

MISSION COMMITTEE REPORT 2026

Improving
health through
constant
innovation



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Editorial

Martin VIAL

Chair of the Mission Committee

Ramsay Santé committed to becoming a mission-driven company at the end of 2022 and has made significant progress since then in implementing its mission.

This roll-out has taken place against a backdrop of significant changes both inside and outside the company over the past four years.

Firstly, the French health care sector faces severe constraints, particularly financial, owing to the health insurance deficit and social security debt, which has deepened since the Covid pandemic. Economic pressure on the hospital sector is mounting, largely because hospital tariffs lag behind changes in costs. Although Ramsay Santé Group generates nearly a third of its consolidated revenue in three Nordic countries, particularly Sweden, it remains under intense economic and financial pressure as the leader in private hospitalisation in France.

Furthermore, the Group's shareholding structure is being reorganised following the decision, at the start of 2026, by its largest shareholder, Ramsay Health Care, to distribute its stake in Ramsay Santé in kind to its own shareholders. This transaction will result in a significant change to the Group's shareholding structure and governance bodies.

The Mission Committee wishes to emphasise that, despite this particularly challenging environment, Ramsay Santé's senior management has in no way abandoned the ambitions set out in its mission and has, on the contrary, made progress in implementing them.

Following an initial phase in 2024 and 2025 of engagement and awareness-raising among head office and operational managers and, more broadly across the workforce, the company has more clearly identified levers for action and indicators for the four social and environmental objectives (SEOs) initially set in line with the Group's strategy and the improvement of its operational performance.

In this regard, the new strategic plan, Connecting Care 2030, was drawn up by fully integrating the mission into the plan's ambitions, implementation levers and priorities. These include, for example, integrated care provision, patient pathways, and the development of digital and artificial intelligence tools to support health care practices, in line with the SEOs.

The company is also demonstrating greater maturity in implementing the SEOs, whether in quantifying indicators to monitor levers for action, rolling out initiatives with an environmental impact, or measuring patients' perceptions of the quality of the care they receive. It is also worth highlighting the 'Choosing Wisely' initiative, launched within the Group in Sweden, which aims to optimise appropriateness of care, and lies at the heart of the objective of improving health through constant innovation. This report describes these advances in greater detail.

Naturally, these form part of a long-term approach, and results will need to be measured in stages. The Committee considers that the foundations for transforming patient care and the company's operations in line with the SEOs are now in place. Going forward, the Committee will continue to incite Ramsay Santé to build on this progress.

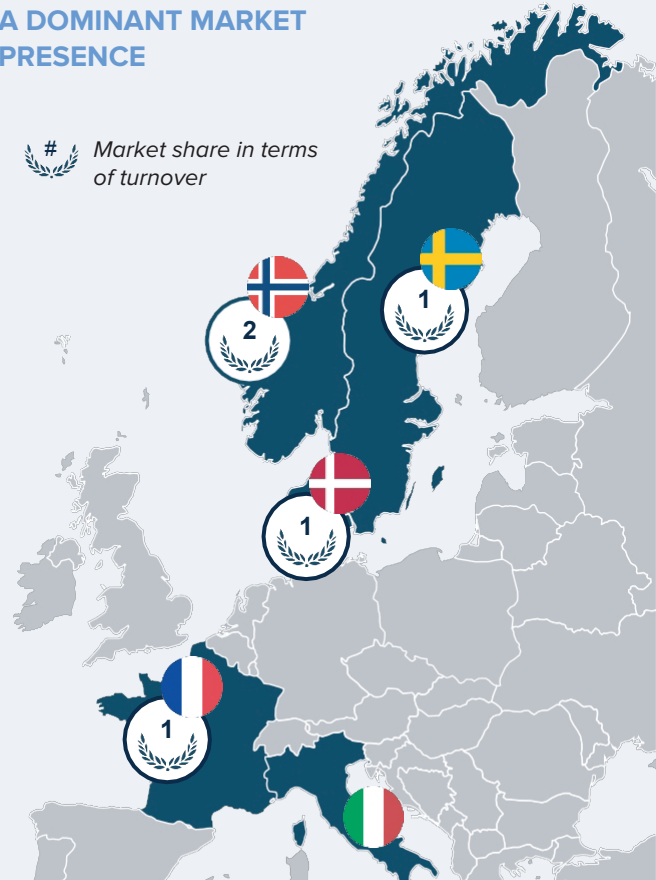


“The committee considers that the foundations for transforming the organisation's care provision and operations around the OSE have now been laid.”

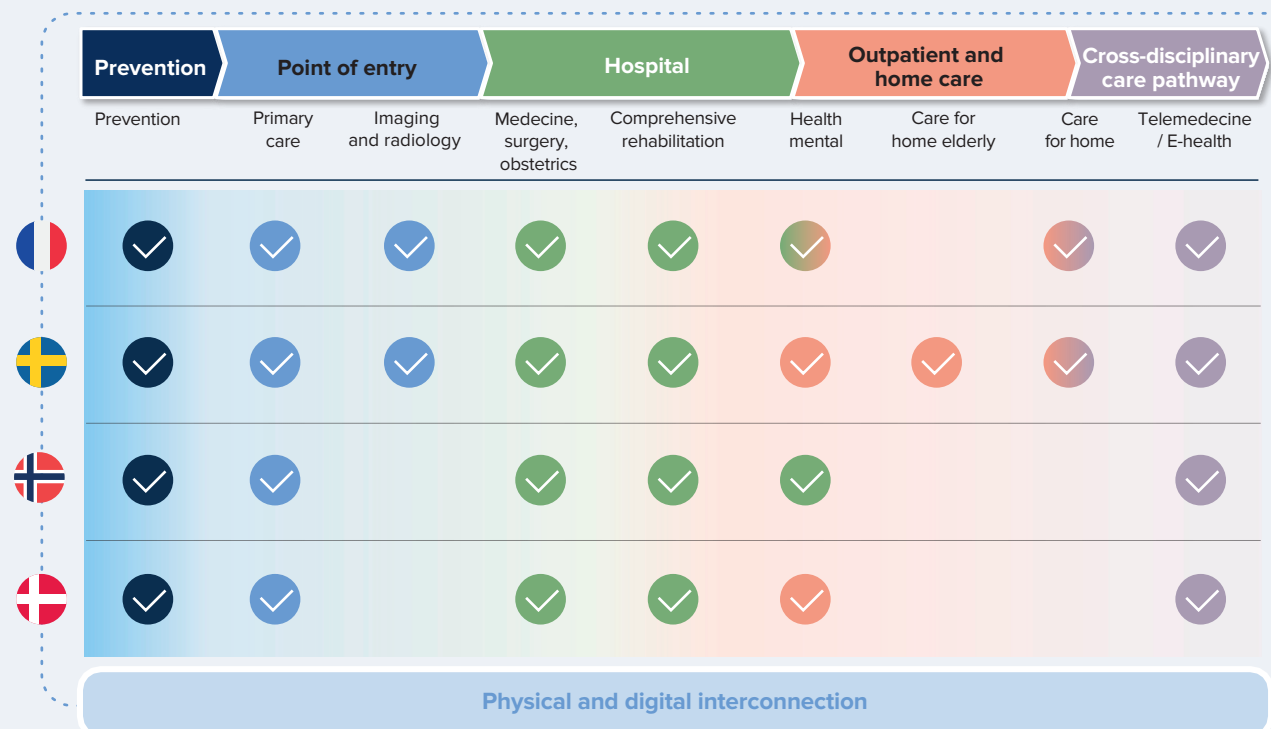
Ramsay Santé, a group at the heart of European healthcare systems

A DOMINANT MARKET PRESENCE

Market share in terms
of turnover



A UNIQUE INTEGRATED CARE OFFERING, WITH NUMEROUS POINTS OF CONTACT THROUGHOUT THE PATIENT'S JOURNEY...



The Ramsay Santé Group at a glance

491
healthcare across Europe

13 million
patient visits

10,000
doctors

40,000
staff

1,000
operating theatres

1 surgery in 8
performed in our
facilities in France

22%
market share
in the private hospital
sector in France

300
authorisations in oncology
in France

1.2 million
online consultations per year
in Sweden

10%
of the Swedish population
is registered with our primary
care centres

A NEW STRATEGIC PLAN FOR 2030: CONNECTING CARE 2030, TOWARDS HIGH-QUALITY CARE AT EVERY STAGE OF THE CARE JOURNEY

**Connecting
Care 2030**

One ambition:
quality care, at every step, for everyone



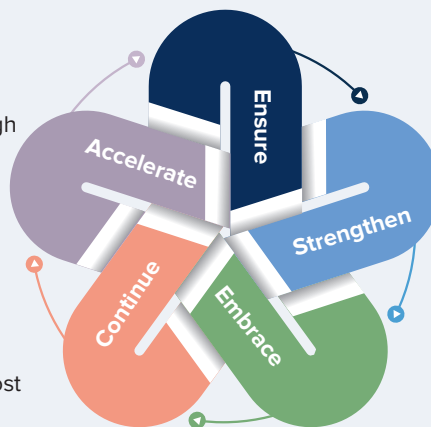
Accelerate additional
profitable growth through
new revenue streams



Continue to focus on cost
initiatives measures



Ensure active portfolio
and contract management



Strengthen
the integrated
and accessible
Healthcare offering



Embrace the digital
transformation of
Healthcare delivery



RAMSAY SANTÉ'S MISSION AND SOCIAL AND ENVIRONMENTAL OBJECTIVES

Ramsay Santé's mission: Improving health through constant innovation



Ramsay Santé's mission – “Improving health through constant innovation” – finds a concrete framework for implementation in the new strategic plan. The four social and environmental objectives are not simply an addition to the strategy: they clarify its purpose, emphasising that the Group's performance must remain inextricably linked to its contribution to the healthcare system, to patients, to healthcare professionals, to local communities and to the planet.



Promote access to care for all



Systematize the dialogue with our stakeholders



Develop medical innovation to provide the best possible care



Protect the planet to improve health

Ramsay Santé, a mission-driven organisation that makes a lasting impact

Ramsay Santé's mission: “Improving health through constant innovation”



A mission now fully integrated into the Connecting Care 2030 strategy

The mission now serves as a guiding principle for aligning the Group's strategy, CSR strategy and Ramsay Santé's operational priorities.

It should be seen as a strategic compass, bringing together access to care, medical excellence, patient relations, innovation, sustainability, the attractiveness of our teams, and the performance of our business model.

Connecting Care 2030: a strategy that places the mission at the heart of Ramsay Santé's development

Connecting Care 2030 sets out a simple yet powerful **ambition**: **"Quality care, at every step, for everyone"** — ensuring that everyone receives high-quality care at every stage of their health care journey. More than ever, **patients and medical excellence are at the heart of our vision**. This roadmap will enable us to further improve access to care, quality of care and the continuity of care pathways, while sustainably improving our performance and our ability to invest in the future. To achieve this, Connecting Care 2030 is built around five complementary pillars.

The five strategic pillars of Connecting Care 2030 support quality of care and sustainable performance

1 Making our health care offering more integrated and accessible

Ramsay Santé Group will draw on its unique integrated offering, spanning the entire patient journey, with multiple entry points and a well-established network of facilities in major urban areas. This gives the Group significant growth potential in its existing markets: it can strengthen care provision in areas where it already has recognised expertise, while leveraging its MSO (medical, surgical and obstetric care) network, the development of primary care in Sweden and the continued roll-out of its imaging capabilities.

2 Embracing the digital transformation of health care delivery

Ramsay Santé Group will continue to digitalise care pathways and expand the use of data and AI across its platform, improving both the patient journey and the delivery of care. This will involve telemedicine and remote monitoring tools, AI-enabled primary care pathways and revenue-cycle management tools, as well as the wider roll-out of digital and AI tools to streamline administrative processes, support clinical decision-making and improve operational efficiency.

3 Actively managing the portfolio of activities and contracts

Ramsay Santé Group will continue to actively manage its portfolio of assets and contracts, rather than simply seeking to expand it, to concentrate resources where they can generate stronger growth and returns. Continued portfolio optimisation and rationalisation will help improve margins through better utilisation of capacity, a better alignment of operations with changing patient demand, and a more agile and efficient network.

4 Continuing cost optimisation initiatives

Ramsay Santé Group will continue to roll out targeted performance plans in France and the Nordic countries. Improved margins will be driven not only by cost reductions, but also by better use of existing capacity, increased operating theatre utilisation, greater efficiency across medical teams, purchasing and administrative cost optimisation, better workforce planning and more efficient work processes.

5 Accelerating profitable growth through new revenue streams

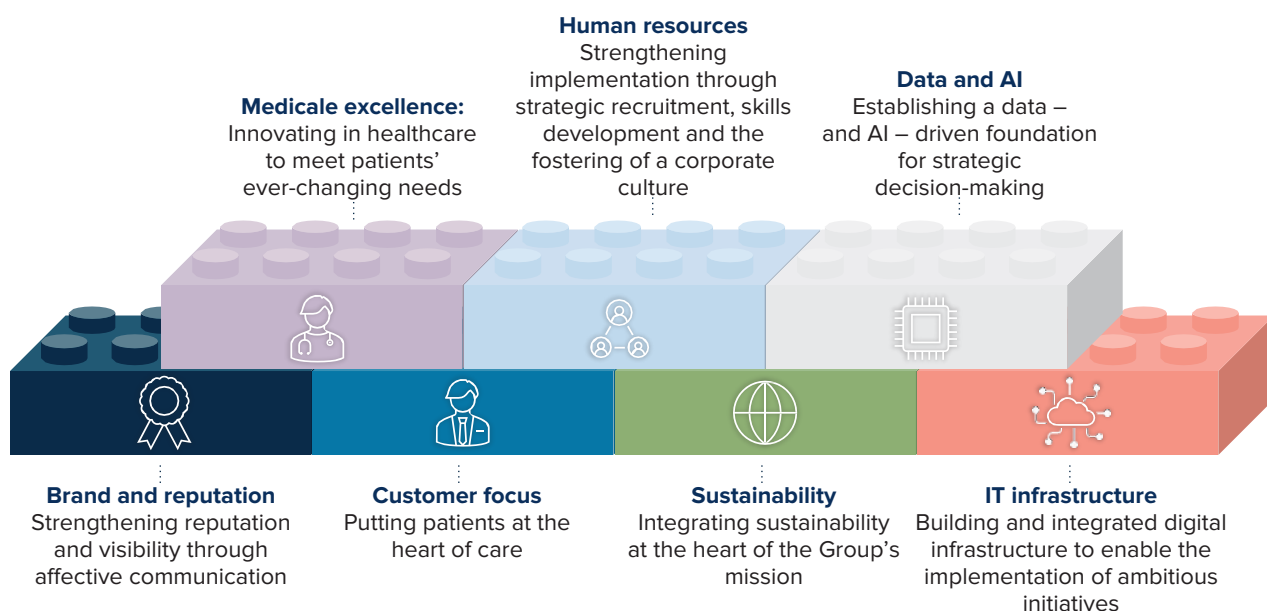
In addition to growing its existing activities, Ramsay Santé Group will develop additional revenue streams by leveraging the strengths of its care platform. In particular, the Group plans to expand home care and outpatient mental health services, as well as private health insurance and occupational health services in Sweden, creating new sources of profitable growth around its core activities.



Connecting Care 2030: towards high-quality care at every stage of the care journey



A strategy based on seven cross-functional capabilities



The link between the mission-driven company and the Connecting Care 2030 strategic plan

Mission objective	How this translates into the priorities of the Connecting Care 2030 plan	The associated with the mission
Promote access to care for all	An integrated and accessible service, centred on patients' needs	Regional care pathways, emergency care, primary care, seamless access, waiting times
Develop medical innovation to provide the best possible care	The pursuit of medical excellence, clinical processes enhanced by AI and data, and improvements to the patient journey through the use of data	Choosing Wisely, research, clinical excellence, data, digitalisation of healthcare
Systematize the dialogue with our stakeholders	A strong focus on the relationship with the patient, at the heart of the initiatives undertaken, and the development of dialogue with stakeholders	User committees, patient panels, dialogue with practitioners and local stakeholders
Protect the planet to improve health	Activities that must be sustainable, improving the environmental impact of our operations	Eco-design of care, reduction and phasing out of anaesthetic gases, GreenBloc, waste, carbon footprint



3 QUESTIONS

for Henrik Brehmer,

Group Chief Strategy
Officer

The Connecting Care 2030 strategic plan was drawn up in parallel with the consolidation of the Mission roadmap. In this dual capacity, Henrik Brehmer, Group Chief Strategy Officer, played a pivotal role in aligning the mission's objectives with the growth and transformation trajectory that Ramsay Santé has set for itself for the period 2026–2030.

1. How does Connecting Care 2030 give a new dimension to Ramsay Santé's mission?

Connecting Care 2030 was not simply added to Ramsay Santé's mission: it is the strategic expression of that mission. From the outset, we developed this new strategic plan and the Mission roadmap in parallel, with a single ambition: making our purpose the guiding principle behind our development decisions.

The mission sets our course. Connecting Care 2030 explains how we will achieve it in practical terms. This is how we ensure consistency between our societal impact, our transformation and our performance.

This approach is reflected throughout the plan's structure. The key strategic priorities – enhancing our contribution to the health care ecosystem, accelerating integrated care and new service offerings, leading the way in clinical outcomes, building a sustainable health care system and generating new sources of growth –

Deepening integrated and accessible health care provision, supporting the digital transformation of health care provision, leading the way in the quality of medical care, and accelerating sustainable growth through new sources of revenue – all pursue the same ambition: delivering high-quality care, at every stage, for everyone. The seven capabilities that underpin these objectives – medical excellence, data and AI, sustainability, patient experience, talent development and reputation – enable us to embed this ambition firmly within our model.

In short, the mission is no longer a separate exercise from strategy: it is the framework and the benchmark for consistency.

2. How have the mission objectives been integrated into the Group's strategic priorities?

Integration has been very concrete. We have ensured that each of the mission's key commitments is translated into operational terms within Connecting Care 2030.

Access to care cuts across several priorities: developing integrated care pathways, expanding outpatient capacity, remote monitoring and care at home, as well as strengthening our presence across the regions we serve. All these initiatives aim to make care more accessible and seamless for patients.

Medical excellence remains a key hallmark of the Group. The plan is to maintain investment in high-value specialities, continuously improve the quality of care, and enhance our clinical leadership through innovation and the measurement of clinical outcomes.

“The strategy sets out development priorities; the mission ensures that these priorities remain aligned with our purpose and deliver lasting impact for patients, staff, local communities and the Group itself.”

Sustainability is also integrated as a strategic capability in its own right. It is no longer solely a matter of corporate social responsibility: it is now a key to the Group's long-term performance, by reconciling environmental impact, value creation and the resilience of our business model.

Data and artificial intelligence are also key drivers. Our ambition is to harness data to support better medical decisions, greater personalisation of care pathways and improved operational efficiency.

Finally, no transformation can succeed without the women and men who drive it forward. That is why attracting talent, developing skills and fostering staff engagement are among the plan's key priorities. Attracting, retaining and supporting health care professionals are essential to fulfilling our mission in the long term.

3. How will strategic decisions for 2026–2030 be influenced by our mission commitments?

For the period 2026–2030, our mission will serve as a key decision-making filter. It will never replace economic or operational criteria, but it will complement them to ensure that our choices create sustainable value.

In practical terms, when we prioritise investments, launch new services or develop partnerships, we will consider not only their contribution to the Group's growth, but also their ability to improve access to care, enhance quality of care, accelerate environmental transition or improve the experience of patients and health care professionals.

It is precisely this interplay between mission and strategy that makes Connecting Care 2030 so powerful. The strategy sets out development priorities; the mission ensures that these priorities remain aligned with our purpose and deliver lasting impact for patients, staff, local communities and the Group itself.

Ultimately, the mission is not there to limit our ambitions. It is there to guide them. We are convinced that the strategic choices that will have the greatest impact on the Group will also be those that have the greatest impact on society.

Quality of care: the cornerstone of medical excellence

In every country where Ramsay Santé operates, the quality and safety of care form the foundation of medical excellence. This shared commitment, aligned with national regulatory standards, is based on measuring outcomes, reviewing practices, listening to patients and continuously improving.

In France, the 2025 results demonstrate the high level of quality achieved by the Group's facilities. 92% are certified by the Haute Autorité de Santé (HAS) at the highest level, compared with 88% nationally, and 29% have received certification with commendation, which is six points above the national average. In total, 54 certification visits were carried out in 2025, including 24 under the sixth edition of HAS standards.

Patient experience confirms this high level of performance. With a Net Promoter Score of 74 out of 100, Ramsay Santé achieves high levels of patient satisfaction, trust and willingness to recommend. Pain management is also improving thanks to specialist committees in each facility and regular analysis of patient feedback. In 2025, 72% of medical, surgical and obstetric facilities were classified as Category A, compared with 67% in 2023. Medical and rehabilitation care as well as mental health services each recorded an eight-point increase.

In Sweden, Capio is pursuing the same culture of measurement, transparency and continuous improvement. A publicly available annual quality report presents clinical indicators, outcomes and patient-reported experiences, as well as the accessibility of services. It also reports on initiatives such as proactive management of chronic conditions, ensuring the safety of advice given to patients, and Choosing Wisely, which promotes more appropriate care and limits interventions with no proven benefit.

The corporate campaign 'Health matters far more than figures. But some figures still matter.' highlights this collective commitment by showing what these results actually mean in practice: safer care, better-supported care pathways and the daily dedication of health care professionals.

This commitment to quality underpins all of Ramsay Santé's mission objectives and forms the foundation of its 2026 roadmap, with a constant ambition: measuring to drive continuous improvement and continually enhance the safety, appropriateness and compassion of care provided to every patient.



Communication campaign: "Health is much more than just numbers. But some numbers do matter", featured on posters, LinkedIn posts and digital displays.

A mission roadmap refocused on strategic indicators

The table of indicators presented in this report differs significantly from that in the previous edition. This change reflects a deliberate process of selection and alignment with the Group's strategic priorities as set out in the Connecting Care 2030 plan. It also reflects the maturity the system has achieved after two years of implementation: Ramsay Santé is now able to distinguish, amongst the levers identified when the mission was formulated, those that lend themselves to robust Group-level management and those that require local deployment, specific to the CSR representatives of the business units and facilities.



This consolidation addresses the observations made by the independent professional body during the first mission audit: greater selectivity in operational objectives, a stronger focus on impact rather than resources, and enhanced robustness of reporting. The Mission Committee, which had also called for this selectivity in the 2025 report, supported this process throughout the year.

The indicators were selected according to three criteria to ensure the robustness of the reporting and to highlight the actions and resources deployed

This selection is based on:

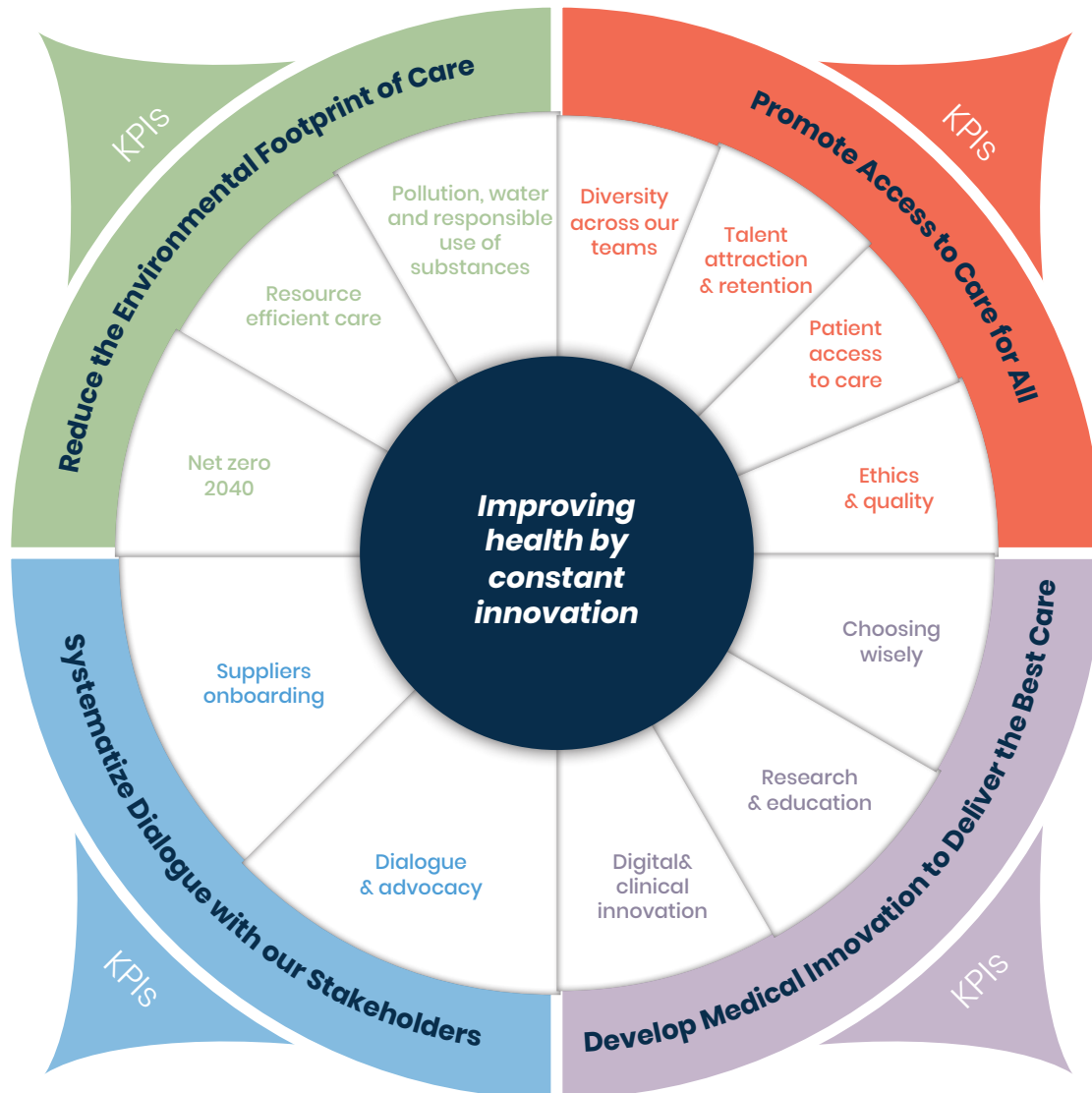
- **Their strategic relevance:** the indicator sheds light on both a mission objective and a priority area of the Connecting Care 2030 strategic plan, or one of the seven levers identified in the Group's 2030 strategy.
- **Their 'impact' focus:** the indicator measures a concrete transformation (clinical, social or environmental outcome), rather than a mere deployment of resources. Where a resource-based indicator is retained to monitor a deployment phase, it is explicitly presented as such and is intended to be supplemented by an impact measure.
- **Their manageability:** the indicator can be monitored over the over time, linked to a trajectory or a quantified target, and placed under the responsibility of a specific department within the Group.
- **Data robustness:** the indicator is based on data that is collectable, traceable and, ultimately, auditable. Indicators still in the methodological definition phase are identified as such in the roadmap.

These selection criteria are not intended to set the roadmap in stone. Several indicators are currently in the methodological definition phase, in particular the measurement of effective access to care, the traceability of shared decisions within the framework of Choosing Wisely, and the consolidation of the Scope 3 carbon footprint. These indicators will be refined as they mature.

Conversely, several actions identified in the 2025 roadmap retain their full operational relevance even without a dedicated indicator at Group level: they continue to be implemented locally and monitored by the business divisions' CSR representatives, who are now supported by the Lakaa platform.

- Greenhouse gas emissions: -42% by 2030 compared with 2020, in line with the Paris Agreement
- Number of eco-design projects for patient care rolled out in healthcare facilities

- % of women in senior management (one and two levels below the CEO)
- eNPS score from the One Voice survey
- Number of unscheduled consultations and walk-in appointments (FR)
- Number of teleconsultations (Sweden)
- Number of healthcare facilities located in medical deserts or underserved areas
- Rate of coordinated patient pathways (pilot scheme in centres in France and Sweden)



- Incorporating a variable component into managers' remuneration based on the achievement of Mission objectives (FR)
- Number of suppliers assessed on EvoVadis / FairSupply

- Number of patient pathways adopting the method 'Choose Carefully'
- Number of clinical trials launched (France and the Nordic countries)
- Roll-out of the virtual hospital or other digital monitoring tools for our patients
- Number of patients reached by a prevention service

The operational roll-out of the mission has enabled the implementation of several priorities for 2025–2026

This section outlines the cross-organisational progress made under the mission-driven company framework since the previous report. It covers staff buy-in, developments in governance, management tools and the gradual integration of the mission into the Group's processes. Business-line initiatives – those that directly transform patient care or the conditions under which care is provided – are discussed in detail in the following section.

Challenges	Commitments	Actions	Date	Progress / achievements
Access to healthcare and prevention				
# Access to healthcare	Working towards transparency regarding out-of-pocket costs	→ Propose an indicator of out-of-pocket costs by specialism at Ramsay Santé	2025/26	Methodological work has begun on defining indicators of access to healthcare (scope, target specialities) to prioritise more realistic indicators relating to geographical accessibility, availability of care and socio-economic accessibility.
	Widespread introduction of walk-in consultations to accommodate all patients, regardless of means, at our primary care centres	→ Extend walk-in consultations across all medical centres → Develop and raise awareness of walk-in healthcare centres	2026	The indicator 'Number of walk-in consultations and unscheduled care centres (FR)' has been incorporated into the Connecting Care 2030 strategy. Roll-out has begun in the pilot areas of Marseille and Saint-Étienne, positioning these centres as a credible alternative to A&E departments and overburdened general practice.
	Combating unconscious and systemic bias and discrimination in patient care: welcoming patients without distinction	→ Raising awareness of non-discrimination in patient care and treatment	2026	This initiative is integrated into the 'Diversity across our teams' and 'Ethics & Quality' pillars of the 2030 roadmap. Awareness-raising on non-discrimination is incorporated into management training programmes.
# Prevention	Reaching as many patients as possible through prevention initiatives	→ Implement prevention initiatives on the ground, accessible to patients and healthcare professionals, in high-traffic locations	2025	Initiatives rolled out in high-traffic areas (Pink October campaigns, 'Plan Health Faire' mural). The Lakaa platform, launched in 2026, now enables the identification, promotion and management of prevention initiatives across the Group.

Challenges	Commitments	Actions	Date	Progress / achievements
Balance between patient and carer needs				
# Patient care	Involving and listening to patients on the ground	→ Systematise and promote the role of user committees within and across healthcare facilities	2025	The role of user committees reaffirmed and rolled out across the Group as part of the Connecting Care 2030 strategic plan. In Sweden, the 'Patients and Families Advisory Council' and the 'You Said, We Did' programme serve as an inspiring model for the Group's roll-out.
		→ Identify and roll out ethics committees within healthcare facilities and across facilities	2025/26	Inventory currently underway. This issue has been identified as a priority by the Mission Committee, in connection with the roll-out of the 'Choosing Wisely' initiative, which is based on the ethics of appropriate care.
		→ Measure and communicate progress in pain management	2025/26	Operational Pain Committees in each facility, with patient questionnaires and surveys. 2025 results (France): 72 per cent of MCO facilities in Class A (vs 67 per cent in 2023), 61 per cent in SMR (+8 points) and an increase of +8 points in psychiatry. Work underway on harmonising measurement and consolidating the Group's pain management indicators.
	Communicate and strengthen patient education in A&E and primary care departments	→ Systematise the display of information on waiting times and explanations of the medical triage process	2025	Roll-out underway in A&E departments and primary care centres. This initiative is coordinated with the monitoring of waiting times, which is integrated into the 2030 strategic plan.
	Caring for employees' mental and physical health	→ Roll out a health prevention programme for staff: a wellbeing allowance, stress management training, raising awareness of mental health issues, etc.	2025/26/27	Programme rolled out as part of the 'Talent Attraction & Retention' strategic priority: a culture of health and safety prevention and psychological wellbeing, support for employees with long-term conditions, and support for parents and carers.
	Tackling work-related stress	→ Adopt a 'zero tolerance' policy towards cases of physical, psychological or sexual harassment, whether complaints come from staff or patients	2025/26	A formalised zero-tolerance policy. A management awareness programme has been rolled out.

Challenges	Commitments	Actions	Date	Progress / achievements
Sustainability				
# Rethinking the way we deliver care	Training all our healthcare and non-clinical staff on environmental issues	→ Roll out Lakaa, a tool for managing and communicating CSR performance and initiatives within our facilities, to boost participation and accelerate the scaling up of CSR initiatives	2026	Lakaa platform rolled out in early 2026. To date: 115 sites connected, 230 CSR initiatives reported, 43 per cent of sites having carried out at least one initiative. Catalogue of ready-to-use CSR fact sheets (waste, energy, mobility, quality of life at work, prevention).
	Developing eco-design in healthcare	→ Eliminate anaesthetic gases (except where there are specific medical requirements) and close unused nitrous oxide connections in operating theatres	2025	Reduction in the use of desflurane between 2022 and 2026: an 89 per cent reduction in desflurane and a 77 per cent reduction in the use of nitrous oxide. A respective reduction of 54 per cent and 63 per cent in FY26.
		→ Gradually roll out Greenbloc, the framework for sustainable operating theatres	2026	Framework currently being developed. Based on best practices for waste sorting ('Green Zones') already implemented in several operating theatres and identified as "easy to implement, effective and inspiring" (Lyon workshop).
# Rethinking our business processes	Combat waste and manage our waste more effectively	→ Following the study conducted by Trinov on waste management: • put in place a roadmap to improve waste management • develop Green Zones –visible and easily identifiable sorting areas	2025	Trinov study completed. Waste roadmap operational and disseminated via Lakaa. Green Zones rolled out in several operating theatres. Group target: 30 per cent of waste sorted by 2030 (France).
	Aligning our value chain value chain with an environmental approach: rethinking our procurement and adopting a more sustainable approach to consumption	→ Roll out the 'Mon Score DD' self-assessment tool (developed by ANAP)	2025/26	Assessment currently being rolled out. "Supplier onboarding" commitment from the strategic plan: target of 80 per cent of procurement expenditure with suppliers that have carbon targets aligned with the SBTi framework by FY28.
# Reducing our impact on climate change	Establish a carbon reduction pathway to cut our emissions	→ Carry out a carbon assessment covering Scopes 1, 2 and 3	2025/26	Carbon trajectory formalised and aligned with a 1.5°C pathway. Targets: -42% for Scopes 1 & 2 by 2030 compared with 2020; 100% non-fossil fuel electricity for contracts under direct management. France target: -17% by FY26 compared with 2020 per patient day.
		→ Reduce greenhouse gas emissions from travel	2026	Sustainable mobility plan underway. Support for low-carbon travel options for staff (e.g. cycle parking facilities rolled out, dedicated Lakaa information sheet).
# Addressing the emergence of diseases linked to climate change	Make Ramsay Santé a leading player in research into new diseases linked to climate change and pollution	→ Focus part of our clinical research on emerging diseases linked to climate change and the degradation of ecosystems	2026/27	This area of focus is integrated into the Research and Innovation Centre's strategic priorities. To be coordinated with clinical projects led by the Nordic countries and Italy.

1. Access to care and continuity of care

Beyond the progress made in structuring and managing the system, Ramsay Santé's mission is also reflected in a range of initiatives that go to the very heart of its core business: the way in which care is organised, medical decisions are made, and procedures are designed. Three of these are presented below, as they concretely embody the scope of the Group's social and environmental objectives, and will shape the business roadmaps for the coming years.

Access to healthcare is one of the most complex issues to objectify for a hospital operator. It cannot be reduced either to the geographical distance between a patient and a healthcare facility, or to the mere availability of a consultation. **It combines a geographical dimension, a temporal dimension (the actual waiting times for treatment),** an economic dimension linked to out-of-pocket costs and the risk of patients foregoing treatment, and a social dimension relating to the system's ability to accommodate

vulnerable patients without administrative or information barriers.

Aware of this complexity, Ramsay Santé undertook in 2025–2026 a two-pronged approach: to structure the measurement of its contribution to access to care, and to accelerate the roll-out of concrete actions in the regions under the greatest strain.

What Ramsay Santé is implementing on the ground

In 2026, the Group identified two pilot regions, Marseille and Saint-Étienne, where a coordinated effort is being concentrated to streamline the patient journey and minimise missed opportunities resulting from a lack of access. Five key areas underpin this effort:

- Facilitating access to the Group's specialist facilities (A&E, medical imaging, neurovascular) ;
- Organising access to expertise and specialists on site, by utilising teleconsultation and tele-expertise (particularly in psychiatry and ophthalmology);
- Referring patients without a GP to the Group's health centres;
- Ensuring, where initial treatment cannot be provided on site, an appointment as soon as possible at another Ramsay facility;
- Develop specific care pathways in these areas : addiction treatment, neurovascular care, general practice, nutrition and obesity.

These initiatives are designed to be documented as they are rolled out, so that they can be developed into standards that can be applied to other centres.

What Ramsay Santé measures

Across the Group, **several indicators currently enable – or will shortly enable – an objective assessment of Ramsay Santé's contribution to access to healthcare:**

- The proportion of facilities located in underserved areas, in France and the Nordic countries;
- The number of walk-in consultations and consultations at non-scheduled healthcare centres (France);
- The number of digital consultations (Sweden);
- Waiting times in A&E departments (France);
- The internal referral rate, which measures the Group's ability to ensure continuity of the patient journey by mobilising its European network.

These indicators are set to be expanded as the pilot regions of Marseille and Saint-Étienne produce their first consolidated data on actual waiting times for care in critical pathways.



The blind spots in measurement

Several aspects of access to healthcare remain, even today, more difficult to measure at the level of a private hospital operator. The issue of forgoing care – which requires identifying patients who, by definition, do not enter the system – is primarily addressed by population-based surveys conducted by the DREES and the French health insurance scheme. The continuity of care outside the Ramsay framework is partially covered by the national SNDS databases in France, but with a significant time lag. Finally, the informational and administrative barriers to entry into the system cannot easily be summarised by a single indicator.

The Task Force recommended that these blind spots be addressed as part of a medium-term project, in collaboration with the User Committees and patient organisations, whose input often helps to better identify gaps in the care pathway that are not visible in the Group's administrative data.



1

1. DEADLINES

Measuring **actual delays** in the most **critical** care pathways (oncology, mental health, etc.)

2

2. SMOOTHNESS OF THE JOURNEY

Identifying **disruptions in the care pathway** and **minimising missed opportunities**

3

3. ACCESSIBILITY

Measuring accessibility for **vulnerable patients** (those with disabilities, C2S beneficiaries, etc.)

4

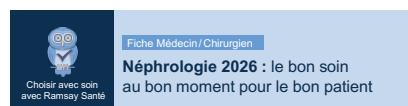
4. UNDER-SERVED AREAS

The group's contribution to **regional accessibility in under-resourced areas** (to be considered alongside the availability of care)

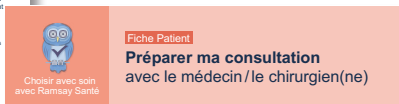
2. Choosing Wisely: improving care by providing the right care

Ramsay Santé is rolling out the **Choosing Wisely** programme across all its facilities in France and Europe. This international initiative aims to improve the appropriateness of care by promoting the right care, at the right time, for the right patient.

Based on shared medical decision-making and on reducing tests or treatments with no proven benefit, this ambitious initiative brings together doctors, health care professionals and patient representatives in a collaborative approach. By committing to a cultural shift aimed at improving the quality of patient care pathways, Ramsay Santé has become the first European hospital group to roll out this programme on such a large scale, with the aim of making appropriateness of care a major driver of better health outcomes for patients.

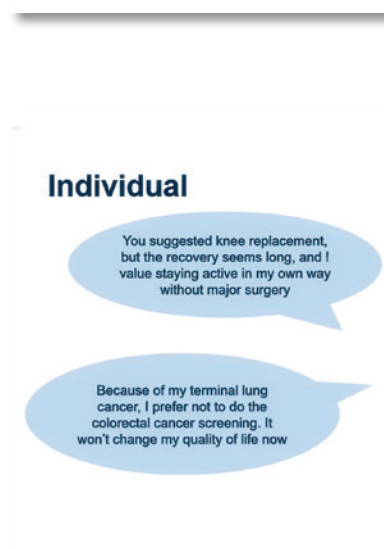


1. Il n'est pas souhaitable sauf cas d'urgence vitale de débiter une dialyse sans avoir intégré dans le processus décisionnel le patient, ses proches ainsi que les médecins en charge de l'équipe de néphrologie. Ce processus doit être réalisé et documenté dans le dossier du patient.
La décision d'arrêter une hémodialyse chronique devrait être un processus auquel participent le patient, les membres de sa famille et les membres de l'équipe de soins en néphrologie. Ce processus doit permettre au patient d'exprimer ses souhaits personnels et ses préférences et d'être informé du pronostic, des bénéfices escomptés et des effets indésirables de l'hémodialyse. Selon le lieu de soins, les observations doivent nous guider, la survie pourrait ne pas varier de façon significative chez les patients âgés ayant un taux élevé de co-morbidités qui amoindrent une hémodialyse chronique et ceux qui suivent un traitement conservateur.
• Chouhda SM, et coll. Survival of elderly patients with stage 5 CKD: comparison of conservative management and renal replacement therapy. *Nephrol Dial Transplant*, mai 2011; 26(5):1603-14. PMID : 21080172.
• Jassal SV, et coll. Changes in survival among elderly patients initiating dialysis from 1995 to 1999. *CMAJ*, 23 oct 2007; 179(19):1533-8. PMID : 17564882.
2. Ne prescrire pas et informer les collègues d'autres spécialités de ne pas prescrire d'AINS chez les patients insuffisants rénaux chroniques.
L'administration d'AINS, y compris d'inhibiteurs de la cyclo-oxygénase de type 2 (COX-2) pour le traitement pharmacologique de la douleur musculo-squelettique peut provoquer une hausse de tension artérielle, réduire l'efficacité des antihypertenseurs, causer une rétention hydrique et aggraver la maladie rénale chez ces personnes. Il existe d'autres médicaments sur ordonnance pouvant être plus sûrs et aussi efficaces que les AINS.
• Hips, joints, joints, kidneys: harmful effects of NSAIDs on the kidneys.
• Gough K, et coll. NSAID use and progression of chronic kidney disease. *Am J Med*, mars 2007; 120(3):289-291. PMID : 17348462.
3. N'initiez pas de traitement par Erythropoïétine chez les patients insuffisants rénaux chroniques présentant une hémoglobine > 10g/dl et asymptomatiques.
Il n'y a pas de données sur l'administration d'un AIE dans le but de normaliser les taux d'hémoglobine chez les patients atteints d'IRC: les effets bénéfiques, autres que ceux qui sont de la surveillance de la maladie cardiovasculaire. L'utilisation de cet agent risque même d'être nocive par rapport à un traitement permettant de retarder l'administration d'un AIE ou d'obtenir des effets bénéfiques modérés (90-110 g/l).
• Davies TG, et coll. Normalization of hemoglobin levels in patients with chronic kidney disease and anemia. *N Engl J Med*, 16 nov 2006; 355(20):2071-80. PMID : 17178242.
• Moss LM, et coll. Canadian Society of Nephrology. *Conservative management of the 2012 KDIGO Clinical Practice Guideline for Anemia in CKD*. *Am J Kidney Dis*, nov 2013; 62(5):860-73. PMID : 24048414. PMID : 23980172.
• Jassal SV, et coll. Changes in survival among elderly patients initiating dialysis from 1995 to 1999. *CMAJ*, 23 oct 2007; 179(19):1533-8. PMID : 17564882.
4. Il n'est pas souhaitable de débiter d'embolie une dialyse chez un patient en MRC stade 5 asymptomatique.
La prise en charge de la MRC, stade 5 sans dialyse ni greffe envisagée, parfois appelée « traitement conservateur », est une alternative thérapeutique légitime et doit être explorée de façon objective au patient, qui, dans le cadre d'une décision médicale partagée, ne souhaite pas être traité par dialyse ou transplantation (étude). L'objectif de cette prise en charge est de mettre en place à domicile des soins permettant d'améliorer la qualité de vie du patient et de prolonger autant que possible sa vie tout en veillant à son confort et en évitant les hospitalisations.
• Madaie, *revue chronique de l'adulte - 7 messages pour améliorer votre pratique*



Vous allez prochainement rencontrer votre médecin ou votre chirurgien. Ce document a pour but de vous aider à bien préparer ce rendez-vous, en vous invitant à réfléchir à cinq thèmes essentiels pour vous et votre santé. Le patient et le médecin forment une équipe au service du soin. Il est donc important de vous préparer à discuter de votre santé lors de la consultation et de vous assurer d'obtenir des réponses aux cinq questions clés proposées.

1. Y a-t-il plusieurs traitements possibles ?
Il existe presque toujours plusieurs possibilités de traitement ou de prise en charge. Parlez de toutes les options avec votre médecin. Et discutez avec lui, vous pourrez déterminer quelle possibilité vous convient le mieux et celle la plus adaptée à vos besoins et aux données actuelles de la science médicale. Votre médecin pourra vous guider ou vous dans les différentes options.
2. Quels sont les bénéfices prioritaires et les risques potentiels du traitement recommandé ?
Renseignez-vous sur le bénéfice du traitement recommandé, mais aussi sur le préjudice qui peut en résulter. Plus vous en savez sur un traitement ou une prise en charge chirurgicale, mieux vous pourrez décider de ce qui est important pour vous ou connaîtrez les effets
3. Que se passera-t-il si vous décidez de ne rien faire (pas de prise en charge ou de traitement) ?
Parfois, on peut attendre... mais il faut savoir que cela peut entraîner dans l'ordre sans intervention, dans de nombreux cas des soins importants à un hôpital. Si vous ne voulez pas d'un traitement médical ou que vous préférez attendre, discutez des conséquences, des risques et de leur importance avec votre médecin.
4. Que puis-je faire moi-même pour ma santé ?
Vous êtes également responsable de votre santé. En effet, traiter c'est bien mais prévenir c'est mieux et il existe des moyens pour retarder la survenue de la plupart des maladies ou pour faire leur gestion ou retarder leur progression qui sont à la portée de toutes et tous.



3 QUESTIONS

for Margareta Danelius,

Medical Director of the Ramsay Santé and Capio Sweden, and a member of the Mission Committee

1. In what way is Choosing Wisely primarily an ethical initiative, rather than a cost-control measure?

Choosing Wisely is based on a fundamental principle: doing more does not always mean providing better care. Every test, treatment or procedure must bring a real benefit to the patient, without unnecessarily exposing them to risks, adverse effects or anxiety.

The initiative is therefore at the very heart of medical ethics: seeking the right care, ensuring patient welfare, respecting patient autonomy and using resources responsibly. It does not aim to provide less care, but to offer the right care, at the right time, to the right patient. Any resulting cost savings and reduced environmental impact are positive outcomes, but not the ultimate goal: the patient's benefit always remains the primary criterion for decision-making.

2. How is the initiative being implemented in the Nordic countries, and what concrete benefits does it bring to patients?

In the Nordic countries, Choosing Wisely is based on national initiatives led mainly by medical associations and learned societies: *Kloka Kliniska Val* in Sweden, *Vælg Klogt* in Denmark and *Gjør kloke valg* in Norway. Ramsay Santé operates within these frameworks to define the implementation procedures and provide tools for healthcare professionals and patients.

The recommendations focus on very specific situations: reducing unnecessary chest X-rays or blood tests in Sweden; more appropriate use of CT scans following minor head injuries in Denmark; and reducing certain imaging tests, courses of antibiotics or meniscus surgery in Norway.

For patients, this means fewer invasive or radiation-exposing tests, fewer unnecessary treatments and potential complications, but also medical decisions ...

that are better explained and more fully shared. The initiative thus enhances quality, safety and trust in the care relationship.

3. What lessons can the Nordic medical culture offer for the roll-out of Choosing Wisely in France and Italy?

The Nordic experience shows that the initiative must be driven by doctors themselves and be based on a small number of precise and directly applicable recommendations. The involvement of medical societies, the various specialities and patient representatives is crucial to ensuring that Choosing Wisely is not perceived as a policy of restriction.

In France, the clinical networks for anaesthesia and ophthalmology have initiated the first steps. The Medical Advisory Council, the chairs of hospital's medical committees and patient representatives are now involved in the initiative, with the aim of identifying five low-value practices per speciality.

In cardiology, the initial recommendations relate in particular to blood tests that have no bearing on patient management, routine ECGs in asymptomatic, low-risk patients, certain stress tests and repeated BNP measurements.

Information leaflets for patients complement this scheme. They encourage patients to ask their doctor about the various options, their benefits and risks, or explain why daily blood tests are not always necessary during a hospital stay. In Italy, the roll-out will also be supported by professional medical societies and the experience of *Slow Medicine*. In all countries, success is based on the same principles: evidence-based recommendations, buy-in from healthcare professionals, and decision-making that is genuinely shared with the patient.

3. Eco-designing healthcare: providing better care whilst reducing the environmental impact

co-design in healthcare involves rethinking practices, protocols and patient pathways in order to reduce their environmental impact, whilst ensuring the same level of quality and safety for patients. It does not aim to provide less care, but to provide better care, by limiting procedures, resource consumption and waste that serve no medical purpose. Because it operates at the very heart of healthcare provision, it complements more traditional approaches focusing on buildings, energy or transport. Its development rests on three key challenges: fully integrating it into the CSR strategy, balancing environmental and medical requirements, and rolling out effective initiatives developed on the ground across the Group.





3 QUESTIONS

for Catherine Somon,
Group CSR Director

1. “How does eco-design in health care fit into the Group’s CSR strategy, and what does it offer that is different from more traditional environmental commitments such as improving the energy efficiency of buildings or decarbonising transport?”

Eco-design in health care is now a cornerstone of our CSR strategy, as it addresses the reality of our carbon footprint.

Environmental transition is often associated with buildings, energy or transport. These issues remain essential, and we are investing heavily in them. However, in a health care group such as Ramsay Santé, **87% of our carbon footprint stems from indirect emissions**, much of which is linked to medicines and medical devices. These purchases alone account for nearly half of our carbon footprint. If we truly wish to decarbonise our operations, we also need to act on the care itself.

Eco-design involves delivering the same quality and safety of care while reducing its environmental impact and, often, its cost. It is not about providing less care but eliminating practices that bring no patient benefits and minimising waste. The momentum we have seen over the past year or two is particularly encouraging. All departments are now engaging with the issue, and professional bodies are publishing very practical recommendations to support this shift. At Ramsay Santé, our work on nitrous oxide has enabled us to reduce consumption by around 70% between 2021 and the end of 2025, with environmental, economic and technical benefits. This is the momentum we now want to build on.

2. “You are driving this initiative alongside medical and operational teams. How do you reconcile environmental and medical requirements, without one undermining the other?”

We are proceeding with great caution, as the eco-design of health care is, above all, about transforming practices. Changing protocols takes time, requires evaluation and depends on the active involvement of health care professionals on the ground. Obviously, in our sector, the quality and safety of care remain paramount.

To support this transition, we draw on increasingly robust data on the environmental impact of medicines, medical devices and certain practices. This helps us identify and prioritise key levers for action and, where relevant, identify alternatives with a lower environmental impact.

We also prioritise initiatives that offer economic benefits to our facilities. Contrary to popular belief, eco-design does not mean spending more. It often leads to eliminating unnecessary consumption, switching from single-use to reusable items where appropriate, optimising dispensing processes to minimise waste, and adapting dosage forms – for example, by favouring oral solid formulations over intravenous treatments. In many cases, quality of care, environmental performance and cost control go hand in hand.

3. “What are the key factors for success in scaling up these initiatives across the Group without losing the grassroots momentum that makes them so effective?”

The main challenge is to scale up initiatives that originate on the ground. The best ideas come from health care professionals, pharmacists, doctors, dental hygienists, technical managers and facility management. Our role is to create the conditions for these ideas to be shared, evaluated and replicated.

This begins with the widespread dissemination of scientific recommendations and evidence on the comparative impact of medicines, medical devices and care practices, so that everyone can rely on objective data.

We have also launched a pilot scheme for the eco-design of care in several health care facilities. It aims to systematically review a wide number of protocols with frontline professionals to identify the most effective levers, and then build on this work to accelerate their roll-out across the entire Group.

Finally, this transformation can only succeed if it involves all professions. Tools such as our Lakaa platform are invaluable for promoting pioneering initiatives, disseminating best practices and creating a genuine spirit of emulation between facilities. This is how local experiments gradually become standard practice across the Group.



THE OPINION AND RECOMMENDATIONS OF THE MISSION COMMITTEE

The Mission Committee's role, composition and responsibilities

When a company officially adopts the status of a Mission-Driven Company, it is required to set up a Mission Committee, separate from other governance bodies, whose primary role is to monitor the mission's execution and the implementation of its social and environmental objectives.

It analyses the initiatives launched and advises the company on the best way to achieve its objectives. It delivers its appraisals and recommendations in the Mission Report that the company publishes annually.

Structure and composition

- This is a body separate from the company's other corporate bodies
- It is composed of at least one employee
- It is solely responsible for monitoring the execution of the company's mission

Its duties

- Present an annual report to the company's general meeting
- Carry out any checks it deems appropriate
- Obtain any documents necessary for monitoring the mission's implementation

Committee members



Martin VIAL,
Chairman of the
Mission
Committee

His 40 years' experience as a senior executive in the services sector have enabled him to gain extensive experience in supporting, developing and managing major French and European groups.

After various responsibilities in ministerial cabinets, Martin Vial was appointed CEO of Aeropostale in 1993, before becoming CEO of the La Poste Group in 1997. In December 2000, he was appointed chairman of La Poste Group and at the same time vice-chairman of Caisse Nationale de Prevoyance (CNP). Between 2003 and 2014, he was CEO of the Europ Assistance Group. In 2015, Martin Vial was appointed commissioner for State shareholdings, CEO of the Agence des participations de l'Etat, a position he held until 1 June 2022. He also has extensive experience in corporate governance, having sat on the boards of directors of SMEs, SMLs and very large listed companies. Martin Vial joined Montefiore Investment in June 2022 as a Senior Adviser and has been Vice-Chairman of France Invest since 2025. He is a graduate of ESSEC and the École Nationale Supérieure des Postes et Télécommunications.



Annabel BROURHANT

Annabel Brouhant is the founding director of Hope, a Not-forprofit

organisation that supports women with cancer (she herself has had four bouts of cancer) through equine therapy and art workshops, from diagnosis to remission and even full recovery. She was previously a television presenter at RTFB.



Frédéric COLLET

A graduate of the IEP in Paris and the University of Paris 2, Frédéric Collet began his career

in the cosmetics industry (Henkel Group), in France and the United Kingdom, before joining the Novartis Group in 2005 and its ophthalmic medical devices division as Managing Director of Ciba-Vision. In 2009, he became Chairman of Sandoz France (generic and biosimilar medicines). He served as Chairman of Novartis France from 2017 to 2022. He was also Chairman of the LEEM between 2019 and 2022. He is now an expert and consultant in health-care strategy and chairs the AI and Cancer Network (FIAC).



Margareta DANELIUS

Appointed Medical Director of Capio Sweden in 2019 and

subsequently to the same role at the Ramsay Santé Group in 2024, Margareta is a doctor with extensive experience in change management, patient safety and digitalisation, with a strong focus on medical ethics. She has led healthcare operations in hospitals, primary care settings and specialist centres, across the public, private and not-for-profit sectors. The patient remains at the heart of her work. Margareta is a specialist in internal medicine, gastroenterology and hepatology. Although she now primarily carries out strategic and quality assurance roles, she has never left clinical practice. At the same time, she continues her medical work with Médecins Sans Frontières through regular humanitarian missions, which further enrich her understanding of issues relating to medical ethics, inequalities in access to healthcare and human rights.



Elsa GODART

Elsa Godart holds two doctorates (in philosophy and psychology) and an academic accreditation. She is a researcher at LIPHA (Université Gustave Eiffel) and an associate at LAP (EHESS/CNRS). She created and directs the University Diploma in Ethics & Digital Technology at the Université de Creteil. In 2024, she founded the Institute for Research in Digital Ethics (IRESN). She is also a national and international speaker for executives. She is the author of more than twenty books, including *Éthique de la sincérité, survivre à l'ère du mensonge* (Armand Colin, 2020), for which she won the Prix des Savoirs in 2020 and the Trophee de la recherche en éthique in 2022.



Aymeril HOANG

A graduate of the École Normale Supérieure, holder of the agrégation in economics and management, and a graduate in public economic law, Aymeril Hoang served as Group Director of Innovation at Société Générale and Chief of Staff to the Minister for Digital Affairs, before becoming a digital expert on the Covid-19 Scientific Advisory Board and one of the architects of the StopCovid contact-tracing app. He currently heads the EuroCommons programme at the Caisse des Dépôts and, since 2026, has been leading the project to define the framework for the AI health-care assistant commissioned by the Caisse nationale de l'assurance maladie.



David KACZMAREK

A gastrointestinal and thoracic surgeon at Ramsay Santé Hôpital privé de la Loire since 2016, following 10 years' practice in a mutualist clinic and 3 years as an assistant senior registrar at the public hospital in St-Étienne. This career path has given him insight into all three forms of medical practice: public, non-profit and private. He is also a consultant in robotic thoracic surgery for Intuitive and, as of this year, Chair of the Medical Board at Ramsay Santé, Hôpital privé de la Loire. Beyond purely environmental considerations in a sector that generates consumables, packaging, waste, energy and greenhouse gases, his interest in CSR focuses primarily on social and economic concerns.



Romain LACAUX

Director of the Lyon Division of Ramsay Santé, which comprises seven health care facilities (MSO and MRC). He holds a specialised master's degree in "HEC Entrepreneurs" from the Grenoble School of Management and the École Supérieure de Commerce de Saint-Étienne. With a background in management consulting and more than 20 years of experience in private health care institutions, Romain was previously Director of the South-East Ile-de-France division. He joined the Mission Committee in November 2024, replacing Emma Poirret, Director of the Hôpital Privé Parly 2, who resigned.



Emmanuelle LEDOUX

Emmanuelle Ledoux is General Manager of the National Institute for Circular Economy (Inec), an influential non-profit organisation in the field of resource economics. A former regional councillor for Ile-de-France, Emmanuelle Ledoux was also chief of staff to Axelle Lemaire, then Secretary of State for Digital Affairs and Innovation.



Agnès DE LEERSNYDER

Agnes De Leersnyder is the CEO and co-founder of Future4care, the first digital health ecosystem in Europe. She was previously Director of Strategy at Orange group, where she developed and implemented the "Engage2025" plan. A humanist leader and a woman of conviction and commitment, Agnes has placed innovation and change management at the heart of her work for over 20 years in the digital and new technologies sector. She is a graduate of the IEP in Strasbourg and the ESCP, and holds a DEA (postgraduate diploma) in international economic law.



Manon RÉGUER-PETIT

Manon Reguer-Petit holds a doctorate in political science and a degree from Sciences Po Paris. She is currently a partner and scientific director at Agence Phare, a research and consulting agency specialised in evaluating social impact and public policy for the State (ministries, government agencies, local authorities), foundations and non-profit organisations. Specialising in social impact assessment and measurement, she trains a wide range of stakeholders through her consulting activities (Interministerial Directorate for Public Transformation, Fondation la France s'engage) and teaching (Sciences Po Paris, Centrale Supélec).



1. The opinion and recommendations of the Mission Committee about Integrating the mission into the Connecting Care 2030 strategy

Ramsay Santé's mission-driven approach has entered a new phase of maturity. Following an initial phase dedicated to adopting the purpose and the four statutory objectives, and a second phase focused on their gradual roll-out across facilities and areas of activity, 2026 marks a decisive step: incorporating the mission into the heart of the Group's new strategic plan, Connecting Care 2030.

This plan sets out Ramsay Santé's ambition for 2030: to deliver "high-quality care, at every stage of the patient journey, for everyone". It is structured around five strategic priorities, underpinned by seven shared capabilities, including medical excellence, patient-centred care, sustainability, data and artificial intelligence.

From the very earliest stages of the plan's development, the Mission Committee focused on ensuring that these directions would fully reflect Ramsay Santé's purpose and the commitments made when the company adopted its status as a mission-driven company. To this end, the key priorities of Connecting Care 2030 were presented and discussed within the Committee. These discussions allowed the future strategic plan to be assessed against the four mission objectives and ensured that these objectives were effectively embedded in the selected priorities.

The year 2026 thus marks a significant step forward in the implementation of the mission. The mission is no longer a separate initiative but a structuring principle that aligns the Group's strategy, sustainability policy and operational priorities. Connecting Care 2030 becomes its new implementation lever, while the mission gives the strategic plan its ultimate purpose: bringing about a sustainable improvement in health, patient experience and Ramsay Santé's contribution to health care systems.

This convergence is particularly evident. The plan's priorities of developing an integrated care offering, improving patient pathways, medical excellence, shared medical decision-making, sustainability, and the development of digital and artificial intelligence capabilities resonate directly with the mission's four statutory objectives. The Committee's deliberations on access to care, quality of care pathways, patient experience and the integration of environmental considerations have helped align the Mission with the strategy.



This integration is already yielding tangible results, such as developing indicators for access to unscheduled care, incorporating the 'Choosing Wisely' programme into the Group's European strategy, better monitoring of continuity of care pathways between facilities, and the gradual roll-out of the most effective environmental initiatives.

It is also leading to changes in how the strategy is managed. Indicators are now selected based on their strategic value, ability to measure a real impact, and the robustness of available data. The aim is to focus on assessing results – quality of care pathways, appropriateness of care, patient experience, staff engagement and environmental performance – rather than simply monitoring the resources committed.

Integrating into Connecting Care 2030 does not mean that the strategy absorbs or dilutes the mission. On the contrary, it gives it greater scope. The mission becomes a compass to guide decision-making, a framework ensuring coherence between the various transformations, and a principle of accountability for their outcomes. It must allow us to ensure that economic, medical, organisational and environmental trade-offs do indeed contribute to a single ambition: making Ramsay Santé a high-performing organisation because it provides lasting benefits to patients, health care professionals, local communities and health care systems.

2. The opinion and recommendations of the Mission Committee about measuring and assessing patients' perception of the quality of care

Since its creation, the Committee has devoted much of its work to measuring and understanding patients' perceptions of the quality of care, which is a fundamental aspect of Ramsay's purpose.

Drawing on the diversity of its members, the committee has developed the following strong convictions:

- Quality care is not limited to a clinical outcome or a successful medical procedure; it relies on the overall experience throughout the care pathway;
- Quality of care cannot be assessed on technical or regulatory indicators alone. It must also be judged on the organisation's ability to listen to patients over time, understand their experience, prevent disruptions in their care pathways, and continuously improve its practices based on this feedback;
- Quality of care is directly affected by the current transformation of our health care systems, new funding models and demographic changes, such as the increasing prevalence of chronic conditions. Improving the quality of care must necessarily take these challenges into account.

The committee's work has led it to question and challenge the Ramsay Group on several issues:

- the quality of information provided to patients;
- the smooth transition between different stages of the care pathway to minimise disruptions that negatively affect patient experience;
- the integration of new digital tools to improve user experience;
- coordination between health care facilities, primary care providers and care at home;

- long-term support, particularly for chronic conditions;
- consideration for relatives and carers.

The Ramsay Group presented the following to the committee:

- concrete examples of new care pathways that illustrate the shift from a facility-centred approach to a pathway-based approach and an integrated regional organisation;
- examples demonstrating a clear commitment to ensuring continuity of care before, during and after hospitalisation;
- new end-to-end processes ranging from prevention to treatment, particularly in Sweden;
- The Committee notes that these new directions are incorporated into the 'Connecting Care 2030' strategy presented to it and observes a growing convergence between the discussions held within the Task Force and the strategic choices made by Ramsay Santé.

The Committee's discussions have also led to a shift in how patients' views are understood. Their input is only valuable if it becomes a genuine tool for transformation. It was therefore emphasised that:

- satisfaction surveys cannot be the sole means of listening to patients, as they do not always reveal their expectations, the difficulties they face or levers for improvement;
- user committees are genuine forums for dialogue with patients and should be more widely established.

The Committee's work has also led to a more rigorous definition of the indicators used to monitor the Organisation's Purpose. For example, the development of PREMs and PROMs, the creation of patient panels and stronger dialogue with patients are now reflected in the indicators. It is also worth noting that, as early as 2024, several Committee members had highlighted the need to better measure access to care, improve the transparency of the financial terms offered to patients, better account for discriminatory biases, and develop indicators that more accurately reflect the actual experience of people receiving care.

Finally, from a more operational perspective, the committee's workshops held in 2025 highlighted the fact that many initiatives were already being implemented within health care facilities but were not being sufficiently shared. The members therefore encouraged the Group to disseminate the most promising pilot schemes, such as the development of walk-in clinics in Sector 1.



3. The opinion and recommendations of the Mission Committee on the Choosing Wisely initiative regarding patient–doctor dialogue

The Mission Committee warmly welcomes the roll-out of the international Choosing Wisely initiative, which aims to improve the appropriateness of care and avoid treatments and procedures that offer limited benefit to patients. The Committee sees this as a tangible expression of Ramsay Santé’s mission: improving health through constant innovation, while making appropriateness of care central to the relationship between patient and doctor.

However, the Committee would like to emphasise a key point: this approach must never be understood as a means of cost-cutting. On the contrary, its legitimacy rests on an ethical and medical imperative: providing patients with the right care, at the right time, in light of their medical condition, preferences, level of understanding and life plans. By ensuring that care is appropriate and eliminating unnecessary procedures and treatments, we not only improve the quality of care and patient management but also optimise the use of public funding. The aim is not to make savings at the patient’s expense, but to reduce unnecessary costs so that these savings can be redirected towards innovative treatments and technologies.

‘Choosing Wisely’ can be seen as a logical complement to quality of care and patient safety to uphold the four key principles of medical ethics. Quality involves doing good; patient safety involves doing no harm; while Choosing Wisely addresses both autonomy, through shared decision-making, and justice, by avoiding unnecessary care so that there are enough resources for everyone.

In this respect, the Committee stresses that appropriateness of care must first and foremost be based on rigorous scientific analysis. At a collective level, it is the responsibility of doctors and specialists to identify, for each care pathway or process, the available scientific evidence to ensure that the procedures, tests or treatments proposed provide genuine value to patients and do not expose them to unnecessary or disproportionate risks. This scientific requirement is an essential prerequisite.

The Committee therefore considers that ‘Choosing Wisely’ is not simply about questioning certain medical procedures, but rather about basing care decisions on the best available scientific evidence, while recognising that each individual situation is unique. Health care professionals therefore have a dual responsibility: ensuring that recommendations are based on sound scientific foundations and then adapting them to the context, needs, values and preferences of each patient.

In this sense, Choosing Wisely is a major opportunity to reinforce shared medical decision-making. Patients should not merely receive information handed down from above; they must be able to ask questions, understand the different options available, weigh up the benefits, limitations and risks of each option,

and play a genuine part in the decision concerning their care. This shift is particularly important in complex clinical pathways, chronic conditions, situations of vulnerability or times of great emotional distress.

The Committee emphasises that shared decision-making must strike the right balance between medical science and patients’ individual circumstances. Recommendations based on scientific evidence form an essential foundation, yet they must be considered in the context of patients’ lived experience, overall health, environment, practical circumstances, expectations and life plans. It is through this balance that a truly appropriate choice can be made within the care pathway.

The Committee recommends that patient information materials be designed and tested in collaboration with patients and patient organisations to ensure that they are clear, accessible and genuinely useful in consultations. The language used must be simple and suitable for different levels of health literacy and vulnerable groups. The tools must be useful in stressful situations or when delivering difficult news.

The Committee also recommends that monitoring of the initiative should not rely solely on the number of care pathways revised or information sheets produced, but should incorporate qualitative indicators: patients’ understanding, their sense of having been involved in the decision, the traceability of the shared decision in the medical record, practitioners’ adoption of the approach, and feedback from both patients and health care teams.

Finally, the Committee considers that Choosing Wisely has the potential to become a key hallmark of Ramsay Santé’s medical culture, provided it is supported jointly by doctors, health care teams and patients. If properly implemented, this approach can build trust, improve appropriateness of care, avoid unnecessary or insufficiently justified procedures, reduce risks associated with certain interventions, and contribute to a more humane, responsible and personalised approach to medicine.”

4. The opinion and recommendations of the Mission Committee about quantification of monitoring indicators

The period under review has seen very significant methodological progress in the indicators used to monitor objectives: in response to a request from the Mission Committee, reiterated by the independent third-party, Ramsay Santé has clarified the indicators used, highlighted areas where progress is still ongoing, and identified gaps in measurement. These are noteworthy achievements.

They are all the more valuable given the major challenges involved in designing and monitoring indicators, due to the Group's diverse structures, differences in health policies and funding systems from one country to another, and the way medical practice is organised — particularly in France — which limits both the scope of certain initiatives and their subsequent monitoring.

Beyond these achievements and the rigour of the monitoring process, the Mission Committee encourages the Group to develop and strengthen the way it monitors the implementation of Social and Environmental Objectives in the years ahead:

- The indicators selected are very often outcome indicators rather than impact indicators. In other words, they primarily measure activity levels rather than changes. Once the monitoring framework has been sufficiently consolidated, the next step could be to look beyond raw numbers and also work with rates and proportions (e.g. increasing the proportion of health care facilities located in areas with a shortage of medical services / increasing the proportion of unscheduled consultations), set targets for the expected increases, and give greater substance to Ramsay Santé's impact ambitions by identifying specific impact indicators.
- In some cases, a persistent gap between the stated criteria and the selected indicators requires further attention. This does not necessarily mean scaling back ambitions and criteria because data is not available to back them up, but rather collectively considering how to generate data — potentially new data — that would allow set criteria to be checked more accurately. For example, aggregate data on the social characteristics of the service users as against the population in given areas would be an important indicator for SEO 1, even though Ramsay Santé does not practise discrimination based on income. At this stage, it is difficult to provide such an indicator. It would be useful to explore cross-referencing public data with that held by the Group, in strict adherence to the regulatory framework set by health authorities, to determine whether such an approach is relevant.



Finally, the Mission Committee encourages the Group to specifically assess the impact and replicability of certain pilot schemes, with a view to scaling them up and thereby accelerating local roll-out strategies. This means looking beyond quantitative indicators to identify the drivers and conditions for implementing these innovative or experimental projects and ensure their impact when they are scaled up. The potential for sharing and replicating local initiatives across a group such as Ramsay Santé is enormous and represents a key area for optimising impact and achieving SEOs.

In conclusion, the Mission Committee highlights the Group's remarkable progress in quantifying its monitoring of the mission and encourages it to extend this approach to assessing the impact of the measures implemented and to developing the most robust possible ways of measuring the ambitions that are more complex to evaluate.

5. The opinion and recommendations of the Mission Committee about protecting the planet to improve health

Since it began, the Mission Committee has paid particular attention to the Social and Environmental Objective ‘Protecting the planet to improve health’. It considers that Ramsay Santé’s environmental ambition must progressively permeate the entire value chain and, more specifically, its core activity: health care.

In its early years, the Committee commended the Group’s commitment to better understanding and reducing its environmental impacts, while calling for further changes in purchasing policy, improvements in the environmental performance of buildings and the development of initiatives directly linked to medical practices. Last year, field workshops highlighted the wide range of initiatives already being implemented in facilities, particularly regarding anaesthetic gases, waste, recycling and medicines. The Committee then emphasised the need to move beyond this approach of local pilot schemes to select the most effective initiatives, measure their impact and organise their roll-out.



The period since then has seen significant change. With the roll-out of LAKAA across 115 facilities and the distinction between ‘essential’, ‘recommended’ and ‘inspiring’ initiatives, Ramsay Santé is progressively giving itself the means to organise this scaling-up while maintaining the capacity for innovation within its facilities. The Committee welcomes this shift from an initiative-based approach to a steering-based approach, as well as the objective of rolling out essential measures across the board.

The results achieved in medical practices also demonstrate tangible changes. Between 2022 and 2026, consumption of nitrous oxide and desflurane fell by 77% and 89% respectively. These results fully illustrate the SEO ambition: acting on the environment by changing health care practices and, wherever possible, seeking mutual benefits for the environment, patients and health care professionals.

The pilot project on health care eco-design launched in Lille represents a particularly interesting new step. By analysing the environmental footprint of medicines and medical devices purchased, and then working with health care professionals on alternatives that reconcile environmental impact, feasibility, quality and safety of care, Ramsay Santé is beginning to integrate environmental analysis into the design of health care itself. The Committee encourages a rigorous evaluation of this pilot scheme and preparations for its roll-out. The experience in Lyon of integrating eco-design objectives into the employee incentive scheme may also provide further insights into how to engage teams.

However, this progress should not lead to the initiatives identified in previous years being considered complete. Purchasing policy, in particular, remains a major lever for action. Given the significant contribution of medicines, medical devices, equipment and consumables to the sector’s environmental footprint, the Committee encourages Ramsay Santé to continue integrating environmental criteria into purchasing decisions, going beyond the sole assessment of suppliers, and to progressively develop an approach based on the impact of products throughout their life cycle. The POC underway is a promising first step towards putting this approach into practice.

For the coming period, the challenge will therefore be to simultaneously pursue roll-out, further implementation and measuring impact. The Committee encourages Ramsay Santé to consolidate the results achieved, extend its eco-design initiatives and continue working on key levers – purchasing, medicines, medical devices, waste and buildings – so that the ambition of ‘Protecting the planet to improve health’ progressively becomes an intrinsic component of the quality of care.



NEXT STEPS AND DIRECTIONS FOR THE COMMITTEE'S WORK FOR 2026/2027

Mission Committee priorities for 2026–2027

Since its creation in October 2023, the Ramsay Santé Mission Committee has held 13 plenary sessions and taken part in 10 meetings and workshops at facilities in France and Sweden. It has gained a certain level of maturity both in its internal functioning and its interactions with the Ramsay Santé Group.

The smooth flow of discussions within the committee, the complementary personalities and experience of its members, their commitment – including to the drafting of this report – their participation in workshops and site visits, and the excellent cooperation with the Committee's secretary, the Group's Director of Impact and Sustainability, have enabled constructive collaboration with the company's senior management on the implementation of the mission's social and environmental objectives (SEOs).

The committee has also benefited from the participation of Nicole Notat, co-author of the Notat-Sénard report and Chair of the MAIF Mission Committee, at one of its meetings in 2026, as well as from the involvement of its Chair and Secretary in the work of the Community of Mission-Driven Companies.

For the 2026–2027 period, the Committee will focus its work on the following priorities:

1 Ensuring the dissemination of best practices between the Group's non-French and French activities:

One of Ramsay Santé's major challenges is to ensure that the mission is rolled out as consistently as possible across its international operations. In this regard, the organisation of health care systems in the Nordic countries where the Group operates provides positive inspiration in certain areas for changes to be implemented within its French facilities. Likewise, certain French initiatives – particularly those relating to the environment and technical innovations – can be rolled out in the Group's other countries. The Committee will therefore encourage the company to promote and share international best practices across the Group.

2 Reinforcing the quality of dialogue with stakeholders:

The company has already implemented several initiatives to engage in dialogue with patients. The Committee would like to see these initiatives consolidated and rolled out across the Group to better understand patients' expectations and their perceptions of the quality of care, and extend this approach to all stakeholders — practitioners, non-medical staff and external partners — as well as patients.

3 Monitoring measures to combat gender-based and sexual violence:

Like other sectors of society, the health care sector is confronted with gender-based and sexual violence (GBSV). As a mission-driven company, Ramsay Santé must – even more than other companies – set an example in the fight against GBSV. The Committee will monitor the implementation of actions undertaken by the company and the outcome indicators used to assess their effectiveness.

4 Establishing a dashboard for monitoring mission indicators:

As outlined in this report, the company has made significant progress in selecting and implementing indicators for the roll-out of the SEOs. The Committee would like to see a dashboard bringing together all the selected indicators to be consolidated, to enable consistent measurement of progress over time.

5 Continuing dialogue with other Mission Committees:

The Committee has already made plans to organise meetings with other Mission Committees, particularly those with different experience in the health care sector. The aim of these discussions is to compare the types of indicators used to measure SEO implementation and the ways in which other companies encourage adoption of SEOs within their organisations.



APPENDICES

Detailed mission roadmap 2026-2030

KEY ACTIONS	KPIs	KEY KPI'S	TARGET AUDIENCE	TARGETS FOR FY26-27
#Promote Access to Care for All				
IDIVERSITY ACCROSS OUR TEAMS 1. Combating all forms of discrimination 2. Ambitious disability policy 3. Active support for gender diversity, particularly among management and senior management	• % women in top management (CEO's N-1 & N-2) • Gender pay gap • Share of employees with disabilities in the workforce (FR)	Percentage of women in top management (one and two levels below the CEO)	51% or more each year	51% of women in top management (ie n-1 et n-2 of CEO)
TALENT ATTRACTION & RETENTION 1. Establishing a strong culture of prevention (health & safety, psychological well-being) 2. Developing our in-house leadership model 3. Professional development programs for employees (frontline managers, healthcare professionals, Capio Academy, etc.) 4. Initiatives supporting employees' work-life balance 5. Providing support to employees in their parenting and caregiving responsibilities, as well as during challenging personal situations (incl. long term affections)	• Turnover rate • eNPS from "One Voice survey" • Question "I have good opportunities to learn and develop at this organisation" in One Voice Survey*	eNPS score from the One Voice survey	Better score YOY	[New KPI disclosed in FY26] • eNPS : +11 (Group)
PATIENT ACCESS TO CARE 1. Providing unscheduled care services: emergency departments and walk-in consultations accessible to all, with monitored waiting times 2. Expanding remote care services for patients with limited access to healthcare or reduced mobility (teleconsultations, patient monitoring applications, prevention outreach buses) 3. Establishing facilities in underserved areas and medical deserts, serving disadvantaged communities	• Nb of walk-in consultations and unscheduled HC centres (FR) • Nb and ratio of Digital Consultations for Sweden	• Number of emergency care visits (FR) • Number and ratio of teleconsultation in primary care (SE)	Better score YOY	[New KPI disclosed in FY26] • Emergency : 884 113 FR / 90 000 SE • Nb de teleconsultations in primary care : 893 853 (SE), ie 12,57% of consultations
	• Creation of inhouse indicators to measure RS's actual contribution in terms of access to care (France and then Nordic indicator) • % of facilities in underserved areas • Reach areas (serving all types of populations) in Sweden • Waiting time • Waiting time in emergency units (FR)	Number of facilities located in medical deserts or underserved areas (FR and SE)	Better score YOY	[New KPI disclosed in FY26] • 60% of facilities in underserved areas (FR) • KPI to be calculated in FY27 for Nordics

KEY ACTIONS	KPIS	KEY KPI'S	TARGET AUDIENCE	TARGETS FOR FY26-27
ETHICS & QUALITY 1. Improving the integration of care pathways 2. Promoting ethical reflection among teams (administrative staff, caregivers and physicians) on quality of care, respectful treatment and non-discrimination 3. Implementing training and awareness initiatives and developing local ethics committees 4. Spreading palliative care & pain management	• Nb of referrals (test on clusters in FR + SE) • Nb of practitioners attending ethical committees in FR* • Spread of medical ethical initiatives (including medical perspective in Ethical Charter) • Spread of palliative care initiatives & pain management	• Patient referral rate (pilot program in centers in France and Sweden) • Development of initiatives related to palliative care and pain management	Better score YOY	• KPI to be created in FY27 • Initiatives to be identified in FY27
# Develop Medical Innovation to Deliver the Best Care				
CHOOSING WISELY • Building up and adopting a selective and dedicated approach to care for patients & practitioners	• Nb of care pathways reworked through Choosing Wisely (on Practitioners' side and on Patients' sites), per year/ per country France • Spread of Choosing wisely initiatives in Nordics	Number of care pathways revised according to the "Choosing Wisely" guidelines (SE)	Addition of new care pathways / specialties each year (FR)	KPI to be calculated in FY27 (FR)
RESEARCH & EDUCATION • Developing research among our practitioners, with clinical trials and publications amongst prestigious reviews • Synthesized health data (contribution to international research) • Investment in surgical simulation tools to develop practitioners' skills • Supporting the training of healthcare staff (hosting medical interns, partnering with nursing schools)	• Research publications: number per country • Research publications: quality (impact factors of medical journals) • Ratio of A+ & A on total publications • Nb of clinical trials launched (FR + Nordics) • Nb of R&D project (CIR in France)	1. Clinical trials: • 780 clinical trials (FR) • 41 clinical trials (SE) 2. Partnerships with European research institutes (from FY27)	Better score YOY	[New KPI in FY26] 1. Clinical trials : • 780 (FR) • 41 (SE) 2. Partnerships with European research institutes (Healthcare data institute) starting in FY27)
DIGITAL & CLINICAL INNOVATION • Deploying digital/ AI tool in each country (ex: SmartOP, Tandem, etc.) to enhance teams and practitioners's work • Digitalization of our care pathways: virtual hospital (tele-tools and services, remote care pathways) • Develop prevention services for customers (health check-ups / Occupational Health) • Lifestyle support services and programs (Capio Lifestyle, Prevent 2Care (Foundation))	• Nb of facilities having deployed at least one digital/AI tool for staff / practitioners (France) • Deployment of digitalization or virtual hospital tool for patients • Number of patients reached by a prevention service or lifestyle support service: • Sweden: nb of patients listed in Occupational Health (for internal purpose only, no disclosure) • Prevent 2Care (Foundation)	Spread of AI/digital tool for different target group (workforce/ patient/ healthcare professionals) in facilities	1 AI/digital tool per target (workforce/ patient/ healthcare professionals) in every facility in FY31	KPI to be created in FY27

KEY ACTIONS	KPIs	KEY KPI'S	TARGET AUDIENCE	TARGETS FOR FY26-27
#Systematize Dialogue with our Stakeholders				
DIALOGUE & ADVOCACY - Advocacy within the industry on healthcare topics - Inclusion of patients in national medical instances (France) - Follow-up of patient dialogue forums and implementation of recommendations - Ongoing dialogue with regulatory and supervisory authorities - Strengthening relationships with independent practitioners through Medical Committees at facility level	- Public affairs and media coverage - Monitoring of patient dialogue forums (frequency of meetings, evolution of topics discussed, implementation of recommendations) - Improvement in Ecovadis scores (Nordics) Deploy part of salary indexed on Mission objectives among Managers (FR)	Managers wages indexed on Mission Objectives achievement	- Managers wages indexed on Mission Objectives. : 100% of manager in FR en FY26 100% of Group managers in FY30	100% in FR (FY26 objective achieved) - KPI to be deployed in other countries in FY27 FY28
SUPPLIERS ONBOARDING - Generalization of CSR performance assessment for our suppliers (EcoVadis score) (Ecovadis, FairSupply) - Engage suppliers in CO₂ reduction with objectives validated by science	Nb of suppliers assed on Ecovadis/ FairSupply - Suppliers having signed code of conduct	Number of suppliers assessed on EvoVadis / FairSupply	80% of purchase spent done with suppliers assessed in EcoVadis or FairSupply in FY26 - Score to be maintained over the long term	80% of purchase made with suppliers assessed on EcoVadis ou Fairsupply (FY26 objective reached)
#Reduce the Environmental Footprint of Care				
CLIMATE CHANGE MITIGATION & ADAPTATION - Reducing energy consumption intensity - Reducing carbon intensity from our buildings (building insulation, replacement of fossil-fuel-based or energy-intensive equipment with low-carbon alternatives) - Reducing emissions related to our medical practices and procurement (raising awareness of the environmental impact of care, adapting certain care and prescribing practices) - Supporting low-carbon mobility options for our employees	- Energy consumption decrease - Energy intensity decrease per patient day Scope 1 & 2 GHG decrease (to align 3 scopes with Paris Agreement target) - Share of non-fossil electricity (for facilities with directly managed electricity contracts)	1. Greenhouse gas emissions: trajectory aligned with the Paris Agreement targets 2. Share of non-fossil energy in our in-house managed electricity contracts (Nordics) 3. Energy consumption per patient day	1. Scope 1 and 2 GHG emissions: -40% in FY30 vs 2021 (i.e. -4.2% per year) 2. 100% non-fossil fuel electricity for all directly managed electricity contracts (NORDICS): FY30 3. Annual reduction in the energy-per-patient-day ratio (by country)	1. -23,0% FY26 (market based) 2. 98% (Nordics) 3. KPI to be calculated in FY27 (FR + NORDICS)
	Scope 3 GHG reduction (to align 3 scopes with Paris Agreement target)	GHG: trajectory aligned with the Paris Agreement targets	-60% in 2040 for 3 scopes* (vs 2021)	GES sc 1 et 2 : -32% FY26 (market based) vs. 2021
RESSOURCE EFFICIENT CARE - Measuring the environmental impact of care pathways - Implementing key improvement actions (substitution of pharmaceuticals, chemicals, dosage forms, clinical procedures, etc.) - Advance waste reduction and recovery - Initiatives to extend the lifecycle of used equipment (second life, refurbishment, donations, etc.)	Nb of ecodesign projects conducted in facilities % of waste sorted (France) % of facilities certified ISO 14001 (Nordics)	- Number of eco-design projects in healthcare actually implemented in healthcare facilities - Proportion of waste sorted (FR)	1. Formalisation of eco-design projects in healthcare (FR: FY26, NOR: FY28) 2. 30% of waste to be sorted by 2030 (FR)	1. Definition & launch of 7 eco designed care initiatives in a pilot cluster (Lille) 2. Waste sorting rate: 24% (FR)
POLLUTION, WATER AND RESPONSIBLE USE OF SUBSTANCES - Reduce and secure the use of hazardous substances - Manage water consumption Responsibly	- Conduct risk assessments and substitution analyses for CMR (Carcinogenic, Mutagenic, and Reprotoxic) classified chemicals - Actions implemented for water conservation		100% of CMR substances analysed in the Nordic countries by FY28	KPI to be created in FY27

Opinion of the independent third-party organisation

CONCLUSIONS

Overview of the audit

This verification report sets out our conclusions regarding RAMSAY GENERALE DE SANTE's compliance with the social and environmental objectives enshrined in its articles of association since it was designated a mission-driven company in December 2022. Following an initial regulatory verification carried out by us in 2025, the company again commissioned us to carry out this second verification.

The period covered by our audit took place against a backdrop described as 'particularly difficult' in the foreword by the chair of the mission committee. The healthcare sector in France was, in particular, subject to significant economic pressures, whilst changes in the Group's shareholding structure had an impact on RAMSAY GENERALE DE SANTE and its governance. These contextual factors were taken into account in the exercise of our professional judgement.

Our audit was carried out to a tight schedule, against a backdrop characterised by the mobilisation of internal resources for the regulatory audit of the sustainability report. We were able to hold discussions with those directly involved in the project, members of the project committee and the director representing the staff. However, we were unable to conduct interviews with senior management or with stakeholders on the ground.

Regulatory compliance

Based on the procedures we have carried out, as described in the section 'Nature and scope of the work', and the evidence we have gathered, we have not identified any material misstatements that would call into question, within the scope of the company's status as a mission-driven company and at the end of the period covered by our verification:

- the link between the purpose set out in its articles of association and the company's activities
- the link between the social and environmental objectives set out in its articles of association and the company's activities
- the monitoring of the fulfilment of the mission by the mission committee
- the composition of the mission committee and the presence of a mission lead
- the mission committee's favourable conclusions regarding the relevance of the objectives
- the ability to verify the fulfilment of the objectives

Consequently, RAMSAY GENERALE DE SANTE complies with each of the conditions set out in Article L 210-10, enabling it to claim the status of a mission-driven company.

Conclusions on compliance with social and environmental objectives

Based on the procedures we have carried out, as described in the section 'Nature and scope of the work', and the evidence we have gathered, we have not identified any significant anomalies that would call into question, within the scope of the company's status as a mission-driven company and at the end of the period

covered by our verification, the following opinion on the achievement of social and environmental objectives:

OS No.	Résultats ¹	Resources ²	Achievement ³	Conclusion
1	Yes	Yes	Yes	Statutory objective: met
2	Yes	Yes	Yes	Statutory objective: met
3	Yes	Yes	Yes	Statutory objective: met
4	Yes	Yes	Yes	Statutory objective: met

The conclusions set out above are based on the decision tree of the Community of Mission-Driven Enterprises presented in the methodological guide "Towards an OTI verification contributing to the progress of the mission-driven enterprise", published in January 2024.

1 The 'Results' column sets out our conclusions in response to the question 'Has the entity identified verifiable (quantitative/qualitative) indicators to be achieved for the statutory (or, where applicable, operational) objective, which are deemed relevant by the mission committee?' from the decision tree

2 The 'Resources' column sets out our conclusions in response to the question 'Has the entity mobilised adequate resources that are consistent with its objectives and available resources?' from the decision tree

3 The 'Achievement' column sets out our conclusions in response to the question 'Have all the results been achieved?' from the decision tree

Consequently, RAMSAY GENERALE DE SANTE complies with the social and environmental objectives it has set itself as part of its mission, in line with its purpose and its business activities in relation to its social and environmental challenges.

General comments

In addition to the conclusions set out above, we note the following strengths:

- The senior management's commitment to the mission's objectives, despite the
- economic and institutional context described above
- The involvement of the mission committee, the quality of its operations and the clarity of its contributions
- The operational translation of the mission through numerous projects and initiatives rolled out during the period, demonstrating progress in its implementation
- The strengthened alignment between the mission, the Group's strategy and its sustainability policy, with the Connecting Care 2030 plan providing a structuring framework for the continuation of this approach.

Without calling into question the conclusions set out above, we make the following observations and identify the following areas for improvement:

- The fact that the mission committee has not formalised, for each of the statutory objectives, an assessment of the relevance of the results to be achieved, the adequacy of the resources mobilised and the extent to which the results have been achieved currently limits the clarity of its evaluation of the mission's execution.
- The structure of the approach for the 2025/2026 financial

year did not allow for a clear link to be established between the four statutory objectives, the results to be achieved and the actions implemented. The 2026–2030 roadmap now helps to clarify this relationship.

- Beyond the progress made in terms of quantification highlighted by the mission committee, we endorse its comment regarding the relevance of orienting mission indicators towards greater impact measurement.

OVERVIEW OF THE WORK

Preparation of information relating to the fulfilment of social and environmental objectives

The absence of a generally accepted and commonly used reference framework or established practices on which to base the assessment and measurement of information relating to social and environmental objectives allows for the use of different, yet acceptable, measurement techniques, which may affect comparability between entities and over time.

Consequently, information relating to the achievement of social and environmental objectives must be read and understood with reference to the engagement report.

Responsibility of the entity

It is the entity's responsibility to appoint a task force or a task force lead responsible for drawing up an annual report in accordance with the provisions of Article L. 21 0-1 0 of the Commercial Code. This report is appended to the management report.

Responsibility of the independent third-party body

In accordance with the provisions of Article R. 21 0-21 of the Commercial Code, it is our responsibility, on the basis of our work, to issue a reasoned opinion expressing a moderate assurance conclusion on the entity's compliance with the social and environmental objectives it has set itself within the scope relevant to its status as a mission-driven company.

As we were not involved in the preparation of the information relating to the achievement of the social and environmental objectives, we are in a position to express an independent moderate assurance conclusion on that information.

Applicable regulatory provisions and professional standards

The work described below was carried out in accordance with the provisions of Article R. 21 0-21 of the Commercial Code and ISO 1 7029.

Independence and quality control

Our independence is defined by the provisions set out in Article L. 822-1 1 -3 of the French Commercial Code. Furthermore, we have established a quality control system comprising documented policies and procedures designed to ensure compliance with applicable laws and regulations. We apply the SAM REV1 1 _06-1 1 - 2025 programme.

Nature and scope of the work

We planned and carried out our work taking into account the risk of material misstatement.

The procedures we carried out, exercising our professional judgement, enable us to express a moderate assurance

conclusion.

We have familiarised ourselves with the entity's activities within the scope relevant to its status as a purpose-driven company, the formulation of its purpose, and its social and environmental challenges.

Our work focused on:

- an analysis of the mission model (containing the entity's purpose as set out in its articles of association, the social and environmental objectives adopted pursuant to Article L. 21 0-1 0(2) and incorporated into its articles of association, the translation of these objectives into outcomes and, where applicable, the operational objectives and key performance indicators)
- a review of the adequacy of resources
- a review of the achievement of the social and environmental objectives adopted pursuant to Article L. 21 0-1 0(2) and set out in its articles of association.

Regarding the analysis of the mission model:

- We have verified that the articles of association set out the company's purpose and its social and environmental objectives, and that the Kbis extract states the company's status as a mission-driven company;
- We verified that there was at least one employee on the mission committee or acting as a mission liaison;
- We carried out a critical review of the mission report and collected various documents relating to the mission;
- We reviewed the consistency of the mission framework (consistency between the purpose, the social and environmental objectives, the results and, where applicable, the operational objectives and key performance indicators);
- We assessed the consistency between the mission model and the company's activities in
- light of its social and environmental challenges;
- We questioned the body responsible for managing the company regarding the implementation of its status as a mission-driven company and the way in which the company fulfils its social and environmental objectives.

Regarding the adequacy of resources:

- We enquired about the actions undertaken and the resources allocated to the fulfilment of the social and environmental objectives;
- We identified evidence to be collected on some of these resources and actions and then, where appropriate, carried out tests on the consistency of developments and detailed tests to verify the correct application of definitions and procedures and to reconcile the data with the evidence;
- We interviewed stakeholders regarding the actions undertaken and the resources allocated in light of business developments over the period.

Regarding the achievement of objectives:

- We enquired about the existence of performance measures (historical qualitative or quantitative data in the form of operational targets and/or key monitoring indicators) achieved by the company at the end of the period covered by the audit for each social and environmental objective;
- We reviewed the procedures for measuring these results (procedures for collection, compilation, preparation, processing and control) and the scope of these results;
- We identified evidence to be collected in relation to some of the results (qualitative and quantitative). For quantitative results, we carried out tests on the consistency of trends

and, where appropriate, detailed tests consisting of verifying the correct application of definitions and procedures and reconciling the data with the supporting evidence.

- We sought the views of the project committee or project lead on the assessment of the achievement of social and environmental objectives. We examined the analysis in the project report of the results achieved by the company at the end of the period covered by the verification, in relation to their expected trajectories.
- We cross-checked the information gathered against stakeholders' perceptions of the effects and impacts on the organisation.
- We verified that the results had been achieved by the end of the period covered by the verification for each social and environmental objective and, where applicable, the existence of circumstances external to the company that had affected compliance with these objectives.

The procedures carried out as part of a moderate assurance

engagement are less extensive than those required for a reasonable assurance engagement conducted in accordance with the professional standards applicable in France; a higher level of assurance would have required more extensive verification work.

Done at Toulouse, on 22 October 2026

THE INDEPENDENT THIRD- PARTY BODY

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Pauline de Saint Front,
Chair

Rating of the 'purpose-driven company' approach: 80/100

Mission model 41/50		Adequacy of resources 25/30	Achievement of objectives Operational 14/20
Stakeholder engagement in mission development 6/6	Ambition for innovation and transformation 8/10	Structured breakdown of the mission 3/6	Achievement of operational objectives 4/5
Management's involvement in the process 6/6	Use of the Purpose / Communication 3/4	Resources allocated and actions taken 7/8	Mission Report 3/5
Unique aspects of the mission 5/6	Nature of the operational objectives 3/6	Composition and role of the Mission Committee 6/6	Robustness of reporting 4/5
Alignment with the business model 6/6	Consistency of operational objectives 4/6	Functioning of the Mission Committee 9/10	Feedback from internal stakeholders 3/5

