



Future strong.

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EMPLOYEES

#teamspirit



PATIENTS

#healthfirst

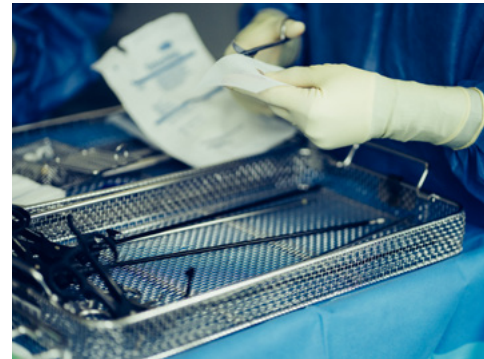


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COMPLIANCE

#takingresponsibility



ENVIRONMENT

#byconviction



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Shaping change responsibly

For Helios as a major international provider of health care facilities, the year 2020 turned out to be exceptional in every respect. How do you look back on this?

The COVID-19 pandemic has once more encouraged us in what we do. Our employees have helped to get the pandemic under control in the clinics. They fought for every single life. That was and remains an amazing achievement – of which we should be proud. The pandemic has confirmed that we're strong, in a good position and, not least, that our hospitals collaborate excellently both on the regional and the local level.

The pandemic and its countermeasures have polarized the country in parts. How did employees at Helios deal with this?

At Helios, too, many people have suffered greatly from the burdens of the lockdowns and restrictions. Yet, little of this was actually carried into the clinics, because we experienced the consequences of the disease firsthand there with our numerous COVID-19 patients. It wouldn't have occurred to anyone to downplay the pandemic, which is why

the extreme views that still exist in parts of society today did not really arise in our clinics. But of course, people assessed the dramatic nature of the events differently. I myself warned against scare-mongering on several occasions. Our hospitals had to provide care for a varying number of COVID-19 patients, many of whom were critically ill. The high mortality rate, together with the social pressure, has also led to greater emotional stress among our staff. This is despite the fact that, compared to 2019, we had about 15% fewer patients to care for overall in the clinics in 2020.

How will the health care system change after the pandemic?

At Helios we're seeing three basic trends that we will actively embrace – building on our experience from the pandemic as well. The first is about establishing and expanding health care networks: During the pandemic, we again found that people can be better cared for when clinics within a region closely collaborate when it comes to capacities and treatment options.



Dr. Francesco De Meo
Chairman of the Management Board, Helios Kliniken GmbH

Dr. Francesco De Meo returned to his position as Chairman of the Helios Management Board in Germany on January 1, 2021 – a position he had previously held until 2018. He is also CEO of Helios Health, the holding company for the global hospital business of the Fresenius health care group. In Germany, he specifically seeks to bring together initiatives in the areas of integrated care and digital health, so as to further strengthen the position of Helios for the future. One of his aspirations is to bring about integrated health care models for spatially defined care areas, following the example of other European countries.

CEO BLOG BY DR. FRANCESCO DE MEO

[Find out more](#) (German only)

The trend toward outpatient medicine is in line with this. In Germany, we have many acute inpatient procedures that in other countries – e.g., in Switzerland – are offered on an outpatient basis according to legal provisions. We believe that up to 3% of the 19 million patients typically treated as inpatients could be treated as outpatients. This then leads to the question of whether all clinics in Germany need to continue existing in their present form, as well as how outpatient medicine should be expanded and compensated for in the future.

“Our employees have helped to get the pandemic under control in the clinics. That was and remains an amazing achievement – of which we should be proud.

During the pandemic, people tended to avoid clinics and doctors’ offices. This effect has accelerated the third trend – digitization. Video consultations, for example, have proven their worth, especially during the pandemic, as a complement or alternative to face-to-face medical contact to establish whether a visit to a clinic is even necessary or whether treatment could be provided digitally.

What role does sustainability play in this transformation?

A big one. We were already addressing sustainability issues before the pandemic, because it is part of our corporate responsibility. But the pandemic and also the growing number of natural disasters have made us all even more concerned about how we should deal with social and environmental issues in the future. I don’t think much of companies engaging in greenwashing. When it comes to sustainability, we don’t need marketing, but rather a broad consensus on how we can shape the future responsibly. Which is why we keep our patients, employees, the social setting and our environment at the center of our sustainability commitment. We ask ourselves where and how we can more actively shape corporate responsibility for tackling future issues. Our sustainability report shows where we stand and how we’ll strengthen and expand our sustainable action.

Listen to the [Interview](#) (German only)

“When it comes to sustainability, we don’t need marketing, but rather a broad consensus on how we can shape the future responsibly.

Dr. Francesco De Meo
Chairman of the Management Board,
Helios Kliniken GmbH

At a glance



Our most important key figures from all our fields of action provide an initial overview of the main developments from 2020. More detailed background information will be presented on the subsequent pages.



Company

- 89** clinics
- 130** outpatient clinics
- 30,000** beds
- €6.3** billion in turnover
- 2.2%** of turnover invested in digitization projects



Employees

- 73,000** employees
- 5,300** people in training
- 800** new nursing employees
- 800** advanced training courses
- 80** e-learning seminars
- 31%** of management positions held by women



Patients

- 5.2** million patients
- 12,000** COVID-19 patients treated
- 42** clinical studies on COVID-19
- 1,800** video consultations
- 89%** achievement of quality indicator targets
- 95%** satisfaction with hospital stay



Environment

- 100%** of facilities ISO 50001 certified
- 71** cogeneration plants that generate their own electricity
- 242** kWh energy consumption per m²
- 31** tons of CO₂ equivalents per €1 million in turnover



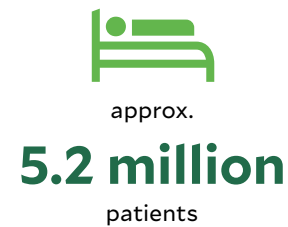
Helios company profile

Founded in 1994, Helios has grown into the leading private health care provider in Germany and Europe within 25 years. Helios offers the full range of medical services at its 89 hospitals, approximately 130 outpatient clinics (MVZs) and six prevention centers in Germany. Some 30,000 beds are available for patients at the facilities. In 2020, approximately 5.2 million patients were treated at Helios clinics, with 4.1 million of these treated on an outpatient basis. Helios employs some 73,000 people in Germany and generated €6.3 billion in turnover in 2020.

Since 2016, the Spanish hospital group Quirónsalud has been part of Helios – with 52 clinics, 70 outpatient health centers and around 300 facilities for occupational health management. Around 15 million patients are treated here every year, with 14.1 million of them treated on an outpatient basis. Quirónsalud employs some 40,000 people and generated €3.5 billion in turnover in 2020.

Both Helios and Quirónsalud have been operating under the umbrella of the holding company Helios Health with their own management since 2018. Helios Health ensures the transfer of knowledge between Germany and Spain, creates synergies between the two companies and drives the international expansion of Helios. This sustainability report relates exclusively to Helios Germany, however. Our Spanish sister company Quirónsalud publishes its own annual sustainability report.

Helios has been part of the global Fresenius health care group since 2005 and, as Fresenius Helios, forms the fourth Fresenius Group Division, alongside Fresenius Medical Care, Fresenius Kabi and Fresenius Vamed.



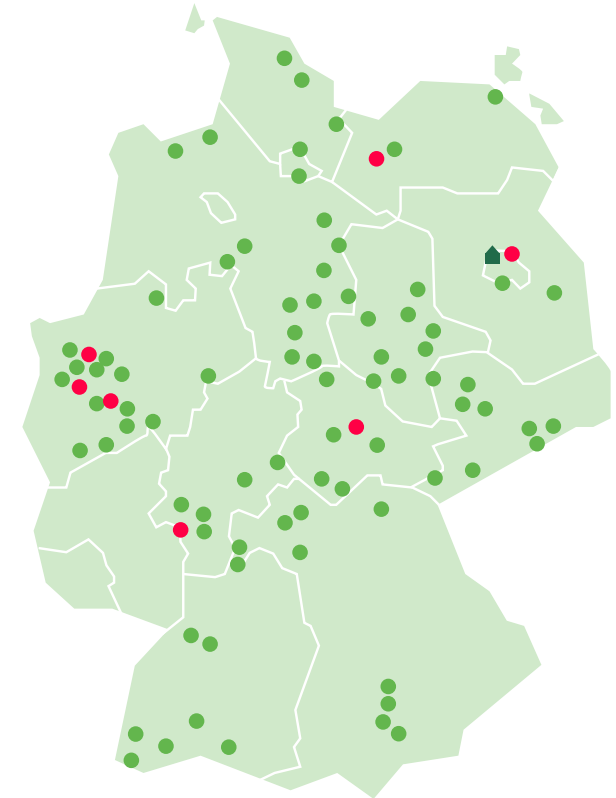
Decentralized organization

The Helios Germany management team consists of five members. They make fundamental strategic decisions for the company and its employees. Our clinics and outpatient facilities are organized on a regional basis. In each of our four regions – North, South, West and East – a Regional Manager, together with a Regional Medical Manager, is responsible for managing and developing the clinics and outpatient facilities in the region. This decentralized structure creates short decision-making paths and offers organizational as well as entrepreneurial advantages: The hospitals coordinate their medical service portfolio within their region. In addition, they benefit from synergies in many areas of hospital operations and in their medical focus – even across regional boundaries.

Corporate responsibility for the clinics rests with the respective Managing Directors of the clinics, the Regional Manager and the Regional Medical Managers. All Regional Managers and Regional Medical Managers are part of the extended Helios Management Team and contribute the local and regional perspective of their clinics to central corporate decision making.

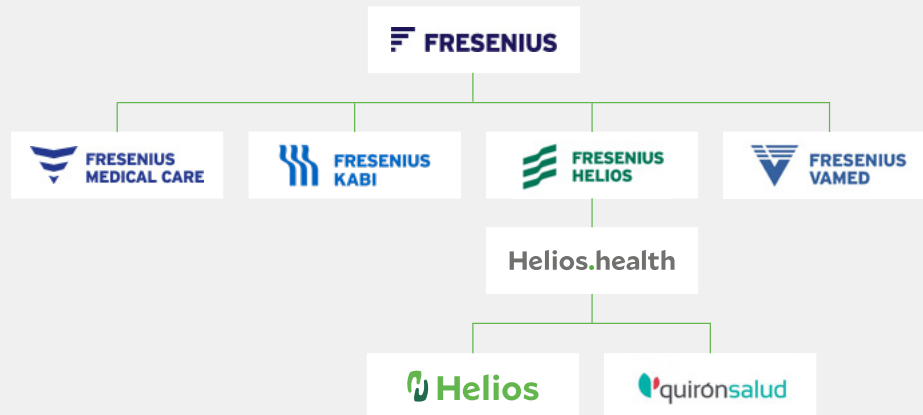
Around 200 employees work in 19 specialized Central Services at Helios' company headquarters. They support the management and the clinics in both regional and higher-level tasks, for example in areas such as Human Resources, Legal, Purchasing, Cleaning, Controlling and Corporate Communications. The supervisory body of Helios Germany is the Supervisory Board of our parent company, Fresenius SE & Co. KGaA.

Locations of Helios clinics at a glance



- Company headquarters
- Hospitals
- Maximum care hospitals

Corporate structure of Fresenius SE & Co. KGaA with Fresenius Helios as one of four business segments





Sustainability at Helios

As a health care company with over 200 health-care facilities across Germany, we operate at the heart of society and bear **responsibility** for the well-being and health of many thousands of people every day. By seeking medical treatment with us, our patients place a great deal of trust in us. We want to provide the best possible care for each and every one of them – from routine to complicated operations, from prevention to preparatory consultation and surgery to after-care, both inpatient and outpatient. In doing so, we are faced with the entrepreneurial challenge of wanting to meet the highest medical standards while at the same time operating successfully under increasingly regulated conditions.

To live up to these aspirations, we attach particular importance to ensuring the top quality of our medical treatment. **Transparency**, honesty, diligence and expertise are central factors in all areas. We openly address mistakes and work together to prevent them. We are constantly developing our medical and service performance to better meet the needs of our patients.

Transparency and a culture of continuous learning are the basis for our **future viability**. Global megatrends such as digitalization, urbanization, climate change or demographic

change also picked up considerable pace in 2020. The COVID-19 pandemic has confronted us with new and additional challenges as well.

We are in the midst of a fundamental transformation of the health-care market, a market we aim to actively shape. We follow trends and innovations and evaluate them critically. We create and implement new and meaningful methods and technologies in everyday clinical practice. In this way, even in the exceptional year that was 2020, we were able to develop solutions for acute challenges in a short time and quickly make them applicable for our health-care facilities.

Our future-oriented perspective, our curiosity and our will to continuously improve are what drive us forward – with the goal of offering ever better medicine to ever more people. We want our patients to expect to have a competent and trustworthy partner at their side when choosing Helios.

This aspiration forms the basis for our sustainability commitment, which addresses the following fields of action:



Caring for patients

Top-quality medical care and our patients’ safety are just as central to what we do as their subjective satisfaction with the care and service they receive. To ensure the continuous provision of outstanding care in the future, we are constantly tackling current and impending changes in the health-care market. We are also increasingly investing in digital solutions that complement our service range.

Strengthening employees

Every day, our employees make sure that our patients receive excellent care and caring attention. It is they who make Helios the leading provider of inpatient and outpatient care in Germany. This is also why we do everything in our power to offer our employees a workplace where they feel comfortable and where they also feel motivated to grow, both individually and as a team.

Protecting the environment

Human health is closely linked to a healthy natural environment. Consistent climate and species protection therefore means pursuing consistent health protection, too. This is why we are paying the closest of attention to what environmentally friendly, resource-saving hospital operations may look like in the future, and why we are already implementing multiple measures to protect our environment.

Acting ethically

As operators of hospitals and medical service centers, we carry great responsibility toward society. We are fully aware of this responsibility and consider ethical, legally compliant behavior a prerequisite for all our activities. We have therefore established strict compliance rules and rigorously pursue any violations. We also attach great importance to acting in an independent and uncorrupt fashion.

The COVID-19 pandemic presented Helios with major challenges in 2020 – including in the area of sustainability. We were unable to advance some of the issues we had set out to address, such as identifying our Scope 3 emissions and a planned risk analysis in the field of human rights. At the same time, we made great progress in other areas, for example in patient care via digital offerings and in digital employee training.

We are also planning to align our sustainability commitment with the United Nations' global Sustainable Development Goals (SDGs). The 17 comprehensive goals point the way to how the economic sector, political sphere and society at large can improve people's health, among other things, by 2030. Helios is committed to these goals and will address the SDGs in 2021 to define focus topics for its future work.

Systematic sustainability management

Responsibility for sustainability rests directly with the Chief Executive Officer (CEO) of Helios Germany. Dr. Francesco De Meo took over this task from Franzel Simon on January 1, 2021. His efforts at implementing sustainable concepts are supported by the entire Helios management team and by Constanze von der Schulenburg, who is responsible for sustainability management within the company. Since April 2021, she has headed up the new Helios Sustainability staff unit, reporting directly to the CEO. At the same time, she works closely with the sustainability team at Fresenius SE.

In the four focus areas of sustainability management (patients, employees, environment and compliance), steering groups look after the further development and reporting of the respective topics. One Helios Managing Director is responsible for each of the four steering groups. In addition, key topics for Helios sustainability management arise from the Fresenius Sustainability Board. Established in 2020, the

Board provides a framework for exchanging information between the sustainability managers of all Fresenius business segments. They meet every other month to discuss their activities and measures and to coordinate company-wide procedures in the area of sustainability. On a quarterly basis since 2019, the Fresenius Human Rights Council has also been providing advice on human rights issues and discussing current topics and new regulations, such as the Supply Chain Act. In addition to these bodies, employees can also get involved in the sustainability topic: All Helios employees can make suggestions on this topic via a dedicated e-mail address.

Valuable stakeholder dialog

Our core business is shaped by the various expectations of our diverse stakeholder groups. The following stakeholder groups typically state their interests and expectations:

- › Patients
- › Potential and current employees
- › Business partners
- › Policy-makers
- › Non-governmental organizations
- › Media
- › Trade unions
- › Competitors
- › Investors

Our key stakeholders are our patients, who depend on receiving excellent medical care, and our current and potential employees, who expect an attractive workplace with a promising future and strong potential for development.

To better understand and respond to the requirements of stakeholders, regular exchange with them is necessary. We are already in extensive contact with our key stakeholders. For example, we carry out surveys with our patients on how satisfied they are with their treatment. We also publish a quarterly patient magazine and are in constant contact with our employees via our intranet. Feedback from our stakeholders and dialog with experts from our clinics, as well as discussions on the Fresenius Sustainability Board, help us to further prioritize sustainability issues. This enables us to successively integrate the topics into our activities.

Due to the dynamic situation caused by the pandemic, exchange with our stakeholders – for example with local health authorities – grew more important than it had been in previous years. At times, clinics had to be closed due to high infection rates among patients or employees. Hygiene regulations and safety concepts were in constant flux. And protective material was sometimes difficult to obtain due to supply bottlenecks. All this made an exchange with authorities, politicians and other interest groups indispensable, and typically garnered a great deal of media attention.



PATIENTS

#healthfirst

We aspire to provide our patients with outstanding health care of the highest quality. This is why, even during the pandemic, we closely monitored patient and information security at our clinics and adjusted it to meet the strict requirements. We also developed a wide range of digital offerings to improve patient care and move into the future with renewed strength.

The free choice of a doctor is becoming freer still

What is it like for you as a doctor not to see your patients in person?

We use video consultations primarily to complement face-to-face contact, to discuss medical findings, to draw up therapy plans or to coordinate medication schedules. So for me, it's not a particularly big change. Video-only consultations are also possible, however, and are already taking place. But if it's necessary for us to meet in person at the office, that's of course possible at any time, too.

Will video consultation become common practice? What challenges and opportunities do you see in this?

Video consultation isn't tied to a specific location, and there's no need for travel or waiting times. The younger generation in particular already likes these advantages. The challenge is typically having a stable internet connection. I think the areas of application will develop and become more specific in the future. I especially see great potential in preventive care, travel vaccination counseling and regular checkups, for example for diabetes. This will expand the indications and, with telemedical solutions, physical examinations will then also be possible via video consultation. Patients sometimes already

have access to medical specialists from throughout Germany this way. The free choice of a doctor will therefore become freer still.

The long period of social isolation has put a strain on many patients. How do you make sure you don't miss anything important in a video consultation?

Time is exactly what this is about: There should be room for exchange and continued sensitive, attentive, empathetic interaction. Psychotherapy is already frequently conducted as a video consultation and offers anxious patients in particular good, if not better and earlier, access to medical care. Digital does not mean shorter or less effective.

The COVID-19 crisis has massively accelerated digitization. What do you think needs to be taken into consideration in this area?

It's necessary that regulations – data protection to start with – follow suit. Health care will only improve if those who treat patients are able to collaborate on disease patterns across sectors and disciplines with the patient's consent. I therefore hope that digital services will become as widespread as faxing once was.



Susanne Dörr, MD

Specialist in internal medicine, geriatrics and palliative medicine

Dr. Susanne Dörr is the managing medical director of the outpatient clinic at the Helios clinic in Berlin-Buch. She is also the medical director of quality medicine and digitalization for the Helios Outpatient Medicine division. As a new digital service, Helios has been offering video consultation hours in its polyclinic at Berlin-Buch and in the Spreekarree on Friedrichstraße in Berlin since spring 2020. Especially during the COVID-19 pandemic, these offerings have provided many patients with a good alternative to an in-person visit to the doctor's office.

“Video consultation hours enable access to physicians throughout Germany.”

VIDEO CONSULTATION HOURS AT THE HELIOS HOSPITAL BERLIN-BUCH

[Find out more](#) (German only)

Crisis-proof health care

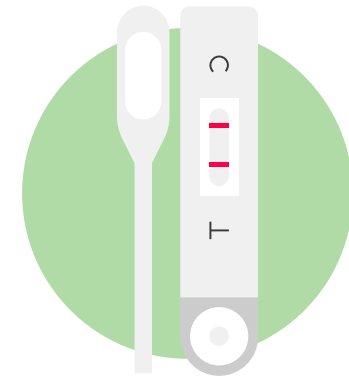
Helios offers the entire range of treatments at its clinics, from preventive care to all levels of care and complex interventions such as transplant medicine. A total of approximately 30,000 beds are available for this purpose nationwide, 29,451 of which are in the acute sector, with 527 post-acute care beds. Before the pandemic, Helios had 1,025 intensive care beds across all hospitals. In the pandemic year 2020, Helios increased this number by 1,346 to provide more capacity for the care of COVID-19 patients. As a result, Helios has had a total of 2,371 intensive care beds available for critical care during the pandemic.

In total, some 5.2 million people were treated at Helios hospitals in 2020, including 1.1 million inpatients and 4.1 million outpatients – about 13% fewer than in the previous year. Wherever possible, many patients postponed hospital stays due to the pandemic. In spring 2020, the German government additionally ordered hospitals to close for about six weeks for all operations that were not vital or time-critical, to keep enough beds available to care for COVID-19 patients and prevent the spread of the coronavirus. In 2020, Helios provided care for a total of 11,920 patients infected with COVID-19, 2,966 of whom required intensive care. 2,111 patients died in our hospitals with or from a COVID-19 infection.



Helios data supports the RKI in assessing the COVID-19 pandemic

Since 2016, 70 Helios hospitals have been exchanging billing data with the Robert Koch Institute (RKI – the German federal government agency responsible for disease control and prevention) to monitor inpatient respiratory illnesses, particularly seasonal flu outbreaks. Since the beginning of the COVID-19 pandemic, we have also used this exchange to map the inpatient treatment of COVID-19 patients. For this purpose, we transmit our case data on a daily basis, thereby expanding the database for the overall epidemiological assessment. On this basis, the RKI was able to assess the general severity and spread of the COVID-19 disease at an early stage and include it in its weekly situation report.



In 2020, Helios cared for a total of about **12,000 patients** with a **COVID-19 infection**.

In managing the pandemic-related challenges and ensuring the care of our patients during this extraordinary time, our large network proved extremely effective: The company's daily COVID-19 crisis team was able to send new information on how to deal with the crisis into the clinics every day. In addition, the hospitals' COVID-19 crisis teams and the Helios regions networked closely with each other. Within the clinic network, physicians, clinic management, hygienists, pharmacists and other relevant departments were able to quickly coordinate decisions with each other – for example, when it came to transferring COVID-19 patients to other departments or clinics or making specific therapy recommendations. In addition, since March 2020, a 24-hour COVID-19 phone hotline has been available, and up to 30 experts have answered questions about the coronavirus at peak times. From March to December 2020, a total of 52,122 calls were received here.

Ten-point safety concept

Our goal during the COVID-19 pandemic was to maintain health care at all Helios hospitals as well and as safely as possible. In particular, it was important for us to continue to safely perform emergency and necessary operations, for example in the field of cancer medicine, so as to provide our patients with excellent care even in the face of the pandemic. Nevertheless, individual clinics, such as the Helios clinic in Bad Saarow, had to temporarily suspend patient admissions because too many employees or patients had become infected with the coronavirus. The emergency departments of individual clinics were also temporarily closed during the year to protect both patients and employees from getting infected.

In July 2020, Helios developed its own [safety concept](#) for its clinics with ten measures to protect patients and employees from getting infected with the coronavirus. In all Helios clinics, different areas were set up and marked with corresponding colors: green for patients with no COVID-19 risk, yellow for those with an unknown COVID-19 risk, and red for those patients in whom a coronavirus infection had been detected. Each patient was also tested for COVID-19 prior to admission. Since the end of 2020, mask scanners in the entrance areas of our clinics have also been checking whether the oronasal protection is being worn correctly.

Ensuring medical quality

Since its founding, Helios has focused on high and measurable medical quality. To live up to this, we have established a quality management system that is controlled by the Central Service Medicine. At the same time, our 28 medical expert groups ensure that the knowledge of their field is disseminated and implemented in all clinics. Our quality management system is based on three methods:



Measuring quality

Our quality management is based on an evaluation of processes and results from our patient treatments. Every treatment step in the hospital is precisely documented for subsequent billing to health insurance companies. We use this “routine data” to measure the quality of our services. They show, for example, whether recovery takes longer than expected, or whether complications or a death have occurred. On this basis, we can deduce whether treatment proceeded normally or whether potential mistakes were made.

We also use our routine data to record the German Inpatient Quality Indicators (G-IQI) developed by the “Initiative Qualitätsmedizin” (IQM).¹ They include over 380 key figures on more than 60 important clinical pictures and treatments.

In addition, we collect more than 1,000 other quality indicators at Helios. We have selected 45 key indicators from the G-IQIs for the strategic management of our medical quality. We have defined specific target values for these indicators, the achievement of which we review annually. In 2020, we met the target values of 40 indicators, which corresponds to a proportion of 89% (2019: 96%). The difference compared with the previous year is primarily attributable to the COVID-19 cases that were treated. These typically had a negative impact on the diseases of the lung indicator. Overall, Helios succeeded in maintaining its high level of quality during the pandemic.



Publishing and analyzing quality

To continuously improve and avoid repeating mistakes, we publish our [quality results](#) on our corporate website and on the websites of our clinics. The data make visible how a hospital compares to the national average, to other Helios clinics or to IQM member clinics. In addition, each clinic and department receives a monthly report on their medical treatment results. This allows trends to be identified at an early stage and, if necessary, for more detailed analyses to be initiated.

¹ The “Initiative Qualitätsmedizin” (IQM), founded by Helios and eight other hospital operators in 2008, pursues the goal of making potential improvements in medical treatment quality visible and promoting active, open error management in hospitals.



Improving quality

If our clinics fail to meet certain quality targets or if other irregularities become apparent, we carry out a detailed analysis of the treatments and processes in question and make the best use of any potentials for improvement. This is done as part of a case discussion in the peer review process, in which specially trained physicians from the Helios clinics and from the IQM initiative examine statistical anomalies and work with doctors at the hospital concerned to identify approaches for improvement. The findings are translated into concrete recommendations for action at the respective hospital. In 2020, due to the pandemic and the resulting restrictions on hospital operations, we conducted only eight peer reviews (2019: 60), mostly in digital form.

OUR QUALITY BALANCE

[Find out more](#) (German only)

Ensuring patient safety

The safety of our patients is our top priority. This is why responsibility for this topic rests directly with our Chief Medical Officer (CMO). In addition, we have created the position of Patient Safety Officer. Both are supported by Central Services and by the medical expert groups. Since 2008, Helios

has been active in various working groups of the Patient Safety Action Alliance (Aktionsbündnis Patientensicherheit). This alliance is made up of stakeholders from the health-care sector, such as patient organizations and hospitals, and works to improve patient safety.

Helios has developed its own system for regularly recording patient safety at its hospitals. It aims to analyze and address weaknesses in patient care. The system combines the internationally established [Patient Safety Indicators](#) (PSI) with Helios's own indicators. The latter indicators include, for example, the number of abdominal towels or medical instruments accidentally left in the body after an operation, as well as side mix-ups, serious medication errors, falls and misdiagnoses in the hospital.

Our Group regulation on handling claims requires all Helios clinics to systematically and centrally report these indicators. Since 2019, we have annually published the figures for selected indicators on our website. This is how we strive to create the greatest possible transparency in dealing with adverse incidents and treatment errors. In 2020, 105 events were recorded for eight selected patient safety indicators (2019: 120) (see [Key figures chapter, p. 49](#)). This decrease in events can likely be attributed to the pandemic-related reduction in treatments and surgery.

PATIENT SAFETY INDICATOR SET

[Find out more](#) (German only)

Structured error management

It is human to make errors. Dealing with them openly is crucial for Helios. To prevent errors, we have been using mandatory checklists for all surgeries since 2009 with the goal of minimizing potential risks for patients before, during and after operations. Moreover, for each confirmed treatment error, the respective measures are requested from the clinic in question and analyzed centrally. We record critical events and near misses centrally, uniformly and anonymously via our Critical Incident Reporting System (CIRS). In 2020, a total of 458 events were reported (2019: 400) and then evaluated in a decentralized fashion at the level of the individual clinics. Throughout the year, we further expanded our central survey and analysis system with the goal of enabling sources of danger relevant to the entire organization to be identified and remedied as quickly as possible in the future.

At 958, the number of treatment error accusations in 2020 was lower than in 2019 (1,082). In 2020, as in previous years, an average of 0.9 per 1,000 patients made a (justified or unjustified) treatment error accusation against Helios. These accusations concern, to varying degrees, all specializations and stages of treatment including information, diagnostics, surgery, therapy and aftercare. Our goal is to ensure that treatment errors do not exceed one per 1,000 full inpatient treatments.

Around a quarter of treatment error accusations are resolved by the expert commissions and arbitration boards at the medical associations, which report publicly on this topic every year. This procedure, which is voluntary for physicians and patients, allows comparative figures to be collected. The national average of the treatment error rate reported to the medical associations over the last three years lay at about 30%. At Helios, this rate lay at a slightly higher level in 2020 at approximately 36% (three-year average: 32%). All other procedures were resolved directly with the claimants, in court or with the involvement of the health insurance companies (Medical Service of the Health Insurance Funds, MDK). Comparative values are not available or cannot be presented in this area.

In line with our transparent error management, Helios processes and settles its liability cases directly as much as possible rather than handing them over to an insurer. This results in Helios analyzing these cases very closely. For 2021, we have developed an additional tool for automatically querying preventive measures. In the event of a confirmed treatment error, it initiates a central review of the usefulness of the respective preventive measures.

Strict hygiene standards

To prevent infections within a clinic, it is essential for hospital hygiene standards to be strictly adhered to. Therefore, we have established our own Group Regulation on Hygiene, which is based on the recommendations of the Robert Koch Institute (RKI). It includes specific instructions for action, such as regular and correct hand disinfection. Local hospital hygienists and hygiene nurses are responsible for the implementation and training of employees.

We are the only hospital operator in Germany to publish half-yearly data on how frequently multi-resistant pathogens occur in our hospitals. The data also shows how many patients brought the respective pathogen into the hospital and how many acquired it during their stay. We use this information internally so as to act quickly in the event of anomalies and to identify potential for improvement.

INSIGHT INTO THE PATHOGEN NUMBERS

[Find out more](#) (German only)

Hygiene in the time of the pandemic

The COVID-19 pandemic put the infrastructure and hygiene standards of Helios clinics to an extraordinary test. To meet these challenges, we responded quickly, pragmatically and unbureaucratically with an overarching crisis management

system and implemented a range of infection-prevention measures. For example, in view of an increasing shortage of hand disinfectant in spring 2020, Helios pharmacies began producing and bottling it themselves to make it available to the clinics. This enabled us to cover between 15% and 30% (about 40,000 liters) of the regular demand for the sites.

Approximately
40,000
liters of hand disinfectant were produced
in our pharmacies in 2020.

Given the shortage of personal protective equipment for hospital employees, Helios experts additionally developed a safe process for reprocessing FFP masks in April 2020. The process went well beyond the safety level specified by the RKI, allowing the masks to be reused without personalization. The reprocessing procedure was ultimately not used because the responsible authority, the Federal Ministry of Labor and Social Affairs, prohibited mask reprocessing in general. The first masks reprocessed in April 2020 were retested after one year by accredited laboratories. All the masks tested met the requirements for new masks, both in terms of functional and hygiene standards.

Innovative antibiotic management

In order to disseminate knowledge about the correct antibiotic therapy against multi-resistant pathogens, the Infectious Diseases and Antibiotic Stewardship expert group developed an antibiotic management and reporting system in 2019. This is now in use for all Helios clinics and is recorded centrally. In the future, for each bed-managing department, a trained antibiotics advisor will raise awareness of the topic of antibiotics and will also be the first point of contact should questions or uncertainties arise. To prepare themselves well for this task, our antibiotics advisors are taking part in a new learning offer consisting of an e-learning tool and online training courses. Knowledge development will be tracked by means of peer reviews.

In addition, we published our first antibiotics report in 2020. A special program is planned for 2021 to improve the treatment of severe bloodstream infection with the *Staphylococcus aureus* pathogen. We will also focus on the issue of gender-responsive care with regard to infectious diseases.

ANTIBIOTIC USE AT HELIOS

[Find out more](#) (German only)

Regular patient satisfaction surveys

We aim to ensure that when our patients leave one of our clinics, they are not just healthy, but also satisfied. Their honest feedback during and after treatment is therefore particularly important to us. On this basis, we can respond quickly to individual perceptions during their stay at our clinics and improve care quality for the long term.

To systematically record feedback, we developed the Helios Service Monitor, which we have been using at all Helios clinics since 2019: Employees at the clinics survey our inpatients once a week regarding their overall satisfaction. If the inpatient is dissatisfied, the relevant staff from the area in question, such as housekeeping, nursing or the medical team, can be called in at the request of the patient concerned to clarify possible problems in a one-on-one conversation. Our goal is to respond to patient feedback within 24 hours. The data is then processed anonymously by the Helios Service Monitor.

The outcomes can be viewed by each clinic individually for a current daily, weekly or monthly result. In addition, we evaluate the results of all Helios clinics centrally once a month to obtain the big picture regarding satisfaction and to identify areas of criticism. Moreover, some clinics publish their patient surveys on their [clinic website](#).

In 2020, 578,890 patients nationwide were asked for their personal opinion. This is how we reached around 68% of our inpatients. Of those surveyed, 95% expressed satisfaction with their current hospital stay. Typical points of criticism related, for example, to the areas of food service and housekeeping, but also to issues of communication between individual professional groups or specialist departments.

95%

of the patients surveyed were satisfied with their hospital stay.

A digitization boost due to the pandemic

The hospital market in Germany is developing dynamically: Digital patient records and telemedicine are enabling new communication channels as well as the faster transmission and interpretation of health data. As a hospital operator, we seek to leverage the potential of digitization to improve our patient care and service. In 2020, we invested 2.2% of our turnover in digitization projects.

Helios patient portal

As a pioneer in the German health-care market, Helios established a patient portal and associated digital patient file, and introduced both at initial Helios clinics in 2019. Through individual access via the clinics' websites, patients have the flexibility to view doctor's letters and findings, for example. They are provided with essential parts of their own patient file and can then decide whether or not to share the information. By 2022, further medical data, for example on nursing documentation and medication, will be available. By the end of 2020, the patient portal was available at 38 of our 89 clinics. It is to be rolled out at all our sites by the end of 2022.

Some of our clinics use spot check monitors which, for example, send vital signs, such as high blood pressure, directly to the electronic patient record. This not only renders processes more efficient, but also reduces the risk of transmission errors. Spot check monitors are to be introduced at all clinics by the end of 2022.

More video consultation hours

Video consultation hours have also become significantly more important during the pandemic. All Helios health-care facilities have the technology in place to offer video consultation sessions. Some clinics already offer such video consultations on a regular basis: For example, about 70 physicians at the Berlin-Buch Polyclinic meet with patients online on a regular basis. In 2020, a total of about 1,800 video consultations took place. In November 2020, we expanded this offering to include a specialized COVID-19 video consultation

time. This enables early clarification of potential COVID-19 infection symptoms by physicians from our outpatient clinics (MVZ). Thus, potentially infected individuals do not have to visit a doctor's office or clinic initially, thereby protecting the patients and employees in health-care facilities. We also use online consultations in the pre-outpatient area. In the future, we plan to add further digital measures to shorten waiting times and ensure the continuity of follow-up care.

In addition to the new company-wide online services, which had to be established very quickly in 2020, clinics implemented a host of other digital measures in order to provide safe and informative health care despite the COVID-19-related contact restrictions. Digital visitor registrations were introduced at many sites, digital patient academies were offered and online delivery room tours were conducted for expectant parents.

Managing digitization projects

The ever-increasing importance of digitization is also reflected in the growing number of new digitization ideas and projects coming out of our hospitals. As a result, more and more digitization projects and project ideas are reaching our central Helios IT. In 2020, to coordinate and manage these projects with one another and with other projects, we introduced a new process for managing digitization projects. They are now all coordinated via the Helios DIGI Board: The Board carries out a strategic classification of digitization



Patients were put in contact with Helios physicians in over **1,800 video consultations**.

projects and decides whether or not to accept project applications. All digitization projects, including rejected project ideas, are published in the Helios.Digital project database on our intranet.

Appropriate data protection

When digital products are used for patient care, the protection of personal data plays a particularly important role. After all, health data is highly sensitive and should be strongly protected against unauthorized access. Helios prefers to process personal data, in particular patient data, through internal networks. If data is processed in countries outside of the European Union (EU) by external companies, the contractor is subjected to a careful review and measures are taken to ensure compliance with data protection regulations.



Approximately **160 employees** work to support the implementation of **data protection requirements** at Helios.

Our Central Service Data Protection is responsible for the implementation and further development of the Helios data protection management system. The head of the department reports directly to our Chief Executive Officer (CEO). In addition, around 160 employees ensure that data protection requirements are implemented in our regions and facilities. Among other things, they conduct regular risk analyses and audits, check and document new processing activities, and train our employees.

In 2020, we strengthened various instruments in our data privacy management. For example, we updated our data protection audit concept. This provides, among other things, that the respective data protection officer should internally review the degree of implementation of the Helios data protection management system at least once a year. In addition, our regional coordinators and the Central Service Data Protection conduct similar higher-level audits. We use the knowledge gained from these audits to identify risks at an early stage and derive the necessary measures.

Furthermore, a new central department was set up to deal with the data protection aspects of clinical studies at Helios facilities. Other key topics during the year included the processing of personal data in connection with the COVID-19 pandemic and the further design of hospital information systems in line with data protection requirements.

If employees or patients see any indications of data protection regulation violations, they can contact their hospital's data protection officer directly. We take every indication of a possible violation seriously: We clarify the facts as quickly as we can and adjust our corporate processes accordingly. If necessary, we inform the responsible supervisory authority as well as the affected parties in accordance with legal requirements. In 2020, a total of 65 cases subject to notification under Article 33 of the EU GDPR were recorded centrally in the Helios Kliniken Group by our Central Service Data Protection.

Strengthened information security

Information security is also crucial for the safety of our patients. For this reason, Helios has established an Information Security department responsible for this in its organizational structure. The department supports and advises Helios management in implementing and maintaining an information security management system (ISMS). In 2020, Helios adopted a policy whose main objectives were patient safety and treatment effectiveness. In doing so, Helios is following a new law on the protection of electronic patient data, which must be verifiably implemented in all hospitals in Germany as of January 2022. The Helios ISMS is aligned with international standards such as ISO/IEC 27001 and is based, among other things, on the industry-specific Security Standard for Hospital Health care (B3S-KH), which was developed by the German Hospital Federation to help hospitals meet legal requirements.

Scientific studies

Each year, numerous national and international studies are conducted in our hospitals. Before a clinical research project takes place at a Helios clinic, we ensure that scientific, ethical and legal requirements are met to protect the participating patients. The Helios Center for Research and Innovation (HCRI) is the point of contact for all employees of Helios clinics and their subsidiaries who want to conduct research – be it with patient data, by participating in clinical drug and medical device studies, or by developing new apps. Helios itself specifically promotes employee-suggested research projects that are expected to have a high benefit for patients, in accordance with the current Helios Group Research and Science Regulations. A total of 468 studies were carried out at Helios in 2020, the largest proportion of which was in the field of cancer medicine (183). 42 studies were related to COVID-19.

Helios studies on COVID-19

In August 2020, Helios published the first Germany-wide study on COVID-19 intensive care patients. It had been conducted by physicians from the Helios Kliniken Group and the Brandenburg Medical School since February 2020. The team of experts evaluated data from 1,904 COVID-19 patients who were treated in a total of 75 Helios Group clinics since the beginning of the pandemic. The analysis



In **August 2020**, Helios published the **first nationwide study of COVID-19 intensive care patients**.

showed, for example, that two out of three COVID-19 intensive care patients in Germany require artificial ventilation and that one in three ventilated intensive care patients dies. In another important representative study in spring 2020, Helios evaluated the number of cancer treatments at its hospitals. The results confirmed that significantly fewer cancer treatments had been performed during the first COVID-19 lockdown and shortly thereafter. In total, some 69,000 cases were analyzed and a significant decrease in treatments of 10% to 20% on average was found.

2020 studies by disease

	Number
Heart/circulation	87
Neurology/psychiatry	26
Cancer ¹ (adults)	183
COVID-19	42
Orthopedics/spinal surgery	32
Anesthesia/pain	11
Pediatrics (incl. cancerous diseases)	30
Other diseases	57
Total	468

2020 studies by initiator

	Number
Helios as initiator	133
Participation in academically managed studies, publicly funded ²	163
Participation in academically-led or publicly-sponsored studies WITH industry support; trial drugs typically provided ³	47
Industry-sponsored studies ⁴	125
Total	468

¹ Cancers include all organ cancers and hematologic (blood) cancers.

² The majority of these studies are led by universities, mostly with public research funding.

³ The majority of these studies are led by universities/professional societies, but are supported by drug/medical device manufacturers, which usually extends to the provision of the drugs/medical devices.

⁴ The majority of these studies are supported by the pharmaceutical industry; less than 20% are medical device manufacturers.



EMPLOYEES

#teamspirit

For Helios, the COVID-19 pandemic was a stress test – and it was our employees who enabled us to rise to the occasion by ensuring the often challenging care for our patients with unwavering commitment. We want to be able to count on our employees’ future commitment, too, which is why we provide excellent starting conditions and job security, train outstanding specialists and enable them to further develop their expertise.

Strong together

A specialist from abroad like Mr. Munam meets one of the largest providers of inpatient and outpatient care in Europe: How did you find each other?

Heike Fehlberg: We're always on the lookout for qualified nursing staff, even outside of Germany. On the one hand, we actively recruit in various countries directly, and on the other, we work closely with collaboration partners and authorities in Germany. Mr. Munam applied for an apprenticeship in nursing directly through our training center.

Baraa Abdul Munam: I'm a trained health and nursing professional with a particular interest in heart disease. My goal is to work in cardiology but because my Syrian high school diploma isn't recognized in Germany, I can't study medicine. That's why I decided to train as a nurse at the Heart Center in Leipzig – as far as I'm concerned, it's the best heart clinic in Germany!

With specialists from abroad, there can be cultural, social and professional differences. How do you deal with challenges like these?

Heike Fehlberg: Some of the teams at our hospitals are diverse and intercultural and bring together many nationalities and very different life experiences. The challenge lies in creating mutual understanding and also, at times, managing mutual expectations about working together. Integration officers and learning mentors are available for our new employees. They provide support in the initial phase of settling in, which may include dealing with the authorities, practical guidance for professional recognition and training as well as everyday issues. How this time together is spent varies greatly; some use it for conversations to improve their German, others are curious and want to get to know each other personally. This might involve going to the movies or the theater or even getting together to cook a meal.



Heike Fehlberg
Helios Project Management
Recruitment and integration
of international professionals



Baraa Abdul Munam
Nursing assistant at the
Helios Heart Center Leipzig

To recruit well-qualified and committed nursing professionals, Heike Fehlberg specifically seeks out specialists from abroad for the Helios clinics. To make it easier for those who have not grown up in Germany to start their careers and settle in, Helios runs its own integration program. Baraa Abdul Munam from Syria, who started training as a nursing specialist at the Helios Heart Center in Leipzig in the summer of 2019, also benefited from this program.

BARAA ABDUL MUNAM AND HIS WORK DURING THE COVID-19 PANDEMIC

[Find out more](#) (German only)

What was the most helpful part of all of this for you, Mr. Munam?

Baraa Abdul Munam: I benefited most from the professional onboarding by the team and their constant support. The employees were so committed and gave me a good start. Having experienced this, I can safely take away anyone's fear of this profession, no matter which culture you come from!

How does Helios benefit most from its intercultural recruiting strategy?

Heike Fehlberg: International nursing professionals have often completed academic training at universities in their countries of origin. These nursing courses are aimed primarily at complex medical activities and often strongly collaborative approaches to working in medical teams. The German training system, in contrast, is a generalist training with specialization options – such as geriatric care, health care and nursing, as well as health care and pediatric nursing. Bringing together the strengths from both training systems is a real advantage and a great opportunity to improve the quality of our overall medical care.

Baraa Abdul Munam: Each culture has its own strengths, and when you bring those strengths together, we can achieve the professionalism that Helios stands for in a collaborative way. And intercultural exchange breaks down barriers and improves teamwork among coworkers.

Recruiting in other countries isn't always met with approval. How does Helios handle the accusation that Germany is drawing well-trained specialists away from the global South, where they're urgently needed?

Heike Fehlberg: We only recruit nursing professionals in countries where they're adequately trained and where recruitment is politically supported – this is of utmost importance to us. For this purpose, we've developed a Helios country strategy based on the understanding that we won't recruit staff in countries that are on the WHO list, i.e., where there's already a shortage or need for nursing staff. All Helios clinics adhere to this strategy, and it's also contractually stipulated for all the collaboration partners who recruit for us. Together, we've established processes and structures for the fair recruitment of specialists.

Nursing is an important topic in Germany, especially in light of the COVID-19 pandemic. Are you hoping to remain in your profession in Germany?

Baraa Abdul Munam: I wouldn't consider any other profession, because it's the field where I feel most comfortable and I think it's the most beautiful task to get to help people. What's more, the human touch, the direct and personal contact with patients – this is all so important to me. That's why I can definitely see myself continuing to build and ensure my future here.

“We only recruit nursing professionals in countries where they're adequately trained and where recruitment is politically supported – this is of utmost importance to us.

Heike Fehlberg

“Each culture has its own strengths, and when you bring those strengths together, we can achieve the professionalism that Helios stands for in a collaborative way.

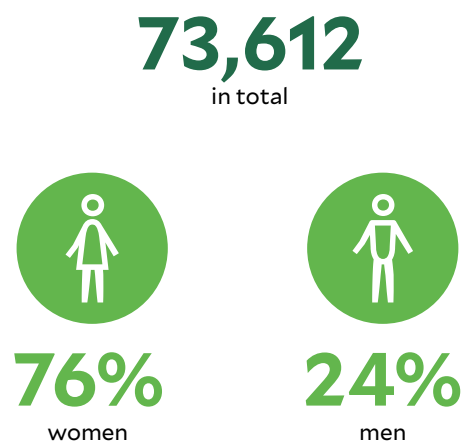
Baraa Abdul Munam

Responsible staff management

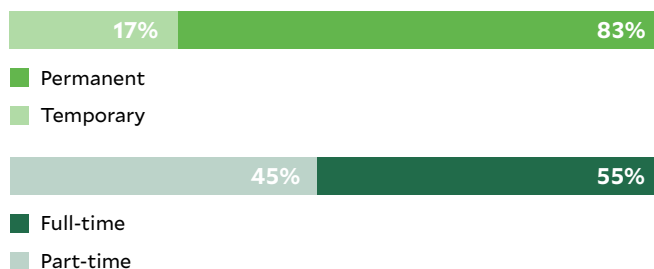
It is thanks to our employees that we have been a growing, medically and economically successful hospital company for over 25 years now. Yet, we are faced with challenges in the area of human resources. These include the search for specialists, demographic change as well as numerous regulatory interventions in recent years. To successfully meet these changes, we want to offer our employees jobs that give them a sense of purpose, personal responsibility and opportunities for further development. This way, we will be creating jobs that are future-proof as well as attractive to our potential applicants.

Among other things, our Central Service Human Resource Management and Collective Bargaining shapes the working conditions set out in collective bargaining agreements in collective negotiations with trade unions. It also sets the guidelines for human resource management in the Helios Group. Together with our Central Service Personnel Recruitment and Development, it draws up overarching strategies for the development of personnel within the company. In addition, the departments coordinate company-wide activities and support our regions in HR matters. Regional managers provide specialist support for staff management in the regions. They act as an interface between company headquarters and the clinics, where operational HR departments, in turn, oversee the employees. Overall responsibility for HR rests with the Helios Chief Human Resources Officer.

Employees



Employment contracts and employment relationship



Stable employment relationships

As of December 31, 2020, Helios employed a total of 73,612 people (2019: 68,613), 76% of whom were women and 24% of whom were men. Of our total workforce, 83% have permanent contracts. Temporary employment relationships at Helios primarily arise from short-term staff shortages and replacement situations. In addition, specialist training is carried out as fixed-term employment, and the majority of our apprentices are also employed on fixed-term contracts. The ratio between full- and part-time is nearly equal: 55% of our employees work full-time, 45% part-time.

For 84% of our workforce, working conditions are governed by collective agreements. Our Helios Group collective agreement, which was first concluded in 2006 and has been continuously developed since then, is applied at 36 of our hospitals. An in-house collective agreement applies at 37 clinics and the collective agreement for the public sector (TVöD) applies at ten. Three Helios clinics are guided by the employment contract guidelines of the German Caritas Association. Since January 2020, our nursing staff have received a monthly nursing allowance of up to €300, staggered according to qualification level. This was part of the collective bargaining agreements reached with the ver.di trade union. More detailed data on our employees can be found in the [Key Figures chapter starting on p. 50](#).

Digitizing personnel management

Through digitization, we can standardize and simplify many HR management tasks. Helios has already been digitizing processes step by step for several years now – from payroll to recruiting to personnel management. Since 2018, we have been using uniform software (LOGA) for payroll accounting in the entire company. In 2020, we began introducing further functions for HR management in LOGA, such as the electronic personnel file and job planning. We are also introducing a uniform digital duty roster system (ASES) at all our clinics, which will significantly improve our planning and reporting capabilities.

More training in the COVID-19 year

Excellent patient care thrives on well-trained staff and young people who contribute new ideas. In 2020, 5,274 people completed an apprenticeship at Helios (2019: 4,389), either at one of our 29 company-owned training centers or as part of collaborations with external training partners. This means that Helios had approximately 1,000 more trainees in 2020, a year dominated by the COVID-19 pandemic, than in the previous year. Overall, we saw a record number of applications for our apprenticeships in 2020: The pandemic made occupational profiles in the medical and nursing fields more visible to a wide audience. For many younger people in particular, it became clearer what kinds of important tasks were involved in patient care and what can be achieved professionally in the nursing field.

Of the almost 5,300 apprentices, 4,015 were undergoing nursing training in 2020 (2019: 3,554). In terms of all training occupations, we took on 78% of a cohort in 2020 (2019: 79%). In addition, we had a total of 874 interns (2019: 812) at Helios, along with 916 medical students in their practical year (2019: 718) and 4,479 doctors in further training (2019: 4,447). Further data on our apprentices are provided in the [Key Figures chapter starting on p. 52](#).

TRAINING AT HELIOS

[Find out more](#) (German only)

Trainee program: Fostering talent

Helios offers traineeships in the areas of hospital management, medical technology, nursing management, human resource management, purchasing, IT, finance and controlling. Over a span of two years, university graduates get to know several clinics in various regions. They go through assignments in medical and non-medical departments – from patient care to clinic management. The goal is for them to learn about the operational and strategic management of a clinic or specialist department. Our trainees acquire additional knowledge in a modular seminar program. In 2020, Helios trained up a total of 36 trainees (2019: 38). We received a total of 769 applications for the trainee programs in 2020 compared to 260 in 2019. To fill vacancies more

independently of the general labor market in the area of nursing directors and clinic management, Helios also offers development programs for assistant nursing directors as well as assistants for clinic management.



5,274
apprentices

4,479
doctors in continuing education

916
medical students in their
practical year

874
interns

36
trainees

Systematic recruiting

Competition for nursing staff is strong, especially in metropolitan areas. There, it is more difficult to fill positions requiring specialized training, e.g., for intensive care or neonatology. The opposite is true for physicians: It is often more difficult to fill vacant positions at smaller hospitals in more rural areas. The larger a hospital and the more varied the training opportunities, the easier it is for us to recruit doctors there.

Helios has developed a variety of instruments to counter the shortage of specialists. In the medical field, for example, Helios is building up structured talent pools for the position of chief physician. In the nursing field, which is significantly affected by the shortage of skilled workers, we were able to recruit approximately 800 new nurses in 2020. The nationwide recruitment campaign for nurses, “The Most Important Job in the World,” which we launched in 2019 and continued throughout 2020, also contributed to this. In 2021, it will be replaced by the new #EchtesLeben (#TrueLife) campaign, which will establish long-term, target-group-specific employer communication.

With the added pressure of pandemic-related restrictions, we implemented multiple digital recruitment tools in 2020, for example virtual personnel selection and development processes in assessment or development centers. Interviews with applicants from abroad, such as in the area of nursing, were also conducted online. Further data on our new hires can be found in the [Key Figures chapter starting on p. 51](#).



Survey on integration at Helios

Helios is currently developing guidelines to help its hospitals to prepare more professionally for integrating international employees. Our employees' experiences are an important source of information for this. We tapped into these experiences in selective interviews and the results will be incorporated in our guidelines. For example, employees who work with international caregivers would like more time and patience for holistic integration. International employees at Helios see language barriers as their greatest challenge. Employees who will be working with nursing staff from abroad in the future expect that getting to know each other better could facilitate integration.



Approximately **800 new nurses** were recruited in 2020.

Attracting and integrating international specialists

In addition to training its own staff and recruiting qualified specialists in Germany, Helios also recruits nursing specialists on the international labor market. In its efforts, Helios does not recruit in countries which, according to the World Health Organization (WHO), are themselves struggling with a nursing staff shortage. When choosing countries, Helios considers it crucial for the professional qualification to be recognized in Germany. After all, the new employees will have to go through a recognition process. We were able to recruit about 450 nurses from abroad in 2020, including from the Philippines, Mexico, Brazil, Egypt, Tunisia, Hungary, Portugal and the Balkan countries.

A crucial component of staff recruitment is the integration of new nurses from abroad into their new working and living environments in Germany. To achieve long-term employee retention and support the development of intercultural teams in the clinics, we have appointed local contact persons, including trained integration officers, practice supervisors and learning mentors. We offer our international employees preparatory courses for professional examinations at our training centers. The offering also includes language courses, which were held online for the first time in 2020 and could thus also be taken from abroad prior to entry. Job interviews were also conducted digitally in 2020, and this will be continued in the future.

OUR OFFER FOR INTERNATIONAL NURSES

[Find out more](#) (German only)

Since 2020, we have been training employees in the role of integration managers. They will provide intensive support to international nurses in their professional, linguistic, social and cultural integration. Many local initiatives at our clinics, such as intercultural after-work meetings, complement our commitment to successfully integrating foreign professionals into our company.

Strengthening loyalty – reducing staff turnover

To reduce early staff turnover among our employees, we standardized the induction process for new employees in 2020 and further developed and digitized onboarding for managers. In 2021, we will establish additional measures to improve the integration of new employees, such as an onboarding mentor, welcome brochures for the induction period, and feedback meetings during the probation period.

In 2020, the rate of employee terminations decreased to 8.3% as compared to the previous year (2019: 9.1%). Our employees had worked at Helios for an average of 10.3 years (2019: 10.6 years). In addition, we were able to reduce the dropout rate during the probation period in our nursing training: For example, dropouts during the probation period had been steadily declining since 2016. In 2016, 18% of apprentices dropped out during the probation period; in 2020, that figure lay at 12%.

Helios has established numerous initiatives to further strengthen employee loyalty. These include the Helios Corporate Benefit Program, which offers exclusive discounts and deals with cooperation partners as well as a diverse range of courses on sports and nutrition. In addition, our

employees receive the Helios PlusCard, a private supplementary health insurance coverage for Helios employees. We support our employees in caring for their relatives by providing them with the expertise of a contractual partner. Some clinics also offer additional benefits such as a “job ticket” for local public transport. Generally, all company benefits apply equally to full-time and part-time employees.



On average, our employees stay with Helios for **10.3 years**.



Our vision and mission

In 2019, we set out to develop our corporate vision and mission in five regional workshops, each involving more than 100 employees. From the results, we formulated our vision and mission as well as six guiding principles. Since March 2021 – after a pandemic-related break – the six guiding principles and the new vision and mission have been communicated internally over six project weeks. In 2021, we aim to develop managers into ambassadors and multipliers through discussions and workshops. Their task will be to initiate regional and local projects at all facilities so that, step by step, we can translate our shared vision into practice in everyday life.



Our vision:

Giving people's lives value.
For a lifetime.

Our mission:

We achieve top quality through professionalism and close collaboration. That is why we stay in constant contact with our network and consistently develop our expertise. Together, we provide the very best solutions for our patients. With our combined strengths and expertise, we offer fully comprehensive care for every life situation.

Professional development

We consider it essential to help our employees to develop and become qualified – to ensure high-quality health care on the one hand and to continuously open up perspectives and career opportunities for our employees on the other. To this end, we offer numerous further training opportunities, most of which are planned and implemented regionally and coordinated by the Helios Academy. A company-wide target calls for the clinics to invest about 0.4% of their annual turnover in the training, development and continuing education of their employees each year.

In 2020, the actual financial commitment of our clinics was an average of 0.29% due to the pandemic (2019: 0.43%). Many employees at our hospitals were unusually busy due to the COVID-19 situation and were therefore less able to take advantage of educational opportunities. In addition, a large number of classroom-based courses were converted to e-learning courses, resulting in lower costs.

The specialist and non-specialist seminars in our own seminar database enable our employees to obtain further training in line with their fields of focus. In 2020, a total of 817 different seminars were offered on a total of 2,989 dates. We recorded a total of 26,781 bookings for this overall offering.



Approximately **800 continuing education seminars** were offered in 2020.

Our company-wide “Patient-Centered Communication” training program is another building block of our continuing education offering. In this course, our employees learn how to deal with patients, relatives and employees in a more stress-free and benevolent manner – even during tense situations at work. The seminars are led by instructors whom we train ourselves. About 1,200 employees have taken part in the training courses since 2019; due to contact restrictions, however, far fewer courses could be held in 2020. Even so, we were able to organize a networking event for the instructors. The current goal is to further intensify the program in 2021 and, for the long term, to train all Helios employees on the topic of patient-centered communication.

PATIENT-CENTERED COMMUNICATION

[Find out more](#) (German only)

Further expansion of e-learning offerings

The COVID-19 crisis has significantly accelerated digitization in the areas of training and continuing education at Helios. We are now increasingly using digital formats in all areas of education, training and continuing education. This applies both to the organization of learning content via the so-called Helios Knowledge Account – a digital education management system – and to the implementation of learning scenarios with e-learning and online seminars. Over the course



About **80 e-learning seminars** are available on the **Helios Lernbar** (learning bar).

of 2020, we registered a total of 717,750 log-ins on the Helios Lernbar learning management platform, with a peak of about 650 learners (2019: 220) active on the platform at any one time. In 2020, we also offered the first mandatory instruction sessions in digital form on the topics of occupational safety, fire safety, data protection and basic hygiene throughout the company. In individual clinics, employees also benefit from further specialist e-learning offerings, for example on radiation protection or transfusion medicine.

We use annual feedback interviews with employees to evaluate our training and development measures. We also analyze the effectiveness of the digital offerings for our employees. We look at usage statistics or participation rates and conduct qualitative evaluations.

Helios knowledge goals

Our annual Helios knowledge goals consist of online training classes for employees across all professional groups. In 2020, the Helios knowledge goals were: “Strong for the Future” and “Focusing on Patients.” Through the first knowledge goal, employees learned about Helios’s intended future orientation, which includes, for example, ensuring top medical quality for the long term with the help of an improved care structure. Through the second focus topic, employees were able to assume the perspective of patients to improve their interaction with them. Overall, we were able to reach approximately 50% of our employees with these training courses.



Imparting knowledge about the coronavirus

In 2020, professional education and training at Helios focused on online training regarding the coronavirus. In the spring of 2020, we began preparing employees in the clinics for the impending pandemic and trained up specialist staff – who had not necessarily worked in intensive care units previously – for possible deployment there. Within a very short time, we developed online courses on basic, advanced and expert knowledge regarding the coronavirus. Staff also underwent simulations at our three simulation centers to improve treatment quality. In addition, we offered a range of psychological training classes to support them in the pandemic, for example on mindfulness and self-protection in crisis situations.

Strong demand for e-learning led us to provide new digital tools for our instructors. In 2020, for example, we introduced authoring software at our training centers to enable teachers to create digital learning modules themselves. We also use a large number of digital learning modules in our specialist training for our nursing staff.

To enable continuous knowledge management in addition to the training courses, some 30,000 e-books and more than 1,300 different trade journals can be accessed online via the Helios Central Library. In addition, all employees have access to the continuously updated databases UpToDate, PubMed, Anvil and Red List. In 2020, we initiated a company-wide survey of trainers and physicians in training with regard to the quality of the training. Specific measures will be derived from this in a next step.

Strengthening leadership competencies

Since 2013, we have laid down in our Code of Conduct for Managers precisely what we understand by constructive leadership. In 2021, we also established a new Leadership Guiding Principle. Both the Guiding Principle and the Code define, for example, that managers in their role model function maintain

honest, transparent and reliable social interaction. This also means explaining decisions, dealing openly with errors, learning from them and resolving conflicts constructively.

Managers bear a high level of responsibility for both specialist and non-specialist issues. With the Helios Academy for Executives implemented in March 2021, we seek to support this target group in their work by offering orientation and expanding competencies as necessary. The offerings of the Academy are therefore structured according to a modular principle. Whether online courses, seminars, workshops or events – the focus is on the three areas of corporate culture, leadership culture and specialist expertise. Here, all our executives, from hospital management to ward managers, receive basic information on processes and committees at Helios while also staying up to date on legal topics. Leadership skills can be reflected upon and expanded in various seminar modules. In addition, we offer a variety of digital courses in the academy to expand professional knowledge for specific occupational groups.

A family-friendly work environment

For employees who work shifts and are deployed at different times, it is often a major challenge to reconcile their job with family life and childcare. For this reason, Helios has been promoting the compatibility of family and professional life for many years now.

Often, employees struggle with a lack of childcare during their working hours. To facilitate this, we offer childcare at 35 of our locations throughout Germany. The range of services includes daycare at the clinics, places in pre-schools, 24-hour childcare centers at the clinics, company daycare centers and, at several clinics, childcare during school breaks. In 2020, a total of 739 children (2019: 709) of our employees were cared for by us or one of our collaboration partners.

Additionally, we promote the compatibility of family life and the pursuit of a career through individualized working time, part-time and job-sharing models. In doing so, we make sure to guarantee seamless patient care.

In 2020, a total of 4,662 of our employees exercised their legal right to parental leave (2019: 4,060), of which 3,938 were women and 724 were men. As early as 2007, we agreed upon a childcare allowance of up to 150 euros per month in our Group collective agreement. Employees can claim this if they wish to return from parental leave earlier. Employees

can also take part in training courses during their parental leave to keep up to date with the latest developments in their field for when they return to work.

To support our employees in reconciling their family life and career during the COVID-19 pandemic, we enabled working from home in all areas where this was possible and introduced flexible working hours, too. Moreover, many sites expanded their childcare services for our employees' children in 2020 to make up for the closure of pre-schools and schools due to the pandemic.

Diversity and equal opportunities

As a responsible employer, Helios is committed to avoiding discrimination and ensuring equal opportunities. No one at Helios may be disadvantaged on the basis of origin, ethnicity, gender, age, disability, religion, worldview or sexual identity.

The Helios Chief Human Resources Officer carries the overall responsibility for the topic of diversity. Our Central Services in the area of Human Resources develop measures to improve equal opportunities and keep an eye on implementation. In turn, the management teams of the individual clinics themselves are responsible for the implementation.

If incidents of discrimination occur, they are dealt with by the respective clinic management together with the HR managers and, depending on the severity of the case, passed on to the regional or central level. As a rule, a case-specific crisis team consisting of hospital management, HR managers, a lawyer and, if necessary, other responsible persons from the region and headquarters, discuss how to proceed if a discrimination incident occurs.

In 2020, we concluded a Group Inclusion Agreement with the Group Representative Council for Employees with Disabilities. It promotes the integration of people with disabilities and severe disabilities as well as employees at risk of disability and the preservation of equal opportunities. It also aims to prevent the discrimination and social exclusion of severely disabled employees.



31% of management positions
are held by **women**.

For many years now, Helios has pursued the clear goal of increasing the proportion of women in management positions – irrespective of legal regulations. In 2020, a total of 31% of our management positions were held by women (2019: 30%). At the hospital level, 39 of our facilities have already set themselves specific targets for 2022 based on legal requirements. Detailed data on women in management positions can be found in the [Key Figures chapter starting on p. 53](#).

Helios's special responsibility for diversity and equal opportunities arises, among other things, from the recruiting and integration of nursing staff from abroad. (See [“Attracting and integrating international specialists,” p. 26](#)).

Safe and healthy working

For us, providing our employees with a safe and healthy working environment is a matter of course. The aim is to consistently reduce hazards in the clinics as well as local near misses, petty accidents and occupational accidents.

As central pillars of occupational health and safety, the occupational health care and occupational safety units work together to integrate the legal requirements of the accident insurance institutions with the needs of our employees. In 2019, the Helios Occupational Health Care Unit was

established to centrally manage occupational health care with the aim of providing comprehensive care at all hospital sites. Occupational safety is coordinated regionally and implemented at the sites by occupational safety specialists.

In 2020, the occupational health care business unit provided occupational health care support to 54 of our 89 clinics. The remaining 35 sites were supported by external occupational physicians. Our plan is for the Helios Occupational Health Care Unit to successively take over care for all hospitals. We have also been offering our occupational health care expertise to external clients since 2019.

HELIOS OCCUPATIONAL HEALTH CARE

[Find out more](#) (German only)

To identify hazards such as stab and cut injuries, we regularly prepare workplace-related risk assessments. These form the central document of occupational safety at Helios and are drawn up and implemented by the respective managers with the support of the local occupational safety specialist (FaSi). Updates are provided by specialist departments, and possible deficits are brought to the attention of the responsible departments and eliminated in cooperation with the FaSi.

To prevent hazards, measures are taken according to the S-T-O-P principle (substitution, technical, organizational and personal measures). These include, for example, the use of puncture-proof needles, protective inoculations and instruction. Finally, internal experts check whether all health protection requirements are being met. In addition, external checks are carried out by the BGW (employers' liability insurance association for medical services and welfare work) and by our parent company Fresenius.

Stringent hygiene requirements are key to protecting our medical personnel. However, the relevant measures can lead to additional stress on the skin. To counteract this, we educate our employees and provide support regarding the proper use of disinfectants and carefully select skin protection care products. In addition, we provide skin protection plans for the various activities centrally coordinated between Hygiene, Occupational Health Care and Occupational Health and Safety. The provision of personal protective equipment is a matter of course.

In 2020, the special focus of our work lay on the pandemic situation: Experts from hospital hygiene and occupational safety continuously adapted our existing risk assessments, reviewed currently relevant topics and put them into practice. For example, we established isolated COVID-19 wards and access points to sensitive areas and introduced protective measures in our offices. In addition, we created a

COVID-19 hotline and e-learning offerings on the topics of occupational safety and health protection so that our employees could obtain comprehensive information.

In 2020, we also established online training and effective practical training for our fire protection assistants. In this way, employees learn how to use extinguishing equipment. Simultaneously, we evaluated and optimized the current fire protection measures at each individual clinic.

If, despite all prevention efforts, an occupational accident occurs, a specific assessment is carried out locally, and is also discussed and evaluated with the relevant supervisory authorities.

Local accident figures are evaluated at each meeting of the occupational safety committee. Based on this, Helios takes measures to reduce absenteeism and prevent occupational accidents. In 2022, we plan to introduce an area-wide system to record key figures, such as occupational accidents and absenteeism, in a standardized and centralized manner.

Workplace health promotion

We not only want to protect the health of our employees, but also actively promote it. This is why we offer our employees measures for workplace health promotion, which are implemented by the individual Helios sites. These include our own gyms, back training courses and team events such as company runs. The programs also cover topics such as healthy eating, relaxation techniques and healthy sleep. The Helios PlusCard, a private supplementary hospital insurance policy, is also part of the company health management program. Many programs and courses could only be offered in digital form in 2020 due to the COVID-19 pandemic.

HEALTH MANAGEMENT

[Find out more](#) (German only)



The **Helios PlusCard** serves as supplementary hospital insurance for our employees.



ENVIRONMENT

#byconviction

Operating hospitals is a resource-intensive endeavor. Despite this, Helios is intent on keeping its ecological footprint small. For this reason, we established a management system that was successfully certified in 2020 – despite the COVID-19 pandemic. We also analyze our energy consumption, emissions and waste in an effort to further reduce them. We do this out of the conviction that a strong future requires strong environmental protection.

Making everyday hospital life more sustainable

What role does sustainability play for you in everyday hospital life?

For me personally, sustainability plays a very important role. But in the day-to-day running of the clinic, it can't always be our top priority due to hygiene considerations. In this area, we primarily have to make sure that the sterility of instruments is guaranteed, through defined packaging forms, for example. But in this regard, too, it is important to question existing practices and develop concepts to make hospital operations more sustainable.

How can employees at Helios contribute their ideas?

In general, every employee can contact the regional managers in their department with ideas – these managers are open to suggestions for improvement of any kind. But we also need low-threshold approaches to put employee ideas for sustainable hospital operations into practice with the least amount of red tape possible. The Helios “Making the North Greener” competition was a kind of catalyst through which ideas from everyday hospital

life could be contributed in a playful way. I was thrilled to take part, and in all honesty: I'm so glad my ideas were accepted, because sustainability really is close to my heart.

You suggested, among other things, a concept for reusable drinking bottles – how did that come about?

In my role as a hospital hygienist, I travel to different hospitals in our North Region. The advantage of this is that I can take a good look around at how things are done – even beyond the topic of hygiene – and observe various routines and processes. I had noticed the different approaches to disposable and reusable bottles for some time. At some clinics, disposable bottles were used to supply employees and patients, while at others, reusable bottles were used. I then submitted the reusable concept to the competition as a proven practical example. The idea was accepted and has now been implemented in several clinics in the North region. A nice side effect is this: On top of a significant reduction in waste, we're cutting costs with it, too.



Hinnerk von Thun-Hohenstein, M.D.
Hospital Hygienist, Helios North Region

How can a hospital help to stop climate change? The year 2020 started with this question at the 17 Helios North Region hospitals. Employees were called upon to submit their ideas for more sustainable hospital operations as part of the “Making the North Greener” competition. The topic met with great interest – around 600 ideas came together. Hinnerk von Thun-Hohenstein, MD, hospital hygienist for the Helios North Region, submitted no fewer than three suggestions – including reusable drinking bottles and a waste separation concept for operating rooms.

“We need low-threshold approaches to put employee ideas for sustainable hospital operations into practice with the least amount of red tape possible.”

Our management systems

Our goal is to reduce the potential environmental impact arising from hospital operations. To this end, we primarily manage our energy consumption, raise awareness among our employees and establish environmental protection measures.

In 2019, we began the company-wide implementation of an integrated environmental and energy management system. In 2020, we were successful in having the energy management system of all Helios clinics and outpatient clinics (MVZ) ISO 50001 certified – despite the COVID-19 pandemic.

OUR ENERGY MANAGEMENT SYSTEM

[Find out more](#) (German only)

We also pushed ahead with the process for ISO 14001 certification (environmental management system). This is also to be implemented in all Helios Kliniken GmbH facilities over the coming years. The two standards form the basis for our environmental and energy management activities. To this end, specific additional measures are being implemented throughout the Group as well as at the sites, breathing life into our management systems.

Environmental and energy management is supervised by the Infrastructure unit, which reports directly to the Chief Operating Officer (COO). The area develops recommendations for action and guidelines for Helios facilities, which are then applied locally. It also coordinates the collection of environmental data for all Helios clinics. These are independently responsible for the operational implementation of environmental protection measures.

Controlled energy consumption

We consider it of particular importance to operate all Helios facilities in a future-oriented manner. This also includes the constant monitoring of energy consumption. We have been collecting energy data from all Helios sites since 2014 as part of a central energy procurement and management system. This enables our Energy Working Group to compare the consumption values of the clinics, initiate targeted improvement measures and share best practices from individual clinics in the Helios network. To analyze energy flows even more precisely, we are implementing a measurement concept at all legally required sites. This is an essential part of complying with the Renewable Energy Sources Act (EEG) and the requirements of the ISO 50001 standard.



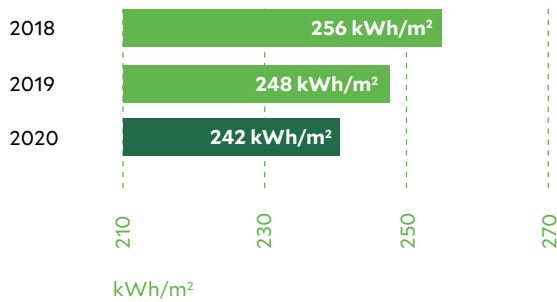
100% of Helios facilities were
ISO 50001 certified in 2020.

In 2020, we purchased a total of 802,292 megawatt hours (MWh) of energy, about 98% of which came from non-renewable energy sources and about 2% from renewable energy (see [Key figures chapter, p. 55](#)). We would like to increase the share of renewable energies in the future. To this end, we are currently exploring the installation of photovoltaic systems at our sites starting in 2022. As hospitals have not been allowed to act as energy producers to date, we are currently holding talks to clarify the legal situation.

Of our total electricity consumption, 84% are purchased and 16% are self-generated. A high proportion of self-generation contributes to a secure and uninterrupted supply of energy to the clinics. In addition, as compared to full external procurement, this allows us to reduce carbon emissions.

To enable better comparison, we determine the relative energy consumption of each clinic. In 2020, average energy consumption per planned bed was 26,794 kWh (2019: 26,761 kWh). Average energy consumption per square meter (m²) of space used has decreased by 15% over the last five years. In 2020, it was 242.3 kWh/m² (2019: 248.4 kWh/m²). Helios is thus successfully continuing its efforts to get closer to the EnEV standard (Energy Saving Ordinance) for non-residential buildings.

Energy consumption per square meter



In addition to controlled energy consumption, a reliably stable energy supply is also of crucial importance to us so that we can provide optimal treatment for our patients at all times. To this end, a backup power system stands at the ready in every Helios clinic: In the event of a power grid failure, it guarantees that power is safely restored to the main energy consumers in the clinics within a matter of seconds.

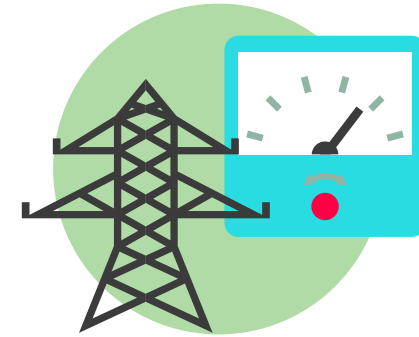
Improved energy efficiency

The structural condition of health care facilities has a direct impact on energy consumption. Helios continuously invests in new buildings and modernizations that meet current energy standards as well as the respective regulatory requirements.

We have installed a total of 71 cogeneration plants and four micro gas turbines at 47 of our 89 Helios sites. Their particularly efficient use of fuel has enabled us to reduce our energy requirements. Our cogeneration plants also ensure that we can currently secure approximately 16% of our electricity requirements through self-generation. Additional cogeneration plants will be installed at seven sites in 2021; further installations are in planning.

Our business units are always looking for ways to further improve the energy efficiency of our facilities. To this end, various working groups are continuously addressing the question of how energy can be saved in the context of the technologies used in day-to-day hospital operations. For example, Helios has introduced a company-wide nighttime reduction in operating room ventilation: The ventilation systems in the operating rooms switch to a resource-saving mode at night without compromising air quality. Due to the COVID-19 pandemic and the special hygiene measures associated with it, the resource-saving nighttime reduction of the operating room ventilation systems was deliberately cancelled at all hospitals. Nevertheless, we were able to

achieve relative carbon emission savings. Several clinics in the North Region have also switched to LED lights, some of which are additionally equipped with a motion detector.



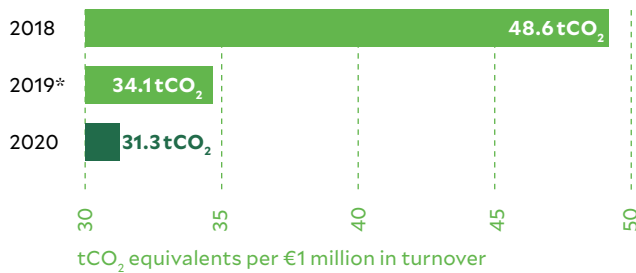
Cogeneration plants have been installed at more than **50% of Helios sites**.

Reducing emissions

The majority of our emissions stem from our energy consumption (e.g., electricity). In 2020, the operation of our clinics generated 204,541 metric tons (t) of CO₂. This is 31.3 t of CO₂ per €1 million in turnover (2019: 34 t of CO₂). Approximately 44% of our emissions arise from the operation of our pellet and natural gas boilers as well as our cogeneration plants and micro gas turbines (Scope 1). The remaining 56% result from the additional district heating purchased and the electricity requirements of the facilities (Scope 2). More detailed information can be found in the [Key figures chapter, p. 56](#).

We manage to avoid emissions largely through our energy efficiency measures. By generating our own electricity with our cogeneration plants alone, we produce about 22,818 t less CO₂ per year as compared with complete external procurement.

Greenhouse gas emissions



*As of 2019, all post-acute care facilities, which now belong to Vamed, are no longer included.

Our long-term goal is to minimize the operational carbon footprint of our hospitals while maintaining the same functional standards. This also involves adapting to changing external influences. For example, it is to be expected that the cooling of our clinics will continue to consume more and more energy in the future. Even today, the annual demand for cooling at maximum care hospitals is higher than the demand for heating. To achieve our carbon target, we are working on intelligent systems to improve energy efficiency in our clinics.

In 2021, we began developing a system for recording and evaluating our Scope 3 emissions. As part of these efforts, we are focusing on the following five Scope 3 categories: purchased goods and services, energy generation, logistics and transport, waste and disposal. We are also striving to reduce the emissions generated by the mobility of our hospital staff: At 21 hospital sites to date, we are offering our employees company bike leasing for this purpose. Further expansion is currently underway. In 2020, we also enabled the option of using electric vehicles as company cars in our regulations. At the same time, we introduced Germany-wide criteria that regulate both the establishment of a charging infrastructure by service providers as well as the charging of electric vehicles at our hospitals. On the hospital grounds of the pilot site in Wiesbaden, we were also able to gain initial experience with an electrically powered campus shuttle for local patient and visitor transportation.

24%

of our hospitals offer their employees bike leasing.

Our efforts to cut emissions are reflected in the ranking of a study conducted by Statista and Capital: in 2020, Helios ranked 31st among the top 100 companies in Germany that have significantly reduced their greenhouse gas emissions in relation to turnover over the past five years.



The first autonomous vehicle in Wiesbaden

For several months in 2020, an autonomous vehicle was present on the grounds of the Helios clinic in Wiesbaden, shuttling visitors from the education center to the construction site of the new clinic building. The test drives were made possible by a joint pilot project of the Rhein-Main transport association, ESWE Verkehrsgesellschaft, and the Helios clinic in Wiesbaden. The project explored the potential future integration of autonomous driving in local public transport. The Frankfurt University of Applied Sciences provided scientific support for the pilot project. We are currently assessing whether similar projects can be implemented at maximum care hospitals with a corresponding campus.



Pipes are flushed every **72 hours to prevent microbial contamination.**

Clean water

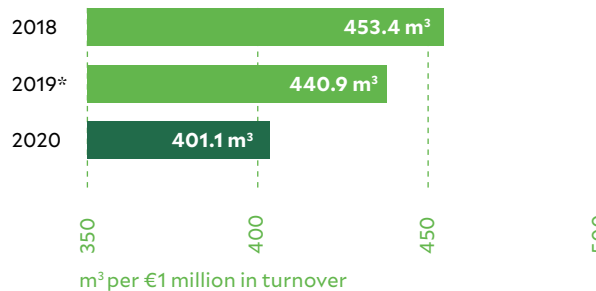
For us as a hospital operator, water is one of our most important resources. The handling of water as a resource in health care facilities is subject to a large number of strict legal requirements.

Reliable compliance with the German Drinking Water Ordinance (TVO) to maintain water quality and hygiene is a top priority at Helios. This is to ensure the safety of our patients, employees and other people at our facilities. Requirements for drinking water quality in hospitals are higher than the requirements imposed by the TVO. The Central Service Hospital Hygiene and the Infrastructure business unit, including the Cleaning department, deal with issues relating to water quality.

In addition, we possess our own action guidelines and specifications defining hospital-specific processes and other internal Helios requirements in the area of drinking water quality. These must be implemented in all facilities. For example, since 2018, a Group-wide flushing plan has prevented water from remaining in the pipes for too long, which could lead to contamination. The plan stipulates that all water pipes must be flushed after 72 hours at the latest. This task is performed by our cleaning staff and operational services. This has allowed us to significantly reduce the number of negative findings from water analyses.

In 2020, we consumed a total of approximately 2.543 million cubic meters (m³) of water. Relative to turnover, water consumption was approximately 401 m³ per €1 million in turnover (2019: 441 m³). Nearly 100% of the water consumed was provided by public utilities.

Water consumption



*As of 2019, all post-acute care facilities, which now belong to Vamed, are no longer included.

This aspect is due to the special hygiene guidelines and strict water quality specifications for health care facilities. For example, rainwater can only be used in areas that are not critical to patient safety.

We must also meet strict regional and local legal requirements for the discharge of wastewater, which are reviewed by the responsible wastewater disposal agencies. Deviations are reported directly to the clinic concerned and forwarded to all responsible functions in the company through established reporting chains. When incidents occur, we check whether technical improvements, changes to processes or additional training can ensure that the requirements are met in the future.

Waste avoidance and disposal

At Helios, we see waste and disposal management as a process: It begins with waste avoidance in the context of our procurement processes and extends to consistent recycling and environmentally compatible disposal.

In hospital operations, we must always meet strict hygiene requirements: Medical instruments and supplies are cleaned, sterilized and packaged separately to enable reuse. In addition, various disposable medical products are used. This generates waste, the proper and safe disposal of which must be ensured. In this context, requirements for environmental protection, occupational safety, infection control and hospital hygiene must be taken into account. This ranges from the selection of suitable disposal containers, to cleaning



Managing cafeterias in an environmentally compatible manner

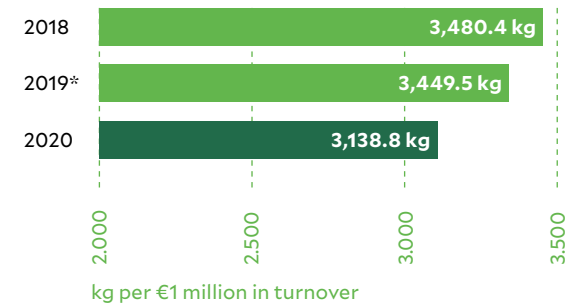
In 2020, some Helios clinics in the South Region already took action to avoid waste from disposable products in their cafeterias, ahead of the ban on single-use plastic which will come into force in July 2021. For example, employees receive a 20-cent discount on their hot beverage if they bring their own container. To avoid plastic waste in particular, the clinics in Pforzheim and Karlsruhe have introduced paper drinking straws, biologically compostable cling film for wrapping sandwiches as well as menu boxes made of sugar cane. The Helios clinic in Pforzheim has also been offering a “Region” menu since 2020, consisting of seasonal and regional organic ingredients.

and sterilization procedures and the occupational safety of our employees when they dispose of hazardous, for example infectious, waste.

In 2020, we produced a total of about 19,900 tons of waste. With regard to turnover, this was 3.1 t per €1 million (2019: 3.4 t). Of the total waste, around 98% was classified as non-hazardous, including, for example, wound and bandage dressings, disposable clothing and household-type waste. The remaining 2% comprise waste that poses a risk to health and the environment, such as infectious waste, hazardous chemicals or critical pharmaceuticals. To ensure safe disposal, special routes and procedures exist for handling this waste. For this purpose, we bundle the different types of waste and pass them on to disposal companies. More detailed information on our waste volumes can be found in the [Key figures chapter, p. 57](#).

In addition to the German Law on Life Cycle Management (KrWG), the way waste is disposed of in Germany is strictly regulated by the federal states, districts and municipalities in which our facilities are located. Specially trained employees at our clinics are responsible for ensuring compliance with the respective regulations.

Waste



*As of 2019, all post-acute care facilities, which now belong to Vamed, are no longer included.

We do not yet centrally collect and analyze the various disposal methods of our waste (e.g., recycling, composting, waste incineration, landfill). As part of the planned implementation of the environmental management system in accordance with ISO 14001, an area-wide monitoring system for the various types of waste is being developed.

A person wearing teal scrubs is shown from the chest down, washing their hands at a sink. The background is a light-colored wall with a sink and a soap dispenser. The overall tone is professional and clean.

COMPLIANCE

#takingresponsibility

The COVID-19 pandemic has shown us that not everything can be controlled. Nevertheless, even during the pandemic, we did our best to avoid conflicts of interest and ensure that we acted with integrity. This is why we systematically record risks and have established clear guidelines that have provided crucial orientation for the work of our crisis team. Guided by our system of rules, we are well equipped to move confidently into the future.

Communicating facts and figures in a transparent fashion

The COVID-19 pandemic was a stress test for our health care system. How did Helios weather this?

The images from spring 2020, when our European neighbors were struggling with the beginnings of the pandemic, were a wake-up call for us. It was clear that we had to take precautions, quickly form a crisis team and initiate protective measures to be ready for a pandemic. The rest was careful craftsmanship. This meant that, all in all, we ended up not needing any more intensive care resources than in previous years. Just to be clear, this fact does not in any way lessen the extraordinary dedication demonstrated by our employees!

So the workload was noticeably lighter than for your employees at Quirónsalud in Spain?

At those sites in Germany where we had an above-average number of COVID-19 patients in particular, our employees certainly pushed themselves to the limit – and sometimes beyond. At the end of the day, however, the major health crisis that we witnessed in Italy and Spain never happened in Germany.

As a system-relevant entity, Helios and the entire industry had to shoulder a great deal of public attention. How did you deal with this responsibility?

First and foremost, we took responsibility for doing our job and ensured that people received medical care. That's precisely what our job is. We made sure that we were able to care for a significantly higher number of COVID-19 patients in our hospitals. At the same time, our quality figures for last year show that we did just as well as in previous years. Our social responsibility, however, was also pivotal. In that area, our top priority has always been fact-based action and communication, both internally and externally, regardless of how heated the mood in the media. Sober observations of pandemic developments and their impact on the health care system often took a back seat in public debate. It was therefore all the more important for us to use transparent facts and figures to draw more attention to the situation. Stirring up panic did not, and will not, help us in any way.

Listen to the [interview](#) (German only)



Professor Dr. Andreas Meier-Hellmann
Chief Medical Officer (CMO) at Helios

Since March 2020, Professor Dr. Andreas Meier-Hellmann has headed up the COVID-19 Crisis Team – consisting of Management Board members and senior employees from relevant divisions. The crisis team continuously assesses the pandemic situation and makes recommendations for action for the clinics. Since October 2020, to contribute to a transparent and number-based assessment of the current situation, Helios has been publishing figures on intensive care bed utilization at its hospitals.

IN FIGURES: COVID-19 AT HELIOS

[Find out more](#) (German only)

“Sober reflections on the pandemic development often took a back seat in public debate.”

Acting conscientiously

Since our founding in 1994, transparency and independence have been the decisive and guiding values for our corporate actions. The disclosure of all collaborations and the strict separation of collaborations and procurement decisions are prerequisites for making high-risk collaborations and conflicts of interest transparent, and for enabling independent decisions.

We pride ourselves in our clear approach to the procurement of pharmaceutical and medical products. Even in the early stages of our 25-year company history, we were pioneers in our work by setting strict anti-corruption rules for ourselves and establishing suitable managerial structures to ensure that these rules would be adhered to throughout the company. Responsibility for their implementation rests with the Central Compliance Officer, who reports directly to the Management Board. In the area of corruption prevention, she is additionally supported by the Regional Transparency Officers. The local management teams of the individual Helios clinics are responsible for ensuring compliance on site.

The basis for acting with integrity at Helios are the three pillars of prevention, recognition and response:



- **Prevent:** Compliance risk analysis and evaluation, establishment of structures and processes, development and execution of risk-minimization measures
- **Detect:** Adherence and effectiveness monitoring of compliance regulations, provision of a violation reporting system
- **Respond:** Uniform handling of violations, continuous development of the compliance system

Lived transparency

Since 2017, these focal points have been summarized in our Compliance Code. It covers such topics as medical ethics, billing for medical services, patient safety, data protection, conflicts of interest and others. The Code is supplemented by more than 20 specific Group-wide regulations aimed at specific employee groups or related to individual topics. These include, for example, the mandatory use of operating room checklists and the Helios Group Regulation on Transparency, which defines our collaboration with external partners and how we deal with conflicts of interest. These have been in force since 2001 and have been continuously developed and updated since then.

OUR COMPLIANCE CULTURE

[Find out more](#) (German only)

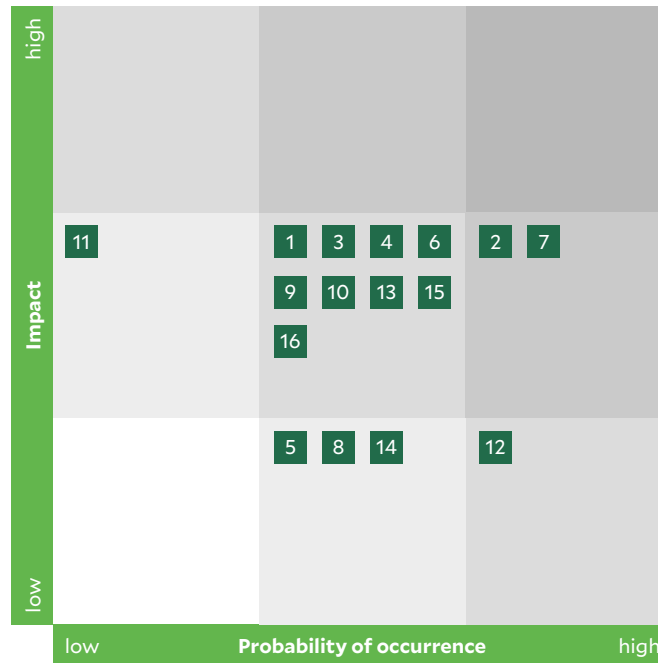
Every Helios employee at the executive level is obliged to disclose any professionally relevant conflicts of interest in a so-called transparency statement on our intranet. This personal statement includes information about any stakes they may hold in the development of medical products or any other involvement in the pharmaceutical or medical device industry. By doing this, our executives set a clear example for our employees.

This declaration also strengthens the credibility of Helios as a fact-oriented and independent partner. The senior physicians from the different medical specialties at all Helios clinics each form an expert group. The 28 medical expert groups represent their respective medical field both internally and externally and ensure that the knowhow of their specialty is anchored in all clinics. They advise and decide on the introduction of sensible innovations and standard processes, as well as on campaigns and medical products. The heads of the expert groups also provide support in appointing new chief physician positions. The medical expert groups are each led by an expert group leader and a Regional Medical Managing Director or the Chief Medical Officer (CMO) and meet twice a year. In the course of these meetings, we regularly check whether the expert group members have submitted a transparency declaration. In 2020, the current status quo was not collected because the face-to-face meetings did not take place due to the COVID-19 pandemic. In the previous year 2019, about 91% of the more than 1,000 expert group members submitted a transparency declaration.

Helios has been a corporate member of Transparency International Deutschland e. V. since 2008. As part of this membership, our Chief Compliance Officer submits a self-commitment declaration every three years, most recently in 2019. This visibly demonstrates the commitment of the company's management and all supervisory bodies to the company's anti-corruption policy and to the exemplary behavior of managers. It also shows how they address conflicts of interest and dilemmas. Furthermore, Helios complies with the human rights declaration of its parent company Fresenius, which was adopted in 2020.

Assessing compliance risks

Since 2016, we have been systematically recording and assessing compliance risks as part of our risk management. In this context, we consider any risks of a possible breach of statutory provisions, internal guidelines or voluntary commitments entered into with the consequence of financial, reputational or ethical damage for the company or for the employee. The risks are recorded and evaluated using special IT tools and then assessed in an annual monitoring process according to their probability of occurrence and impact. In 2020, the risk analysis produced the following results:



Compliance risk groups

- 1 Fraud
- 9 IT
- 2 Corruption
- 10 Occupational safety/ environmental protection
- 3 Tenders
- 11 Supply chain
- 4 Corporate governance
- 12 Human resources
- 5 Money laundering
- 13 Competition
- 6 Quality
- 14 Taxes
- 7 Data protection
- 15 Clinical studies
- 8 Intellectual property
- 16 Transparency



20 specific, company-wide Group regulations supplement our Compliance Code.

Raising employee awareness

In order to successfully implement our compliance management system, it is essential for all employees to know, and be able to apply, our rules.

For this reason, all new employees attend an introductory training session – organized inhouse by Helios – that sensitizes them to our compliance and anti-corruption rules. In addition, new managers and employees in the purchasing department take part in central training sessions about the Group's transparency rules.

In 2019, 51% of our employees took part in voluntary compliance training as part of the Helios knowledge targets (Knowledge targets 2020, see [p. 29](#)).

In 2020, due to the pandemic, no regular centralized compliance training courses were held for our employees; instead, only isolated training courses were held for employees at company headquarters working in risk-relevant areas.

Monitoring compliance

Compliance structures can only survive in the dynamic health care sector if they are continuously developed. This is why employees can get in touch with their regional compliance contacts at any time to share their ideas for improvement. In addition, a neutral ombudsperson is available if employees observe any potential misconduct. The ombudsperson advises whistleblowers – anonymously if desired – and forwards the reports to the responsible officers.

We last conducted a transparency review in 2019 to check whether the Group Regulation on Transparency was being complied with in all collaboration agreements. For this purpose, ten hospitals were selected in 2019 on the basis of predefined criteria and reviewed with regard to relevant contracts.

In 2020, there were no confirmed violations of relevant statutory regulations or our compliance rules. If violations occur, we decide how to address them on a case-by-case basis. We are currently working on a uniform policy to systematically deal with violations. The regulation is expected to be finalized in 2021.

In 2020, we had planned to conduct an audit of further corruption risks in our acute care hospitals as an additional prevention measure. This project was postponed to 2022 due to technical delays.

Structured procurement

We procure a wide range of different products from external business partners for the care of our patients. Our procurement requirements are divided into the following five categories:

- Medical supplies
- Laboratory
- Pharmacy
- Medical technology
- Non-medical material requirements

In 2020, we spent approximately €1.8 billion on these categories in total. Of this, 97% was purchased from our suppliers' subsidiaries in Germany.

Helios Purchasing manages the complete Helios supply chain (excluding internal goods logistics) and is therefore responsible for all relevant procurement processes for the categories listed above. The organizational structure of our purchasing department is characterized by division of labor and the respective specialization. Both functional responsibility (regional) and disciplinary responsibility (central) rests with the head of Central Purchasing with a direct reporting line to our Chief Financial Officer (CFO).

In the operational handling of the ordering processes from our 89 clinics and the 41 outpatient post-acute care clinics of our Group sister, Fresenius Vamed, support is provided by the regional Purchasing department for products and by the central Purchasing Service Center for processes.

In addition to these two areas, our 28 warehouse locations play an important role in supplying materials to our clinics. In 2020, we established an additional warehouse location to ensure that sufficient disinfectant was available during the COVID-19 pandemic, for example.

Throughout the pandemic, the procurement market for medical supplies repeatedly experienced acute shortages for a number of different products. These included protective masks for our employees, hand disinfectant, protective gowns and tubing for respirators. In every phase of the pandemic, Helios succeeded in ensuring the supply of all necessary materials even in critical situations, while adhering to its tightly defined safety standards and compliance rules.



2.39 million FFP2 masks (2019: 0.25) and **18.1 million oronasal protectors** (2019: 10.6) were procured in 2020.

Clear purchasing principles

Our successful collaboration with our business partners is based, among other things, on three central documents: the respective contractual agreements, the Helios Purchasing Concept, and the Helios Group Regulation on Transparency.

Helios Purchasing also follows three key principles:

We rely on user judgment:

The decision as to which products and services are to be procured is made by the responsible medical expert groups or departments (operational technology, catering, etc.). A professional purchasing team with specific product and industry knowledge then negotiates with suppliers and service providers. This way, product decision-making and price negotiation are strictly separated.

We do not receive sales representatives:

Since decisions about our products are made by the relevant expert groups, direct sales of products by sales representatives at our clinics is neither necessary nor desirable. At Helios, only central and regional purchasing departments, not physicians or nursing staff, may be approached for advertising and sales purposes.

We evaluate our suppliers objectively:

Every two years, Helios Purchasing evaluates strategically important suppliers according to standardized criteria and procedures. In 2021, the supplier evaluation for 2020 will take

place. In the last evaluation, carried out in 2018, 162 suppliers with a total purchasing volume of about €840 million were evaluated. The evaluation covers the criteria of process quality, EDP quality, problem-solving behavior and staff quality. In the case of invitations to tender with a purchasing volume of more than €3 million, relevant aspects relating to legal requirements are also queried, such as the payment of statutory social insurance and the minimum wage. In the future, we will consistently demand that our suppliers take into account further, predominantly ecological and social aspects. The basis for this is a new Supplier Code of Conduct, which will be introduced in 2021 as part of the respective contracts.

Helios Purchasing is an active member of the Human Rights Council of our parent company Fresenius, which was established at the end of 2019. The approximately 20 members of the Council hold various positions within the Group and thus cover the diverse perspectives of the topic. The council meets quarterly and is designed to promote exchange on current human rights issues across all business segments, plan Group-wide initiatives and present new concepts. In 2020, the Human Rights Council met four times.

In 2021, Helios will begin conducting a human rights risk analysis, as will the three other Fresenius Group segments. The risks relate to human rights issues in the supply chain, with our suppliers, and with employees in the Helios service companies as well.



Key figures

A transparent presentation of our key figures in a multi-year comparison enables detailed insights into our sustainability performance – while also forming the control basis for the future.

Helios company profile

Turnover and earnings

	2020	2019	2018
Turnover	€6,340 million	€5,940 million	€5,970 million
EBIT	€602 million	€576 million	€625 million
EBIT margin	9.5%	9.7%	10.5%

Capital

	2020	2019	2018
Total capital	€7,940 million	€7,873 million	€7,416 million
Equity	€1,441 million	€1,460 million	€1,170 million
Loan capital	€6,499 million	€6,413 million	€6,246 million
Equity ratio	81.85%	81.46%	84.2%

Government funding

	2020	2019	2018
Funding used for investments in fixed assets	€97 million	€115 million	€133 million

Pension provisions

	2020	2019	2018
Pension provision as of December 31 of the calendar year	€90 million	€93 million	€81 million

Patients

G-IQI* indicators

	2020	2019	2018
G-IQI targets	45	46	46
G-IQI targets reached	40	44	41
G-IQI targets reached in percent	89%	96%	89%
Peer reviews	8	60	55

* German Inpatient Quality Indicators

Note:

- Due to rounding, the totals in the tables may show slight discrepancies.
- Until December 31, 2018, the figures include data from the post-acute care business transferred to Fresenius Vamed. To ensure good comparability over the years, we also report relative values.

Medical malpractice claims*

	2020	2019	2018
Total malpractice claims	958	1,082	1,051
Malpractice claims per 1,000 inpatients	0.9	0.9	0.9
Proceedings via medical associations**	272	263	199
Of which confirmed cases of malpractice	97	92	47
Error rate	35.7%	35.0%	23.6%

* Figures only refer to acute care hospitals (excluding newly acquired Malteser clinics). They do not include figures for the post-acute care clinics, which became part of Fresenius Vamed on June 30, 2018.

** The figures are incomplete regarding certain procedures that are not processed by Helios due to contractual responsibilities.

Selected patient safety indicators*

	2020	2019
Total events	105	120
Procedure/side mix-up/incorrect surgery	16	36
Unintentionally left foreign objects	19	22
Medication errors (death/intensive care)	18	9
Awareness (intraoperative awakesness)	2	5
Burn/chemical burn	12	23
Fall (death/intensive care)	7	4
Suicide/suicide attempt (death/intensive care)	22	15
Diagnostic error/misdiagnosis (emergency room/emergency room/outpatient clinic/death/intensive care)	9	6

* The figures shown are for acute care hospitals only (excluding the newly acquired Malteser clinics). No data is available for 2018.

Employees

Number of employees*

	2020		2019		2018	
	NUMBER	%	NUMBER	%	NUMBER	%
Total	73,612	100.0	68,613	100.0	66,465	100.0
Women	56,049	76.1	52,261	76.2	50,521	76.0
Men	17,563	23.9	16,352	23.8	15,944	24.0

* As of December 31 of the respective calendar year; excludes interns, medical students in their practical year, federal volunteer service/social gap year volunteers, staffing agency workers (Helios only resorts to staffing agency workers in exceptional cases to bridge unexpected staff shortages. Data on such workers is not subject to systematic data capture)

Employment contract*

	2020	2019	2018
Permanent	82.5%	83.9%	83.9%
Of whom women	77.4%	77.4%	77.1%
Of whom men	22.6%	22.6%	22.9%
Temporary**	17.5%	16.1%	16.1%
Of whom women	70.2%	69.8%	70.5%
Of whom men	29.8%	30.2%	29.5%

* As of December 31 of the respective calendar year

** Temporary employment relationships primarily arise from short-term staff shortages and replacement situations. Specialist medical training also tends to occur as temporary employment. Our apprentices are also considered temporary employees.

Employment relationship*

	2020	2019	2018
Full-time	54.8%	54.0%	54.7%
Of whom women	67.6%	67.6%	67.1%
Of whom men	32.4%	32.4%	32.9%
Part time	45.1%	45.9%	44.3%
Of whom women	86.4%	86.2%	86.8%
Of whom men	13.6%	13.8%	13.2%
Other**	0.1%	0.1%	1.1%

* As of December 31 of the respective calendar year

** "Other" includes employees who are paid on an hourly basis, for example.

Note:

- Due to rounding, the totals in the tables may show slight discrepancies.
- Until December 31, 2018, the figures include data from the post-acute care business transferred to Fresenius Vamed. To ensure good comparability over the years, we also report relative values.
- The number of employees is always stated in heads.
- Percentages generally refer to the total number of employees (see Table 1). Where there are deviations, this is indicated.

Average period of employment*

	2020	2019	2018
Average period of employment in years	10.3	10.6	10.8

* As of December 31 of the respective calendar year

New hires*

	2020	2019	2018
In percent**	14.2%***	15.3%***	15.9%***
Of whom women	69.4%	69.4%	67.9%
Of whom men	30.6%	30.6%	32.1%
Of whom under 30	34.3%	32.4%	31.6%
Of whom 30 to 50	52.6%	53.1%	50.6%
Of whom over 50	13.1%	14.5%	17.8%

* All new employees joining Helios in a newly created position or to replace someone

** Calculated as the number of new hires* in relation to the number of employees at the end of the year

*** Analogous to the Fresenius Sustainability Report including hires at Helios Health 14.3% for 2020, 15.4% for 2019 and 16.0% for 2018

Employee resignations*

	2020	2019	2018
In percent**	8.3%	9.1%	6.9%
Of whom women	71.8%	71.5%	71.0%
Of whom men	28.2%	28.5%	29.0%
Of whom under 30	26.6%	26.2%	29.1%
Of whom 30 to 50	56.0%	57.1%	56.4%
Of whom over 50	17.4%	16.7%	14.6%

* Calculated as the number of employees who voluntarily left the company in relation to the number of employees at the end of the year

** From 2019 termination agreements initiated by the employee (i.e., termination contracts without compensations) are included in employee resignations

Parental leave rates

	2020		2019		2018	
	NUMBER	%*	NUMBER	%*	NUMBER	%*
Total	4,662	6.3	4,060	5.9	4,833	7.3
Women	3,938	7.0	3,345	6.4	4,131	8.2
Men	724	4.1	715	4.4	702	4.4

* As measured by 100% of employees from the respective category at the end of the year (e.g., 7.0% of female employees took parental leave during 2020)

Apprentices and student employees*

	2020	2019	2018
Total apprentices	5,274	4,389	3,859
Of whom in nursing	4,015	3,554	3,150
Training rate	6.18%	5.44%	4.94%
Dropout rate during probation period among apprentices as health care and nursing staff	12%	13%	14%
Medical students in their practical year	916	718	749
Doctors in continuing education	4,479	4,447	4,410
Clinical trainees	874	812	724

* As of December 31 of the respective calendar year

Nursing apprentices hired after graduation*

	2020	2019	2018
Hiring rate	78%	79%	68%
Participation in final exams	886	774	810
Exams passed**	-	837	746
Job offered by Helios	791	737	665
Offer accepted	647	589	507

* The figures for all other apprenticeships are not yet being collected in a centralized manner.

** The number of exams passed can only be reported at the end of the following year, as repeat exams can take up to a year.

Training and development

	2020	2019	2018
Percentage of annual turnover invested in training and development*	0.29%	0.43%	0.38%
Number of seminars	817	-**	-**
Number of appointments	2,989	-**	-**
Number of bookings	26,781	-**	-**

* Based on data from hospitals

** No data available for 2018 and 2019

Women in executive positions

	2020	2019	2018
Total*	31%	30%	29%
Medical Director or Chief Physician	12%	11%	11%
Senior Consultant or Chief Physician	35%	34%	33%
Nursing Director	57%	59%	62%
Executive Hospital Director	36%	37%	34%
Management and Regional Board	21%	14%	17%
Head of Central Services	45%	50%	52%
Regional Management	38%	35%	41%

* Number of women in the employment categories listed in relation to total personnel in these categories as of December 31 of the calendar year

Age structure*

	2020	2019	2018
Average age in years	42.2	42.5	42.6
Under 30	20%	19%	18%
30 to 50	48%	48%	49%
Over 50	32%	33%	33%

* As of December 31 of the respective calendar year

Executive positions by age

	UNDER 30	30 TO 50	OVER 50
Total*	0.1%	53.9%	46.0%
Medical Director and Chief Physician	0.0%	27.9%	72.1%
Senior Consultant or Chief Physician	0.0%	60.0%	40.0%
Nursing Director	0.0%	58.0%	42.0%
Executive Hospital Director	4.9%	85.2%	9.8%
Management and Regional Board	0.0%	42.9%	57.1%
Head of Central Services	0.0%	54.5%	45.5%
Regional Management	0.0%	56.7%	43.3%

* Number of employees in the listed job categories in relation to overall staff in those categories as of December 31, 2019.

All Helios employees by job type and gender*

	TOTAL	WOMEN	MEN
Medical staff	16.7%	44.9%	55.1%
Nursing staff**	40.4%	84.9%	15.1%
Medical lab staff**	13.0%	88.8%	11.2%
Functional service staff**	11.9%	83.8%	16.2%
Clinical house staff	1.3%	92.4%	7.6%
Technical staff**	0.3%	12.7%	87.3%
Operational and supply services staff*	8.4%	71.6%	28.4%
Administration staff**	6.5%	70.0%	30.0%
Special services staff	0.3%	54.0%	46.0%
Training center staff	0.6%	74.9%	25.1%
Other	0.4%	77.0%	23.0%

* As of December 31, 2019

** Apprentices are included with the respective work category and are not listed separately.

Environment

Energy consumption by source

	2020		2019		2018	
	mwh	%	mwh	%	mwh	%
External procurement	802,292.4	84.3	775,139.1	83.5	966,982.1	84.9
Of which non-renewables	787,759.0	98.2	758,446.5	97.8	943,906.2	97.6
a) Natural gas	427,803.8	54.3	407,602.8	53.7	538,177.1	57.0
b) Fuel oil	7,222.7	0.9	4,502.4	0.6	0.0	0.0
c) Electricity	239,954.8	30.5	235,856.5	31.1	272,104.7	28.8
d) District heating	112,777.7	14.3	110,484.8	14.6	133,624.4	14.2
Of which renewables	14,533.4	1.8	16,692.7	2.2	23,075.8	2.4
e) Pellets	14,533.4	100.0	16,692.7	100.0	23,075.8	100.0
In-house energy generation	149,830.1	15.7	152,656.0	16.5	171,595.2	15.1

Note:

- › Due to rounding, the totals in the tables may show slight discrepancies.
- › Until December 31, 2018, the figures include data from the post-acute care business transferred to Fresenius Vamed. To ensure good comparability over the years, we also report relative values.

Relative energy import in kWh

	2020	2019	2018
Energy consumption/hospital bed	26,794.0	26,761.2	32,905.1
Energy consumption/square meter	242.3	248.4	256.3
Energy consumption/€1 million in turnover	126,544.6	130,494.8	153,598.3
Energy consumption/full-time employee	14,040.1	14,509.5	17,830.1

Greenhouse gas emissions by energy import*

	2020		2019		2018	
	t CO ₂ -EQUIVALENTS	%	t CO ₂ -EQUIVALENTS	%	t CO ₂ -EQUIVALENTS	%
Total	204,541.1	100.0	202,469.4	100.0	290,024.5	100.0
Scope 1	89,260.6	43.6	84,736.2	41.9	136,089.7	46.9
a) Natural gas	87,160.8	97.6	83,265.1	98.3	135,729.0	99.7
b) Fuel oil	1,875.3	2.1	1,210.0	1.4	0.0	0.0
c) Pellets	224.5	0.3	260.9	0.3	360.7	0.3
Scope 2	115,280.5	56.4	117,733.4	58.2	153,934.8	53.1
d) Electricity	95,814.0	83.1	98,281.4	83.5	108,324.1	70.4
e) District heating	19,466.6	16.9	19,452.0	16.5	45,610.7	29.6

* Emission factors: UK Government GHG Conversion Factors for Company Reporting; annual adjustment of CO₂ emission factors can lead to fluctuations in CO₂ equivalents. An increase in the figures shown does therefore not necessarily mean an increase in the CO₂ greenhouse gases emitted.

Relative greenhouse gas emissions in tons per unit

	2020	2019	2018
GHG emissions/€1 million in turnover	31.3	34.1	48.6
GHG emissions/full-time employee	3.6	3.8	5.6

Water withdrawal in 1,000 cubic meters

	2020		2019		2018	
	t m ³	%	t m ³	%	t m ³	%
Total	2,543.2	100.0	2,618.8	100.0	2,707.0	100.0
a) Water from public supply	2,536.3	99.7	2,602.5	99.4	2,684.8	99.2
b) Rainwater	5.8	0.2	15.3	0.1	21.0	0.8
c) Well water	1.1	< 0.1	1.0	< 0.1	1.3	< 0.1

Relative water consumption in cubic meters per unit

	2020	2019	2018
Water consumption/€1 million in turnover	401.1	440.9	453.4
Water consumption/full-time employee	44.5	49.0	52.6

Waste	2020		2019		2018	
	t	%	t	%	t	%
Total	19,900.2	100.0	20,489.9	100.0	20,778.1	100.0
Hazardous waste	372.8	1.9	293.1	1.4	253.2	1.2
a) Infectious waste	323.7	86.8	248.0	84.6	215.1	85.0
b) Chemicals containing hazardous substances	10.2	2.7	9.2	3.1	2.6	1.0
c) Cytotoxic and cytostatic pharmaceuticals	38.9	10.4	35.9	12.3	35.5	14.0
d) Amalgam waste from dental care	0.0	0.0	0.0	0.0	0.0	0.0
Non-hazardous waste	19,527.4	98.1	20,196.8	98.6	20,524.9	98.8
e) Pointed or sharp objects (except a)	48.7	0.2	35.1	0.2	43.0	0.2
f) Body parts and organs (except a)	209.4	1.1	180.5	0.9	168.2	0.8
g) Hospital-specific waste whose collection and disposal is uncritical from an infection-prevention point of view (e.g., wound dressings and bandages, laundry, disposable medical apparel, diapers)	16,310.7	83.5	17,008.0	84.2	16,948.3	82.6
h) Chemicals except those under b)	0.0	0.0	0.8	< 0.1	5.4	< 0.1
i) Pharmaceuticals except those under c)	1.2	<0.01	1.7	<0.1	1.8	< 0.1
j) Household-like commercial waste	2,957.4	15.1	3,140.7	15.6	3,358.2	16.4

Relative waste in kg per unit

	2020	2019	2018
Waste/€1 million in turnover	3,138.8	3,449.5	3,480.4
Waste/full-time employee	348.3	383.5	404.0



About this report

Report profile

With this publication for the reporting year 2020, Helios is publishing its second annual sustainability report. The report covers and complements the content of the non-financial reporting of our parent company, Fresenius SE & Co. KGaA, and is intended to create transparency regarding our sustainability efforts. Our patients, employees, business partners and other interested parties are thereby given the opportunity to inform themselves about our successes, challenges and goals on our journey toward becoming a sustainable hospital operator.

The reporting period covers the 2020 business year and thereby picks up where our [2019 sustainability report](#) left off. The editorial deadline was July 31, 2021.

All contents of this report refer exclusively to Helios Germany companies.

When it came to choosing sustainability topics, we found guidance in both the materiality analysis of our parent company Fresenius and the reporting standard of the Global Reporting Initiative (GRI). We determined the content of the report through internal consultations with the relative specialist departments and the Management Board.

The report is available for download at www.helios-gesundheit.de/nachhaltigkeit.

GRI content index

The GRI standards of the Global Reporting Initiative guided the Helios Sustainability Report 2020.

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Imprint

Publisher

Helios Kliniken GmbH
Friedrichstraße 136
10117 Berlin
www.helios-gesundheit.de

Project management and final editing

Constanze von der Schulenburg
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Concept and copywriting

akzente kommunikation und beratung GmbH, Berlin
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English translation

Wortschleife, Augsburg
www.wortschleife.de

Layout

loveto GmbH, Berlin
www.loveto.de

Photo credits

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