new
channel**
into Epic health systems

Product

Bedside Hub certified by Epic
and launched in May 2026

**New front end substantially
complete**
with first deployments scheduled for September

**Ovie is evolving into an agentic
intelligence layer**
designed to orchestrate patient and staff workflows.
Initial pilots are planned during 2026

SECTION ONE

Financial performance

SIX MONTHS ENDED 30 JUNE 2026

Financial highlights

€ millions	H1 2026	H1 2025	Change
Recurring revenue	4.3	3.8	+13%
Non-recurring revenue	1.2	2.5	–54%
Total revenue	5.5	6.3	–14%
Cost of sales	(1.6)	(2.5)	–34%
Gross profit	3.8	3.8	0%
Gross margin	70%	61%	+9%
Cash operating expenses	(7.8)	(8.3)	–6%
Operating EBITDA loss	(4.0)	(4.5)	–11%

70%

Gross margin, up from 61%

The shift towards higher-margin recurring revenue held gross profit flat at €3.8m despite €0.8m less revenue.

–6%

Cash operating expenses

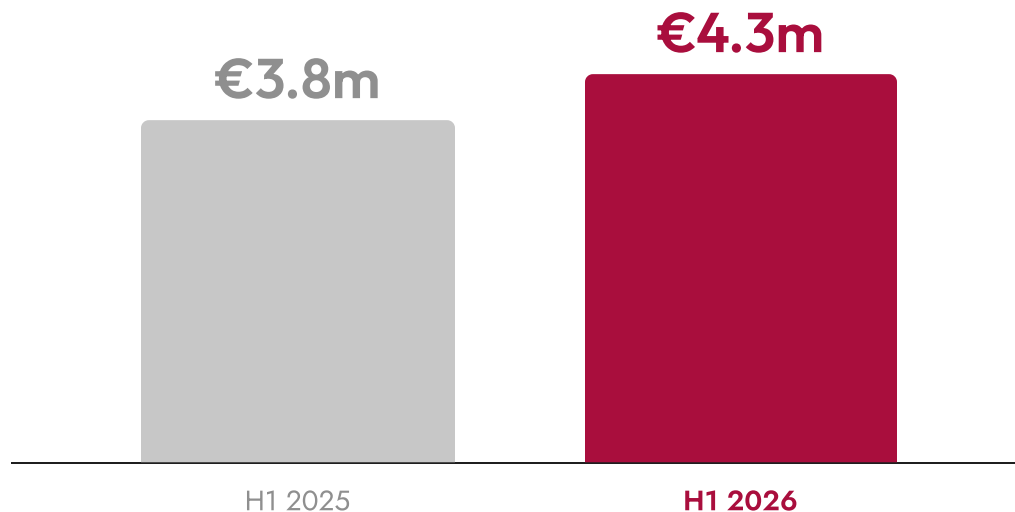
Down to €7.8m from €8.3m due to lower employee costs following the June 2025 restructuring flow through the base.

REVENUE & GROSS MARGIN

Recurring revenue growth

Recurring revenue grew 13% year on year.

■ H1 2026 ■ H1 2025



Recurring revenue at each half-year end.

Oneview Healthcare PLC · H1 2026 results

+20%

growth in recurring revenue on H1 2025 on a constant currency basis

70%

gross margin, up from 61%

H1 2025

€6.3m total revenue

Recurring €3.8m

**Non-recurring
€2.5m**

H1 2026

€5.5m total revenue

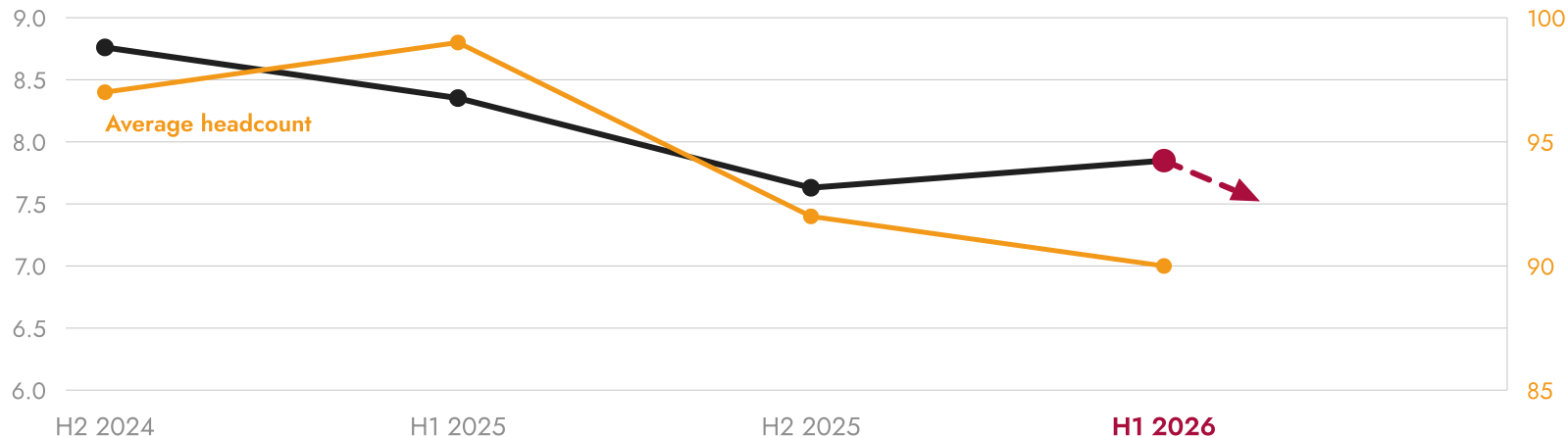
Recurring €4.3m

**Non-recurring
€1.2m**

High-margin recurring revenue is our primary focus for long-term value creation.

CASH OPERATING EXPENSES

Operating cost base



Cash operating expenses, € millions, per half, left scale. Average headcount per half, right scale, orange. H2 2024 was the peak.

-10%

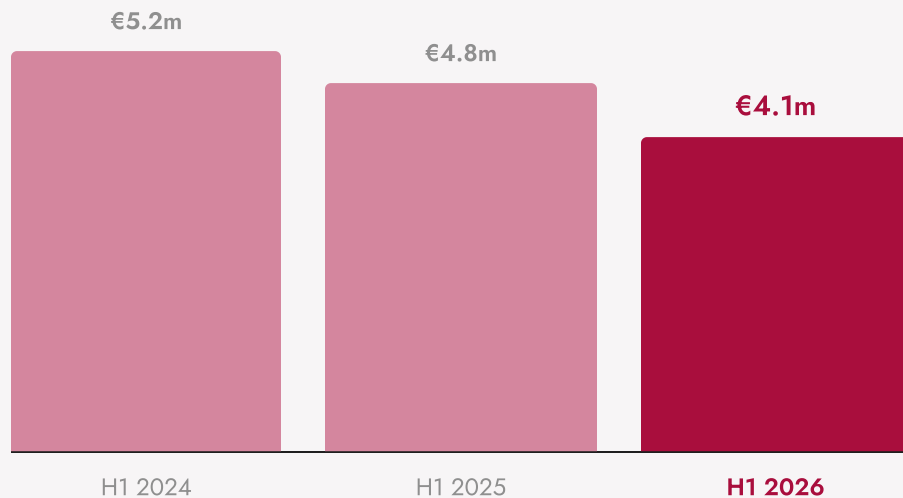
from the H2 2024 peak

-6%

H1 2026 against H1 2025

NET CASH USED IN OPERATING ACTIVITIES

Operating cash outflow



-15%

H1 2026 against H1 2025

-22%

across first halves since H1 2024

Operating cash outflow fell 15% against the first half of 2025, and has fallen in each of the last two first halves.

Net cash used in operating activities. Receipts from customers are weighted by billing cycles, so a first half is only comparable with another first half.

BALANCE SHEET

Capital position

€ millions	30 June 26	31 Dec. 25	30 June 25	Change since 31 Dec. 2025	Change since 30 June 2025
Cash and cash equivalents	7.2	4.6	8.2	+56%	-12%
Trade and other receivables	2.3	4.7	3.1	-51%	-26%
Inventory	2.9	2.9	2.6	0%	+12%
Other assets	2.9	3.3	2.3	-12%	+26%
Total assets	15.3	15.5	16.1	-1%	-5%
Trade and other payables	0.9	1.2	0.7	-25%	+29%
Deferred income	2.7	5.4	2.9	-50%	-7%
Accruals and other liabilities	5.3	5.2	5.1	+2%	+4%
Total liabilities	8.9	11.8	8.6	-25%	+3%
Net assets	6.4	3.7	7.5	+73%	-14%

The March placement

A two-tranche institutional placement raising A\$19m (approximately €11.4m) in gross proceeds.

A\$12m

Tranche 1, settled 24 March

A\$7m

Tranche 2, subject to shareholder approval (at AGM to take place during Q4 2026)

€11.4m

pro forma cash, including the A\$ 7m (€4.2m) Tranche 2 proceeds

OPERATING LEVERAGE

The path to breakeven

US access through Baxter and Epic Bedside Hub

The Baxter partnership gives us reach into the US market that we could not build alone and the certification of Epic Bedside Hub is generating meaningful new opportunities.

Penetration in the existing customer base

Significant upside remains as we increase share within existing customers.

Pricing power from Ovie

The Ovie ecosystem creates fresh, value-adding opportunities for our customers.

Disciplined cost savings

Careful cost management means cash operating expenses are 10% below the H2 2024, reflecting sustained cost control.

AI in the delivery model

AI is enhancing the velocity and quality of our software and shortening deployment timelines.

SECTION TWO

Commercial momentum

MARKET CONDITIONS · UNITED STATES

A changing market creates opportunity

EpicTV temporarily slowed some decisions on our core platform while cost-conscious health systems weigh their options.

Market evaluation

Epic-centric systems paused platform decisions to assess EpicTV and compare the certified hardware partners competing to support it.

The funding backdrop

Recent US federal budget legislation has tightened funding. Capital committees are more cost-sensitive, so a lower-priced entry point carries more weight.

Faster to deploy

Bedside Hub uses Epic's own interfaces, so deployment does not wait on customer IT for integration expertise, the constraint that most often slows a full platform rollout.

Procurement pressure temporarily slowed some full-platform decisions, but it is also increasing the relevance of Bedside Hub's lower-cost entry point. This underpins our continued confidence in the H2 opportunity set.

PROGRESS IN THE HALF

Commercial highlights

Top-10 health system GPO

Oneview was added to a national care communication agreement between Baxter and the group purchasing organisation of one of the ten largest health systems in the United States.

Engagement has continued to progress and initial projects are expected to commence in the second half.

85+ hospitals in the network
15k+ beds

Four new logos in contract negotiation

1 x Direct
1 x via Baxter
2 x Epic Bedside Hub

A new revenue channel

Bedside Hub launched in May 2026 following certification by Epic, enabling delivery of Epic MyChart Bedside TV on healthcare-grade hardware with cloud-based device management.

Since certification we have engaged with a growing number of health systems evaluating Epic TV deployments.

Targeting the addition of several new Bedside Hub customers during the second half of 2026.

ROUTE TO MARKET

A dual-market commercial model

CXP platform

SMART-ROOM BUYERS

MyStay, Ovie and five patient-facing touchpoints: TV, tablet, whiteboard, door sign and MyStay Mobile.

- Epic ADT, education and API integrations at the point of care
- Nurse call, virtual care, dietary, environmental controls, service requests and patient feedback
- Depth and breadth of integrations is the commercial moat

Bedside Hub

EPIC-FIRST BUYERS

Launched May 2026 on Epic certification, delivering Epic MyChart Bedside TV running on healthcare-grade Oneview hardware.

- Cloud-based device management at fleet scale
- Content services and operational support
- A lower-cost entry point into Epic accounts

SOLD THROUGH **Direct**, flexibility on procurement and implementation / **Baxter**, value-added reseller, Care Communications portfolio

43.7%

of US acute care hospitals on Epic; 56.9% of beds (2025)

PARTNER-SOURCED PIPELINE

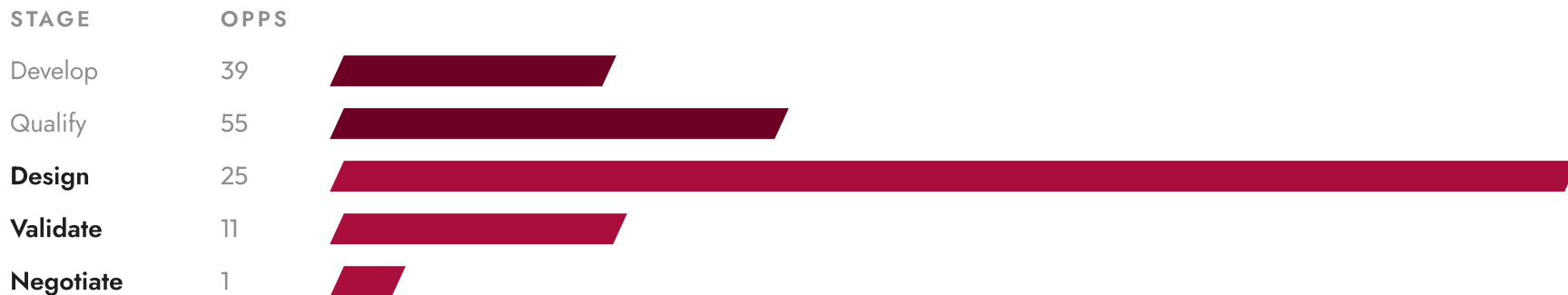
Baxter funnel

131

open opportunities

36,375

licensed beds represented



37 opportunities

are at design stage or beyond.

Full product set

Care Experience Platform

Digital door signs

Digital whiteboards

The 131 opportunities reflect the current Baxter open-opportunity funnel and are not directly comparable with the 156 US and Canadian qualified opportunities reported at FY2025 due to changes in scope, stage definitions and pipeline cleansing.

BEDSIDE HUB PIPELINE SINCE CERTIFICATION

Certification reignited some stalled pipeline opportunities

Epic certification has driven strong engagement: 9 of our 16 active opportunities were previously stalled and are now active again and the volume of demos reflects the level of market interest.

16

Active EpicTV opportunities

Health systems engaged since the May certification announcement.

19,860

Licensed beds in the Epic Bedside Hub pipeline

Against an installed base of approximately 15,092 live endpoints today.

10

Demonstrations in the two weeks ahead of UGM

Delivered to leading health systems across the United States.

A stronger proposition

We compete head-to-head with two niche hardware vendors. Our differentiated proposition combines embedded meal ordering with a track record of enterprise-scale bedside deployments.

First enterprise pilot

A 15-bed EpicTV pilot across three hospitals of a top 20 health system begins in September, running on Oneview-managed infrastructure.

Epic ecosystem visibility

Invited for the first time to Epic's annual User Group Meeting (UGM) in Madison, one of the sector's most significant events.

EPICTV BEDSIDE HUB PIPELINE · LICENSED BEDS

16 opportunities, 19,860 beds

Integrated health system · Midwest

Statewide health system · Midwest

Regional health system · Southeast

Regional health system · Southeast

Regional health system · Mid-Atlantic

Multi-hospital system · West

Academic medical center · Midwest

Academic medical centre · Southeast

Children's specialty network · National

Regional health system · Mid-Atlantic

Children's medical center · Southwest

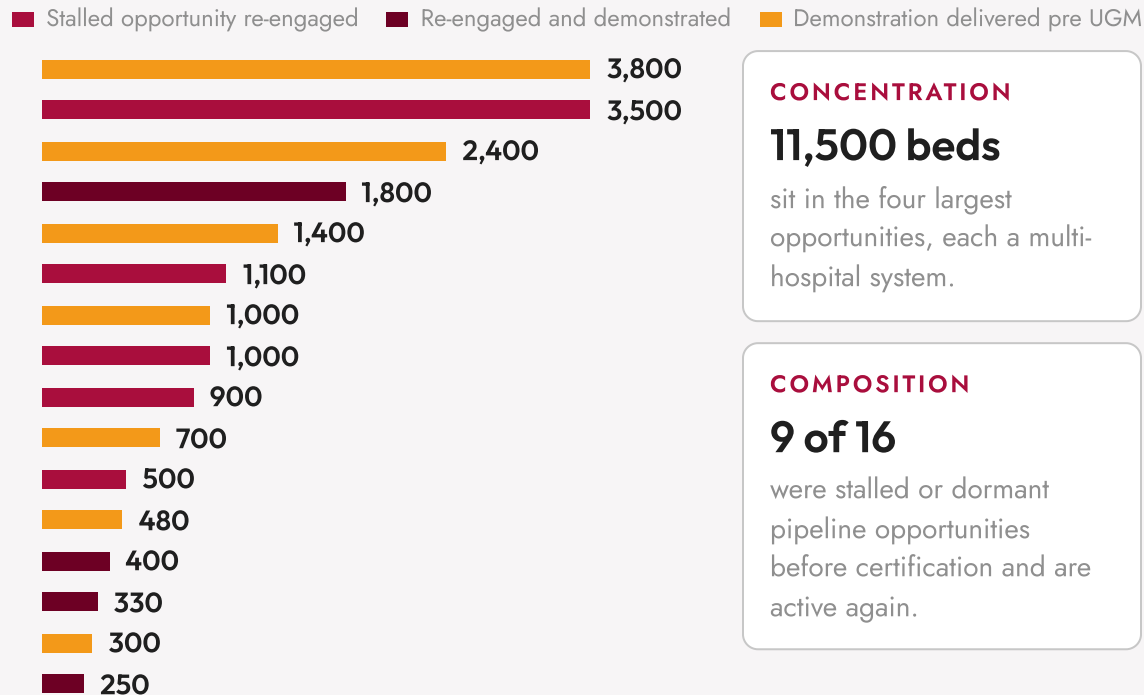
Urban academic hospital · Mid-Atlantic

Regional health system · Southwest

Community hospital · Southeast

Community health system · Northwest

Cancer center · Southeast



CONCENTRATION

11,500 beds

sit in the four largest opportunities, each a multi-hospital system.

COMPOSITION

9 of 16

were stalled or dormant pipeline opportunities before certification and are active again.

EPIC USER GROUP MEETING, MADISON

50+ conversations, and a market actively reassessing

Our first invitation to Epic's User Group Meeting has produced significant new engagement.

Strong market validation

Significant interest across systems evaluating patient engagement and smart room strategies.

Many are reassessing incumbent vendors after deployment and support challenges.

Epic certification strengthening market credibility

Epic certification and ecosystem visibility is a meaningful differentiator in every conversation.

The relationship is accelerating engagement and opening doors to key decision-makers.

Competitive displacement

Health systems continue to express frustration with the shortcomings of their current patient engagement solutions.

Reinforces our focus on scalability, manageability and operational support.

Momentum building

High volume of meaningful conversations with prospective customers and partners.

Strong pipeline-building activity and increased awareness of our Epic alignment.

What it tells us

These deployments are won and lost on **trust**, **manageability** and **long-term support**, the ground we compete on.

MARKET OPPORTUNITY · UNITED STATES

A US\$50bn federal program aimed at what we already do

The Rural Health Transformation Program funds telehealth, remote monitoring, digital infrastructure and workforce productivity, capabilities our platform already delivers.

FY2026 — FY2030

US\$50b

FUNDING PRIORITY · WHAT ONEVIEW BRINGS

Expanding access to care

Specialist consultation without transferring the patient.

Virtual care and telehealth

Virtual Care API, virtual nursing partners, remote observation.

Workforce productivity

Digital rounding, automated education, less administrative burden.

Digital health infrastructure

Existing endpoints become virtual-care capable, Epic-integrated.

Technology-enabled care transformation

The patient room as a care delivery platform, not a TV.

FIVE-YEAR DEPLOYMENT



Why it matters

A new federal funding source for rural technology.

Aligned to virtual care and workforce priorities.

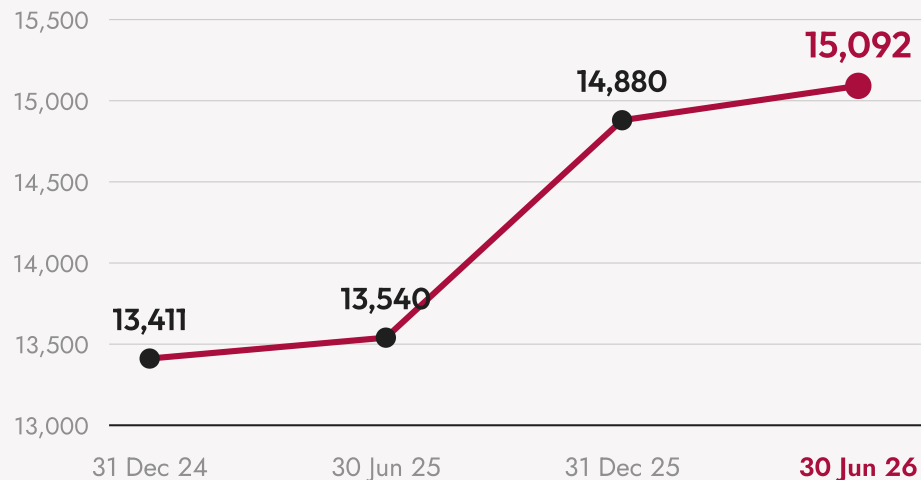
Installed infrastructure is the platform, not a new build.

Scope to raise software penetration per bed.



INSTALLED BASE

Live endpoint growth



Live endpoints at each half-year end.

Unforeseen delay to Children's Hospital Ireland

~1k endpoints

MOVEMENT IN H1 2026

Live at 31 Dec 2025 **14,880**

Endpoints deployed **+693**

Endpoints decommissioned **-481**

Live at 30 Jun 2026 **15,092**

693 endpoints deployed across various customer sites.

+59%

higher average recurring revenue per endpoint installed in the period than on the endpoints decommissioned

Labour Party, 15 October 2025: labour.ie/news/2025/10/15/serious-concern-now-that-itll-be-2027-by-the-time-new-childrens-hospital-is-fully-open

MARKET DYNAMICS · AUSTRALIA AND NEW ZEALAND

A pressured market but a sales pipeline that has recently doubled

Market under pressure

Private hospital operators face constrained funding, thin margins and consolidation, slowing discretionary technology investment. Competitors operating exclusively in the ANZ market have priced aggressively to hold share.

This has now abated

Based on current customer engagement, no material additional churn is presently anticipated, with core customers highly engaged and driving real value from the platform. NSW Health adoption of Epic's EMR as their single patient record may drive fresh demand for Bedside Hub in 2027.

Active bids, January to today

January

3 active



Today

8 active

 Carried into the half  Added since January

4 of 8

for hospitals under construction, where our scope is written into the build rather than retrofitted.

+59%

higher recurring revenue per endpoint on US new deployments, versus the decommissioned Australian beds.

NEW LOGOS SINCE 2023

Customer acquisition timeline



Total addressable ARR

€25.6m

at 4 endpoints per room

At current average endpoint pricing.

€16m

at 2.5 endpoints per room

SECTION THREE

Product and innovation

MARKET OPPORTUNITY

Bedside technology: a transformed value proposition

The patient room is no longer a passive space; it is critical clinical infrastructure for the virtual care era.

Nursing labour economics

Virtual nurses can simultaneously manage admissions, safety checks and education for multiple rooms, directly reducing cost per patient day. Replacing one travel nurse with technology-enabled coverage generates rapid return on investment.

Burnout and retention

Offloading documentation, alarm management and non-clinical requests from bedside nurses addresses the leading driver of nurse turnover cost. Rooms that let patients self-manage comfort reduce interruptions and cognitive load.

HCAHPS and reimbursement

EHR-integrated digital whiteboards, on-demand patient education and real-time care team communication demonstrably improve patient satisfaction scores under value-based reimbursement.

Oneview's virtual care API

Hospitals deploying virtual care solutions are leveraging Oneview's modern bedside platform to enable the two-way audio-visual required for virtual nursing, AI observation and remote monitoring.

Source: The Evolving Value of Bedside Technology, Strategic Intelligence Report, March 2026.

PLATFORM

New front end: reimagining the digital environment of care

Modern experience

Contemporary design system, improved accessibility, materially better usability.

Widget-based architecture

Configurable per customer, not rebuilt per customer, faster feature delivery.

Ovie Engage

Context-aware guidance and personalised content, embedded directly into the new front end.

Customer outcomes

Higher engagement and satisfaction, better adoption, less friction at the bedside.

THE PATIENT ROOM PLATFORM

A complete modernisation of the Oneview patient experience, and the surface every future Ovie capability runs on.

Ovie Voice

Ovie Console

Agentic workflows



INVESTOR TAKEAWAY

A scalable platform capable of carrying AI-driven patient and staff experiences for years to come.

PRODUCT AND INNOVATION

Innovation delivered in H1 2026

Delivery across platform modernisation, AI, analytics and the Epic ecosystem, each with a commercial purpose.

01

Bedside Hub

Epic-certified · launched May 2026

A new entry point into Epic-centric health systems
Expands the addressable market

02

New front end

Substantially complete · first deployments H2

The largest experience transformation in company history
Foundation for the Ovie ecosystem

03

Ovie evolution

Agentic intelligence layer

Greater personalisation and anticipation
Automation of routine patient and staff workflows

04

Data and analytics

Shipped in H1

Advanced utilisation dashboards
Enhanced reporting and operational visibility at scale

HOW WE BUILD

Delivering More, Faster: AI-Enabled Product Development

A shared approach

The product and engineering teams have created a shared library of AI skills, to share knowledge, improve quality and have a consistent approach to AI development.

Internal training has been done to upskill engineers on AI, to broaden their skills and domain knowledge, to become more “T-Shaped”.

KPIs

~85%

of code written by AI
agents

1.7x

feature development

~5x

faster bug root-cause
investigation

An autonomous AI harness

In parallel, an autonomous AI harness has been implemented, with a human in the loop. It’s being used to:

- write code for well defined work
- perform first-pass code reviews

GOVERNANCE AND ASSURANCE

- Human-in-the-loop review of every change
- Secure development lifecycle controls
- ISO 42001-aligned AI governance

SOC 2 Type II gap assessment underway, with readiness work sequenced from its findings.

Internal engineering measures based on selected AI-enabled development workflows during H1 2026. Results vary by work type. “Code written by AI agents” refers to generated code subsequently subject to human review and approval.

SECTION FOUR

Outlook

COMPETITIVE POSITION

Why Oneview is differentiated

Deep hospital integrations

Our platform is wired into the EHR, nurse call, dietary, building automation and virtual care systems. Every integration deepens the relationship.

Installed infrastructure

15,092 live endpoints represent deeply embedded integrations, presenting substantial switching costs that support long-term retention.

Clinical workflow relevance

Clinicians use our interfaces on every shift. Our solutions are deeply embedded in clinical workflows, creating sustained value through daily use by care teams across every shift.

Regulatory requirements

Healthcare-grade hardware, security review and accessibility obligations set a high bar for any new entrant to clear.

Customer quality and retention

3 of the Top 25 US hospitals are Oneview customers. Our longest US relationships date to 2014 and continue to expand. Retention and renewals drive long-term shareholder value.

CERTIFIED



Top 25 US hospitals per Newsweek World's Best Hospitals 2025, United States: rankings.newsweek.com/worlds-best-hospitals-2025/united-states-america

OUTLOOK

H2 2026 priorities

Commercial

- Convert late-stage opportunities
- Drive expansions across the existing base
- Target 3-4 new Bedside Hub logo wins

Financial

- Continue optimising the operating cost base
- Continue the strong ARR growth trajectory
- Additional deployments driving non-recurring revenue

Product

- First deployments of the new front end from September
- Customer feedback from the Ovie pilots
- Key clinical workflow launched across whiteboard and door sign

Operations

- First deployments of Bedside Hub
- Expected to commence initial projects with the top-10 health system

Continued progress to bridge to cash flow breakeven.

SECTION FIVE

Q & A



APPENDIX

Financial statements

APPENDIX · UNAUDITED

Statement of comprehensive income

Six months ended 30 June · €'000	2026	2025
Revenue	5,485	6,342
Cost of sales	(1,643)	(2,497)
Gross profit	3,842	3,845
Sales and marketing expenses	(2,772)	(2,437)
Product development and delivery expenses	(5,200)	(6,202)
General and administrative expenses	(1,506)	(1,572)
Operating loss	(5,636)	(6,366)
Finance charges	(70)	(1,509)
Finance income	240	13
Loss before tax	(5,466)	(7,862)
Income tax	(27)	(26)
Loss for the period	(5,493)	(7,888)
Foreign currency translation differences	(107)	532
Total comprehensive loss for the period	(5,600)	(7,356)

APPENDIX · 30 JUNE 2026 UNAUDITED

Statement of financial position

€'000	30 June 26	31 Dec. 25
Intangible assets	618	666
Property, plant and equipment	998	1,062
Research and development tax credit	783	1,014
Inventories	2,869	2,864
Trade and other receivables	2,274	4,671
Contract assets	592	604
Cash and cash equivalents	7,190	4,602
Total assets	15,324	15,483

€'000	30 June 26	31 Dec. 25
Lease liabilities, non-current	808	880
Trade and other payables, non-current	895	1,148
Trade and other payables, current	6,898	9,555
Lease liabilities, current	211	229
Current income tax liabilities	65	26
Total liabilities	8,877	11,839
Total equity	6,447	3,644

APPENDIX · UNAUDITED

Statement of cash flows

Six months ended 30 June · €'000	2026	2025
Receipts from customers	5,142	6,365
Payments to suppliers and staff	(9,811)	(11,628)
Research and development tax credit received	595	444
Finance costs and income tax paid	(23)	(1)
Net cash used in operating activities	(4,097)	(4,820)
Net cash used in investing activities	(130)	(25)
Proceeds from issue of shares, net of costs	6,813	—
Repayment of lease liabilities	(91)	(233)
Net cash from financing activities	6,722	(233)
Foreign exchange impact on cash	93	(564)
Cash at beginning of period	4,602	13,833
Cash at end of period	7,190	8,191

Board of Directors

Barbara Nelson

Chair

Mark Cullen

Non-executive Director

Joe Rooney

Non-executive Director

Darragh Lyons

Chief Financial Officer

Nashina Asaria

Non-executive Director

Michael Dowling

Non-executive Director

James Fitter

Chief Executive Officer

Toni Pettit

Company Secretary

Corporate information

Registered office

2nd Floor Avoca Court, Temple Road, Blackrock, Co.
Dublin, Ireland

Australian office

Level 7, 176 Wellington Parade, East Melbourne VIC
3002, Australia

Auditor

KPMG, Dublin

Share registrar

Computershare Investor Services Pty Limited

Registration

Irish company number 513842 · ARBN 610 611 768

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experience company