

CSRD Sustainability Statement

2	Introduction
3	1 General information
38	2 Environmental information
76	3 Social information
110	4 Governance information

Introduction

General information

Environmental information

Social information

Governance information

Introduction

Separate Non-Financial Group Report

This section is the Separate Non-Financial Group Report of Asklepios Kliniken GmbH & Co. KGaA (hereinafter also referred to as “Sustainability Report”) in accordance with the German Commercial Code (Handelsgesetzbuch, HGB) and moreover contains disclosures relating to EU taxonomy pursuant to Article 8 of Regulation (EU) 2020/852. Unless otherwise stated, this Separate Non-Financial Group Report relates to all healthcare facilities operated in Germany by Asklepios Kliniken GmbH & Co. KGaA, the management company of the Asklepios Group having its headquarters in Hamburg, with the exception of the sub-groups MEDICLIN Aktiengesellschaft and RHÖN-KLINIKUM Aktiengesellschaft. The reporting period is financial year 2024 running from 1 January to 31 December. The Separate Non-Financial Group Report was prepared pursuant to the requirements of a separate non-financial group report according to section 315b (3) HGB and is a voluntary implementation of such requirements.

This Separate Non-Financial Group Report was subjected to a review as part of a limited assurance engagement by KPMG AG Wirtschaftsprüfungsgesellschaft (KPMG) giving due regard to the International Standard on Assurance Engagements (“ISAE”) 3000 (Revised). For further information on the review, reference is made to the **→ Independent Auditor’s Report** on a limited assurance review.

The Sustainability Report contains a description of policies and due diligence processes as well as their result pursuant to the five non-financial matters in accordance with section 315c in conjunction with section 289c HGB: “Environmental matters”, “Employee matters”, “Social matters”, “Respect for human rights” and “Anti-corruption and anti-bribery”. The following table gives an overview of the pages of the Sustainability Report dealing with these matters.

Matters pursuant to section 289c (2) HGB	Chapter in Sustainability Report 2024
Environmental matters	Environmental information
Employee matters	Social information
Social matters	Social information
Human rights	Governance information
Anti-corruption and anti-bribery	Governance information

The Separate Non-Financial Group Report of Asklepios Kliniken GmbH & Co. KGaA for financial year 2024 is prepared – with the exception of the sub-groups MEDICLIN AG and RHÖN-KLINIKUM AG not included – on the basis of the European Sustainability Reporting Standards (ESRS).

The Separate Non-Financial Group Report – with the exception of its location in the Group Management Report – complies with the ESRS and as a general rule follows the structure of the ESRS.

1. General information

ESRS 2 General Disclosures

Asklepios provides the present sustainability statements on the basis of the requirements of Directive (EU) 2022/2464 (Corporate Sustainability Reporting Directive (CSRD)) and the related European Sustainability Reporting Standards (ESRS). The reporting period is financial year 2024 (1 January 2024 – 31 December 2024). In addition to general disclosures, the required information is published for five topic standards: governance; strategy; impact, risk and opportunity management; and metrics and targets:

- ESRS 2: General disclosures
- E1: Climate change
- E5: Resource use and circular economy
- S1: Own workforce
- S4: Consumers and end-users
- G1: Conduct of business

The topics were selected based on a double materiality analysis.

BP-1 – General basis for preparation of sustainability statements

The Sustainability Statement was prepared on a consolidated basis. The list of consolidated entities of this Sustainability Statement is constituted based on the consolidated financial statements for Asklepios Kliniken GmbH & Co. KGaA pursuant to financial reporting in accordance with the German Commercial Code (Handelsgesetzbuch, HGB). Not included in the scope of reporting are the sub-groups of MEDICLIN AG and RHÖN-KLINIKUM AG. This specified list of consolidated entities is hereinafter referred to as Asklepios. Asklepios thus comprises all healthcare facilities of Asklepios Kliniken GmbH & Co. KGaA acting as the holding company of the Asklepios Group with its headquarters in Hamburg.

When identifying and analysing the impacts, risks and opportunities, the value chain was taken into account wherever the nature of the activities, business relationships, geographies or other factors were regarded as being significant for Asklepios. Wherever possible, the downstream value chain is also covered in policies, targets, measures and metrics. Specifications and deviations are transparently described in the respective disclosures. Moreover, Asklepios has not claimed the exemption pursuant

to Article 19a(3) and 29a(3) of Directive 2013/34/EU and thus does not explicitly waive the disclosure of impending developments and matters under negotiation.

Asklepios is still in the process of establishing its ESRS reporting and does not yet have all information that will be required in future. Asklepios has fully availed itself of the phase-in option. Asklepios has not used the option to omit a specific piece of information relating to intellectual property, know-how or the results of innovation. None of the metrics specified in the Report were validated by an external assurance provider.

BP-2 – Disclosures in relation to specific circumstances

Time horizons

Asklepios applies the short-, medium- and long-term time horizons for reporting purposes. Consequently, the reporting year is defined as short-term, the period of up to five years as medium-term and the period of over five years as long-term.

Value chain estimation

Asklepios makes continuous efforts to improve its data management and data quality. In this regard, various approaches, e.g. implementation of a CSRD-specific software solution and Group-wide data warehousing solutions, are currently being reviewed and tested.

If individual metrics for the upstream or downstream value chain are based on indirect sources such as average data for the industry, average data for sub-groups, assumptions, or other estimated approximation values, this is recorded in the respective disclosures. Scope 3 metrics on GHG emissions in the upstream and downstream value chain are described and shown in detail in the chapter ESRS E1. The basis for preparing the Scope 3 metrics was a comprehensive analysis of the greenhouse gas emissions in the upstream and downstream value chain. This included a review of patient flows (admissions and discharges), the purchasing area and employee commuting. The metrics are based on surveys, estimates and extrapolations, and thus also on assumptions. Over the next years, the accuracy of the data collected is to be improved through optimised process management based on group standards and the use of technologies. Scope 3 metrics were not validated by an external assurance provider.

CSRD Sustainability Statement

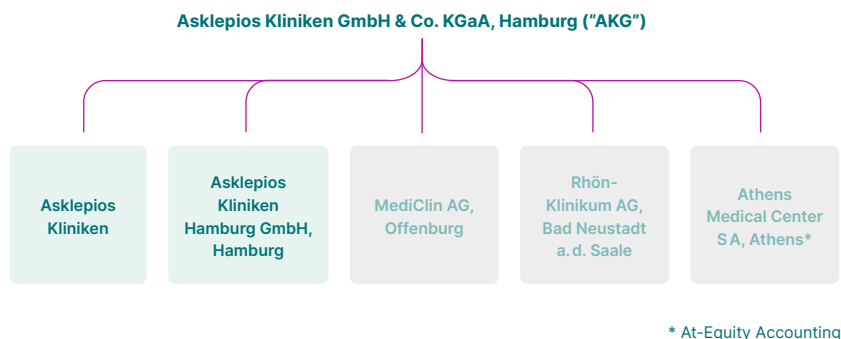
- Introduction
- General information**
- Environmental information
- Social information
- Governance information

Disclosures stemming from other legislation or generally accepted sustainability reporting pronouncements

The disclosures pursuant to Article 8 of Regulation 2020/852 ("Taxonomy Regulation") are published in section 2 Environmental information → **Reporting in accordance with the EU Taxonomy Regulation.**

SBM-1 – Strategy, business model and value chain

Asklepios is a healthcare group having its registered office in Hamburg and its focus on the German market. Since being founded in 1985, Asklepios has gone from being an operator of hospitals to a healthcare group with a holistic, integrated treatment approach. In the healthcare facilities of Asklepios, mainly cross-sector (i.e. inpatient, semi-inpatient and outpatient) healthcare services are provided. There were no changes the main groups of products and/or services offered during the reporting period. Asklepios has some 100 healthcare facilities in 14 federal states, with 2.5 million patients treated during the reporting year. In 2024 Asklepios employed around 42,000 persons.



Thanks to its dense network of hospitals and healthcare facilities, Asklepios has been able to establish integrated treatment chains and medical clusters. Asklepios covers a broad range of healthcare delivery offerings: in addition to maximum, basic, standard and intermediate care offerings, specialized hospitals covering specific fields – the Centers of Excellence – operate well beyond the scope of their respective healthcare delivery region. As an operator of rehabilitation hospitals, Asklepios is a one-stop healthcare provider covering the full range of inpatient treatment. For outpatient treatment, patients can rely on our medical care centres (MVZs).

The Asklepios E-Health division includes Pulso Group as well as Fürstenberg Institut GmbH focusing on the Mental & Corporate Health area. The e-health platform Mind-district focuses on prevention and after-care for patients suffering from mental illnesses. Insite-Intervention GmbH implements and operates employee assistance programmes (EAPs).

The focus of Asklepios is on the non-cyclical acute market. The Asklepios value chain has grown over the past few years. In addition to prevention, outpatient and inpatient treatment as well as after-treatment for our patients, Asklepios also has online-based therapy and treatment offerings.

The parent company, Asklepios Kliniken GmbH & Co. KGaA, oversees the Group Development and Strategy divisions and is responsible for monitoring, management and control functions. In addition, the parent company realises functional synergies in the divisions Accounting & Tax, Outpatient Medicine, Architecture & Construction, Controlling, Corporate Finance & Treasury, E-Health & Corporate Health, Purchasing & Supply, Revenue Management, ESG Management, Corporate & ESG Reporting, Information Technology, Hospital Financing, M&A, Quality Management, Nursing, Human Resources, Legal, Insurance & Compliance, Audit & Risk Management, Service Providers, Service & Research as well as Corporate Communications. The Group's entities have entered into intercompany agreements relating to the exchange of services as well as cooperation agreements.

In the materiality analysis conducted during the reporting year, Asklepios also reviewed the upstream and downstream value chain. The extent to which the strategies, measures, targets and metrics also relate to parts of or to the entire value chain is set out in the sections below. As a healthcare provider, Asklepios relies on a global upstream value chain. To care for its patients, Asklepios purchases from its numerous suppliers not only drugs but also medical equipment, medical consumables, water, energy, fuels, building materials as well as other commercial items and food. In addition to the topic of care delivery security and quality, the importance of sustainability matters, including in the supply chain, has been growing.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Input in the supply chain of the hospital operator Asklepios

Asklepios needs numerous essential resources to ensure the smooth operation of its business. These include:

- Drugs: Asklepios purchases drugs from certified pharmaceutical companies, giving top priority to safety, quality and availability.
- Medical technology equipment: cooperation with leading manufacturers for state-of-the-art diagnostics and treatment equipment.
- Medical consumables: supply of single-use instruments, dressing materials and protective clothing by reliable suppliers.
- Water, energy and fuels: ensuring a sustainable and stable supply through long-term contracts with utility providers.
- Building materials: necessary for ongoing modernisation and expansion of hospital infrastructure.
- Other commercial items: from office supplies to specialised IT solutions for hospital administration and patient management.
- Food: high-quality food for patients and employees through cooperation with regional and national suppliers.

To procure, develop and secure these inputs, Asklepios pursues various approaches:

- Long-term supply contracts to ensure stable supply and cost control.
- Suppliers that deliver certified products that undergo regular quality testing.
- Strategic partnerships with manufacturers for the development of innovative products and solutions.
- Risk management and warehousing to minimise shortages, in particular with critical products such as drugs or medical equipment.
- Sustainability initiatives to reduce energy consumption and promote green procurement strategies.

The essential inputs in the upstream value chain include medical consumables and medical equipment.

We put our patients first, making them the focus of everything we do thanks to our comprehensive, integrated approach to the entire treatment cycle. Medical quality, innovation and social responsibility have been our corporate values since the Company's founding and the defining characteristics of our corporate development. With investments in medical quality and digitalisation, Asklepios has been a major driving force when it comes to innovation in the German healthcare sector. In the future as well, dynamic developments on the healthcare market will require flexibility on the part of healthcare providers. That is why Asklepios has committed itself to a healthcare

provision approach that is grounded in the principles of value based healthcare (VBHC) with the aim of achieving greater patient satisfaction whilst optimising treatment quality and cost efficiency. Asklepios' main objective in all these efforts is ensuring value-added for patients by achieving the best possible treatment outcomes and a sustainable healthcare system.

Asklepios is continuously reviewing its services to ensure that they meet the needs of patients and comply with its own principles. In this context, Asklepios identifies its strengths (such as the high quality of clinical care) as well as its potential weaknesses (such as inefficient processes) and takes these into account accordingly. In this way Asklepios can develop an optimum care approach while better understanding and responding to the needs of patients. The objective is to develop and promote path-breaking concepts of healthcare delivery to ensure it can continue providing excellent medical care in future as well.

Also in future, Asklepios' healthcare facilities will focus on inpatient treatment services with the aim of continuously improving the quality of treatment for patients. One focus in this regard is expanding outpatient care to give patients alternatives to being treated as inpatients in hospitals, without compromising the high standards of the medical care they expect to receive. In addition to providing patient orientation and improving the quality of treatment, Asklepios is also seeking to optimise clinical processes and establish Group-wide standards.

To lower the cost of healthcare while improving the quality of treatment, Asklepios is looking to optimise the way it uses resources and for this purpose is developing innovative supply models. Here, its efforts are focused on digitalisation and the use of modern technologies. Sound economic performance and stable internal financing will ensure reliable investments in Asklepios' healthcare facilities. This benefits patients, investors and other stakeholders.

Value chain

The value chain of Asklepios covers all activities required to offer patients high-quality medical care. In this regard, a distinction can be made between the upstream and downstream value chain which together ensure the efficient and smooth functioning of the hospital.

The upstream and downstream value chain relates to all activities taking place before the actual treatment of the patient (upstream) and after the treatment (downstream). These activities are also important when it comes to optimally supporting and ensuring the hospital's core processes such as providing care to patients. The core value chain of Asklepios covers all processes that directly relate to providing patients with

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

medical care. These include, but are not limited to: diagnosis, treatment, nursing and rehabilitation. Asklepios has a diverse value chain that includes both upstream and downstream activities. Upstream and downstream processes such as purchasing goods and services, organising staff, patient logistics and discharge management are just as crucial for the hospital's success as the direct medical treatment itself. Through a good interaction of all components in the value chain and continuous review and improvement of quality, a high level of patient care can be ensured while at the same time maintaining the efficiency of hospital operations.

As a hospital operator, Asklepios is part of a complex network of economic players working together to ensure efficient patient care. The most important economic players in the supply chain can be divided into categories.

Medical and pharmaceutical suppliers

- **Pharmaceutical companies:** they supply drugs and vaccines which are essential for treating patients. Asklepios works together with reputed pharmaceutical companies to ensure a continuous supply of high-quality drugs.
- **Manufacturers of medical devices:** they supply medical sterile and non-sterile consumables, such as dressing material, syringes, surgical gloves and other materials needed for the treatment and care of patients. The materials are of high quality and are subject to the legal labelling requirements.
- **Medical technology companies:** they supply equipment such as magnetic resonance tomographs (MRTs), anaesthetic and respiratory units or surgical instruments. Asklepios maintains close ties to these companies to ensure that state-of-the-art equipment is used.
- **Laboratory and diagnosis service providers:** internal and external laboratories provide diagnostic services and materials for blood tests, tissue analyses or imaging processes for diagnostic purposes.
- **Food suppliers:** they supply food and nutritional products which are indispensable for our patients and employees.
- **Suppliers of commercial items:** they supply products needed for the operation of the hospitals, such as cleaning products and basic consumables.

Logistics companies and service providers

Logistics companies ensure the timely delivery of food, drugs, medical equipment and consumables as well as other commercial items to Asklepios. An efficient supply chain is decisive to prevent shortages. Cleaning, internal waste removal and catering services are provided by the Group's own service companies.

Healthcare service providers and insurance undertakings

Statutory and private healthcare insurers as well as pension insurance undertakings: they play a vital role in financing hospital services. Asklepios is constantly negotiating with the insurance agencies and health insurance funds on reimbursements and settlement terms. With other healthcare service providers, for example in the outpatient sector, a close dialogue is maintained in the form of cooperation schemes.

Doctors, therapists and nursing staff

As essential players in the value chain, they are directly responsible for patient care. Asklepios invests in continuing training and upskilling programmes to ensure the quality of treatment.

Public institutions and supervisory authorities

- **Public health authorities and ministries:** they regulate hospital companies, set medical standards and monitor compliance with hygiene and safety regulations.
- **Associations and societies:** medical societies and associations are organisations whose members actively participate in the field of medical science. They organise conferences and congresses and promote scientific dialogue with a view to achieving a high quality of medical care.

Position of Asklepios in the value chain

Asklepios is at the centre of the medical value chain since it is the focal point between patients, medical care and external business actors. The hospital organises and coordinates the various players to ensure optimum patient care. Thanks to strategic partnerships with suppliers, insurance undertakings and research institutes, Asklepios can achieve efficiency gains and drive innovation. Overall, Asklepios relies on a close cooperation with its partners to ensure high-quality and economically viable healthcare delivery.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Asklepios is part of a network of economic players working together to ensure efficient patient care. The most important economic players in the supply chain can be divided into different categories:

Key activities

- Medical care: provision of high-quality healthcare services, diagnostics, therapy and emergency care.
- Nursing and patient care: comprehensive care for patients with qualified nursing staff.
- Research and innovation: collaboration with universities and research institutions for the further advancement of medicine.
- Quality management and compliance with regulations: ensuring compliance with medical standards and legal requirements.
- Infrastructure and facility management: operation and maintenance of hospital buildings as well as providing necessary services such as cleaning and catering.
- Digital transformation: implementation of modern IT solutions to improve patient administration and medical documentation.

Key resources

- Medical staff: doctors, nurses and specialists who provide the hospital's core services.
- Technology: modern medical equipment and IT infrastructure for diagnosis and treatment.
- Property and facilities: hospital buildings, operating theatres, intensive care units and laboratories.
- Financial resources: investments from own funds, loans and government grants.
- Partnerships: cooperation with research institutions, pharmaceutical companies and insurance undertakings

Distribution channels

- Direct patient traffic: emergency wards, inpatient and outpatient treatments as well as rehabilitation.
- Digital platforms: online appointment booking, telemedicine and digital medical record.
- Physician networks: cooperation with general practitioners and specialists.
- Health fairs and conferences: presence at trade events and cooperation with other healthcare players.

Customer segments

- Patients: main target group consisting of inpatient, outpatient and rehabilitative patients from all age groups.
- Doctors and specialist medical staff: qualified staff who render medical services in collaboration with Asklepios.
- Insurance undertakings: statutory and private insurers, pension insurance undertakings and occupational insurance agencies which finance treatments.
- Public institutions and authorities: government institutions which set rules and regulations and provide government grants.
- Research institutions and companies: partners in the area of medical innovations and clinical trials.

Asklepios maintains various business relationships that are essential for a hospital's operation.

These include:

Supplier relationships

- Cooperation with pharmaceutical companies, medical device manufacturers and medical equipment manufacturers in the supply of drugs and equipment.
- Contract-based cooperation schemes with logistics companies for efficient market procurement and delivery.

Relationships with insurance undertakings and payers

- Negotiation of reimbursement terms with statutory and private healthcare insurers as well as the pension insurance agencies.
- Insuring transparent settlement for medical services and treatments.
- Cooperation with social insurance agencies for patient management and cost coverage.

Partnerships with medical and scientific institutions

- Joint research projects in our own university hospitals.
- Training and upskilling of specialised staff through cooperation with universities.
- Participation in clinical trials to test new treatment methods.

Public and regulatory cooperation

- Compliance with legal requirements and medical standards through close coordination with health authorities.
- Use of government grants for expanding and modernising hospital infrastructure.
- Cooperation with political decision-makers for the further development of the healthcare system.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Relationships with patients

- Provision of individual medical services to high quality standards.
- Use of digital channels to improve patient communication and care.
- Promoting a positive patient experience through transparent processes as well as comprehensive care and support.

Cost structure and revenues of the business segments

In financial year 2024, Asklepios treated some 2.5 million patients in its healthcare facilities, generating revenues of EUR 3,703.5 million. Asklepios met its stated targets for 2024. At Asklepios, the individual healthcare facilities are the operating segments. The operating segments are aggregated to one reporting segment since they exhibit similar economic characteristics.

Products and services prohibited in certain markets

Asklepios does not make any products and does not engage in any services which are prohibited in certain markets.

Statement regarding activities in the area of fossil fuels

Asklepios operates cogeneration plants to supply hospitals with electricity and heat. These burn fossil gas. Asklepios does not generate income from coal, oil and fossil gas. Neither does Asklepios generate income from taxonomy-adapted economic activities relating to fossil gas.

Negative declarations for other industries

Asklepios is not involved in the production of chemicals, controversial weapons manufacturing, tobacco growing and tobacco production. Asklepios does not generate any income from the sector of fossil fuels (coal, oil and gas), chemicals production, controversial weapons and tobacco growing and production.

Corporate strategy and sustainability strategy

Asklepios pursues the objective of providing medical services close to where patients live and of developing and promoting path-breaking concepts of healthcare delivery to uphold its standard of providing excellent medical care in future as well. The corporate strategy is based on several pillars which include the following core components:

- Specialisation of the hospitals: focusing on specialised medical services ensures a high quality of treatment.
- Cross-sector provision of healthcare: with acute hospitals of all care levels, specialised clinics, psychiatric and forensic facilities, rehabilitation hospitals and medical care centres, the goal is to provide full-coverage healthcare delivery also in rural areas.
- Digital transformation: increasing digitalisation of internal processes and patient services results in greater efficiency and improves patient experience.
- Strategic partnerships: cooperation with its sub-groups strengthens the market position and expands the service offering.

These strategic approaches are continuously reviewed and adapted to current developments in order to respond proactively to changes in the healthcare system. This calls for sound business performance and stable internal financing in order to make reliable investments in the healthcare facilities.

Asklepios is convinced that lasting success becomes possible only when it harmonises economic, ecological and social factors. To achieve this goal, Asklepios has set sustainability targets. These are based on the existing ESG strategy and cover the areas of action of environmental protection, social matters and governance: in the environmental area, Asklepios strives to reduce the greenhouse gas (GHG) emissions (Scope 1 and 2) of its healthcare facilities. We are also aiming to lower waste volumes in proportion to patient numbers. In the area of social matters, the focus is on the topics of employee health, patient safety and patient satisfaction. In the area of sustainable conduct of business, Asklepios seeks to adhere to and strengthen its Principles of Conduct. The topic areas and the related goals are described in the following sections.

Asklepios is currently drawing up a transition plan for climate change mitigation and in this context is also revising its sustainability strategy with a view to its future reorientation. The transition plan and the sustainability strategy are to be completed and adopted within the next three years.

Since Asklepios, as a hospital operator, exclusively provides medical services, no products or services groups currently exist that can be specifically linked to sustainability targets. Since Asklepios operates primarily in Germany, there are no sustainability targets for other markets. Currently, no customer group-specific sustainability targets exist either.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

IRO-1 – Description of the processes to identify and assess material impacts, risks and opportunities

In financial year 2024, Asklepios identified and assessed relevant sustainability topics as part of a CSRD materiality analysis to develop a systematic approach in terms of material impacts, risks and opportunities and to define topics of focus and areas of action.

With regard to new regulation, Asklepios already in 2023 had identified, on the basis of the ESRS drafts already available at that time, the sustainability topics of relevance for the Group and its stakeholders and assessed the same according to the “double materiality” principle (double materiality analysis, DMA). During the reporting year, Asklepios’ existing materiality analysis was reviewed and revised on the basis of the final ESRS standards. In this regard, the topics were re-identified, assessed and validated.

The analysis and assessment of the impacts, risks and opportunities (IROs) followed a structured and multi-stage procedure. In a first step, the corporate context including the business model, the business relations as well as the upstream and downstream value chain was analysed. Moreover, the most important affected stakeholder groups were identified and their engagement with the process of the materiality analysis defined.

The assessment of the impacts, risk and opportunities was performed in three steps: first, the ESG working group evaluated the identified impacts as well as financial opportunities and risks. The ESG working group is described in the following section on ESRS 2 GOV1. Next, internal experts from the Group and specialist departments and representatives from the Group subsidiaries in each case assessed the IROs relating to the topics falling within their expertise. In this context, they included the perspective of the external stakeholder groups relevant in each case. This list was discussed directly once again in three subject-related assessment workshops with the participation of the internal stakeholders, with adjustments being adopted and reasoned.

The assessment results from the workshops were subjected to a critical review by the ESG working group and submitted to the experts for commenting. Moreover, representatives from the Group subsidiaries reviewed those business activities relating only to one part of Asklepios.

In a last step, the assessments and thus the final list of the main sustainability topics were confirmed and approved by the Management Board of Asklepios.

The materiality analysis covered all subsidiaries and hospital sites of Asklepios as well as the upstream and downstream value chain. The completeness of the scope of the included subsidiaries and hospital sites was carefully checked by comparison with the list of all subsidiaries.

Input metrics

As input metrics, in particular for impacts on people and the environment, both internal data and external, publicly accessible sources (including regulatory and competition analyses, SASB standards for medical care, media reports and studies) were used.

Engaging with stakeholders

For the double materiality analysis, the interests of relevant internal and external stakeholder groups were included. During this year, no direct consultations with affected external stakeholders (e.g. affected communities) were held; these were represented in the process by internal experts and representatives from the group companies of Asklepios.

Impact materiality

The starting point for determining potentially material topics and the related impacts, financial risks and opportunities was provided by the sustainability matters according to ESRS 1 AR16 with their topics and sub-topics (sub- and sub-sub-topics). Moreover, sectoral sustainability topics were reviewed. Based on this long list, information was gathered about the topic areas in which impacts on people and the environment (impacts) may arise – along the value chain, as a result of own activity, or business relations. In this context, the materiality analyses of Asklepios from previous years as well as the material sustainability topics of the sub-groups not included in the report were considered.

The materiality of impacts of the various sustainability topics was assessed and characterised independently. At the same time, both the actual and the potential positive and negative impacts on people and the environment in own business as well as in the upstream and downstream value chain were analysed. Various time horizons were looked at to reveal the short-, medium- and long-term impacts that could arise for the individual sustainability topics. Moreover, it was reviewed whether negative impacts on human rights could arise for a topic area.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

The question of whether negative impacts were categorised as material depended on the severity of the impacts and /or in the case of potential impacts additionally on the likelihood of occurrence (in %). The severity was determined as the mean value of the factors of scale, scope and irremediable character (for negative impacts), which were each rated on a scale of 0 to 5. The overall assessment of the impacts resulted from the severity x likelihood of occurrence. In the case of a potential negative human rights impact, the severity of the impact took precedence over its likelihood. To determine the material impact, a threshold (3.5) was defined on the basis of the implementation guidance of the European Financial Reporting Advisory Group (EFRAG). Topics with a categorisation of just under or above this value (3.5) were subjected to a further analysis. For this, the maximalist approach according to ESRS 1 AR 11 is taken into account: any of the three characteristics (scale, scope, and irremediable character) was capable of making a negative impact severe.

Financial materiality

Impact materiality and financial materiality assessments were inter-linked in order to consider the interdependencies between these two dimensions – financial risks and opportunities arising from the impacts of Asklepios.

The financial effects were characterised in terms of reward /risk, time frame as well as stage of the value chain, and assessed based on the existing risk management by likelihood of occurrence and financial scale. The overall assessment resulted from the likelihood of occurrence (%) x the level of the financial effect (on a scale of 0 to 5). To identify material risks and opportunities, a threshold for materiality was determined on the basis of the EFRAG implementation guidance.¹ Topics with a categorisation of just under or above this value (3.5) were subjected to a further analysis.

Standardised process for assessment of risks and opportunities

The risk management system of Asklepios (system, responsibilities, structure and formal processes, as well as integration and automation) is characterised by professionalism and institutionalisation. The homogenous structures of risk assessment are uniformly supported by standardised, automated processes. The structures thus produced enable a comprehensive risk management approach through a combined risk assessment based on bottom-up and top-down approaches. This makes it possible to identify at an early stage not only risks but also opportunities. Management of risks and opportunities is rounded off by a systematic management of measures which creates the basis for managing risks and opportunities. These processes are technically supported by a risk management software appropriate to the requirements, to which all related reporting units are connected. The effectiveness and efficiency of

the risk management system is permanently strengthened by the institution of the Risk Committee. The Risk Committee is a key pillar of the opportunities and risk management system.

The objective of the risks and opportunities management process is to enable early identification, assessment and management of risks and opportunities having a decisive influence on the achievement of economic targets at the level of Asklepios and at the level of the hospitals. For this purpose, a standardised process that closely integrates elements of the bottom-up and top-down approach was established. In addition to standard reporting (such as financial reporting, medical quality reports), a quarterly risk and opportunities report as a general rule is prepared at the level of Asklepios and at the level of the hospitals (or Group divisions). An ad hoc reporting process has been established to escalate very critical topics. In this context, risks and opportunities are always assessed with reference to the current financial year. This assessment is a combination and aggregation of quantitative factors (likelihood of occurrence, impact on achievement of targeted EBITDAs and /or on liquidity) and qualitative factors (e.g. information from additional reports). The risk managers, who are generally the managing directors of the hospitals and /or divisional heads, work together with the local risk managers and, where appropriate, experts (or risk sponsors) to carry out the bottom-up elements to identify and assess risks and opportunities. Based on the information gathered, appropriate strategies to address risks and /or to seize opportunities are developed and supported by specific measures. Depending on their potential negative economic impacts, risks are divided into the categories “acceptable”, “monitoring-relevant”, “action-relevant” and “very critical”. Opportunities are divided into one of four categories ranging from “low opportunity expectation” to “very high opportunity expectation”.

Identified and documented risks and opportunities are continuously monitored in terms of their development. This includes monitoring of adopted risk measures and /or opportunities measures in terms of their risk-reducing impact (effectiveness), as well as cost level and implementation status (efficiency). In addition, long-term developments are examined in the Risk Committee at an early stage to identify and assess their opportunities and risk potential for the Company and to adopt appropriate options for action.

¹ Source: https://www.efrag.org/sites/default/files/sites/webpublishing/SiteAssets/IG%201%20Materiality%20Assessment_final.pdf

CSRD Sustainability Statement

[Introduction](#)

[General information](#)

[Environmental information](#)

[Social information](#)

[Governance information](#)

Depending on their potential negative impacts and similar to their assessment at the level of the reporting units, risks are divided into the categories “acceptable” (up to 1% of EBITDA), “monitoring-relevant” (up to 5% of EBITDA), “action-relevant” (up to 10% of EBITDA) and “very critical” (up to 10% EBITDA). The categories form the respective damage expectation level calculated from the combination of expected likelihood of occurrence and probable damage amount.

Future reporting

Already in financial year 2023 Asklepios performed a double materiality analysis based on ESRS 1, which was updated in 2024. The material topics and matters identified in the process for determining impacts, risks and rewards are reviewed and updated annually.

ESRS 2: Disclosure Requirement IRO-1 – Description of the process to identify and assess material impacts, risks and opportunities

E1: Disclosure requirement in connection with ESRS 2 IRO-1 – Description of the processes to identify and assess material climate-related impacts, risks and opportunities

As part of the double materiality analysis, both climate-related impacts as well as transition climate risks were considered. The analysis covers actual and potential negative impacts on climate change, e.g. as a result of GHG emissions as well as physical risks (e.g. extreme weather events or temperature fluctuations such as heat waves) and transition risks (e.g. regulatory changes or market requirements due to decarbonisation).

From the perspective of materiality of the negative impacts, the identified actual and/or potential negative impacts were assessed in terms of their severity and likelihood. With Asklepios, the identified impacts on the climate result mainly from the energy consumption of the hospitals and the greenhouse gas emissions arising in this connection. Moreover, the production of medical-technical equipment, building materials and other commercial items and food in the upstream value chain on the one hand, and the disposal of packaging and single-use products in the downstream value chain on the other, can contribute to adverse impacts on the climate.

From the perspective of financial materiality, the identified risks and opportunities were assessed in terms of their financial impacts. In this context, both short-, medium- and also long-term time horizons were considered to gain a comprehensive view of climate-related risks. Given the business model of Asklepios, the focus with respect to the physical risks is on the potential impacts on the hospitals and medical care centres (MVZs) with respect to the transition risks on rising costs as a result of regulatory requirements.

In the context of the materiality assessment it was determined that the physical risks of climate change relating to the site characteristics of the hospitals and MVZs are low.

Like most companies in the European Economic Area, Asklepios is also exposed to transition risks in terms of rising energy costs and regulatory provisions. For this reason, five material risks were identified in this Report.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

E1 Climate change sub-topic	Short title IRO	Description of risks	Opportunity/ risk	Actual/ potential	Direct/ contributory/ indirect	Value chain stage	Possible time horizon
Climate change adaptation	Cost of climate change adaptation	Financial risks from investments to make the undertaking climate-resilient and by 2045 climate-neutral (e.g. for refurbishments and new builds).	Risk	n/a	n/a	Own business activity	long-term
Climate change mitigation	Costs of regulatory requirements	Financial risks from regulatory requirements relating to climate change mitigation. In addition, a financial risk in the event of non-compliance with the regulations exists.	Risk	n/a	n/a	Own business activity	Short-term to medium-term
Climate change mitigation	Costs of climate change mitigation actions	Financial risks from costs for actions to reduce GHG emissions in the operations of the healthcare facilities, e.g. introducing a Jobticket scheme or switching to more sustainable products.	Risk	n/a	n/a	Own business activity	Short-term to medium-term
Energy	Rising costs of energy (own operations)	Financial risks of potentially rising energy prices e.g. as a result of carbon pricing or switch to more expensive renewable energy sources.	Risk	n/a	n/a	Own business activity	Short-term to medium-term
Energy	Rising costs of products needed due to higher energy prices	Financial risks from potentially rising costs of procuring raw materials and products needed in hospital operations due to (globally) rising energy prices.	Risk	n/a	n/a	Upstream	Short-term to medium-term

E2: Disclosure requirement in connection with ESRS 2 IRO-1 – Description of the processes to identify and assess material pollution-related impacts, risks and opportunities

As a hospital operator, Asklepios has not identified any sites or business activities in the materiality analysis which relate to pollution. No material impacts, risks and opportunities were ascertained in this regard. Since no material impacts, risks and opportunities associated with pollution were identified, no consultation with affected communities took place.

E3: Disclosure requirement in connection with ESRS 2 IRO-1 – Description of the processes to identify and assess material water and marine resources-related impacts, risks and opportunities

Given the special characteristics of Asklepios' business model, the assets and business activities are not dependent on water and marine resources. None of the sites is located in areas at water risk, and none of the sites has an interface with marine resources. As a result, this statement applies to own operations and the downstream value chain. A detailed analysis on the upstream value chain is to be conducted within the next three years. For these reasons, a more in-depth resilience analysis was not performed. Since no material impacts, risks and opportunities associated with water and marine resources were identified, no consultation with affected communities took place.

E4: Disclosure requirement in connection with ESRS 2 IRO-1 – Description of processes to identify and assess material biodiversity and ecosystem-related impacts, risks, dependencies and opportunities

So far, Asklepios has not performed any systematic analysis of its sites in advance of pending construction projects to examine their location near biodiversity-sensitive areas. In the case of special properties that were already known to be biodiversity-sensitive, this was included in the project planning. Asklepios so far has not identified any sites or business activities having material impacts on biodiversity and ecosystems. Also in relation to specific risks or opportunities in this context, no relevant aspects were identified. Since no material impacts on biodiversity and ecosystems were identified, no consultation with affected communities has taken place so far. For the 2025 reporting year, however, a project for assessing and analysing the Asklepios sites in terms of their material impacts, risks, dependencies, and opportunities related to biodiversity and ecosystems is on a agenda. This is to ensure that a sound assessment of the relevant aspects can be provided in future.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

E5: Disclosure requirement in connection with ESRS 2 IRO-1 – Description of the processes to identify and assess material resource use and circular economy-related impacts, risks and opportunities

To identify the material impacts, risks and opportunities related to resource inflows and waste, Asklepios reviewed both its own assets and business activities as well as its upstream and downstream value chain. Internal stakeholders such as waste officers were consulted as experts to assess the impacts and risks associated with resource inflows and waste. Given the strict hygiene requirements within the healthcare system, Asklepios often uses sterile packaged single-use materials and instruments, which results in a high use of resources. Moreover, Asklepios purchases products (including drugs, chemicals, agricultural products, medical devices, instruments, hospital equipment, but also food for catering to employees and patients) whose production entails a very high use of resources. The interests of the affected communities were analysed indirectly through the internal stakeholders. The high volume of waste results in negative impacts on the environment. The waste produced in the hospitals largely consists of single-use materials made from plastics and metals (e. g. syringes, tubes, protective clothing) and their packaging. In addition, food waste is produced when meals are provided to patients, further exacerbating the volume of waste. Asklepios faces rising costs as a result of policy-related and legal requirements.

G1: Disclosure requirement in connection with ESRS 2 IRO-1 G1.6 – disclosure of all relevant criteria used in the process, including location, activity, sector and the structure of the transaction.

Asklepios comprehensively describes all relevant criteria in its process for identifying material impacts, risks and opportunities. These include the site, the nature of business activity, the sector as well as the structure of the respective transaction. All sites of Asklepios were included in the materiality analysis according to ESRS 1. All operating units of Asklepios work in the same sector, the healthcare sector. This is the sector that was assessed. In this regard both own business activity and the upstream and downstream value chain were considered. These factors were systematically analysed to precisely assess impacts as well as potential risks and opportunities and to make sound decisions as part of conduct of business. The Compliance division and the Group division Human Resources were included in the process of the materiality analysis in order to identify the impacts, risks and opportunities in the area of conduct of business. Moreover, the materiality analysis was presented to and approved by the Management Board of Asklepios. With this approach, the Company ensures that all relevant matters are considered and that transparent as well as plausible estimates are made.

SBM-3 – Material impacts, risks and opportunities and their interaction with strategy and business model

In the materiality analysis, Asklepios identified the impacts, risks and opportunities of materiality for it in connection with sustainability matters for financial year 2024. Here, the focus, in addition to the operations of its own healthcare facilities, was on the upstream and downstream value chain.

On a net view, Asklepios has not currently identified any recognisable financial effects of the material risks and opportunities on the financial position, results of operations and cash flows for which there is a significant, i. e. existential risk of a material adjustment within the next reporting period to net assets and liabilities.

Asklepios identified the impacts, risks and opportunities (IROs) of its activity on the environment, people and conduct of business in the materiality analysis according to ESRS 1 and manages them in accordance therewith. This is done in accordance with the business model, the value chain as well as the strategic orientation and decision making. Asklepios has taken various measures which it is further developing on a continuous basis to control the influence of its activities on the environment, people and conduct of business. For example, by investing in energy-efficient infrastructure, resources are used sparingly and the environmental footprint reduced. Moreover, continuously providing employee training and promoting an open corporate culture contribute to employee satisfaction and loyalty. With the help of transparent decision-making processes and a compliance strategy, Asklepios wants to ensure responsible conduct and strengthen the trust of stakeholders.

Measures are regularly evaluated and adapted as required to meet the current requirements and make optimum use of opportunities. As part of the continuous further development, Asklepios has made adjustments in its strategy and business model. For example, in financial year 2024, the first phase of the potential list and investment actions for energy optimisation of hospital infrastructure was adopted. In addition to the contribution made to climate change mitigation, this also secures long-term competitiveness by achieving energy cost savings. These proactive adjustments underscore the commitment made by Asklepios to act sustainably and responsibly to secure the Company's long-term success.

All disclosures on material impacts, risks and opportunities relate to the ESRS Standards.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Asklepios has some 100 healthcare facilities in a total of 14 federal states. This geographical distribution makes it possible to reach a broad range of patients and to cover regional healthcare needs. At the same time, however, it requires a careful coordination of resources and processes to secure consistent treatment quality.

Upstream value chain

Inputs: The procurement of medical equipment, consumables and drugs is an essential part of the upstream value chain. The production of products purchased by Asklepios, including drugs, chemicals, food, agricultural products, medical devices, instruments as well as hospital equipment, are responsible for a large proportion of the GHG emissions in the supply chain due to high energy consumption and emissions of pollutants. By purchasing the products, Asklepios indirectly causes GHG emissions and thus contributes to global warming. With certain product groups (including drugs, equipment) being transported over land and sea to its own sites as well as patients being transported to those sites, Asklepios indirectly causes GHG emissions and thus contributes to global warming. Moreover, since the transport of some raw materials and products (e.g. biologics, vaccines, insulin) must be temperature-controlled, this further increases the GHG emissions caused by transport. Dependence on suppliers holds risks with respect to supply shortages and quality defects. At the same time, the cooperation with innovative manufacturers offers the opportunity to benefit early on from advances in medicine. The inputs come mainly from Germany, other European countries and the USA.

Downstream value chain

Outputs and distribution channels: In the downstream value chain, no material impacts, risks and opportunities were identified in the materiality analysis according to ESRS 1, with the result that no disclosures on outputs and distribution channels are reported.

By continuously analysing and adjusting its value chain, Asklepios seeks to minimise risks and exploit opportunities to secure medical care delivery.

All IROs along the entire value chain considered which are material for Asklepios are set out in the table below:

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

	Sub-topic	Short title IRO	Description of impact, risk and opportunity	Positive/ negative or opportunity/ risk	Actual/ potential	Direct/ contributory/ indirect	Value chain stage	Possible time horizon
	E1 Climate Change							
	Climate change adaptation	Cost of climate change adaptation	Financial risks from investments to make the undertaking climate-resilient and by 2045 climate-neutral (e.g. for refurbishments and new builds).	Risk	n/a	n/a	Own business activity	long-term
	Climate change mitigation	GHG emissions from 24-hour operation	The operation of the healthcare facilities is energy-intensive and furthermore uses greenhouse gases with a particularly high global warming potential (GWP).	Negative	Actual	Direct	Own business activity	Medium- to long-term
	Climate change mitigation	GHG emissions from use of volatile anaesthetics	Anaesthetic gases are direct and highly potent greenhouse gases. They are released into the outside air as patients breathe and thus promote the greenhouse gas effect.	Negative	Actual	Direct	Own business activity	Medium- to long-term
	Climate change mitigation	Total GHG emissions from transport of people	A large proportion of the GHG emissions in the operations of healthcare facilities arises from journeys and transports of staff and patients in fossil-fuelled vehicles.	Negative	Actual	Indirect	Own business activity	Medium- to long-term
	Climate change mitigation	GHG emissions from transport goods	In the value chain, GHG emissions arise from the transport of drugs and equipment over land and sea. Transport of some raw materials and products (e.g. biologics, vaccines, insulin) must be temperature-controlled, which further increases the GHG emissions caused by transport.	Negative	Actual	Indirect	Upstream	Medium- to long-term
	Climate change mitigation	GHG emissions from production of products	The production of drugs, chemicals, food, agricultural products, medical devices, instruments and other hospital equipment in the upstream value chain contributes to GHG emissions.	Negative	Actual	Indirect	Upstream	Medium- to long-term
	Climate change mitigation	GHG emissions from waste incineration	In the downstream value chain, GHG emissions arise from the disposal of waste from the operations of the hospital facilities in incineration plants. Only a small proportion of the waste must be disposed of subject to additional requirements (infection control and similar).	Negative	Actual	Indirect	Downstream	Medium- to long-term
	Climate change mitigation	Costs from rising regulatory requirements	Financial risks from adjustments to increasing regulatory requirements relating to climate change mitigation. In addition, a financial risk in the event of non-compliance with the regulations exists.	Risk	n/a	n/a	Own business activity	Short- to medium-term
	Climate change mitigation	Costs of climate change mitigation actions	Financial risks from costs for actions to reduce GHG emissions in the operations of the healthcare facilities, e.g. introducing a Jobticket scheme or switching to more sustainable products.	Risk	n/a	n/a	Own business activity	Short- to medium-term
	Energy	High energy consumption in operations of own healthcare facilities	The operation of healthcare facilities is energy-intensive due, among other things, providing care based on 24-hour operation, making available critical infrastructure (lighting, air classes, high temperatures) and hygienic cleaning, e.g. of devices, buildings and clothing.	Negative	Actual	Direct	Own business activity	Short- to medium-term

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

	Sub-topic	Short title IRO	Description of impact, risk and opportunity	Positive/ negative or opportunity/ risk	Actual/ potential	Direct/ contributory/ indirect	Value chain stage	Possible time horizon
	Energy	High energy consumption in the upstream value chain	The production of numerous products needed in hospital operations is energy-intensive (drugs, chemicals, food, agricultural products, medical devices, instruments, hospital equipment), in particular products from the plastics, food and chemicals industry.	Negative	Actual	Indirect	Upstream	Medium- to long-term
	Energy	Rising costs of energy (own operations)	Financial risks of potentially rising energy prices e.g. as a result of carbon pricing or switch to more expensive renewable energy sources.	Risk	n/a	n/a	Own business activity	Short- to medium-term
	Energy	Rising costs of products needed due to higher energy prices	Financial risks from potentially rising costs of procuring raw materials and products needed in hospital operations due to (globally) rising energy prices.	Risk	n/a	n/a	Upstream	Short- to medium-term
	Energy	Use of fossil fuel energy sources	Contribution to climate change due to GHG emissions in the operations of healthcare facilities from the use of fossil fuel energy sources.	Negative	Actual	Direct	Own business activity	long-term
E5 – Resource use and circular economy								
	Resources inflows including resource use	Resources consumption in own operations	The fulfilment of regulatory requirements, e.g. hygiene regulations, gives rise to a high consumption of resources (e.g. sterilisation of instruments, use of single-use materials, cleaning of rooms, laundry). In addition, in 24-hour operation, food for catering to staff and patients, for example, is used.	Negative	Actual	Direct	Own business activity	Medium- to long-term
	Resources inflows including resource use	High resources consumption in the upstream value chain	The production of drugs, chemicals, food, agricultural products, medical devices, instruments and other hospital equipment in the upstream value chain contributes to resources consumption.	Negative	Actual	Indirect	Upstream	Short- to medium-term
	Waste	Waste in own operations	In hospital operations, a high volume of waste results from (plastic) single-use material (e.g. syringes, tubes, protective clothing). In addition, food waste is produced when meals are provided to patients.	Negative	Actual	Direct	Own business activity	Short- to medium-term
	Waste	Costs from rising regulatory requirements for disposal	Financial risks from adjustments to increasing regulatory requirements relating to waste disposal, e.g. in the German Closed Cycle and Waste Management Act (Kreislaufwirtschaftsgesetz, KrWG). In addition, a financial risk of penalties in the event of non-compliance with the regulations or improper disposal exists.	Risk	n/a	n/a	Own business activity	Short- to medium-term

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

	Sub-topic	Short title IRO	Description of impact, risk and opportunity	Positive/ negative or opportunity/ risk	Actual/ potential	Direct/ contributory/ indirect	Value chain stage	Possible time horizon
	S1 – Own workforce							
	Working conditions	High fluctuation	Asklepios is not able to ensure job security for employees, to reduce fluctuations and to provide support to committed and motivated staff.	Negative	Potential	Direct	Own business activity	Short- to medium-term
	Working conditions	Secure employment	Promoting secure jobs through social security under collective bargaining agreements: under a certain social protection branch, employees can be considered formally secured if in the existing collective bargaining agreement it is stipulated that they have a claim to social protection under the relevant branch of the system.	Positive	Actual	Direct	Own business activity	Short- to medium-term
	Working conditions	Secure employment	Risk of fluctuation of lack of motivation and lack of commitment of staff if jobs are insecure. This gives rise to a financial risk of declining productivity and efficiency.	Risk	n/a	n/a	Own business activity	Short- to medium-term
	Working conditions	Working time	Irregular working hours with regular night and shift work as well as overtime have a negative effect on the risk of accident and injury as well as mental and physical health.	Negative	Potential	Direct	Own business activity	Short- to medium-term
	Working conditions	Working time	Irregular working hours lead to risks of staff absences, higher staff costs and/or detrimental effects on quality.	Risk	n/a	n/a	Own business activity	Short- to medium-term
	Working conditions	Adequate wages	Failure to pay prevailing local minimum wages and fair compensation.	Negative	Potential	Direct	Own business activity	Short- to medium-term
	Working conditions	Adequate wages	Failure to pay fair compensation leads to risk of lack of motivation and loyalty of staff. This gives rise to a financial risk of declining productivity and efficiency.	Risk	n/a	n/a	Own business activity	Short- to medium-term
	Working conditions	Social dialogue	Non-compliance with legal regulations (personnel representation, equal treatment and social security legislation), failure to promote social dialogue or preventing the same.	Negative	Potential	Direct	Own business activity	Short- to medium-term
	Working conditions	Freedom of association, the existence of works councils and the information, consultation and participation rights of the undertaking's workers	Preventing the establishment of a works council or deliberately hindering its work.	Negative	Potential	Direct	Own business activity	Short- to long-term
	Working conditions	Workload	Irregular and changing working hours, understaffing and regular overtime. These workloads have a negative impact on the risk of accident and injury as well as mental and physical health.	Negative	Potential	Direct	Own business activity	Short- to medium-term
	Working conditions	Contact with hazardous substances	Employees come into contact with substances harmful to their health (e.g. heavy metals, formaldehyde, cytostatics, surgical smoke gases), particular in the case of surgical procedures.	Negative	Potential	Direct	Own business activity	Short- to long-term
	Working conditions	Infection risk	Non-compliance with hygienic standards and preventive actions leads to the spread of infections in hospitals.	Negative	Actual	Direct	Own business activity	Short- to medium-term

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

	Sub-topic	Short title IRO	Description of impact, risk and opportunity	Positive/ negative or opportunity/ risk	Actual/ potential	Direct/ contributory/ indirect	Value chain stage	Possible time horizon
	Working conditions	Risk of damage to health	Employees can suffer physical health damage as a result of occupational accidents involving equipment and machinery or as a result of injuries resulting during treatment of patients (e.g. injuries caused by needles).	Negative	Potential	Direct	Own business activity	Short- to medium-term
	Equal treatment and opportunities for all	Training and skills development	Promoting the skills of employees through numerous nursing, medical and therapeutic training offers as well as dual study courses	Positive	Actual	Direct	Own business activity	Medium- to long-term
	Equal treatment and opportunities for all	Training and skills development	Insufficient training and development opportunities have a negative effect on the knowledge and skills of staff and potentially diminish their performance and innovativeness as well as loyalty.	Negative	Potential	Direct	Own business activity	Short- to medium-term
	Equal treatment and opportunities for all	The employment and inclusion of persons with disabilities	Absence of ethical hiring practices jeopardise equal treatment and equal opportunities and promote an exclusive and one-dimensional work environment.	Negative	Potential	Direct	Own business activity	Short- to medium-term
	Equal treatment and opportunities for all	Measures against violence and harassment in the workplace	Lack of or Insufficient actions against violence and harassment in the workplace may potentially promote violence and harassment.	Negative	Potential	Direct	Own business activity	Short- to long-term
	Equal treatment and opportunities for all	Diversity	Promotion of a respectful and fair corporate culture and a diverse and inclusive work environment offering equal treatment and equal opportunities.	Positive	Potential	Direct	Own business activity	Medium- to long-term
	Equal treatment and opportunities for all	Diversity	Discrimination of employees based on gender, age, origin, religious beliefs, disability or other individual characteristics.	Negative	Potential	Direct	Own business activity	Short- to long-term
S4 – Consumers and end-users								
	Information-related impacts	Insufficient data protection	Violations of the General Data Protection Regulation (GDPR) as well as potential data leaks caused by cyber attacks result in an insufficient protection of patients.	Negative	Potential	Direct	Own business activity	Short- to medium-term
	Information-related impacts	Use of personal data	The improper use or disclosure of confidential patient and health information results in an insufficient protection of patient data.	Negative	Potential	Direct	Own business activity	Short- to medium-term
	Information-related impacts	Freedom of expression	The fear of negative consequences (e.g. in terms of the quality of medical treatment or dealings with staff) results in patients not being able to express their opinion.	Negative	Potential	Direct	Own business activity	Short- to medium-term
	Security of a person	Health protection	Contribution to excellent medical treatment as well as pre- and after-care opportunities.	Positive	Potential	Direct	Own business activity	Short- to medium-term
	Security of a person	Health and safety	Risk to health and safety of patients as a result of defective diagnosis or inappropriate nature of treatment (e.g. medication errors, diagnosis which is wrong or too late).	Negative	Potential	Direct	Own business activity	Short- to medium-term
	Security of a person	Protection from diseases and infections	The spread of diseases and infections as a result of infection sources within the hospital can diminish the safety of patients.	Negative	Potential	Direct	Own business activity	Short- to medium-term

CSRD Sustainability Statement

	Sub-topic	Short title IRO	Description of impact, risk and opportunity	Positive/ negative or opportunity/ risk	Actual/ potential	Direct/ contributory/ indirect	Value chain stage	Possible time horizon
Introduction								
General information	Security of a person	Security of a person	Risk to health and safety of patients as a result of treatment errors or insufficient quality control checks.	Negative	Potential	Direct	Own business activity	Short- to medium-term
Environmental information	Security of a person	Safety-relevant incidents	Risk to safety of patients as a result of physical hazards and harm, e.g. falls, injuries and attacks.	Negative	Potential	Direct	Own business activity	Short- to medium-term
Social information	Security of a person	Protection of children	Contribution to protection of children through medical diagnosis which is objectivised in suspected cases of neglect, child mistreatment, child abuse and enables effective help for children and parents affected.	Positive	Actual	Direct	Own business activity	Short- to medium-term
Governance information	Security of a person	Protection of children	Lack of training and failure to raise awareness of standardised instructions in cases of suspected harm to a child's well-being can jeopardise the protection of children.	Negative	Potential	Direct	Own business activity	Short- to medium-term
G1 – Conduct of business								
	Corporate culture	Corporate culture values	Contribution to social responsibility through promotion of corporate principles and values as well as compliance.	Positive	Actual	Direct	Own business activity	Short- to long-term
	Corporate culture	Competitive advantage and value-based corporate culture	Financial and reputational opportunity from daily embracing a values-based corporate culture, leading to greater employee motivation and positive business relationships.	Opportunity	n/a	n/a	Own business activity	Short- to long-term
	Corporate culture	Competitive disadvantage from disregard of corporate values	The disregard of principles and values of corporate culture by employees has a negative impact on relations among employees and with patients.	Negative	Actual	Direct	Own business activity	Short- to long-term
	Protection of whistleblowers	Deficient whistleblower system (internal)	Defects in the whistleblower system can result in rules breaches not being reported, in wrongdoing going unnoticed and in rights of whistleblowers not being safeguarded.	Negative	Potential	Direct	Own business activity	Short- to medium-term
	Management of relationships with suppliers, including payment practices	Shortages in healthcare delivery	A defective choice of suppliers can result in shortages in healthcare delivery that can jeopardise the daily work as well as the health and safety of employees and patients.	Negative	Potential	Direct	Upstream	Short- to medium-term
	Management of relationships with suppliers, including payment practices	Insufficient verification of suppliers	Insufficient verification of compliance with sustainability-related requirements by suppliers (e.g. by audits) can enable abuses in the supply chain and negative impacts on people, human rights and the environment.	Negative	Potential	Direct	Upstream	Short- to long-term
	Management of relationships with suppliers, including payment practices	Delayed payments	Absence or delayed payments to suppliers or partners result in reputational, financial and legal risks as well as unstable supply chains.	Risk	n/a	n/a	Own business activity	Short- to long-term
	Management of relationships with suppliers, including payment practices	Minimisation of procurement risks"	Financial opportunities from own warehousing capacities and inventory management. This mitigates the effects of cost increases and avoids supply shortages.	Opportunity	n/a	n/a	Own business activity	Short- to medium-term
	Corruption and bribery	Unjust enrichment	Unjust enrichment (personally or by the hospital) can occur as the result of recommending unnecessary treatments or the abuse of invoicing mechanisms.	Negative	Potential	Direct	Own business activity	Short- to medium-term

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

	Sub-topic	Short title IRO	Description of impact, risk and opportunity	Positive/ negative or opportunity/ risk	Actual/ potential	Direct/ contributory/ indirect	Value chain stage	Possible time horizon
	Corruption and bribery	Risk of corruption	Legal, reputational and financial risks as a result of corrupt conduct of employees, e.g. bribery, kick-backs, fraud, extortion, collusion, money laundering.	Risk	n/a	n/a	Own business activity	Short- to long-term
	Animal welfare	Animal welfare	Performing experiments on animals to manufacture drugs, observe the progression of diseases and develop treatment methods in the upstream value chain of Asklepios diminishes animal welfare. The animals often live in conditions which are not species-appropriate and die as a result.	Negative	Actual	Indirect	Upstream value chain	Short-term

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Resilience analysis

ESRS 2: Disclosure Requirement SBM-3 – Material impacts, risks and opportunities and their interaction with strategy and business model

In the preparation of the double materiality analysis we identified, analysed and assessed opportunities and risks. We consider our approach as reflected in our policies and measures to be adequate to ensure that our strategy and our business model are robust and thus resilient in terms of its capacity to address its material impacts and risks and to take advantage of its material opportunities.

E1: Disclosure Requirement related to ESRS 2 SBM-3 – Material impacts, risks and opportunities and their interaction with strategy and business model

In the preparation of the double materiality analysis we identified and analysed climate-related risks. In this connection, we used two scenarios in accordance with the requirements of the ESRS. To assess the climate-related physical risks for own assets and business activities, and the transition risks and opportunities in own operations as well as the upstream and downstream value chain, Asklepios performed a climate resilience analysis during the reporting year.

The risks identified are both climate-related transition risks and climate-related physical risks. The identified climate-related physical risks were assessed as immaterial. The assessment of climate-related physical risks results from the Company's business model and its activity as a hospital business. Extreme weather events such as heat waves, which are attributable to changes in the climate, will have a small direct influence on our business model since healthcare and nursing are part of the system-relevant facilities.

Our infrastructure consists of healthcare facilities, which as a general rule are shielded against local physical risks such as flooding or storms.

In the area of transition risks, 5 material risks were identified at Asklepios.

Sub-topic	Short title IRO	Description of risk	Nature of risk
Climate change adaptation	Cost of climate change adaptation	Financial risks from investments to make the Group climate-resilient and by 2045 climate-neutral (e.g. for refurbishments and new builds).	Transition risk (market)
Climate change mitigation	Costs of regulatory requirements	Financial risks from adjustments to regulatory requirements relating to climate change mitigation. In addition, a financial risk in the event of non-compliance with the regulations exists.	Transition risk (policy & legal)
Climate change mitigation	Costs of climate change mitigation actions	Financial risks from costs for actions to reduce greenhouse gas (GHG) emissions in the operations of the health-care facilities, e.g. introducing a Job-ticket scheme or switching over to more sustainable products.	Transition risk (market)
Energy	Rising costs of energy (own business activity)	Financial risks of potentially rising energy prices e.g. as a result of carbon pricing or switch to more expensive renewable energy sources.	Transition risk (market)
Energy	Rising costs of products needed due to higher energy prices	Financial risks from potentially rising costs of procuring raw materials and products needed in hospital operations due to (globally) rising energy prices.	Transition risk (market)

We regard our business model as resilient with regard to transition risks. Our assessment is based on the following factors:

1. **Adaptability:** for adaptation and in response to climate change, Asklepios has implemented various measures which in some cases go beyond the decarbonisation levers set out in the E1 text section. The corporate strategy is continuously adjusted to the changing situation of climate change.
2. **Commitment:** Asklepios regularly engages with its sub-groups on ESG topics to stay informed at all times about relevant climate risks and rising energy prices, and to jointly discuss possible strategic approaches. These joint efforts are aimed at enabling the development of policies and measures to tackle challenges.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

E4: Disclosure Requirement SBM3 – Material impacts, risks and opportunities and their interaction with strategy and business model

Currently, we do not consider biodiversity and ecosystems as a material topic for Asklepios. Consequently, this topic is not reflected in our strategy and business model either.

GOV-1 The role of the administrative, management and supervisory bodies

Management Board

Asklepios is directed and managed by the Management Board, which at the same time is responsible for managing the holding company Asklepios Kliniken GmbH & Co. KGaA. The Management Board determines the strategic direction as well as its implementation. Responsibility for the sustainable orientation of the business strategy thus also lies with the Management Board. In this function, the Management Board is also responsible for monitoring and controlling impacts, risks and opportunities. As at 31 December 2024, the Management Board was comprised of four persons, including three men and one woman. As a result, the proportion of women is currently 25%.

The age structure in the Management Board is shown in the table below:

Management Board age structure	No.	%
30-50	2	50.0
>50	2	50.0
Total	4	100.0

When it comes to the composition of the Management Board, the Supervisory Board places special emphasis on professional qualifications and social skills as well as longstanding experience in similar executive positions, ideally in healthcare. Moreover, suitability of character and an appropriate academic background (university degree or equivalent) are important selection criteria.

Experience of the members of the Management Board of relevance for the sectors, services and geographic sites of Asklepios is given in the table below.

Management Board	Joachim Gemmel	Marco Walker	Hafid Rifi	Dr. med. Sara Sheikhzadeh
Member since	2019	2016	2016	2022
Gender	Man	Man	Man	Woman
Year of birth	1972	1976	1972	1977
Nationality	German	German	German	German
Academic background	Economics and organisational sciences	Economics	Economics	Human medicine
Qualifications/experience				
Corporate management	x	x	x	x
Industry experience	x	x	x	x
Legal, regulatory, compliance	x	x	x	x
Sustainability	x	x	x	x

Supervisory Board

In line with the principles of equal representation as required by the German Co-Determination Act (Mitbestimmungsgesetz, MitBestG), the Supervisory Board of Asklepios is made up of twenty members, ten of whom are elected by the Annual General Meeting and ten by the employees. With eleven male and nine female members, gender diversity on the Supervisory Board is 11:9. The proportion of women on the Supervisory Board is 45%.

The age structure on the Supervisory Board is shown in the table below:

Supervisory Board age structure	No.	%
30-50	4	20.0
>50	16	80.0
Total	20	100.0

The Supervisory Board is non-executive. In the Supervisory Board's assessment, six of the persons representing the shareholders, or 60%, are to be regarded as independent as at 31 December 2024. When it comes to the persons representing the employees, the Supervisory Board's assessment is that two of those employee representatives, or 20%, are to be regarded as independent as at 31 December 2024. As a result, a total of eight of the twenty persons are to be regarded as independent, putting the percentage of independent members of the Supervisory Board at 40%.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

The Supervisory Board as a whole is familiar with the healthcare sector and possesses the qualifications and knowledge required to properly discharge its duties. In this regard it is not required that each member be equally experienced in all scientific fields, but instead the Supervisory Board members are to complement one another in terms of their respective qualifications. The members of the Supervisory Board keep themselves informed on a regular basis, through internal and external information sources, of current developments and requirements relating to their supervisory activity.

Supervisory Board (shareholder representatives)

	Ivo Schramm	Barbara Brosius	Jennifer Eiteneyer	Stefanie Grömling	Nora Klug
Member since	2018	2015	2022	2022	2022
Independence		x	x	x	x
Diversity					
Gender	Man	Woman	Woman	Woman	Woman
Year of birth	1969	1953	1979	1977	1976
Nationality	German	German	German	German	German
Academic background	Banker and lawyer	Certified economist	Degree in business administration (FH)	BBA/MBA	Lawyer
Qualifications / experience					
Corporate management	x	x	x	x	x
Industry experience	x	x	x	x	x
Legal, regulatory, compliance	x	x	x	x	x
Sustainability	x	x	x	x	x

Supervisory Board (shareholder representatives)

	Rainer Laufs	Dr. Jan Liersch	Hans Meier-Scherling	André Stüve	Stephan zu Höne
Member since	2012	2022	2022	2010	2010
Independence	x		x		
Diversity					
Gender	Man	Man	Man	Man	Man
Year of birth	1941	1973	1965	1962	1957
Nationality	German	German	German	German	German
Academic background	Degree in banking/ business administration	Lawyer	Degree in business administration (FH)	Degree in engineering (FH) Architect	Degree in geology
Qualifications / experience					
Corporate management	x	x	x	x	x
Industry experience	x	x	x	x	x
Legal, regulatory, compliance	x	x	x	x	x
Sustainability	x	x	x	x	x

CSRD Sustainability Statement

- Introduction
- General information**
- Environmental information
- Social information
- Governance information

	Supervisory Board (employee representatives)				
	Hilke Stein	Klaus Bölling	Kerstin Gruschetzki	Thomas Haul	Dr. Hans-Otto Koderisch
Member since	2018	2022	2022	2021	2005
Independence	x (Verdi)				
Diversity					
Gender	Woman	Man	Woman	Man	Man
Year of birth	1963	1962	1960	1963	1950
Nationality	German	German	German	German	German
Academic background	Studies in political science, German philology and paedagogy for teaching profession	Nurse	Medical-technical radiology assistant (MTRA)	Specialist nurse for anaesthetics and intensive medicine	Studies in human medicine
Qualifications/ experience					
Corporate management	x (Group Works Council)	x		x (Group Works Council)	x (Audit Committee)
Industry experience	x	x	x	x	x
Legal, regulatory, compliance	x	x		x	x
Sustainability	x	x	x	x	x

Asklepios is establishing processes ensuring that the members of the Management Board and of the Supervisory Board always possess the latest expertise and qualifications in the area of sustainability. The internal exchange of knowledge with the Supervisory Board is conducted among other things through regular reporting by the ESG working group as well as specific training courses. External experts are consulted whenever necessary.

More advanced training courses on select ESG aspects and CSRD compliance for Management Board and Supervisory Board members will be offered from 2025. With all training formats and consultations, a closer link to the material impacts, risks and opportunities of Asklepios is to be ensured in future.

Likewise, Asklepios does not yet have any formally documented controls and processes for the monitoring, management and oversight of the impacts, risks and opportunities identified as material. However, control mechanisms were developed to ensure the accuracy of the information. A formalised internal control system (ICS) as well as a targets management approach are to be established over the next one to three years and integrated into existing processes.

	Supervisory Board (employee representatives)				
	Dr. Anke Savcenko	Marnik Schiffler	Diana Sgolik	Dr. Cornelia Sufke	Angelika Wultsch
Member since	2011	2022	2023	2022	2022
Independence			x (Verdi)		
Diversity					
Gender	Woman	Man	Woman	Woman	Woman
Year of birth	1966	1971	1989	1964	1963
Nationality	German	German	German	German	German
Academic background	Studies in human medicine	Sports therapist	Healthcare worker and nurse	Lawyer	Paediatric nurse
Qualifications/ experience					
Corporate management	x (senior physician)			x (executive employee)	
Industry experience	x	x	x	x	x
Legal, regulatory, compliance	x		x	x	
Sustainability	x	x	x	x	x

GOV-2 Sustainability Management

Strategic sustainability management is the responsibility of the central divisions ESG Management as well as Corporate & ESG Reporting. The central division Corporate & ESG Reporting focuses on compliance and implementation of the relevant rules and regulations and is responsible for sustainability reporting. The actions developed from its work are implemented by ESG Management on an interdisciplinary basis. For example, a core function of both central divisions is the strategic planning and implementation of the transition plan to be implemented within the next 3 years. The Group divisional and specialised department heads as well as the (ESG) central divisions serve as a link to the Management Board and those responsible for operative implementation. The central ESG divisions furthermore maintain a close dialogue with the ESG working group.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

ESG-Board

The ESG Board was established as an internal decision-making body. It is responsible for defining the orientation and direction of the Corporate Responsibility Roadmap (“CR Roadmap”) by which material sustainability topics are taken up and managed. The ESG Board is headed by a CEO and the CFO of Asklepios, with a managing director of a healthcare facility as well as a regional managing director being represented on this body as well. During the reporting year, all relevant decisions relating to sustainability were presented and taken at the regular monthly meetings of the Management Board, with the focus being on the implementation of the CSRD and the re-orientation of the sustainability strategy associated with it.

Responsibilities and management the CR Roadmap implementation

The implementation of the CR Roadmap, like the realisation of the individual hospital sustainability projects, is under the responsibility of the individual hospital facilities. The relevant specialist departments for ESG topics, the regional managing directors as well as the managing directors of the individual hospitals are responsible for implementing the decisions adopted.

The Group divisional and specialised department heads as well as the (ESG) central divisions serve as a link between the ESG Board and the Management Board and those responsible for operative implementation. The central ESG divisions furthermore maintain a close dialogue with the ESG working group.

ESG Working Group

Composition: The ESG Working Group is made up of representatives from central organisational units of Asklepios, including Architecture & Construction, Purchasing & Supply, ESG Management, Infrastructure & Data Protection, Investor Relations, IT, Legal, Insurance & Compliance, Human Resources, Quality Management, Risk Management, Service & Technology as well as Corporate Communications. The central division Corporate & ESG Reporting is responsible for project management.

Duties: The ESG Working Group coordinates the processing and implementation of sustainability topics within Asklepios across the healthcare facilities and specialist departments. It coordinates the systematic gathering of data and information for the Sustainability Statement, drafts recommendations and supports the development of sustainability targets and actions.

Functioning: As a general rule, the ESG Working Group meets once each quarter with a CEO and CFO of Asklepios. During financial year 2024, quarterly meetings of the Working Group were regularly held. The ESG Working Group met more frequently in preparation for CSRD reporting and the performance of the double materiality analysis, and additional experts were also closely involved.

The Act on Corporate Due Diligence Obligations in Supply Chains (Lieferkettensorgfaltspflichtengesetz, LkSG) is under the responsibility of the Compliance division and was implemented in reporting year 2024 under the compliance policy for implementing the LkSG as well as the risk analysis.

The ESG Working Group was involved in preparing the materiality analysis. The central ESG division and individual members of the ESG Working Group maintain a close dialogue on an ongoing as well as ad hoc basis.

The Management Board is regularly informed about sustainability-related topics. In financial year 2024, reports were presented at three meetings of the Management Board. In the Supervisory Board and the Audit Committee, reports were presented at four meetings in financial year 2024. Moreover, ad hoc meetings can also be held. During the reporting year, the Management Board and the Supervisory Board informed on the materiality analysis.

With their integration into the process of the materiality analysis and the process of CSRD-compliant sustainability reporting, the Management Board and the Supervisory Board examined all impacts, opportunities and risks identified as material.

Asklepios so far has not defined any responsibilities of corporate bodies and persons for the impacts, risks and opportunities identified as material in its Terms of Reference, the mandates of Supervisory Board or other relevant strategies.

Likewise, Asklepios at this time does not yet have any formally documented controls and processes for the monitoring, management and oversight of the impacts, risks and opportunities identified as material. A formalised internal control system (ICS) as well as an objectives management approach are to be established over the next one to three years and integrated into existing processes.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

GOV-3 Integration of sustainability-related performance in incentive schemes

The remuneration system of Asklepios is not comprised of any performance-linked incentive schemes and therefore does not take account of any sustainability-related performance either.

SBM-2 Interests and views of stakeholders

Asklepios regularly engages with its most important stakeholders. These includes patients, employees and investors, since they have a material influence on Asklepios' business activities.

The ongoing engagement with stakeholders enables Asklepios to gain awareness of their concerns. Various channels are used for engaging with the stakeholders of Asklepios, such as websites, publications and surveys, patient events and newsletters, employee magazine, works council meetings and the annual banking day.

Further details on the involvement of the most important stakeholders can be found in the table below.

Stakeholder and category	Format of involvement	Purpose of involvement	Consideration of results of involvement
Patients	Complaint mechanisms such as questionnaires or electronic feedback systems	Banking day Quarterly publication of financial reporting	building trust informing on economic developments
	Website relaunch	Quarterly information to lending banks/ business partners	creating basis for cooperation creating an understanding for healthcare system
Employees	intranet AskMe, Sharepoint /website relaunch	Exchange of information	Exchange and dialogue between employees, Group divisions and departments and operative level
	Friday News	Raising awareness of relevant topics	
	Hospital manager conferences	Promoting continued training and internal networking	
	Executive employees conference		
	Young executives programme		
	Symposia		
Investors	Banking day	building trust	Exchange and dialogue between employees, Group divisions and departments and operative level
	Quarterly publication of financial reporting	informing on economic developments	
	Quarterly information to lending banks/ business partners	creating basis for cooperation creating an understanding for healthcare system	

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Employees

Asklepios integrates the interests, views and rights of its employees into its strategy and business model. By using various participation formats, the aim is to ensure that the voices of all employees are heard and included in the strategic decisions. That includes among other things participation in working groups, strategy conferences and management conferences:

- Active involvement in working groups: Employees are embedded in interdivisional working groups so that they can contribute their expertise and perspectives and work together to develop solutions.
- Strategy conferences: Employees participate in strategy conferences to help shape the strategic orientation of the Company and to contribute their ideas and proposals.
- Climate management conferences: At the hospital and Group level, management conferences are regularly held at which employees from different fields are represented and can actively participate in the discussions and decisions.

With the Group Works Council and its codetermination rights and powers, the interests, views and rights of our employees are included in the Asklepios business strategy and business model. Asklepios' business strategy and business model are relevant for the occurrence of material impacts in connection with the Company's employees (see description of material IROs in the chapter ESRS 2 SBM-3). Asklepios takes this into account by defining the policies described here and taking measures to increase patient satisfaction.

Patients

Patients are also actively involved in shaping and improving healthcare services:

- Website relaunch: information and services offering tailored to the needs of patients.
- Patient surveys: regularly gathering information on patient satisfaction and needs in the form of a continuous patient survey.
- Complaints management: implementation of a transparent and easily accessible complaints management system at all hospitals.
- Patient advocates: making available patient advocates or similar persons and establishing contact to self-help groups to support patients in exercising their rights.

Asklepios takes account of the role that might be played by the Group's strategy and business model in the creation, exacerbation or mitigation of material impacts on the stakeholders, in particular its own workforce and patients. In the materiality analysis and strategy processes, these connections are analysed and assessed. In the event these should reveal negative impacts on its own workforce or patients, adjustments are made to the business model and/or the strategy to counteract or minimise these impacts. During the reporting period, no adjustments to the strategy and business model of Asklepios were made as the result of consultations with internal and external stakeholders. Neither are any adjustments planned due to the strategy and business model on the basis of the results of the stakeholder consultations.

The Management Board and the Supervisory Board of Asklepios are regularly informed about the views and interests of affected stakeholders with regard to sustainability-related impacts of the Company's activities and thus meet their due diligence obligation. This is done through written and oral reports in and outside of meetings. The reports contain relevant information on expectations and perspectives of the stakeholder groups potentially affected by the activities of Asklepios, for example results of patient surveys, employee dialogues or insights from discussions with suppliers or non-governmental organisations.

When it comes to including the views of consumers and end-users, such views are always given priority at Asklepios and as a general rule are included in the corporate strategy and the business model. The patient's perspective is considered primarily through statistical evaluations (questionnaires and CIRS) and field analyses. The Controlling department is responsible for the field analyses. Within the analyses, for example, the ageing the population or the respective regional care delivery requirements are analysed. The purpose of these approaches is to identify the needs of patients and in this way make targeted adjustments at the strategic level in the interests of patient care. Moreover, Asklepios is committed to the respect of human rights. That includes the rights of patients (see also S4-1). With the previously described consideration of the patient perspective, Asklepios ensures that potential risks to the safeguarding of human rights are identified and addressed early on.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

GOV-5 Risk management and internal controls over sustainability reporting

Asklepios implements a risk management system to identify potential risks early on and to take suitable measures to minimise them. To meet the requirements for sustainability reporting, the risk management system, pursuant to Recommendation A.3 of the German Corporate Governance Code (GCGC), in future is also to cover sustainability-related risks, including suitable processes and systems to gather and process sustainability-related data. Until now, the ESG matters have not yet been fully reflected in the risk management system. The internal control system in relation to the sustainability reporting process is to be implemented within the next three years.

In its preparation for expanded sustainability reporting, Asklepios is already defining processes and supporting systems which are currently being formally integrated in a next step into the internal control system and the risk management system. Moreover, additional governance structures were implemented as part of the established risk management software, including the processes and systems for gathering and processing sustainability-relevant data.

Asklepios intends to fulfil the requirements of Recommendation A.3 GCGC.

For risk management, a Group-wide risk catalogue will be used for Group-wide aggregation. The risk catalogue is divided into various risk fields, and the latter in turn into various risk categories. In the risk management software used, the classification "Sustainability (ESG risks)" can be selected. So far, no further distinction based on the sustainability topics specified in the ESRS has been implemented. In the risk management system, no material financial risks after measures (net risks) from the sustainability area (ESG) were identified. For commercial risk management, a risk report on the annual inventory is prepared each year for the Management Board and the Supervisory Board. This report in future will be supplemented by ESG risks. On an interim basis, risk reporting to the Management Board and the Supervisory Board is effected through quarterly reporting. Further information on the disclosures GOV-5.36 b-d is found under → **IRO-1 – Description of the processes to identify and assess material impacts, risks and opportunities** / standardised process for assessment of risks and opportunities.

GOV-4 Statement on due diligence

Core elements of due diligence	Paragraphs in Sustainability Statement
a) Embedding due diligence in governance, strategy and business model	ESRS 2 GOV-2 ESRS 2 GOV-3 ESRS 2 SBM-3
b) Engaging with affected stakeholders in all key steps of the due diligence	ESRS 2 GOV-2 ESRS 2 SBM-2 ESRS 2 IRO-1 ESRS E1-2 ESRS E5-1 ESRS S1-2 ESRS S4-2
c) Identifying and assessing adverse impacts	ESRS 2 IRO-1 ESRS 2 SBM-3
d) Taking actions to address those adverse impacts	ESRS E1-3 ESRS E5-2 ESRS S1-4 ESRS S4-4
e) Tracking the effectiveness of these efforts and communicating	ESRS E1-4 ESRS E1-5 ESRS E1-6 ESRS E5-3 ESRS S1-5 ESRS S1-9 ESRS S1-16 ESRS S1-17

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

IRO-2 Disclosure requirements covered

In preparing the sustainability statement on the basis of the materiality analysis, Asklepios complied with the following disclosure requirements:

List of material disclosure requirements (DR)

List of material disclosure requirements (DR)		Section (only when header is different and only when chapter indicated with different chapter)
ESRS 2 – General disclosures		
BP-1	General basis for preparation of sustainability statements	
BP-2	Disclosures in relation to specific circumstances	Disclosures in relation to specific circumstances
GOV-1	The role of the administrative, supervisory and management bodies	The role of the administrative, supervisory and management bodies
GOV-2	Information provided to and sustainability matters addressed by the undertaking's administrative, management and supervisory bodies	Sustainability management
GOV-3	Integration of sustainability-related performance in incentive schemes	Integration of sustainability-related performance in incentive schemes
GOV-4	Statement on due diligence	
GOV-5	Risk management and internal controls over sustainability reporting	
SBM-1	Strategy, business model and value chain	
SBM-2	Interests and views of stakeholders	
SBM-3	Material impacts, risks and opportunities and their interaction with strategy and business model	
IRO-1	Description of the processes to identify and assess material impacts, risks and opportunities	
IRO-2	Disclosure Requirements in ESRS covered by the undertaking's sustainability statement	Disclosure requirements covered
E1 – Climate Change		
ESRS 2 GOV-3-E1	Integration of sustainability-related performance in incentive schemes	
E1-1	Transition plan for climate change mitigation	
ESRS 2 SBM-3-E1	Material impacts, risks and opportunities and their interaction with strategy and business model	Climate change-related impacts, risks and opportunities
ESRS 2 IRO-1-E1	Description of the processes to identify and assess material climate-related impacts, risks and opportunities	In chapter ESRS 2: Description of the processes to identify and assess material climate-related impacts, risks and opportunities
E1-2	Policies related to climate change mitigation and adaptation	
E1-3	Actions and resources in relation to climate change policies	Actions and resources
E1-4	Targets related to climate change mitigation and adaptation	Targets
E1-5	Energy consumption and mix	
E1-6	Gross Scopes 1, 2, 3 and Total GHG emissions	
E1-7	GHG removals and GHG mitigation projects financed through carbon credits	GHG removals and GHG mitigation projects financed through carbon credits (if applicable)
E1-8	Internal carbon pricing	Internal carbon pricing (if applicable)

CSRD Sustainability Statement

- Introduction
- General information**
- Environmental information
- Social information
- Governance information

List of material disclosure requirements (DR)		Section (only when header is different and only when chapter indicated with different chapter)
E5 – Resource use and circular economy		
ESRS 2 IRO-1-E5	Description of the processes to identify and assess material resource use and circular economy-related impacts, risks and opportunities	In chapter ESRS 2: Description of the processes to identify and assess material resource use and circular economy-related impacts, risks and opportunities
E5-1	Policies related to resource use and circular economy	
E5-2	Actions and resources	
E5-3	Targets related to resource use and circular economy	Targets
E5-4	Resource inflow	
E5-5	Resource outflows	
S1 – Own workforce		
ESRS 2 SBM-2-S1	Interests and views of stakeholders	In chapter ESRS 2: Interests and views of stakeholders
ESRS 2 SBM-3-S1	Material impacts, risks and opportunities and their interaction with strategy and business model	Impacts, risks and opportunities related to the undertaking’s workers
S1-1	Policies related to undertaking’s workers	HR strategy and policies
S1-2	Processes for engaging with own workers and workers’ representatives about impacts	Processes for engaging
S1-3	Processes to remediate negative impacts and channels for own workers to raise concerns	Remediation processes
S1-4	Taking action on material impacts on undertaking’s workers, and approaches to managing material risks and pursuing material opportunities related to undertaking’s workers, and effectiveness of those actions	Actions related to terms of employment Actions related to occupational safety and health Actions related to diversity
S1-5	Targets related to managing material negative impacts, advancing positive impacts, and managing material risks and opportunities	Targets related to terms of employment Targets related to occupational safety and health Targets related to diversity
S1-6	Characteristics of undertaking’s employees	
S1-8	Collective bargaining coverage and social dialogue	
S1-9	Diversity metrics	Diversity, equal opportunities and equal treatment metrics
S1-10	Adequate wages	
S1-14	Health and safety metrics	Occupational safety and health metrics
S1-16	Compensation metrics (pay gap and total compensation)	Remuneration metrics
S1-17	Incidents, complaints and severe human rights impacts	Incidents and complaints
S4 – Consumers and end-users		
ESRS 2 SBM-2-S4	Interests and views of stakeholders	In chapter ESRS 2: Interests and views of stakeholders
ESRS 2 SBM-3-S4	Material impacts, risks and opportunities and their interaction with strategy and business model	Impacts, risks and opportunities with regard to consumers and end-users
S4-1	Policies related to consumers and end-users	Processes for engaging with consumers and end-users about impacts
S4-2	Processes for engaging with consumers and end-users about impacts	Engaging with consumers and end-users
S4-3	Processes to remediate negative impacts and channels for consumers and end-users to raise concerns	Remediation measures and complaints mechanism

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

List of material disclosure requirements (DR)		Section (only when header is different and only when chapter indicated with different chapter)
S4-4	Taking action on material impacts on consumers and end- users, and approaches to managing material risks and pursuing material opportunities related to consumers and end-users, and effectiveness of those actions and approaches	Actions and resources
S4-5	Targets related to managing material negative impacts, advancing positive impacts, and managing material risks and opportunities	Targets
G1 – Conduct of business		
ESRS 2 GOV-1-G1	The role of the administrative, supervisory and management bodies	The role of the administrative, supervisory and management bodies related to the conduct of business
ESRS 2 IRO-1-G1	Description of the processes to identify and assess material impacts, risks and opportunities	
G1-1	Corporate culture and policies for corporate culture	Conduct of business and corporate culture
G1-2	Management of relationships with suppliers	
G1-3	Prevention and detection of corruption and bribery	
G1-4	Incidents of corruption or bribery	Incidents of corruption or bribery
G1-6	Payment practices	

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

List of data points in cross-cutting and topical standards that derive from other EU legislation:

Disclosure requirement and related data point

Disclosure requirement and related data point	SFDR reference (1)	Pillar 3 reference (2)	Benchmark Regulation reference (3)	EU climate change law reference (4)	Reference to chapter in CSRD Report
ESRS 2 GOV-1 Board's gender diversity paragraph 21 (d)	Indicator number 13 of Table #1 of Annex 1		Commission Delegated Regulation (EU) 2020/1816 (5), Annex II		ESRS 2: GENERAL DISCLOSURES
ESRS 2 GOV-1 Percentage of board members who are independent paragraph 21 (e)			Delegated Regulation (EU) 2020/1816, Annex II)		ESRS 2: GENERAL DISCLOSURES
ESRS 2 GOV-4 Statement on due diligence paragraph 30	Indicator number 10 of Table #3 of Annex 1				ESRS 2: GENERAL DISCLOSURES
ESRS 2 SBM-1 Involvement in activities related to fossil fuel activities paragraph 40 (d) i	Indicators number 4 Table #1 of Annex 1		Delegated Regulation (EU) 2020/1816, Annex II)		ESRS 2: GENERAL DISCLOSURES
ESRS 2 SBM-1 Involvement in activities related to chemical production paragraph 40 (d) ii	Indicator number 9 of Table #2 of Annex 1	Article 449a Regulation (EU) No 575/2013; Commission Implementing Regulation (EU) 2022/2453 paragraph 6; Table 1: Qualitative information on Environmental risk and Table 2: Qualitative information on Social risk	Delegated Regulation (EU) 2020/1816, Annex II)		ESRS 2: GENERAL DISCLOSURES
ESRS 2 SBM-1 Involvement in activities related to controversial weapons paragraph 40 (d) iii	Indicator number 14 of Table #1 of Annex 1		Delegated Regulation (EU) 2020/1818 (7), Annex II Delegated Regulation (EU) 2020/1816 Art 12 (1)		ESRS 2: GENERAL DISCLOSURES
ESRS 2 SBM-1 Involvement in activities related to cultivation and production of tobacco paragraph 40 (d) iv			Delegated Regulation (EU) 2020/1818, Annex II Delegated Regulation (EU) 2020/1816 Art 12 (1)		ESRS 2: GENERAL DISCLOSURES
ESRS E1-1 Transition plan to reach climate neutrality by 2050 paragraph 14				Regulation (EU) 2021/1119, Article 2(1)	ESRS E1 CLIMATE CHANGE

CSRD Sustainability Statement

- Introduction
- General information**
- Environmental information
- Social information
- Governance information

Disclosure requirement and related data point	SFDR reference (1)	Pillar 3 reference (2)	Benchmark Regulation reference (3)	EU climate change law reference (4)	Reference to chapter in CSRD Report
ESRS E1-1 Undertakings excluded from Paris-aligned Benchmarks paragraph 16 (g)		Article 449a; Regulation (EU) No 575/2013; Commission Implementing Regulation (EU) 2022/2453 Template 1: Banking book – Climate change transition risk: Credit quality of exposures by sector, emissions and residual maturity	Delegated Regulation (EU) 2020/1818, Article 12.1 (d) to (g), and Article 12.2		ESRS E1 CLIMATE CHANGE
ESRS E1-4 THG-Emission reduction targets paragraph 34	Indicator number 4 of Table #2 of Annex 1	Article 449a; Regulation (EU) No 575/2013; Commission Implementing Regulation (EU) 2022/2453 Template 3: Banking book – Climate change transition risk: Approximation metrics	Delegated Regulation (EU) 2020/1818, Article 6		ESRS E1 CLIMATE CHANGE
ESRS E1-5 Energy consumption from fossil sources disaggregated by sources (only high climate impact sectors) paragraph 38	Indicator number 5 Table #1 and Indicator n. 5 Table #2 of Annex 1				ESRS E1 CLIMATE CHANGE
ESRS E1-5 Energy consumption and mix paragraph 37	Indicator number 5 of Table #1 of Annex 1				ESRS E1 CLIMATE CHANGE
ESRS E1-5 Energy intensity associated with activities in high climate impact sectors paragraphs 40 to 43	Indicator number 6 of Table #1 of Annex 1				ESRS E1 CLIMATE CHANGE
ESRS E1-6 Gross Scope 1, 2, 3 and Total GHG emissions paragraph 44	Indicators number 1 and 2 Table #1 of Annex 1	Article 449a; Regulation (EU) No 575/2013; Commission Implementing Regulation (EU) 2022/2453 Template 1: Banking book – Climate change transition risk: Credit quality of exposures by sector, emissions and residual maturity	Delegated Regulation (EU) 2020/1818, Article 5(1), 6 and 8(1)		ESRS E1 CLIMATE CHANGE
ESRS E1-6 Gross GHG emissions intensity paragraphs 53 to 55	Indicators number 3 Table #1 of Annex 1	Article 449a of Regulation (EU) No 575/2013; Commission Implementing Regulation (EU) 2022/2453 Template 3: Banking book – Climate change transition risk: Approximation metrics	Delegated Regulation (EU) 2020/1818, Article 8(1)		ESRS E1 CLIMATE CHANGE
ESRS E1-7 GHG removals and carbon credits paragraph 56				Regulation (EU) 2021/1119, Article 2(1)	ESRS E1 CLIMATE CHANGE
ESRS E1-9 Exposure of the benchmark portfolio to climate-related physical risks paragraph 66			Delegated Regulation (EU) 2020/1818, Annex II Delegated Regulation (EU) 2020/1816 Annex II		Omitted pursuant to ESRS 1 Annex C

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Disclosure requirement and related data point

ESRS E1-9 Disaggregation of monetary amounts by acute and chronic physical risk paragraph 66 (a)

ESRS E1-9 Location of significant assets at material physical risk paragraph 66 (c)

ESRS E1-9 Degree of exposure of the portfolio to climate-related opportunities paragraph 69

ESRS E2-4 Amount of each pollutant listed in Annex II of the E-PRTR Regulation (European Pollutant Release and Transfer Register) emitted to air, water and soil, paragraph 28

ESRS E3-1 Water and marine resources paragraph 9

ESRS E3-1 Special policy

ESRS E3-1 Sustainable oceans and seas paragraph 14

ESRS E3-4 Total water recycled and reused paragraph 28 (c)

ESRS E3-4 Total water consumption in m3 per net revenue on own operations paragraph 29

ESRS 2 – SBM-3 – E4 paragraph 16 (a) i

ESRS 2 – SBM-3 – E4 paragraph 16 (b)

ESRS 2 – SBM-3 – E4 paragraph 16 (c)

ESRS E4-2 Sustainable land / agriculture practices or policies paragraph 24 (b)

ESRS E4-2 Sustainable oceans /seas practices or policies paragraph 24 (c)

ESRS E4-2 Policies to address deforestation paragraph 24 (d)

SFDR reference (1)

Pillar 3 reference (2)

Benchmark Regulation reference (3)

EU climate change law reference (4)

Reference to chapter in CSRD Report

Article 449a Regulation (EU) No 575/2013; Commission Implementing Regulation (EU) 2022/2453 paragraphs 46 and 47; Template 5: Banking book – Climate change physical risk: Exposures subject to physical risk

Delegated Regulation (EU) 2020/1818, Annex II)

Indicator number 8 Table #1 of Annex 1 Indicator number 2 Table #2 of Annex 1 Indicator number 1 Table #2 of Annex 1 Indicator number 3 Table #2 of Annex 1

Indicator number 7 of Table #2 of Annex 1

Indicator number 8 of Table #2 of Annex 1

Indicator number 12 of Table #2 of Annex 1

Indicator number 6,2 of Table #2 of Annex 1

Indicator number 6,1 of Table #2 of Annex 1

Indicator number 7 of Table #1 of Annex 1

Indicator number 10 of Table #2 of Annex 1

Indicator number 14 of Table #1 of Annex 2

Indicator number 11 of Table #2 of Annex 1

Indicator number 12 of Table #2 of Annex 1

Indicator number 15 of Table #2 of Annex 1

Omitted pursuant to ESRS 1 Annex C

Omitted pursuant to ESRS 1 Annex C

Not material

Not material

Not material

Not material

Not material

Not material

Not material

Not material

Not material

Not material

Not material

Not material

CSRD Sustainability Statement

	Disclosure requirement and related data point	SFDR reference (1)	Pillar 3 reference (2)	Benchmark Regulation reference (3)	EU climate change law reference (4)	Reference to chapter in CSRD Report
Introduction	ESRS E5-5 Non-recycled waste paragraph 37 (d)	Indicator number 13 of Table #1 of Annex 2				E5 – Resource use and circular economy
General information						
Environmental information	ESRS E5-5 Hazardous waste and radioactive waste paragraph 39	Indicator number 9 of Table #1 of Annex 1				E5 – Resource use and circular economy
Social information	ESRS 2 SBM3 – S1 Risk of incidents of forced labour paragraph 14 (f)	Indicator number 13 Table #3 of Annex I				S1 – Own workforce
Governance information	ESRS 2 SBM3 – S1 Risk of incidents of child labour paragraph 14 (g)	Indicator number 12 Table #3 of Annex I				S1 – Own workforce
	ESRS S1-1 Human rights policy commitments paragraph 20	Indicator number 9 Table #3 of Annex I and Indicator number 11 Table #1 of Annex I				S1 – Own workforce
	ESRS S1-1 Due diligence policies on issues addressed by the fundamental International Labor Organization Conventions 1 to 8, paragraph 21			Delegated Regulation (EU) 2020/1816, Annex II)		S1 – Own workforce
	ESRS S1-1 Processes and measures for preventing trafficking in human beings paragraph 22	Indicator number 11 Table #3 of Annex I				S1 – Own workforce
	ESRS S1-1 Workplace accident prevention policy or management system paragraph 23	Indicator number 1 Table #3 of Annex I				S1 – Own workforce
	ESRS S1-3 Grievance/complaints handling mechanisms paragraph 32 (c)	Indicator number 5 Table #3 of Annex I				S1 – Own workforce
	ESRS S1-14 Number of fatalities and number and rate of work-related accidents paragraph 88 (b) and (c)	Indicator number 2 Table #3 of Annex I		Delegated Regulation (EU) 2020/1816, Annex II)		S1 – Own workforce
	ESRS S1-14 Number of days lost to injuries, accidents, fatalities or illness paragraph 88 (e)	Indicator number 3 Table #3 of Annex I				S1 – Own workforce
	ESRS S1-16 Unadjusted gender pay gap paragraph 97 (a)	Indicator number 12 Table #1 of Annex I		Delegated Regulation (EU) 2020/1816, Annex II)		S1 – Own workforce
	ESRS S1-16 Excessive CEO pay ratio paragraph 97 (b)	Indicator number 8 Table #3 of Annex I				S1 – Own workforce
	ESRS S1-17 Incidents of discrimination paragraph 103 (a)	Indicator number 7 Table #3 of Annex I				S1 – Own workforce

CSRD Sustainability Statement

	Disclosure requirement and related data point	SFDR reference (1)	Pillar 3 reference (2)	Benchmark Regulation reference (3)	EU climate change law reference (4)	Reference to chapter in CSRD Report
Introduction						
General information						
Environmental information						
Social information						
Governance information						
	ESRS S1-17 Non-respect of UNGPs on Business and Human Rights and OECD guidelines paragraph 104 (a)	Indicator number 10 Table #1 of Annex I and Indicator number 14 Table #3 of Annex I		Delegated Regulation (EU) 2020/1816, Annex II Delegated Regulation (EU) 2020/1818, Art 12 (1)		S1 – Own workforce
	ESRS 2 SBM3 – S2 Significant risk of child labour or forced labour in the value chain paragraph 11 (b)	Indicators number 12 and n. 13 Table #3 of Annex I				Not material
	ESRS S2-1 Human rights policy commitments paragraph 17	Indicator number 9 Table #3 and Indicator n. 11 Table #1 of Annex 1				Not material
	ESRS S2-1 Policies related to value chain workers paragraph 18	Indicators number 11 and 4 Table #3 of Annex 1				Not material
	ESRS S2-1 Non-respect of UNGPs on Business and Human Rights principles and OECD guidelines paragraph 19	Indicator number 10 of Table #1 of Annex 1		Delegated Regulation (EU) 2020/1816, Annex II Delegated Regulation (EU) 2020/1818, Art 12 (1)		Not material
	ESRS S2-1 Due diligence policies on issues addressed by the fundamental International Labor Organization Conventions 1 to 8, paragraph 19			Delegated Regulation (EU) 2020/1816, Annex II)		Not material
	ESRS S2-4 Human rights issues and incidents connected to its upstream and downstream value chain paragraph 36	Indicator number 14 of Table #1 of Annex 3				Not material
	ESRS S3-1 Human rights commitments paragraph 16	Indicator number 9 Table #3 and Indicator n. 11 Table #1 of Annex 1				Not material
	ESRS S3-1 Non-respect of UNGPs on Business and Human Rights, ILO principles or OECD guidelines paragraph 17	Indicator number 10 of Table #1 of Annex 1		Delegated Regulation (EU) 2020/1816, Annex II Delegated Regulation (EU) 2020/1818, Art 12 (1)		Not material
	ESRS S3-4 Human rights issues and incidents paragraph 36	Indicator number 14 of Table #1 of Annex 3				Not material
	ESRS S4-1 Policies related to consumers and end-users paragraph 16	Indicator number 9 Table #3 and Indicator n. 11 Table #1 of Annex 1				ESRS S4: Consumers and end-users

CSRD Sustainability Statement

	Disclosure requirement and related data point	SFDR reference (1)	Pillar 3 reference (2)	Benchmark Regulation reference (3)	EU climate change law reference (4)	Reference to chapter in CSRD Report
Introduction						
General information						
Environmental information						
Social information						
Governance information						
	ESRS S4-1 Non-respect of UNGPs on Business and Human Rights principles and OECD guidelines paragraph 17	Indicator number 10 of Table #1 of Annex 1		Delegated Regulation (EU) 2020/1816, Annex II Delegated Regulation (EU) 2020/1818, Art 12 (1)		ESRS S4: Consumers and end-users
	ESRS S4-4 Human rights issues and incidents paragraph 35	Indicator number 14 of Table #1 of Annex 3				ESRS S4: Consumers and end-users
	ESRS G1-1 United Nations Convention against Corruption paragraph 10 (b)	Indicator number 15 of Table #3 of Annex 1				G1 Conduct of business
	ESRS G1-1 Protection of whistleblowers paragraph 10 (d)	Indicator number 6 of Table #1 of Annex 3				G1 Conduct of business
	ESRS G1-4 Fines for violation of anti-corruption and anti-bribery laws paragraph 24 (a)	Indicator number 17 of Table #3 of Annex 1		Delegated Regulation (EU) 2020/1816, Annex II)		G1 Conduct of business
	ESRS G1-4 Standards of anti-corruption and anti- bribery paragraph 24 (b)	Indicator number 16 of Table #3 of Annex 1				G1 Conduct of business

2. Environmental information

As a company operating in the healthcare sector, Asklepios carries responsibility. This responsibility applies not only to our patients and employees but also to the environment and living standards for generations to come. That is because of the close relationship of people's health with the conditions in which they live. Asklepios seeks to reduce the negative impacts of its business activity on the environment and climate while helping to protect the environment and mitigate the effects of climate change. Asklepios' focus is on three key areas: energy consumption and climate change mitigation, minimising waste, and climate change adaptation.

Reporting according to the EU Taxonomy Regulation

Basic principles

Under the European Green Deal the European Union (EU), in addition to climate change mitigation and promoting ecological resilience, has set out the transformation towards a sustainable economy as a fundamental cornerstone of its political agenda and is thus pursuing the overall objective of achieving comprehensive carbon neutrality by 2050. It is in this context that the "Strategy for Financing the Transition to a Sustainable Economy" was published in 2021. It is aimed at optimising allocation of capital towards green and socially responsible investments while at the same time promoting the transition to a resource-efficient and climate-resilient economic structure. Accordingly, the EU Taxonomy Regulation¹ represents a uniform classification system for determining whether an economic activity is to be classified as environmentally sustainable.

To achieve the primary objective of full carbon neutrality, the EU Taxonomy Regulation defines six environmental targets to be implemented by means of sustainable economic activities:

- I. Environmental protection
- II. Climate change adaptation
- III. Sustainable use and protection of water and marine resources
- IV. Transition to a circular economy
- V. Pollution prevention and control
- VI. Protection and restoration of biodiversity and ecosystem

In the context of these targets, the classification of an economic activity as "taxonomy-eligible" is based on the descriptions of activities in the relevant legal acts. On this basis, taxonomy-eligible economic activities are classified as "taxonomy-aligned" – and thus as economically sustainable economic activities meeting the taxonomy requirements – when three decisive criteria are met:

- 1. Substantial contribution to the environmental targets:** The economic activity in question must make a significant contribution to the achievement of one or more of the six defined environmental targets. Such contribution has to be proven by the fulfilment of precisely defined technical screening criteria enshrined in the relevant legal requirements of the European Union. Here, merely having an intention to achieve this does not suffice, but there must be verifiable results showing the positive environmental impacts.
- 2. Avoidance of significant negative impacts on other environmental targets:** Furthermore, the economic activity must not cause any significant impact on one or more environmental targets. This principle, referred to as "Do No Significant Harm" (DNSH), ensures that a specific environmental target is not promoted at the expense of other environmental aspects. Every activity must therefore be seen in its totality as being positive for the environment.
- 3. Safeguarding minimum social standards:** In addition to the environmental criteria, an environmentally sustainable economic activity must also fulfil certain minimum social requirements (minimum safeguards). These standards relate to fundamental human rights and working conditions and are aimed at ensuring that economic activities are designed to be not only environmentally but also socially responsible.

These three requirements form the normative framework within which an economic activity can be classified as environmentally sustainable and taxonomy-aligned.

In addition to the quantitative disclosures on revenues, capital expenditure and operating expenditure relating to environmentally sustainable economic activities, the reporting requirement, which will apply to Asklepios prospectively pursuant to the EU Taxonomy Regulation, also covers qualitative disclosures on taxonomy eligibility and taxonomy alignment. Asklepios decided to comply with this obligation early and already reports voluntarily pursuant to the EU Taxonomy Regulation for financial year 2024. The quantitative disclosures made in this voluntary reporting on revenues, capital expenditure (CapEx) and operating expenditure (OpEx) cover all Group units with the exception of the sub-groups RHÖN-KLINIKUM AG and MediClin AG, which report independently.

¹ Regulation (EU) 2020/852 of the European Parliament and of the Council of 18 June 2020

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Approach

To determine its taxonomy-aligned economic activities, Asklepios first performed a comprehensive impact analysis. A working group set up specifically for this purpose, made up of specialist employees from the various Group divisions as well as the subsidiaries, identified the totality of the Group's relevant economic activities and subjected all of these to a thorough evaluation for compliance with the requirements of the EU Taxonomy Regulation. Building on this, the economic activities determined to be taxonomy-eligible were examined for their taxonomy-alignment.

This Group-wide, multi-stage verification process represents a comprehensive view of the relevant activities and allows for a precise assignment to the environmental taxonomy targets. In addition to measuring the direct environmental impacts of the activities, this also covers the consideration of long-term environmental and social sustainability targets. The continuous examination and adaptation of this screening process ensures that Asklepios can flexibly respond to changing regulatory requirements and scientific findings.

Identification of taxonomy-eligible economic activities

Asklepios' revenue-generating core business, which includes the comprehensive provision of healthcare services, is currently not included in the EU taxonomy. As a result, the impact analysis performed found that no revenue-generating economic activities meeting the criteria of taxonomy eligibility could be found.

Despite the fact that the Group's environmental sustainability efforts are not directly associated with patient care per se, Asklepios is pursuing the goal of actively contributing towards reducing its environmental footprint. The result of the impact analysis of taxonomy-eligible economic activities shows that Asklepios is making capital expenditures (CapEx) as well as current operating expenditures (OpEx) as part of the economic activities specified below. These funds are exclusively oriented towards climate target 1, climate change mitigation (CCM), and thus have the potential of making a decisive contribution towards supporting global climate ambitions.

No.	Economic activity	Nature of economic activity	Reference to expenditures
CCM 3.3.	Creation of low-carbon transportation technologies	Company vehicles: electric and hybrid vehicles	CapEx, OpEx
CCM 4.30.	High-efficiency co-generation of heating/cooling and power from fossil gaseous fuels	Cogeneration plants (CHPs)	CapEx, OpEx
CCM 6.4.	Operation of personal mobility equipment, cycling logistics	Job bikes	OpEx
CCM 6.5.	Transport with motorcycles, passenger vehicles and light commercial vehicles	Pool vehicles: electric and hybrid vehicles	CapEx, OpEx ¹
CCM 7.2./ CE 3.2.	Renovation of existing buildings	Renovation measures	CapEx, OpEx
CCM 7.3.	Installation, maintenance and repair of energy-efficient equipment	Installation of windows, doors, insulation	CapEx, OpEx
CCM 7.4.	Installation, maintenance and repair of charging stations for electric vehicles in buildings (and on parking spaces belonging to buildings)	Wallboxes and charging stations for electric vehicles	CapEx, OpEx ¹
CCM 7.5.	Installation, maintenance and repair of devices for measuring, automating and controlling the overall energy efficiency of buildings	Instrumentation, control and automation equipment in buildings	CapEx, OpEx ¹
CCM 7.6.	Installation, maintenance and repair of technologies for renewable energies	Photovoltaic systems, solar thermal systems, heat pumps	CapEx, OpEx ¹
CCM 7.7.	Purchase and ownership of buildings	New build projects, purchase of buildings, IFRS 16	CapEx
CCM 8.1.	Data processing, hosting and activities associated therewith	Data centres	CapEx, OpEx ¹

CCM = climate change mitigation

CE = Transition to a circular economy

¹ OpEx of these taxonomy-eligible economic activities is not reported given its immateriality in the templates.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Taxonomy alignment

Approach for determining taxonomy alignment.

Based on the results of the impact analysis conducted in relation to taxonomy eligibility, these activities were examined in terms of their potential alignment in accordance with the requirements of the EU Taxonomy Regulation. This is divided into three key steps:

1. Review of the criteria for a significant contribution: by these criteria it is determined whether the economic activity can make a relevant contribution to the overall environmental target.
2. Review of the DNSH criteria: by these criteria potential negative impacts on the other environmental targets that could arise as a result of the respective economic activity are to be avoided (“Do No Significant Harm”).
3. Review of compliance with the requirements for minimum social safeguards.

However, given that Asklepios itself does not generate any taxonomy-relevant revenues but has only identified taxonomy-eligible CapEx c) and OpEx c), the responsibility for compliance with minimum social safeguards lies upstream at the service-provider, manufacturer and supplier level. If compliance with minimum social safeguards is not demonstrated and confirmed beyond doubt over the entire value chain up to the authorised service providers, taxonomy alignment is not fulfilled.

Result of alignment analysis

The Group is committed to a sustainable mobility strategy to improve its environmental footprint and reduce CO₂ emissions. A key component of this strategy is promoting the purchase of electric and hybrid vehicles. Depending on their use, the vehicles meeting the CO₂ reduction requirements defined in the EU Taxonomy Regulation were assigned to the economic activities “Creation of low-carbon transportation technologies” (CCM 3.3.) and “Transport with motorcycles, passenger vehicles and light commercial vehicles” (CCM 6.5.).

As part of the evaluation of the economic activities identified as taxonomy-eligible it can be noted that both the investments and the operating expenditures associated therewith largely fulfil the technical screening criteria defined in the Regulation and thus make a significant contribution to the overall target of climate change mitigation. Moreover, the review with regard to the avoidance of significant impacts found that significant restrictions related to the other environmental targets rarely occurred. However, the further-reaching analysis showed that alignment usually fails due to insufficient supporting documentation for compliance with minimum social safeguards.

In addition to the initiatives in the area of vehicle use, the Group invests in the installation of low-maintenance charging stations for electric vehicles as well as in provision of wallboxes. The investments made in this area fall under the economic activity “Installation, maintenance and repair of charging stations for electric vehicles in buildings and on parking spaces belonging to buildings” (CCM 7.4.) and were almost in their entirety demonstrated as taxonomy-aligned.

Moreover, the Group promotes the implementation of sustainable mobility solutions for its employees by encouraging them to use subsidised job bikes. The operating expenditures associated with this measure qualify as taxonomy-eligible and taxonomy-aligned within the meaning of the economic activity “Operation of personal mobility equipment, cycling logistics” (CCM 6.4.).

In addition to promoting sustainable mobility strategies, Asklepios makes significant investments in the area of renovation of own buildings, which under the EU Taxonomy Regulation are assigned to the economic activity “Renovation of existing buildings” (CCM 7.2. / CE 3.2.). With these measures the Company is basically looking to achieve an energy value-added to be realised through the use of energy-efficient materials and technologies. The aim is to optimise the overall energy consumption of the buildings and to significantly diminish the environmental footprint. That said, the complexity and heterogeneity of the individual measures represent a significant challenge when it comes to precisely evaluating the energy effects at the project level. As a result, it is not possible to determine such consumption with sufficient precision at the individual project level and thus to demonstrate taxonomy alignment in this area.

By contrast, specific renovation measures resulting in a demonstrable energy value-added are classified as integral components of the economic activity “Installation, maintenance and repair of energy-efficient equipment” (CCM 7.3.) and encompass in particular heating upgrades, thermal insulation of buildings, replacing windows and doors by more energy-efficient models as well as installing more energy-efficient light sources. In addition to that, Asklepios invests in instrumentation, control and automation technologies (ICA technologies), which are aggregated under the economic activity “Installation, maintenance and repair of devices for measuring, automating and controlling the overall energy efficiency of buildings” (CCM 7.5.) and whose use is aimed at increasing the energy efficiency of buildings. As part of these ongoing efforts to improve energy efficiency, the Group has also made its first investments in a photovoltaic system assigned to the economic activity “Installation, maintenance and repair of renewable energy technologies” (CCM 7.6.). Within these three economic activities, the alignment analysis reveals that the path to taxonomy alignment is

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

impeded by insufficient verifiability of compliance with minimum social safeguards, with the result that the target of alignment was not reached in all cases.

Asklepios also operates cogeneration plants (CHPs) at various sites. These systems can transitionally make a contribution towards reducing CO₂ emissions and are classified under “High-efficiency co-generation of heating/cooling and power from fossil gaseous fuels” (CCM 4.30). However, it was not possible to demonstrate taxonomy alignment since no sufficient documentation or proof demonstrating full compliance with the technical requirements of the delegated legal act was available.

New projects, purchases of buildings as well as additions to IFRS 16 assets initiated by the Group were subsumed under the economic activity “Purchase and ownership of buildings” (CCM 7.7.). As a rule, taxonomy alignment fails for lack of sufficient documentation proving compliance with the technical screening criteria beyond doubt.

The economic activity “Data processing, hosting and activities associated therewith” (CCM 8.1.) encompasses all investments and current expenditures related to the operation of the Group’s own data centre. Fulfilment of the obligation to submit proof presents a key challenge in the alignment review. Particularly the aspect of the potential greenhouse gases arising from the cooling required to operate the data centre as well as energy efficiency are significant testing metrics. Taxonomy alignment fails in this context due to fulfilment of the technical screening criteria and due to demonstration of energy efficiency, which would be associated with disproportionately high expenditures.

Determination of taxonomy KPIs

Revenues, investments and operating expenditures are determined on the basis of the consolidated financial statements in accordance with IFRS requirements. Starting with our accounting system, the relevant Group metrics in each case were explicitly assigned to a corresponding taxonomy-eligible economic activity in the context of an environmental target to prevent double-recognition of data. Since the type of financing may not be of any relevance in this connection, all metrics, including any government grants, are included in the calculations and fully stated. For the reporting year, it is not required by law to disclose benchmark data, which is why such disclosure is not made in this case.

Revenue KPI

Since the Group has not generated any taxonomy-eligible revenues and consequently any taxonomy-aligned revenues either, the corresponding template contains only nil reports. With regard to non-taxonomy-eligible and non-taxonomy-aligned revenues, we refer to the relevant figures in the consolidated income statement for the financial year from 1 January to 31 December 2024.

CapEx KPI

The denominator of the CapEx key performance indicators results from additions to property, plant and equipment as well as intangible assets in financial year 2024 before depreciation and revaluations including additions to rights of use according to IFRS 16.

The numerator of the CapEx key performance indicators as a rule corresponds to the portion of capital expenditure contained in the denominator which

- relates to assets or processes associated with taxonomy-aligned economic activities (category A),
- are part of a plan (CapEx plan) to expand taxonomy-aligned economic activities or to turn taxonomy-eligible economic activities into taxonomy-aligned economic activities (category B), and
- are related to the purchase of products from taxonomy-eligible economic activities and individual measures which enable the target activities to become low-carbon or lead to greenhouse gas reductions (category C).

At Asklepios, CapEx exclusively falls under category C.

OpEx KPI

The denominator of the OpEx key performance indicators covers all direct, non-recognised costs associated with research and development, building refurbishment measures, short-term leases as well as maintenance and repairs.

The numerator of the OpEx key performance indicator corresponds to the portion of operating expenditure contained in the denominator which

- relates to assets or processes associated with taxonomy-aligned economic activities (category A),
- are part of a plan (CapEx plan) to expand taxonomy-aligned economic activities or to turn taxonomy-eligible economic activities into taxonomy-aligned economic activities (category B), and

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

- are related to the purchase of products from taxonomy-eligible economic activities and individual measures which enable the target activities to become low-carbon or lead to greenhouse gas reductions (category C).

At Asklepios, OpEx exclusively falls under category C.

Taxonomy KPIs

The tables below show the proportions of capital and operating expenditures associated with taxonomy-eligible and taxonomy-aligned economic activities. They also provide a detailed overview of the extent to which the respective economic activities make a significant contribution to the six defined environmental targets.

Revenue share / total revenue (per cent)

Environmental target	Taxonomy-aligned per target	Taxonomy-eligible per target
CCM	0.0	0.0
CCA	0.0	0.0
WTR	0.0	0.0
CE	0.0	0.0
PPC	0.0	0.0
BIO	0.0	0.0

CCM = climate change mitigation, CCA = climate change adaptation, WTR = water and marine resources, CE = circular economy, PPC = pollution prevention and control, BIO = biodiversity and ecosystems

CSRD Sustainability Statement

- Introduction
- General information
- Environmental information**
- Social information
- Governance information

Share of revenue from goods or services associated with taxonomy-aligned economic activities

Economic activities	Code ¹	Turnover 2024	Turnover share 2024	Criteria for a substantial contribution						DNSH criteria ("no significant harm")						Minimum safeguards	Proportion of Taxonomy-aligned or Taxonomy-eligible turnover in 2003	Category: enabling activities	Category: transitional activities
				Climate change mitigation	Climate change adaptation	Water	Pollution	Circular economy	Biodiversity	Climate change mitigation	Climate change adaptation	Water	Pollution	Circular economy	Biodiversity				
		EUR m	%	Y; N; EL; N/EL	Y; N; EL; N/EL	Y; N; EL; N/EL	Y; N; EL; N/EL	Y; N; EL; N/EL	Y; N; EL; N/EL	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	%	E	T
A. TAXONOMY-ELIGIBLE ACTIVITIES																			
A1. Environmentally sustainable activities (Taxonomy-aligned)																			
Turnover of environmentally sustainable activities (Taxonomy-aligned) [A.1]		0.0	0.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
of which enabling activities	-	0.0	0.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	E	
of which transitional activities	-	0.0	0.0	-						-	-	-	-	-	-	-	-		T
A2. Taxonomy-eligible but not environmentally sustainable activities (not Taxonomy-aligned activities)																			
Turnover of Taxonomy-eligible but not environmentally sustainable activities (not Taxonomy-aligned activities) [A.2]		0.0	0.0	-	-	-	-	-	-								-		
Turnover of Taxonomy-eligible activities [A.1 + A.2]		0.0	0.0	-	-	-	-	-	-								-		
B. TAXONOMY-NON-ELIGIBLE ACTIVITIES																			
Turnover of Taxonomy-non-eligible activities [B]		3,703.5	100.0																
TOTAL [A + B]		3,703.5	100.0																

¹ CCM = climate change mitigation, CCA = climate change adaptation, WTR = water and marine resources, CE = circular economy, PPC = pollution prevention and control, BIO = biodiversity and ecosystems

Y = yes, activity is taxonomy-eligible and taxonomy-aligned to the relevant environmental target
 N = no, activity is taxonomy-eligible but not taxonomy-aligned to the relevant environmental target
 N/EL = "not eligible", activity is not taxonomy-eligible for the respective environmental target
 EL = "eligible", activity is taxonomy-eligible for the respective environmental target
 E = enabling activity
 T = transitional activity

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

CapEx share / total CapEx (per cent)

	Environmental target	Taxonomy-aligned per target	Taxonomy-eligible per target
CCM		0.6	20.3
CCA		0.0	0.0
WTR		0.0	0.0
CE		0.0	11.2
PPC		0.0	0.0
BIO		0.0	0.0

CCM = climate change mitigation, CCA = climate change adaptation, WTR = water and marine resources, CE = circular economy, PPC = pollution prevention and control, BIO = biodiversity and ecosystems

- Introduction
- General information
- Environmental information**
- Social information
- Governance information

Economic activities	Code ¹	CapEx 2024	CapEx share 2024	Criteria for a substantial contribution						DNSH criteria ("no significant harm")						Minimum safeguards	Proportion of Taxonomy-aligned or Taxonomy-eligible CapEx in 2003	Category: enabling activities	Category: transitional activities
				Climate change mitigation	Climate change adaptation	Water	Pollution	Circular economy	Biodiversity	Climate change mitigation	Climate change adaptation	Water	Pollution	Circular economy	Biodiversity				
		EUR m	%	Y; N; EL; N/EL	Y; N; EL; N/EL	Y; N; EL; N/EL	Y; N; EL; N/EL	Y; N; EL; N/EL	Y; N; EL; N/EL	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	%	E	T
A. TAXONOMY-ELIGIBLE ACTIVITIES																			
A1. Environmentally sustainable activities (Taxonomy-aligned)																			
Creation of low-carbon transportation technologies	CCM 3.3.	0.9	0.3	Y	N/EL	N/EL	N/EL	N/EL	N/EL	Y	Y	Y	Y	Y	Y	Y	-	E	-
Installation, maintenance and repair of energy-efficient equipment	CCM 7.3.	0.8	0.2	Y	N/EL	N/EL	N/EL	N/EL	N/EL	Y	Y	Y	Y	Y	Y	Y	-	E	-
Installation, maintenance and repair of charging stations for electric vehicles in buildings (and on parking spaces belonging to buildings)	CCM 7.4.	0.1	0.0	Y	N/EL	N/EL	N/EL	N/EL	N/EL	Y	Y	Y	Y	Y	Y	Y	-	E	-
Installation, maintenance and repair of devices for measuring, automating and controlling the overall energy efficiency of buildings	CCM 7.5.	0.5	0.1	Y	N/EL	N/EL	N/EL	N/EL	N/EL	Y	Y	Y	Y	Y	Y	Y	-	E	-
Installation, maintenance and repair of technologies for renewable energies	CCM 7.6.	0.1	0.0	Y	N/EL	N/EL	N/EL	N/EL	N/EL	Y	Y	Y	Y	Y	Y	Y	-	E	-
CapEx of environmentally sustainable activities (Taxonomy-aligned) [A.1]		2.4	0.6																
of which enabling activities		2.4	0.6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	E	-
of which transitional activities		0.0	0.0	-						-	-	-	-	-	-	-	-		T

¹ CCM = climate change mitigation, CCA = climate change adaptation, WTR = water and marine resources, CE = circular economy, PPC = pollution prevention and control, BIO = biodiversity and ecosystems

Y = yes, activity is taxonomy-eligible and taxonomy-aligned to the relevant environmental target
 N = no, activity is taxonomy-eligible but not taxonomy-aligned to the relevant environmental target
 N/EL = "not eligible", activity is not taxonomy-eligible for the respective environmental target
 EL = "eligible", activity is taxonomy-eligible for the respective environmental target
 E = enabling activity
 T = transitional activity

CSRD Sustainability Statement

- Introduction
- General information
- Environmental information**
- Social information
- Governance information

Economic activities	Code ¹	CapEx 2024	CapEx share 2024	Criteria for a substantial contribution						DNSH criteria ("no significant harm")						Minimum safeguards	Proportion of Taxonomy-aligned or Taxonomy-eligible CapEx in 2003	Category: enabling activities	Category: transitional activities
				Climate change mitigation	Climate change adaptation	Water	Pollution	Circular economy	Biodiversity	Climate change mitigation	Climate change adaptation	Water	Pollution	Circular economy	Biodiversity				
		EUR m	%	Y; N; EL; N/EL	Y; N; EL; N/EL	Y; N; EL; N/EL	Y; N; EL; N/EL	Y; N; EL; N/EL	Y; N; EL; N/EL	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	%	E	T
A2. Taxonomy-eligible but not environmentally sustainable activities (not Taxonomy-aligned activities)																			
Creation of low-carbon transportation technologies	CCM 3.3.	0.1	0.0	EL	N/EL	N/EL	N/EL	N/EL	N/EL								-		
High-efficiency co-generation of heating/cooling and power from fossil gaseous fuels	CCM 4.30.	0.6	0.2	EL	N/EL	N/EL	N/EL	N/EL	N/EL								-		
Transport with motorcycles, passenger vehicles and light commercial vehicles	CCM 6.5.	0.5	0.1	EL	N/EL	N/EL	N/EL	N/EL	N/EL								-		
Renovation of existing buildings	CCM 7.2./ CE 3.2.	39.1	11.2	EL	N/EL	N/EL	N/EL	EL	N/EL								-		
Installation, maintenance and repair of energy-efficient equipment	CCM 7.3.	0.3	0.1	EL	N/EL	N/EL	N/EL	N/EL	N/EL								-		
Purchase and ownership of buildings	CCM 7.7.	30.2	8.6	EL	N/EL	N/EL	N/EL	N/EL	N/EL								-		
Data processing, hosting and activities associated therewith	CCM 8.1.	0.2	0.1	EL	N/EL	N/EL	N/EL	N/EL	N/EL								-		
CapEx of Taxonomy-eligible but not environmentally sustainable activities (not Taxonomy-aligned activities) [A.2]		71.0	20.3														-		
CapEx of Taxonomy-eligible activities [A.1 + A.2]		73.4	20.9														-		
B. TAXONOMY-NON-ELIGIBLE ACTIVITIES																			
CapEx of Taxonomy-non-eligible activities [B]		277.0	79.1																
TOTAL [A + B]		350.4	100.0																

¹ CCM = climate change mitigation, CCA = climate change adaptation, WTR = water and marine resources, CE = circular economy, PPC = pollution prevention and control, BIO = biodiversity and ecosystems

Y = yes, activity is taxonomy-eligible and taxonomy-aligned to the relevant environmental target
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 EL = "eligible", activity is taxonomy-eligible for the respective environmental target
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 T = transitional activity

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

OpEx share / total OpEx (per cent)

	Environmental target	Taxonomy-aligned per target	Taxonomy-eligible per target
CCM		2.1	7.2
CCA		0.0	0.0
WTR		0.0	0.0
CE		0.0	6.3
PPC		0.0	0.0
BIO		0.0	0.0

CCM = climate change mitigation, CCA = climate change adaptation, WTR = water and marine resources, CE = circular economy, PPC = pollution prevention and control, BIO = biodiversity and ecosystems

CSRD Sustainability Statement

- Introduction
- General information
- Environmental information**
- Social information
- Governance information

	Code ¹	OpEx 2024	OpEx share 2024	Criteria for a substantial contribution						DNSH criteria ("no significant harm")						Minimum safeguards	Proportion of Taxonomy-aligned or Taxonomy-eligible OpEx in 2003	Category: enabling activities	Category: transitional activities
				Climate change mitigation	Climate change adaptation	Water	Pollution	Circular economy	Biodiversity	Climate change mitigation	Climate change adaptation	Water	Pollution	Circular economy	Biodiversity				
Economic activities		EUR m	%	Y; N; EL; N/EL	Y; N; EL; N/EL	Y; N; EL; N/EL	Y; N; EL; N/EL	Y; N; EL; N/EL	Y; N; EL; N/EL	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	%	E	T
A2. Taxonomy-eligible but not environmentally sustainable activities (not Taxonomy-aligned activities)																			
Creation of low-carbon transportation technologies	CCM 3.3.	0.1	0.1	EL	N/EL	N/EL	N/EL	N/EL	N/EL								-		
High-efficiency co-generation of heating/cooling and power from fossil gaseous fuels	CCM 4.30.	0.4	0.3	EL	N/EL	N/EL	N/EL	N/EL	N/EL								-		
Renovation of existing buildings	CCM 7.2./ CE 3.2.	8.2	6.3	EL	N/EL	N/EL	N/EL	EL	N/EL								-		
Installation, maintenance and repair of energy-efficient equipment	CCM 7.3.	0.6	0.5	EL	N/EL	N/EL	N/EL	N/EL	N/EL								-		
OpEx of Taxonomy-eligible but not environmentally sustainable activities (not Taxonomy-aligned activities) [A.2]		9.3	7.2														-		
OpEx of Taxonomy-eligible activities [A.1 + A.2]		12.0	9.3														-		
B. TAXONOMY-NON-ELIGIBLE ACTIVITIES																			
OpEx of Taxonomy-non-eligible activities [B]		119.0	90.7																
TOTAL [A + B]		131.0	100.0																

¹ CCM = climate change mitigation, CCA = climate change adaptation, WTR = water and marine resources, CE = circular economy, PPC = pollution prevention and control, BIO = biodiversity and ecosystems

Y = yes, activity is taxonomy-eligible and taxonomy-aligned to the relevant environmental target
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 E = enabling activity
 T = transitional activity

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Further disclosure obligations related to nuclear energy and fossil gas

Under Delegated Regulation (EU) 2022/1214 of 9 March 2022 – amending Delegated Regulation (EU) 2021/2139 as regards economic activities in certain energy sectors and Delegated Regulation (EU) 2021/2178 as regards specific disclosures for those economic activities – Article 8 (6), (7) and (8) requires the disclosures specified below to be made in a template for each applicable key performance indicator (KPI). Templates 2 and 3 in Annex XII¹ are not relevant for Asklepios because no taxonomy alignment is achieved for the economic activities specified there related to nuclear energy and fossil gas.

Asklepios operates cogeneration plants at various sites to generate electricity and heat from fossil gaseous fuels. The plants are used for self-generation. These activities in the area of electricity generation from fossil gaseous fuels are categorised as not material. No other activities in the area of nuclear energy as well as fossil gas are conducted or conducted to a significant extent.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Template 1 – Nuclear and fossil gas related activities

Nuclear energy related activities

1.	The undertaking is active in the field of research, development, demonstration and use of innovative electricity generation facilities which – with minimum waste produced from the fuel cycle – generate energy from nuclear processes, finances such activities or has exposure associated with such activities.	NO
2.	The undertaking is active in the construction and safe operation of new nuclear facilities for generating electricity or process heat – also for district heating or industrial processes such as hydrogen production – as well as in safety-related improvements of such facilities using the best available technologies, finances such activities or has exposure associated with such activities.	NO
3.	The undertaking is active in the safe operation of existing nuclear facilities for generating electricity or process heat – also for district heating or industrial processes such as hydrogen production – as well as in safety-related improvements of such facilities, finances such activities or has exposure associated with such activities.	NO

Fossil gas related activities

4.	The undertaking is active in the construction or operation of facilities for generating electricity from fossil gaseous fuels, finances such activities or has exposure associated with such activities.	NO
5.	The undertaking is active in the construction, modernisation and operation of facilities for combined cooling heat and power generation from fossil gaseous fuels, finances such activities or has exposure associated with such activities.	YES
6.	The undertaking is active in the construction, modernisation and operation of heat production facilities which generate heating/cooling from fossil gaseous fuels, finances such activities or has exposure associated with such activities.	NO

This disclosure is exclusively related to the KPIs OpEx and CapEx and thus not to KPI revenue.

CSRD Sustainability Statement

Template 2 – Taxonomy-aligned economic activities denominator (CapEx)

Introduction

General information

Environmental information

Social information

Governance information

Economic activities		Amount and share (in monetary amounts and in per cent)					
		CCM + CCA		Climate Change Mitigation (CCM)		Climate Change Adaptation (CCA)	
		EUR m	%	EUR m	%	EUR m	%
1.	Amount and proportion of Taxonomy-aligned economic activity pursuant to section 4.26 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the denominator of the CapEx	0.0	0.0	0.0	0.0	0.0	0.0
2.	Amount and proportion of Taxonomy-aligned economic activity pursuant to section 4.27 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the denominator of the CapEx	0.0	0.0	0.0	0.0	0.0	0.0
3.	Amount and proportion of Taxonomy-aligned economic activity pursuant to section 4.28 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the denominator of the CapEx	0.0	0.0	0.0	0.0	0.0	0.0
4.	Amount and proportion of Taxonomy-aligned economic activity pursuant to section 4.29 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the denominator of the CapEx	0.0	0.0	0.0	0.0	0.0	0.0
5.	Amount and proportion of Taxonomy-aligned economic activity pursuant to section 4.30 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the denominator of the CapEx	0.0	0.0	0.0	0.0	0.0	0.0
6.	Amount and proportion of Taxonomy-aligned economic activity pursuant to section 4.31 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the denominator of the CapEx	0.0	0.0	0.0	0.0	0.0	0.0
7.	Amount and proportion of other Taxonomy-aligned economic activities not specified in lines 1 to 6 in the denominator of the CapEx	2.4	0.6	2.4	0.6	0.0	0.0
8.	Capex total	350.4	100.0	350.4	100.0	0.0	0.0

CSRD Sustainability Statement

Template 2 – Taxonomy-aligned economic activities denominator (OpEx)

Introduction

General information

Environmental information

Social information

Governance information

Economic activities		Amount and share (in monetary amounts and in per cent)					
		CCM + CCA		Climate Change Mitigation (CCM)		Climate Change Adaptation (CCA)	
		EUR m	%	EUR m	%	EUR m	%
1.	Amount and proportion of taxonomy-aligned economic activity pursuant to section 4.26 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the denominator of the OpEx	0.0	0.0	0.0	0.0	0.0	0.0
2.	Amount and proportion of taxonomy-aligned economic activity pursuant to section 4.27 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the denominator of the OpEx	0.0	0.0	0.0	0.0	0.0	0.0
3.	Amount and proportion of taxonomy-aligned economic activity pursuant to section 4.28 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the denominator of the OpEx	0.0	0.0	0.0	0.0	0.0	0.0
4.	Amount and proportion of taxonomy-aligned economic activity pursuant to section 4.29 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the denominator of the OpEx	0.0	0.0	0.0	0.0	0.0	0.0
5.	Amount and proportion of taxonomy-aligned economic activity pursuant to section 4.30 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the denominator of the OpEx	0.0	0.0	0.0	0.0	0.0	0.0
6.	Amount and proportion of taxonomy-aligned economic activity pursuant to section 4.31 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the denominator of the OpEx	0.0	0.0	0.0	0.0	0.0	0.0
7.	Amount and proportion of other Taxonomy-aligned economic activities not specified in lines 1 to 6 in the denominator of the OpEx	2.7	2.1	2.7	2.1	0.0	0.0
8.	OpEx total	131.0	100.0	131.0	100.0	0.0	0.0

Introduction

General information

Environmental information

Social information

Governance information

Economic activities		Amount and share (in monetary amounts and in per cent)					
		CCM + CCA		Climate change mitigation		Climate change adaptation	
		EUR m	%	EUR m	%	EUR m	%
1.	Amount and proportion of taxonomy-aligned economic activity pursuant to section 4.26 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the numerator of the CapEx	0.0	0.0	0.0	0.0	0.0	0.0
2.	Amount and proportion of taxonomy-aligned economic activity pursuant to section 4.27 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the numerator of the CapEx	0.0	0.0	0.0	0.0	0.0	0.0
3.	Amount and proportion of taxonomy-aligned economic activity pursuant to section 4.28 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the numerator of the CapEx	0.0	0.0	0.0	0.0	0.0	0.0
4.	Amount and proportion of taxonomy-aligned economic activity pursuant to section 4.29 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the numerator of the CapEx	0.0	0.0	0.0	0.0	0.0	0.0
5.	Amount and proportion of taxonomy-aligned economic activity pursuant to section 4.30 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the numerator of the CapEx	0.0	0.0	0.0	0.0	0.0	0.0
6.	Amount and proportion of taxonomy-aligned economic activity pursuant to section 4.31 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the numerator of the CapEx	0.0	0.0	0.0	0.0	0.0	0.0
7.	Amount and proportion of other Taxonomy-aligned economic activities not specified in lines 1 to 6 in the numerator of the CapEx	2.4	0.6	2.4	0.6	0.0	0.0
8.	Total amount and proportion of Taxonomy-aligned economic activities in the numerator of the CapEx	2.4	0.6	2.4	0.6	0.0	0.0

CSRD Sustainability Statement

Template 3 – Taxonomy-aligned economic activities numerator (OpEx)

Introduction

General information

Environmental information

Social information

Governance information

Economic activities		Amount and share (in monetary amounts and in per cent)					
		CCM + CCA		Climate change mitigation		Climate change adaptation	
		EUR m	%	EUR m	%	EUR m	%
1.	Amount and proportion of taxonomy-aligned economic activity pursuant to section 4.26 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the numerator of the OpEx	0.0	0.0	0.0	0.0	0.0	0.0
2.	Amount and proportion of taxonomy-aligned economic activity pursuant to section 4.27 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the numerator of the OpEx	0.0	0.0	0.0	0.0	0.0	0.0
3.	Amount and proportion of taxonomy-aligned economic activity pursuant to section 4.28 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the numerator of the OpEx	0.0	0.0	0.0	0.0	0.0	0.0
4.	Amount and proportion of taxonomy-aligned economic activity pursuant to section 4.29 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the numerator of the OpEx	0.0	0.0	0.0	0.0	0.0	0.0
5.	Amount and proportion of taxonomy-aligned economic activity pursuant to section 4.30 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the numerator of the OpEx	0.0	0.0	0.0	0.0	0.0	0.0
6.	Amount and proportion of taxonomy-aligned economic activity pursuant to section 4.31 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the numerator of the OpEx	0.0	0.0	0.0	0.0	0.0	0.0
7.	Amount and proportion of other Taxonomy-aligned economic activities not specified in lines 1 to 6 in the numerator of the OpEx	2.7	2.1	2.7	2.1	0.0	0.0
8.	Total amount and proportion of Taxonomy-aligned economic activities in the numerator of the OpEx	2.7	2.1	2.7	2.1	0.0	0.0

CSRD Sustainability Statement

Template 4 – Taxonomy-eligible, but not Taxonomy-aligned economic activities (CapEx)

Introduction

General information

Environmental information

Social information

Governance information

Economic activities		Share (in monetary amounts and in per cent)					
		CCM + CCA		Climate change mitigation		Climate change adaptation	
		EUR m	%	EUR m	%	EUR m	%
1.	Amount and proportion of Taxonomy-eligible, but not Taxonomy-aligned economic activity pursuant to section 4.26 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the denominator of the CapEX	0.0	0.0	0.0	0.0	0.0	0.0
2.	Amount and proportion of Taxonomy-eligible, but not Taxonomy-aligned economic activity pursuant to section 4.27 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the denominator of the CapEX	0.0	0.0	0.0	0.0	0.0	0.0
3.	Amount and proportion of Taxonomy-eligible, but not Taxonomy-aligned economic activity pursuant to section 4.28 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the denominator of the CapEX	0.0	0.0	0.0	0.0	0.0	0.0
4.	Amount and proportion of Taxonomy-eligible, but not Taxonomy-aligned economic activity pursuant to section 4.29 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the denominator of the CapEX	0.0	0.0	0.0	0.0	0.0	0.0
5.	Amount and proportion of Taxonomy-eligible, but not Taxonomy-aligned economic activity pursuant to section 4.30 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the denominator of the CapEX	0.6	0.2	0.6	0.2	0.0	0.0
6.	Amount and proportion of Taxonomy-eligible, but not Taxonomy-aligned economic activity pursuant to section 4.31 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the denominator of the CapEX	0.0	0.0	0.0	0.0	0.0	0.0
7.	Amount and proportion of other Taxonomy-eligible, but not Taxonomy-aligned economic activities not specified in lines 1 to 6 in the denominator of the CapEx	70.4	20.1	70.4	20.1	0.0	0.0
8.	Total amount and proportion of Taxonomy-eligible, but not Taxonomy-aligned economic activities in the denominator of the CapEx	71.0	20.3	71.0	20.3	0.0	0.0

CSRD Sustainability Statement

Template 4 – Taxonomy-eligible, but not Taxonomy-aligned economic activities (OpEx)

Introduction

General information

Environmental information

Social information

Governance information

Economic activities		Share (in monetary amounts and in per cent)					
		CCM + CCA		Climate change mitigation		Climate change adaptation	
		EUR m	%	EUR m	%	EUR m	%
1.	Amount and proportion of Taxonomy-eligible, but not Taxonomy-aligned economic activity pursuant to section 4.26 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the denominator of the OpEx	0.0	0.0	0.0	0.0	0.0	0.0
2.	Amount and proportion of Taxonomy-eligible, but not Taxonomy-aligned economic activity pursuant to section 4.27 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the denominator of the OpEx	0.0	0.0	0.0	0.0	0.0	0.0
3.	Amount and proportion of Taxonomy-eligible, but not Taxonomy-aligned economic activity pursuant to section 4.28 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the denominator of the OpEx	0.0	0.0	0.0	0.0	0.0	0.0
4.	Amount and proportion of Taxonomy-eligible, but not Taxonomy-aligned economic activity pursuant to section 4.29 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the denominator of the OpEx	0.0	0.0	0.0	0.0	0.0	0.0
5.	Amount and proportion of Taxonomy-eligible, but not Taxonomy-aligned economic activity pursuant to section 4.30 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the denominator of the OpEx	0.4	0.3	0.4	0.3	0.0	0.0
6.	Amount and proportion of Taxonomy-eligible, but not Taxonomy-aligned economic activity pursuant to section 4.31 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the denominator of the OpEx	0.0	0.0	0.0	0.0	0.0	0.0
7.	Amount and proportion of other Taxonomy-eligible, but not Taxonomy-aligned economic activities not specified in lines 1 to 6 in the denominator of the OpEx	8.9	6.9	8.9	6.9	0.0	0.0
8.	Total amount and proportion of Taxonomy-eligible, but not Taxonomy-aligned economic activities in the denominator of the OpEx	9.3	7.2	9.3	7.2	0.0	0.0

CSRD Sustainability Statement

Template 5 – Taxonomy-non-eligible economic activities (CapEx)

Introduction

General information

Environmental information

Social information

Governance information

	Economic activities	EUR m	Percentage
1.	Amount and proportion of Taxonomy-non-eligible activity specified in line 1 of Template 1 pursuant to section 4.26 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the denominator of the CapEX	0.0	0.0
2.	Amount and proportion of Taxonomy-non-eligible activity specified in line 2 of Template 1 pursuant to section 4.27 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the denominator of the CapEX	0.0	0.0
3.	Amount and proportion of Taxonomy-non-eligible activity specified in line 3 of Template 1 pursuant to section 4.28 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the denominator of the CapEX	0.0	0.0
4.	Amount and proportion of Taxonomy-non-eligible activity specified in line 4 of Template 1 pursuant to section 4.29 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the denominator of the CapEX	0.0	0.0
5.	Amount and proportion of Taxonomy-non-eligible activity specified in line 5 of Template 1 pursuant to section 4.30 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the denominator of the CapEX	0.0	0.0
6.	Amount and proportion of Taxonomy-non-eligible activity specified in line 6 of Template 1 pursuant to section 4.31 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the denominator of the CapEX	0.0	0.0
7.	Amount and proportion of other Taxonomy-non-eligible economic activities not specified in lines 1 to 6 in the denominator of the CapEx	277.0	79.1
8.	Total amount and proportion of Taxonomy-non-eligible economic activities in the denominator of the CapEx	277.0	79.1

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Template 5 – Taxonomy-non-eligible economic activities (OpEx)

	Economic activities	EUR m	Percentage
1.	Amount and proportion of Taxonomy-non-eligible activity specified in line 1 of Template 1 pursuant to section 4.26 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the denominator of the OpEx	0.0	0.0
2.	Amount and proportion of Taxonomy-non-eligible activity specified in line 2 of Template 1 pursuant to section 4.27 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the denominator of the OpEx	0.0	0.0
3.	Amount and proportion of Taxonomy-non-eligible activity specified in line 3 of Template 1 pursuant to section 4.28 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the denominator of the OpEx	0.0	0.0
4.	Amount and proportion of Taxonomy-non-eligible activity specified in line 4 of Template 1 pursuant to section 4.29 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the denominator of the OpEx	0.0	0.0
5.	Amount and proportion of Taxonomy-non-eligible activity specified in line 5 of Template 1 pursuant to section 4.30 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the denominator of the OpEx	0.0	0.0
6.	Amount and proportion of Taxonomy-non-eligible activity specified in line 6 of Template 1 pursuant to section 4.31 of Annexes I and II of Delegated Regulation (EU) 2021/2139 in the denominator of the OpEx	0.0	0.0
7.	Amount and proportion of other Taxonomy-non-eligible economic activities not specified in lines 1 to 6 in the denominator of the OpEx	119.0	90.7
8.	Total amount and proportion of Taxonomy-non-eligible economic activities in the denominator of the OpEx	119.0	90.7

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

ESRS E1 Climate Change

ESRS 2 IRO-1-E1 Impacts, risks and opportunities management

Asklepios is well aware of the urgency to adapt to climate change and to take effective climate change mitigation actions to limit global warming to 1.5°C. That includes reducing greenhouse gas emissions in its own operations and, just as importantly, in the upstream and downstream value chain including upstream and downstream emissions (Scope 1, 2 and 3). Moreover, Asklepios is implementing climate change adaptation measures aimed at diminishing potential consequences such as heat stress. These include HVAC optimisation, installing split units or energy-efficient refurbishment of façades.

In this section, Asklepios explains, among other things:

- what climate-relevant transition risks were identified in the materiality analysis,
- actions and measures relating to saving energy,
- metrics relating to energy consumption.

Climate change-related impacts, risks and opportunities

In the materiality analysis carried out in 2024, Asklepios identified the following topics as material: energy, climate change mitigation and climate change adaptation.

Information on how Asklepios identified the material climate-related impacts, risks and opportunities is provided in the section → **ESRS 2**.

E1-2 Policies related to climate change mitigation and adaptation

For the sustainability matters of climate change adaptation, climate change mitigation and energy efficiency as well as renewable energies, Asklepios has implemented strategies and policies. In a transition plan to be drawn up at the level of the Asklepios Group, these will be revised and harmonised over the next three years.

Environmental management

The Asklepios Group's environmental management policy sets out the framework for implementing the ESG strategy related to environmental matters. The environmental management policy is aimed at reducing the negative effects of its business activity on the environment as well as helping protect the environment and contributing to climate change mitigation. The aim of the policy is to prevent the negative impacts and resulting transition risks related to climate change mitigation and adaptation.

Asklepios has adopted a comprehensive policy on climate change mitigation and adaptation which is focused on material sustainability matters. The overall objective of the policy is to significantly reduce the Company's CO₂ emissions while at the same time strengthening its resilience to the impacts of climate change. This is to be achieved both through measures to prevent emissions and through adaptive strategies to minimise climate-related risks. The policy is aimed at reducing the Company's own impact on the environment, in particular through use of more energy-efficient technologies and greater use of renewable energies in the Companies processes. A major risk considered in the policy is a potential increase in the effects of climate change, such as extreme weather events (e.g. heat waves) that might disrupt business operations. At the same time, the Company is adopting sustainable innovations and strengthening its position on the market in the area of climate change mitigation to realise opportunities in order to benefit from the increasing social and policy requirements.

The technical heads of the hospitals are continuously monitoring environmental management to ensure a sustainable and efficient conduct of business. The monitoring process includes annually evaluating CO₂ emissions based on the carbon footprint through monitoring energy consumption data and implementing specific climate change mitigation projects. Moreover, sustainability metrics are regularly reviewed to identify progress and any need for adjustment measures. The data gathered are checked for anomalies and deviations and compared with other data. With a view to systematically pursuing the targets in future and making progress transparent, Asklepios during the reporting year forged ahead with the automation of data gathering and the data retrieval system via the Group Data Warehouse (GDW).

The Service Technology division is developing strategic and operating solutions for the central environmental management department at the Group level and is being supported in this by the central ESG divisions and the energy purchasing company of the Asklepios Group. Given Asklepios' decentralised structure, the implementation of environmental management is firmly established in the technical departments of the respective healthcare facilities. They monitor the operation of all technical and medical-technical systems and equipment, plan and monitor energy consumption, identify potential for reductions and implement measures in this regard. They are assisted in this as required by the Service Technology, Purchasing & Supply as well as Architecture & Construction divisions.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

The central ESG division is responsible for strategic organisation as well as project management. Overall responsibility for environmental management lies with the Management Board of Asklepios. We continuously inform on the transition plan and the policies related to climate change mitigation and adaptation in the CSRD Report, thus making this information accessible to potentially affected stakeholders. The environmental management policy applies to all hospitals of Asklepios.

Energy management

Hospitals are very energy-intensive as they are required to operate 24 hours a day and to meet strict requirements in terms of climate control and hygiene: climate control equipment consumes large amounts of energy, as do large medical equipment systems such as magnetic resonance imaging (MRI) and computer tomography (CT) units as well as numerous other devices and units so important when it comes to providing patients with treatment, nursing and care. The increasing pace of digitalisation and expansion of equipment-based medical care is also driving higher energy demand. The aim of energy management is to control the risks of rising energy costs (own operations) and fossil fuelled energy consumption.

The hospital sites therefore have a local energy and building management system. Throughout the Group, these efforts as well as those of overall environment management are coordinated by the Service Technology division. Implementing the energy management policy at the hospital level is the responsibility of the respective technical heads, who report to the local hospital management boards. The Service Technology division ensures that all operating units of the Group are supplied with energy. In addition to the inpatient and outpatient facilities, that also includes our rehab facilities and auxiliary buildings as well as medical care centres (MVZs) physically located within the hospital buildings. Energy management of leased medical care centres located outside the hospital building is ensured by an external service provider. At the highest level, energy management is the responsibility of the Management Board.

Energy management is continuously monitored by the technical heads of the hospital sites. They are supported by an interdisciplinary team consisting of the Energy Purchasing Department, the central ESG divisions and external consultants. To monitor the processes in the area of energy management, a metering point concept is currently being introduced. A centralised metering point software enables consumption levels (electricity and water) to be monitored and analysed. Moreover, in financial year 2025 the hospital sites of Asklepios will be externally audited to ISO 50001 (energy management systems). As a healthcare services provider, Asklepios has an energy consumption of more than 7.5 Gigawatt hours (GWh) per year at its own hospital sites, and is therefore required to introduce an energy or environmental management system and to implement corresponding energy efficiency measures. For that reason,

energy management at affected hospital sites of Asklepios is now in the process of being re-oriented towards the energy management system ISO 50001 by July 2025. The results of the energy management system are to be taken into account in the transition plan. A central energy team was formed to implement the project. It is made up of representatives from the Service Technology division and energy managers from the technical departments. Compliance with ISO 50001 helps optimise the energy management process. This standardisation also means that process monitoring is being performed in parallel.

E1-1 Transition plan for climate change mitigation

Asklepios is wholly committed to the Paris climate targets agreed in 2015. Already in previous years, Asklepios implemented various CO₂ emissions reduction projects to ensure that the strategy makes a sufficient contribution to limiting global warming to 1.5°C. The transition plan is to be developed within the next three years, keeping in mind the dynamic nature of the transition plan which is not a rigid instrument.

In both the development of the transition plan and the broadening and deepening of greenhouse gas balancing, Asklepios is identifying decarbonisation levers to be used to achieve a significant reduction in CO₂ emissions. Asklepios' existing potential list includes a phase concept and will first apply to its own business activity. Initially, the period until 2030 was analysed and divided into several phases with measures, reduction paths and investment assumptions. Currently, Asklepios is in the first phase of implementation covering the years 2024 and 2025. Going forward, periods beyond that are to be considered. As this is further developed, the value chain and the related greenhouse gas emissions (Scope 3) are to be analysed in greater detail.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

With energy audits conducted in recent years, the following levers (Scope 1 and 2) were identified for decarbonisation of the Company's own sites:

- own generation of electricity and heat,
- purchases of energy from renewable sources,
- lowering of energy consumption/increasing of energy efficiency.

In the past, measures were already carried out in these areas. The decarbonisation measures in the contemplated transition plan are still being developed and broadened. However, measures already were (and are still being) launched in the first phase (2024–2025) of the potential list of Asklepios. These include for example the partial upgrade to LED technology, pilot testing of photovoltaic projects or the renewal of HVAC equipment.

Asklepios is also redeveloping its specific reduction targets as part of preparing the transition plan. Currently Asklepios is also gradually establishing a system for determining revenues, investments and financial resources pursuant to EU taxonomy to the extent required in the Corporate Sustainability Reporting Directive (CSRD).

The existing ESG strategy, in particular revision and re-orientation under the contemplated transition plan, is an important part of Asklepios' general business strategy and financial planning and is used for the Management Board's decision making.

E1-4 Targets

Currently, Asklepios does not yet have measurable and time-bound targets that may be considered as a control instrument for the material impacts related to climate change adaptation, climate change mitigation and energy. Under current planning, Asklepios will redevelop and redraft its decarbonisation targets as part of a transition plan being prepared in the coming three years.

That said, Asklepios is aiming to lower its average greenhouse gas emissions in its own business activity and at the hospital sites, and with that goal in mind is taking measures to achieve energy-efficient and resource-sparing operations of the healthcare facilities.

Asklepios is still taking a pragmatic and hands-on approach to tracking the effectiveness of its climate change mitigation and adaptation policies to check that potential risks as well as opportunities can be continuously assessed. In this regard, various methods are used to analyse the sustainability-related impacts and continuously optimise measures. To assess and control the measures, Asklepios uses a monitoring and control system. Status analyses are performed to ensure compliance with time schedules, use of resources and achievement of targets. Responsibility for this lies

with the Service Technology division. Controlling mechanisms include regular audits and reviews in the area of energy consumption.

Reduction of greenhouse gas emissions is assessed by means of the annual greenhouse gas balance in which all emission sources of Asklepios are recorded. In accordance with the internationally accepted standards of the Greenhouse Gas Protocol, emissions are divided into three categories: Scope 1: direct emissions from own facilities and vehicles. Scope 2: indirect emissions from purchased energy. Scope 3: all other indirect emissions along the value chain, e.g. from supply chains and business trips. Progress measurement begins from 2024 (base year). The annual analyses enable Asklepios to identify trends early on, optimise measures and to continuously enhance the climate strategy. With this systematic follow-up, Asklepios is ensuring that its climate change mitigation and adaptation policies do more than just set targets but also achieve measurable and sustainable progress.

E1-3 Actions and resources

During the reporting year, various technical measures were recorded in the centrally maintained potential list. There, the measures with the greatest reductions in CO₂ emissions are the following:

Purchases of energy from renewable sources

One relevant factor for reducing CO₂ emissions is the steady expansion of energy supply from renewable sources:

- In 2024 photovoltaic systems were in operation at 3 Asklepios Group sites.
- Sites are heated with district heating from the local supply networks.

Photovoltaic (PV) projects

One relevant factor for reducing CO₂ emissions is the steady expansion of energy supplied from renewable sources. The Asklepios sites Alsbach Hähnlein, Bad Abbach, Bad Oldesloe, Bad Salzungen, Brandenburg, Göttingen, Barmbek, Harburg, Heidberg, St. Georg, Hamburg Westklinikum, Hohwald, Höxter, Langen, Lübben, Ochsenzoll, Parchim, Schaufling, Schwalmstadt, Sebnitz, Seesen, Seligenstadt and Stadtroda were reviewed for their PV potential following a site inspection conducted together with an external energy consultant. In addition to our own roof areas, potential was also identified on parking spaces and parking garages. By implementing the PV project and with it the potential for producing green electricity, CO₂ emissions can be cut in the subsequent years. The PV project will be started in financial year 2025 and implemented in successive stages.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Inspection and optimisation of cogeneration plants (CHPs) by an expert:

At several sites the Company has operated its own CHPs, in some cases over long periods. In 2024, the first inspections of CHPs were begun. An expert specialised in the maintenance and upkeep of old CHPs conducted a full inspection of select plants (Bad Salzhausen, Seesen, Goslar, Lindenlohe, Parchim, Nordseeklinik Sylt). The measures that were identified are to be implemented gradually over the coming years, including:

- control upgrades,
- replacement of system components,
- adjusting the hydraulic connectivity.

Heating technology optimisation

This encompasses all heating technology optimisation measures such as the complete overhaul of boilers, adaptation of control technology, hydraulic adaptations or replacement of old heat pumps. Heating technology optimisation has a significant effect on CO₂ emissions since the heat generation and heat distribution units remain in operation almost year-round.

At the sites Lich, Göttingen, Goslar, Wiesbaden Alsbach-Hähnlein, Bad Salzhausen, Altona, Lindau, Oberviechtach, Tiefenbrunn, Höxter, Bad Salzungen and Bad König sites, energy optimisation was completed in 2024. For the sites Bad Tölz, Brandenburg, Pasewalk, Parchim, Birkenwerder, Bad Abbach, Burglengenfeld, Schwandorf and Bad Oldesloe, optimisation is still under way and slated to be completed in 2025.

Switch to new lighting

In the case of upgrade works, e.g. of wards, exclusively state-of-the-art lights will be installed. Installation of motion detectors to optimise illumination time will also be ensured, especially in corridors and toilets.

Metering point concept

The basis of sustainability activities in the energy and emissions area is an intelligent, comprehensive energy and building management system. The software for this is to be implemented Group-wide in 2025. During the reporting year, the connection and the visualisation of the meters within the Asklepios infrastructure is to be continued apace. In the contemplated reduction in primary energy consumption, building automation will play a key role in this regard: state-of-the-art instrumentation and control equipment with numerous metering points creates greater transparency, shows where a need for action exists, and enables pinpoint automation and thus a reduction in consumption.

Greenhouse gas balancing

Transparency of energy flows is an important precondition for effective energy management. Since financial year 2023, Asklepios has been steadily developing processes for a comprehensive greenhouse gas balance of all emission categories (Scope 1 to 3).

The calculation is performed pursuant to the requirements of the Greenhouse Gas Protocol (GHG Protocol), which divides emissions into three different categories. Since 2021, Asklepios has already recorded Scope 1 and Scope 2 emissions from its own business activity and energy purchase. Scope 3 includes greenhouse gas emissions produced in the upstream and downstream value chain outside the Company.

The greenhouse gas balance is the basis for the transition plan of the Group currently being developed. The existing measures taken on the basis of Scope 1 and Scope 2 emissions provided the basis for meeting Asklepios' future responsibility for climate change mitigation. Based on these data, detailed targets and measures are to be developed and implemented on a continuous basis with the aim of demonstrably reducing the Company's carbon footprint.

Own energy and heat generation

Having a reliable supply of electricity and heat is essential when it comes to ensuring the 24-hour operation of Asklepios' hospital sites. To optimise energy supply for its facilities, Asklepios uses cogeneration plants (combined heat and power units, or CHPs) at many of its sites. In 2024, 44 cogeneration plants were in operation. The plants deliver electrical energy and heat from burning natural gas. The heat is also used to generate cooling energy with absorption coolers, which is needed at other locations. This also helps reduce CO₂ emissions at the sites. During the reporting year, existing CHPs at select sites were inspected by experts and their operating performance and plant parameters improved for optimum energy efficiency.

Lowering of energy consumption/increasing of energy efficiency at own sites

Reducing energy consumption in the operation of hospital sites is a key decarbonisation lever. To achieve this, Asklepios carries out energy upgrades and reduces heat consumption. Ecological aspects and the potential for cutting CO₂ emissions feature very prominently in all refurbishment measures we perform on our buildings. During the reporting year, for example, we continued our energy upgrades of façades at several hospital sites. These included insulation and replacement of windows. Examples: In Stadtroda 14 windows were replaced in patient rooms in 2024. At the Schaufling site, work currently under way to replace wood windows by triple-glaze windows is expected to be completed in 2025. Installation of automatic doors prevents unwanted heat transfer at entrances and passageways. Thermal insulation is also being continually improved in swimming pool areas.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

In 2024, Asklepios began establishing a metering system according to the environmental management system ISO 50001 using an energy control system for sites having a total energy consumption exceeding 7.5 GWh.

Heating, ventilation, air conditioning (HVAC)

We have identified further energy savings potential in heating, ventilation and air conditioning units (HVAC). Combined with modern building automation, this allows for a significant reduction in energy consumption and CO₂ emissions. During the reporting year, the technology of HVAC systems was optimised. In some cases, technical adjustments as well as changes in operating times were implemented. In 2024, optimisation measures were completed at the following sites: Brandenburg, Göttingen, Wiesbaden, Germersheim, Lindau, Bad Abbach, Stadtroda, Wiesen.

Switch to LED lighting technology

During the reporting year, we continued switching over existing lighting systems in the old buildings of our hospitals, facilities and outdoor installations to efficient LED technology. With all new buildings and extensions as well as modernisation measures, more energy-efficient lighting designs are being taken into account already at the planning stage. In 2024, lighting upgrades were made at the following sites: Westerland, Brandenburg, Goslar, Ochsenzoll, Germersheim, Langen, Parchim Altona, Hörter, Bad Schwartau.

Training on actions related to efficient use of resources

The employees of the Asklepios Group regularly receive information and training on how to make sparing use of resources. During the reporting year, for example, a mandatory training course on how to properly ventilate treatment and patient rooms was introduced.

Reporting based on the requirements of the ESRS related to these and other specific climate change mitigation and adaptation actions including the reductions in emissions achieved or expected in each case is currently in the preparatory stage and is to be adopted for the Sustainability Statement for financial year 2025.

The investment and operating expenditures planned for realising the measures can be determined and reported on only after the measures of relevance for reporting have been defined under the transition plan. This is planned for reporting as of 2025.

E1-5 Energy consumption and mix

Energy intensity

The business activity of the Asklepios Group is focused on the operation of hospitals and other healthcare facilities (NACE-Code Q: Human health and social work activities). Asklepios therefore does not belong to the high climate impact sectors.

Description of determining energy consumption metrics

Energy consumption data (electricity, heating and cooling) are retrieved manually from Asklepios' technical departments of the hospital sites as per the last day of the reporting year using a query template of the Group Data Warehouse (GDW). The central ESG division aggregates these data and sends them to a service provider to determine the energy consumption metrics. The external service provider performs quality assurance and tests the metrics for plausibility. After the assessment is completed by the external service provider, the energy consumption data are checked once again by the central ESG division. The energy consumption data of the hospitals (electricity, heating and cooling) are based on the current invoices of the financial year. Energy consumptions of non-clinical properties leased by the respective sites for operative purposes (e.g. medical care centres (MVZs)) are retrieved based on a subgroup's consumption data of the previous year and are based on invoicing documents. The current consumption data of the financial year were not yet available at the time this Report was prepared. For the sake of simplicity it is assumed that the yearly consumption of the current financial year matches the consumption for the previous year based on the most recent invoice containing consumption data. This applies both to electricity consumptions and to heating consumptions of the MVZ external properties and other properties rented by the respective sites. The consumer data are extrapolated to our non-clinical properties based on headcount. Medical gases (anaesthetic gases and respiratory gases) are also greenhouse gases and are included in the emissions calculations under Scope 1 values. Consumptions of medical gases are retrieved centrally through the central ESG division from the pharmacies and purchasing departments of the hospital sites by the reporting date. The disclosures on the energy mix are site-specific values.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Energy consumption	2024
37. Total energy consumption (MWh)	498,657
41. Total energy consumption from activities in high climate impact sectors (MWh)	0
37a. Total fossil energy consumption (MWh)	411,673
AR 34 Share of fossil sources in total energy consumption (%)	82.6%
Consumption from nuclear sources (MWh)	1,985
37b. Share of consumption from nuclear sources in total energy consumption (%)	0.4%
37c. Total renewable energy consumption (MWh)	84,999
AR 34. Share of renewable sources in total energy consumption (%)	17.0%
37c i. Fuel consumption from renewable sources, including biomass, biofuels, biogas, hydrogen, etc. (MWh)	5,973
37c ii. Consumption of purchased or acquired electricity, heat, steam, and cooling from renewable sources (MWh)	78,731
37c iii. Consumption of self-generated non-fuel renewable energy (MWh)	295
Energy generation	
39. Non-renewable energy generation (MWh)	121,979
39. Renewable energy generation (MWh)	295

E1-6 Gross Scopes 1, 2, 3 and Total GHG emissions

Description of determining Scope 1-3 emissions

Asklepios reports continuously on Scope 1 and 2 emissions. Since financial year 2024, Asklepios for the first time has also published Scope 3 emissions, sending a clear signal for transparency and sustainability.

Scope 1 and 2 emissions

The determination of Scope 1 and 2 emissions is based on the annual determination of energy consumption data described further above. These are used by the external service providers to determine annual Scope 1 and 2 emissions based on CO₂ emissions factors. In this regard, it is mainly the emissions factors stated by the energy providers for the market-related values and/or the emissions factor according to the 2023 Energy Provider Mix for Germany (Energieträgermix Deutschland 2023) (source: German Association of Energy and Water Industries (BDEW)) that were used for the location-based emissions values. The same controlling and verification mechanisms apply as in the case of energy consumption data.

Scope 3 emissions

The basis for Scope 3 reporting was a comprehensive review as well as detailed process analysis to systematically measure the indirect emissions along the entire value chain. The basic data were determined by the central ESG division. Since exact measurement values are not available for all areas, some disclosures are based on valid assumptions. To ensure data quality, the data are aggregated by an external service provider. This external entity is also responsible for calculating the CO₂ emissions factors as well as for the quality assurance of the determined values. To calculate the emissions values, the emissions factors used were mainly taken from the database of consultancy KlimAktiv Consulting GmbH.

The calculation methods and assumptions for each Scope 3 subcategory are given in the table below:

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Scope 3 subcategory	Calculation method and assumptions
1 Purchased goods and services	Spend-based approach: The value of the goods and services purchased is calculated on the basis of the items materials and consumables used and other operating expenses. The emissions are determined based on the goods value per goods group based on averaged CO ₂ emissions factors recognised less the respective logistics components of purchased goods (see 3.4.1).
2 Capital goods	Spend-based approach: The value of capital goods is determined on the basis of annual additions of fixed assets and low-value assets. The emissions are determined based on the euro value of the fixed assets using averaged CO ₂ emissions factors.
3 Fuel and energy-related Activities (not included in Scope 1 or Scope 2)	Average-date approach: Emissions values are calculated from provided energy consumption values based on CO ₂ emissions factors.
4 Upstream transportation and distribution	<p>3.4.1 Emissions for the upstream transport and distribution of goods and consumables</p> <p>Spend-based approach: The pro rated value of transport and freight costs in material expenditure of purchased goods is calculated based on a percentage factor. The percentage factor is taken from the study "Share of transport costs in product value of goods transported" (Der Anteil von Transportkosten am Produktwert transportierter Güter) of the Federal Ministry for Digital and Transport.</p> <p>The relevant emissions of the forwarders were calculated based on reported costs and consumptions. For this purpose, an allocation to the corresponding goods categories was effected to derive specific emissions factors from that. Fuel emissions of the forwarders for transporting goods between Asklepios sites are calculated based on actual consumptions by means of respective emissions factors.</p> <p>3.4.2 Patient logistics (arrival and departure)</p> <p>Distance-based approach: Emissions are calculated based on inpatient and outpatient patient numbers of the hospitals and medical care centres and on the basis of a comprehensive analysis of patient flows using the Klimeg calculator. Source: https://klimeg.de/rechner-co2-bilanzierung/. The source is unverified. The Klimeg assumptions were adapted to the Asklepios patient portfolio based on own assumptions.</p>
5 Waste generated in operations	Average-date approach: The emissions values are calculated by a waste expert based on CO ₂ emissions factors.

Scope 3 subcategory	Calculation method and assumptions
6 Business travelling	Spend-based approach: Using a travel management tool, a cost breakdown into the categories of travel by air, train, car rental and hotel as well as overnight hotel stay can be performed for part of the trips booked. The remaining travel expenses are extrapolated based on this percentage cost allocation for each category. The emissions value is calculated based on an averaged emissions factor for each euro of travel expenses.
7 Commuting employees	Distance-based approach: At Asklepios, an employee survey on distance travelled from home to work was conducted. Based on the data calculated for percentage use of means of transport, number of employees, distance to work travelled and average total work-days, the respective emissions were calculated. In this regard, specific CO ₂ emissions factors were applied for each means of transport.
8 Upstream leased assets	Upstream leased assets are used for operating business and are recorded under Scope 1–2. These include e.g. emissions for operationally used lease properties such as leased practices of medical care centres.
9 Downstream transportation	To determine emissions, the costs of shipping and handling services as well as transport and freight services were broken down by service provider. In this regard, the costs of DHL and forwarding services in Lörrach were viewed separately and recognised either with specific (external) emissions data or spend-based emissions factors for overland transport. The emissions reported by DHL were recognised based on cost percentage as "transport emissions for products sold" and "general DHL deliveries". The remaining amount was likewise attributed using spend-based emissions factors to the relevant Scope 3 categories.
10 Processing of sold products	Asklepios operates healthcare facilities and as such belongs to the services industry. No intermediate products are processed or sold. For that reason, this category is excluded.
11 Use of sold products	Since Asklepios has excluded category 3.10, the use of sold products is accordingly excluded for the same reason.
12 End-of-life treatment of sold products	Average-date approach: Emissions values are determined on the basis of the volumes of materials used and the emission factors of the respective waste category.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Scope 3 subcategory	Calculation method and assumptions
13 Downstream leased assets	<p>For reasons of simplicity, lease premises within the main hospital buildings such as bakeries, cafés, hair dresser's shops, kiosks – i.e. infrastructure located within the hospitals – are not reported under Scope 3 but under Scope 1 and 2.</p> <p>Average-date approach: Scope 3 emissions for lease properties located outside the hospital sites: For the properties leased by the hospital sites to third parties (e.g. residences), the energy consumption data (electricity/heating/cooling) are extrapolated based on the square metre areas of the leased properties and using the CO₂ emissions factors per square metre.</p>
14 Franchises	<p>Asklepios does not report under category 3.14 because it does not operate a franchise model.</p>
15 Investments	<p>Spend-based approach: This covers equity investments (<50%) and invested overnight and fixed-term deposits as well as pension provisions. The equity investments are calculated based on actual emissions of the investees, and recognition is proportionate to the percentage investment in the entity. The emissions for invested overnight and fixed-term deposits are converted based on the investment portfolio at year-end with averaged CO₂ emissions factors per euro invested. The emissions of the pension fund are converted based on the provision sum with averaged CO₂ emissions factors per euro of provisioning.</p>

CSRD Sustainability Statement

- Introduction
- General information
- Environmental information**
- Social information
- Governance information

2024	Base year	Value, base year	N (value, reporting year)	% N/N-1	2025	2030	2050	Annual % of target/ base year
Scope 1								
Scope 1GHG emissions (tCO ₂ eq)	-	-	69,001	-	-	-	-	-
Percentage of Scope 1 GHG emissions from regulated emission trading schemes (%)	-	-	0	-	-	-	-	-
Scope 2								
Gross location-based Scope 2 GHG emissions (tCO ₂ eq)	-	-	53,346	-	-	-	-	-
Gross market-based Scope 2 GHG emissions (tCO ₂ eq)	-	-	61,422	-	-	-	-	-
Scope 3								
Total Gross indirect (Scope 3) GHG emissions (tCO ₂ eq)	-	-	577,826	-	-	-	-	-
1 Purchased goods and services	-	-	284,633	-	-	-	-	-
2 Capital goods	-	-	78,798	-	-	-	-	-
3 Fuel and energy-related Activities (not included in Scope1 or Scope 2)	-	-	30,307	-	-	-	-	-
4 Upstream transportation and distribution	-	-	85,208	-	-	-	-	-
5 Waste generated in operations	-	-	22,769	-	-	-	-	-
6 Business travelling	-	-	5,707	-	-	-	-	-
7 Commuting employees	-	-	37,595	-	-	-	-	-
8 Upstream leased assets	-	-	0	-	-	-	-	-
9 Downstream transportation	-	-	1,175	-	-	-	-	-
10 Processing of sold products	-	-	0	-	-	-	-	-
11 Use of sold products	-	-	0	-	-	-	-	-
12 End-of-life treatment of sold products	-	-	0	-	-	-	-	-
13 Downstream leased assets	-	-	1,134	-	-	-	-	-
14 Franchises	-	-	0	-	-	-	-	-
15 Investments	-	-	30,500	-	-	-	-	-
Total GHG emissions	-	-	-	-	-	-	-	-
Total GHG emissions (location-based) (tCO ₂ eq)	-	-	700,173	-	-	-	-	-
Total GHG emissions (market-based) (tCO ₂ eq)	-	-	708,249	-	-	-	-	-

CSRD Sustainability Statement

- Introduction
- General information
- Environmental information**
- Social information
- Governance information

Further disclosures	2024
Percentage of contractual instruments, Scope 2 GHG emissions	0.4%
Percentage of market-based Scope 2 GHG emissions in conjunction with purchased electricity bundled with instruments	0.6%
Percentage of contractual instruments used for the sale and purchase of energy bundled with attributes about the energy generation related to Scope 2 GHG emissions	0.4%
Percentage of contractual instruments used for the sale and purchase of unbundled energy attribute claims related to Scope 2 GHG emissions	0.0%
Biogenic CO ₂ emissions from the combustion or biodegradation of biomass not included in Scope 2 GHG emissions (t CO ₂ eq)	12,126
Biogenic CO ₂ emissions from the combustion or biodegradation of biomass produced in the value chain and not included in Scope 3 GHG emissions	0
Biogenic CO ₂ emissions from the combustion or biodegradation of biomass separately from Scope -1 greenhouse gas emissions (t CO ₂ eq)	1,023

The percentage of Scope 3 GHG emissions, calculated based on primary data, is 8%.

In the Scope 1 and 2 metrics, the emissions factors applied separate the biogenic CO₂ emissions from the remaining GHG emissions and state both of these separately. In Scope 3, the emissions factors applied do not separate the biogenic CO₂ emissions from the remaining GHG emissions.

All GHG emissions (carbon dioxide, methane, nitrous oxide as well as fluorinated greenhouse gases) are given in aggregated form as CO₂ equivalents (CO₂e).

Since Asklepios neither has business segments nor operates in countries other than Germany, the above metrics are not shown disaggregated according to these criteria.

GHG intensity based on net revenue

GHG intensity per net revenue	Comparison	N	%N/N-1
Total GHG emissions (location-based) per net revenue (t CO ₂ eq/€)	n/a	0.175	n/a
Total GHG emissions (market-based) per net revenue (t CO ₂ eq/€)	n/a	0.177	n/a

Net revenue (TEUR)	2024
Net revenue used to calculate GHG intensity (EUR)	3,996,779
Net revenue (other)	0
Total net revenue (in financial statements)	3,996,779

The Sustainability Statement was prepared on a consolidated basis. Not included in the scope of reporting are the sub-groups of MEDICLIN AG and RHÖN-KLINIKUM AG. Net revenues correspond to the revenues of Asklepios as at 31 December 2024. Other net revenues correspond to other income of Asklepios as at 31 December 2024. Total net revenues result from the sum of the aforementioned items. The location- and market-based total GHG emissions per net revenue result from dividing the total of the respective location- and market-based GHG emissions by total net revenues.

E1-7 GHG removals and GHG mitigation projects financed through carbon credits (if applicable)

Asklepios currently does not effect any compensation using carbon credits. Should this be the case in future, this will be stated in the sustainability reporting.

E1-8 Internal carbon pricing (if applicable)

Asklepios currently does not use any internal carbon pricing systems. Should this be the case in future investment plans, this will be stated in the sustainability reporting.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

ESRS E5 Resource use and circular economy

Given strict legal requirements and hygiene standards, the healthcare system needs to consume significant resources, which impacts the environment. For a large hospital operator with a care delivery mandate based 24-hour operations, there are additional resource-intensive processes that cannot be avoided. Despite these challenges, Asklepios is working on ways to gradually expand the potential solutions for managing resources more sparingly throughout the Group.

In this section, Asklepios explains, among other things:

- the resource- and circular economy-related impacts resulting from the business model,
- policies related to resource use and circular economy,
- targets and actions related to resource use and circular economy,
- the most important resources inflows and types of waste.

ESRS 2 IRO-1-E5 Impacts, risks and opportunities management

In the materiality analysis → **ESRS 2, General Disclosures**, Asklepios identified the IROs which are material for Asklepios and relate to the top area of resource use and circular economy.

ESRS 2 SBM-3 Resource use- and circular economy-related impacts, risks and opportunities

Negative impacts

High resources consumption in own operations and in the upstream value chain

Asklepios has negative impacts on the environment as a result of its resource consumption. Given the strict hygiene requirements within the healthcare system, Asklepios often uses sterile packaged single-use materials and instruments, which results in a high use of resources. Asklepios also purchases a great number of different products: drugs, chemicals, agricultural products, medical devices, instruments and hospital equipment as well as food for catering to employees and patients. Making these products is a resource-intensive process. The same thing holds true when it comes to operating hospitals 24 hours a day. In this way Asklepios contributes to global consumption of finite resources.

These negative impacts are closely tied to Asklepios' business model which is described above and is indispensable for its operations. They affect large parts of the environment and the population. Many of the measures to remediate this are associated with high investments, require technically complex measures and possibly would result in performance being limited. However, Asklepios can have an influence on these by taking targeted measures, such as raising employees' awareness of the need to making sparing use of resources or setting environmental standards for suppliers, thus helping to alleviate the adverse impacts on the environment. Asklepios currently does not have any data on waste flows in the upstream value chain, but does recognise the importance of the topic and is working to gather reliable information in future in cooperation with its suppliers.

Waste in own operations

The waste produced in the hospitals largely consists of plastics and metals (e.g. syringes, tubes, protective clothing). For reasons of hygiene and health, there are practically no alternatives to these. In addition, large amounts of food waste are produced when meals are provided to patients. This impact is also directly related to the aforementioned business model and the resulting requirements. The high waste volumes have a negative impact on the environment and on society. The scope for reducing this waste volume is very limited. Particularly in the area of hygiene there is little or no scope for making more sparing use of resources. Nevertheless, Asklepios is working on ways to explore options in various areas of its operations and to develop innovative products and processes aimed at a more sparing use of resources. These are described below.

Financial risks

Transition risks due to waste disposal requirements

Statutory adjustments in the area of protection of resources can involve rising costs for Asklepios. In the area of waste disposal, it is important to note the German Closed Cycle and Waste Management Act (Kreislaufwirtschaftsgesetz, KrWG). Given the large waste volumes produced in its own operations, cost increases can have a particularly big impact. Should Asklepios violate legislation in force by improper disposal of waste, this can result in penalties being imposed. In addition, possible fines may result from non-compliance and/or disregard of legal requirements. It also has to be noted that the penalties and fines for non-compliance are steadily increasing.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

E5-1 Policies related to resource use and circular economy

Policy on use of resources and waste

Asklepios attaches great importance to ensuring that waste is properly sorted and disposed of. To ensure orderly waste disposal, all sites have decentralised individual disposal policies, some of which are accessible to employees in the quality management manual roXtra.

Ultimate and final responsibility for implementing the policy is held by the Management Board of Asklepios. The respective waste officers monitor implementation of the policy through regular inspections.

Asklepios is making efforts to avoid waste, recycle products wherever possible and enable a higher recycling rate through proper sorting. The waste officers for the sites advise the respective management boards on legislation and train (new) employees as well as apprentices on how to avoid and properly sort waste in their everyday work to support recycling efforts and properly dispose of various types of waste including hazardous substances. Asklepios has appointed hazardous substance officers at those sites where this is required by law based on the size of the hospital and the volume of waste produced.

To ensure orderly waste disposal, each site has an individual disposal policy – internally referred to as waste guide, employee memo on waste or standard waste/disposal procedure. These are available to all employees. At most sites, they form part of the quality management manual. At some sites they may also be included in other documents. The policies are aimed at waste disposal in accordance with legislation, avoiding waste and otherwise recycling waste as much as possible, and switching from use of primary raw materials to recycled resources whenever possible. The disposal methods described meet the requirements:

- of the Closed Cycle and Waste Management Act (Kreislaufwirtschaftsgesetz, KrWG),
- of the recommendations based on the KrWG made in Guideline 18 of the Federal/ State Joint Waste Commission (Bund/Länder-Arbeitsgemeinschaft Abfall, LAGA) (“Mitteilung 18”),
- of the German Commercial Waste Regulation (Gewerbeabfallverordnung, GewAbfV),
- of the European Union,
- of municipal and site-specific requirements.

Whenever possible, priority is given to waste avoidance or recycling and the use of recycled raw materials. This is set out in the waste guide and the standard procedures and communicated to the employees through company-internal training courses. For reasons of hygiene, certain types of hospital waste must be incinerated. For this purpose, Asklepios pays the legally prescribed CO₂ price per ton. Affected stakeholders are employees, patients and their relatives as well as municipalities at the sites.

Introduction of Group-wide waste management

Asklepios is seeking to establish a Group-wide “waste” working group including the sub-groups RHÖN-KLINIKUM AG and MEDICLIN AG. The aim is to introduce a uniform Group-wide waste management system. The plan is to develop a system and begin implementing it within the coming 12 to 24 months. Currently, Asklepios is gathering relevant data to create the necessary informational basis for this project. The project ties in with the Group-wide ambition of reducing the amount of waste in relation to patient numbers by 2030. Through standardised waste management processes, the Asklepios Group wants to reap synergies and reduce shortcomings. The aim is to help reduce waste volumes in the medium to long term. It is not yet possible to quantify the effects to be achieved by this measure.

E5-3 Targets

Asklepios has not defined any targets related to waste and resource inflows including resource use. In the 2022 ESG strategy, Asklepios intends to reduce waste volume in proportion to the number of patients and in the medium term to reduce waste volumes (among other things through the use of recyclable products) and to increase the recycling rate. Asklepios is looking to refine this objective within the coming 12 to 24 months. In the context of developing a Group-wide waste management system, the targets will also be reviewed and refined over the next 3 years. Nevertheless, the policy and the measures are already being tracked today. The success of the policy and the measures set out below will be measured based on the waste volumes to be determined each year (KPIs).

E5-2 Actions and resources

Waste management measures: avoidance, recycling and incineration

Asklepios coordinates its waste management efforts with carefully selected service providers, and with the assistance of the waste officers defines the specific conditions of disposal by contract. The measures are carried out at the level of the hospitals and run for varying terms. The measures relate to all hospitals unless otherwise specified below.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Waste avoidance measures

- Training: raising awareness of staff for sustainable waste management each year.
- Introduction of reusable products: in the food service of all sites, reusable containers (cups, outer food packaging) were offered as of 2023 and increasingly in 2024 as an alternative to single-use products as some single-use offerings were discontinued. Particularly in 2024, these impacts were noticeable.
- Purchasing optimisation: in 2024, planning efforts for reducing single-use products in favour of reusable alternatives (e.g. stainless steel cutlery instead of plastic) were begun at the Hamburg hospitals. The working group, drawn from the purchasing and sterile supply departments, resumed work on the project in 2025.

Measures to reduce food waste

- Survey of patient requests: the aim is to purchase, prepare and process only those foods that are needed.
- Project for food waste reduction: in 2024, a project was launched at the Asklepios Hörter, Asklepios Aidenbach and Asklepios Westerland/Sylt sites to measure food leftovers and on this basis to find ways of reducing food leftovers. The project will continue to run until the end of 2025.

Measures to improve waste sorting

- Switching to clearly labelled waste sorting systems: clear sorting rules for medical, general and recyclable waste with colour labels and/or symbols at the waste collection points at the sites of the Company's headquarters in Hamburg as well as the Bad Schwartau and Parchim sites
- Providing 120-litre paper bags (instead of plastic bags): introduction of paper bags instead of plastic bags simplifies waste recycling of PAB (paper and board) and lowers the costs associated with disposal.

Measures to increase the recycling rate

- Expansion of cooperation with specialised recycling companies was initiated in 2023 at the St. Georg (Hamburg) site, taking the switch from glass to PET drinking bottles as an example. This was adopted as a standard process in 2024.
- Promoting recycling of raw materials such as glass and metals e.g. through specific collection of white glass, brown glass and scrap metals.

Measures for sustainable disposal methods

- Hazardous waste: ensuring proper disposal of hazardous waste to minimise environmental damage and health risks.
- Use of energy-efficient incineration facilities for unavoidable waste of the Hamburg hospitals.

KLIK green and Green Hospital

Asklepios has joined two national projects promoting greater environmental protection in hospitals: the "KLIK green" project funded under the national climate change mitigation initiative of the Federal Ministry for the Environment and the "Green Hospital" initiative. Both of these are aimed at encouraging innovations for greater environmental protection within the participating hospitals as well as training climate managers. They are focused on topics such as reducing energy consumption, making sparing use of resources and minimising pollution. The climate managers of the Asklepios hospitals contribute to both projects and have brought about various measures and initiatives:

- The Green Hospital initiative facilitates discussions with scientists about solutions for environmentally friendlier processes, e.g. increasing the proportion of recycled plastics in the surgical area which is particularly sensitive in terms of hygienic requirements. This is a continuing process which so far has not produced an end date nor any verified results.
- At the beginning of 2024, Asklepios initiated a manufacturer-independent pilot project at six sites for recycling high-value disposable instruments used in areas like thoracic surgery. In all likelihood, the project will be completed in Q2 of 2025. So far, no results are available.
- At four other sites, the initiative led to a cooperation scheme between Johnson & Johnson (Ethicon) and Asklepios under which aluminium packaging of suture materials was collected in the central Surgery division and then recycled. In all likelihood, the project will be completed on 31 December 2025. So far, no results are available.

Training and communication measures

In the onboarding process, Asklepios informs new employees of waste avoidance and resource-conserving actions they can take in their day-to-day work. This is mainly carried out by the respective executive employee and in future will also be performed through Asklepios' own online training portal AskNow, company-internal training courses, and by the waste officers and the occupational safety specialists. Regular training events are also organised for the existing workforce and adapted as required.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

E5-4 Resource inflows

As a “city within the city”, a hospital needs different resources to ensure smooth and efficient operations. These resources can be divided into the following categories.

The production of medical and therapeutic materials needed in the hospitals requires further inflows of resources. They include drugs, medical equipment, single-use products such as gloves, syringes or dressing material, as well as food and other consumables needed to care for patients. The weight of the purchased goods is not measured by Asklepios.

Given the wide variety of the goods purchasing portfolio as well as the volume of materials used, Asklepios cannot determine any weights of the products and technical/biological materials used during the reporting period. The total volume of the products and technical/biological materials used during the reporting period can be approximately derived from total waste volume. Asklepios therefore quantifies this at around 23,000 t. Given the lack of available information in this area, it is currently not possible to ascertain a percentage figure for the proportion of biological materials which go into manufacturing the Company’s products used for the services provided by the Company (including packaging) and sustainably sourced. Likewise, it is not possible to ascertain the weight, whether as an absolute value or a percentage, of secondary reused or recycled components, secondary intermediary products and secondary materials used for the manufacture the Company’s products and provision of the Company’s services (including packaging) due to lack of information.

Impacts on resource consumption

These resource inflows have the following negative impacts on the environment:

- Climate change: the manufacture and transport of the products needed increases the carbon footprint.
- Scarcity of resources: intensive use of materials depletes natural resources and results in a scarcity of finite resources.
- Health: chemicals released in the manufacture of products can be harmful to the environment and people.

E5-5 Resource outflows

After being used in hospitals, resources become waste. In hospital operations, the following types of waste are produced: medical waste, post-operative waste, packaging materials and other by-products. Asklepios produces significant quantities of the following waste types:

- Hazardous waste: including biological waste and hazardous substances (medical waste),
- General waste: packaging, paper, food leftovers from cafeterias.

Hospitals are among the facilities producing the highest amounts of waste (volume), with a large portion of this made up of waste which is not recyclable or requires special treatment (quality). If waste which is not subject to an incineration requirement anyway for hygienic reasons is not properly sorted and collected, this reduces the recycling rate and increases the need for landfills or waste incineration plants. In 2024 an employee exchange platform at the Hamburg Harburg site and a spare parts warehouse for furniture and similar items at the Bad Salzungen site were established to address the issue of recycling and making sparing use of resources. However, over the year the two projects were found to be not economically viable in terms of time and cost needed to keep them running on a permanent basis. For this reason, both projects were discontinued at the end of 2024.

Breakdown of waste produced at Asklepios

Hazardous medical waste

- Hazardous waste: pathological waste, infectious waste, contaminated materials, X-ray films and chemical residues such as solvents and disinfectants.
- Biological waste: blood, tissue and other potentially infectious materials.
- Sharp/pointed objects: syringes, tubes and scalpels.

General waste

- Packaging materials: made from plastics, paper and cardboard (e.g. single-use packaging of medical equipment).
- Bulk waste items.
- Office materials.
- Waste electrical and electronic equipment (WEEE).
- Food waste from cafeterias.
- Recycling materials: glass, paper, metals and plastics which can be recycled if properly sorted.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Clinical and medical waste (hazardous waste)

This waste arises from medical treatments of patients. It is potentially infectious and/or hazardous and must be handled and disposed of observing strict safety precautions. These include:

- Infectious waste: used dressing materials, syringes, needles, gloves, disinfection materials, organisms (such as bacterially or virally contaminated samples) and other materials coming into contact with infectious substances.
- Body parts and human tissues: waste containing human tissues, organs, body parts or placenta.
- Chemical waste: waste containing chemicals, disinfection agents, solvents or pharmacologically active substances.
- Pharmaceutical waste (hazardous waste): expired, no longer usable or returned drugs likewise fall under hazardous waste. Pharmaceutical waste is generally highly toxic and is therefore never disposed of in the normal waste stream or waste water system. These include:
 - Drug residues: these must be collected in special, locked containers and destroyed by authorised disposal services.
 - Cytostatics waste: chemotherapeutic residues are particularly hazardous. They must be disposed of with particular care to prevent contamination and exposure of staff and the environment.

Recyclable or general waste (non-hazardous waste)

Non-hazardous waste includes general waste produced in a hospital, such as paper, cardboard, glass, food leftovers or packaging materials.

Radioactive waste

In some hospitals, particularly in those with radiology or oncology departments, low-level radioactive materials and waste may be produced. Generally, the radioactivity of such waste usually lasts for only a few days, which means that after being stored for a short period of time in suitable rooms it can be sent for disposal together with non-hazardous waste.

As medical services providers, Asklepios' business units do not put into circulation any material products or materials from production processes. Resource outflows other than emissions and waste are therefore not material for Asklepios. Furthermore, it is the assessment of Asklepios that resource outflows from hospital operations do not constitute a material sustainability matter. Instead, this has to do with their resource consumption and/or use.

The metrics were gathered and classified together with an external quality assurance expert. The basis for the data gathered is the invoices, delivery orders and acceptance certificates of the disposal companies for all hospital sites. Based on the waste codes, waste volume disclosures are assigned to the individual KPI categories. All invoices of the period from January up to and including October of the financial year are included. For the months of November and December, the data are annualised based on average values.

Waste metrics for non-in-hospital properties (non-hospitals: such as MVZs, training centres, rented apartments, administrative companies, etc.) were gathered based on assumptions made from fee assessments and operating cost invoices for waste disposal. Annualisation of average waste volumes for non-in-hospital properties by the expert is based on a combination of the aforementioned invoice data and the number of employees (headcount) for each property. The experts take these data as the basis to make an estimate for the properties of Asklepios in the same way as for the sub-groups.

CSRD Sustainability Statement

- Introduction
- General information
- Environmental information**
- Social information
- Governance information

Waste diverted from disposal (in tons)

Waste type	Recovery type	Total
Hazardous waste	Preparation for recycling	0
	Recycling	91
	Other recovery types	0
	Total	91
Non-hazardous waste	Preparation for recycling	0
	Recycling	4,907
	Other recovery types	18,788
	Total	23,695
Total		23,786

Waste intended for disposal (in tons)

Waste type	Recovery type	Total
Hazardous waste	Incineration	190
	Landfill	1
	Other disposal types	0
	Total	191
Non-hazardous waste	Incineration	47
	Landfill	1
	Other disposal types	0
	Total	48
Total		239

2024	Total
Total amount of waste generated (t)	24,025
Total amount of non-recycled waste (t)	19,028
Percentage of non-recycled waste	79.2%
Total amount of hazardous waste (t)	282
Total amount of radioactive waste (t)	0

3. Social information

As a player in the healthcare system, Asklepios carries special responsibility towards its patients, employees and business partners. The health, safety and satisfaction of our patients are the focus of everything we do. As an employer, Asklepios seeks to promote equal opportunities as well as diversity and inclusion to create an environment in which people can reach their full potential. In this context, safeguarding human rights and integrity, trust and loyalty are guiding principles characterising and defining the management style and dealings of our employees towards patients and other partners as well as amongst themselves. This is to be the basis for sustainable and responsible healthcare delivery.

ESRS S1 Own workforce

The goal of Asklepios is to provide high-quality healthcare services ensuring patient satisfaction while achieving economic success and efficiency. The basis for this is having qualified and dedicated staff. Asklepios is continually making efforts to improve working conditions as well as promote the health, diversity and skills of the Company's employees. At the same time Asklepios – like other players in the healthcare industry – is confronted with particular challenges: demographic change resulting in higher patient numbers, shortage of skilled employees as well as special requirements like shift and night work. These factors can have adverse impacts on employees. That is why Asklepios is steadfast in its efforts to create conditions that offset such adverse impacts.

In this section, Asklepios explains, among other things:

- the strategic approach as it relates to its own workforce,
- material impacts, risks and opportunities related to its own workforce,
- what Group-wide policies apply,
- the actions taken to diminish or remediate negative impacts and risks as well as promote positive impacts,
- the results of such actions.

ESRS 2 SMB-2-S1 Interests and views of stakeholders

Basic information on how the interests, views, and rights of the Company's workforce, including respect for their human rights, inform Asklepios' strategy and how its business model is geared towards this is found in section → **ESRS2**.

ESRS 2 SBM-3-S1 – Material impacts, risks and opportunities and their interaction with strategy and business model

An overview of the material impacts, risks and opportunities related to the Company's own workforce is found in the section → **ESRS2, SBM-3 – Material impacts, risks and opportunities and their interaction with strategy and business model**.

All policies specified in section S1 relate to the Company's entire workforce.

The stakeholders who decisively influence Asklepios' success are its employees. Asklepios takes account of the impacts identified in the materiality analysis in its business strategy through its continuous efforts to improve working conditions and to enable equal treatment and equal opportunities for all. With the Group Works Council (GWC) and its codetermination rights and powers, the interests, views and rights of our employees are included in the business strategy and business model. During the reporting year, for example, a framework for continued training or upskilling was developed together with the GWC. Under the Active Programme of Asklepios, efforts are focused on the topic of employee prevention at the level of the operating units. Asklepios is thus striving to increase the satisfaction and health of employees as well as promoting loyalty of employees to the Company.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

The Asklepios workforce

The following section describes the groups of persons affected by impacts (including impacts related to the business activities, value chain, products or services and business relationships).

Under the group of the Company's workers as defined in the ESRS, we include, in addition to salaried employees from all professional groups under a valid contract, executive employees (managing directors of the subsidiaries, Group/divisional heads), salaried doctors (including head physicians, professors), dental students, students of medicine in their practical year, persons completing a year of voluntary social work, trainees and work students, on-call workers subject to minimum working hours as well as the Group management. These are referred to hereinafter as employees. For the metric, the Company deviated from the definition in reporting year 2024. Only active employees as at December 2024 are included in the total headcount.

The group of external workers as defined in the ESRS includes temporary/loaned workers (relating to all professional groups: doctors, nurses, medical technical service) made available by third-party firms as well as the group of independent medical doctors made up of affiliated practitioners, consulting physicians and physician associates (hereinafter referred to as workforce).

Types of employment

The working profiles of the workforce at Asklepios and thus also the impacts of the business model vary widely, as is clear from the following list of professional groups:

- employees,
- nurses,
- therapists,
- administrative employees,
- employees working in laboratories/functional areas,
- employees working in kitchen/hotel business,
- cleaning staff,
- technicians (facility services, medical technology, construction, gardening and landscaping),
- logistics specialists (storage and transport),
- day-care employees,
- executive employees (employees with HR responsibility),
- directors (regional managing directors, managing directors, Group divisional management).

In addition to the employees, the professional group of doctors, nurses and therapists also includes external workers made available by third-party companies as well as self-employed doctors. Moreover, our training offerings include, but are not limited to, the following professional fields:

- nurses,
- care assistants,
- nursing assistants,
- administrative specialists in healthcare,
- administrative specialists in office management,
- medical specialist employees,
- paramedics,
- medical technologists in radiology,
- medical technologists in laboratory,
- physiotherapists,
- ergotherapist,
- speech therapists,
- surgery technology assistants,
- anaesthetic technology assistants,
- masseurs, medical lifeguards,
- pool operations specialists,
- cooks,
- catering specialists,
- specialists for restaurant and event hospitality,
- event managers,
- administrative specialists in digitalisation management,
- gardeners and landscapers,
- Occupational safety and prevention specialists.

Characteristics of employment

To limit negative systemic or individual impacts on the Company's workforce, Asklepios has established various measures and processes. They are aimed first of all at developing a better understanding of which groups of persons, activities and fields are exposed to the impacts and then taking counter-measures. The measures include:

- regular risk assessments,
- evaluation and validation of complaints,
- engaging with employees and occupational physicians.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Particularly in the medical and nursing area staff are exposed to potentially high risks, for example when dealing with infectious patients and hazardous substances or due to the workload that comes from working shifts. Asklepios addresses these risks in the form of specific safeguards and training which are enshrined in the 2024 occupational safety guidelines and instructions (Arbeitsschutzgrundlage Unterweisung 2024).

(Potentially) negative impacts

As a player in the German healthcare industry and an employer of some 42,000 employees, Asklepios is confronted with social as well as systemic, industry-specific challenges which can result in negative impacts:

Widespread/systemic impacts

- Working time: impacts from shift work, overtime and staffing shortages is a widespread problem in healthcare. This can result in mental and physical stress, a greater susceptibility to error and greater employee turnover.
- Workload: workload in hospitals is high due to staffing shortages and specific requirements.
- Contact with dangerous substances: in certain areas of clinical operations, for example in surgery or oncology, employees come into contact with potentially hazardous substances.
- Infection risk: the risk of infection in hospitals is a constant and systemic risk affecting all employees and patients.
- Insufficient training and development opportunities: if companies from the healthcare sector fail to invest the continued training, this can result in a lack of qualifications and skills.

Individual incidents:

- Job insecurity: job security can be influenced by individual factors, e.g. the policy environment and economic difficulties of individual hospitals.
- Lack of performance-based wages: in individual cases or departments, non-performance-based wage practices may arise.
- Lack of social dialogue: in individual hospitals or as a result of the individual behaviour some executive employees, issues related to social dialogue may arise.
- Adverse impacts on employee rights (works council): in individual cases the work of the works council may be hindered.
- Risk of damage to health due to atypical workplace accidents: atypical accidents are often caused by unforeseeable events or reactions. The reaction of the persons involved to the unusual situation also plays a role. Two persons might react differently in the same situation, which influences the accident in the individual case.
- Discriminatory hiring practices: in individual cases, hiring may be discriminatory.

- Violence and harassment in the workplace: violence and harassment usually occur as individual incidents, but cannot be ruled out.
- Discrimination at the workplace: individual incidents of discrimination at the workplace may occur.

Climate change impacts

Climate change is expected to give rise to a growing demand for healthcare services and thus also to growing patient numbers, for example as a result of climate-related diseases. This will lead to a growing need for staff. Moreover, adaptation measures in hospital planning will be needed to protect employees and patients, for example by providing air conditioning during summer months. Asklepios so far has not prepared a transition plan → **E1-1, Transition plan**. When developing and implementing the transition plan, the potential impacts on the Company's workforce will be taken into account and the employees involved in the process at an early stage.

Positive impacts

All identified material positive impacts can positively affect all employees of the Company in Germany.

- Job security and social safeguards under co-determination legislation: there are unlimited-term employment contracts and dismissal protection provisions. At roughly 70% of the sites, employee representative bodies are established.
- Training and skills development: Asklepios offers numerous training and continued training opportunities, including nursing, medical and therapeutic training courses as well as dual study programmes. These measures promote skills development for apprentices, students and employees.
- Diversity: the corporate culture of Asklepios promotes a respectful and fair working relationship regardless of gender, age, origin, religious beliefs, disability or other individual characteristics.

In the materiality analysis and the risk analyses pursuant to the Act on Corporate Due Diligence Obligations in Supply Chains (Lieferkettensorgfaltspflichtengesetz, LkSG), Asklepios reviewed its business activity for possible negative impacts and risks of child and forced labour as well as all forms of modern slavery. For 2024, this revealed no widespread or systemic material violations neither in terms of the activity nor with respect to certain countries or geographical areas.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Risks

Whether Asklepios achieves its corporate targets will decisively depend on the availability, skills and commitment of its workforce. At the same time, the strategy influences the working conditions, development opportunities and motivation of the employees. Asklepios takes account this with regard to the identified risks by integrating the following topics in its business strategy:

- Secure employment: in its human resources strategy, Asklepios makes every effort to increase employee satisfaction so that employees remain loyal to the Company.
- Adequate wages: Asklepios' market- and industry-aligned wages not only have a positive impact on general conditions of employment and the work environment but also on employee satisfaction and loyalty to the Company.
- Working time: Asklepios addresses the stress typical for the industry and the resulting risks with various measures.

The aforementioned systemic challenges of staffing shortages turn into financial risks in the short to medium term since the cost of hiring new staff or filling vacant positions is high. As a general rule, the following risks identified relate to all employees but particularly affect medical and nursing staff.

- Lower productivity due to turnover and shortage of staff: the absence of guaranteed job security leads to an increase in staff turnover as well as declining employee motivation and commitment, which in turn has an adverse impact on the Company's productivity and economic efficiency.
- Health problems and a loss of productivity due to working time models: employees endure physical and mental stress if they have to do regular night and shift work as well as overtime. This increases the risk of accidents and injuries and results in staff absences, higher staff costs and detrimental effects on quality. In particular nursing and medical staff have a high risk of being absent as a result of illness due to high physical and mental stress, shift work and contact with infectious diseases. The costs associated with this in terms of continued pay and replacement staff disproportionately impact this professional group.
- Loss of productivity due to inadequate wages: if industry wage standards are disregarded, that can have a negative influence on employees' motivation and loyalty to the Company and result in higher staff turnover. If vacancies due to staffing shortages are not filled or not filled on time, that can adversely affect the quality of patient care.

S1 Human rights, integration and remediation

Asklepios is well aware of its responsibility for its employees, patients and society and is committed to observing and promoting fundamental rights to safeguard these groups in accordance with the UN Human Rights Declaration (1948) as well as the Charter of Fundamental Rights of the European Union (2000).

S-1 Human Rights Policy

With regard to human rights, the following aspects are of particular importance for Asklepios with regard to the specific business activity:

- prohibition of discrimination,
- well-being of employees, in particular foreign careworkers,
- job security,
- data protection,
- protection of privacy rights and equal opportunities,
- responsibility in the supply chain.

The commitment to respect of human rights applies to the Company's own business activity and is also addressed to business partners in the supply and value chains. The Management Board takes responsibility for respect of human rights and is supported in this in particular by the Compliance division. At the operative level, the executive employees of Asklepios commit themselves to respecting and where necessary defending the rights of employees, patients and other third parties. This is enshrined in our Leadership Principles policy, among others. When defining the standard procedure related to responsibility in the supply chain, the Group's employee representatives were involved on an informative basis. The Statement of Principle on Human Rights and the Template for Due Diligence Breaches under the LkSG are publicly available. To ensure the well-being of our employees and in particular our foreign careworkers, Asklepios works together with agencies having obtained the quality seal "Fair Recruitment of Care Workers in Germany" of the Federal Ministry of Health. Their interests are taken into account in a detailed integration management policy in which recognition of foreign careworkers is actively promoted.

Asklepios' Terms of Reference for Compliance as well as corresponding standard procedures form the framework and basis for compliance with human rights policy obligations.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Approach taken by Asklepios

Asklepios understands respect and observance of human rights as an overall entrepreneurial duty and calls on each and every individual to support this objective to the best of their personal capacities.

Asklepios is continuously looking to identify in which business areas and situations a risk of human rights being violated might exist. These reviews are conducted by internal employees from the Compliance division as part of the evaluation conducted for their own business area. Based on the results obtained, Asklepios is steadily advancing in its efforts to develop measures ensuring respect of human rights.

Asklepios is committed to the Statement of Principle on Human Rights of the UN and the Charter of Fundamental Rights of the European Union. The Statement of Principle on Human Rights and the Asklepios Principles of Conduct do not explicitly mention the UN Guiding Principles on Business and Human Rights, but many of the principles and rules of conduct contained therein align with them.

None of the policies set out in section S1 addresses the topics of human trafficking, forced labour and child labour. That is because in the view of Asklepios these can be ruled out for all sites of Asklepios on account of its activities – with few exceptions – being carried out exclusively in Germany.

Irrespective of this, Asklepios is fully committed to international human rights as well as the core labour standards of the International Labour Organization (ILO) and condemns human trafficking, forced labour and child labour.

Codes of conduct related to supply chains

The Asklepios Supplier Code of Conduct forms the basis of all contracts for deliveries of goods and services purchased by Asklepios. It is based among other things on the following laws and regulations: Act on Corporate Due Diligence Obligations in Supply Chains (Lieferkettensorgfaltspflichtengesetz, LkSG), Declaration on Human Rights, United Nations Convention on the Rights of the Child, Global Compact of the UN as well as International Labour Standards of the ILO.

S-17 Incidents and complaints

During the 2024 reporting year, 30 complaints related to discrimination and harassment were received.

Incidents and remarks	2024
Reported incidents of discrimination including harassment (number)	30
Complaints filed through channels for employees (number)	13
Complaints filed with the National Contact Point for Multinational Enterprises of the OECD (number)	0
Total amount of material fines, penalties, and compensation for damages as a result of the incidents and complaints disclosed (€)	0

The metrics were gathered manually through internal queries, are not based on assumptions and are not externally validated. The review is conducted based on the four-eyes principle.

In relation to the Company's workforce, there were no severe incidents with regard to human rights violations.

S1-2 Processes for engaging

When it comes to processes for engaging with own workers and workers' representatives, Asklepios takes various approaches. That includes availing itself of the legal requirements of the Employee Representation Act (PersVG), the Anti-Discrimination Act (Allgemeine Gleichstellungsgesetz, AGG) and the Social Security Code (Sozialgesetzbuch, SGB). To obtain the views and opinions of its employees, Asklepios uses existing employee representation structures, i.e. the works council, the intranet tool "AskMe" as well as surveys conducted in the individual healthcare facilities. There is no Group-wide employee survey at this time. However, employees are surveyed in the individual healthcare facilities on an ad hoc basis. In this way employees can engage in decision making processes having actual or potential impacts on them.

Group Works Council

The Group Works Council is a Group-wide representative body of the Asklepios workforce. Its members are committed to safeguarding the interests and rights of employees, help draft terms and conditions of employment and ensure that the voices of the employees are heard in company decisions. Its members regularly meet with the Management Board, the Group divisional head for Human Resources and & Social Matters and the representatives of the management bodies at the individual sites. The dialogue is aimed at creating a positive corporate culture as well as safeguarding and enhancing the satisfaction of employees.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Nature and frequency of engagement and responsibility

- The Group Works Council and its committees meet once a month. Moreover, meetings are held locally on an ad hoc basis.
- The survey tool “AskMe” is used for employee surveys on an ad hoc basis.
- In the individual hospitals, various formats for dialogue take place on an ad hoc basis.

Engagement primarily takes place through the employee representatives (works councils). A direct dialogue with the Company’s workforce takes place ad hoc at the local level.

Operative responsibility for engagement with employees on matters relating to works council constitution legislation and human resources policy and for taking account of the results of surveys lies with the Divisional Management for Group Human Resources. Overall responsibility lies with the Management Board.

Asklepios has drawn up Principles of Conduct which include respect of human rights. Beyond that, Asklepios has not drawn up any global framework agreement with the employee representatives specifically relating to human rights.

During the reporting period, Asklepios has not conducted any proceedings before a works-level conciliatory board and the ordinary courts at the Group level. This demonstrates constructive relations between the employer and employee representative bodies.

Feedback is recorded in various formats, including in

- minutes of works council meetings,
- documentation of results from the survey tool “AskMe”,
- minutes and results of the working group congresses, management conferences and executive employee conferences.

With participation of the employee representatives in the respective bodies, employees’ feedback is included in the decision-making process.

This takes place at the Group level (e.g. through the Group Works Council or conferences) and at the level of the individual sites (e.g. through local works councils or consultation on an ad hoc basis).

All employees can inform themselves through the intranet about channels and activities for engagement. There they also have access to the tool “AskMe”. The content is available in a desktop version and via an app.

The Group Corporate Communications and Marketing division is responsible for providing the structural framework and content promoting internal communication and informative engagement with the employees. The Group division Human Resources supports the representative bodies of employee representatives among other things at meetings held within the Group-level and full works council.

Through the employee representatives, engagement with employees takes place in the respective bodies (local works council/full works council/Group Works Council) with regard to impacts resulting from the reduction of CO₂ emissions and the transition to more environmentally friendly and climate-neutral activities for Company’s workforce. The Social Committee of the Group Works Council regularly holds consultations in particular on issues relating to restructuring, loss or creation of jobs, training and upskilling, gender equality and social justice as well as health and safety.

S1-3 Processes for remediation

Whistleblower system and Reporting Office

Asklepios has established a whistleblower system and a Reporting Office which employees can use to report, also anonymously if they wish, potential or actual human rights violations, including in particular discrimination and sexual assault as well as compliance breaches related to corruption, fraud, data protection breaches or conflicts of interest. The whistleblower system is web-based and can be reached via the website of the Compliance division. After a report is submitted, the whistleblower receives system-generated access data for an electronic mailbox. The mailbox enables a system-internal dialogue between the whistleblower and the compliance department. Whistleblowers can stay informed of the status of the investigation into their matter. In addition to the executive employees, the employees of the Central Compliance division as well as the compliance officers at the individual hospital sites act as contact persons when compliance reports are made. Asklepios investigates every report and, if a suspicion is confirmed, takes the required actions to protect the persons affected and prevent negative impacts on the employees of the Company. This standard procedure applies in the entire Group of Asklepios and its direct and indirect subsidiaries. It applies not only to RHÖN-KLINIKUM AG and MEDICLIN AG but also their subsidiaries.

Asklepios encourages its employees to submit compliance reports and to report any kind of wrongdoing using various communication channels. In addition to written reports sent by post, intranet and e-mail, reports may also be made by phone. In addition, there is a whistleblower system as well as a point of contact for persons affected by sexual harassment or discrimination at the workplace. Asklepios seeks to ensure that violations relating to physical, sexual, psychological, verbal harassment as well as abuse suffered during the exercise of professional duties are investigated.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

At the same time, our employees' privacy is protected since the whistleblower's anonymity is ensured in these cases as well.

The channels through which the employees can express their concerns and needs in our assessment are effective because they are firmly established and known. Discussions and dialogue also take place at regular intervals with the executive employees.

The procedures established for the whistleblower system make it possible to process complaints relating to employee matters.

Asklepios and the Group Works Council inform employees via the intranet, at the meeting of employees and through channels of the Group Works Council about the communication channels they can use to express their concerns.

In what are referred to as "PRE-CHECKS", the report is first checked to determine whether it is valid based on the information and documents submitted by the whistleblower. If the "PRE-CHECKS" determine the report is valid, a detailed investigation into the matter is launched. If necessary, any required actions are determined based on the investigations. Compliance with this standard procedure is reviewed applying the control mechanisms defined in the standard compliance procedures.

The whistleblower system is web-based and can be reached via the website AskMe of the Compliance division. In the event that employees feel they have suffered sexual harassment or discrimination at the workplace, or have reasonable cause to suspect, or specific evidence to support a claim, that others have suffered sexual harassment or discrimination, they can report this to the Reporting Office established at Asklepios either orally or in writing (stopp@asklepios.com). Every report received will be treated confidentially, regardless of how it is assessed internally. Once the initial report has been made, the whistleblower has the option of submitting information relating to the compliance report confidentially using an electronic mailbox and of contacting the Compliance Division – regardless of whether the compliance report was made by name or anonymously.

The communication channels through which the employees of the Company can express their concerns and needs are firmly established and known. They were made known to all employees and workers in our Friday News (Freitagsnews) and can be retrieved at any time through the intranet "AskMe". So far the systems and channels have been available in German. Moreover, the Compliance division continuously raises awareness of compliance issues in blog contributions. Asklepios has found that its employees know the structures and processes since these measures have already been used.

S1-1 HR strategy and policies

Human resources strategy

The HR strategy of Asklepios is derived from the Group strategy and the related objective of being one of the leading players in the private healthcare sector. Asklepios makes every effort to support its employees and executive staff from all professional disciplines in such a way that they can perform their duties with a high level of qualification and motivation in the long term. The scope of this strategy covers all Asklepios hospitals (with the exception of the sub-groups RHÖN-KLINIKUM AG and MEDICLIN AG). Responsibility for this lies with the Management Board. Asklepios provides the Company's employees with information on its HR strategy through various channels, including the intranet, Sharepoint, training and workshops.

Throughout the Group, Asklepios has defined areas of action in the HR area:

- Skills development: developing the skills of employees for current and future tasks and changes.
- Management: focussing attention on the topic of management at the level of all hierarchies and professional groups and establishing leadership principles as the basis for the Asklepios management culture.
- Loyalty: retaining competent staff committed to the Company and making the Company attractive for new staff.
- Demographics: developing and shaping processes and new professional fields for future demographic trends as well as the requirements resulting from that whilst respecting human rights, for example by adequately giving consideration to the needs of individual employees.

The healthcare facilities can use the HR Division together with its departments as a service provider for HR development, administration, controlling, marketing and employment law. The Group Nursing division provides know-how and support. The two divisions jointly develop HR policies, initiate projects to standardise HR management processes and work together with works councils as well as collective bargaining parties.

Collective bargaining agreements

At Asklepios, collective bargaining agreements covering various aspects of terms of employment apply. They include, among others, provisions on working hours, paid holiday leave, salary, provisions dealing with overtime, and work performed at night, on Sundays and statutory holidays. The agreements negotiated with our social partners ver.di and Marburger Bund cover provisions on profit sharing, adjustments for inflation, post-retirement benefits and bicycle leasing.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Integration policy

At Asklepios, people from some 35 nations have joined the Company as nurses and careworkers. To ensure they can work together efficiently in the best possible way, an integration policy was developed in 2020 and is now established. This is one of the ways Asklepios is looking to counteract the shortage of qualified nursing professionals.

Leadership Principles

In its Leadership Principles, Asklepios has defined guidelines for transformative and participative management. Further information on this can be found in the section → **G1-1, Leadership Principles**. Moreover, creating the basis for trusted cooperation with the works council and social dialogue with the employee representatives is a lively process that is managed through the Group HR division. There are no explicit guidelines at the Group level but instead a fixed schedule with the Group Works Council which is implemented in monthly and structured meetings held together with the head of the Group HR division at the Group and local level.

S1-5 Targets related to terms of employment

So far, no time-bound and outcome-oriented targets related to the Company's workforce have been defined.

S1-4 Actions related to terms of employment

To prevent or minimise negative impacts on the workforce, Asklepios has taken various measures which, unless otherwise described, apply to Asklepios excluding the sub-groups of RHÖN-KLINIKUM AG and MEDICLIN AG. The effectiveness of the actions and initiatives in delivering outcomes for the employees of the Company are tracked and assessed. The responsible Group HR division maintains a regular dialogue with the responsible executive employees, who respond to the impacts to the extent necessary and reasonable based on their professional experience and initiate appropriate countermeasures. Individual project funding is currently allocated to manage the individual impacts and is decided on a case-by-case basis.

Working time and workload:

- The existing collective bargaining agreements as well as work and social provisions define working times and are aimed at protecting employees from excessive overtime. Currently, 57.6% of employees throughout the Group are covered by a collective agreement.

- To counteract the shortage of qualified staff and ease the workload on employees, Asklepios recruits qualified staff from abroad. From 2021-2023, a total of 2,046, and in financial year under review a further 937 international nurses were recruited from some 35 nations.
- Adequate wages: at regular meetings of HR heads, the topics of terms of employment and adequate wages are addressed. Asklepios complies with minimum wage provisions.
- Social dialogue: at both the Group and local level, a regular dialogue with the employee representatives is established in the spirit of trusted cooperation between the Company and employee representatives. This also includes meetings by various employee groups such as resident doctors or prevention officers. Hospital manager meetings or meetings of Group divisional heads are a regular and established forum for social dialogue. Also important to Asklepios is compliance with the provisions of employee representation, anti-discrimination and social security legislation.
- Freedom of assembly: Asklepios guarantees and safeguards freedom of assembly, e.g. for the activity of the works council, and complies with legal requirements such as the Works Council Constitution Act (Betriebsverfassungsgesetz, BetrVG).
- Legal social protection: employees of Asklepios fall under the provisions of social protection stipulated by legislation in the case of illness, unemployment, workplace accidents, incapacity to work, parental leave and retirement.
- Health and safety
- Work-life balance: the project "Autonomous Teamwork" (SAT) pursues the objective of promoting individual and flexible working time models. This provides that as a general rule – and unless prevented for operational reasons – individual working time models can be agreed between employees and the employer. The following options exist for this:
 - Individual distribution of working time to weekdays (observing the provisions of the Working Time Act (Arbeitszeitgesetz, ArbZG)),
 - Work in blocks (e.g. two weeks of work, two weeks off),
 - In some cases, individual times for starting and ending work each day (e.g. individual intermediate service),
 - Individual shift models (e.g. employee works only during certain shifts),
 - Individualised shift sequences,
 - Shortened shift models,
 - Relief pools,
 - Suspension for a limited term of on-call/stand-by service (e.g. after returning to work following a company absence),
 - Relief team with preference-based duty roster.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

The various Asklepios hospitals provide various offerings to promote a good work-life balance, for example:

- day-care centres located close to the hospitals,
 - flexible working time models and part-time models to support employees in childcare and caregiving to relatives,
 - special leave,
 - cooperation with family caregivers' schools (Angehörigenschulen) providing information and advice on all aspects of caregiving for relatives,
 - Promoting and developing junior staff:
- For the commercial area, Asklepios has developed a trainee and hospital management programme.
 - Asklepios has established a pool of coaching offerings giving employees access to offerings they need throughout the Group.
 - At the Hamburger site, Asklepios has implemented a target agreement system linked to a performance compensation scheme.

Asklepios also assists its apprentices, nurses and other employees in the search for an apartment and even provides them with employee apartments. To ensure that our international staff get off to a good start in their newly adopted country, Asklepios has integration officers or welcome mentors ready to help and support them e.g. in dealings with the public authorities or in the search for a place to live. Moreover, Asklepios training centres offer language courses. The objective is to ensure employee satisfaction and strengthen their loyalty to Asklepios as an employer.

One hospital successfully participated in a "career and family" audit by the firm "berufundfamilie". In this audit a family-friendly HR policy is recognised by "berufundfamilie gGmbH", an initiative of the "Gemeinnützigen Hertie-Stiftung" foundation. No direct link can be established between the effectiveness of the measures and the results achieved, neither is it possible to assess the effectiveness of the measures.

Specific topics are raised in employee discussions and at employee events such as the hospital manager conference and conferences of various professional groups at Asklepios, and are then channelled, documented and addressed. In addition to this dialogue, measures are identified and further developed via the intranet AskMe.

Asklepios strives to minimise material risks related to working conditions. In this context, the measures are consistent with those Asklepios takes to minimise negative impacts. They are related to topics like job security, working time and secure wages.

In the regularly held conferences for professional groups as well as various employee events, Asklepios promotes qualifications, continued training and upskilling. Future job profiles are also considered.

Asklepios complies with provisions of employment legislation.

No funds have been allocated to managing material impacts.

S1-6 Characteristics of undertaking's workforce

All disclosures below are to be understood as relating to number of persons (headcounts). The figures relate to the end of the reporting period, i.e. December 2024, with the exception of staff turnover figures: these refer to the entire reporting period, i.e. from 1 January 2024 to 31 December 2024. The data from the Group Data Warehouse (GDW) are assessed. The basis for this is provided by the two HR source systems, SAP and Loga. The data from these is entered into the GDW via an interface. Some of the companies are not linked to the GDW. For a total of 1,390 employees, the metrics are therefore extrapolated and based on assumptions and estimates. This affects all metrics associated with total headcount below (see also related contextual information of the respective metrics). Given regular systemic adjustments and updates to the HR source systems, deviations from the base data from the HR source systems occur depending on the time the data from the GDW were assessed.

The total number of employees is calculated as the number of actively employed and thus paid workers by number of persons (headcount), and not by full-time equivalents, in the reporting month of December 2024. In the calculation, no average values are assumed but only date point values used (month of December), with the exception of the KPI for employee turnover which is calculated on the basis of total average for the year. The values are disaggregated by gender, term and guaranteed working hours (on-call employment contracts). Employees in more than one employment relationship with different Asklepios companies are included multiple times in the total number of employees by headcount. This affects the S1-16 metric (see that section for further contextual information). This concerns a total of 143 persons counted twice in the headcount.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

The KPI “employee headcount in countries where the Company has at least 50 employees” is likewise defined as the number of persons employed (headcount) in the month of December 2024. The figures are disaggregated by country. Countries with fewer than 50 employees or representing fewer than 10% of the total number of employees of the Company are not included in the total.

Disclosures on “employees without guaranteed working hours” (on-call employment contracts) were retrieved manually.

The number and ratio of leavers was shown excluding apprentices, interns, work students, dental students, students of medicine completing their practical year and persons completing a year of voluntary social work. In this regard, and to the extent technically possible and identifiable, internal transfers are not counted as leavers.

One hospital and small companies have no interface connection – this relates to roughly 3% of the total number of employees.

In the summary of the total number of data, the Asklepios average was taken as the basis for the extrapolation in the case of the sites not linked to the two HR source systems.

Disclosures on the number of employees by gender:

Disclosures on the number of employees by gender	Number of employees (headcount)
Female	30,758
Male	11,794
Diverse	4
No information	1
Total number of employees	42,557

The table below shows employee headcount in countries where the Company has at least 50 employees representing at least 10% of its total number of employees. In addition to its employees in Germany, Asklepios also employs persons in the European Economic Area (EEA) at its site in the Netherlands (61) and in Belgium (33).

Table showing employee headcount in countries where the Company has at least 50 employees representing at least 10% of its total number of employees

Country	Number of employees (headcount)
Germany	42,463

The table below shows employees by contract type, broken down by gender (number of persons). The voluntary disclosures related to the break-down by full- and part-time employees are not reported.

Employees by contract type, broken down by gender (number of persons)	Female	Male	Diverse	No disclosures	Total number
Number of employees (headcount)	30,758	11,794	4	1	42,557
Number of employees with indefinite-term employment contracts (headcount)	25,724	9,367	2	0	35,093
Number of employees with limited-term employment contracts (headcount)	5,034	2,427	2	1	7,464
Number of on-call employees (headcount)	97	124	0	0	221

* Gender pursuant to self-disclosure by employees

CSRD Sustainability Statement

- Introduction
- General information
- Environmental information
- Social information**
- Governance information

Lastly, the table below shows employees by contract type, broken down by region (number of persons). The number of workers below matches the total number from the tables shown further above. It is the representative number of employees (headcount). The voluntary disclosures related to the break-down by full- and part-time employees are not reported.

Employees by contract type, broken down by region (number of persons)	EEA	Other region	Total number
Number of employees (headcount)	42,557	0	42,557
Number of employees with indefinite-term employment contracts (headcount)	35,093	0	35,093
Number of employees with limited-term employment contracts (headcount)	7,464	0	7,464
Number of on-call employees (headcount)	221	0	221

At the end of financial year 2024, Asklepios employed a total of 42,557 people. Some 82.5% of employment contracts at Asklepios are for an indefinite term, thus providing long-term planning certainty to both our employees and Asklepios as an employer. 17.5% of employment contracts at Asklepios are for a limited term. During the financial year, Asklepios employed an average of 38,825 persons. Over the financial year, 21.4% of average employees left the Company. That corresponds to 8,309 employees in total. The number refers to employees having left the Company within the reporting year excluding apprentices, trainees, work students, dental assistants, students in their practical year and persons completing a year of voluntary social work. The information from the Group Data Warehouse are assessed. The leavers recorded in the settlement system are used as the basis for this. In this regard, and to the extent technically possible and identifiable, internal transfers are not counted as leavers. Employee turnover is calculated on the basis of the average for the year.

S1-8 Collective bargaining coverage and social dialogue

For a large proportion of the workforce, the terms and conditions of work and employment at Asklepios are influenced by collective bargaining agreements in addition to work and social regulations. The percentage of all employees covered by collective bargaining agreements is 57.6%. These agreements do not cover the existing work and social regulations. For example, collective agreements do not cover employees such as head physicians or executive employees. The percentage of employees at sites with works council representation is around 68.6%.

Collective bargaining coverage and social dialogue

Coverage rate	Collective bargaining coverage		Social dialogue
	Employees – EEA (for countries with >50 employees representing >10% of total headcount)	Employees – non-EEA countries (estimate for regions with >50 employees representing >10% of total headcount)	Representation at workplace (only EEA) (for countries with >50 employees representing >10% of total headcount)
0–19%			
20–39%			
40–59%	Germany		
60–79%			Germany
80–100%			

The KPI “collective bargaining coverage” is defined as the number of employees (headcount) covered under a collective bargaining agreement (collective remuneration agreement/collective wage agreements) in proportion to the total number of employees in the reporting month of December 2024. The information is centrally evaluated from the GDW. Here, the collective wage information made available in the HR source systems serves as a basis. The term “collective bargaining agreements” means only those collective bargaining agreements entered into with a trade union or declared to be generally binding (work and social regulations or other local agreements with works councils are not included). For sites not linked to the HR source systems, the Asklepios average serves as the basis for the extrapolation. This relates to around 3% of the total number of employees.

The KPI “Social dialogue” gives the percentage of employees (headcount) in the EEA with an employee representative body in proportion to the total number of employees. The information relating to number of employees is evaluated from the GDW. Disclosure of the existence and percentage scope of an employee representative body within the subsidiaries is determined manually.

Asklepios operates almost exclusively in Germany. For that reason the column “Employees – non-EEA countries (estimate for regions with > 50 employees representing >10% of total headcount)” is left blank. In addition to its employees in Germany, Asklepios also employs persons in the EEA at its site in the Netherlands (61) and in Belgium (33).

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

S1-10 Adequate wages

Asklepios pays its employees adequate wages in accordance with the benchmarks in force pursuant to Directive (EU) 2022/2041. Asklepios understands the statutory minimum wage set in Germany as the adequate wage benchmark used for comparison with the lowest wage. Based on the business model, Asklepios also adheres to industry-specific minimum wages such as the minimum wage for nurses.

S1-16 Remuneration metrics

Under the collective wage provisions in force, employees at Asklepios receive equal pay for equal work. During the reporting year, the annual total remuneration ratio of the highest paid individual to the median total remuneration for all other employees was 38.4.

The KPI “Annual total remuneration ratio of the highest paid individual to the median total remuneration” is calculated on the basis of gender non-specific remuneration data obtained from the HR system and aggregated to an overall assessment. First, the highest paid person in the Company is identified as the equation denominator. To identify the equation numerator, the highest paid individual is subtracted from the sum of the gender non-specific individual remunerations, with the median then being formed from this.

Both fixed and variable remuneration components are included. By dividing the numerator and denominator, the annual total remuneration ratio of the highest paid individual to the median total remuneration for all other employees is calculated. In the assessment of total remuneration, Asklepios takes account of total gross remuneration. Contrary to the Remuneration Statement Regulation (Entgeltbescheinigungsverordnung, EBeschV), no benefits in kind are included but payments in connection with the Retirement Savings Act (Altersvermögensgesetz, AVmG). Employees in more than one employment relationship with different Asklepios companies are included in the median calculation with their respective total gross remuneration per company. The total gross remuneration is not aggregated. Employees having two employment relationships at Asklepios are counted as one person each due to the different employment relationships. The proportion is around 0.35%.

The metric is not based on any assumptions. The sites that are not connected to the HR source systems are not included in the calculation of this metric. This relates to roughly 3% of the total number of employees.

Occupational health and safety

S1-1 Policies

Occupational safety and health policy

Implementing is monitored through regular instruction, training, workplace inspection, accident analyses and cooperation with occupational safety staff, company doctors and safety officers. The scope of application covers all employees at the respective sites. The Management Board is responsible for implementing the policy. Employees’ interests are represented by the works council, which is informed and involved in matters of occupational safety. Safety officers act as contacts for the employees and a link to the employer. Asklepios makes its policies available on the intranet.

Principles of Conduct

The Principles of Conduct → **G1, Principles of Conduct** of Asklepios enshrine occupational safety and health in the Company’s corporate culture by underscoring the importance of safety and health. Since the executive employees are the ones who implement the measures, they carry particular responsibility to act as role models and to raise awareness of these issues with employees.

#HaltzuGewalt

To counteract the increasing verbal, non-verbal, physical, racist and gender-based violence against employees in the hospitals and to provide them with better protection, the Management Board and the Supervisory Board in November 2024 launched the initiative “#HaltzuGewalt” (stop violence) and developed a plan of action. This includes training for executive employees on the right way to deal with the issue, adapting the house rules for visitors to hospital premises, and setting up a helpline as well as a confidential reporting office for employees. The campaign is being made visible with information material, flyers and posters. The initiative was launched in Hamburg and will be gradually rolled out to the entire Asklepios Group. It is addressed to all employees. Work groups have been tasked with its implementation. These are made up of executive employees from the hospitals and departments, representatives from the works council and from the occupational safety, legal as well as the HR divisions.

Workplace accident prevention system

Asklepios brings together numerous different health operations under a single Group – from large acute hospitals to specialised rehabilitation facilities. These have to meet a wide range of requirements and occupational safety and health standards specific to the healthcare sector. For that reason, Asklepios does not have any Group-wide accident prevention system but instead takes a decentralised approach. This structure

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

enables individual facilities to implement tailor-made measures in accordance with the respective legal requirements and the specific local risks.

S1-5 Occupational safety and health targets

Until now, no targets related to occupational safety and health were defined for employees. In the course of its further strategic development, Asklepios plans to draft and develop targets, actions and policies.

S1-4 Occupational safety and health measures

Most important general and specific occupational safety and health measures

- Instruction sessions: employees are regularly instructed on issues of workplace safety and health. These training measures include both general principles as well as specific notices for the respective workplaces.
- Specialist occupational safety staff and company doctors: specialised staff and company doctors are ready to support the employer and employees with any advice and help they need. They are key contact persons for all questions related to occupational safety and health.
- Safety officers: safety officers are appointed in businesses with more than 21 employees. They assist both the employer and employees in all matters of occupational safety and help implement safety measures.
- Personal protective equipment (PPE): depending on the risk involved, Asklepios provides personal protective equipment such as gloves, gowns and protective eye-wear. Training courses and notices are provided so that employees know how to use this equipment correctly.
- Preventing and managing needlestick injuries: to prevent needlestick injuries, anti-needlestick instruments and disposal containers are used. If injuries do happen, there are clear instructions on what to do to minimise the risk of infection.
- Regular site inspections and consultations: occupational safety specialists and company doctors regularly visit workplaces to provide individual advice on safety and health issues and to identify potential risks at an early stage.
- Vaccination offerings and health check-ups: vaccinations and occupational health check-ups are also some of the preventive measures aimed at promoting the health of employees in the long term.
- Advice on coping with stress and addiction prevention: with the help of cooperation with the company hanza resources, Asklepios offers employees free, individual and

anonymous advice on the topics of stress management, crisis intervention and addiction prevention.

- Emergency measures and training: implementation of effective strategies and training programmes for handling emergency scenarios such as accidents, fires or release of chemicals.

Initiative “Halt zu Gewalt” (stop violence) – for a safe work environment at Asklepios: measures and implementation

A central reporting office documents incidents and looks into reported cases of violence. The complaints received are regularly assessed to develop effective prevention measures. Targeted communication and information raise awareness with employees and visitors of the importance of showing respect to others. Asklepios launched the campaign in November 2024, and the measures will be implemented and continuously further developed beyond the reporting year.

Implemented and ongoing measures

Training

- Online training for all employees
- De-escalation and communication training
- Training more de-escalation managers

Communication and information means

- Patient notices in emergency wards, also available in other languages online,
- Adjustment and optimisation of infotainment systems in emergency wards.

Reporting systems, rules and regulations

- Introduction of a simplified reporting system for incidents of violence
- Adjusting the house rules, including clear rules when it comes to banning and expelling persons from premises
- Workplace safety and risk assessments: expanded integration of violence prevention in occupational safety inspections and risk analyses.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Planned measures

Construction measures

- Planning and implementing individual safety-relevant construction adaptations from 2025

Measures for health safety and promotion

“Asklepios Aktiv” – promoting employee health

In 2013 Asklepios introduced prevention officers. The “Asklepios Aktiv” programme is being implemented on an ongoing basis and provides ideas and measures health promotion and prevention in the healthcare facilities of Asklepios. This company health management programme provides measures promoting employee health in the areas of exercise, nutrition and stress management. Prevention officers in the hospitals develop and coordinate these measures in cooperation with health circles.

Depending on the site, the programme offers the following:

- Availability of gym facilities
- A range of sports courses
- Stress management and relaxation methods
- Healthy nutrition and action days for healthy nutrition
- Regular running events and participation in corporate runs
- Seminars on health topics
- Cooperation with gyms and health insurance funds
- Advice, e.g. on quitting smoking, nutrition, ergonomics consultation, conflict management

Health management and prevention

A total of 64 prevention officers are responsible for the healthcare management measures in 57 hospitals and facilities. They coordinate and carry out the measures and report regularly to the hospital directors as well as once a year to the Group HR division. A total of 55 hospitals participated in the “Asklepios Aktiv” programme. To promote engagement, a meeting of prevention officers moderated by the Group HR division is held once a year. The objective is to share experiences, strengthen networks and optimise the effectiveness of measures.

2024	No.	in %
Prevention officers (headcount)	64	100%
Number of participating hospitals	55	100%
Number of hospitals with offerings in the area of exercise	52	95%
Number of hospitals with offerings in the area of nutrition	52	95%
Number of hospitals with offerings in the area of stress management	47	85%
Number of hospitals with offerings in the area of further health offerings	53	96%

Asklepios measures its success based on the number of hospitals having at least one offering in three of the aforementioned fields of action. During the 2024 reporting year, 52 hospitals (95%) had offerings in at least three of the four fields of action.

Employee Assistance Program (EAP)

The EAP, operated by the subsidiary INSITE, has been a key part of company health and social services provided by Asklepios since 2019. It is aimed at providing comprehensive support to employees in challenging workplace and personal situations, and at promoting their health and performance on a sustainable basis.

Offerings and services of EAP

- Psychosocial advice: assistance with stress management, family conflicts, personal crises and mental stress.
- Care-giving advice: assisting employees who provide care to relatives.
- Debt advice: professional advice on financial problems and help with debt management.
- Team coaching: measures promoting team dynamics and conflict resolution.
- Work-life balance: measures helping work-life balance.

The EAP is available to all employees of Asklepios. Advice is provided anonymously, 24/7 and on a strictly confidential basis.

Integration at Asklepios

The EAP is firmly integrated into the Group-wide HR strategy and rounds off the existing health promotion measures. The programme is being implemented and continuously enhanced in close collaboration with INSITE, which is specialised in providing professional assistance solutions.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Digital healthcare provision: Asklepios eHealth

Asklepios eHealth forms a key part of the corporate strategy for integrating digital technologies in healthcare provision. The programme includes innovative measures in the areas of prevention, post-operative care and telemedicine and is aimed at making patient care more efficient and accessible.

In addition to patient-oriented offerings, Asklepios eHealth also provides preventive health solutions for employees. One example of this is the free online programme for self-help training courses developed in collaboration with the partner Minddistrict. This tool offers exercises for stress management, mindfulness and relaxation and actively supports employees in coping with personal and professional challenges. It rounds off the existing measures of health management at Asklepios and strengthens the well-being of employees at work.

Critical Incident Reporting System (CIRS)

Employees can use the CIRS to report critical incidents, processes or events that might pose a risk to patients and employees. This enables early identification and processing of safety risks. For special risk situations in psychiatric facilities, there are mandatory contingency plans in place at the individual facilities and specifically adapted to the requirements locally.

Clearing centre for handling cases of sexual harassment or abuse

This item is once again dealt with separately → **Diversity, equal treatment and equal opportunities.**

Tool-based whistleblower system

Since the beginning of 2022, a digital whistleblower system has been in place whereby employees can report possible compliance breaches, including in the areas of occupational safety and health, anonymously or by name. The Compliance division processes the reports confidentially and ensures that whistleblowers do not face any negative impacts relating to their employment status.

Protection from risks of infection

Asklepios protects employees with measures pursuant to the Infection Protection Act (Infektionsschutzgesetz, IfSG) with regard to basic hygiene such as:

- Regular hand hygiene.
- Use of personal protective equipment such as single-use gloves and protective masks.
- Training of specialist staff on infection prevention.
- Optimisation of space design and technical equipment to minimise risks of infection.

Safety measures at the workplace

Ensuring compliance with the provisions of the Occupational Safety Act (Arbeitsschutzgesetz, ArbSchG), the Industrial Safety Regulation (Betriebssicherheitsverordnung, BetrSichV) and the Hazardous Substances Regulation (Gefahrstoffverordnung, GefStoffV) when dealing with hazardous substances and equipment is important to Asklepios. This includes regular instruction on working procedures, equipment and machinery and measures related to the safe handling of hazardous substances. In addition to laboratory chemicals, inhalation anaesthetics as well as medical gases, traditional disinfectants and concentrated cleaning agents also constitute hazardous substances.

To ensure the occupational safety and health of our employees, we conduct regular and ongoing training and offer health and prevention courses. The training programmes are offered via the e-learning platform AskNow and cover the topics of fire safety, hygiene and workplace safety, among others. Moreover, there are site-based offerings promoting mental and physical health in the areas of exercise, nutrition and stress management which are designed as preventative tools and ways to promote good health. The objective of the mitigating measures is to counter the impact on employee health, prevent workplace accidents and disease-related risks/exposure and promote the general well-being of our employees.

At the local level, regular inspections are conducted together with the Centre for Occupational Safety and Health and the respective managers to assess the effectiveness of the occupational safety measures. The training courses are offered decentrally at the various sites and via AskNow.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Direct impacts of the measures on the number of absences (sickness rate) and thus employees' state of health cannot be obtained directly since our employees' health depends on various factors. It is therefore not possible to measure any effectiveness beyond the level of attendance of training courses and inspections.

The negative impacts of employees being absent due to a lack of occupational safety or lack of health prevention resulting from health impacts, or of employees leaving the Company due to dissatisfaction, can lead to higher personnel expenses, diminished working hours and a decline in the quality delivered. The regular inspections along with any recommended actions on remediation measures are documented accordingly together with the Centre for Occupational Safety and Health. Reference is regularly made to the offering for health courses via the intranet AskMe. In this regard we also draw attention to the measures to counteract the negative impacts on health safety caused e.g. by not enough exercise and sitting for long periods. For health and occupational safety there is no fixed budget, but instead measures are initiated at each site individually.

The business activity of Asklepios may have various different potential impacts on the health and safety of our employees. With regular risk inspections on site and the continuous offering of training courses in the areas of occupational safety and health, Asklepios ensures that its own activities do not create or contribute to negative impacts on the Company's workforce.

In the context of the regular risk inspections at the local level, measures developed such as height-adjustable workplaces, workplace set-up and special patient beds are taken into account in financial planning.

S1-14 Occupational safety and health metrics

The occupational and health safety management system of Asklepios covers 100% of employees. An overview of the accident and health statistics is shown in the table below.

Accident and health statistics	2024
Reportable work-related accidents (number)	443
Rate of reportable work-related accidents (%)	6.4

The number of reportable workplace accidents related to occupational safety and health are retrieved manually via query by the Group division Human Resources from the HR department heads of the sites. The working times are determined on the basis of the hours contractually agreed in the HR source system for each day of the year via the GDW and used to calculate the metric. Not included in the total of the assumed targeted working hours is the roughly 3% of employees not connected to the HR source system. The calculation is made based on the following formula: number of reportable workplace accidents divided by the calculated working hours of all employees within a year. This value is then multiplied by 1,000,000. This results in a statement on the number of reportable workplace accidents for 1,000,000 working hours. At Asklepios, this ratio is 6.4 reportable workplace accidents per 1,000,000 working hours.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Diversity, equal treatment and equal opportunities

S1-1 Principles of Conduct related to diversity, equal treatment and equal opportunities

Principles of Conduct

The Asklepios Principles of Conduct together with the UN Human Rights Declaration form the ethical framework for the actions of all directors, officers and employees. They form the basis for corporate acts and describe the values and standards employees of Asklepios should feel bound by:

- Integrity
- Responsibility
- Trust
- Loyalty
- Sustainability

The Principles of Conduct serve as a basis for decision making in day-to-day work and are intended to help prevent breaches of internal and external requirements as well as the resulting risks under criminal and liability law. From the viewpoint of Asklepios, they ensure that uniform standards known and upheld throughout the Company apply. They also form the basis on which employees work together collaboratively and define the rules for their dealings amongst one another. The goal is to create a respectful and safe environment for the Company's employees. The executive employees carry special responsibility when it comes to these Principles of Conduct being implemented. Through their irreproachable and lawful conduct, they especially act as a role model for others. They are responsible for ensuring that the employees within their scope of responsibility are aware of and know the content of the Principles of Conduct and comply with them in their actions. The Principles of Conduct are made available to all employees through the intranet.

In these Principles of Conduct, Asklepios condemns discrimination in any form. All employees are expected to recognise other employees, patients and business partners in their identity and distinctiveness. No one may be discriminated based on gender, origin, colour, religion, disability, sexual orientation or other characteristics. The content of these Principles of Conduct is available to all employees via the intranet.

Position paper on inclusion of persons with disabilities

Together with the representative body for severely disabled persons, Asklepios is developing a position paper to promote the respectful participation and integration of persons with disabilities at work and in training. Moreover, measures are being developed each year whose progress is being continuously reviewed.

Training and upskilling (e-learning and learning management system)

The Group Works Council agreement stipulates provisions on the nature and scope of e-learning offerings and the learning management system "AskNow". Mandatory training courses in areas such as fire prevention in addition to further development programmes are coordinated across sites.

"AskNow" promotes skills development and is available to all employees. The Group Works Council monitors compliance with the policy, in some cases also digitally using the e-learning tool, whereas the HR division is responsible for its implementation. Specialist departments develop the training content with a view to meeting individual needs.

Policy on sexual assault, discrimination and workplace violence

The policy defines these terms, makes recommendations to persons affected as well as witnesses on what to do in such situations, and specifies reporting channels and options (Reporting Office, whistleblower system, local contact persons, external advice). The monitoring process is ensured by regular reviews of the standard procedure and by the control mechanisms defined in the standard compliance procedures. The policy applies to the entire Group of Asklepios Kliniken GmbH & Co. KGaA and its direct and indirect subsidiaries, with the exception of RHÖN-KLINIKUM AG, MEDICLIN AG and their subsidiaries. The scope of application extends to all employees, with the management having an obligation to review whether further employees have to be informed in addition to the explicitly named function and employee groups. The term "workplace" is defined broadly and also includes situations outside the immediate work environment where there is a link to work (e.g. company parties, commute journeys). The Management Board as well as the management (regional managing directors, managing directors), the Group divisional heads and the heads of the organisational units are responsible for communicating and implementing the policy. The policy is available as a standard procedure within the intranet. In addition, a summary ("Compliance to Go") is provided on the intranet, as well as information on how to contact the Reporting Office and on the external advisory offering "meinEAP".

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Whistleblower system and Reporting Office for sexual assault and discrimination

Asklepios has established a whistleblower system as well as a special Reporting Office for sexual assault and discrimination whose use is governed by the Group works council agreement. The objective of this system is to help identify and prevent at an early stage incidents such as violence, harassment or discrimination.

Whistleblower system

The system enables employees to report wrongdoing such as corruption, fraud, data protection violations, conflicts of interest or sexual assault anonymously and safely.

Reporting Office for sexual assault and discrimination

For cases of sexual assault or discriminating conduct, Asklepios additionally provides a Reporting Office which is staffed based on the principle of equal representation. Reports received by the Reporting Office are investigated confidentially, objectively and consistently. In the event of suspected cases being confirmed, the Company, with our “zero tolerance approach”, takes all necessary actions to protect the persons affected and to prevent negative impacts.

Access, responsibilities and user group

- The policy and the whistleblower system are accessible for all employees via the intranet.
- The Central Compliance division is responsible for the system, monitors compliance with it and submits a report once a year to the Group Works Council and the Management Board.
- The Group Works Council was involved in the system’s development.
- The policy’s users include all employees but not the other players along the value chain.

Legal basis:

- The whistleblower system meets the legal requirements set out in the Whistleblower Protection Act (Hinweisgeberschutzgesetz, HinSchG).
- The Reporting Office for sexual assault is oriented on the General Equal Treatment Act (Gleichbehandlungsgesetz, AGG).

Policies on eliminating discrimination, promoting equal opportunities, diversity and inclusion

Asklepios is committed to a respectful and fair work environment providing equal opportunities to all employees. Measures for eliminating discrimination, promoting equal opportunities, as well as strengthening diversity and inclusion are consistently implemented. A more detailed description of the measures can be found under → **Measures** in this sub-section.

Respect and equal treatment

The Principles of Conduct of Asklepios attach great importance to respect and equal treatment of all employees. Discrimination in any form, for example based on gender, origin, colour, religion, age, disability or sexual orientation, is expressly excluded. This also forms an integral part of the strategy.

With regard to inclusion and special support measures, one of the areas Asklepios focuses on is the group of international caregivers which it assists by providing integration officers at the local levels. The policy related to the integration of international caregivers is aimed at people of diverse nations and backgrounds and supports them in their integration into their professional and everyday life at both the Group and local level.

Compliance management system

The purpose of the compliance management system of Asklepios is to ensure compliance with the legal requirements and internal policies and thus help prevent discrimination. A special Reporting Office for sexual harassment provides employees with a confidential point of contact for reporting and processing incidents. The allegations are investigated by a clearing centre made up of an equal number of men and women (2 men and 2 women), which is followed up by appropriate measures if required.

Diversity Charter and #offenfüralle

Asklepios signed the Diversity Charter in 2008 and since then actively participates in the initiative “#offenfüralle” (open for all). As part of this initiative, individual hospitals of the network conduct actions to raise awareness of the Company’s position for diversity and inclusion and to promote dialogue among colleagues on the general topics of age, gender and identity, physical and mental abilities, nationalities, social origin as well as belief.

The Asklepios Principles of Conduct and the expectations associated with them are communicated Group-wide: new employees are provided with the Principles of Conduct immediately during the hiring process. Moreover, all employees are called upon to embrace and support the goals and values defined in the Principles of Conduct and to put them into daily practice. Executive employees have a particular responsibility in this regard (“tone from the top”). The Principles of Conduct are posted on the Internet and intranet and accessible to all employees as well as to external third parties.

When it comes to discriminatory behaviour, Asklepios takes a “zero-tolerance” approach. Any cases becoming known are processed, and measures are taken if required in the individual case. Employees have the possibility of turning to the Compliance department using the whistleblowing system – confidentially, if they wish also anonymously. Matters of sexual assault, discrimination or violence at the workplace may be reported to the

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Reporting Office made up of members based on equal representation – likewise confidentially and if they wish also anonymously. For the processing of reports, clear rules governed by the legal requirements and internal processes apply.

S1-5 Targets related to diversity, equal opportunities and equal treatment

So far, no time-bound and outcome-oriented targets related to the Company's workforce have been defined.

S1-4 Targets related to diversity, equal opportunities and equal treatment

General measures promoting diversity, equal treatment and equal opportunities are listed below. These are followed by individual measures to minimise material negative impacts on the workforce of the Company.

Upskilling and training measures

To consistently strengthen training and skills development measures throughout the Group, Asklepios created the new Group division "Training and Knowledge Management" in September 2024. The goal is to give all professional groups access to relevant training offerings as well as additional development and qualification opportunities. Asklepios has various training units, offered some 2,600 training places in 14 professional fields in financial year 2024 and each year conducts various continued training and upskilling events at the Asklepios training centres. Moreover, the Asklepios Campus Hamburg (ACH) offers a state approved university degree in medicine.

E-Learning „AskNow“

In 2022 Asklepios introduced a digitalised platform for e-learning and event management with the software "AskNow". The purpose of the system is to provide an end-to-end solution for planning and conducting training events and conferences. It enables automated processes and reports for organising and carrying out events in online, hybrid and in-person formats. "AskNow" improves the quality, scope, availability, efficiency and documentation of continued training and upskilling offerings.

E-learning and learning management system

The Group Works Council agreement stipulates provisions on the nature and scope of e-learning offerings and the learning management system. Mandatory training courses in areas such as fire prevention, as well as further development programmes are

coordinated across our sites. "AskNow" promotes skills development and is available to all employees. The Group Works Council monitors compliance with the policy, in some cases also digitally using the e-learning tool, whereas the division HR and Legal is responsible for its implementation. Specialist departments develop the training content with a view to meeting individual needs.

Trainee programme/executive employee development

A few years ago, Asklepios established a training programme to recruit qualified executives. Under this programme, aspiring executives support the hospital management bodies as (junior) hospital managers for a period of three to six years. The goal is to specifically prepare participants for responsible executive roles.

Diversity and inclusion measures

Since 2021, Asklepios has been part of the initiative "offenfüralle" (open for all) advocating for diversity and inclusion.

Under this initiative, individual hospitals of the network organise actions to raise awareness of the Company's position. The aim is to promote dialogue among employees on the topics of age, gender and identity, physical and mental abilities, nationalities, social origin as well as belief, and to create a welcoming work environment. As part of this strategy, Asklepios is focusing further attention on diversity in #teamasklepios.

The effectiveness of these measures is currently being tracked and measured in a "hands on" approach through regular dialogue with employee representatives at the Group and local level.

Asklepios does not yet have any standardised processes for determining which measures are necessary and appropriate. So far, decisions are made on a case-by-case basis through engaging in regular dialogue with the employee representative body both at the Group and local level.

Disregard of ethical hiring practices in the application process, insufficient actions against workplace violence and harassment as well as discriminatory practices with the Company's workforce can lead to negative impacts on the quality of life of the affected persons. These may, for example, include a decrease in employee advancement and continuing training opportunities, a feeling of diminished security or a higher level of stress at work. With the measures described, Asklepios is creating a welcoming work environment and a healthy work atmosphere, thus actively promoting diversity, tolerance and equality.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

A respectful and fair work relationship regardless of gender, age or origin, religious beliefs, any disabilities or other individual characteristics has a positive impact on the Company's own workforce, on all other types of workers at Asklepios, as well as on society.

Equal treatment and opportunities are a vital part of the business strategy since they result in greater employee satisfaction and in the success of the Company's business operations being decisively supported by a motivated workforce committed in the long term. The integration policy for recruiting international caregivers is focused e.g. on fostering satisfaction and loyalty to the Company through special integration teams that develop and implement proactive measures in the international context.

The measures described here result in resources being tied, but the view of Asklepios is that making such resources available is a non-negotiable given how relevant this topic is. However, it is not possible to make a disclosure on the specific allocation of financial or human resources for such engagement efforts.

S1-9 Targets related to diversity, equal opportunities and equal treatment

People from many different nations work at Asklepios and contribute to the Company's cultural diversity. Asklepios is fully committed to such diversity and stands firmly against discrimination or harassment in any form. Asklepios maintains the principle of equal opportunities by hiring exclusively on the basis of qualifications. In the reporting year 2024, the proportion of women in management positions was 33.1%. Asklepios also recognises the importance of having a balanced age structure.

Workforce at top management level: by gender (number and % of total workforce)

Workforce at top management level: by gender (number and % of total workforce)	No.	in%
Female	691	33.1%
Male	1,395	66.9%

The metrics are recorded and evaluated for both HR source systems. The top management level is defined as being made up of head and senior physicians as well as the management. For sites not linked to the HR source systems, the Asklepios average serves as the basis for the extrapolation. This relates to around 3% of the total number of employees.

Employees by age group (% of total workforce)

Employees by age group (number and % of total workforce)	No.	in %
< 30 years	9,277	21.8%
30–50 years	19,789	46.5%
> 50 years	13,491	31.7%

The metrics for employees by age group are determined by an evaluation from the ERP system. All employees of the Company were included. For sites not linked to the HR source systems, the Asklepios average serves as the basis for the extrapolation. This relates to around 3% of the total number of employees.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

ESRS S4 Consumers and end-users

At Asklepios, our focus is making sure everything we do is in the best interests of our patients. Our top priority is providing patients with a safe environment as well as first-class medical care to a high level of satisfaction. Asklepios strives for medical excellence with a structured quality management organisation coordinated across all sites, working together closely with all hospitals of the Asklepios Group.

In this section, Asklepios explains, among other things:

- the strategic approach as it relates to patients,
- material impacts and risks related to patients,
- the actions taken to diminish or remediate negative impacts and risks as well as promote positive impacts,
- the results of such actions.

ESRS 2 SBM-2-S4 – Interests and views of stakeholders

Basic information on how the views, perspectives and rights of stakeholders, in particular also patients, inform Asklepios' strategy and how its business model is geared towards this is found in the section → **ESRS 2, Interests and views of stakeholders**.

ESRS 2 SBM-3-S4 – Material impacts, risks and opportunities and their interaction with strategy and business model

An overview of the impacts, risks and opportunities related to consumers and end-users is provided in the section ESRS2, SBM-3.

Asklepios' strategy and the business model are directly linked to its patients. Through continuous analysis of the impacts on patients and the resulting adjustments, Asklepios seeks to help steadily improve patient care and meet their needs.

All consumers and/or end-users who are likely affected by material impacts of Asklepios' business activity fall under the disclosures pursuant to ESRS 2. That includes impacts related to its own business activities, the value chain and in connection with products, services and business relations.

Asklepios' services relate primarily to patients who need medical treatment and nursing. Moreover, relatives and visitors of patients may also be affected. When referring to patients, their legal representatives and relatives or visitors are always included as well.

If patients receive drugs or medical devices that may have side effects or adverse long-term effects, these can also be harmful or increase the risk of chronic disease.

The collection, processing and storage of patient data is indispensable when it comes to providing medical care. Asklepios is committed to protecting patient data in accordance with the data protection provisions in force and takes technical and organisational measures to ensure data security. In the event of data protection breaches related to the data of end-users and consumers, for example as a result of GDPR violations or data leaks caused by cyber-attacks, the security of such data is no longer guaranteed. Given our business model, that also includes sensitive (personal) health data. Data protection breaches therefore can negatively affect Asklepios' patients. The potential breach of confidentiality, for example as a result of improper handling or inadvertent disclosure of confidential patient and health information, also represents a negative and potential impact for the patients of Asklepios.

Asklepios seeks to ensure the well-being of all patients with its medical care and pre-/after-care offerings. The treatments are aimed at improving the overall health of patients or mitigating the serious impacts of diseases on the palliative medicine wards. On the other hand, a lack of trust on the part of patients may result in persons affected in some cases not wanting to freely express their view or voice potential criticism for fear of negative consequences such as poor treatment or unfriendly staff. This in turn can lead to poor treatment outcomes and have a negative impact on people.

The negative and potential impacts described were categorised by Asklepios as individual and would affect only some of the patients at the operative facilities.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

One potentially negative impact might arise if patients fail to understand, or misunderstand, the information they receive (from consultations with their doctor or patient information sheets and forms) related to treatment and drugs. The fear of negative consequences (e.g. in terms of the quality of medical treatment or dealings with staff) may result in patients not being able to express their opinion.

Patients being treated at Asklepios find themselves in situations where they have to rely on the help of others. These also include groups at particular risk such as dementia patients, children and adolescents, patients with disabilities, and generally all those who are helpless or restricted due to their illness.

The clinical risk policy of Asklepios is aimed at optimally managing dangerous situations and clinical risks such as medication errors, mix-ups, wrongly assigned findings, and poor hygiene standards, to name just a few. This applies to all hospitals and includes Group-wide risk analyses and internal audits, incident analyses and peer reviews. For treatment areas that have been identified as particularly sensitive (e.g. obstetrics, after-care), there are special medical standards geared towards minimising risks.

Based on the Group-wide Critical Incident Reporting System (CIRS), see → **Critical Incident Reporting System** in this section, Asklepios analyses errors and near misses, and develops preventive actions. The assessment is performed Group-wide and thus enables learning across sites.

High hygiene standards in accordance with the recommendations of the Robert-Koch-Institute apply throughout the Group, which Asklepios monitors in hygiene inspections and hygiene audits. Asklepios has already received several awards from the German Coalition for Patient Safety (Aktionsbündnis Patientensicherheit, APS) for its risk policy.

(Potentially) negative impacts

Most (potentially) negative impacts are individual incidents. However, some areas hold systemic risks of negative impacts owing to the special circumstances of clinical operations.

Systemic impacts

- Lack of training relating to protection of children: gaps in training and raising awareness of protection of children can affect all children and adolescents in German hospitals.
- Protection from diseases and infections: as a general rule, it is not possible to rule out infections in the hospital environment.

Individual incidents

- Insufficient data protection: the increasing digitalisation within the healthcare system holds the risk of data protection violations. It is likely the case that only individual sites would be affected by negative impacts.
- Freedom of expression: within the healthcare system, patients are dependent on medical staff. In individual cases it may happen that patients do not freely express their opinion for fear of negative consequences.
- Use of personal data: errors or misconduct of individual employees in handling patient data are serious, but more likely than not are to be categorised as isolated cases.
- Security of a person: quality control errors or incidents related to safety such as falls or injuries are individual events. They can also be worsened by systemic factors such as staff shortages or insufficient safety precautions.
- Patient health: the qualification standards in the German healthcare system are high, with doctors and nurses having to undergo rigorous training. For this reason, Asklepios assesses risks to patient safety resulting from poor diagnosis or inappropriate treatment as individual events.
- Safety-relevant incidents: risks to safety of patients as a result of physical hazards and harm, e.g. falls, injuries and attacks, are to be assessed as individual events.

Positive impacts

- Health protection: at Asklepios, the health of our patients is the focus of everything we do. Asklepios offers them medical treatments as well as comprehensive pre- and after-care options, both for acute diseases and in the long term for chronic diseases. In the view of Asklepios, patients therefore benefit from the treatment outcomes and a higher quality of life.
- Protection of children: in suspected cases of neglect, child mistreatment or child abuse, Asklepios performs outpatient or inpatient diagnosis involving various specialist disciplines. Where a suspected case is substantiated, employees contact the police or the youth welfare office (Jugendamt). In this way we help identify at an

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

early stage cases of children being endangered so that children and adolescents get the help they need.

Asklepios has not identified any material risks and opportunities related to the impacts and dependencies with regard to patients.

S4-1 Processes for engaging with consumers and end-users about impacts

Respecting the human rights of patients, relatives and visitors is an integral part of our corporate policy and culture. This is enshrined among other things in the Statement of Principle on Human Rights. With regard to human rights, particular attention is paid to the following:

- The right to health: ensuring a high quality of medical care based on the needs of patients.
- The right to dignity and respect: treating all patients with dignity, respect and without discrimination.
- The right to privacy and data protection: protecting patient data in compliance with the data protection provisions in force.
- The right to information and self-determination: informing patients comprehensively about their treatment options and obtaining their informed consent.
- The right to non-discrimination: equal access to healthcare for all, regardless of their gender, origin, colour, religion, age, disability or sexual orientation.

Asklepios has a Group-wide policy on clinical risk management. Moreover, the individual hospitals implement additional policies depending on the specific circumstances on site. All policies apply to all patients.

Asklepios' policy on clinical risk management

The Group-wide policy of Asklepios on clinical risk management is binding on all facilities and covers the core processes of admissions, diagnosis, treatment and discharge/further treatment. Among other things, it includes the risk strategy, the CIRS, hygiene management and audits, peer review processes, case analyses, Group

standards on patient safety, participation in national networking (e.g. Coalition on Patient Safety (APS)), patient consultation, employee qualification and systematic risk assessment. In the annual audit, the Group Quality division examines to what extent a clinical risk management function dealing with potential risks, avoiding and preventing errors and adverse events and thus developing a culture of safety is established. Responsibility for the policy lies with the Management Board. The basis for this is provided by the quality management guideline as well as guidelines and provisions of the Joint Federal Committee (JFC) (Gemeinsamer Bundesausschuss, G-BA), recommendations of the Robert Koch-Institute (RKI), the Coalition on Patient Safety (APS) and the World Health Organization (WHO). The development of the policy took into account the interests and requirements of the JFC, the Austrian Clinical Risk Management Standards (ÖNORM), the WHO and the liability insurer. The policy is accessible to all employees online in the intranet via the Group-wise management documentation. In addition, Asklepios informs the public on patient safety measures on the Company's website, in the statutory quality report, via YouTube videos as well as in information flyers at the hospitals.

Quality Management Guideline

The Quality Management Guideline (QM Policy of Joint Federal Committee (JFC)) forms the central framework for quality assurance in specific service areas of Asklepios. It defines 14 mandatory instruments and six methods for safeguarding and promoting quality, safety and patient well-being, supported by an annual monitoring process in the form of the annual audit by the Group Quality division, in which the Guideline's implementation is reviewed in the annual audit by the Group Quality division.

Within the Group, responsibility for complying with and implementing this Guideline lies with the Group division Patient Safety, Quality Management and Hygiene (PQH). The QM Guideline as well as the Infection Protection Act (Infektionsschutzgesetz, IfSG) are the regulatory basis and ensure compliance with the highest standards in the Company's own operations along the value chain. The stakeholders affected include patients and their relatives as well as the legislator, but also Asklepios as employer along with its employees. Representatives from hospital and patient representative bodies were involved in the Guideline's development in the context of the JFC bodies. The Guideline is publicly accessible via the JFC website.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Central standard procedure for safely identifying patients

The central standard procedure on safely identifying patients pursues the goal of increasing patient safety. Its purpose in particular is to prevent mix-ups and confusions in

- diagnostic and therapeutic measures,
- operations,
- taking of samples,
- moving and transporting patients,
- service requirements,
- findings.

In addition, communication between employees and patients is to be improved. Asklepios monitors compliance every three years by means of internal audits. The central standard procedure for safely identifying patients is binding for the core processes of admissions, diagnosis, treatment and discharge/follow-on treatment and in all facilities. Responsibility for this lies with the Management Board. The basis is provided by recommendations for actions to ensure safe patient identification of the Coalition on Patient Safety (APC), which have been incorporated as minimum standards. All employees can access the standard procedure through Group-wide management documentation on the Internet.

Central standard procedure for preventing surgery mix-ups

The most important content and objectives pursued by the central standard procedure for avoiding surgery mix-ups are:

- greater patient safety,
- preventing surgery mix-ups during operations,
- improving communication between the professional groups.

Asklepios monitors compliance with the standard procedure at fixed intervals by means of internal audits. The central standard procedure for preventing surgery mix-ups is binding for all surgical procedures in Asklepios facilities. Responsibility lies with the Management Board. The basis is provided by the Quality Management Guideline of the JFC, the recommendations of the WHO and the recommended actions of the Coalition on Patient Safety (APS). Asklepios has integrated the recommendations of the WHO in its surgical safety checklist. In addition, the checklist was revised based on risk analyses. The WHO checklist is publicly available. The central standard procedure is available to all employees via the documentation management system on the intranet and in the hospital information system.

Central standard procedure for the Critical Incident Reporting System (CIRS)

The most important content and objectives pursued by the central standard procedure for the Critical Incident Reporting System (CIRS) are the following:

- Adverse events and errors are to be recorded on a continuous basis and used to improve patient safety.
- All employees know the path for reporting critical incidents and how a CIRS report is further processed.
- All employees can report errors under the CIRS.
- The CIRS managers know how to process a CIRS report and share the findings within their reporting circle.
- The executive employees actively support the CIRS process and implement measures. At least one member of the hospital's management as well as department heads are part of the QM/CIRS steering group. CIRS reports received and improvement measures implemented are regularly communicated in relevant CIRS newsletters or e-mail circulars of the management bodies.
- The employees know the CIRS findings and measures.

Asklepios monitors compliance with the standard procedure at fixed intervals by means of the annual audits by the Group Quality division. The CIRS central standard procedure is binding on all facilities and for all patient-related processes. Responsibility lies with the Management Board. The CIRS central standard procedure is based on the Quality Management Guideline of the JFC and fulfils its requirements. It is available to all employees via the documentation management system on the intranet.

Central standard procedure for surgical counting checks

The most important content and objectives pursued by the central standard procedure for surgical counting checks are the following:

- Count control requirements for instruments, textile items, needles and non-X-ray positive materials.
- Requirements related to the procedure in the event of false count result for instruments, textile items and needles.
- Procedure and documentation if materials are deliberately left at the surgical site.
- Requirements for operating room handover to subsequent service.
- Requirements for handover of table to subsequent instrument service.
- Requirements for documentation of count check for surgical procedures in surgical protocol.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Objectives of the standard procedure are the following:

- All instruments and materials used have been counted and documented.
- Patients leave the surgical department only with foreign objects that have been documented as having been deliberately left behind.

Asklepios monitors compliance with the standard procedure at fixed intervals by means of internal audits. Implementation of the central standard procedure for surgical counting checks is binding for all surgical procedures in Asklepios facilities. Responsibility for the central standard procedure for surgical counting checks lies with the Management Board.

The basis for the standard procedure is provided by the recommendations of the Coalition on Patient Safety (APS).

The central standard procedure for surgical counting checks is available online to all employees via the documentation management system on the intranet.

Central standard procedure for mortality and morbidity conferences

The most important content and objectives pursued by the central standard procedure for mortality and morbidity conferences are the following:

- Analysis, discussion and assessment of complications and difficult disease courses.
- Improvement of treatment quality.
- Identifying of professional errors and system errors.
- Preventive measures to reduce treatment errors, incidents and complications.
- (Further) developing of safety culture through frank discussion of cases in a protected space.
- Improving interdisciplinary communication, communication between professional groups as well as teamwork.

Compliance with the central standard procedure related to mortality and morbidity conferences is reviewed in the annual audit by the Group Quality division.

The central standard procedure for mortality and morbidity conferences is binding on all Asklepios facilities. Responsibility for the central standard procedure for mortality and morbidity conferences lies with the Management Board. The basis of the central standard procedure for mortality and morbidity conferences is provided by the Quality Management Guideline of the JFC and meets the recommendations of the German Medical Association (Bundesärztekammer, BÄK). The central standard procedure for

mortality and morbidity conferences is available online to all employees via the documentation management system on the intranet.

Vulnerable patient groups protection policy

Those who put their trust in Asklepios Kliniken are people who have truly been made to realise how vulnerable they are when they become physically or mentally ill or experience the major milestones in their lives such as becoming pregnant and delivering a child. Whenever patients are placed in the hands of our medical staff, with their privacy is restricted within a hospital room where they need nursing care, they can expect to be treated with special care, respect and consideration. This calls for professionalism, sensitiveness and careful communication on the part of all staff. The aim of this policy is to strengthen the protection of vulnerable patient groups as part of our corporate culture. This means recognising mistreatment not only in the domestic but also in the clinical environment. At the same time, however, protecting staff from false accusations also has to be improved. The aim is to bring about a culture of continuous respect while recognising the integrity of all parties and taking a cautious and circumspect approach towards a – sometimes imperceptible or subtle – blurring of boundaries. The complexity of everyday clinical work limits the extent to which standard procedures can be defined and safeguarded. The policy forms the basis for individually implementing such procedures at the operative level and is the responsibility of the Management Board. The protection policy is available via the Asklepios intranet to stakeholders, whose help is needed to implement it.

Asklepios Leadership Principles

In addition to the vulnerable patient groups protection policy requiring all employees to show professionalism, sensitiveness as well as careful communication in dealings with patients, the Asklepios Leadership Principles are aimed at the right to freedom of expression. The Leadership Principles are also oriented on the Principles of Conduct. Asklepios not only wishes to treat patients in the medical sense but also humanely and respectfully. Asklepios seeks to provide medical care in a spirit of partnership and fair dealings. The principles cover respectful treatment of all professional groups amongst one another as well as in dealings with patients and their individuality. The Leadership Principles are to serve as a basis for the freedom of expression of the consumers and end-users and are made available via the Group HR division via the Asklepios intranet.

Data protection

To meet all requirements of data protection law, Asklepios has introduced a data protection management system. Responsibility for this lies with the management bodies of the individual hospitals. At the operative level, there are local data protection

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

officers and in some cases also local data protection coordinators at all hospitals. The Group Legal division provides data protection advice centrally.

Various standard procedures define binding requirements for managing data within the Company. For example, Asklepios may process the data of patients only with their consent, if required by laws or regulations or if another legal basis exists for this. Throughout the Group, Asklepios assesses the risks with data processing and has defined a binding list of measures with specific time-based requirements for cases of risks which materialise. Employees of Asklepios must regularly participate in training courses relating to the topic of secure data processing.

Human rights/patient rights

Asklepios has put mechanisms in place to identify, examine and if required counteract negative impacts on human rights – the rights of patients. Everyone has a right to health and a high quality of medical care based on their needs as patients:

- Regular review: the safeguarding of human rights is reviewed as part of regular patient surveys as well as the complaints management department available for each patient. Patient advocates at the hospitals are available as contact persons.
- Training for employees: raising awareness with employees for human rights and patient rights.
- Transparent reporting: open communication about challenges and progress on issues of human rights.
- Cooperation: working together with various organisations, such as the Diversity Charter.
- Mechanisms for redress: redress in the event of human rights violations, e.g. through compensation or introducing corrective actions.

Asklepios is aware of its special responsibility towards employees, patients and society. The Statement of Principle on Human Rights sets out the commitment to observe and promote fundamental rights to safeguard these groups in accordance with the UN Human Rights Declaration (1948) as well as the Charter of Fundamental Rights of the European Union (2000) and to act accordingly. During the reporting year no cases of non-compliance were reported.

Asklepios further develops its policies regularly (every two years) and reviews them for up-to-dateness and correctness. During the reporting year there were no material changes in the policies specified.

S4-2 Engaging with consumers and end-users

Asklepios actively engages with patients in shaping and improving healthcare services through the following:

- Patient surveys: regularly gathering information on patient satisfaction and needs.
- Complaints management: complaints management system in all hospitals.
- Patient advocates: patient advocates or similar persons or self-help groups support patients in exercising their rights.
- Protection of vulnerable patient groups: specialist medical staff treat and document abuse and violence in particular when committed against vulnerable patient groups. When treating patients and in the documenting process, the focus is on pre-empting, identifying, adequately responding and prevention.

Patient surveys

Asklepios continuously asks its patients how satisfied they are with their treatment and their hospital stay. The survey results are evaluated semi-annually. Patients are also asked whether they would recommend Asklepios to their relatives and friends. For this purpose, standardised questionnaires with a satisfaction scale and pre-defined response options are provided. The option of stating individualised reasons for the answers given is also provided.

As a general rule, the survey is conducted in writing. At some hospitals there was a pilot phase in which questionnaires were done electronically. Some hospitals have already switched over completely to the electronic variant. Additional samplings, e.g. relating to waiting times and meals, are done on an ad hoc basis.

An external service provider evaluates the questionnaires. Asklepios evaluates the results and, where necessary, makes improvements and subsequently reviews the same for their effectiveness.

In addition to giving feedback in writing, patients may also turn to persons of confidence, e.g. employees, patient advocates or complaints managers. The complaints are processed by the complaints officers of the hospitals. At the request of their patients, all hospitals involve self-help groups, patient representatives and patient advisers from the local area.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

For the entire Group, the CEOs and the Group Quality division have responsibility for ensuring engagement with patients and taking their views into consideration in the corporate policy. At the individual hospitals, this task is in the hands of the respective steering committee.

The quarterly metrics resulting from the patient surveys are measured in the Asklepios quality cockpit on a semi-annually basis. For this purpose Asklepios regularly uses standardised questionnaires to ask our patients at the somatic and rehabilitation hospitals whether they would recommend us to others. Patients can answer “Yes” or “No”, giving reasons as they wish. The results of the patient surveys are provided in the collated annual data. The results from the 4th quarter of the previous year up to and including the 3rd quarter of the following year are always included. It is not possible to prepare an annual evaluation from Q1 to Q4 because the results from the last quarter are available only from the middle of February of the following year. The evaluation is prepared by an external survey institute and made available in an Excel spreadsheet. If a rehab facility is affiliated to a somatic hospital, the metrics for the entire facility are gathered and a mean value is taken. If quality targets are not achieved, the causes are analysed and improvement measures are derived from this.

S4-3 Remediation measures and complaints mechanism

Asklepios operates a patient-oriented complaints management system at all hospitals. This is set out in detail in a Group-wide standard procedure. Each hospital has set up a complaints office and clearly draws attention to this in the building's wayfinding system. This office gathers all suggestions and complaints made by patients and their relatives.

The audit programme, which is newly prepared each year, also enables employees to make their concerns and needs known to the management. The audit is conducted in the presence of and together with the relevant employees. The involvement of employees and communication during the audit ensures that their concerns and needs are passed on. The exchange therefore basically takes place confidentially. Compliance with binding requirements is reviewed and all feedback gathered from the Critical Incident Reporting System CIRS. From the documentation in the Asklepios Quality Cockpit, a structured improvement process including effectiveness screening is developed.

Asklepios informs patients through notices and the flyer “Ihre Meinung ist uns wichtig” (Your opinion is important to us) that they can make known their concerns or complaints – by phone, e-mail, letter or in person. For patients wishing to give their view on an anonymous basis, complaints forms are available for which specific letter boxes are provided. This procedure is adopted Group-wide.

On this basis, each hospital prepares monthly and annual complaints reports. These contain information on how the channels provided are used by the various patient groups. An integral part of the Group-wide complaints management function is a checklist. At annual internal audits, the Group Quality division reviews and assesses the options of submitting a complaint, of acceptance of complaints by employees, their processing, controlling and ongoing improvement process. In 2025 Asklepios would also like to introduce a metric on the basis of which it is measured how often complaints repeat themselves for certain issues. The results gained from that are to be used to develop preventive measures.

S4-5 Targets

We put the safety of our patients at the forefront of our strategic efforts and many of our policies. Three of these stand out in particular:

- The Corporate Responsibility Roadmap (CR Roadmap) describes the building blocks of the strategy for ensuring patient safety.
- The Critical Incident Reporting System (CIRS) provides metrics from which measures establishing the safety of clinical processes on a sustainable basis are derived.
- The prevention format S.A.V.E. (“Sicher Arbeiten Vertrauen Erhalten”, meaning “work safely, gain trust”) is aimed at ensuring that all employees working in Asklepios delivery rooms and central emergency wards are fully prepared to deal with emergencies.

Asklepios strives for a constantly high level of quality in the treatment provided and in patient safety and satisfaction. For the topics of health and safety, protection of children, data protection, freedom of expression and personal safety, Asklepios has not yet defined any targets at the sub-sub-top level. With regard to end-users and consumers, Asklepios has set targets based on patient metrics. To better track the progress made, metrics related to the Critical Incident Reporting System (CIRS), the results of patient surveys and audits are gathered. Here the Company aims for a 100% audit rate for hospitals. The audit rate during the financial year was 100%. The effectiveness of strategies and measures related to the material sustainability-related impacts, risks and opportunities for consumers and end-users is tracked based on the

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

metrics shown. The aim of the metric is, firstly, to achieve the audit rate. A further aim is to obtain the results and track the developments deriving from them.

Asklepios does not directly involve patients in tracking the targets or in developing improvement actions, but does directly consult all persons having a part in the treatment internally. Feedback from patients received from patient surveys, the accessible complaints management system or patient advocates in the hospitals is duly considered in the processes.

Metric on patient satisfaction: recommendation rate

Measuring the metric for patient satisfaction routinely involves determining the recommendation rate of patients. The objective is a recommendation rate of 90%. This is a common method in the healthcare system making it possible to compare the performance of Asklepios with other hospital operators. The aim applies to all hospitals and departments in which patient surveys are possible. That does not include areas like intensive care and dementia wards where patients are not able to fill out questionnaires due to their condition. The objectives were not adjusted during the reporting year and remain unchanged.

Survey period and evaluation: the survey results are evaluated annually by the Group division Quality and Hospitals, with the survey period running from the fourth quarter of the year to the third quarter of the following year. This period is decisive for the evaluation since the results of the fourth quarter are available only in the middle of February of the following year.

Progress measurement and improvement actions: the reference value for measuring progress is obtained from the results of the previous survey period (fourth quarter of the previous year to third quarter of the current year). The data analysis is performed by the external institute anaQuesta. The results are evaluated on a quarterly basis. If they deviate from the target (90% recommendation rate), a root-cause analysis is performed and improvement actions are taken. Comparison with other hospital operators helps measure the achievement of targets and identify scope for improvement.

Stability of the metrics: comparability of the results is ensured since the measuring methods and metrics have not been changed over the past years. This enables continuous efforts to be made on improving patient satisfaction and involvement.

Critical Incident Reporting System CIRS

Asklepios' target is to steadily make improvements in the quality and safety of patient care. For this purpose, a comprehensive approach based on prevention, error analysis and continuous improvement is pursued. A key role in this is played by the Critical Incident Reporting System (CIRS), which anonymously records and reports errors and adverse events. The purpose of this system is to promote a learning process across our hospitals and to develop preventive measures.

The effectiveness of these actions is measured based on several metrics that are collated into a process-oriented metric, keeping in mind that individual metrics alone – such as the number of reports – are not sufficiently representative. It is only the comprehensive consideration of all process-relevant results that allows for a well-founded interpretation to be made and further measures to be developed.

The following metrics are relevant in this regard:

- Processed CIRS reports.
- CIRS reports with follow-on measures.
- CIRS reports with implemented measures.

From that the following relative values are calculated:

- Number of CIRS reports processed in proportion to CIRS reports received (%).
- Number of measures implemented in proportion to number of all measures (%).

These metrics refer to the individual hospitals. For hospitals with multiple sites, the metrics are gathered across sites. If a rehab facility is affiliated to a somatic hospital, metrics are calculated for the entire facility.

Current values are compared with the previous year's results, also in terms of target achievement of the current year. The defined targets refer to a period of one year and are thus to be achieved within this period.

Asklepios reviews semi-annually whether it has achieved its targets. Progress is documented in the "Asklepios Quality Cockpit". Where targets are not achieved, a root-cause analysis is performed on the basis of which specific improvement actions are defined. The automated evaluation by the CIRS software "Intrafox" is used as the source of data.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

S.A.V.E.

Ensuring the health and safety of the patients entrusted to us is the focus of everything we do. We attach special importance to making the conditions for child birth as safe as possible. With S.A.V.E. (“Sicher Arbeiten Vertrauen Erhalten”, or “work safely, gain trust”), Asklepios has established a medical law prevention format aimed at ensuring that all employees working in Asklepios delivery rooms are fully prepared to deal with rare obstetric emergencies. A further focus is on simulation training for central emergency wards. The basic idea of S.A.V.E. is to take a structured approach to far-reaching findings on medical incidents and their causes as revealed in liability lawsuits. By specifically combining emergency training courses and legal workshops, we have succeeded in establishing emergency routines and at the same time raising awareness with our teams of the underlying causes of incidents through communication, patient consultations and documentation.

We train participants and also measure the number of training hours. The goal is to establish a training routine within the hospital group. For this, the following metrics are collected:

- Number of participants in the prevention format S.A.V.E. who are employed with Asklepios.
- Number of training hours of participants participating in the prevention format S.A.V.E. who are employed with Asklepios.

For the delivery room area, we measure the sustainability of our prevention format S.A.V.E. based on the number of child birth incidents with a moderate liability risk (25-75%) and high liability risk (>75%) in proportion to the number of child births and calculate the average over three years. These targets apply to all hospitals of AKG and AKHH within our business area.

The liability risk of 25-75% describes the degree of likelihood to which we assume an unfavourable civil law ruling will be issued in a liability suit. Specifically, that means a moderate risk of liability in which we assess the outcome of a liability suit as unclear. Accordingly, the liability risk of >75% means that we put the likelihood of an unfavourable civil law ruling being issued in a liability suit at over 75% and thus assume a high liability risk.

S4-4 Actions and resources

The Group Quality division defines key measures related to the quality officers and the management of the hospitals. The hospitals themselves decide on local measures according to their needs. The employees on site are responsible for determining the specific form these measures take.

The following measures were implemented during the reporting year:

- Introduction of a Group-wide standard procedure for mandatory continued training. This includes in particular continued training on patient safety, e.g. training related to hygiene and emergency care. The standard procedure also contains implementation verification metrics.
- In particular the way in which the Critical Incident Reporting System CIRS was improved at all hospitals.
- Improving the Group standard on complaints management.
- CIRS managers were appointed and changed.

During reporting year 2024 and subsequently, regular training courses were held for employees especially on the topics of CIRS, complaints management and patient surveys. The courses are available in digital form on Asklepios' Group-wide online learning platform. Further development of the patient satisfaction survey will continue until 2025.

For all measures, various dates are set and reviewed at the hospitals individually. For this purpose, an action plan is used in the “Intrafox” software program. Not every measure below is provided with its own budget, but the measures are to be understood as part of overall budgets that cannot be directly attributed.

Structured quality management system and continuous improvement

All Asklepios hospitals have a structured quality management system that is based on the quality management policy of the JFC and Group standards. This system is regularly enhanced and adapted to the legal requirements, with a particular focus on patient safety. The Group Quality division monitors compliance with the quality policies and in 2024 introduced additional checks of the effectiveness of improvement actions in the “Intrafox” measures management software. The minimum standards of medical, nursing and therapeutic patient care are defined by the Group Quality division and implemented by the quality and risk managers.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

To safeguard quality standards, the Group Quality division conducts annual audits at all hospitals. Based on the audit results, the hospitals prepare action plans for continuous improvement. This includes e.g. reviewing the current HR resources for the triage process in the central emergency wards to ensure that human resources are being used reasonably and that adjustments can be made as appropriate. Likewise, the performance of an analysis the current triage process in the central emergency ward is planned for pedestrians to determine the need and scope of possible adjustments. The goal is to optimise triage in such a way as to ensure timely documentation. In addition, hospital-internal audits and risk management audits are conducted for focus areas.

In the event of negative impacts, the following analysis instruments and experts are available:

- Asklepios risk analysis,
- structured case analyses, e.g. according to the London Protocol that provides a method for analysing serious incidents,
- peer reviews,
- audits,
- experts from the Group divisions Quality, Legal, Insurance and Compliance.

The experts from the Group divisions agree internally on which approach is appropriate in the specific case. They analyse the incidents and based on the results develop suitable corrective and preventive measures to minimise future risks and increase patient safety.

Error and risk management

Negative impacts on patients can be reduced or prevented with the help of the Critical Incident Reporting System CIRS and the digital whistleblowing system: the recording and evaluation of the reports results in measures to address the reported cases. The structured audit programme also works preventively because it scrutinises software-based structures and processes, identifies scope for improvement and develops improvement actions. Based on the system of metrics and annual planning of quality targets, important metrics such as patient satisfaction, quality and patient safety are monitored and promoted.

Complaints mechanism

Patients and their legal representatives and/or relatives can express their concerns, criticisms or grievances in different ways. The established channels include in particular written patient surveys and a structured complaints management system. Our patients are specifically encouraged to express their views freely. The reports are carefully collected and assessed: complaints are centralised at the individual hospital

level with an internal complaints manager, who oversees their processing and evaluates the data at least once a year. The effectiveness of this measure is ensured by a comprehensive assessment of feedback by the quality management department at both the hospital and the Group level. As part of the complaints management system, complainants receive a response with regard to the processed complaint and the actions taken within a defined period of time. Although no specific policies exist for offering the reporting person protection from consequences, the questionnaires are anonymous, which increases trust in the use of the channels. Moreover, grievances are treated confidentially to safeguard patients' privacy and the protection of their data. Cases in which patients are affected by negative impacts are reviewed by the management body on a case-by-case basis so that reasonable compensation can be paid where appropriate. However, there is no formal procedure for ensuring the effectiveness of such compensation at this time.

General standards

All patient safety measures at Asklepios are based on central Group requirements. The Quality division keeps itself informed on an ongoing basis about new scientific developments and duly takes account of these. These standards are adapted as required to the specific requirements of various patient groups, e.g. to the needs of vulnerable patient groups such as children or psychiatric patients. The basis of these standards is a comprehensive risk analysis as well as recommendations of the WHO and the German Coalition on Patient Safety (APS). Examples of the standards are: WHO surgical safety checklist, surgical counting checks, patient identification bracelets and the "Stop Inject: Check!" method. Details on the individual standards are set out further below.

To ensure quality and compliance with legal requirements, Asklepios has established an internal verification and controlling process. The purpose of this process is to continually monitor the use of structural and process requirements defined in the Quality Guidelines of the JFC. These policies implement the medical guidelines and are of material significance for the quality of patient care. To increase patient safety and reduce potential negative impacts in the area of administering and documenting drugs, Asklepios is implementing the following measures:

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Safe medication methods

- Systematic documentation: drug prescriptions are recorded using the software ORBIS Medication which documents all current, planned or past administering of medications.
- Automatic safety checks: the software checks drugs for possible side effects and drug-drug interactions. In this way potential risks for patients can be identified early and minimised.
- Process support: ORBIS Medication assists the hospital pharmacy in the safe storage, management and provision of drugs.
- Error prevention: the automated functions of the software significantly reduce the risks of susceptibility to errors on the part of nurses and doctors during the medication process, which in turn results in greater safety for patients.
- “Stop-Injekt: Check!” method: the standardised approach to injections ensures that patients receive the right medication in the right dose at the right time.

Hygiene and surgical safety management

- Management system according to DIN ISO 13485: in the preparation units for medical devices, a structured system for cleaning and sterilisation of surgical instruments is used to ensure high safety and hygiene standards.
- Surgical safety checklist and documentation: for operations, standardised rules of communication apply, and instruments as well as materials are counted applying the four-eyes principle. All measures are documented to ensure traceability.
- Hygiene measures: the specialist hygiene staff participate in Group-internal qualification measures and actively take part in surveillance surveys as well as the WHO's Clean Your Hands campaign. In addition, both internal and external audits are carried out to review compliance with hygiene requirements and ensure the effectiveness of measures.

Patient protection

- Patient identification and avoiding mix-ups: all patients receive an arm bracelet with three distinct identifiers (name, date of birth, case number). These identifiers are also applied to drugs to prevent mix-ups.
- Protection policies for vulnerable patient groups: since 2020 there has been a mandatory protection policy for vulnerable patient groups such as children and elderly people. It encompasses training, information materials, contact addresses for special help groups and videos which explain the safety measures to patients transparently.
- Involvement of persons authorised under living wills/advance directives: for patients unable to make decisions on their own, the contact data of persons authorised to do so under a living will/advance directive or of persons authorised as custodians are documented in the patient file. Such persons are actively involved in the decision-making processes. Living wills/advance directives are respected at all times.

Protection of children

Medical care provided to children has to be child-centred. At Asklepios there are 18 paediatric hospitals with different areas of focus that specialise in providing care to children and offer comprehensive care from birth to adolescence. Asklepios employees are regularly trained at the individual hospitals in the area of protection of children so that they can quickly and effectively identify signs of potential risks to a child's well-being. In the emergency wards, a process documentation takes place which is used as an initial assessment system. This approach puts a special focus on recognising unusual injury patterns in children to identify potential mistreatment early on. In the event of suspected mistreatment, the responsible paediatric service doctors as well as the nursing staff on duty in the paediatric emergency ward are notified. In this way, a timely and precise examination of the child can be performed so that any additional actions to protect the child can be taken. These training courses are carried out in the individual hospitals in the specific business area. The expected result of this measure is prevention of child mistreatment as well as early detection and reporting of suspected cases in order to safeguard the well-being of children. This is an ongoing measure already being implemented.

Data protection

As part of the data management system, the implementation of data protection requirements is safeguarded. The management boards of the individual hospitals are responsible for implementing data protection provisions. They are assisted at the operative level by the local data protection officers of the hospitals. Central consulting with regard to data protection is provided by the Group division Legal, Insurance and Compliance (LIC) in which the topic of data protection is enshrined. Guidance and detailed information on data protection impact assessments are provided. Employee training courses as well as other measures related to prevention, such as data protection updates in the intranet and information provided on an ad hoc basis, help prevent data protection violations. During the financial year, there were 54 reportable data protection incidents. These are addressed as quickly as possible by Asklepios and in accordance with the standard procedure. For the reporting year, the metric is gathered by Group division LIC from the managing directors of the operative units by means of a Group Data Warehouse (KDW) query template.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Training and checks

All employees are receive regular training in the Group-wide standards for patient safety and clinical risk management. New employees undergo a documented course of instruction in these standards. Regular checks ensure compliance.

Critical Incident Reporting System CIRS

A key element of the risk management function is the Critical Incident Reporting System CIRS in which all employees can anonymously report errors and adverse events. The system makes it possible to identify incidents of relevance across our hospital sites and to develop preventive measures, and is to be used at all hospitals. The aim of CIRS is to identify and eliminate sources of error, enhance patient safety, increase patient and parent satisfaction and promote a learning organisation. Since 2010, employees of Asklepios have submitted reports using CIRS resulting in specific improvement actions. These cover prevention of mix-ups of similar looking drugs, improvement of emergency equipment on wards and prevention of improper use of medical equipment.

S.A.V.E.

Medical incidents are processed by the Group Quality division. It analyses cases with the involved employees systematically to identify the underlying causes and on this basis to develop specific preventive measures. Particularly in obstetrics, an area in which emergencies rarely occur but are of considerable significance when they do, we use specialised training formats such as S.A.V.E. (Sicher Arbeiten Vertrauen Erhalten, or work safely, gain trust) which is the responsibility of the Group division Legal, Insurance & Compliance. This medical law format, which has been in place since 2017 for obstetricians, mid-wives as well as the entire delivery room team, was expanded in 2020 to the central emergency wards. Training for obstetrics is based on the analysis of critical birth processes and imparts theoretical knowledge, new medical findings as well as manual and legal requirements. All obstetricians at Asklepios attend a central course of training in Hamburg. The objective is to train employees on how to effectively handle emergency situations and in this way sustainably ensure patient safety in critical scenarios.

PROM (Patient Reported Outcome Measurement) for quality improvement

Since 2024 the software-based Patient Reported Outcome Measurement (PROM) has been used to improve the quality of treatment. Under quality agreements with the health insurance funds, Asklepios measures treatment success from the viewpoint of patients. Before and after the treatment, particularly in hip and knee areas, patients are surveyed online about their quality of life and state of health. This is done directly before the treatment as well as three months to one year after their stay in hospital. From 2025 Asklepios plans to roll out the PROM surveys Group-wide.

Digital patient information

In 2024, digital patient information was introduced at all hospitals. Instead of providing patients information in paper form, patients now receive their information on an iPad. This allows for fast, user-friendly and secure documentation of the information provided by doctors. Where required, the information is also provided in several languages to ensure the best possible comprehension for all patients.

Case managers and app

Since 2023, Asklepios Kliniken has concluded quality contracts on hip and knee endoprosthesis with the health insurance funds. These contracts include individual support by case managers who enable patients over a period of one year to smoothly transition from the hospital to rehabilitation followed by after-care. Moreover, patients receive an app that helps them quickly return to their daily life.

Measures management and success checks

The implementation and effectiveness of the required improvement measures are reviewed and documented by Asklepios using a measure management approach e.g. with the software "Intrafox" as well as other methodological approaches.

- "Intrafox" software: the purpose of the "Intrafox" software is to document and verify the implementation and review of improvement measures. It enables a process-related and plausible tracking of the measures and their success.
- CIRS metrics: the process-oriented CIRS metrics are used to measure the effectiveness of the CIRS and ensure that near misses and adverse events are successfully addressed. These metrics provide important insights into the efficiency and the impacts of error prevention measures.
- Measuring the success of S.A.V.E.: the effect of the S.A.V.E. training programme is being monitored on a continuous basis. This measuring metric is the proportion of birth defects with a medium and high liability risk to total number of births (average over three years). It provides an objective basis for assessing the sustainability of the training programme as well as its impacts on patient safety.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

- Audits: internal and external audits are regularly performed to review compliance with standards and the effectiveness of the measures. These audits ensure that all safety standards are met and enable an objective assessment of the measures implemented.
- Patient Reported Outcome Measures (PROM): PROM surveys make it possible to measure the success of treatment from the patient's perspective. They are an important tool for measuring patient satisfaction and for confirming that the measures taken have actually led to an improvement in care and patient safety.

In 2024 there were no reports on serious problems and incidents related to human rights with regard to patients.

Asklepios makes available all required resources for managing its material impacts. This includes financial resources for software and hardware components on the one hand, and human resources for quality and risk management, on the other.

Metrics

S.A.V.E.

Asklepios measures the effect of the prevention format S.A.V.E. based on the number of child birth incidents with a moderate liability risk (25-75%) and high liability risk (>75%) in proportion to the number of births and calculates the average over three years (sliding 3-year average of years of occurrence). The liability risk of 25-75% describes the degree of likelihood to which we assume an unfavourable civil law ruling will be issued in a liability suit. Specifically, that means a moderate risk of liability in which we assess the outcome of a liability suit as unclear. Accordingly, the liability risk of >75% means that we put the likelihood of an unfavourable civil law ruling being issued in a liability suit at over 75% and thus assume a high liability risk.

During the reporting year, the metric was every 7,179th birth with reference to the sliding 3-year in the period 2021–2023. The value is calculated for the reporting date of 31 December 2024. It is calculated and broken down by liability risk and year of occurrence. As part of the in-house liability coverage, medical liability cases are processed by the Group division Legal, Insurance and Compliance and then documented and assessed in an internal database. From that, the number of birth defects with medium and high liability risk is generated in the form of a loss list.

In addition, the training hours of Asklepios employees for the delivery room and central emergency ward areas are monitored. The KPI is defined as the number of training hours of participants in the prevention format S.A.V.E. who are employed with Asklepios. The number of trained employees is recorded in writing by the S.A.V.E. trainer team during the S.A.V.E. training courses in the form of a list of participants. Data maintenance and processing is performed in Excel.

Year	Trained employees	Training hours
2017	155	1,704
2018	268	2,724
2019	265	2,572
2020	244	2,540
2021	472	4,724
2022	525	5,508
2023	635	6,488
2024	629	6,368
Summe	3,193	32,628

The described metrics were gathered through manual internal queries and are neither assumption-based nor externally validated.

Critical Incident Reporting System CIRS

Differentiated metrics measure compliance with the Asklepios quality targets in relation to patients and treatment, e.g. to the quality of the medical outcome. That includes the number of CIRS reports processed, implementation of measures from CIRS reports, performance of audits at the hospitals as well as patient satisfaction. Asklepios aggregates the CIRS metrics to one process-oriented metric. That is because no one metric is meaningful and representative in and of itself but only in the context of other metrics. The CIRS metrics stated are generated automatically and centrally for each year, with updates issued on a daily basis, by the Group Quality division using the assessment function in the software program Intrafox. For the assessment, the relevant metrics are collected from the CIRS software Intrafox for each hospital. In hospitals with multiple sites, the metrics are gathered across sites. The described metrics are gathered by the software program Intrafox and are neither assumption-based nor externally validated.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Audits

The metric for auditing of hospitals by the Group Quality division records the existing full audit report per hospital/year. For each hospital, a 100% degree of fulfilment is targeted. This value is reached if the quality management audit has been completed in full and documented by an audit record for each hospital. If the report is available, 100% is stated, whereas if the report is not available the audit has not been performed and the value is 0%. The described metrics were gathered through manual internal queries and are neither assumption-based nor externally validated.

Data protection

In the area of data protection, the number of data protection incidents per reporting unit (RU) at Asklepios reported to the state data protection authorities during the reporting year is gathered. The query is made to managing directors/data protection officers using the Group Data Warehouse (GDW) query template. The query is coordinated through the Group division Legal, Insurance and Compliance. The described metrics were gathered through manual internal queries and are neither assumption-based nor externally validated.

These metrics serve as a basis for continuously improving the processes and optimising the measures.

	2024
Critical Incident Reporting System (CIRS)	
Processed CIRS reports (%)	89%
CIRS reports with resulting measures (%)	91%
Implemented measures from CIRS (%)	86%
Audits	
The metric for auditing of hospitals by Group division Quality (audit rate) (%)	100%
Patient satisfaction	
Recommendation rate (%)	92%
Data protection	
Breaches of protection of personal data (number)	54

The Critical Incident Reporting System (CIRS) is a standard for early identification and prevention of errors and adverse events in clinical risk management and contributes towards improving patient safety. The Asklepios CIRS Network is continuously being enhanced. Asklepios measures the quality of its Group-wide CIRS using differentiated, standardised metrics which, in addition to the reports received, reflect in particular the quality of the CIRS processing method (acceptance, measurement and analysis) as well as the degree to which measures are implemented.

An audit is a method and means of monitoring and improving processes. It provides an assessment of the actual situation as compared with target situation. Documented audits are conducted by auditors of the Group Quality division on an annual basis. These audits look at all areas of the hospital. Asklepios uses the audits as a verification and improvement tool to identify sources of error in the processes and to make any potential improvements.

The assessment of the survey results on patient satisfaction gives Asklepios valuable information on strengths and potential improvements. For example, Asklepios benefits from the experiences and impressions of patients and has the possibility of making improvements to ensure their stay in hospital is as pleasant as possible. For reporting year 2024, no survey results were received at four hospitals due to the pilot project PQS (patient-centred quality set). At three other hospitals, no results from patient surveys were included in the overall result because the feedback rate was below the assessment threshold of 25 surveys per quarter.

Data protection, in particular the confidential use and protection of our patients' personal data, is very important to Asklepios. Given the growing awareness in society regarding the use of personal data, including reports in the media of data protection lapses and the daily use of particularly sensitive data related to provision of healthcare services, the issue of data protection is takes top priority at Asklepios.

4. Governance information

ESRS G1 Conduct of business

Conduct of business is closely linked to the strategy and business model of Asklepios. Integrity in conduct is the basis for Asklepios being seen as a trustworthy partner. That is why compliance is so important when it comes to responsible conduct of business.

In this section, Asklepios explains, among other things:

- what principles shape corporate culture and governance,
- how Asklepios safeguards animal welfare,
- how Asklepios manages compliance topics,
- the processes for protecting whistleblowers,
- payment practices,
- what measures are taken to prevent corruption and bribery.

ESRS 2 GOV-1-G1 The role of the administrative, supervisory and management bodies related to conduct of business

Asklepios is directed by a management body which is overseen by the Supervisory Board (dual board structure). Information on the role and expertise of our Management Board and the Supervisory Board related to corporate policy is set out in the section → **ESRS 2, GOV-1**.

ESRS 2 IRO-1-G1 Description of the processes to identify and assess material impacts, risks and opportunities

In the section → **ESRS 2, IRO-1**, Asklepios describes the processes to identify material impacts, risks and opportunities related to conduct of business.

G1-1 Conduct of business and corporate culture

For Asklepios it is important to embrace an inclusive corporate culture what values and respects all employees, is committed to equality and puts patients first. This cultural ideal includes working together in a spirit of mutual respect and appreciation. Our corporate culture is further shaped by engagement in mutual dialogue and exchange, a readiness to support and help one another as well as a determination to promote and drive innovative ideas. Clearly defined responsibilities and reporting

paths, rights and obligations within the Group's management body as well as in relation to the different management levels within the Group are to create trust, strengthen structures and ensure the long-term success of Asklepios.

Asklepios Leadership Principles

Asklepios strives for a valuing, motivating and respectful employee leadership and corporate culture. The Asklepios Leadership Principles describe what it is looking for in terms of its executive employees' core principles. Our executive employees are to identify with the Group's objectives and communicate these to the employees. Based on these principles, the targets for their departments are to be developed and individual target agreements are to be concluded at annual human resources development meetings. In direct, personal contact with their employees their job is to set priorities, make quick, transparent and objective decisions and address problems. When assessing performance and success, they are to be guided by the actual result in relation to the Group's targets.

Asklepios executives are to understand themselves as entrepreneurs within the Company, taking responsibility for their actions and the Group. They are to understand changes as an opportunity while striving for stability by embracing a long-term view. Risks are to be taken only after being analysed and assessed. Joint management responsibility of the executive employees demands integrity in keeping with the Principles of Conduct.

Topics of significance for Group policy are decided by the Management Board as managing body. Topics with overarching significance for the Company's business operations are covered by the central Group divisions and the regional operating divisions. Through internal budgets, decisions where possible are to be made at the level where the operative work occurs and where the decision needs to be taken.

Executives are to inform their employees about pending changes and the relevant reasons for these. In this way the greatest possible acceptance for necessary measures is to be created so that joint action can be taken.

The Leadership Principles call for mutual appreciation and respect at all levels. Fair dealings and a spirit of partnership are to be supported and encouraged, and providing the best possible care to patients regarded as a team effort. Objective criticism by their employees is to be accepted and thoughtfully taken into account. Asklepios values loyalty and the commitment of all team members. The executive employees are

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

to help shape a culture in which it is possible to give feedback, even beyond the existing hierarchy levels. As a “learning organisation”, Asklepios practices a constructive error culture by turning mistakes into opportunities. With all employees, working and behaving in a way that promotes health is valued.

When it comes to caring for patients, the quality of medical care has to take top priority. Patients must be able to trust that they are being treated to the highest standards and that their safety comes first. At the same time, Asklepios is to act in a socially responsible way. Employees are to treat patients in a dignified and respectful manner with regard to their personal needs.

Asklepios welcomes it when employees engage in professional networks and promotes all activities that encourage internal cooperation and support. Asklepios is supportive of contacts with other hospital companies whenever this is medically and/or economically appropriate. Such contacts may not entail any competitive or other disadvantages for Asklepios and must be disclosed to the Group's management.

Compliance management

At Asklepios, compliance is a question of attitude. Integrity in conduct is the basis for Asklepios being seen as a trustworthy partner. That is why for us compliance is so important when it comes to responsible conduct of business. We comply with the legal provisions and with our internal policies define an appropriate framework for this. Likewise, we adhere to ethical standards. Our guiding values and principles include integrity, trust and loyalty as well as quality, innovation and social responsibility. They are exemplified and reflected in the management style at Asklepios and are at the heart of the Asklepios Principles of Conduct. These two things form the basis of everything we do and are to serve as guidance for Asklepios employees.

The Principles of Conduct are supported by the Statement of Principle on Human Rights forming the basis for the implementation of human rights interests and Asklepios' environmental obligations relating to the implementation of the Act on Corporate Due Diligence Obligations in Supply Chains (Lieferkettensorgfaltspflichtengesetz, LkSG). In this regard, see also → **S1, Human Rights Policy**. As one of the leading private hospital service providers in Germany, Asklepios is well aware of its special responsibility towards employees, patients and society. In our Statement in Principle on Human Rights, we have set out the key principles and expectations of Asklepios related to internationally recognised human rights. Topics of central importance are the prohibition on discrimination, equal treatment of employees as well as the right to health and safety at the workplace. We are committed to the UN Human Rights Declaration

from 1948 and to the EU Charter of Fundamental Rights from 2000. This holds true for our own business activity and at the same time is also addressed our business partners in the supply and value chains.

The Compliance division reports directly to the CFO of Asklepios and regularly consults with the same; the division reports on a semi-annual basis to the full Management Board in a Management Board meeting. As part of this regular consultation, the Compliance division gives an overview of current compliance developments, the status of progress in the development of the compliance programme and specific compliance reports and compliance metrics. To ensure compliant conduct in the Company, Asklepios is continuously enhancing its compliance management function. In this way Asklepios seeks to identify relevant risks early on and to minimise such risks by taking suitable actions, thereby supporting and protecting the Management and employees. During the reporting year, Asklepios' efforts were particularly focused on adapting its compliance management function to CSRD and on implementing the requirements of the LkSG.

Key issues subject to a regular revision cycle are the Principles of Conduct as well as the standard compliance instructions described in detail in the context of what is to be binding on Asklepios' employees from a compliance viewpoint. Principles of Conduct as well as standard compliance procedures are approved by the Management Board. The Management Board has overall responsibility for compliance.

Overall operative responsibility for the topic of compliance lies with the Head of Compliance who is attached to the Group division Legal, Insurance and Compliance. He reports directly to the Chief Financial Officer (CFO) and informs the Management Board at regular intervals. At Asklepios' hospital sites and subsidiaries, the local management serves as a platform for compliance topics, particularly when it comes to communicating requirements to the employees. Local compliance officers support the management teams at the individual hospitals.

The compliance framework as well as the further development of the compliance management system are set in a top-down approach. Relevant compliance topics are passed on to the employees using defined distribution plans (e.g. immediate distribution in the case of new/updated standard instructions) and internal steering groups. Communication channels include the website as well as the Asklepios intranet AskMe. New developments from the compliance area are moreover communicated in the weekly Friday News email of Asklepios.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Whistleblower system and protection of whistleblowers

Asklepios provides various channels for reporting compliance breaches and human rights concerns to promote transparency and responsibility. All reporting channels ensure confidentiality and protect whistleblowers from reprisals.

Whistleblower system

Asklepios has a tool-based whistleblower system. It is firmly established in the compliance department and is part of the compliance management function. It gives employees a communication channel for reporting (potential) compliance breaches. The whistleblower system can be used anonymously and asks whistleblowers to provide only strictly necessary data.

The Asklepios whistleblower system is based on the requirements of the Whistleblower Protection Act (Hinweisgeberschutzgesetz, HinSchG). The reporting person (an employee or a person outside the Company) may not suffer any disadvantages from making a report. Specifically, there must be no negative consequences for their employment relationship. As a precondition for this, they have to make such report “in good faith”, i.e. must not make a deliberately wrongful accusation against someone. At the time of their report, they must have reasonable grounds to assume that the content of their report and complaint is correct, even if it turns out to be incorrect afterwards. Persons who want to deliberately or even maliciously harm others do not enjoy protection in such cases and must expect consequences.

The basis for using the whistleblower system is found in the standard procedure “Asklepios Whistleblower System, Reports and Rules”. It governs the management of reports and complaints, the procedure to be followed, the responsibilities and rights of whistleblowers and the persons affected. Key principles in this regard are the protection of whistleblowers from reprisals as well as safeguarding data protection.

Reporting Office

For reports of sexual assault, discrimination and violence at the workplace, Asklepios has also established an independent Reporting Office. Affected employees can turn to the Reporting Office directly in person, by phone or in writing.

Complaint process pursuant to Corporate Due Diligence Obligations in Supply Chains Act (LkSG)

For (potential) LkSG breaches, Asklepios has also set up an externally based complaints process for reporting violations of human rights and environmental obligations. Complaints can be made in person, by phone or e-mail or anonymously via the Asklepios website. Like reports made under the Whistleblower Protection Act, reports made under the Corporate Due Diligence Obligations in Supply Act (LkSG) are also processed with utmost confidentiality and discretion. During the reporting year, no complaints related to the supply chain of Asklepios were received.

Availability and communication

Both the whistleblower system and the Reporting Office are communicated Group-wide and accessible via the intranet (quick access) as well as the Compliance website. Asklepios refers to the reporting options in the Principles of Conduct under the section “Proper conduct in the case of violations”.

The e-learning programme “The Asklepios Principles of Conduct” explicitly deals with the whistleblower system as well as the Reporting Office for sexual assault, discrimination and violence at the workplace

In accordance with the legal provisions, Directive (EU) 2019/1937 and the applicable national implementing regulations as well as the German Whistleblower Protection Act (Hinweisgeberschutzgesetz, HinSchG), both the Principles of Conduct and the standard procedure for internal investigations include explicit requirements relating to the protection of whistleblowers. Communications and reports are treated confidentially. Confidentiality is also ensured by organisational and technical measures. Once the initial report has been made, the whistleblower has the option of submitting information relating to the compliance report confidentially using an electronic mailbox and of contacting the Compliance Division – regardless of whether the compliance report was made by name or anonymously.

Raising compliance awareness with employees

Asklepios employees can keep themselves informed about relevant training courses on corporate governance, including compliance, by using the e-learning tool AskNow. For executive employees, these training courses are mandatory. One focus of compliance management is to raise awareness of compliance topics with employees. With its slogan “compliance protects, compliance supports”, Asklepios draws attention to the importance of compliance and the cooperation between the Group level and the hospitals to adequately respond to compliance issues early on.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Local compliance contacts

To reach local employees in the best way possible and support the local management, the hospitals have compliance officers. They are appointed by the management but do not act exclusively in that capacity, i.e. they also provide ad hoc support and serve as contacts for the compliance department as well as the local management and employees. A regular dialogue is maintained between the compliance department and the local compliance officers.

Regular training, continued training and information events

In addition to training that is mandatory for the executive employees, compliance is a topic of internal training, continued training and information events. Through in-person or online training courses – e.g. employee meetings, management meetings, trainee events and meetings of head physicians – the compliance principles and current topics relating compliance are presented. There are also e-learning units on the Principles of Conduct to make known the compliance standards of Asklepios broadly. A mandatory training course for all executives as a defined risk group is the compliance e-learning course “The Asklepios Principles of Conduct”. In it the participants are informed about the Principles of Conduct, reporting options as well as other basic principles of compliance. This e-learning course is introduced by a foreword from the Management Board.

Risk groups

Asklepios defines employees in management positions as a risk group with the greatest exposure in terms of corruption and bribery, and sees this risk group as having a special responsibility when it comes to compliance. Executive employees are often involved in decisions having a relevant external impact. One area focus in establishing the compliance framework is creating standards for cooperating with external third parties. In the healthcare sector, hospital employees (usually medical professionals and doctors) work together closely with industry partners, in some cases outside their main line of work. This interaction calls for clear rules and a review in the individual case since this naturally may lead to conflicts of interest.

Animal welfare

Performing experiments on animals to manufacture drugs, observe the progression of diseases and develop treatment methods in the upstream value chain of Asklepios has an adverse effect on animal welfare. This affects animals involved in parts of the pharmaceutical value chain. Particularly in the field of pharmaceutical development, animal experiments will remain indispensable for many years to come. This is the only way to ensure that certain medical devices, drugs and vaccines which are used at Asklepios for treating patients are safe and effective. For this reason, the impact is directly related to the business model and strategy of Asklepios and has no influence

on them. The impact is categorised as negative, actual and systemic and/or wide-spread. There are currently no policies on animal welfare in the upstream value chain.

Targets

Specific targets are being developed.

G1-2 Management of relationships with suppliers

Asklepios values fair and reliable business relations with its suppliers, including small and medium-sized enterprises (SMEs). Asklepios continuously monitors payment processes and improves them to prevent payment delays and in turn strengthen its partnerships with suppliers. Although there is no explicit policy on this measure, adherence to agreed payment targets takes high priority. In accounts payable reports, the payment process is monitored regularly, twice a week, to prevent payment delays. Accounts payable reporting is a regular, established process to safeguard agreed payment targets. In the event of a backlog, the documents and the supplier are checked at the level of the relevant Group divisional management. During reporting year 2024, a hotline for suppliers was also set up. The contact data can be found on the order confirmation and the delivery certificate for the supplier. The Group divisional Head of Accounting ensures that the contact persons can be reached.

Asklepios does not conclude any master agreements for the entire supply range but instead concentrates on specific agreements for individual product groups or application areas. This makes it possible to agree on contractual terms precisely tailored to the respective requirements. It also allows us to exclude the possibility of suppliers including SMEs having advantages because of their larger or broader product ranges.

Robotic process automation (RPA) that started being used at the end of 2024 is a measure by which the processes at Asklepios are to be made more efficient and payment delays minimised. A robot makes an automated comparison of invoices with order confirmations. The deviations identified in this process are proactively corrected, allowing for significantly faster invoice complaints processing. In this way, Asklepios speeds up purchasing processes and reduces the risk of errors and delays in payment transactions.

Supplier management approach

As a healthcare Group, Asklepios has a great need for various products and services. These include goods and services for the medical area, administration and commercial items. In addition to that, Asklepios purchases products and services from the areas of technology, medical technology, food, energy as well as disposal and laundry

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

management. These goods and services are purchased mainly from Germany, other European countries and the USA.

Asklepios Großhandelsgesellschaft (AGH) is responsible for Company-wide supplier management in particular for consumables, medical supplies and pharmaceuticals. AGH moreover defines supplier strategies for each product area. Major suppliers cover 70 to 90% of our requirements. The remaining 10 to 30% comes from secondary or specialised providers. This allows us to avoid over-dependence on single players. For major suppliers, AGH is a major large customer and can therefore secure good terms and conditions of supply. Particularly for sensitive product groups, AGH moreover reviews whether one-or-more-supplier strategies or new supplier channels through direct imports might better cover our needs and prevent potential shortfalls.

Two central purchasing companies are responsible for operative management of procurement and supplies for the hospitals and medical care centres (MVZs). They also support users in the order process. In Bad Oldesloe, Asklepios operates its own state-of-the-art logistics centre and also works together with select logistics partners. Thanks to this logistics network, stocks of goods can be maintained, logistics paths and delivery times planned ahead of time, the security of supply increased and stable prices for critical products ensured.

For new employees in the area of procurement, Asklepios initiated a new initial training policy in 2024 which uses the e-learning tool AskNow to inform on training courses on corporate governance including compliance. Detailed standard operating procedures (SOPs) and standard procedures moreover inform in-depth about topics like corruption and bribery of employees in executive positions as a defined risk group. Training courses in sustainability matters or incentives for employees relating to sustainability in the supply chain are being planned.

Asklepios rates its major suppliers by revenue, supplier reliability, quality, compliance, efficiency and supply security. Specialised working groups and expert circles define suitable manufacturer-independent criteria for decisions on master agreements with regard to the quality of products and services. Asklepios holds discussions each year, and beyond that on an ad hoc basis, with suppliers of particular strategic importance.

Asklepios expects that supplier management requirements will continue to change. Increasing statutory requirements and complex geopolitical situations are having an impact on the availability of specific products and raw materials as well as on logistics channels. For this reason, Asklepios is creating suitable storage capacities in its

logistics centre with a specific view to building up inventories. This will enable us to better cope with cost increases and address any emerging shortages.

Integration of social and environmental criteria

During the reporting year, Asklepios worked on a policy for the systematic screening and evaluation of the social and environmental performance of suppliers. Asklepios views this as an integral part of its due diligence obligation to be aware of potential or actual adverse impacts and risks of corporate conduct along the value chain. In future, sustainability criteria will be given greater consideration in our procurement decisions. In some areas, individual hospitals already now prefer regional providers, for example when purchasing for local events.

One core element of the policy is a supply management system which also issues sustainability ratings for companies. In the standard master agreement, Asklepios makes the non-binding recommendation to suppliers to participate in such sustainability ranking. The supplier management system also includes non-registered suppliers in the rating.

With the help of the Supplier Management System, Asklepios prepares risk analyses. These give an overview of negative impacts and risks for suppliers related to topics, countries, sectors and those affected (including particularly vulnerable groups). In this way countries and locations with high-risk suppliers can be identified.

For suppliers identified as high-risk, the abstract risk analysis forms the basis of a broader, specific risk analysis to assess the actual risks. For this purpose, Asklepios specifically surveys suppliers in countries and at locations with high-risk suppliers. On this basis, Asklepios prioritises the risks and takes remediation measures. With the supplier management system, Asklepios can request and document any required remediation actions directly from the supplier concerned. During the reporting year 2024, information on the topics of ethics, occupational and human rights as well as environmental matters was requested from suppliers which in isolated cases had failed to provide information, or sufficient information, on such matters. In individual cases, a further reminder was sent when no response was received.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

Specific indications, for example related to child or forced labour – whether in LkSG complaints processes or the existing whistleblower system –, are investigated by Asklepios when these are reported. During reporting year 2024, no specific indications existed.

The ESG division and AGH will work together prospectively to prepare a policy on the reduction of Scope 3 emissions with the objective of including relevant sustainability criteria in purchasing decisions in a structured manner.

G1-6 – Payment practices

The average time Asklepios takes to pay an invoice from the date when the contractual or statutory term of payment starts to be calculated is 24.5 days. The data are retrieved and the average time elapsing until payment of an invoice is determined on the basis of the actual/raw data from the source system SAP and ensures completeness. The data basis was validated by the scope of random checks made.

In purchasing, Asklepios uses a standard master agreement which includes fixed terms and conditions of payment. It is the basis for all supply contracts and ensures uniform and transparent settlement. The normal payment term is 14 days with two percent discount and applies to all suppliers including SMEs. In the individual case, Asklepios, together with the supplier, adjusts the terms and conditions of payment for individual projects. In the ERP system, Asklepios cannot make any distinction between large enterprises (non-SMEs) and small enterprises (SMEs). The criterion “SME” and “non-SME” is not used and no enterprise controlling takes place on this basis either. It is thus not possible for Asklepios to effect a sub-division by supplier groups. But this by no means puts small and medium-sized enterprises (SMEs) at a disadvantage in terms of payment behaviour. At Asklepios there are no practices or work instructions that are disadvantageous for small and medium-sized enterprises in terms of payment behaviour or payment terms. The technical processes are designed for equal treatment, regardless of the size of suppliers. Asklepios pays 66.3% of total invoices within 1 and 14 days, 21.1% between 15 and 30 days, and 12.6% after 30 days.

Asklepios is currently not a party to any payment default court proceedings.

G1-3 Prevention and detection of corruption and bribery

With its policies for avoiding conflicts of interest and combating corruption and bribery, Asklepios follows the national and European legislation as well as industry standards. The policies are not yet explicitly in accordance with the United Nations Convention against Corruption. In 2025 Asklepios is planning a relevance analysis and will decide on adjusting the existing policies on that basis.

Asklepios emphatically rejects corruption and bribery in any form. This applies in the relationship both with public officials and with representatives of other organisations, undertakings and suppliers. In connection with any work performed for Asklepios, no one may be granted, promised or even merely offered a personal benefit as consideration for preferential treatment or favours. That also applies for benefits in favour of third parties, e.g. family members. The mere appearance of exerting an inadmissible influence over business decisions or over official acts in dealings with civil servants has to be avoided.

In its Principles of Conduct, Asklepios has enshrined compliance rules for the value chain. These prohibit corruption of any kind and are binding on all employees. They are accessible both internally and externally. In addition to several standard procedures for topics such as interaction with industry and other third parties as well as specific provisions in connection with participation in continued training events, the compliance policy General Regulations on Avoiding Corruption was established. This is aimed at raising awareness among those responsible for compliance at Asklepios as well as classifying and explaining compliance matters and measures. Training courses for the employees involved, including on how to deal with escalation, are aimed at strengthening the compliance culture within the Company.

The Management Board is informed of all reports related to corruption and bribery. Cases of corruption involving a member of the Management Board would be reported directly to the Supervisory Board. Compliance investigations are organised and conducted by the Compliance department. Depending on the case, experts from other departments or external experts can be involved in handling the matter. For investigations, the four-eyes principle applies.

CSRD Sustainability Statement

Introduction

General information

Environmental information

Social information

Governance information

For the persons in charge of investigations in the Compliance division, the Terms of Reference for Compliance and the Terms of Reference for Investigation apply. The Compliance division works independent of the area or departments involved in the alleged matters. This makes it possible to avoid potential conflicts (of interest) and to ensure the cases are handled objectively.

Asklepios communicates its Principles of Conduct and compliance rules to employees through training courses. The training courses cover the topic of preventing and fighting corruption. During the reporting year, Asklepios moreover published a new module for this in its e-learning programme.

In the Group HR/E-learning division, all employees are assigned to employee groups based on their type of work. In this way the e-learning courses posted in AskNow can be assigned to the employee groups based on risk and relevance aspects. The defined group of participants includes all executive employees. In this way all functions-at-risk are covered. Information such as frequency, the defined group of participants and content are gathered with the training tool "AskNow".

	Function-at-risk	Executive employees
Training coverage		
Total	3,386	3,386
Total receiving training	2,155	2,155
Percentage	63.6%	63.6%
Delivery method and duration		
In-person training	x	x
Computer-based training	x	x
Frequency		
How often training is required?	annually	annually
Topics covered		
Definition of corruption	x	x
Strategies	x	x
Procedures on suspicion/detection	x	x

Before 2022 there was no standard procedure for uniform approach to compliance training. In reporting year 2024, training courses were made up for retroactively, beginning with the roll-out of the e-learning programme AskNow in 2022. E-learning was implemented on an interim basis. The metric "percentage of at-risk-functions" covered by training programmes for reporting year 2024 includes the consecutive period of June 2022 to December 2024. The employees were trained successively

and there was no overlap. From 2025, e-learning will be approved always for one calendar year. Directors and officers of Asklepios have no training obligation with regard to compliance topics.

G1-4 Incidents of corruption or bribery

Relevant information is collected centrally in the Group division Legal, Insurance and Compliance (GD LIC). During the reporting year and as of now, potential reports would have to be reported as incidents through the management of the local units to the Group division Legal, Insurance and Compliance. In addition, such reports may also be addressed at any time to the Compliance division using the whistleblower system. From 2025, it will be reviewed whether an individual retrieval of the KPIs at the local level in addition to the existing process increases data security to such an extent as to warrant establishing such process.

During the reporting year, there were no convictions or fines for violations of anti-corruption and anti-bribery laws.

Incidents of corruption or bribery	2024
24a. Number of convictions for violations of anti-corruption and anti-bribery laws	-
24a. Fines for violations of anti-corruption and anti-bribery laws (euros)	-
25a. Total number and nature of confirmed incidents of corruption or bribery [voluntary]	-
25b. Number of incidents in which own workers were dismissed or disciplined for corruption or bribery-related incidents [voluntary]	-
25c. Number of incidents relating to contracts with business partners that were terminated or not renewed due to violations related to corruption or bribery [voluntary]	-

To avoid violations related to corruption and bribery, Asklepios has developed measures at the Group level that are being implemented at the local level. In addition to standard procedures related e.g. to giving and accepting gifts, active and passive participation in events and general interaction with industry, these also include ongoing compliance communication among other things in relevant blog entries over the intranet.

During the reporting year, there were no incidents with players from the value chain related to corruption or bribery which directly affected Asklepios or its employees.