

### 3.6 SASB healthcare delivery cross-reference table

				2024	
SASB Code	SASB metric	SASB category	SASB measurement unit	Information disclosed by Clariane	URD section
ENERGY MANAGEMENT					
HC-DY-130a.1	(1) Total energy consumed (2) Percentage of grid electricity (3) Percentage of renewable energy	Quantitative	Gigajoules (GJ) Percentage (%)	(1) Clariane publishes the total energy consumed in kWh: Total energy consumption: 720,697 kWh in 2024. (2) 37.1% electricity. (3) 16% (consolidated percentage) from renewable energy sources. This information can be found in the section opposite.	3.2.2.3.2
WASTE MANAGEMENT					
HC-DY-150a.1	Total amount of medical waste Percentage of (a) incinerated, (b) recycled or treated and (c) landfilled	Quantitative	Metric tons (t) Percentage (%)	The quantity of infectious medical waste collected in 2024 was 869.6 t, all (100%) of which was incinerated. This information can be found in the section opposite.	3.2.4.2
HC-DY-150a.2	Total quantity of: (1) pharmaceutical waste and (2) non-hazardous pharmaceutical waste Percentage of (a) incinerated, (b) recycled or treated and (c) landfilled	Quantitative	Metric tons (t) Percentage (%)	(1) (2) Clariane does not disclose this type of information. In the countries where the Group operates, the recovery and destruction of pharmaceutical waste is governed by national and pharmacy regulations, in accordance with Directive 2004/27/EC of 31 March 2004. In response to these requirements, Clariane has set up appropriate collection systems for unused or out-of-date medicines. This information can be found in the section opposite.	3.2.4.2
PATIENT DATA PRIVACY AND ELECTRONIC MEDICAL RECORDS					
HC-DY-230a.2	Description of policies and practices to secure personal health data and other personal data	Discussion and analysis		Clariane publishes information on risk management relating to information systems, cyber security and personal data protection that may impact its residents and patients, as well as details of its Group personal data protection and cybersecurity policies (in accordance with the GDPR). This information can be found in the section opposite.	2.1.5 3.3.3.9 3.4.4
HC-DY-230a.3	(1) Number of data breaches (2) Percentage involving (a) personally identifiable information (PII) only and (b) protected health information (PHI) (3) Number of customers concerned in each category, (a) PII only and (b) PHI	Quantitative	Number Percentage (%)	(1) 21 cases of data breaches were recorded in 2024. (2) (a) 86% involving nominative data (b) 48% concerning protected health information. (3) Clariane does not publish the number of customers concerned in each category. More information regarding the Group's strategy in terms of personal data protection is available in the section opposite.	3.3.3.8
HC-DY-230a.4	Total amount of financial losses as a result of legal proceedings associated with data privacy and data security	Quantitative	Monetary value	The Group has not been the subject of any legal proceedings relating to data confidentiality and security, so no financial loss is attributable to such proceedings.	3.3.3.9

				2024	
SASB Code	SASB metric	SASB category	SASB measurement unit	Information disclosed by Clariane	URD section
ACCESSIBILITY OF SERVICES FOR LOW-INCOME PATIENTS					
HC-DY-240a.1	Review of the strategy for managing all types of patient insurance	Discussion and analysis		This indicator is not applicable in the European context.	Not applicable
QUALITY OF CARE AND PATIENT SATISFACTION					
HC-DY-250a.2	Number of serious reportable events (SRE)	Quantitative	Number	Clariane publishes the frequency rate of Serious Adverse Events (SAEs) relating to the health, safety and security of residents and patients, according to its own standards. The definition of SAEs is common to all Group entities. The ratio was 0.84 per 10,000 billed days in 2024. Further information can be found in the related section.	3.3.3.2.2
HC-DY-250a.3	HAC score (nosocomial infection rate) by hospital	Quantitative	Percentage (%)	<p>Nosocomial infections must be reported to the health authorities, and are monitored as serious adverse events (SAEs) in the event of epidemics. Clariane, however, does not track nosocomial illnesses separately from other treatment-related SAEs. It is not, therefore, possible to provide an infection rate.</p> <p>For the healthcare facilities, the Group's countries concerned define a policy for the prevention and control of infections in hospitals, in accordance with local regulations, and have dedicated prevention and treatment protocols. Each clinic has a healthcare-associated infections control committee.</p> <p>In the Group's surgical clinics (only present in Italy), the prevention of nosocomial infections is integrated into the risk management system through specific procedures (such as prophylaxis and monitoring of patients during their stay). Cases of infection are recorded in the patient's medical records, reported to the Risk Manager and reviewed during internal audit meetings.</p>	
HC-DY-250a.4	Number of (1) unplanned readmissions and (2) total readmissions per hospital	Quantitative	Number	This indicator is not considered applicable as Clariane does not operate any hospital activities.	Not applicable
MANAGEMENT OF CONTROLLED SUBSTANCES					
HC-DY-260a.1	Description of policies and practices for managing the number of prescriptions issued for controlled substances	Discussion and analysis		Clariane follows the regulations in force in the European market. All drugs are subject to marketing authorisation. The drugs dispensed by the Group's facilities have been prescribed by doctors. The drug circuit, from prescription to administration, complies with the legislation in force in each country and recommendations on the proper use of drugs.	
PRICING AND BILLING TRANSPARENCY					
HC-DY-270a.1	Description of policies or initiatives to ensure that patients are properly informed about the price before undergoing an operation	Discussion and analysis		In Italy (the only country where the Group has surgical clinics), when the operation is not covered by the national health reimbursement system, all costs to be billed for the procedure are presented and approved by the patient beforehand. Pricing may depend on each clinic and is laid out in a contract presented to the patient for approval. The cost depends on the type of surgical treatment, the device implanted (if any), equipment used, staff and doctor costs, and operating theatre costs.	Regulations and pricing table – chapter 8

SASB Code	SASB metric	SASB category	SASB measurement unit	2024	
				Information disclosed by Clariane	URD section
HC-DY-270a.2	Discussion on the provision of pricing information for services to the public	Discussion and analysis		Information on the details of the regulations and provisions governing pricing and financing of healthcare and nursing activities in each country where the Group operates can be found in chapter 8 of the Universal Registration Document.	Regulations and pricing table – chapter 8
HC-DY-270a.3	Number of the entity's 25 most common services for which pricing information is publicly available, percentage of total services performed (by volume) represented by these services	Quantitative	Number Percentage (%)	This indicator is not considered relevant due to the Group's activities.	
<b>EMPLOYEE HEALTH AND SAFETY</b>					
HC-DY-320a.1	Total Recordable Incident Rate (TRIR) for (a) employees and (b) non-employee workers	Quantitative	Rate	(1) Frequency rate: 31 in 2024 (vs 37 in 2023). (2) The corresponding indicator is the absenteeism rate: 10.4% (vs 11.4% in 2023). Further information can be found in the section opposite.	3.3.1.6
<b>EMPLOYEE RECRUITMENT, TRAINING AND RETENTION POLICY</b>					
HC-DY-330a.1	(1) Voluntary and (2) involuntary employee turnover rate for: (a) doctors, (b) non-doctor healthcare professionals, and (c) all other employees	Quantitative	Percentage (%)	(1) Clariane discloses the overall turnover rate for the Group: 22% (vs 22.6% in 2023). (2) Clariane does not disclose detailed information on turnover rates by category. Further information can be found in the section opposite.	3.3.1.3
HC-DY-330a.2	Description of talent recruitment and retention efforts for healthcare professionals	Discussion and analysis		Clariane publishes its human resources strategy relating to the attractiveness of the Group, recruitment and retention of employees, which breaks down as follows: <ul style="list-style-type: none"> <li>rallying employees around an ambitious social foundation;</li> <li>internal promotion at the heart of Clariane's promise to employees;</li> <li>a motivating social contract focused on fulfilment at work;</li> <li>anticipating and taking appropriate action in view of the limited availability of talent in the industry;</li> <li>training courses leading to qualifications run by the network of Clariane Universities in the various countries.</li> </ul> Clariane hires through internal and external channels and invests in skills development. Internally, the Group is committed to qualifying training paths, in particular the validation of acquired experience and apprenticeships. Externally, the Group recruits via announcements or partnerships, or using innovative retraining schemes. It also carries out numerous initiatives to allow people seeking professional integration to discover its careers. To learn more about these policies, as well as the Group's measures to promote health and safety, well-being and quality of life at work, please refer to the sections opposite.	3.3

				2024	
SASB Code	SASB metric	SASB category	SASB measurement unit	Information disclosed by Clariane	URD section
IMPACTS OF CLIMATE CHANGE ON THE HEALTH OF INDIVIDUALS AND INFRASTRUCTURE					
HC-DY-450a.1	Description of policies and practices regarding: (1) physical risks related to the increase in the frequency and intensity of extreme weather events (2) changes in morbidity and mortality rates for diseases related to climate change (3) emergency preparedness and response	Discussion and analysis		(1) The Group has analysed its exposure to climate risk in 2024, the results of which are detailed in section 3.2.2.3.2 along with practices for anticipating, preventing and managing extreme weather events.  (2) This indicator is not monitored by Clariane.  Clariane is committed to a low-carbon roadmap, in particular by improving the energy performance of its buildings and reducing the environmental footprint of its activities and those of its entire value chain in order to: <ul style="list-style-type: none"><li>• ensure compliance with European regulatory requirements;</li><li>• contribute by upholding its responsibility as an actor proactively involved in the fight against global warming, by adapting its activities, and in the preservation of the environment.</li></ul> Please refer to the sections opposite for more details.	2.3.2 3.2.2.2 3.2.2.3 3.2.2.8
HC-DY-450a.2	Percentage of healthcare facilities that are compliant with the Centres for Medicare and Medicaid Services (CMS) emergency preparation policy	Quantitative	Percentage (%)	This indicator refers to US regulations, which are not applicable to Clariane.  Clariane complies with all regulations applicable in the countries in which the Group operates regarding emergency procedures and situations.  In addition, Clariane has set up a centralised crisis management system, which is described in the section opposite.	3.3.3.2.2
FRAUD AND UNNECESSARY PROCEDURES					
HC-DY-510a.1	Total amount of financial losses due to legal proceedings associated with medical fraud	Quantitative	Monetary value	This indicator is not considered applicable in the European context.	Not applicable
BUSINESS METRICS					
HC-DY-000.A	Number (1) facilities and (2) beds, by type	Quantitative	Number	As of 31 December 2024: (1) 1,220 facilities; (2) 90,500 beds.	
HC-DY-000.B	Number (1) in-patient admissions and (2) outpatient visits	Quantitative	Number	(1) (2) In 2024, 886,685 residents and patients were welcomed in care homes, clinics with full hospitalisation, for outpatient consultations or in shared housing or under home care. Clariane does not disclose the breakdown of this figure. It is also worth noting that these are not only hospitalised patients but also residents of care homes, assisted living residences, shared housing or people receiving home care.	