

Spire Healthcare Quality Account 2025–26



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Who we are and what we do

Who we are

Large independent, and increasingly integrated, healthcare company, operating across England, Wales and Scotland.

Our purpose

Making a positive difference to people's lives through outstanding personalised care.

Our values

- + Driving clinical excellence
- + Doing the right thing
- + Caring is our passion
- + Keeping it simple
- + Delivering on our promises
- + Succeeding and celebrating together

What we offer

We offer hospital care at 38 hospitals and 60+ clinics, from Scotland to the south coast, and from Wales to East Anglia.

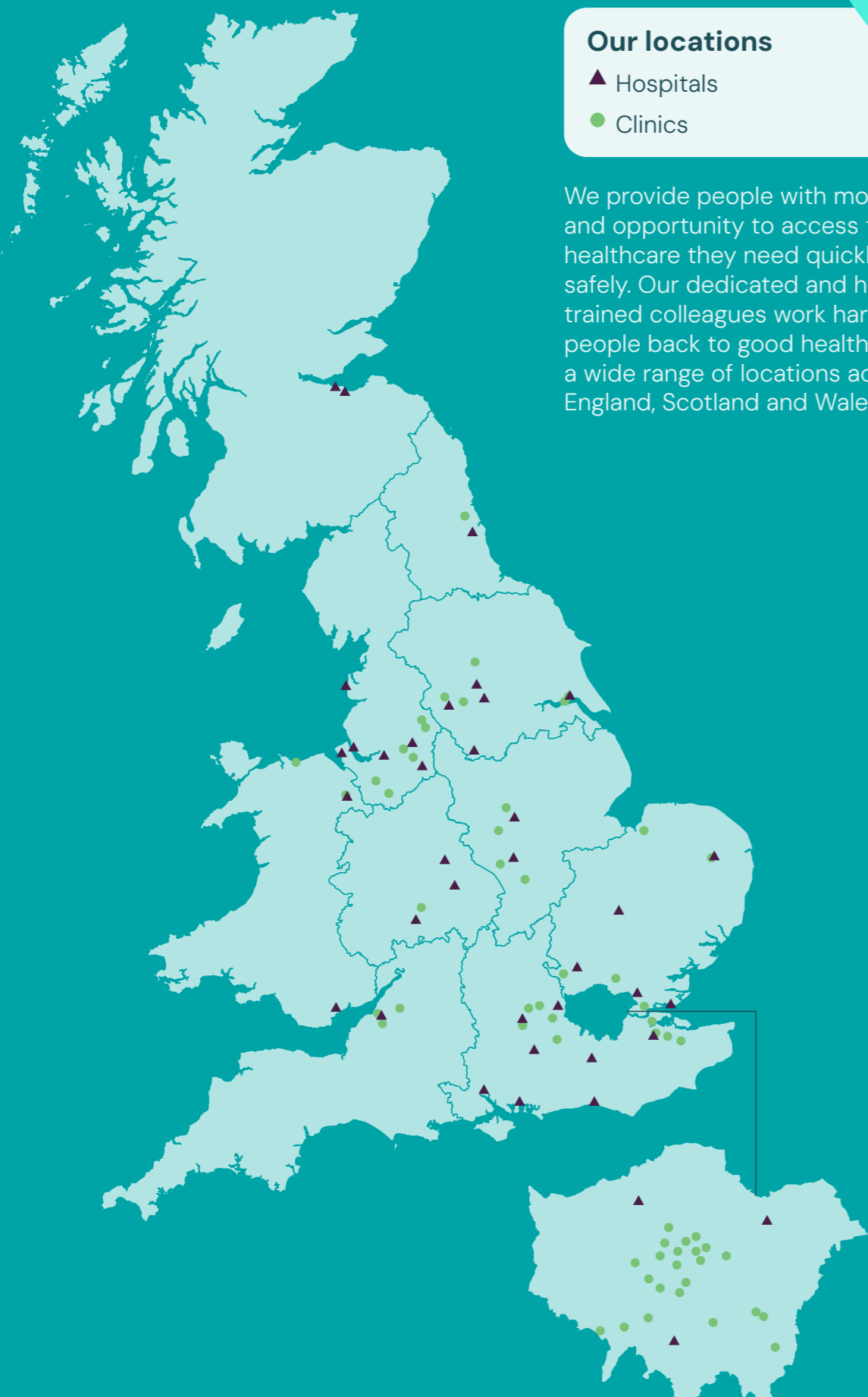
We are the leading private healthcare provider, by volume, of knee and hip operations in the UK and provide a variety of care covering general surgery; cancer care including diagnostics and chemotherapy; cardiology; gynaecology; complex imaging; and care for children and young people.

We provide physiotherapy for many patients, before and after their surgery and as standalone care. Some surgeries in orthopaedics and urology are supported by the latest robotics.

We also have a developing primary care business, providing physical and mental health services to employers, the NHS and private patients. We are the largest independent provider of NHS talking therapies – these services are covered in the Quality Account for Vita Health Group, part of Spire Healthcare, on their website.



Where we operate



Our locations

- ▲ Hospitals
- Clinics

We provide people with more choice, and opportunity to access the healthcare they need quickly and safely. Our dedicated and highly trained colleagues work hard to help people back to good health from a wide range of locations across England, Scotland and Wales.

Spire Healthcare in numbers



38 hospitals



29 robots in 38 hospitals



60+ clinics



350+ apprentices across the group



1.36+ million people cared for across the group in 2025



21 MRI machines now AI-enabled to increase capacity and improve patient experience



978,000 self-pay, insured and NHS patients cared for in 38 hospitals



£78.5m invested in capital upgrades and technology investment in 2025



8,800 consultants working in partnership in our hospitals



5% ahead of rebased target for 2025 emissions



84% of consultants describe the care provided to patients in hospitals as 'excellent' or 'very good'



37.2% dry mixed waste recycled at sites only



98% of locations rated Good or Outstanding or the equivalent by regulators in England, Scotland and Wales



64% drop in blood clots through national QI project, recognised by HSJ Independent Healthcare Providers Awards



15 Macmillan accredited cancer centres



34 hospitals achieved highest Gold award, with all 36 hospitals in England and Wales recognised by National Joint Registry for information quality



5 critical care units



3 patient support centres in operation, centralising administration for 36 sites and improving patient experience



17,800 colleagues across the group



Chief executive officer's strategic review

Spire has continued to invest in its quality and patient safety and our business is performing well, responding to an uncertain environment and delivering on our transformation programme.

Our performance

We are delivering on our strategy to help to meet Britain's healthcare needs, caring for over 1.36 million people in 2025. We are building a comprehensive healthcare offering that spans hospitals and primary care services, including surgery, diagnostics, workplace health, mental health, musculoskeletal care and private GPs, ensuring we can continue to make a positive difference to people's lives through outstanding personalised care. Our transformation programme in hospitals seeks to centralise, standardise, digitalise and enable AI. It is helping us to deliver with greater flexibility and efficiency: making things easier for patients, colleagues and consultants, while reducing our costs to serve and seeking to maintain our high-quality standards.

Clinical governance, quality and safety

Delivering safe care in well-run, high-quality hospitals and clinics, and across our services, underpins our ability to deliver performance. Our new quality strategy, launched in April 2025, reaffirms our dedication to continuous improvement, ensuring that core principles of patient safety, experience, clinical effectiveness and outcomes, and quality improvement (QI) remain our top priorities.

Our QI programme continues to drive measurable advances in patient care, safety and operational efficiency across our hospitals. Locally-led initiatives were supported by three national priorities for 2025: reducing Average Length of Stay (AvLOS), minimising avoidable cancellations and decreasing unplanned day case to overnight conversions.

In 2025, we introduced SEIPS (Systems Engineering Initiative for Patient Safety), a framework that identifies and learns from patient safety issues. SEIPS and QI have been fundamental in beating key targets, including reducing avoidable venous thromboembolism (VTE) by 64% in surgical patients. I am particularly proud that Spire was highly commended by Thrombosis UK for our work on thrombosis prevention and management, and that we are now a group-wide VTE Exemplar Centre for reduction of VTEs in every hospital. Our pathology management was also highlighted as best practice in Dame Penny Dash's patient safety review and we were recognised by HSJ's Partnership Awards, highlighting elective care achievements with the NHS. In early 2026, Spire won the HSJ's Independent Healthcare Providers Award for Outstanding Contribution to Preventative Care for work to reduce VTEs and improve their management, a project which also contributed to quality care in the NHS.

We are pleased to retain our 98% rating for Good or Outstanding sites from CQC visits to our hospitals in 2025, with all visits of our sites by the CQC rating those sites as Good. Hospital patients rating us good or very good remains at 97% with a rise in very good, and results from our annual consultant survey in 2025 show that 84% of consultants state that the care provided in our hospitals is 'very good' or 'excellent' (2024: 84%).

Data quality is a key underpin for quality management, and we are pleased that a focus on this in 2025 led to every Spire hospital in England and Wales achieving the Quality Data Provider certificate, with 34 of 36 hospitals at Gold Award level for information quality. (2024: 25 of 35 achieving Gold).

Partnering with the NHS

NHS waiting lists have remained sizeable, with 7.3 million treatment pathways reported in February 2026. The government seeks to reduce waiting times and modernise the service and has published a 10-year plan to improve care.

In 2025, around a third of our work was for the NHS. Most of Spire's NHS activity comes from NHS GPs via the electronic referral system (eRS), which allows patients to book appointments with providers with the shortest waits.

We were pleased to sign an agreement with the NHS in 2025, committing to work together on elective care. We worked hard to contribute to the reduction of waiting lists during the year but were disappointed by the slowdown in NHS commissioning to the independent sector near the end of the year, owing to NHS budgetary restrictions with an unprecedented use of many Activity Management Plans (AMPs) to limit activity below the level of local market demand. We continue to work with NHS commissioners to navigate this challenge and deliver quality care outcomes and continuity of care for patients. For two decades, patients have had a legal right to choose where they receive planned NHS care, including in the independent sector. Independent providers are an integral part of delivering NHS funded care and reducing waiting times, free at the point of use to patients, and it is vital that patient choice remains consistently upheld.

I am confident that Spire can respond to these challenges, continuing to provide fast access to high-quality healthcare across primary and secondary care for the long term. We continue to change and evolve to meet those needs.

Empowering our colleagues

Our key themes for 2025 focused on supporting and empowering our colleagues, especially through change. They include 'Listen up' – embracing the gift of feedback, so we are open, honest and safe; 'Inspire kindness,' having an open and honest culture; and being a 'Change champion' so our future works better for everyone.

We continue to improve our colleague feedback process, using more digital tools as platforms for engagement. We have also improved support for consultants in our hospitals, with an updated consultant induction programme, improved online profiles, direct online booking and a new consultant portal.

Our annual colleague survey covered every part of the business in one place for the first time in 2025 with a new questionnaire and six new measures to track engagement and retention across the employee lifecycle. Engagement, using the pride measure alone, in 2025 was down to 64% from 76% in 2024, but remains competitive against industry norms and through significant change. This is closely correlated to the changes we implemented to move administrative and call handling services to centralised patient support centres.

As described below, this is now delivering greatly improved patient response, but we appreciated the disruption caused to colleagues by changes in long-established ways of working. We continue to listen to all colleagues' feedback and respond actively.

Our multiple development initiatives help us to attract talented people to join Spire and develop their career with us. For example, our Driving Clinical Excellence in Practice programme supports our registered nurses and allied health professionals' continuing professional development. 2025 was also a significant year for our new Directors of Clinical Services (DoCS) Development Programme, which develops their skills and

leadership qualities. Our apprenticeship programme also runs in clinical and non-clinical areas, albeit on a smaller scale than in 2024. We were delighted to see 31 nurses graduating in 2025, with 25 staying with Spire (2024: 15 and 8). This is an excellent programme and we are disappointed the government has withdrawn support for many apprenticeship schemes which have enabled colleagues to develop new skills in the critical healthcare arena. In 2025, we also launched a new learning management system. It is more user-friendly, allocates training by role more effectively and will allow us to better report on mandatory compliance.

We had high levels of permanent employment in the hospitals business and strong retention rates of 83.1% (2024: 86.1%). Due to a combination of successful and focused recruitment, the introduction of flexible clinical resourcing, centralisation of administration functions and efficiencies, vacancy rates were low in 2025.

Delivering transformation in hospitals

A key part of our transformation programme, our three new patient support centres (PSCs) give us a complete picture of our hospitals and the ability to respond to patient demand more effectively than ever before. Our PSCs are now contributing towards improving private patient experience and are a key platform for our future growth, with improved call response times and volumes answered, and the ability to connect with patients efficiently. We have simplified private and NHS booking management, with better digital access to consultant schedules and extended opening hours.

Absorbing administration for 36 hospitals into just three PSCs was a huge transition for everyone at Spire and, while we had some initial teething problems, while we onboarded many new colleagues, we resolved them quickly with the collaboration of our colleagues and consultants.

We are creating an agile and adaptable workforce that can deliver high-quality care, and we have adopted a more flexible, clinically-led resourcing approach. The reduction of around 400 permanent colleague roles in 2025 in our hospitals was key to making our employee resourcing more responsive to peaks and troughs in demand.

Our achievements in hospitals and primary care would not have been possible without the dedication and professionalism of our practising consultants and colleagues, including those who have left due to changes and new colleagues who have joined us through acquisitions and new contracts. I greatly appreciate their exceptional care for patients and ongoing commitment throughout 2025.

Expanding our proposition in primary care

We are realising the benefits of being an increasingly comprehensive healthcare offering for patients. Our workplace health services enhance the health, safety and productivity of employees, funded by employers. We seek to help prevent ill-health at work and proactively support mental and physical wellbeing with the right solutions. In 2025, our musculoskeletal services achieved return to work rates of 96% (2024: 95%) a big driver of long-term sickness absence in the UK. Our NHS talking therapies are in nine areas, with a satisfaction rating of 96% (2024: 94%) and, in 2025, we mobilised a new talking therapies contract in Derby and Derbyshire.

Spire's three large diagnostic and outpatient day case large clinics carry out lower complexity care that do not require an overnight hospital stay and we continue to expand these clinics, with a new site in King's Lynn that will enhance capacity and delivery at Spire Cambridge and Spire Norwich.

Investing for the future

We continue to offer a well-invested, quality infrastructure with a focus on innovation and have continued to invest in improving our hospital sites in 2025-26, completing our solar panel installations, adding to our robotic capabilities and maintaining our sites to offer the best environment and service for our patients and colleagues. Innovative technology for advanced surgical techniques, such as robotics, is already helping us to reduce risk, while cutting-edge AI enhancements such as in MRI scanning are driving efficiencies.

Overall in 2025, we invested £78.5 million, 5% of our turnover, in capital upgrades and technology investment.

Outlook

The external environment is dynamic, and patient, consultant and partner expectations are evolving. We are evolving with them. We will continue to invest in digitalisation to work more efficiently: removing paper and automating repetitive manual processes to support safer patient care, smoother hospital operations and smarter decision-making across the business. We remain confident in our strategy of being an increasingly integrated group, and in a continued strategic partnership with the NHS. Above all, while the environment and our plans continue to evolve, we have placed quality at the heart of our activity, and delivered meaningful further gains in 2025.

Thank you to all colleagues, consultants and leaders for their efforts and commitment during 2025. We are a diversified business with strong patient satisfaction and resilience for the future.

Justin Ash

Chief Executive Officer

Prof Lisa Grant

Group Chief Nursing Officer and
Chief Operating Officer



Dr Catherine Cale

Group Medical Director



Building on quality

Highlights for 2025–26

- + Launched new quality strategy for the hospitals business
- + Introduced SEIPS (Systems Engineering Initiative for Patient Safety), a framework to learn from issues across a system and how elements connect
- + New RCN-accredited development programme for directors of clinical services in hospitals plus ongoing awards to colleagues for excellence
- + Invested in our hospitals business to transform performance – centralise, standardise, digitalise and deploy AI-enabled applications
- + Three patient support centres delivering faster response times and better service
- + Improved systems, data and technological capabilities to work more efficiently and support safer patient care and smoother hospital operations

Priorities for 2026–27

- + Continuing to make it easy for our colleagues to do the right thing
- + Continuing to improve efficiency, peer reviews and use of data to understand progress
- + Launching our electronic hospital patient observations tool
- + Maximising the benefits of our patient support centres to optimise the patient journey, making us 'easy to do business with' for patients, consultants and our partners
- + New website and CRM system to deliver better service
- + Continuing transformation across the group with a focus on efficient use of resources

Outstanding clinical quality

As a key part of our purpose of making a positive difference to people's lives, through outstanding personalised care, quality is at the heart of everything we do. Our new quality strategy, launched in April 2025, is the umbrella for our core frameworks, and supporting colleagues to deliver high-quality, safe care for everyone, everywhere, every day. Our quality strategy reaffirms our dedication to continuous improvement, ensuring that core principles of patient safety, experience, clinical effectiveness and outcomes and quality improvement remain our top priorities. It sets out clear objectives, supported by a robust ward-to-board governance framework, to monitor progress and drive meaningful change.

98% of our inspected hospitals and clinics are rated 'Good' or 'Outstanding' or the equivalent by regulators in England, Scotland and Wales. In 2025, Spire Claremont Hospital maintained its 'Good' rating by the Care Quality Commission (CQC) in its first inspection since Spire Healthcare acquired the hospital in 2021. We are still awaiting reinspection of Spire Alexandra in Kent, which has not been inspected since 2016–17.

Patient experience

We seek to deliver patient care that is personalised and responsive to patient needs and aim to foster an inclusive environment for patient participation in decision-making; understanding our patient's experience through their eyes and using multiple ways to gather feedback.

Our patient experience and engagement framework helps us to meet the bespoke needs of our patients by ensuring care is efficient, secure, attentive, connected and committed. We measure how we are meeting each of these needs, which enables us to deliver the best experience to our patients, capture experiences, celebrate achievements – empowering our teams to listen, learn and act.

Our hospital patient experience leads meet nationally to share local examples of learning, explore themes for complaints and best practice, and examine national statistics.

We use information from patients to improve care pathways and engage patients and families when we design and evaluate our services. Our patient experience leads in each hospital hold regular patient forums to better understand specific issues raised by patients to identify areas for improvement and create solutions in partnership. In 2025, we relaunched sharing real-life patient experience stories at governance meetings to amplify patient voices in our governance systems.

Our ongoing hospital patient surveys help us to understand key issues in care, as well as other comparable metrics such as the Friends and Family Test (a metric used by the NHS). In 2025, 97% (2024: 97%) of our hospital patients rated their experience as 'very good' or 'good', while 95% (2024: 95%) of patients said they felt 'cared for' or 'looked after' in our hospitals. We have started to report hospital patient feedback separately for outpatients and imaging, in order to focus on specific improvements in those areas in future.

We seek to empower patients to understand their care and equip patients with the right information to understand their conditions, treatment options, and healthcare journey, and aim to tailor care to patients' cultural, linguistic and personal preferences to improve patient satisfaction and outcomes.

Shared decision-making is a key part of our patient engagement approach. We train all relevant clinical colleagues in shared decision-making processes so that patients remain central to key decisions along their treatment pathway.

We review our data in the context of other published data. In 2025, Spire was not an outlier for our transfers out, mortality or other key nationally published indicators. Our transfer

out rate remains extremely low. We report NHS England patient safety events via the national system and benchmark with all NHS providers.

Patient safety

Patient safety is a core component of every aspect of care delivery. We endorse the patient safety principles published by the National Patient Safety Commissioner.

We use standardised protocols, implementing evidence-based clinical guidelines and processes for high-risk procedures to enable adherence to best practice. We continue to build and promote a safety culture as we transform the business and encourage colleagues to report events and near-misses without fear of blame.

We are committed to learning from patient safety incidents and improving our care. We use comprehensive incident reporting and risk assessment tools to identify potential risks and hazards before they result in harm, and seek to continually improve incident reporting, including data quality, aiming to reduce adverse events. We have a rigorous approach to assess how each hospital is functioning, with our patient safety metrics including processes and policies, colleague and patient feedback.

When incidents occur, the Patient Safety Incident Response Framework (PSIRF) process supports us to engage early and transparently with colleagues and patients, and we undertake duty of candour when required. 18 months after implementation, PSIRF systems and processes are helping us to further improve our safety-first culture. Although PSIRF is only mandatory in England and when treating NHS patients, we have rolled it out across hospitals in England, Wales and Scotland for both NHS and private patients because it's such a good opportunity to continually manage and apply learning in a positive way.

Having a single framework in place for all patients provides consistency and equity. We respond to all patient safety incidents through a robust methodology and improvement plans, with compassionate engagement and involvement with those affected. Our PSIRF plan, published on our website, highlights how we respond to any patient safety incidents.

In 2025, we introduced SEIPS (Systems Engineering Initiative for Patient Safety), a framework that identifies and learns from patient safety issues by analysing an entire work system and how different elements connect, to understand why an event happened, and how to prevent it happening again.

SEIPS has been fundamental in helping us to drive our performance in key areas. For example, to reduce the rate of avoidable venous thromboembolism (VTE) we conducted a project using QI principles, including a SEIPS review, and developed action plans. Over two years, we have successfully reduced avoidable VTE by 64% in surgical patients.

2025 has seen us continue to plan the delivery and implementation of a significant clinical transformation project. The project will deliver electronic recording of patients' physiological observations in all hospitals and, in the next phase, allow electronic recording of patient's fluid balance measurements. These digital tools will transform the way colleagues record and monitor both adult and paediatric patients' vital signs, automating calculations and triggering alerts, replacing paper charts for improved safety, efficiency and real time visibility on electronic devices. Piloting at three hospitals began in the first half of 2026.

Our hospital leaders attend a daily safety briefing to share key developments and determine any improvements, as well as weekly meetings for all central function colleagues. We also hold fortnightly meetings for senior leaders and a detailed weekly briefing for cascade.

We collate learnings from incidents across all hospitals and sources in our quarterly learning report, which we discuss at hospital, executive and board quality meetings. We support hospitals with toolkits to share learning and share learning outcomes across the group including 48-hour flashes and fortnightly consultant newsletters.

Our regular patient safety quality review (PSQR) visits make sure our hospitals are meeting the standard that we expect across the group, supporting sites to maintain high quality, prepare for future regulatory inspections by regulators, and ensure that patients are having a positive and safe experience. As part of our clinical audit approach, a team of clinical specialists conducts regular clinical audits through PSQR on-site visits and hospital performance reviews. Some areas are reviewed virtually rather than on site, such as resuscitation, blood transfusion and management of VTE. These processes help us to assess compliance with evidence-based protocols, as well as to assess progress, provide support and refine strategies, and improve clinical decision-making.

Our knowledge and learning framework, introduced in 2024 and embedded across our hospitals, provides best practice templates, clarifies the process for escalating learning to group-wide forums, drives embedded and sustained change, and ensures accessible and effective safety improvement plans for all colleagues from 'ward-to-board'. We have embedded this framework throughout our hospitals, helping our colleagues to share their experience of different situations across Spire.

Patient safety incidents

Our hospitals reported 150 patient safety incidents per 1,000¹ bed days in 2025 (excluding cancellations). The comparable rate in 2024 was 125. As in previous years, the vast majority (98.74%) of reported incidents were graded as resulting in no or low harm. It is important to note that the number of incidents reported is influenced by a strong reporting culture, particularly for near misses and incidents resulting in no harm, with a high number of incidents representing a good reporting culture.

Reported incidents by grade of harm

Grade of harm	Rate per 1,000 bed days	% of total
None (no harm caused)	131.0	87.22
Low (minimal harm caused)	17.0	11.53
Moderate (short term harm caused)	2.0	1.17
Severe (permanent or long term harm caused)	0.09	0.06
Death	0.04	0.03

All incidents logged on our incident reporting system (DCIQ) are regularly analysed for trends and considered for thematic reviews. Our national patient safety incident response group (PSIRG) members are assigned to review and approve every reported patient safety incident investigation (PSII) submitted by hospitals within five working days.

1. From 2024, bed days are calculated as the number of inpatient bed days plus the number of day case discharges. As patients now stay in hospital for much shorter lengths of time, and more care is delivered as a day case, this is a more meaningful measure than using inpatient bed days only.

The PSIRG recommends national actions, such as changes to policy, training or care pathways, arising from individual incidents or trends, and these are reported to our safety, quality and risk committee.

Incident data is also reviewed weekly within the national integrated quality governance team to ensure data integrity, quality (including quality of actions), and compliance with timeframes.

Learning from investigations into patient safety incidents are captured and shared across all hospitals, for example through our 48-hour flash reports and regular learning bulletins.

48-hour flash reports

Circulated by our group chief nursing officer to hospital senior management teams within 48 hours of an applicable patient safety incident report, including information on contributory factors and preventative measures identified from an initial review of the incident.

Learning bulletins

Safety bulletins are circulated to hospitals every month, including information on policy updates, other safety alerts and shared learning. Shared learning is included in our quarterly group-wide learning report which enables a central mechanism for combining learning from across the organisation, including integrated learning (a more detailed description of learning and action taken) following a specific incident or complaint.

Numbers of reported clinical incidents and incident trends, including incidence of severe harm and reported deaths, are monitored via our monthly integrated quality and safety report. Introduced in 2021 and building on our previous clinical scorecard and associated dashboards, this is available at hospital level across the group to enable ward-to-board reporting and monitoring of key clinical quality and safety indicators. A board-level report

also includes a summary of our key metrics, including analysis of the data presented and outcomes of focused reviews and workstreams undertaken by our hospitals and central teams.

Clinical effectiveness and outcomes

We aim to ensure that care we provide is based on the best available evidence and delivers optimal patient outcomes. Our clinical effectiveness framework enables our hospitals to measure compliance with clinical effectiveness, including clinical outcomes, National Joint Registry (NJR) and patient-reported outcomes, with key metrics including NICE guideline compliance, audit performance and MDT engagement. The openness and transparency of our hospital teams in ensuring they meet these standards contributes to our culture of learning and improvement.

Clinical governance structures

Our 'ward-to-board' committee structure oversees the execution of our quality strategy and alignment with our overall business strategy. We continue to strengthen our governance standards, with integrated assurance and board oversight, using data to support hospitals through comprehensive reporting processes. Our hospitals can see where they sit based on their performance and we have oversight of key metrics to identify, manage and mitigate any areas of concern; the data behind these metrics dashboards has been made more accessible and contextual in 2025.

Our assurance model monitors policies and processes and identifies areas of excellence and improvement, supporting good regulatory inspection outcomes. Hospitals with excellent new practices and those learning from mistakes present to national committees to spread and embed learning. Our pathology management was highlighted as best practice in Dame Penny Dash's patient safety review in 2025.



The safety quality and risk committee, and clinical governance and safety committee, review all KPIs and forensically probe for themes, trends or opportunities for patient safety improvement. It scrutinises consultant performance; identifies quality outliers by consultant, hospital or procedure; supports full compliance with our policies around multidisciplinary meetings, especially in cancer; and reviews specialist services such as cardiac and young people's services. It also reviews any learnings arising from mortality reviews and regularly receives a presentation from hospitals on patient safety improvement. Subcommittees of the board cover specific topics including incidents, QI, mortality, medical professional standards, VTE and data governance.

Our integrated quality assurance framework includes a clear meeting structure that enables ward-to-board reporting. We have hospital, executive and board-level KPIs, with a subset of KPIs reported to the board monthly. An expanded report with all KPIs provides information, context and actions to our board (clinical governance and safety committee) and executive (safety quality and risk) quality subcommittees to support robust conversations around assurance.

As part of organisational changes and transformation in 2025, we conducted a quality impact assessment to ensure we had effectively safeguarded quality management and governance. We asked all sites to undertake a quality impact assessment from a risk perspective and then created a post-implementation review so we can continue to monitor key areas of risk such as quality, safety, and patient and colleague experience.

The outcome of the post-implementation review was shared with executive colleagues through our safety quality and risk committee and demonstrated, across all the reviewed metrics, that the organisational changes made in 2025 had not adversely affected patient safety.

Quality improvement

Quality improvement (QI) uses the knowledge and expertise of our colleagues who are delivering frontline care to make changes, resulting in better outcomes from change and an energised workforce. Our QI culture aims to, as we transform Spire, allow colleagues to continually seek to develop better and more efficient ways of working, through evidence-based practices and data-driven decision-making.

PSIRF links with Spire's QI approach, and training interest and attendance has increased over 2025, which is testament

to the engagement and group-wide culture of continuous improvement, and is essential for sustained excellence. Through data-driven interventions, cross-functional teamwork, and a commitment to sharing best practices, we will continually refine our processes to enhance patient care.

In 2025, our QI programme continued to drive measurable advances in patient care, safety and operational efficiency across our hospitals. Locally-led initiatives are at the heart of our approach, underpinned by three priorities: reducing average length of stay (AvLOS), minimising avoidable cancellations, and decreasing unplanned day case to overnight conversions.

In 2025, we further reduced AvLOS across several key procedures; hip replacements by 0.22 days and knee replacements by 0.25 days, over a total 29,000 procedures. As stay has shortened over the last four years, so have patient notes for each stay; we predict we will save over 800,000 sheets of paper in 2026 from this project. In 2026 we will also introduce more point-of-care testing to enable more timely and effective discharge planning.

The quality of our work continues to be recognised. At the LaingBuisson Awards 2025, Spire was a finalist for Best in Healthcare Outcomes for reduction in AvLOS in orthopaedics and a finalist in the HSJ Partnership Awards 2025 with NHS England for the Best Elective Care Recovery Initiative. During the judging, we demonstrated how we have spread our proven outcomes to NHS hospitals, lowering stays for NHS patients too. In early 2026, Spire won the HSJ's Independent Healthcare Providers Award for Outstanding Contribution to Preventative Care for work to reduce VTEs and improve their management, a project which also contributed to quality care in the NHS.

Work to reduce avoidable cancellations centred on strengthening pre-operative assessment processes. This has led to a measurable reduction in avoidable cancellations and improved clarity in reporting definitions.

Our QI Training Academy is a cornerstone of our QI culture. In 2025, almost 450 colleagues successfully completed Foundation-level QI training, supporting a range of impactful projects, including:

- + Developing an enhanced recovery pathway for spinal procedures
- + Enhancing pathways for neurodivergent patients, which we shared with NHS Elect, and contributed towards National Autistic Society accreditation
- + Increasing the recycling and reuse of mobility aids to support environmental sustainability

Driving clinical excellence

We are committed to empowering our colleagues, driving sustainable improvements in patient care and raising the profile of healthcare leadership nationally. Our clinical effectiveness and outcomes framework demonstrates that the care we deliver provides the desired outcomes, in line with guidance and best practice. This framework covers five toolkits: national audits and registries, internal best practice, external best practice, multi-disciplinary teams, and clinical documentation. Each toolkit provides guidance and support on compliance, reporting, tools and support for our teams to ensure we support them to deliver best practice, and to measure and analyse outcomes.

Our five-year nursing and allied health (AHP) strategy (2023-2028) supports our nurses and AHPs to practise to high professional standards. It has three key pillars: developing our workforce, delivering clinical excellence and enhancing professional pride.

Our driving clinical excellence in practice programme supports our registered nurses and allied health professionals' continuing professional development and the requirements of their professional revalidation. The programme has now been adapted across the hospitals business to help support colleagues' professional career development and growth. Focus areas include compassionate leadership, lessons learned and quality improvement, and it evolves continuously in response to clinical priorities and changes in practice.

In 2025, 137 colleagues started the programme. In June, some of these colleagues, with earlier participants, were awarded certificates and pin badges by the group chief nursing officer, in recognition of their graduation from the programme.

In early 2026, our driving clinical excellence programme was accredited by the Royal College of Nursing professional development accreditation service. Accreditation is the mark of quality for health care training, guaranteeing quality and excellence for organisations. Accreditation further endorses our commitment to providing high-quality professional development for our nursing and allied health professional colleagues.

We continue to actively contribute data to relevant registries such as the National Joint Registry (NJR). In 2025, every hospital achieved the Quality Data Provider certificate, with 34 receiving the 'gold' award (2024: 35 and 25) which shows commitment to patient safety through data submission and quality. Of 16 chemotherapy units, 15 are recognised with the Macmillan Quality Environment Mark (MQEM) accreditation (2024: 15) and we have 13 hospitals with accreditation by the Joint Advisory Group on endoscopy with two undergoing re-validation (2024: 14).



2025 has also been a significant year for our new Directors of Clinical Services (DoCS) development programme, which aims to develop the skills and leadership qualities of our DoCs and raise their awareness of good governance and culture. The leadership module is provided by Hilary Garrett, who was previously the Deputy Chief Nursing Officer for England.

Freedom to Speak Up

Having the right culture is core to a safe patient environment. We support a culture of excellence and engagement, and we place a strong focus on openness and transparency. Ensuring our colleagues feel psychologically safe is a prerequisite for improving quality and providing safe care. We prioritise a Freedom to Speak Up (FTSU) culture, and support those who may feel that they can't speak out. Everyone at Spire has a voice, will be listened to, and should know there is an avenue to raise concerns or ask questions.

We use colleague responses and feedback alongside listening sessions to shape our speak up culture. In our 2025 survey, 61% of colleagues say they would feel comfortable raising concerns (2024: 71%).

Our network of 259 FTSU guardians and ambassadors are a key component of our governance and sit across all clinical and non-clinical locations. The FTSU guardians are championed by our chief executive officer, who meets regularly with them, and holds colleague forums at site visits, without management present, to encourage openness and trust. We submit our FTSU data to the National Guardian's Office (NGO) quarterly to support transparency.

Colleagues can submit a FTSU concern via risk management software, managed by our trained guardians. Colleagues also have access to an independent, confidential whistleblowing helpline, enabling them to raise anonymous concerns. Training is mandatory for all

colleagues and consultants who practise solely in our hospitals. Colleagues use the NGO's three training modules: 'Speak Up' training for all colleagues, 'Listen Up' and 'Follow Up' are for managers. We have integrated FTSU initiatives across the group with monthly meetings, and all guardians attending one group annual conference. We involve the NGO in our annual Spire Guardian conference, and hold our annual FTSU month in October, which aligns to the NGO national campaign, and raises the profile of speaking up and of the guardian role.

We use a Spire version of Martha's Rule, called Ask to Escalate. This provides family members with the ability to request a second opinion if they are concerned. It also supports our culture of listening.

Working with consultants

Our practising consultant partners operate as self-employed practitioners in our hospitals and clinics across all medical and surgical disciplines. Each hospital's medical advisory committee (MAC) meets quarterly to ensure proper, safe, efficient and ethical medical use of the hospital. In addition, the MAC chair meets regularly with their hospital director. There are clear lines of communications, a well-embedded reporting culture for any performance concerns and robust appraisal and practising privilege processes.

It is important that we continue to engage with our consultants and make it easy for them to do business with us, not only so they can better understand our high-quality standards and how we wish to deliver care, but also so we can better support them as they develop and grow their practice. In 2025, we introduced online booking for some private patients with a direct link to consultants' diaries, while our new PSCs are improving call volumes and response times and offer a more flexible service for consultants' patients. The transformation of our business is supporting our consultants to receive a faster, more

modern service while always being clinically-led and safety focused.

We have worked with consultants to improve their online profiles and optimise insurer patient referrals. We have introduced better access to bookings management and improved digital access to pathology and diagnostic results. We work with local media, host patient and consultant events, and an onsite team helps consultants with referrals, awareness and engagement with patients. There is now a standard consultant induction programme and a new consultant portal for onboarding, featuring training videos, how to comply with regulation and helpful advice on building a successful practice. In 2025, our annual consultant survey results show 84% of consultants rated hospital care provided to patients as very good or excellent with a growth in excellent ratings (2024: 84%).

Maximising hospital potential

Our transformation programme aims to make our business more efficient, improve service delivery, enhance patient and consultant experience, and help us to maintain the highest quality standards – so we can deliver our purpose of making a positive difference to people's lives, through outstanding personalised care. Getting care right, as evidenced by our patient, colleague and consultant feedback, results in good commercial outcomes and maximises patient safety and experience.

Despite inflationary and employer cost pressures, we are maximising performance in our hospitals and laying the groundwork for transformation through four key elements: centralisation, standardisation, digitalisation and deploying AI. Each element requires careful planning and significant support to ensure that we transition our business safely, supporting our colleagues and without disruption to clinical care.

Transformation to centralise

In 2025, we added two more patient support centres (PSC) in Cardiff and Seaham in County Durham to our first in Brentwood. The new PSCs are helping us to deliver a better experience for customers, colleagues and consultants.

Bringing 36 administration teams together centrally to three sites has improved patient response and accuracy, providing a more seamless, consistent and effective service. We have improved the number of calls answered and reduced the number redirected or unanswered. The teams are offering longer opening hours, have simplified online bookings and have better digital visibility of consultant diaries. While we saw some initial disruption to private bookings after their launch, and some concerns from consultants while we onboarded new colleagues, this has settled and the PSCs are now gaining in efficiency and contributing towards improving private patient trends, and are a key platform for future growth as we continue to integrate the business. As of the end of 2025, calls are being answered consistently above 95%, up from 60%, and our lost call rate is less than 3%.

Our PSCs also allow us to optimise space; we are unlocking additional clinical capacity as we repurpose former administrative space in hospitals for clinical use. Where appropriate, additional space allows us to move work from theatres, freeing up valuable space for more complex work. At Spire Little Aston, for example, the hospital achieved sustained growth despite already full theatres. It ensured the right patient was seen in the right place at the right time, reallocating low-complexity procedures from main theatres to minor theatres, reduced the length of patient stay through redesigned clinical pathways and re-allocated theatre lists using data-driven review. This has achieved revenue growth and margin expansion, all without major capital investment.

A strategy to standardise

Our three PSCs give us many opportunities to standardise our processes, simplify our world and do things 'one best way'.

Across the organisation, we are automating administrative tasks, and integrating and standardising processes to drive hospital performance, reduce costs and provide greater consistency. For example we now use more generic drugs, standardised prosthesis types, standard reception tasks and end-to-end product management from order to patient use.

Our new quality strategy articulates our collective commitment to delivering safe, effective and compassionate care across all hospitals. From the newest starter to the most experienced colleague, it aligns everyone to the same frameworks to systematically create, document, implement and monitor best practice across the hospitals business. We are developing interdisciplinary collaboration with cross-functional teams to improve workflows and reduce inefficiencies. The strategy provides a clear framework to provide the desired outcome in line with guidance and best practice. It enables colleagues to articulate clinical effectiveness, how it is measured and why, understand targets, assurance processes and procedures, and know when to escalate and ask for support.

Driving to digitalise

We are investing in improving our systems, data and technological capabilities so we can work more efficiently and support safer patient care, smoother hospital operations and smarter decision-making. In 2025, we focused on creating the essential building blocks for Spire's long-term data strategy. This work ensures we can make better use of data in 2026 and beyond.

Progress in 2025–26 includes:

- + New hospital insight data platform: moving core data from our main systems into a modern platform, making data easier to access and use, and providing contextual insights, revenue and patient trends and consultant and employee engagement metrics
- + Better data quality: new processes to improve the accuracy and reliability of important data, including a new asset tracking system, helping us manage equipment and software more efficiently
- + Tools for decisions: developing a new reporting and machine learning infrastructure to turn complex data into clear trends and predictions, helping the business improve efficiency and performance
- + Centre of excellence for analytics: consolidating our main analytical teams into one centre of excellence, accelerating the delivery of consistent, high-quality insight

Our improved patient booking experience includes online booking and better administration processes across hospitals and central accounts payable teams.

Our new Purchase to Pay (P2P) programme automates re-ordering and invoice receipting to service increased invoice volumes without additional resources and control costs and over 2025, we have continued to refine the system. During 2026, we will start to roll out an electronic journey from purchasing through to patient experience, significantly improving traceability and patient safety.

We are also developing stronger foundations for data safety and compliance, investing in IT in 2022–2024. We have upgraded key platforms that help us monitor and control access to data, so fewer people have unnecessary access to sensitive files, giving us an enhanced ability to track and prevent data leaks more effectively. Our asset tracking system is live, helping us manage equipment and software more efficiently. We have also hired new experts in cybersecurity and resilience, providing coverage across all Spire hospitals and central functions. In 2025, we passed all major security audits, including NHS requirements and national certifications such as ISO 27001 and Cyber Essentials Plus. Our hospitals are meeting high standards for protecting patient data and are well-prepared for future regulations.

Ambitious digitalisation and automation plans in our hospitals business cover complex, large programmes that take time to build, pilot and introduce across the business. We have made progress during 2025, while opting to re-platform some projects, as well as standardising processes, which has added additional complexity and taken longer than planned.

For electronic patient monitoring, we have worked with our supplier for a number of months to develop solutions that we are confident we can implement safely, and look forward to the implementation starting in 2026. With the data foundations in place, we will be introducing more data and digitalisation projects from 2026, including a new customer relationship management system and updated consumer website to enhance patient journeys and ability to self-serve.

Deploying AI

We are investing in platforms with AI in mind and taking an ethical and measured approach. In late 2025, we introduced a new AI framework, providing a strong foundation to unlock the safe, secure, responsible, and ethical use of AI across Spire. This framework allows us to assess AI use cases, manage AI-related risks, and govern the deployment of AI solutions and capabilities to ensure they are technically robust, clinically safe, and that third-party suppliers are fully compliant with our guidelines.

Over 2025, we introduced image enhancement technologies in 21 hospitals with an MRI. This AI-powered image reconstruction technology enables accelerated MRI scans. It is efficient and safe, as well as reducing scan time and improving overall image quality which is better for patients.

In 2026, we will further explore the deployment of AI to improve decision-making, enhance patient experience, and drive operational efficiency. This will enable us to turn data into actionable insights that support better outcomes for patients and the organisation.

Clinically-led efficiency

We continue to deliver material savings, efficiencies and customer service improvements; further opportunities remain and we are prioritising operational control, increasing capacity and maximising utilisation across our sites.

In 2025, we evolved hospital staffing as part of our ongoing efficiency and savings programmes, building on best practice across our sites. We have moved to a more flexible hospital resourcing model to increase flexibility in the way hospitals resource clinical and non-clinical teams to meet peaks and dips in demand so we can better respond to

changes, and continue to deliver high-quality care across our hospitals. We have aligned teams to consistent roles and responsibilities, with simpler management structures, and have rebalanced the way some teams are resourced, with a mix of bank and permanent colleagues. In some hospitals, we have reduced the number of permanent colleagues, while bank colleague numbers have increased. We tailored our approach to the needs of each hospital, and while changes were made for commercial efficiency, they were clinically-led throughout with regular assessment post-implementation.

Staffing levels are benchmarked for safety, with no reduction to patient-facing clinical hours or target safe-staffing ratios. A key part of our approach was engagement with all our colleagues to ensure they felt supported and listened to throughout the process.

Investing in our estate and latest technology

We continue to offer a well-invested, quality infrastructure with a focus on innovation. As we seek to provide the best environment and service for our patients and colleagues, and contribute to our sustainability aims, we have continued to invest in improving our hospital sites in 2025. Our spend was lower in 2025 as we start to see the benefit of the investments we have made in recent years.

In 2025, we purchased seven new robots for surgery, bringing the total in the group to 29. Robotic-aided surgery improves the accuracy and precision of surgery. Patients who have experienced robotic surgery may be less likely to experience complications, more likely to experience less pain during recovery, and are less likely to need revision surgery.

Partnering with the NHS

Independent healthcare providers have an important role to play in tackling waiting lists and improving the health of the nation in partnership with NHS England, Scotland and Wales. We continue to help the NHS bring down waiting lists.

In 2025, we signed a new partnership agreement between the NHS and the independent sector, committing to work together. There was a well-publicised recent slowdown in NHS commissioning activity to the independent sector, due to NHS budgetary restrictions, and we were disappointed to postpone NHS patients late in 2025 and early 2026. We are working with local commissioners to navigate this near-term challenge.

We were selected as one of only two independent healthcare providers to be a strategic supplier to the NHS. We stand ready to enhance our partnership, as we have the capability to help greater numbers of NHS patients and honour their legal right to choice of provider.



Mantraraj Budhdev

Group General Counsel, Chief People Officer and Company Secretary



Looking after our workforce

Highlights for 2025–26

- + Supporting colleagues through business transformation and move to flexible clinical structure and creation of Patient Support Centres
- + Key areas on equity, diversity and inclusion (EDI) mapped in 2025
- + New learning management system for hospitals and central functions colleagues
- + New online booking for some private patients, improved call response and a new consultant portal

Priorities for 2026–27

- + Preparing for the Employment Rights Act
- + Championing colleague voice and building on our engagement work to ensure we have strong mechanisms to engage with our people
- + Evolving our focus and approach on EDI
- + Further developing the leadership capabilities of our managers

Creating a positive working environment

Our purpose is to make a positive difference to people's lives through outstanding personalised care, and that starts with our own team. Engaged colleagues are at the heart of Spire's success. When people feel valued, supported, and connected to our purpose, they deliver their best for our patients, customers, and each other. High engagement is linked to improved patient care, stronger teamwork, and higher retention.

As we transform our business, we aim to achieve a positive working environment while being flexible and effective, and making it easy for our colleagues to do the right thing. Our five key themes for 2025, led by our CEO, embrace investing in our workforce. They include 'Listen up' – embracing the gift of feedback, so we are open, honest and safe; 'Inspire kindness,' having an open and honest culture; and being a 'Change champion' so our future works better for everyone.

Engaging with and supporting colleagues

As part of building an integrated, innovative and sustainable healthcare business for the future, our business needs to continue evolving. Our three Patient Support Centres (PSCs) are an exciting step in our transformation journey and through standardisation, centralisation and digitalisation, we are improving our patient experience.

In 2025, we brought most administration together centrally in these three sites. We also altered clinical staffing to increase flexibility in the way hospitals resource clinical and non-clinical teams to meet peaks and dips in demand. We recognise that this evolution

has been difficult for some colleagues and continue to support them through Spire's transformation. Many thanks to our colleagues for their hard work and support throughout the process.

Listening to and engaging with our colleagues is key to driving positive change at Spire as we transform. How we engage with colleagues takes different formats, including an annual engagement survey and regular time with line managers so we can better hear and act on feedback from our colleagues in real time.

In 2025, we moved the colleague survey to one platform to enable us to better understand satisfaction across the business and how that connects to organisational performance. A new questionnaire ensures every measure supports colleague engagement and delivers clear, actionable insights. Key questions from previous surveys have been retained, to compare results year-on-year. The survey in 2025 included all colleagues in hospitals and primary care, allowing us to measure colleague experience consistently across every business unit, providing direct, like-for-like comparisons. In 2025, 64% of colleagues were proud to work for Spire Healthcare (2024: 76%), a lower number, but it remains competitive against industry standards and during a period of change. We have also introduced six KPIs to give a clear, consistent way to measure what matters most to our colleagues and to track progress on the things that drive engagement and retention across the employee lifecycle.

In 2025, we rolled out Viva Engage, a colleague networking and information sharing platform, across all hospitals and added private online networks to give colleagues more opportunities to connect, share knowledge, access resources and build communities.

Equity, diversity and inclusion

We believe that equity, diversity and inclusion (EDI) are core to sustaining a successful business, and we aspire to create an environment where everyone is respected and cared for, and where we celebrate differences. We want to ensure that our colleagues feel confident to bring their whole selves to work, which in turn makes us stronger as a team and a business.

Over 2025, we continued to develop and inform our updated EDI strategy, which we plan to launch in 2026. This timing is slightly later than envisaged but considers the significant organisational change that Spire has undergone over 2025.

We have identified three key areas of EDI focus:

- + **Data:** identifying the information we need to capture to help us better understand our workforce
- + **Networks:** developing a standardised framework to cover our different network groups
- + **Local impact:** collating local initiatives and developing EDI leadership toolkits to support colleagues in making EDI changes locally.

In 2026, we will introduce our first group-level inclusion and wellbeing role, leading strategy and action plans, oversight of inclusion and wellbeing networks, and identifying and sharing best practice across the group.

Our network groups provide safe spaces for our diverse colleagues to discuss issues of relevance, raise awareness and influence, and include our Let's Talk LGBTQ+ network, menopause network and race equality network in the hospitals business and similar networks in primary care. Each network group has sponsors from our executive committee who provide critical endorsement and make a positive impact in the continuing development of Spire's inclusive culture.

We were pleased to be the leading UK healthcare company in the FT Statista Diversity Leaders 2026 index, and 223 in the world (out of 800) based on a survey of 100,000 employees across Europe. This year, the FTSE Women Leaders Review ranked Spire 6th in the FTSE 250 and 2nd in healthcare and we featured as a top 100 business by Women in Work (WiW100) for senior female leaders. Companies included in the WiW100 must achieve more than 33% female board representation, a gender pay gap under 15% and publicly published parental leave policy.

Valuing and rewarding colleagues

With the introduction of new PSCs and flexible hospital clinical resourcing, we are better able to respond to changes in patient demand.

We have implemented our new reward framework across the hospitals business, which will help us give colleagues a clear sense of where they fit in Spire's structure, how we reward them and their potential career path.

Our hospitals colleagues have access to PMI cover and a comprehensive health assessment every other year. We also offer a comprehensive employee assistance programme, providing confidential advice and support online and via a free helpline, available 24/7 to clinical and non-clinical employees. In 2025, we introduced a new benefit, offering all hospitals business colleagues three private virtual GP appointments a year. Hospitals business colleagues received a salary uplift of 3.2% from December 2025.

Training and development

The market for talented healthcare colleagues remains competitive, with demand for specific roles such as specialist nurses and pharmacists particularly high, so we continue to prioritise career development and innovative training opportunities as our business transforms.

In 2025, we launched a new learning management system for the hospitals business. It is more user-friendly, allocates training by role more effectively and will allow us to better report on mandatory compliance. While this was launched later in the year than originally scheduled, we continued to maintain support for new starters and colleagues with ongoing training requirements to meet safety and quality standards.

As we continue to transform our business, we will build on our career framework to support employee career progression and to give more visibility into the different learning colleagues can achieve to progress.

Our apprentices benefit the broader healthcare system, including the NHS. Since our programme began in 2017, Spire has supported more than 550 colleagues through to their apprenticeship graduation. In 2025, 112 colleagues graduated, of which 31 were nurses with 25 of those still working at Spire. We have apprenticeships across many clinical areas, including nursing, biomedical science, physiotherapy, pharmacy, medical laboratory technicians, as well as non-clinical disciplines. Alongside our apprenticeship programmes, we offer many other training opportunities and student placements.

Spire has collaborated with Liverpool John Moores University (LJMU) to develop a new Healthcare Master's degree (MSc) in Integrated Governance and Leadership, a pioneering programme designed to strengthen leadership capability, elevate governance practice, and support the future of safe, high-quality healthcare delivery. This collaboration brings together LJMU's academic excellence with our deep, real world governance expertise. Over 18 months of co-development, our governance leads shaped the curriculum, contributing practical insights, sector intelligence, and thought leadership to reflect the realities of modern governance. The course is planned to begin in 2026.

Employment levels

Managing absence and turnover supports our colleagues' wellbeing, is essential to maintaining a stable and productive workforce, and ensures continuity of care for patients. We use data to flex our workforce and manage capacity and resilience. Absence rates in the hospitals business were slightly above those in 2024, though short-term absence remains consistently low.

The overall rate of absence was 5.0% (2024: 4.7%). Our monthly turnover rate was slightly higher than in 2024 at 13.5% compared to 13.3%. The rate was lower in hospitals alone, when PSC data is excluded. Our rates are in line with market norms. Vacancy rates were low in 2025, due to a combination of successful and focused recruitment, the introduction of flexible clinical resourcing, and centralisation of administration functions and efficiency.

Championing sustainability



5%

ahead of rebased 2025 target emissions – 24,647 tCO₂e emitted, target 25,916 tCO₂e.

Report on CO₂ emissions by SE First for Spire Healthcare.



57%

overall waste recycled in 2025, up from 48% in 2024.

This includes recycled waste returned to our National Distribution Centre.



37%

dry mixed waste recycled, up from 31% in 2024.

This excludes National Distribution Centre waste and is at hospital sites only.

Highlights of 2025–26

- + Continued investment and commitment to sustainable business operating practices
- + Decision to revise our sustainability goals, adopt science-based targets and seek validation via Science Based Targets initiative (SBTi)
- + Generated over 3.5 million kWh of energy in 2025 via hospital solar PV arrays (6% of overall electricity consumption)
- + Reduced general waste by over 187 tonnes

Priorities for 2026–27

- + Refresh our sustainability strategy and review goals
- + Achieve SBTi validation
- + Further increase recycling rates
- + Accelerate water saving initiative rollout

Championing sustainability

Sustainability is a core component of Spire Healthcare’s strategy and operations. By managing our business sustainably, we aim to create lasting social and economic value. We have an important societal role to play as the care we provide contributes to the health of the nation and benefits society. We believe that acting conscientiously as a business, through understanding our dependence on natural and social capital, and investing responsibly to achieve positive social and environmental outcomes, are critical to our long-term success.

Our sustainability plan charts our progressive journey from risk management to providing social value and driving opportunities for sustainable growth. We collaborate with our stakeholders, including patients, colleagues, consultants, local communities and partners to ensure that the positive impact we generate goes further.

How we manage sustainability

The board is responsible for approving our approach to sustainability and overseeing its delivery. Regular progress updates are provided at board meetings. Our group corporate affairs director oversees delivery of the sustainability agenda, while our executive committee tracks progress towards our sustainability targets.

Our cross-functional internal sustainability committee meets quarterly, bringing together members across the business. Its role and responsibilities are to:

- + Oversee, review and advise the executive committee on our strategies, objectives and commitments related to sustainability and environmental, social and governance issues
- + Oversee, review and recommend changes to our sustainability-related goals, objectives, commitments and key performance indicators, and monitor our progress against them

Our interim sustainability goals for 2025–26

During 2025, we reviewed our sustainability goals to ensure our sustainability objectives are as targeted and impactful as possible, considering both the evolving external sustainability landscape and internal factors.

We have condensed our sustainability goals from 17 to nine interim goals, to better focus our efforts and maximise impact, while ensuring our ambitions and actions reflect the current operating environment and best practice.

We will refresh our long-term sustainability strategy in 2026–27, which will articulate our long-term commitment, approach and sustainability ambitions.

Interim sustainability goals

Respect the environment

- 1 Achieve net zero, inclusive of all scopes, by 2045
- 2 Manage our waste more efficiently while minimising detrimental effects to our planet
- 3 Identify and acting on water saving opportunities

Engage our people and communities

- 4 Contribute to the UK’s healthcare workforce through innovative schemes
- 5 Ensure that the ethnic diversity of our executive team and its line reports is in line with the Parker review target
- 6 Achieve and maintain balance of at least 40% female representation across the executive team and its line reports
- 7 Maintain an overall colleague engagement score of at least 80%
- 8 Build strong connections between Spire Healthcare and local communities

Operate responsibly

- 9 Develop our approach to controls around modern slavery

Respect the environment

We continually seek ways to reduce the impact our business has on the environment. We seek to reduce carbon use and focus our efforts on waste and recycling, including reducing the use of single-use plastics and metals and find ways to reuse our single-use instruments and items. We are doing all of this while working with suppliers to align goals, to ensure we work together to develop healthcare in sympathy with a sustainable planet.

Our previous limited scope net zero goal of 2030 has been updated to a science-based target inclusive of all three scopes of carbon emissions and with an extended deadline of 2045. This change was made to ensure the goal was comprehensive, in line with best practice and aligned to the NHS, with a more cost effective emissions reduction approach.

Our initial 2030 emissions target was based on a 2019 baseline and internally recognised as best-in-class when assessed against our peers at the time. The evolving landscape on climate action triggered a review of this target in 2025. The outcome was to update our target date to 2045.

As we widened our reporting to include our subsidiaries, we reset our baseline and set an interim emissions reduction target while we reviewed our existing emissions targets. Our 2025 goal was to reduce targeted emissions to 25,916 tCO₂e. Actual emissions for 2025 were 24,647 tCO₂e, achieving our rebased interim target by 5%. Since the 2019 base year, we have reduced our emissions by 29%, including all scope 1 and scope 2 emissions, and scope 3 emissions from air and rail travel.

We continued to install solar photovoltaic (PV) systems across hospitals with most now in place in early 2026, reducing carbon based electricity use. Completion of Building Management System (BMS) projects in hospitals has enhanced our capability to

control energy consumption and identify high energy usage areas. These systems enable targeted interventions to reduce energy wastage and improve operational efficiency.

In 2025, overall waste recycled increased to 57% from 48% in 2024. Dry mixed waste at hospital and clinics rose to 37% from 31% last year. Of the 290 tonnes of general waste (non-hazardous, non-recyclable) produced, 100% was diverted from landfill and sent to energy recovery facilities (ERF), ensuring that all non-recyclable waste contributed to energy generation rather than disposal.

Our carbon champions colleagues continue to support sustainability initiatives across the business.

New carbon targets

Net zero target

We commit to achieve net zero greenhouse gas emissions across the value chain by 2045.

Near-term target

We commit to reduce absolute scope 1 and 2 GHG emissions by 63% to 13,978 tCO₂e by 2035 from a 2024 base year. We also commit to reduce absolute scope 3 GHG emissions by 37.5% to 220,772 tCO₂e within the same timeframe.

Long-term target

We commit to reduce absolute scope 1, 2 and 3 GHG emissions by 90% to 39,101 tCO₂e by 2045 from a 2024 base year.

Greenhouse gas emissions in 2025

Activity – category	2024 (tCO ₂ e)	2025 (tCO ₂ e)	Percentage change (%)	Actual change (tCO ₂ e)
Scope 1: Direct emissions from the operation of owned and controlled facilities and equipment				
Scope 1 Total (tCO ₂ e)	15,497	15,035	-3%	-462
Scope 2: Indirect emissions from the production of purchased energy				
Scope 2 Location-based total (tCO ₂ e)	11,877	9,469	-20%	-2,408
Scope 2 Market-based total (tCO ₂ e)	22,280	22,510	1%	230
Scope 3: Indirect emissions from the value chain				
1. Purchased goods and services	273,828	256,448	-6%	-17,381
2. Capital goods	57,807	56,017	-3%	-1,790
3. Fuel and energy related activities	6,571	6,221	-5%	-350
4. Upstream transportation and distributions	964	983	2%	19
5. Waste generated in operations	231	199	-14%	-32
6. Business travel	891	697	-22%	-194
7. Employee commuting	12,389	16,444	33%	4,055
8. Upstream leased assets	46	475	3%	14
12. End-of-Life treatment of sold products	9	4	-49%	-4
13. Downstream leased assets	84	88	5%	4
Scope 3 location-based total (tCO ₂ e)	353,210	337,543	-4%	-15,667
Scope 3 market-based total (tCO ₂ e)	353,235	337,577	-4%	-15,658
Total Gross emissions location-based (tCO₂e)	380,584	362,048	-5%	-18,536
Total Gross emissions market-based (tCO₂e)	391,012	375,122	-4%	-15,890
Revenue (£m)	1,511	1,579	5%	69
Intensity ratio tCO ₂ e per (£m) location-based	251.8	229	-9%	-23
Intensity ratio tCO ₂ e per (£m) market-based	258.7	237	-8%	-21

Notes on the emissions source table

Emissions stated are for all scope 1, scope 2 and scope 3 categories.

a. Methodology and emissions factors

The GHG inventory reported relates to Spire Healthcare Group plc (and all subsidiaries) and covers the emissions from its operations for the year to 31 December 2025. The reported carbon emissions have been calculated following the guidance in the UK Government's Environmental Reporting Guidelines, 2019, and the methodology outlined in The GHG Protocol Corporate Accounting and Reporting Standard (revised edition). The carbon emission factors have been obtained from the UK Government's GHG Conversion Factors for Company Reporting 2025.

An 'operational control' methodology has been adopted. Operational control refers to the ability of an organisation to direct the activities of a facility or operation. In the context of GHG reporting, a company is considered to have operational control over a facility or activity, if it has the authority to introduce and implement operating policies at that facility or in that activity, regardless of ownership. This means that the organisation is responsible for the GHG emissions from the 'operations it controls'. This report includes the material carbon emissions, in line with the emissions categories, as required to be reported under the SECR regulations as well as voluntary emissions from all other sources available.

b. Scope 1: Direct emissions from the operation of owned and controlled facilities and equipment

Scope 1 emissions are made up by emissions from natural gas, transport, medical gases, gas oil (back up generation) and refrigerants.

c. Scope 2: Indirect emissions from the production of purchased energy

Scope 2 emissions are reported as both location-based and market-based to satisfy SECR as well as SBTi requirements. These emissions are primarily made up of purchased electricity across our estate. A minor percentage was for the use of battery-powered electric vehicles.

d. Scope 3: Indirect emissions from the value chain

Category 1 and 2 emissions have been calculated using spend-based conversion factors for the whole group. Additionally, some primary activity data for water supply has also been included. Category 3 emissions are for well-to-tank for all fuels used, as well as well-to-tank for electricity generation, transmission and distribution (T&D) and electricity T&D losses. Category 4 emissions are for the purchase of upstream transportation and distribution. Category 5 emissions are for waste generated in operations, coming primarily from waste partners for recycling, combustion and landfill. Some waste data was calculated on a spend-based method for disposals. Category 6 emissions are from employee own vehicle travel, taxis, bus, air and rail. Hotel emissions have been disaggregated from the table as they are beyond the GHG Protocol minimum boundary. Category 7 emissions have come from employee commuting. Homeworking emissions have also been disaggregated from the table as they are beyond the minimum boundary for Category 7. Category 8 emissions are from assets leased by the group. Category 12 is from the end-of-life treatment of sold products and Category 13 are emissions associated with assets that the group owns but has leased to other entities.

Total market-based emissions have decreased by 4% in comparison with 2024. Scope 1 emissions decreased by 3% and location-based scope 2 emissions decreased significantly by 20%. This large drop is a direct result in our substantial increase in self-generated electricity, with generation in 2025 of 3.5 GWh and also due to a decrease in the grid average location-based emissions factor. Despite imported electricity dropping by approximately 7%, market-based scope 2 emissions rose by 1%. This is due to the market-based residual emissions factor increasing by 8%. With the purchase of REGOs market-based emissions will drop to 0.

Purchased goods and services are still the biggest contributor to overall emissions. All scope 3 categories decreased in emissions except for categories 4, 7, 8 and 13. The total increase from these categories is modest, with the majority coming from category 7 for commuting. Commuting emissions are determined by an annual colleague survey and due to the nature of extrapolation emissions reported can be expected to fluctuate year to year.

As required by SECR legislation we have stated our emissions, last year's emissions for comparison, an intensity ratio, energy efficiency actions carried out, our methodology and our energy usage. Our intensity metric has decreased by 8% to 237 tCO₂e per £m revenue.

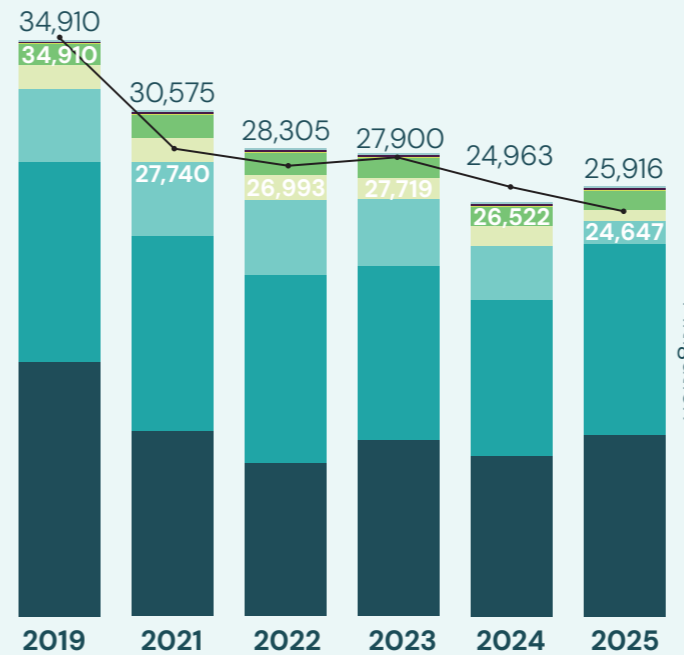
Energy consumption

Energy consumption for the whole group has been stated below. All energy sources have decreased in consumption except for gas oil usage which makes up <1% of total energy.

Solar electricity generated on site has not been included in the table below. 3.5 GWh was generated in 2025, with the group consuming all of this energy.

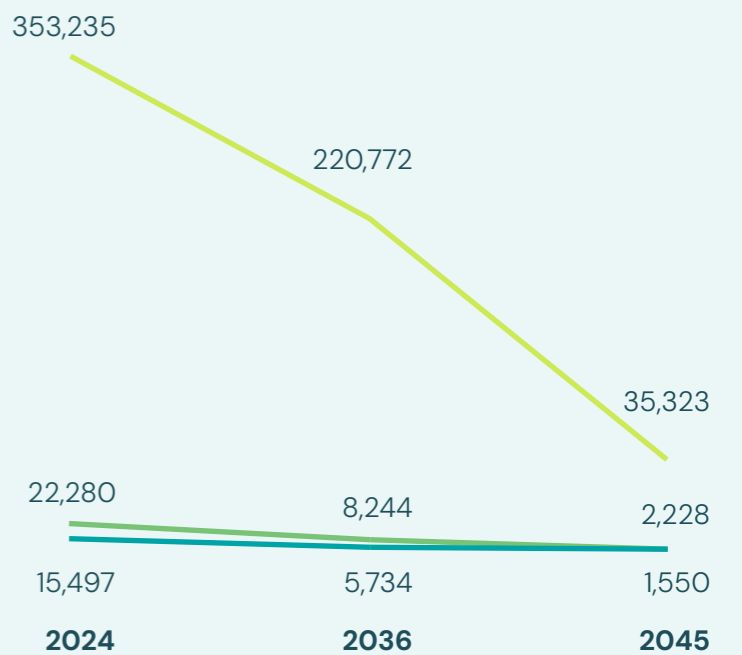
Emissions source	2021	2022	2023	2024	2025	Share (%)	YoY % Change
Natural gas	67,597	65,565	63,176	64,242	60,875	48.4%	-5.1%
Electricity	54,704	59,717	58,679	57,449	53,499	42.6%	-6.7%
Transport fuel	5,363	5,407	4,743	5,234	11,187	8.9%	-0.4%
Gas oil for backup generation	384	212	340	117	148	0.1%	26.4%
Total consumption (MWh)	128,048	130,901	126,938	127,042	125,709	100.0%	5.4%

Spire Healthcare net zero carbon emissions (tCO₂e) reduction plan



- Electricity
- Natural Gas
- Medical Gas
- Refrigerants
- Transport
- Transport
- Generators
- Rail Travel
- Air Travel
- Actual YE

Absolute emissions targets (tCO₂e)



- Scope 1 emissions
- Scope 2 emissions
- Scope 3 emissions

Engage our people and communities

To deliver our purpose, we need a dedicated and engaged workforce. We aim to provide a stimulating, diverse, inclusive and healthy working environment in which colleagues can thrive and achieve their career goals and aspirations, and so we invest in our workforce through strong recruitment, retention and development programmes. We encourage regular feedback from colleagues, with annual surveys to gain in-depth feedback across the group. In 2025 we introduced six KPIs to give us a clear, consistent way to measure what matters most to our colleagues and to track progress on the things that drive engagement and retention across the employee lifecycle. The new KPIs cover engagement, wellbeing, experience, inclusion, intent to stay and advocacy.

We understand and value the benefits that diversity can bring across all levels of the organisation. Having a visibly diverse leadership fosters a culture of inclusion that both attracts a broader talent pool and allows our future talent to recognise that progression is possible to senior leadership roles. We are taking positive steps to invest in, and provide development opportunities for, our female colleagues and are developing equity, diversity and inclusion across the group, with active colleague-led networks for sexuality, race and mental health and a new EDI strategy.

We believe in the power of giving back to our local communities and making a positive impact on society. During 2025, hospitals took part in local fundraising for many worthy causes; hospitals strengthened their relationships with local charities and organisations in their communities throughout 2025. These charities, which are chosen by our colleagues, closely reflect the communities they serve.

Operate responsibly

We have a relentless focus on delivering healthcare to the highest standards and prioritise patient safety at all times. We aim to maintain robust standards of clinical and corporate governance in line with best practice, while promoting an open and learning culture for all colleagues.

Operating responsibly also requires strict compliance with the law. We continue to monitor all aspects of the group's operations to ensure we comply with all applicable laws, including competition law, anti-bribery law, anti-tax evasion facilitation law, healthcare regulations and data protection law.

Our approach to tackling the risk of modern slavery continues to evolve under the oversight of our sustainability committee, which reports to our executive committee to ensure that our directors have full oversight of all relevant matters.

How we performed

Priorities for improvement 2025–26

In the last Quality Account, we set out the following three priorities for improvement as part of our Quality Improvement programme during 2025–26:

- + Increasing capacity and reducing average length of patient stay
- + Avoidable cancellations
- + Unplanned day case to overnight stay conversion

Increasing capacity and reducing average length of patient stay

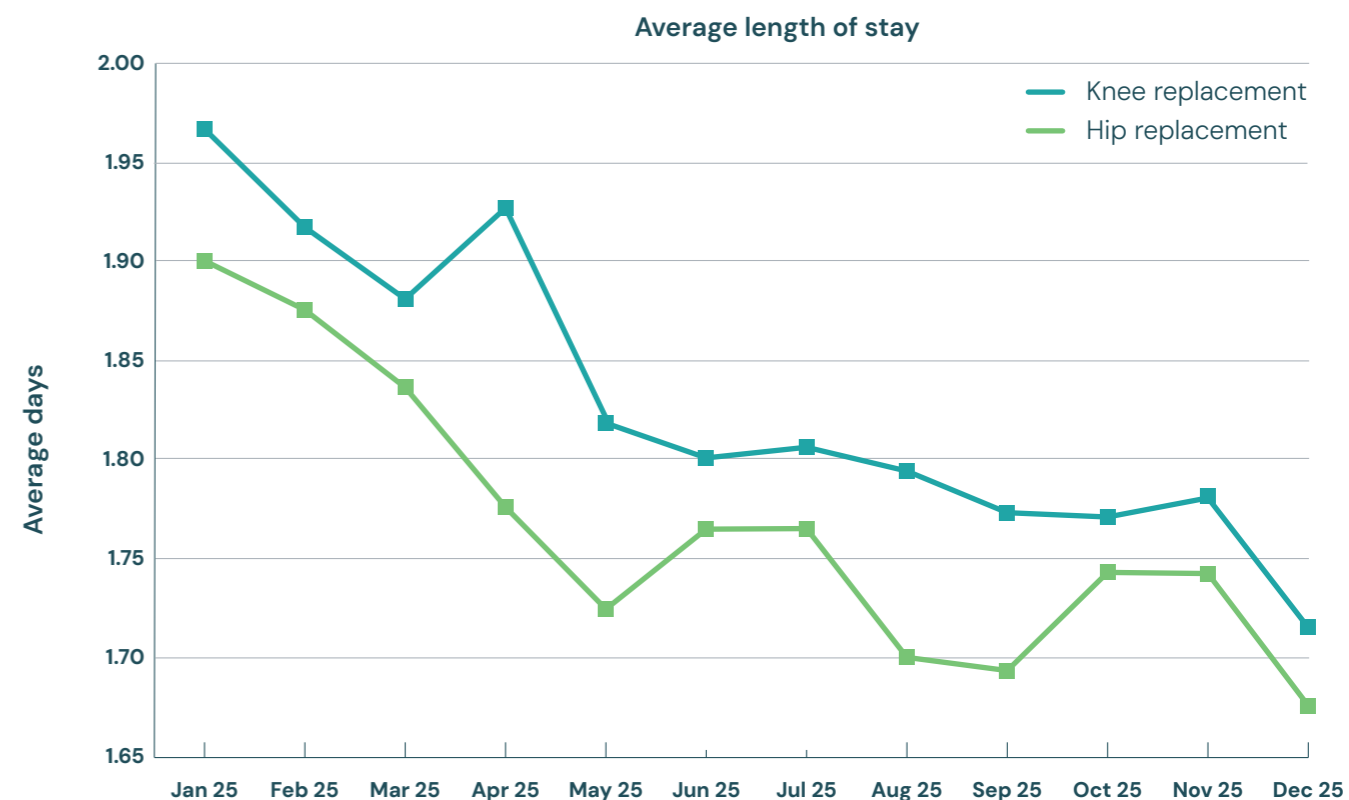
Increasing capacity across our hospitals enables us to treat more patients and help to reduce NHS waiting lists. There are also patient safety benefits to shorter lengths of stay including a lower risk of hospital-acquired

infections and fewer complications. Shorter stays may also be associated with better physical mobility after discharge.

In 2025, we continued to build on our existing quality improvement project, focusing on three specialties – hysterectomy, spinal surgery and day case surgery – alongside our key target for the year to reduce average length of stay (AvLOS) for primary hip and knee replacement to below 1.8 days.

By the end of 2025, by focusing on evidence-based approaches including early mobilisation, AvLOS for hip and knee replacement had reduced to 1.68 and 1.72 days respectively. Short-stay cases (<24 hours) also increased towards the end of 2025, with 161 knee cases and 180 hip cases completed within 24 hours.

AvLOS for primary hip and knee replacements (April 2024–March 2025)



Additionally, we saw reductions in AvLOS for procedures in other specialty areas:

- + Hysterectomy:** target AvLOS of 1.4 days or fewer
 - In 2025, more than 1,800 hysterectomy cases were completed, with an overall AvLOS of 1.64 days by December 2025. Monthly averages showed moderate variability but an overall reduction of 0.1 days
- + Spinal surgery:** target AvLOS of 1.2 days or fewer
 - Throughout the group, we delivered over 4,500 spinal cases, with an AvLOS of 1.35 days. Monthly LOS was stable, dipping to a low of 1.27 days in July
- + Day case surgery:** target AvLOS of less than 5 hours
 - By the end of the year, AvLOS for day case surgery was 5.61 hours

The quality of our work in this area continues to be recognised. During 2025, Spire was a finalist for Best in Healthcare Outcomes at the Laing Buisson Independent Healthcare Awards, and a finalist in the HSJ Partnership Awards 2025 with NHS England for the Best Elective Care Recovery Initiative.

Avoidable cancellations

Avoidable cancellations are a source of significant stress for both patients and colleagues. They represent lost clinical opportunities, under-utilised capacity, and can compromise the overall patient experience. Differentiating between avoidable and unavoidable cancellations is crucial; while some factors remain outside of our control, many causes of cancellation can be addressed through improved planning and communication.

During 2025, our aim was to reduce avoidable cancellations by 10%, contributing to a more reliable and patient-centred service delivery model. To support this, several improvements were implemented including:

- + Our pre-operative assessment MDT meeting** was changed to the admission assessment meeting with a new discussion form and terms of reference
- + An audit** was undertaken to ensure all hospitals have a high risk/ASA3 admission assessment meeting in place. This audit result showed that there was 100% compliance
- + Further training sessions** were run for the management of high-risk patients
- + ‘Order comms’** was rolled out across the group to help reduce specimen errors
- + A ‘frailty’ pathway** was launched in January 2025

Across the year, there were subsequently 1,423 avoidable cancellations, representing 0.04% of our total admissions. On review, the most common causes were:

- + Patients not fit to proceed**, highlighting further potential opportunities to improve the pre-operative assessment process
- + Communication issues**
- + Equipment unavailability**
- + Administrative errors**

While we didn’t quite achieve the 10% reduction in year, the monthly trend was positive, with average cancellations reducing from 125 per month in the first half of the year to 111 per month in the second half.

Hospitals with higher rates of avoidable cancellations have also established dedicated working groups to address this issue and this work stream remains a national quality improvement priority for 2026.

Unplanned day case to overnight stay conversion

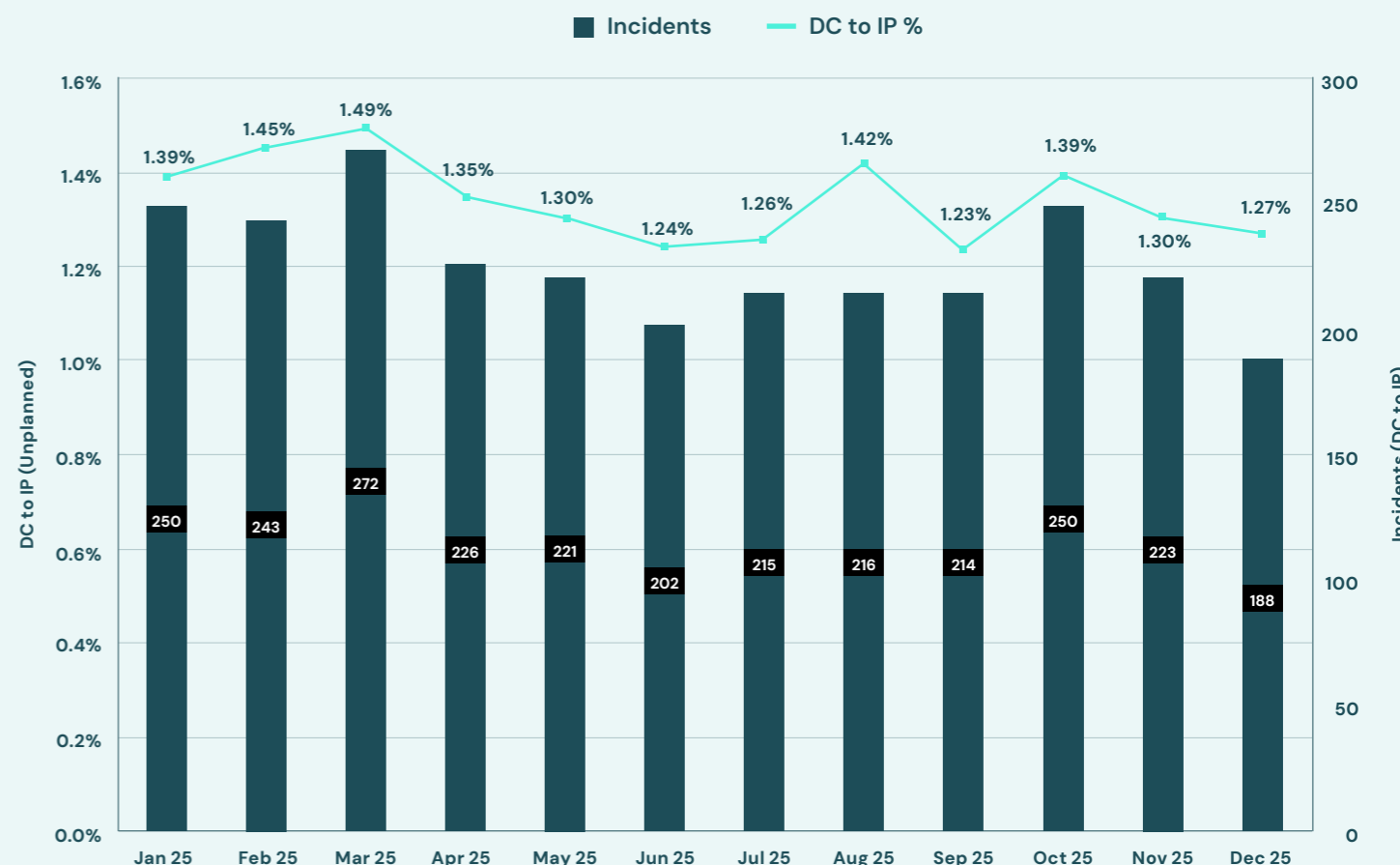
Minimising the conversion of planned day case procedures to overnight stays supports patients in planning their lives and commitments with confidence. It also ensures optimal use of hospital resources, particularly colleague and bed availability, and helps maintain flow through elective services.

During the year we targeted a 10% reduction in the rate of unplanned day case to overnight stay conversions. Across more than 200,000 day case episodes in 2025, 2,720 (1.34%)

converted to unplanned inpatient admissions, an encouraging overall rate that fell after a March peak (1.49%) to a September low (1.23%) and closed in December at 1.27%.

This improvement comes against a backdrop of increased reporting awareness and clearer differentiation between delayed discharge and true unplanned admission, meaning the reduction reflects both better categorisation and heightened transparency.

Unplanned day case to inpatient conversion 2025



Our plans

As part of our Quality Improvement (QI) programme, our priorities for improvement in 2026–27 are:

- + Avoidable cancellations
- + Sustainability
- + Theatre kit hire

Avoidable cancellations

Why is this important?

Avoidable cancellation refers to the unplanned, same-day or short-notice cancellation of scheduled surgical or diagnostic procedures that could have been prevented through timely and effective planning, communication or intervention. A recently published study suggests that about one in 10 planned NHS operations in England are cancelled with less than 24 hours' notice and that nearly 40% of the last moment cancellations were deemed potentially avoidable². When avoidable cancellations occur, this can have a negative impact on patient experience and result in wasted theatre time/resources, delayed treatment and extended waiting lists.

Our aim/goals

Our aim is to build on the workstream started last year and reduce avoidable cancellations by a further 10% compared with 2025.

How will our progress be monitored?

Oversight will be provided by the quality improvement programme committee and the safety, quality and risk committee, with regular review of cancellation data.

2. One in 10 NHS operations are cancelled with less than 24 hours' notice, study suggests, www.bmj.com/content/393/bmj.s790, retrieved April 2026.

Sustainability

Why is this priority important?

Delivering healthcare is resource-intensive, and sustainability is a core component of our strategy and operations. By managing our business sustainably, we aim to create lasting social and economic value. We have an important societal role to play as the care we provide contributes to the health of the nation and benefits society. We believe that acting conscientiously as a business, through understanding our dependence on natural and social capital, and investing responsibly to achieve positive social and environmental outcomes, are critical to our long-term success.

Our QI training academy is a cornerstone of our QI culture. In 2025, almost 450 colleagues successfully completed Foundation-level QI training, supporting a range of impactful projects, including increasing the recycling and reuse of mobility aids to support environmental sustainability.

Our aim/goals

Our aim for this year is to identify opportunities for further QI projects to help improve Environmental, Social and Governance (ESG) alongside Spire's wider sustainability goals.

How will our progress be monitored?

Oversight will be provided by the quality improvement programme committee and the safety, quality and risk committee.

Theatre kit hire

Why is this important?

Improving theatre kit hire processes is important to theatre efficiency – helping to reduce delays and short notice cancellations – and improves patient safety. It can also reduce waste and increase the amount of time clinical staff can focus on direct patient care.

NHS England notes in their clinical and operational improvement guide to theatres, surgery and perioperative care, updated in 2025, that 'having clear, standardised processes to manage theatre preparation should reduce late starts; timely starts sets things up for a productive day'.³

3. www.england.nhs.uk/publication/improvement-guide-theatres-surgery-and-perioperative-care/, retrieved June 2026

Our aim/goals:

Our aim for this year is to identify opportunities to increase efficiencies in kit hire and reduce on the day cancellations due to kit (target to be determined).

How will our progress be monitored?

Monitoring will be conducted through the quality improvement programme committee and the safety, quality and risk committee.



Review and assurance

Data quality

Maintaining the excellent foundation provided by our efficient systems and processes to support the collection and reporting of NHS data, our overall data quality measures have been sustained through this year and continue to exceed the required national standards. Our hospitals and central NHS management information team remain focused on the core areas we see as underpinning our strategy:

- + National data set reporting
- + Secondary Uses Services (Commissioning Data Set)
- + UNIFY submissions and clinical coding to support Payment by Results.

We continue to refine and develop our monthly reporting packs for our commissioners as we seek to ensure that we provide clear, timely and consistent performance and KPI information. Commissioner feedback remains positive and there is ongoing evidence from our local contract management meetings that these have supported improved contract management, governance and activity monitoring, and data validation conversations. The tables below show our secondary uses services data quality performance for April 2025 to March 2026 as issued by NHS England in May 2026. We are pleased to again report that we have market-leading data quality. Against each element, we are highly rated, continue to equal or exceed the required standard, and are significantly ahead of the national average.

Secondary uses service data quality performance for April 2025 to March 2026 as issued by NHS England in May 2026

Admitted patient data quality in relation to 75,889 cases:

Data item	% valid
Admin category (on admission)	100
Admin method (hosp prov spell)	100
Commissioner	99.7
Consultant	100
Discharge ready date (hosp prov spell)	100
Discharge destination (hosp prov spell)	100
Discharge method (hosp prov spell)	100
Ethnic category	100
Main specialty	100
NHS no status indicator	99.8
NHS number	100
Org of residence	99.7
Patient classification	100
Patient pathway	Not available
Person birth date	100
Person gender	100
Postcode	100
Primary diagnosis	99.6
Primary procedure	Not available
Registered GP practice	100
Site code of treatment	100
Treatment function	100

Outpatient data quality in relation to 580,804 outpatient activities:

Data item	% valid
Admin category	100
Attendance indicator	100
Attendance outcome	95.5
Commissioner	99.6
Consultant	100
Ethnic category	100
First attendance	100
Main specialty	100
NHS no status indicator	99.7
NHS number	100
Org of residence	99.6
Patient pathway	Not available
Person birth date	100
Person gender	100
Postcode	100
Primary procedure	Not available
Priority type	100
Referral received date	100
Referral source	100
Registered GP practice	99.7
Site code of treatment	100
Treatment function	100

Clinical coding

We have continued to use an outsourced and independent approach to our clinical coding service. CHKS is our long-standing clinical coding service provider. This approach supports us to code all our patient records locally at each hospital in a timely manner, aligned to the NHS reporting timeframes. The onsite approach allows for local clinician engagement and seeks to achieve the highest levels of coding accuracy and granularity.

In addition, our head of clinical coding and audit assurance continues to support and identify areas in need of improvement and works closely with hospital sites and the external clinical coding team to ensure that regular support and feedback is given to protect our high accuracy levels. The team have created a coding scrutiny tool which enables them to spot potential issues and coding errors at a much earlier point within the NHS submission timeframes, meaning that corrections can be made in a timely manner.

Coding education sessions are delivered to consultants and hospital colleagues, and clinician validation documents are regularly reviewed and updated when new guidance is published.

Clinical coding accuracy

An external audit is commissioned on an annual basis which is undertaken by NHS England-approved clinical coding auditors from Grant Thornton. Financial year 2025-26 audits have been completed, and the overall coding accuracy result for 2025-26 achieved the Data Security and Protection Toolkit (DSPT) standards met level (previously known as IGT level 2).

Our head of clinical coding and group head of NHS business, work closely with CHKS to ensure that a high quality coding service is consistently maintained and the service is constantly reviewed in order to improve processes and the quality of the coding.

Counter fraud

Since 2022, Grant Thornton has acted as our counter fraud specialist. In early 2026, we worked with Grant Thornton to develop our annual counter fraud work plan, aligned with the strategic priorities set out by the NHS Counter Fraud Authority.

The work plan focuses on key fraud risk areas identified through the annual risk assessment and is approved by our audit and risk committee. During the year, we implemented further improvements to strengthen preventative and detective fraud controls, supporting our readiness for the ECCTA ‘failure to prevent fraud’ offence.

Our chief financial officer is our nominated counter fraud champion, who signed off our 11th counter fraud self-assessment tool return to the NHS Counter Fraud Authority in May 2026. Our submission shows improvement on the prior year, with an overall rating of green (2024–25: green). Against the 12 standards, we fully met 9 and partially met 3; no standards were rated as not met.

Clinical audit

During 2025, seven national clinical audits, clinical outcome review programmes and other national quality improvement programmes covered the NHS services that we provide. During that period, we participated in 100% of national clinical audits, clinical outcome review programmes and other national quality improvement programmes in which we were eligible to participate.

The national clinical audits, clinical outcome review programmes and other national quality improvement programmes, in which we were eligible to participate and in which we participated during 2025, are listed on the facing page, alongside the number of cases submitted to each as a percentage of the number of registered cases required by the terms of that audit or programme.

As a result of these audits, we intend to take the following actions to improve the quality of healthcare provided:

- + While PROMs participation increased in 2025, improving participation remains a key focus for us. Participation and associated action plans are now monitored through

our clinical effectiveness and outcomes framework, and our target remains 80% participation (based on patients completing their pre-operative PROMs survey). In February 2026, we started to roll out a new automated PROMs registration which is a new improved process for both patients and colleagues. In the first month of roll-out there was a positive early impact on participation with an increase to 78%, across an expanded range of PROMs procedures

- + Based on the NJR annual data quality audit, all hospitals in England and Wales achieved ‘Quality Data Provider’ status based on 2024–25 data and the new audit criteria designed by the NJR⁴. There were 34 Gold awards compared with 25 last year, and our aim this year will be to increase this to all hospitals
- + Data from the British Spine Registry suggests there is variation between our hospitals in the number of cases submitted with complete information (notably the procedure form which is usually completed by the operating surgeon). We’ll be working to improve compliance in this area in the coming year

Research

A number of patients receiving NHS services, provided or subcontracted by us in 2025 were recruited during the year to participate in research approved by a research ethics committee. In most of these cases, we provided an ancillary service (for example, scans or investigations) to support primary research undertaken elsewhere, such as by a contract research organisation or NHS trust.

4. Previously, hospitals achieving 95% compliance by the audit deadline received a Quality Data Provider Certificate. Since 2023, baseline compliance of 95% is required to be considered for one of the three awards (Gold, Silver and Bronze).

National Clinical Audits	% of cases submitted
Breast and Cosmetic Implant Registry	Information unavailable (the cases submitted include a mix of both privately funded and NHS patients, and participation data for this time period has not been published by the registry)
British Spine Registry	50% (based on records including complete procedure information)
Medical and Surgical Clinical Outcome Review Programme	Information unavailable (the cases submitted include a mix of both privately funded and NHS patients, and participation data for this time period has not been published by the programme)
National Bariatric Surgery Registry	Information unavailable (the cases submitted include a mix of both privately funded and NHS patients, and participation data for this time period has not been published by the registry)
National Cardiac Outcome Programme Adult cardiac surgery: coronary artery bypass graft (CABG) and valvular surgery National Audit of Percutaneous Coronary Intervention (NAPCI) National Heart Rhythm Management Audit	Information unavailable (the cases submitted include a mix of both privately funded and NHS patients, and participation data for this time period has not been published by the programme)
National Joint Registry	99% based on the results of the NJR’s data quality audit for 2024–25
National elective surgery: PROMs: patients undergoing hip replacement and knee replacement in England	60%

National Joint Registry awards

Spire Hospital	2025 awards	2024 awards	2023 awards
Spire Alexandra Hospital	Gold	Gold	Gold
Spire Bristol Hospital	Gold	Silver	Gold
Spire Bushey Hospital	Gold	Gold	Gold
Spire Cambridge Lea Hospital	Gold	Gold	Silver
Spire Cardiff Hospital	Gold	Gold	Gold
Spire Cheshire Hospital	Gold	Gold	Gold
Spire Clare Park Hospital	Gold	Gold	Gold
Spire Claremont Hospital	Gold	Bronze	Silver
Spire Dunedin Hospital	Gold	No award made	No award made
Spire Elland Hospital	Gold	Silver	Bronze
Spire Fylde Coast Hospital	Gold	Gold	Gold
Spire Gatwick Park Hospital	Gold	Gold	No award made
Spire Harpenden Hospital	Gold	Silver	Silver
Spire Hartwood Hospital	Gold	Silver	Gold
Spire Hull and East Riding Hospital	Gold	Gold	Gold
Spire Leeds Hospital	Gold	Gold	Gold
Spire Leicester Hospital	Gold	Gold	Bronze
Spire Little Aston Hospital	Gold	Gold	Gold
Spire Liverpool Hospital	Gold	Gold	No award made
Spire London East Hospital	Gold	Gold	No award made
Spire Manchester Hospital	Gold	Gold	Silver
Spire Methley Park Hospital	Gold	Gold	Gold
Spire Montefiore Hospital	Gold	Silver	Gold
Spire Murrayfield Hospital, Wirral	Gold	Gold	Bronze
Spire Norwich Hospital	Gold	Silver	Bronze
Spire Nottingham Hospital	Gold	Gold	Silver
Spire Parkway Hospital	Gold	Gold	Gold
Spire Portsmouth Hospital	Gold	Gold	Gold
Spire Regency Hospital	Gold	No award made	Gold
Spire South Bank Hospital	Gold	Gold	No award made
Spire Southampton Hospital	Bronze	Bronze	No award made
Spire St Anthony's Hospital	Bronze	Silver	Gold
Spire Thames Valley Hospital	Gold	Silver	Bronze
Spire Washington Hospital	Gold	Gold	Silver
Spire Wellesley Hospital	Gold	Gold	Silver
Spire Yale Hospital	Gold	Gold	Gold

CQC inspections

A list of the CQC ratings of each of our hospitals, together with the date of their most recent inspection and report, is shown below.

Spire Hospital	Provider name	Inspection date	Publication date	Overall rating
Spire Alexandra Hospital	Spire Healthcare	19-Dec-16	06-Sep-17	Requires Improvement
Spire Bristol Hospital	Spire Healthcare	17-Feb-22	23-Jun-22	Good
Spire Bushey Hospital	Spire Healthcare	28-Sep-21	02-Dec-21	Good
Spire Cambridge Lea Hospital	Spire Healthcare	06-Jun-16	05-Dec-16	Good
Spire Cheshire Hospital	Spire Healthcare	18-Oct-16	17-May-17	Outstanding
Spire Clare Park Hospital	Spire Healthcare	06-Mar-24	15-Nov-24	Good
Spire Claremont Hospital	Claremont Hospital LLP	12-Mar-25	01-Aug-25	Good
Spire Dunedin Hospital	Spire Healthcare	15-Feb-22	19-May-22	Good
Spire Elland Hospital	Spire Healthcare	09-Aug-16	21-Mar-17	Good
Spire Fylde Coast Hospital	Spire Healthcare	08-Apr-19	02-Sep-19	Good
Spire Gatwick Park Hospital	Spire Healthcare	26-Oct-21	17-Jan-22	Good
Spire Harpenden Hospital	Spire Healthcare	12-Apr-16	09-Jan-17	Good
Spire Hartwood Hospital	Spire Healthcare	01-Dec-21	22-Mar-22	Good
Spire Hesslewood Clinic	Spire Healthcare	18-Sep-18	22-Nov-18	Good
Spire Hull and East Riding Hospital	Spire Healthcare	18-Sep-18	15-Nov-18	Good
Spire Leeds Hospital	Spire Healthcare	02-Mar-20	01-Jun-20	Good
Spire Leicester Hospital	Spire Healthcare	11-Aug-15	19-Feb-16	Good
Spire Little Aston Hospital	Spire Healthcare	11-Jun-19	18-Nov-19	Good
Spire Liverpool Hospital	Spire Healthcare	10-Aug-22	03-Oct-22	Good
Spire London East Hospital	Spire Healthcare	05-Nov-19	11-Feb-20	Good
Spire Manchester Hospital	Spire Healthcare	24-Aug-22	20-Oct-22	Outstanding
Spire Methley Park Hospital	Spire Healthcare	21-Nov-23	22-Jan-24	Good
Spire Montefiore Hospital	Spire Healthcare	23-Jan-17	05-Jun-17	Outstanding
Spire Murrayfield Hospital, Wirral	Spire Healthcare	27-Apr-22	21-Jul-22	Good
Spire Norwich Hospital	Spire Healthcare	06-Apr-22	21-Jun-22	Good
Spire Nottingham Hospital	Spire Healthcare	29-Nov-23	01-Feb-24	Outstanding
Spire Parkway Hospital	Spire Healthcare	17-Sep-19	09-Dec-19	Good
Spire Portsmouth Hospital	Spire Healthcare	13-Apr-16	07-Sep-16	Good
Spire Regency Hospital	Spire Healthcare	23-Nov-21	11-Feb-22	Good
Spire South Bank Hospital	Spire Healthcare	02-Dec-21	10-Feb-22	Good
Spire Southampton Hospital	Spire Healthcare	26-Feb-25	18-Jul-25	Good
Spire St Anthony's Hospital	Spire Healthcare	29-Oct-19	28-Apr-20	Good
Spire Thames Valley Hospital	Spire Healthcare	06-Nov-19	03-Feb-20	Good
Spire Washington Hospital	Spire Healthcare	14-Oct-25	15-Apr-26	Good
Spire Wellesley Hospital	Spire Healthcare	14-Sep-22	06-Mar-23	Good
Spire Bushey Diagnostic Centre	Spire Healthcare	28-Sep-21	02-Dec-21	Good
Orth Team Centre	Didsbury MSK	27-Jun-23	03-Oct-23	Good

Hospital performance data

Spire Hospital	Unplanned return to theatre (within the same patient episode)	Unplanned readmissions with 31 days of discharge	Unplanned transfers to level 2/3 facility	Reportable HCAI*			
	As a % of IPDC discharges	As a % of IPDC discharges	As a % of IPDC discharges	HCAI (overall)	Clostridioides Difficile	Escherichia coli	MRSA BSI
Spire Alexandra Hospital		0.17%	0.02%	0			
Spire Bristol Hospital	0.15%	0.57%	0.07%	2	1		
Spire Bushey Hospital	0.05%	0.09%	0.02%	1	1		
Spire Cambridge Lea Hospital	0.05%	0.48%	0.04%	0			
Spire Cheshire Hospital	0.15%	0.32%	0.01%	0			
Spire Clare Park Hospital	0.09%	0.26%		0			
Spire Claremont Hospital				0			
Spire Dunedin Hospital	0.02%	0.18%	0.02%	5	1	2	
Spire Elland Hospital	0.06%	0.38%		0			
Spire Fylde Coast Hospital		0.17%	0.03%	1		1	
Spire Gatwick Park Hospital	0.10%	0.30%	0.03%	0			
Spire Harpenden Hospital	0.08%	0.19%	0.02%	1	1		
Spire Hartswood Hospital	0.07%	0.16%	0.06%	1	0		
Spire Hull and East Riding Hospital	0.07%	0.37%	0.02%	1	0	1	
Spire Leeds Hospital	0.12%	0.49%	0.02%	4	0	4	
Spire Leicester Hospital	0.07%	0.35%	0.05%	1	0		
Spire Little Aston Hospital	0.07%	0.14%	0.05%	0	0		
Spire Liverpool Hospital	0.02%	0.17%	0.01%	0	0		
Spire London East Hospital	0.16%	0.18%	0.03%	0	0		
Spire Manchester Hospital	0.09%	0.70%	0.03%	1	0	1	
Spire Methley Park Hospital	0.04%	0.56%		0	0		
Spire Montefiore Hospital	0.09%	0.17%	0.09%	0	0		
Spire Murrayfield Hospital, Wirral	0.03%	0.05%	0.02%	0	0		
Spire Norwich Hospital	0.17%	0.47%	0.07%	0	0		
Spire Nottingham Hospital	0.07%	0.21%		1	1		
Spire Parkway Hospital	0.09%	0.27%		1	1		
Spire Portsmouth Hospital	0.06%	0.19%		0	0		
Spire Regency Hospital		0.27%	0.02%	0	0		
Spire South Bank Hospital	0.08%	0.45%		0	0		
Spire Southampton Hospital	0.20%	0.66%	0.13%	6	0	3	
Spire St Anthony's Hospital	0.29%	0.18%	0.07%	1	0		1
Spire Thames Valley Hospital	0.05%	0.07%		0	0		
Spire Washington Hospital	0.16%	0.55%	0.01%	2	0		
Spire Wellesley Hospital	0.06%	0.30%	0.07%	1	1		
Group total	0.09%	0.31%	0.04%	30	7	12	1

Reportable HCAI*			Falls	FFT 'Good' or 'Very Good' experience
MSSA BSI	Pseudomonas BSI	Klebsiella BSI	As a % of IP Bed Days	% of Responses
			0.12%	98.00%
1			0.16%	96.83%
			0.10%	95.92%
			0.25%	97.17%
			0.16%	97.17%
			0.06%	97.75%
				98.42%
2			0.17%	97.00%
			0.19%	98.83%
			0.08%	97.42%
			0.11%	97.33%
			0.11%	97.00%
1			0.13%	99.00%
			0.16%	97.08%
			0.20%	95.92%
	1z	1	0.16%	97.08%
			0.10%	96.75%
			0.15%	97.33%
			0.13%	96.33%
			0.13%	95.75%
			0.25%	95.75%
			0.25%	96.17%
			0.12%	97.92%
			0.23%	97.17%
			0.18%	96.92%
			0.17%	98.33%
			0.11%	98.58%
			0.23%	97.92%
			0.17%	98.08%
2	1		0.15%	94.75%
			0.17%	97.00%
			0.11%	94.58%
1		1	0.18%	97.33%
			0.17%	96.92%
7	1	2	0.16%	97.10%

Clinical indicator data refers to calendar year 2025 and includes both NHS and privately funded patients admitted for care to Spire Healthcare hospitals in England. Data is not adjusted for case mix so direct comparisons between hospitals of different sizes and with differences in case mix complexity may not be appropriate.

FFT = Friends and Family Test. Friends and Family Test ratings are based on the percentage of patients responding very good or good to overall hospital experience (January – December 2025).

The rates for 'Unplanned returns to theatre', 'Unplanned readmissions within 31 days of discharge', and 'Unplanned transfers' are presented as a % of IPDC discharges. The rates for 'falls' are presented as % of (IP) bed days.

* HCAI, Healthcare Associated Infections. Calculated as advised in the Mandatory enhanced HCAI Protocol, UK Health Security Agency

ICB statement

NHS Cheshire and Merseyside Integrated Care Board

Quality account statement 2025–26

Spire Healthcare

NHS Cheshire and Merseyside Integrated Care Board welcomes the opportunity to review the Spire Healthcare Quality Account for 2025–26. It is acknowledged that Spire Healthcare provide care nationally and locally across Cheshire and Merseyside as a key partner with the NHS.

The drive for efficiency and system design to support colleagues to do the right thing comes out strongly within the account. This principle is built on through the implementation of Systems Engineering Initiative for Patient Safety (SEIPS) and the development of new Patient Support Centres allowing efficient understanding of areas for improvement.

NHS Cheshire and Merseyside have worked locally with Spire Healthcare within Cheshire, Liverpool, Warrington, and Wirral footprint throughout 2025–26 and recognise the achievements made with regards to quality throughout the year. In particular, progress against the quality priorities set at the start of the year has seen several benefits; a reduction in length of stay for patients receiving hip and knee replacements bringing both positive recovery outcomes for the patients involved and increasing capacity to meet elective demand, a reduction in avoidable cancellations allowing patients to receive care as planned and a reduction in the number of unexpected overnight conversions.

NHS Cheshire and Merseyside commend the continued drive for the partially-achieved 2025–26 priorities with further ambition continuing into 2026–27. In addition, new areas of focus around environmental and social sustainability and efficient use of theatre kit demonstrate key areas of work for quality.

Outside of the targeted quality priorities, there is further evidence of the commitment to quality through the recognition for work in pathology management and preventative VTE care.

NHS Cheshire and Merseyside acknowledge the continued engagement in clinical audit, participating in all relevant national audits to provide insight into clinical effectiveness and drive improvements.

Finally, it is recognised that the individual effort of staff and teams at Spire Healthcare make a huge impact on patient care both nationally and across Cheshire and Merseyside. This is strongly recognised within the account through the highlighted achievements. The account places strong emphasis on improving quality and safety, demonstrated by all three CQC ratings issued in the year achieving a position of Good.

On behalf of NHS Cheshire and Merseyside, I would like to thank you for your work in 2025–26 and for your continued commitment to improving patient care in 2026–27.

Yours sincerely

Fiona Lemmens

Executive Clinical Director
NHS Cheshire and Merseyside ICB



Contact us

We welcome your feedback

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