

Our strategy continued



Building on quality

Maintain strong quality and safety credentials for patients and as a competitive advantage

We focus on maintaining high-quality and patient safety across the organisation, underpinned by an open, learning and quality improvement culture.



OUR GOALS

- 100% of our inspected locations achieve 'Good' or 'Outstanding' ratings from regulators in England, Scotland and Wales
- Sector-leading patient satisfaction
- Above-average patient recorded outcomes

HIGHLIGHTS AND PRIORITIES

Highlights for 2025

- Clinical quality: Launched new quality strategy for the hospitals business
- Patient experience: Showcased outstanding care allowing shared learning and improvement
- Patient safety: introduced SEIPS (Systems Engineering Initiative for Patient Safety), a framework to learn from issues across a system and how elements connect
- Clinical excellence: New development programme for directors of clinical services in hospitals plus ongoing awards to colleagues for excellence

Priorities for 2026

- 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
- Showcasing outstanding care, encouraging shared learning and improvement
- Launching our electronic hospital patient observations, clinical tools

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 now measure how we are meeting 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.

Our strategy continued

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 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 started to share 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.

In 2025, 96% of NHS talking therapies patients were satisfied with treatment (2024: 94%), and 79% of musculoskeletal patients were satisfied with a return to work rate of 96% (2024: 81% and 95%).

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. We monitor the transfer out of patients to another facility as a quality KPI and review each transfer out to learn and spot any trends. 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. 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.

PSIRF recommends learning from incidents, with considered responses and supportive oversight, focused on strengthening response systems and improvement. Now 18 months after implementation, PSIRF systems and processes 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.

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.

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. See our case study on page 28 for more details.

2025 has seen us continue to plan the delivery and implementation of a significant clinical transformation project, clinical tools. The project will deliver electronic recording of patient's physiological observations in all hospitals and, in the first 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 begins 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.

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.

Our strategy continued

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 across both hospitals and primary care. 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. This has saved just over £1 million. 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.

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.

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colleagues started the driving clinical excellence in practice programme (2024: 350)

Our strategy continued

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).

We recognise the dedication and care of clinical colleagues across Spire Healthcare hospitals. The Diseases Attacking the Immune System (DAISY) Awards recognise extraordinary nurses registered with the Nursing and Midwifery Council and rewards them for their nursing achievements. The Inclusive Recognition of Inspirational Staff (IRIS) Awards recognise other clinical colleagues for providing excellent care to our patients. In 2025, we awarded 7 DAISY awards and 17 IRIS awards.

We are proud to stand alongside the Florence Nightingale Foundation in developing the next generation of healthcare leaders and have supported seven of our nurses to apply for the Florence Nightingale Scholarship. Starting in April 2026, the scholarship is an 18-month national leadership programme that provides high-quality leadership development, individual coaching and mentoring, and access to an extensive national network of senior nursing and midwifery leaders.

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.

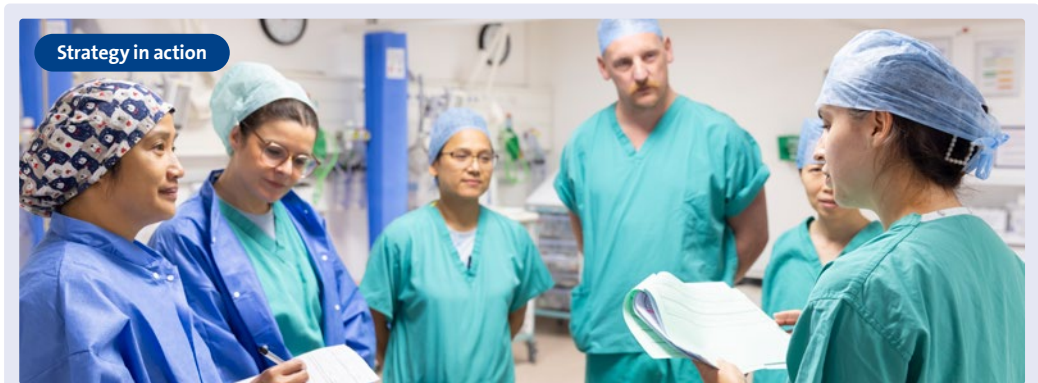
We use colleague responses and feedback alongside listening sessions to shape our speak up culture. In our 2025 survey, 61% of colleagues say they would feel comfortable raising concerns (2024: 71%).

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.

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awards given: 7 DAISY and 17 IRIS awards (2024: 31)



Improving VTE outcomes

Over the past two years we have focused on reducing the rate of VTE (venous thromboembolism) incidents for all patients having surgery in Spire hospitals, with a target of reducing the avoidable rate of VTE by 50%, as well as aiming to improve recognition of and care for those who develop a clot.

VTE is a serious condition involving blood clots forming in deep veins, usually the legs, which can travel to the lungs causing a life-threatening pulmonary embolism. Elective orthopaedic surgery can have higher rates of VTE after surgery, a complication that can be life threatening and is always traumatic.

Our award-winning work has reduced VTE incidents at Spire by 26%, and we have beaten our target by reducing avoidable VTE by 64% over the past two years. We have prevented more patients from developing a complication with potential far-reaching consequences – even the smallest VTE leads to at least three-months drug therapy.

Starting in summer 2023, we reviewed the VTE process throughout our UK hospitals and visited 11 Spire hospitals to observe best practice and identify issues. Our team interviewed colleagues

and sought important patient feedback on VTE treatment experience and prevention information. From this, we identified areas of concern and options for redesigning the VTE pathway including changes to VTE processes and policies, new mobilisation after-surgery and treatment targets, improved VTE training for staff, and a new VTE audit package. We have also improved our recognition of VTE, increasing the number of patients treated within NICE timelines by 82%.

We continue to protect our patients from harm and share our learning widely to protect other patients in every setting in the UK, including the NHS.

Our efforts have been recognised externally – we are a finalist for VTE reduction by the HSI Independent Providers Awards 2026, were Highly Commended by Thrombosis UK for VTE management, and the National VTE Exemplar Network awarded Spire Healthcare Group Exemplar status – a 'kite mark' of high-quality VTE preventative care. Exemplar Centres demonstrate high standards in VTE care through dedicated leads, multi-professional committees, robust audit programmes, and quality improvement processes, serving as models for others in the field.