

Our strategy continued



Championing sustainability

Become recognised as a leader in sustainability in our industry

We will deliver on our ambition to be a sustainability leader by focusing on our purpose, ‘making a positive difference to people’s lives through outstanding personalised care,’ and seek to create lasting economic and social value through our core business activities and by collaborating with our stakeholders.



OUR AREA OF FOCUS

- Respect the environment
- Engage our people and communities
- Operate responsibly

HIGHLIGHTS AND PRIORITIES

Highlights of 2025

- Championing sustainability: Continued investment and commitment to sustainable business operating practices
- Our sustainability goals: Decision to revise our 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

- 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 strategy continued

Our sustainability goals

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

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.

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

“We have condensed our goals from 17 to nine interim goals to better focus our efforts and maximise impact, while ensuring our ambitions and actions reflect best practice.”

Our interim sustainability goals for 2025

Respect the environment

- 1 Achieve net zero, inclusive of all scopes, by 2045 p35
- 2 Manage our waste more efficiently while minimising detrimental effects to our planet p37
- 3 Identify and acting on water saving opportunities p38

Engage our people and communities

- 4 Contribute to the UK’s healthcare workforce through innovative schemes p39
- 5 Ensure that the ethnic diversity of our executive team and its line reports is in line with the Parker review target p40
- 6 Achieve and maintain balance of at least 40% female representation across the executive team and its line reports p41
- 7 Maintain an overall colleague engagement score of at least 80% p42
- 8 Build strong connections between Spire Healthcare and local communities p43

Operate responsibly

- 9 Develop our approach to controls around modern slavery p44



Minimising waste by reducing single-use items

Reducing our reliance on single-use plastics contributes to our goal of managing our waste more efficiently while minimising detrimental effects to our planet. By implementing alternative solutions and reusable options over 2025, we have reduced waste and lowered costs.

Our catering teams are reducing single-use plastics by sourcing sustainable alternatives. Bottled water is no longer routinely ordered, with patients receiving water in reusable receptacles. By the end of 2025 this resulted in a 100% reduction in bottled water purchasing for patients.

Through our walking aid reuse initiative, we encourage patients to return these aids once they are no longer required. We have successfully implemented this across all sites by the physiotherapy teams, with each aid being reused up to three times before being donated to charity, resulting in an 8% reduction in new purchases in 2025 and a saving of £45,000.

Our strategy continued



Group

Respect the environment

Achieve net zero, inclusive of all scopes, by 2045

KPI

Achieve net zero, inclusive of all scopes by 2045

Target: tCO₂e emissions in line with our carbon emissions reduction plan, 25,916 tCO₂e in 2025 – 5% ahead of rebased interim target set in 2024 annual report (2024: 6.2% behind target)

Initiatives

- Installed PV solar panels where practical across the hospital estate
- Sought validation of updated targets via Science Based Target initiative
- Completed of Building Management System (BMS) projects
- Coordinated energy-saving campaign through our carbon champions network



Timeline change for net zero goal

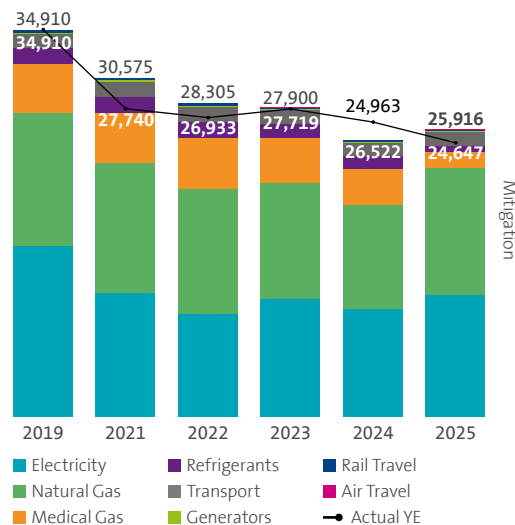
Our initial 2030 emissions target was based on a 2019 baseline and internally recognised as best-in-class when assessed against our peers at the time. The evolving landscape on climate action triggered a review of this target in 2025. The outcome was to update our target date to 2045.

Interim target performance

In 2024, we extended our target reporting boundary to include all our subsidiaries. These changes breached our ‘significance threshold’ and triggered the need to reset our baseline. We then set an interim emissions reduction target while we reviewed our existing emissions targets. The 2025 goal was to continue to reduce targeted emissions year-on-year to 25,916 tCO₂e. Actual emissions for 2025 were 24,647 tCO₂e, and we achieved 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.

Spire Healthcare net zero carbon emissions (tCO₂e) reduction plan

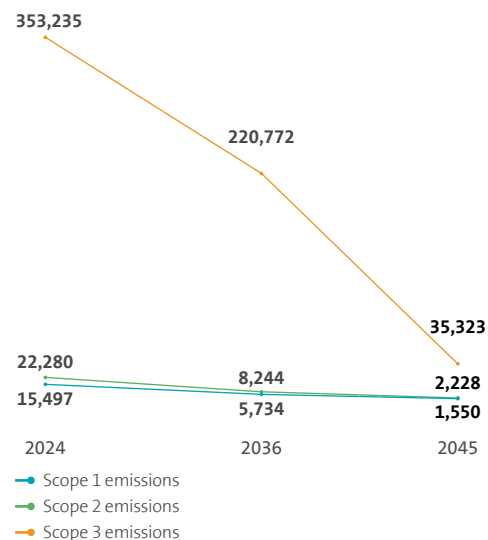


As part of our strategy to reduce emissions in 2025, we continued to install solar photovoltaic (PV) systems across hospitals with most now in place. This directly reduces our grid energy consumption by providing self-generated power, decreasing our reliance on the grid while reducing our carbon emissions. Operational solar PV arrays generated over 3.5 million kWh of energy in 2025 (6% of overall electricity usage), representing an emissions reduction of approximately 664 tCO₂e, and driving our annual carbon reduction targets.

Additionally, the completion of Building Management System (BMS) projects across the 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.

This was combined with an energy-saving campaign coordinated through our carbon champions network. The network is made up of a group of colleagues that support sustainability initiatives across the business. These activities support continuous improvement in our energy performance.

Absolute emissions targets (tCO₂e)



Science Based Targets initiative

During 2025, our executive committee approved the decision to adopt science-based targets and seek validation for our updated targets through the Science Based Targets Initiative (SBTi) framework.

We have adopted targets against the SBTi framework for several reasons:

- An identified requirement to extend the existing carbon reduction strategy to encompass scope 3 emissions to align with best practice and emerging requirements. Our initial focus was on scope 1 and 2 and a small subset of scope 3; however, more than 90% of our total emissions fall under scope 3
- Anticipated costs to achieve our original emissions targets have increased materially in comparison to initial forecasts: the technology costs to degasify our estate are not reducing at the rate anticipated; while costs for renewable sourced electricity are increasing significantly
- Alignment with NHS supplier requirements: The NHS aims to be net zero for both its direct and indirect emissions by 2045. By April 2027, the NHS net zero supplier roadmap requires that all suppliers have a target covering all emissions, including scope 3
- SBTi is internationally recognised as among best practice, with a clear methodology, approach and validation process

New 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.

Our strategy continued

Net zero plan

Our plan for scopes 1 and 2 remains consistent with our approach for the past several years. The adoption of SBTi targets means that we can smooth our capital expenditure associated with de-gasification of our estate over 20 years, while still being aligned to the goals of the Paris agreement¹. This will allow us to capitalise on the advancement of technologies such as heat pumps as they improve over time and their costs decrease. Over 2026 we plan to update our emissions reduction roadmap for scopes 1 and 2, with priority given to removing natural gas from our estate. We will seek to improve the quality of data we collate from suppliers and engage with them to drive down emissions. We intend to adhere to the SBTi framework and adopt any changes as required.

1. The Paris Agreement is a legally binding international treaty aiming to limit global warming through coordinated global climate action.



CDP

CDP is an independent corporate environmental disclosure system. For our 2025 CDP response we achieved an overall score of 'B', an improvement from 'B-' in 2024. We have reviewed our CDP submission to create a gap analysis to identify what we should take to align with the best environmental practices for climate change action and continue to improve in 2026.

Full GHG Inventory and Streamlined Energy and Carbon Reporting (SECR)

This section provides our complete GHG inventory and supporting information required by the Companies Act 2006 (Strategic Report and Directors' Report) Regulations 2013 and the Companies (Directors' Report) and Limited Liability Partnerships (Energy and Carbon Report) Regulations 2018.

Total market-based greenhouse gas (GHG) emissions for Spire Healthcare for the year to 31 December 2025 were 375,122 tCO₂e. We are reporting both market-based and location-based emissions, as required by SBTi and SECR. Our full GHG inventory also includes emissions from scope 3 categories 7, 8, 12 and 13.

Companies must report optional emissions for example, those associated with hotel stays and teleworking separately from scope 3 emissions as they are beyond the GHG protocol minimum boundary. Emissions in 2025 related to hotel stays were 108 tCO₂e and emissions from teleworking were 1,432 tCO₂e.

5%

ahead of 2025 target emissions – 24,647 tCO₂e emitted, target 25,916 tCO₂e (2024: 6.2% behind)
Report on CO₂ emissions by SE First for Spire Healthcare.

| 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: In-direct 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 | 461 | 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 (tCO₂e) | 353,210 | 337,543 | -4% | -15,667 |
| Scope 3 Market-based total (tCO₂e) | 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 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.

Our strategy continued

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 | 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% |



Our strategy continued



Group

Respect the environment

Manage our waste more efficiently while minimising detrimental effects to our planet

KPI

Overall group recycling target – 50% by the end of 2025 – achieved 57.5% (2024: 48.0%)

Hospital/clinic sites only dry mixed recycling target – 35% by end of 2025 – achieved 37.2% (2024: 31.4%)

Offensive waste target – 45% by the end of 2025 – achieved 44.0% (2024: 42.9%)

Initiatives

- Increased site recycling
- Expanded recycling programme for single-use metal instruments
- Strengthened waste management training

2

Progress in 2025

Reducing general waste and increasing recyclable waste is a key performance indicator (KPI) and we continue to promote environmental sustainability in our waste management practices.

In 2025, Spire Healthcare generated a total of 2,958 tonnes of domestic waste while continuing to prioritise waste segregation in line with national legislation. Domestic waste includes all our non-clinical waste streams and recycling. Although this represents a 3.5% increase compared to 2024, the proportion of domestic waste recycled rose by 8.8% to 57.5%. This improvement also correlates to a reduction of 187 tonnes of general waste, demonstrating continued performance against the waste hierarchy, by minimising waste produced at source.

With the rollout of Simpler Recycling regulations, all hospital and clinic sites are now successfully segregating dry mixed recycling (with Welsh sites further segregating), food, waste, glass and general waste. Notably, food waste accounted for 11% of all domestic waste collected across our sites in 2025. This was an increase from 9.55% in 2024, demonstrating our ongoing efforts to reduce unnecessary food waste. General waste is non-hazardous non-recyclable waste. Of the 290 tonnes of general waste 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.

Recycling rates and initiatives

In 2025, hospitals and clinics collectively increased their site recycling by 5.77% to 37.17%, with 39 sites consistently achieving over 30% recycling compared to 23% in 2024. Reuse and recycling is at the forefront of our daily operations, with colleagues discussing regularly within huddles, team meetings and face-to-face and online training.

In addition to dry mixed recycling collected directly from sites, our hospitals and clinics continue to improve waste management by segregating cardboard, tray wraps/curtains and clear soft plastic, which are then baled at our National Distribution Centre (NDC) for recycling. This initiative not only reduces local waste collection volumes and associated costs but also avoids additional transport emissions.

This year, our NDC colleagues received and baled 480.76 tonnes of recycling, following 490 tonnes processed in 2024, significantly contributing to Spire’s current overall recycling percentage of 56.8%. This includes:

- 425.3 tonnes of cardboard
- 10.2 tonnes of soft plastic
- 45.3 tonnes of non-contaminated tray wraps/curtains

Reducing clinical waste and increasing the proportion of offensive waste remains a key performance indicator for us in promoting environmental sustainability within waste management practices. This strategy reduces the reliance on high-temperature incineration and aligns with the principles of the waste hierarchy, promoting recovery and energy generation over landfill disposal, while maintaining compliance with national standards.

We continue to expand our recycling programme for single-use metal instruments across hospitals and clinics. Supported by our clinical waste contractor, these instruments, which would otherwise be incinerated, are collected, disinfected in an autoclave, and transferred to a metals recycling facility for reuse and further processing.

In 2025, we recycled 4,514 kg of single-use metals, an 18% increase compared to 2024.

This initiative supports our commitment to sustainable healthcare operations, reducing incineration-related emissions and contributing to the circular economy through responsible material recovery.

Over the past two years, we have focused on reducing the volume of couch roll, a paper-based covering used in clinical areas. Since then, sites have collectively reduced usage by 48%, saving £41,000 in purchasing costs and over 4,800 kg of material, equivalent to approximately 46 trees. This reduction is also estimated to have prevented 11,700 kg of combined clinical, offensive and domestic waste from being produced, not only supporting our sustainability goals but also reinforcing our ongoing commitment to infection prevention and control.

56.8%

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

This includes recycled waste returned to our National Distribution Centre.

37.2%

dry mixed waste recycled, up from 31.4% in 2024

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




Our strategy continued

Offensive waste

Following the successful achievement of our 2024 target of 40% offensive waste produced, the hospitals business' target rose to 45% for 2025. We saw an overall increase of clinical and offensive waste of only 0.2%. While this was an additional 1% increase against this more ambitious target, notably 37 sites are consistently maintaining sustainable levels of offensive waste compared to 2024, collectively saving £103,000 in waste cost.

Offensive waste is increasingly accepted for treatment at energy recovery facilities (ERF) due to its non-hazardous properties. This supports movement up the waste hierarchy and away from high temperature incineration and landfill disposal, contributing to energy generation. While the exact proportion of offensive waste reaching ERF versus landfill is not yet quantified by our clinical waste contractor, implementation of this tracking is planned for 2026, and we have assurance that the majority is processed at ERF facilities.

To support the drive to correctly segregate and classify offensive waste throughout the hospitals business, we have focused on training for all clinical colleagues to understand the importance of identifying clinical waste not classified as infectious and/or chemically or medicinally contaminated. As a result, three additional hospital theatre departments have introduced offensive waste as an additional waste stream alongside clinical, general, recycling and sharps waste. Infectious waste remains low due to detailed preoperative assessments for elective surgery.

 For more information, see our TCFD section on page 67 and Investing in our workforce on page 29

In 2025, waste management training (domestic and clinical) was further strengthened across the hospitals business. All colleagues now receive a face-to-face induction alongside mandatory online training. Several sites have gone a step further by introducing dedicated training sessions for departmental waste champions and colleagues. These sessions not only deepen colleagues' understanding of correct waste segregation and disposal practices but also create valuable opportunities to share ideas and drive continuous improvement.

Charity donations

Hospitals have continued to work collectively to segregate items for donation to charity. In 2025, a total of 125 pallets were donated, including medical aids, trolleys, and consumables, to help support healthcare systems in countries in need. This donation marks an 8% increase compared to 2024 and highlights our ongoing commitment to supporting global healthcare, reducing waste, and promoting circular economy principles.



Hospitals

Respect the environment

Identifying and acting on water saving opportunities

KPI

Target: Water consumption target to be determined

Initiatives

- Deployment of Automatic Meter Reading (AMR) devices
- Consideration of water conservation initiatives

Progress in 2025

Water conservation

Water conservation has been a strategic focus in 2025, and we are deploying Automatic Meter Reading (AMR) devices across hospitals to facilitate comprehensive data collection, inform detailed usage profiles and develop targeted water conservation initiatives in areas with elevated consumption levels. Measurement of our water consumption will enable us to identify inefficiencies, make data-driven decisions to reduce waste, set targets and monitor our performance. We expect planned savings to materialise in 2026.



3

Our strategy continued



Group

Engage our people and communities

Contributing to the UK's healthcare workforce through innovative schemes

Initiatives

- New learning management system
- Apprenticeship programmes
- Driving clinical excellence in practice programme
- New corporate induction
- People management training
- Mental health first aider training

4

Progress in 2025

Investing in our talented people is a major focus for us, as we seek to train and upskill colleagues, preparing them for a fulfilling and rewarding career at Spire Healthcare or elsewhere in the wider health and care sector.

Professional development

Supporting the development of our colleagues is crucial to maintain our high standards of quality and care. Our five-year nursing and allied health professional (AHP) strategy focuses on delivering excellent, safe practice and care and has three strands: developing our workforce, driving clinical excellence through practice and enhancing professional pride.

Our new driving clinical excellence in practice programme, which supports the continuing professional development of registered nurses and allied health professionals continued in 2025 with 137 colleagues starting. The programme considers clinical skills and competencies, and other key topics within healthcare.

Professional development is an important part of our offer to attract and retain the best people to work in our hospitals and clinics. We seek to refresh colleagues' competencies and skills regularly. The new learning management system will enable us to develop our digital learning capability and, in the future, will enable us to include clinical competencies. We now have enhanced compliance reporting and mandatory training is appropriately delivered, and allows colleagues to drive their own development.

In early 2026, we completed our first learning needs analysis in the hospitals business. Using the same platform as our colleague survey, we have a new level of insight into how we can tailor our professional development programmes to the needs of our colleagues.


We offer a range of opportunities to help colleagues learn and grow at work. In 2025, we designed a new corporate induction, tailored to the needs of our hospitals business teams across PSCs, hospitals and central functions. Building on the success of our new managers programme, we piloted and then launched the advanced managers programme for more experienced people leaders. This programme helped enable managers to better lead change, flex their leadership styles and conduct good performance conversations. 250 colleagues attended these programmes in 2025. Supporting managers supports good culture development and colleague wellbeing.

We delivered 10 building personal resilience workshops to 97 colleagues across the country, along with mental health first aider training for both new and existing mental health first aiders. This helps them to learn or maintain the skills required to signpost support to colleagues on the job.

Our apprenticeship programmes

In 2025, 112 (2024: 117) apprentices graduated from our apprenticeship programmes. We continue to sustain a healthy pipeline of new apprentices enrolling in our programmes, and closely monitor performance against retention and career progression data.

Our largest apprenticeship programme is the Registered Nurse Degree, and our apprentices continued their studies in 2025 with the University of Sunderland and in placements in a range of nursing settings. Nurse graduates deliver critically needed nursing skills directly into the UK's healthcare sector. We currently have over 350 apprentices across the group in a wide range of clinical areas such as laboratory medicine, physiotherapy, pharmacy, theatres, as well as non-clinical disciplines such as engineering, governance and hospitality, and in primary care, representing around 2.6% of our permanent workforce.

 For more information, see Investing in our workforce on page 29



137

colleagues have started Driving Clinical Excellence in Practice training programme in 2025 (2024: 350)

Our strategy continued



Group

Engage our people and communities

Ensuring that the ethnic diversity of our executive team and its line reports is in line with the Parker review target

KPI

Target: 18% ethnic minority representation in executive committee and their direct reports by December 2027 – 11.8% (2024: 9.2%)

Initiatives

- 11.8% ethnic minority representation in executive committee and their direct reports
- Continued development of EDI strategy
- Inclusion and wellbeing role planned for 2026
- Race equality network

5

Progress in 2025

Diversity remains vital to our success. We aspire to create an environment where everyone is respected and where difference is celebrated.

We have reviewed this goal in line with the requirements of the Parker Review: ‘Improving the Ethnic Diversity of Business’, published in 2023, to assess how best to support diversity in the business. At the end of 2024, we agreed a target of 18% ethnic minority representation within executive committee and their direct reports.

Our executive committee demographic was 20% ethnically diverse in 2025 (2024: 22%) and the board is 9% ethnically diverse, down from 10% in 2024. For executive committee and their direct reports, the proportion was 11.8% ethnically diverse (2024: 9.2%).

In 2025, we continued to develop and inform our updated equity, diversity and inclusion (EDI) strategy, which we plan to launch in 2026. This timing is later than envisaged but considers the significant organisational change that Spire has undergone over 2025. In 2026, we will introduce our first group-level inclusion and wellbeing role, leading strategy and action plans and identifying and sharing best practice across the group.

We were pleased to be listed in the Financial Times Diversity Leaders index for another year; an index of companies considered to be Europe’s diversity leaders, based on a survey of 100,000 employees across Europe.

Colleague networks

We have networks supported by a member of the executive committee to give focus and impetus. All networks contribute to policy and inclusion.

Our race equality network is a supportive and confidential colleague network that provides individuals from diverse backgrounds with a safe and open platform to share their personal experiences. The network has been active with regular meetings and communications.

Our menopause network developed a Viva Engage private network page in 2025 to allow collaboration and discussion. We now offer additional menopause health benefits for permanent employees.

The LGBTQ+ network is colleague-led and offers support, training and celebration, and contributes to group policy formation. In March, the network was awarded ‘highly commended’ by the Metro Pride Awards in the LGBTQ+ best colleague network category, for strengthening organisational culture, and celebrated Pride month in June.

Primary care services has women’s, LGBTQIA+ and race equality networks, presenting safe spaces for those communities. In 2025 a neuroinclusion network was introduced, responding to neurodiverse colleagues who rated opportunities and satisfaction lower than others. Each network is involved in influencing policies and raising awareness.

Understanding our workforce better

Colleagues are encouraged to share their ethnicity during the annual colleague survey to help us better understand the different experiences of colleagues. The survey results are reported and shared, including the responses to questions on reporting instances of harassment, bullying, or abuse at work from patients, managers and colleagues. The survey also asks whether colleagues believe that we provide equal career progression and promotion opportunities, regardless of factors such as ethnic background, gender, religion, sexual orientation, disability or age.

Of those colleagues in Spire Healthcare Limited who disclose their ethnicity, 22.7% report having a non-white background, up from 20.4% in 2024.

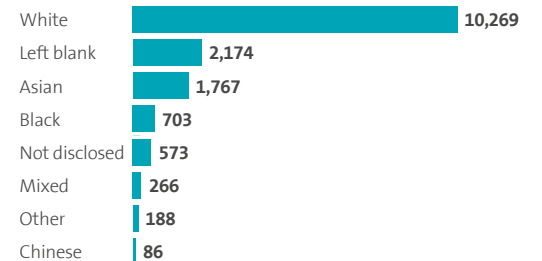
Primary care services has positive action schemes in place to reduce barriers to employment faced by people with disabilities, women, veterans and those from ethnic minority backgrounds. The schemes guarantee interviews for those applicants who meet the role criteria. Colleagues have also been offered a wide variety of training including, anti-racism, disability awareness and LGBTQIA+ awareness.



22.7%

of those hospitals business colleagues who disclose their ethnicity, report being from an ethnic minority background (2024: 20.4%)

Headcount by ethnicity Spire Healthcare Limited



Our strategy continued



Group

Engage our people and communities

Achieving and maintaining balance of at least 40% female representation across the executive team and its line reports

KPI

40% female representation across the executive team and its line reports – 49% (2024: 55%)

Initiatives

- Created a structured senior network to bring senior women together at Spire
- Increased the number of women from minority groups progressing into leadership

6

Progress in 2025

We are committed to diversity and inclusion, which includes supporting women to become leaders within the business, and we aim to create an environment that supports development and progression of our female talent into senior leadership roles.


Our executive committee demographic was 40% female in 2025 (2024: 33%). The combined board and executive committee demographic in 2025 is 47% female, down slightly from 2024. In 2025, we have five women on the board, equal to 45% of the membership, down from 50% in 2024. The board considers its members' diversity regularly – read more on this in the corporate governance report, beginning on page 81.

Spire Healthcare is 6th in the FTSE 250, and 2nd in healthcare, for women in senior leadership positions, as recognised by the FTSE Women Leaders Review (WLR) report for 2025/26, which covers the largest UK companies.

Our executive committee combined with our senior managers – their direct reports – was 49% female at 31 October 2025 (2024: 55%), as reported to the review. We are one of the FTSE 350 companies that has already met, or exceeded the WLR target for women in leadership, and did so two years ahead of the target date of 2025.

Of our permanent employees in the hospitals business at the end of 2025, 8,691 were women and 2,467 were men.

In 2026 and beyond, we plan to create a structured senior network to bring senior women together at Spire and look to increase the number of women from minority ethnic groups progressing into leadership.

 For more information, see [Investing in our workforce on page 29](#) and [KPIs section on page 52](#)



Our strategy continued



Group

Engage our people and communities

Maintaining an overall colleague engagement score of at least 75%

KPI

Target: Engagement score of 75% – 63% in 2025 (new measure for 2025)

Proud to work for Spire Healthcare – 64% in 2025 (2024: 76%)

Initiatives

- Introduced new methodology to drive improvements in engagement
- Developed our leadership engagement and communication to drive greater visibility and connection
- Introduced a new group-wide colleague engagement survey tool and questionnaire

7

Progress in 2025

We want our colleagues to have a great work experience; if they feel engaged, they can perform at their best. Regular communication is an important part of our engagement activities and we use a variety of communication channels to provide regular updates on all aspects of our hospitals business.

We encourage regular feedback from colleagues, with annual surveys to gain in-depth feedback across the group. We held our group-wide colleague surveys in November, with all colleagues in the group completing the same survey for the first time.

Results for the group showed an overall response rate of 73% (83% in 2024 for the hospitals business, also 73% for the hospitals business alone in 2025), with 64% of all colleagues saying they are proud to work for the business (2024: 76%) and 76% of group respondents would recommend the company's services to others (new for 2025). When asked about patient safety, 77% of respondents said it is a priority for the company (new for 2025).

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.

New methodology for the engagement element of the colleague survey provides a more detailed measure of drivers of colleague engagement. Our overall engagement score using these new combined measures is 63% in 2025. A competitive result against industry standards during a period of significant change. We will continue to use the new engagement measure to track future progress and have changed this goal from at least 80% to at least 75% to reflect the improved measurement of engagement in the new survey.

AI-enabled analysis helps leaders to understand the data better. This supports action planning within the survey tool for managers to create tailored plans and address core engagement areas or concerns raised within the findings.



Line managers conduct regular one:one meetings and full and half-year reviews. Our executive committee and non-executive directors dedicate quality time to people issues across the group, and continued to engage with colleagues over 2025 through the workforce committee and colleague listening sessions at sites across the country.

We aim to make it easy for frontline hospital colleagues without regular access to email to get involved in our communication and engagement activities. In 2024, we introduced Microsoft Viva Engage in the hospitals business, a key communication and collaboration tool. In 2025, the platform was rolled out across the hospitals business. It is integrated as part of the Microsoft 365 suite of applications and will make it easier for colleagues to interact across different communities, local teams, role types and personal interests.

The tool is available for colleagues to access on their own personal devices to stay connected easily. It is an excellent platform to recognise teams and individuals. In 2025 we shared key information in a variety of formats including photos and animations, as well as videos from our chief executive officer and the executive committee.



For more information, see [Investing in our workforce on page 29](#) and [KPIs section on page 52](#)

Our strategy continued



Group

Engage our people and communities

Building strong connections between Spire Healthcare and local communities

Initiatives

- Strong community relationships with local charities
- Informal community efforts, including supporting local foodbanks
- Outreach to bring NHS services to local communities



Progress in 2025

Contributing to our communities

We believe in the power of giving back to our local communities and making a positive impact on society. Our charity committee to coordinates, considers and agrees the group's charitable initiatives. It is chaired by a member of the executive committee with participants from across the group.

During 2025, hospitals took part in local fundraising for many different worthy causes. Colleagues sought to live out the objectives of being kind, making a positive difference to worthy causes and having some fun along the way. Many hospitals strengthened their relationships with local charities and organisations in their communities throughout the year. These charities, which are chosen by our colleagues, closely reflect the communities they serve, and the support goes beyond fundraising. The relationships are often long-standing and we offer them valuable resource, locations for meetings and events, workplace experience, and publicity where possible. Some examples of hospitals' efforts are outlined below.

Colleagues at Spire Gatwick Park raised over £2,200 for Chestnut Tree House Hospice after a year of fundraising, which included a 'pop up shop' of pre-loved clothing, a raffle and cake sales. Colleagues and consultants came together to support the initiative, and proceeds went directly towards supporting children and young people with life-limiting conditions, as well as providing vital care for their families.

Spire Alexandra supported the Give a Gift campaign, raising funds and providing gifts for children in hospitals, care facilities, and families facing hardship in the local community. Colleagues, consultants and patients donated over 100 gifts. The hospital also held a raffle and a staff quiz night to raise funds for Wisdom Hospice which supports people with a terminal diagnosis or whose illness has become life-limiting.

The team at Spire London East supported Kids Inspire, which assists children and young people recovering from traumatic experiences or dealing with mental health difficulties in Essex. Colleagues donated gifts for children aged 0 to 18.

Spire Leeds raised almost £2,000 to support Martin House Children's Hospice through a raffle and donations. The charity provides family-led hospice care, free of charge for children and young people with life-shortening conditions.

The team at Spire South Bank collected and donated over 73 kg of food to Malvern Hills Foodbank. The foodbank provides emergency food, practical and emotional support to people without enough money to live on.

Within primary care services, colleagues can take one volunteer day per year; in 2025 over 100 days of volunteering were completed, a 20% increase on 2024 where 80 days were completed.

To support improving access, outcomes, and the experience of patients at risk of health inequalities, primary care services partnership liaison officers work closely with voluntary and community organisations. This enables effective promotion of services and facilitates opportunities for co-production. In 2025 a project was completed to establish a Patient Carer Race Equality Framework, in line with an NHS mandate. This is an anti-discrimination and accountability framework launched to reduce racial inequalities in mental health services.

Primary care services also continues to quantify and report on its annual social impact on people, communities, and the planet, in a format aligned to the National TOMs (Themes, Outcomes, Measures) Framework, externally validated by the Social Value Portal®. The TOMs framework translates activity and impact into a monetary value, which represents the value generated for the local economy. Through a range of activities, over £41 million worth of social value was delivered in 2025.



Our strategy continued



Group

Operate responsibly

Developing our approach to controls around modern slavery

Initiatives

- Maintained our modern slavery due diligence process
- Continued supplier and product rationalisation initiatives

9

Progress in 2025

We are committed to acting ethically and with integrity in all our relationships, in line with our value of ‘Doing the right thing’. 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.

Our two main areas of focus are:

- to safeguard patients, colleagues and others who come through our facilities
- our supply chain

In our business operations, we believe practitioners and colleagues are well-placed to identify and deal with modern slavery concerns through the safeguarding training and protections we have in place. The safeguarding system trains those practitioners and other colleagues (clinical and non-clinical) to recognise and report signs of abuse. We believe the rigour of this system mitigates the risk of modern slavery from either going undetected or being dealt with inadequately. This risk is further controlled by the support, training and infrastructure in place for all colleagues to be able to raise concerns through our network of Freedom to Speak Up Guardians, or other available channels.

In 2025, we:

- Maintained our modern slavery due diligence process for new suppliers with an annual spend in excess of £1 million. There were no issues identified through this process
- Continued to apply our procurement policy, which ensures that our hospitals and clinics are equipped with guidance and a risk assessment tool for evaluating modern slavery risks in local contracts
- Continued supplier and product rationalisation initiatives, focusing our attention on increasing the proportion of spend with long-standing reputable suppliers, with whom we have carried out due diligence
- Retained our internal processes for managing suppliers. We will keep the potential procurement of a third-party supplier risk management solution under review



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.

Spire Healthcare’s Modern Slavery Act statement
investors.spirehealthcare.com/investors/modern-slavery-act-statement

Vita Health Group’s Modern Slavery and human trafficking statement
vitahealthgroup.co.uk/slavery-and-human-trafficking-statement