



Spire Healthcare Quality Account 2024-25

Looking after you.

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Who we are

One of Britain’s largest independent healthcare companies, 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

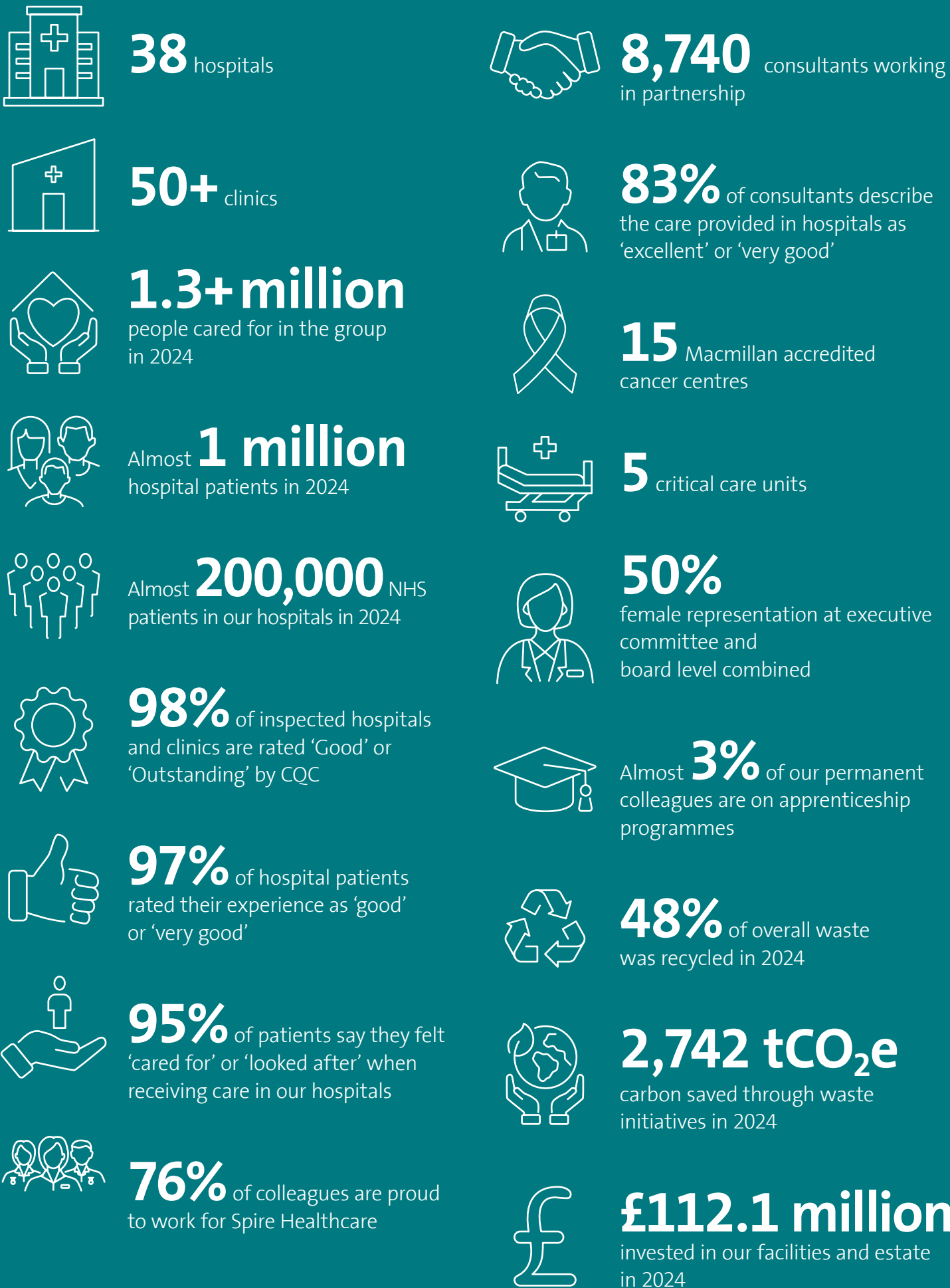
Our offer: from prevention to complex care

- A nationwide network of private GPs with rapid access clinics in London
- Occupational health and employee assistance programmes
- Diagnostics
- Treatment and surgery: from orthopaedics to cancer and complex care
- Physiotherapy, recovery and rehabilitation
- NHS talking therapies and corporate and private mental health

Where we operate



Spire Healthcare in numbers



Justin Ash
Chief Executive Officer



Chief executive officer’s strategic review

Spire has continued to invest in its quality and patient safety, and I am pleased to report a year of good progress as we transform our business.

Helping to create healthier workplaces and a healthier Britain

Our strategy aims to help meet Britain’s healthcare needs by running great hospitals and developing our primary care services business:

- 1. Driving hospital performance: continue to grow our existing hospital estate
- 2. Building on quality: maintain strong quality and safety credentials for patients
- 3. Investing in our workforce: recruit, retain and develop great people
- 4. Championing sustainability: become recognised as a leader in sustainability in our industry
- 5. Expanding our proposition: selectively invest to attract patients and meet more of their healthcare needs

While hospital treatment will remain at the core of our activity, we are determined to be effective and relevant across the UK population’s healthcare needs. That means helping to prevent ill health, through occupational health and primary care, supporting people if they need healthcare in the community and or a stay in hospital, right through to assisting people to recuperate, and returning to work and a normal healthy life.

Our performance

Our strategy is yielding results as Spire evolves into an integrated healthcare provider, meeting growing healthcare demand in the UK. We keep our patients at the centre of care and now care for people at scale – more than 1.3 million people in 2024.

Not only that, we continued to deliver on my four key themes in 2024 and we have added a fifth for 2025, in light of the every-changing environment:

- 1. **Listen up:** embracing the gift of feedback so we are open, honest and safe
- 2. **Inspire kindness:** having an open and honest culture
- 3. **Being a change champion:** driving business transformation and responding well
- 4. **Making it count:** delivering well as we continue to change and transform
- 5. **Respond fast:** reflecting, learning and acting at pace

A changing environment

We are delivering our strategy while responding to a changing market; we broadened our range of services to meet more healthcare needs in our hospitals, our clinics, in the community and at home, welcomed more NHS patients and invested significantly in the hospitals business. We have improved quality and safety through various initiatives.

We have a strategic partnership with the NHS and are responding to changing taxation and minimum wage changes by accelerating our efficiency programme. We are disciplined in managing our costs and capacity.

Laying the ground for future delivery

We want to provide excellent primary and secondary healthcare services – continually improving the experiences of our patients, consultants and colleagues, through ongoing investment in quality and patient safety.

We recognise that we need to simplify our processes and, of course, improve our impact on the environment. This will help us to better respond to patient expectations of a faster, more

digital experience; deliver a better experience for our patients, colleagues, partners and consultants; and benefit from advanced data capabilities, leading to better decision-making.

In 2024, the focus of our transformation programme in the hospitals business has been laying the foundations for digitalisation and operational change, securing efficiencies and preparing to initiate significant investment projects from 2025 onwards, working towards more visible transformation and modernisation. We are prioritising operational control, increasing capacity and maximising utilisation across our hospitals.

On my regular visits around the country, I heard that colleagues want our systems and processes to improve and they understand the need for change, but change is always challenging. I am extremely pleased at the delivery of phase one of our transformation programme and thank all leaders and colleagues involved; we are continuing to offer significant support to all colleagues.

Investing for the future and maintaining our estate

In 2024 we invested £112.1 million in improving our facilities and estate, including refurbishing five sites in Huddersfield, Cardiff, Sheffield, Edinburgh and Southampton. Our cost savings programme is delivering efficiencies and customer service improvements; we secured over £20 million in cost savings in 2024. A significant investment has been £10.2 million on installing over 12,000 solar photovoltaic panels and building management systems across our hospital estate. This investment contributes to our sustainability goals and will reduce our demand for electricity and its cost. We continually seek ways to reduce the impact our business has on the environment and work towards our 2030 net zero target for Scope 1 and 2, and elements of Scope 3 GHG emissions. We are also focusing our efforts on waste and recycling. We have paused our purchase of renewable energy guarantees of origin (REGOs), credits which help

to reduce our carbon footprint, in 2024 owing to a significant increase in cost. We would welcome further government investment in this area to enable us to achieve our net zero target.

Empowering our colleagues

To deliver our purpose, we depend upon 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 are also focused on getting the fundamentals right on pay, benefits and reward for our colleagues. In 2024, we implemented a new job and reward framework in our hospitals providing clarity around reward and career progression opportunities. It will help us remain competitive, recruiting at the right salary levels and paying colleagues at the right level. I am grateful to all our hospital directors and colleagues who have worked tirelessly to get this right during a year of change.

Our 2024 annual colleague survey in November for colleagues across the hospitals, GP and occupational health business showed that 76% of colleagues are proud to work for Spire (2023: 81%) with 83% of colleagues taking part (2023: 86%). It is pleasing to broadly sustain high levels of engagement and response through a year of fast transformation. We continue to attract talented people and the lowest number of vacancies for some time. We have also continued to manage our use of agency staffing.

During 2024, our equity, diversity and inclusion (EDI) strategy was reviewed with a view to defining organisational-level targets to help us improve diversity and belonging within the business. I look forward to implementation during 2025. I am pleased that Spire is again listed in the FT Statista Diversity Leaders index as the leading

UK healthcare company and as an FT UK Best Employer. The FTSE Woman Leaders Review and Women in Work have also recognised Spire for the involvement of senior women in our business for 2024-25.

Clinical governance, quality and safety

Relentless focus on quality and safety is integrated into every aspect of our business. We collaborate and share vital information across hospitals to improve safety and encourage continuous improvement, ensuring the right conversations are happening and lessons are learned.

In 2024, 98% of our inspected hospitals and clinics are rated ‘good’ or ‘outstanding’ or the equivalent by regulators in England, Scotland and Wales. Delivering safe care in well run, high-quality hospitals and clinics is a fundamental underpin to our ability to deliver performance. Getting care right, as evidenced by patient, colleague and consultant feedback, meets our purpose and values, and results in good commercial outcomes. For these reasons, quality is an integral part of every decision we make.

All our business decisions, at central and local level, have clinical input and quality at their heart. The level of care we can provide in each hospital is clearly defined: by specialty, complexity of procedures and complexity of patients. We maintain robust standards of clinical and corporate governance in line with best practice, while promoting an open and learning culture for all colleagues and using data to support hospitals on quality, and rigorous ward-to-board assurance.

We are continually improving our patient experience in our hospitals. Our 2024 patient survey showed 97% of patients rated their experience as ‘very good’ or ‘good’, while 95% of patients said they felt ‘cared for’ or ‘looked after’ in our hospitals. Both of these are an improvement of one point on 2023.

We implemented a new patient experience framework in 2024, which provides a toolkit for each hospital to listen to patients, and the full implementation of PSIRF for all patients has resulted in a step change in our culture and approach to patient safety and response across our hospitals, significantly improving the quality of conversations between colleagues and consultants around learning and improving. We have also developed our driving clinical excellence in practice programme, launched in 2023, to support our registered nurses’ and allied health professionals’ continuing professional development.

I was thrilled that Spire was a finalist in the HSI Patient Safety Awards in 2024 for ‘Developing a Positive Safety Culture’ and that we developed and led two sessions at the HSI Patient Safety Congress, showing how we are leading the way on safety through integrating PSIRF, Quality Improvement and Freedom to Speak Up to deliver quality and safety within the right culture.

Expanding our proposition

Our primary care services are also tackling the causes of ill health and low productivity, working in partnership with the NHS and businesses to care for more people, while offering synergies to our hospital business.

In 2024, VHG won new NHS contracts in Derbyshire, and Kent and Medway, the latter being the largest talking therapies service run by a single independent provider and the former starting in 2025. Our contracts in Bromley, Oldham, and Basildon and Brentwood were renewed for an extended period. As part of a wider primary care strategy, we plan to push our services into new geographies, prioritising areas where we already have a hospital or clinic presence, linked to a patient support centre, increasing the ability to serve local communities better. It was pleasing to win new contracts for occupational health, including with a prominent UK retailer.

VHG’s own Quality Account is available on their website.

In 2024, we opened three new day case clinics to meet growing healthcare needs in our communities and to complement our 38 hospitals, as part of a previously-announced network of clinics. The first was in Abergele, North Wales, early in 2024, and clinics in Harrogate and Norwich opened in December creating links with new consultants and joint working with Spire Leeds, Spire Methley Park, Spire Norwich, and Spire Yale, including the new diagnostic centre we opened there in 2023. In late 2024, we launched a dedicated hip and knee network with Aviva as a preferred supplier across England, Scotland and Wales.

Partnering with the NHS

Waiting lists have remained sizeable, with 7.4 million treatment pathways reported in March 2025. The government seeks to reduce waiting times and modernise the service and is developing a 10-year plan to improve care, which is expected in 2025. In the early days of 2025, we agreed to support a new agreement between the NHS and the independent sector to work more closely together on relationships, systems and training and to care for more NHS patients.

In 2024, we cared for over 199,500 NHS hospital patients, up on 2023. We proactively welcome more NHS patients to maximise capacity and worked on this in 2024. For example, we reached an agreement with the NHS to support the Sussex Health system, helping to reduce its list of long-waiting patients by providing treatment through a group of Spire hospitals in the south of England. 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.

Looking ahead

I am grateful to the management team, all leaders across the business, our consultant partners and all those involved in the transformation of our business, for their terrific contributions to our performance and high quality care. Our strategy is delivering and we have responded to a changing market with discipline. We are a diversified, integrated business with strong patient satisfaction and resilience for the future. In 2025-26, I look forward to further business transformation, the next phase of savings through operational efficiencies leading to benefits for patients and colleagues, and to contributing in even greater measure to the nation’s health.

Justin Ash
Chief Executive Officer

Prof Lisa Grant
Group Clinical Director
and Chief Nurse



Dr Cathy Cale
Group Medical Director



Building on quality

Highlights of 2024-25

- Implemented the NHS England Patient Safety Incident Response Framework (PSIRF) across all hospital sites, ahead of NHS England requirement
- Developed our Driving Clinical Excellence in Practice (DCEP) programme
- Progressed the five-year nursing and allied health professionals strategy, aligning to directors of clinical services' objectives
- Delivered eight DAISY and 23 IRIS awards to winners across the country in 2024

Priorities for 2025-26

- Continue to deliver against our quality standards
- Embed our outcomes and effectiveness framework and our knowledge and learning framework
- Create a bespoke programme for all our directors of clinical services, who manage clinical quality in each hospital, on clinical excellence and leadership
- Piloting new clinical tool for patient observation, eNEWS

Outstanding clinical quality

Quality underpins everything we do, with the delivery of high-quality patient care and patient safety embedded in our daily actions, purpose and culture. As an integrated healthcare provider, maintaining quality is always our priority across our hospitals and primary care services.

We aim to deliver care to the highest possible standards at all sites, all the time. This means being uncompromising on patient safety, aspiring to the highest levels of incident reporting and the lowest level of moderate and severe harm incidents. We work hard to support our colleagues and consultants to ensure they have the skills and

facilities they need to ensure patient safety. In 2024-25, 98% of our inspected hospitals and clinics are rated 'Good' or 'Outstanding' or the equivalent by regulators in England, Scotland and Wales. Both Spire hospitals in Edinburgh, Spire Clare Park in Farnham and Spire Cardiff were re-rated as 'Good' or equivalent after inspections in 2024.

We engage with patients every day to better understand their experience in our care, their outcomes, and the broader patient experience before and after they came into care.

Delivering continuous improvement

During 2023, we developed a new Driving Clinical Excellence in Practice programme, to support our registered nurses and allied health professionals' continuing professional development and the requirements of their professional revalidation. Aligned to this programme, in early 2024 we began to roll out the national Diseases Attacking the Immune System (DAISY) award to recognise extraordinary registered nurses and nursing associates who go above and beyond, and the Inclusive Recognition of Inspirational Staff (IRIS) award, recognising our unregistered colleagues and allied health professionals' excellent care to our patients. The first winners were announced after year end.

We drive quality in the hospitals business using our three core frameworks that articulate our approach to patient safety, patient experience, and clinical outcomes and effectiveness. We collaborate and share vital information and learning across hospitals to improve safety and encourage continuous improvement, ensuring the right conversations are happening and vital lessons are learned. We also believe it is important to create safe spaces for all our colleagues to reflect and gain insight on key matters, where they can hold professional conversations without fear of retribution; we reminded colleagues of their safety regularly in 2024-25.

The implementation of the new **Patient Safety Incident Response Framework (PSIRF)** across our hospitals in 2023-2024 has resulted in a step change in our culture and approach to responding and learning from patient safety events in the hospitals business. Our hospitals implemented this for all patients in all areas, beyond our obligation for English NHS patients. PSIRF promotes a proportionate approach to responding to patient safety incidents through a robust methodology and a system of improvement, with compassionate engagement and involvement with those affected. It recommends learning from incidents, with considered responses, and supportive oversight, focused on strengthening response systems and improvement. PSIRF’s impact has been far-reaching; it has transformed our approach to responding to incidents and positively affected our culture. It:

- Empowers us to review and respond to patient safety events with robust engagement across multidisciplinary teams, including consultants and our resident doctors
- Addresses the whole patient pathway, not just an element of care, proactively bringing together different departments, so relationships are improved
- Ensures that learning is identified faster, and actions to make change are more meaningful and effective
- Enhances the creation of a psychologically safe environment for teams to share what has happened and ensure that we learn better and faster
- Influences our approach to quality as we use all the information we gather from PSIRF to influence improvement projects

For some patients, care does not go as planned. Our PSIRF plan, published on our website, highlights the incidents for which we have an increased focus. The PSIRF process supports us to engage early and transparently with colleagues and patients, and we undertake duty of candour when required. Learnings from incidents across all hospitals and sources are collated in our quarterly learning report which is discussed at hospital, executive and board quality meetings. We support hospitals with toolkits to share learning, and also share learning outcomes across the group with 48-hour flashes, fortnightly consultant newsletters, and other means. We review our data in the context of other published data; in 2024, 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. These reviews have been significantly strengthened with the implementation of PSIRF and our transfer out rate remains very low. Spire’s risk management system was upgraded during 2024 and now allows us to report NHS England patient safety events via the national system and to benchmark with all NHS providers.

Patient safety incidents

Our hospitals reported 125 patient safety incidents per 1,000 bed days in 2024 (excluding cancellations). The comparable rate in 2023 was 113*. As in previous years, the vast majority (97.5%) 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.

*Bed days are now 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.

Reported incidents by grade of harm

Grade of harm	Rate per 1,000 bed days	% of total
None (no harm caused)	98.8	79.18
Low (minimal harm caused)	22.8	18.28
Moderate (short term harm caused)	2.8	2.23
Severe (permanent or long term harm caused)	0.11	0.09
Death	0.27	0.22

All incidents logged on our incident reporting system (DCIQ) are regularly analysed for trends and considered for thematic reviews. Our national Patient Safety Incident Review Group (PSIRG) members are assigned to review and approve every reported Patient Safety Incident Investigation (PSII) submitted by hospitals within five working days. 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 clinical director/chief nurse 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 and other safety alerts.

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.

Our **patient experience and engagement framework** enables our hospitals to focus on the key needs of our patients: it gives them the tools to probe their own patient data, and a toolkit for listening to patients. We rolled out this new framework across our hospitals in 2024 and internal feedback has been positive: hospital leadership teams are focused on improving patient experience and engagement by interrogating data and learning.

This framework aligns with our patient survey, which we use to understand key issues in care. We map findings from our patient survey against what we know to be important for our patients, as well as other comparable metrics such as the NHS friends and family test. In 2024, 97% of our patients rated their experience as ‘very good’ or ‘good’, while 95% of patients said they felt ‘cared for’ or ‘looked after’ in our hospitals, both up one percentage point from 2023.

As part of our patient experience and engagement framework, our hospitals hold regular patient forums to better understand specific issues raised by patients. They give us an opportunity to speak directly with our patients; they feed back on our patient literature and help to review and develop our services. Together with our surveys, this engagement helps us to identify areas for improvement and create solutions in partnership.

We are committed to learning and improving when incidents occur, including where patients are harmed as a consequence of care. Our hospital leaders attend a daily safety briefing with a standard agenda to share key developments and determine any improvements we can make. This is complemented by a weekly meeting for all central function colleagues. A fortnightly meeting for senior leaders is hospital focused and supported by a detailed weekly briefing for cascade. In 2024 all hospitals implemented an additional safety huddle during out-of-hours working time.

Our **Quality Improvement (QI) programme** reflects our continuous improvement approach to safety and quality. We have introduced over 300 successful, locally led projects since 2022 and have delivered on our three national 2024 QI priorities:

- Reducing rates of venous thromboembolism (VTE) as a recognised complication of surgery: over 2023 and 2024, avoidable VTEs reduced by 60%, sustained using some of the PSIRF methodology
- Reducing average lengths of stay (AVLOS): in 2024, we reduced average length of stays by 0.65 days for hip replacement and 0.63 days for knees
- Improving patient experience after care: focus in 2024 on patients being clear about next steps after an appointment or on discharge

In 2024, we introduced a group national tissue viability lead to support our hospitals on wound management and care and advise on procuring equipment to manage patients needing wound care. Later in 2025, new digital enhancements will include eNEWS and AI-enabled digital records.

We have also developed a **Knowledge and Learning framework** to increase the level of support to teams as they embed and sustain learning. It is designed to direct the creation, implementation and evaluation of shared learning across the hospitals business, ensuring it is aligned with strategy and driving improvements in standards and care. It is being embedded during 2025.

Freedom to Speak Up

We believe culture is core to a safe patient environment. We support a culture of excellence and engagement, and we place a strong focus on having a culture of openness and transparency. Ensuring our colleagues feel psychologically safe is a prerequisite for sustaining and improving quality, and providing safe care. We support those who may feel that they can’t speak out and remind everyone that they have a voice, will be listened to, and that there is an avenue to raise concerns or

ask questions. We prioritise a Freedom to Speak Up (FTSU) culture, and we are proud of our network of over 230 FTSU guardians and ambassadors (both consultant and colleague) across all clinical and non-clinical locations in the group. A key part of our assurance and oversight is regular hospital visits across all our sites by our board and leadership teams. The guardians are championed by our chief executive officer, who meets regularly with them. He also holds colleague forums without management present at site visits to encourage openness and trust. Two of the CEO’s top four initiatives for 2024 were culture-based: ‘listen up’ and ‘inspire kindness’. We are encouraged that, in 2024 surveys, 81% of colleagues say they are comfortable speaking up. We used colleague responses and feedback alongside listening sessions to shape our speak up strategy.

We submit our FTSU data to the National Guardian’s Office (NGO) quarterly to support transparency; we regularly involve the NGO in safety meetings. The chief executive also spoke at the NGO’s FTSU conference in 2024 on Spire’s FTSU culture. We hold our annual FTSU month in October, aligned to the NGO national campaign, to raise the profile of speaking up and of the guardian role.

Colleagues can submit a Freedom to Speak Up concern via risk management software, which is managed by our trained guardians. Colleagues also have access to an independent, confidential whistleblowing helpline, enabling them to raise anonymous concerns. Training in this area is mandatory for all colleagues, and for 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. In 2024, FTSU efforts were integrated across the group with monthly meetings, and all guardians attending one group annual conference.

We have been early to introduce Spire’s 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 a culture of listening.

Governance and oversight

We continue to strengthen our governance standards, assurance and board oversight, using data to support hospitals through comprehensive reporting processes. We have developed an assurance model which monitors policies, processes and audit compliance and identifies areas of excellence and improvement. The final level of assurance is the patient safety quality review (PSQR) self-assessment process which ensures hospitals continue to provide high-quality care including assessing their integrated quality governance standards.

Our integrated quality assurance framework includes a clear meeting structure that enables ‘ward-to-board’ reporting. We have a suite of KPIs which are used at hospital, executive and board level. A subset of KPIs are reported to the board monthly. An expanded report with a full suite of 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.

The executive safety quality and risk (SQR) committee, and board-level clinical governance and safety (CGS) committee, review all KPIs and forensically probe for themes, trends or opportunities for improvement. They scrutinise consultant performance; identify quality outliers by consultant, hospital, or procedure; ensure full compliance with our policies around multidisciplinary meetings, especially in cancer; and review specialist services such as cardiac and young people’s services. They also review any learnings arising from mortality reviews and receive regular presentations from hospitals on patient safety improvement. Sub-committees

of the executive committee cover specific topics including incidents, QI, mortality, medical professional standards, VTE and data governance.

To ensure our central senior leadership teams are engaged in discussions around quality, we have introduced an additional, operational level, safety, quality and risk (OpSQR) meeting that includes KPIs and heat maps to show performance across the business and improve assurance for executive SQR meetings.

We have extended our robust governance approach to all parts of the business, including the services we provide outside of hospitals, seeking to share learning as we integrate newly acquired services and develop new ones.

Investing in quality

We continue to invest in colleague QI training through our QI Academy. During 2024, we carried out 34 days of QI training, including how to talk to colleagues, engaging with patients, and handling concerns and complaints to ensure we continue to deal with all cases with compassion and care. At the end of 2024, more than 15,000 colleagues had accessed QI training, either virtually or in face-to-face sessions, and we now have more than 250 QI-trained practitioners. We also deliver bespoke QI training to our medical advisory committee chairs, business unit directors, directors of clinical services, finance managers and Freedom to Speak Up guardians. The use of PSIRF has increased colleague appetite for QI training by 100%, with colleagues keen to learn how to be more effective and enable lasting change.

We continue to ensure that we benchmark our quality standards against best practice, including using appropriate accreditation programmes. We earned JAG accreditation for our endoscopy services at 14 sites in 2024; this accreditation is awarded by the Royal College of Physicians’ Joint Advisory Group on Gastrointestinal Endoscopy.

In addition, 15 of our 16 chemotherapy sites have Macmillan Quality Environment Mark (MQEM) accreditation, which champions cancer environments that create welcoming and friendly spaces for patients. In 2024, 35 hospitals achieved the National Joint Registry’s Quality Data Provider certificate, with 25 receiving the ‘gold’ award.

We carry out patient safety quality reviews to ensure we continue to provide high-quality care throughout our hospital network.

Driving clinical excellence

Our clinical effectiveness and outcomes framework demonstrates that the care we deliver provides the desired outcome, 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 they are supported to deliver best practice, measure and analyse outcomes. We are rolling out this framework throughout our hospital sites and, by 2025, each hospital will have action plans to articulate outcomes and effectiveness.

Our five-year nursing and allied health professional (AHP) strategy (2023-2028) supports our nurses and AHPs to practice to high professional standards. It is structured around the core pillars of developing our workforce, delivering clinical excellence through practice and enhancing professional pride through celebration.

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. In 2024, 350 people started the programme which is unique to Spire and is designed with the needs of patients at the centre. It reflects the needs of colleagues, their clinical competencies and incorporates lessons from incidents and themes from prior years.

We recognise the dedication and care of clinical colleagues across Spire Healthcare hospitals who live our purpose every day. The National Diseases Attacking the Immune System (DAISY) Awards recognise extraordinary nurses who are registered with the Nursing and Midwifery Council and rewards them for their nursing achievements. The Inclusive Recognition of Inspirational Staff (IRIS) Awards recognise all other clinical colleagues not registered with the NMC, for providing excellent care to our patients. Our colleagues can nominate each other, and we are also encouraging more patients to nominate colleagues.

We monitor excellence in our hospitals through an excellence in care delivery and safety framework to make sure colleagues are delivering the best quality care. We continue to review key safety and experience metrics thoroughly, listen to patient feedback and staff feedback, and monitor and assure around compliance.

We have introduced this professional framework, aligned with the national nursing and AHP strategy, to better understand how our colleagues are driving clinical excellence and quality within each of our hospital settings. We have standardised the objectives for all our directors of clinical services to make sure that every hospital is aligned to drive forward clinical quality and improvement, improve productivity and efficiency, and enhance quality and safety.

Working with consultants

Our practising consultant partners operate as self-employed practitioners in our hospitals 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 the hospital director.

It is important that we engage with consultants and make it easy for them to do business with us, not only so they understand our quality standards

and how we wish care to be delivered, but also so we can support them as they develop their business. Over 2024, we spent time listening to them and understanding the consultant journey – from first referral to patient discharge. In summer 2024, we introduced a new consultant induction handbook and in-person consultant private practice development sessions to support those new to private practice and ensure that they are clear on their responsibilities when practising with us; both developments have received positive feedback and ensure a national approach.

Our annual consultant survey in 2024 showed that 84% of consultants now state that the care provided in hospitals is ‘very good’ or ‘excellent’ (2023: 83%). The percentage of consultants rating the quality of service provided to them by our hospitals as ‘very good’ or ‘excellent’ is 70% (2023: 69%). We use findings from the consultant survey for each hospital leadership team to develop action plans.

Delivering efficiencies

We continue to roll out our efficiencies programme to deliver material savings, efficiencies and customer service improvements.

We had a successful year in our business transformation of the hospitals business in 2024. Our focus in 2024 was securing the foundations and making sure that we have the internal and external security in place as we initiate significant investment projects, leading to more visible transformation and modernisation during 2025. We have improved the performance of core digital platforms such as our hospital management system, and delivered digital check-in for patients using a tablet, thereby saving time. We have also developed a sophisticated integrated PMI booking tool to help most PMI patients access outpatient consultant bookings more rapidly. In addition, we vcompleted much of the groundwork in 2024 to launch both a new customer relationship management system and a new consumer

website in 2025. We are seeing encouraging momentum from new initiatives such as workforce planning and scheduling tools, and the transformation of our pathology business, better buying and procurement.

In 2024, we expanded our first patient support centre in Essex, which services five of our biggest sites around London, and opened new support sites in Cardiff and Seaham in Sunderland. The centres bring significant benefits, meeting demand for patient bookings and reducing costs. Bringing teams together centrally has improved patient response, accuracy and service, with a reduction in average handling times and improved call capture rate. It has also enabled us to re-purpose space and increase clinical capacity by reallocating to clinical use and gaining economies of scale and revenue.

Digitalisation

We are investing in digitalisation to work more efficiently; removing paper and automating repetitive manual processes. Our transformation programme will deliver savings, better experiences for our patients, teams and consultants, and give us advanced data capabilities to make better decisions and build long-term relationships – from improved appointment management, to updating electronic medicines management and observations systems that improve patient safety and clinical outcomes. By embracing data, exploring emerging AI technologies and fostering innovation across our organisation, our colleagues will be better placed to provide personalised patient care, with reliable access to the right tools.

Our move towards digital patient records will improve patient booking experiences with secure, reliable and instantly available medical records. We have also introduced automated invoice receipting for more than 50% of hospital invoices, enabling us to increase invoice volumes without increasing our team size. This process significantly

reduces clinical time spent manually recording and uploading information, as well as improving patient safety and care.

Tactical deployment of Robotic Process Automation capex investment allows us to harness the power of automation and eliminate repetitive manual processes.

This programme of transformation requires careful planning and significant programme management support to ensure that we transition the hospitals business safely, without disruption to clinical care or financial outcomes.

Increasing capacity

Our hospital directors, directors of clinical services and other hospital leaders maximise physical capacity and increase utilisation at our sites. We aim to make more of the space we have, such as moving work from theatres (if it can be done in an outpatient setting) to free up valuable space for more complex work, or returning administration space to clinical use. Physical capacity is the output of several factors: theatre space, beds, outpatient capacity and imaging, and the mix and acuity of patients. We have seen significant growth in utilisation over the past three years and measure sites with unused capacity.

In addition, we have directly increased capacity by opening three new clinics in Abergele in North Wales, Harrogate and Norwich. These day case clinics allow more patients to be cared for out of hospital and free up space in our hospitals.

Investing in our estate

In line with our five-year refurbishment programme across our core estate, we have invested in improving many of our hospital sites in 2024, including highly-visible, patient-facing reception areas, new technology and sustainability developments to provide the best environment for our patients and colleagues and contribute to our net zero targets.

Partnering with the NHS

We believe private healthcare has an important role to play in tackling waiting lists by working in partnership with the NHS. We continue to help the NHS recover: our volume of NHS work increased again during 2024 and we saw increased NHS volumes in the second half of 2024.

We supported the former government’s Elective Recovery Taskforce in 2023 and gave our support to the new agreement with the NHS in early 2025, both of which aim to reduce waiting lists by using the independent sector. A continued role for the independent sector and more choice for patients, supported by the government and freshly promoted legal rights to choice, saw more than 199,500 NHS patients in our hospitals in 2024. We continue to engage and develop our relationships with the Integrated Care Boards that bring together providers and commissioners of health and care services across geographical areas.

We have completed the sale of Spire Tunbridge Wells to the NHS; we continued to run the hospital for six months and it is now fully in NHS hands.



Rachel King
Group People Director



Looking after our workforce

Highlights of 2024-25

- Introduced new reward framework for colleagues in hospitals
- Improved ability to attract and retain talent through improved in-house recruitment
- Sustained high engagement scores among colleagues during change
- Over 110 colleagues graduated from apprenticeship programmes

Priorities for 2025-26

- Supporting colleagues through business transformation
- Replace learning management system for all colleagues in hospitals and central functions

- Supporting development and career progression and development of colleague value proposition
- Implement updated equality, diversity and inclusion strategy

Creating a positive working environment

We recognise and value the hard work and dedication of all our colleagues – and we seek to make a positive difference to their lives. That’s why investing in our workforce is a key pillar of our strategy. We aim to develop, support and protect our colleagues within a welcoming culture that is characterised by openness, respect, collaborative working, a focus on clinical safety and a spirit of continuous improvement. We drive our colleagues to be curious and to challenge each other in a professional way to seek the best patient care, and

ensure safety is paramount in the care that we’re providing. We know when colleague, consultant, client and patient satisfaction join up, we see better performance.

We understand the importance of having high-quality leadership in our hospitals and our board annually reviews the calibre and diversity of our leaders, and visibility of our succession pipeline. We have an agreed target for ethnic minority representation in senior management.

We are focused on creating a positive working environment, where people feel that they can speak up, with Freedom to Speak Up guardians at all sites. We are investing in our employee experience as part of our commitment to supporting and protecting our colleagues and our business. For example, during 2024 we introduced new initiatives including our new managers programme to support colleagues in hospitals and central functions who have recently moved into a managerial role, and bespoke learning sessions to support teams across the business.

Equity, diversity and inclusion

We believe that diversity and inclusion are core to sustaining a successful business, and we aspire to create an environment where everyone is respected and cared for, and where difference is celebrated. 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.

In 2024-25, we worked towards our new equity, diversity and inclusion (EDI) strategy, examining and improving our data to better understand our colleagues, leading to improved insights into what changes should be made and to cultivate a feeling of belonging. We have identified areas that we want to focus on to either improve diversity or make positive change, and the strategy will progress in 2025.

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.

We were pleased to again be listed in the FT Statista Diversity Leaders index as the leading UK healthcare company, based on a survey of 100,000 employees across Europe. For the first time we were ranked 254 by the FT UK’s Best Employers 2025, of 500 companies ranked and 20,000 surveyed. We were also ranked as 4th in the FTSE 250 Women Leaders Review and in the top 100 businesses by Women in Work for senior female leaders, who also praised us for having transparent maternity policies available for job applicants.

Valuing and rewarding colleagues

We are focused on getting the fundamentals right on pay, benefits and reward for our colleagues. We have invested in pay and reward this year with the implementation of our new reward framework across our hospitals business, which maps all our core roles and associated salaries. The framework was shaped through listening sessions with colleagues and senior leaders. Our robust structure ensures fairness and equity, with clarity on where colleagues fit in our structure and how they are rewarded. It will also help us ensure that we remain competitive – recruiting at the right salary levels and paying colleagues at the right level.

With the ongoing cost-of-living pressures, our colleagues want clarity and certainty about their pay. That’s why for all eligible colleagues we prioritised a 2.75% salary increase from September 2024, announced in May to give colleagues predictability. It should be noted that the introduction of increased national insurance contributions for employees in 2025 will add to our cost base. In 2024 we got ahead of this by increasing and accelerating our efficiencies programmes.

During a year of change, our HR colleagues gave significant support to all projects, recruiting and inducting a large number of colleagues, supporting reward framework conversations, and redeploying people into new roles during business transformation, and this will continue in 2025.

Most colleagues have access to PMI cover, and access to a comprehensive health assessment every other year. In 2024, we introduced a menopause assessment as an additional choice. We also offer a comprehensive employee assistance programme, providing confidential advice support online and via a free helpline, available 24/7 to clinical and non-clinical employees.

Mental health and wellbeing

Colleagues working in our hospitals hold emotional and challenging roles. Our network of trained volunteer mental health first aiders support colleagues at our hospital sites. In 2024, we ran new and refreshed training to ensure our first aiders have the support they need and the opportunity to acquire additional skillsets that prioritise self-care before helping their colleagues. We delivered five personal resilience courses to support colleagues to recover from adversity, stress and difficult situations. In autumn 2024, we ran a ‘Kindness works here’ campaign, covering colleagues’ physical, emotional, mental, social and spiritual wellbeing.

Bringing recruitment in-house

Our workforce is a critical enabler to deliver our strategy, and resourcing well remains important to building capacity across our services. We brought resourcing in-house in 2023, and over 2024 fully realised the benefits of developing and managing our own recruitment capability. While vacancies are a continuing challenge across the healthcare sector, notably for specialist clinical roles, the past year has seen high rates of fulfilment with reduced turnover.

We continue to attract talented people to join our teams and actively promote people to new roles from within. We have record levels of permanent employment in the hospitals business, high retention rates of 86.1% (2023: 84.4%), and the lowest number of vacancies for some time, with a 20% increase in the number of permanent offers made to new colleagues, compared to 2023. This drives continuity of care to our patients and reduces our reliance on agency, leading to improvements in safety, quality and patient experience.

Agency costs remain a key area to manage for all healthcare providers, and rates for specialist skills have increased, but we are controlling them well. We have a single agency booking system, with a master agreement in place. This helps us to manage our agencies and see all costs up front, while retaining necessary flexibility for our workforce.

Absence and turnover

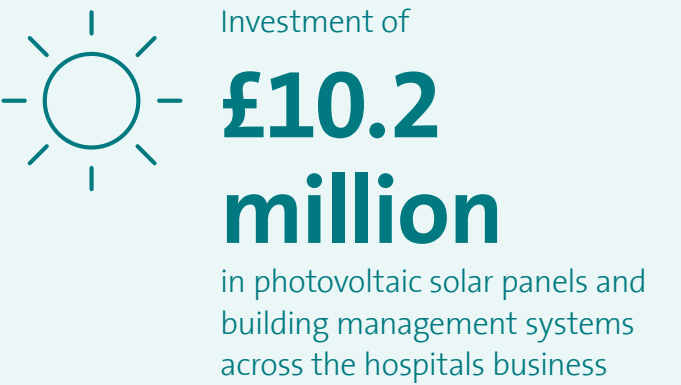
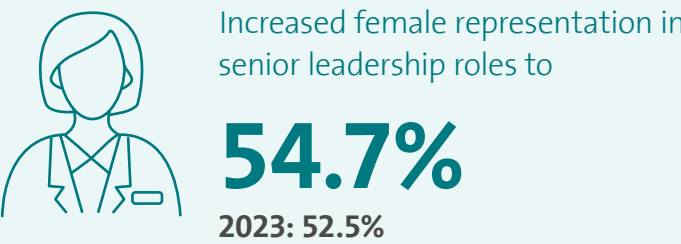
Managing absence and turnover supports our colleagues’ wellbeing, is essential to maintaining a stable and productive workforce, and ensures continuity of care for patients. We use data to flex our workforce and manage capacity and resilience.

Absence rates in the hospitals business were level with 2023, though short-term absence continued to decline. The overall rate of absence was 4.7%. Our monthly turnover rate continued to reduce to 13.3% (2023: 15.1%), with 6.7% fewer leavers in 2024. The highest recorded reasons for leaving are changes in personal circumstances, career progression and retirement; our focus continues to be on career development and flexible working solutions. The market for talented people remains competitive, with demand for nurses particularly high.



Sustainability and respecting the environment

Highlights



Priorities for 2025

- Refresh of sustainability goals to better reflect the whole group
- Refresh carbon reduction targets
- Increase recycling rates
- Better understanding of diversity, inclusion and belonging to improve patient and colleague experience

Championing sustainability

Sustainability is a core component of our strategy and operations. By managing sustainability successfully, we aim to create lasting social economic value. Our ability to succeed today and plan for tomorrow depends on us being able to positively contribute towards enhancing the world for current and future generations.

We have an important societal role to play as our delivery of people’s care contributes to the health of the nation, and benefits society. As we execute our strategy, we seek to take a long-term view, whether through the investments we make in our colleagues, hospitals, clinics and services, or our interactions with the communities that we serve.

We aim to develop a business that is fit for purpose now and capable of providing lasting impact in the future. We believe that acting conscientiously as a business and investing responsibly to achieve positive social and environmental outcomes, are critical to the long-term success of the group.

Our sustainability strategy charts our progressive journey from risk management to providing social value and driving opportunities for sustainable growth. We actively collaborate with our stakeholders, including patients, colleagues, consultants, local communities and partners, to enrich lives and be a net contributor to society, not just through the services we provide, but in

everything we do. This includes challenging our colleagues and the people we work with to factor sustainability into everything they do.

Our ambition, through our sustainability strategy, is to become recognised as a leader in sustainability in our industry and we are implementing this through our three-pronged sustainability strategy, outlined here:



Respect the environment

We are committed to minimising the environmental impact of our operations and maintaining the group’s resilience to environmental risks and impacts.

Engage our people and communities

We are a people business. By hiring talented people and providing an environment in which to grow and develop their careers, our patients and the communities with whom we interact, and society at large, will benefit.

Measuring our performance

We use the intensity metric of carbon emissions per £ revenue, which increases in proportion to the growth of our business. If revenue grows and intensity figures reduce, this will demonstrate that we are becoming less reliant on carbon.

Operate responsibly

We aim to operate to the highest standards in everything we do, ensuring honesty, integrity, proper governance and compliance at all times. We promote an ethical culture across the group.

How we manage sustainability

Responsibility for approving our sustainability strategy and overseeing its delivery rests with the board of directors. Regular progress updates are provided at board meetings. Our cross-functional internal sustainability committee brings together colleagues from across the business quarterly, to share progress on delivering actions and meeting targets and explore initiatives that will accelerate our progress and identify associated risks and opportunities. The committee advises the executive committee on the company’s strategies, objectives and commitments related to sustainability and environmental, social and governance (ESG) factors, and oversees and reviews sustainability-related goals, objectives, commitments and key performance indicators, and monitor our progress against them.

During 2024, the committee was reviewed and slimmed down to improve accountability and decision-making. Late in 2024, it agreed to review our 17 goals in light of changing internal and external factors; a refreshed set of goals, better reflecting activities across the group, will be agreed later in 2025.

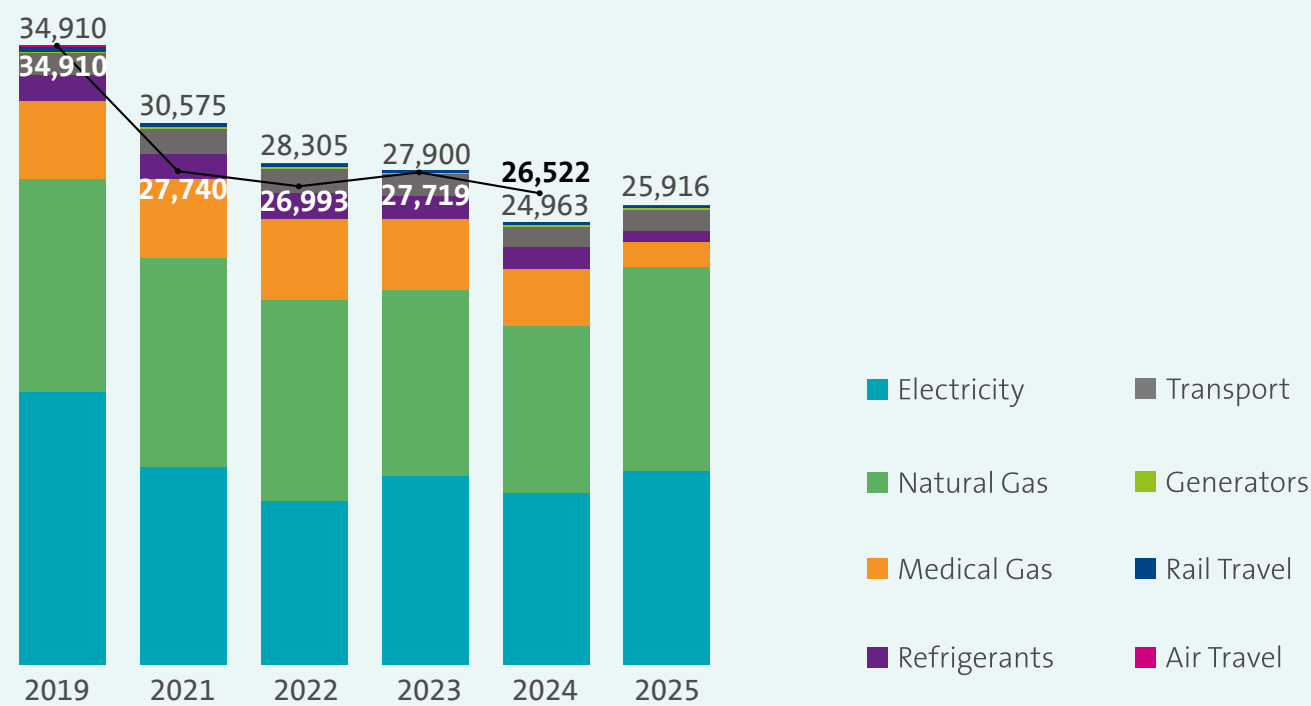
Respect the environment

We continually seek ways to reduce the impact our business has on the environment. We have annual carbon emissions targets and are working towards reducing our carbon emissions to meet our 10-year plan to reach net zero by 2030. We also focus our efforts on waste and recycling, including reducing the use of single-use plastics, finding ways to reuse our single-use instruments and reducing the number of disposable gloves we use. 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. As an example, in 2024, waste management initiatives saved 2,742 tonnes of CO₂ (2023: 358 tonnes). This is equivalent to: 9,475 trees planted each year, or 1,028 cars off the road, or 1,683 houses powered each year.

Our journey towards achieving net zero carbon by 2030 is progressing, and in 2024 we were just short of our reduction target, coming in 6% under our goal. We have paused our purchase of renewable energy guarantees of origin in 2024 owing to the significant increase in cost. Government policy in supporting the decarbonisation of the National Grid, and degasification of heating systems, will be critical to enable us to achieve our net zero target.

We invested £10.2 million in solar energy and building management systems and have increased the amount of dry mixed waste we recycle at hospital sites to 31.4% (2023: 23.5%), with most domestic waste now diverted from landfill and used for renewable energy, reused or recycled. All our sites now manage food and glass recycling.

Spire Healthcare net zero carbon emissions (tCO₂e)



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.

Our overall median gender pay gap in Spire Healthcare Limited is 11.6% in 2024 (2023: 9.2%) and the mean is 16.2% (2023: 17.7%). Gender pay reflects the structure of our workforce and the differences in the balance of male and female workers within the wider healthcare sector. 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 a number of positive steps to invest in, and provide development opportunities for, our female colleagues to progress into senior roles and to help reduce the gender pay gap. These efforts are underpinned by a targeted talent pipeline strategy, designed to identify, develop and support female colleagues at all levels. We are also embedding equity, diversity and inclusion across the group, with active colleague-led networks for sexuality, race and mental health and a new EDI strategy.

Alongside expanding our healthcare services, we also fundraise throughout the year, including during our annual charity drive each summer, during which our teams can choose to support our chosen company charity or a local cause. Our charity drive included bike rides, fun runs, book and cake sales, and walks. Locally, our teams supported high-profile fundraising events in 2024 such as the Macmillan Cancer Support coffee mornings and Breast Cancer Now’s ‘Wear it Pink’ day, alongside informal local activities. Our dedicated charity committee, chaired by a member of the executive committee with participants from across the business, helps design and coordinate our fundraising initiatives and in 2024 introduced ‘grants’ to support local teams’ charity efforts. The committee also began to offer fundraising donations for individuals undertaking personal charity challenges. The committee plans to expand these initiatives in 2025.

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.

Greenhouse gas emissions in 2024

This section provides the emissions data 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.

included (see table opposite). The only notable exception is Scope 3 Category 7: Employee Commuting. From 2025 we will begin to include commuter surveys in our annual questionnaires to allow us to determine emissions from this category.

Total GHG emissions for the Spire Healthcare Group in 2024 were 352,202 tCO2e. For the first time we are reporting our full GHG inventory with all scopes

Activity – Category	2023 (tCO ₂ e)	2024 (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)	15,491	14,528	-6%	-963
Scope 2: indirect emissions – from the production of purchased energy				
Scope 2 Location based total (tCO ₂ e)	12,204	11,903	-2%	-302
Scope 3: indirect emissions from the value chain				
1. Purchased goods and services	233,441	264,277	13%	30.836
2. Capital goods	46,013	53,608	17%	7.596
3. Fuel and energy related activities	6,276	6,286	0%	10
4. Upstream transportation and distributions	280	467	67%	187
5. Waste generated in operations	418	226	-46%	-193
6. Business travel	335	402	20%	67
7. Downstream transportation and distribution	407	506	24%	99
Scope: 3 Location Based Total (tCO ₂ e)	287,170	325,772	13%	38.602
Total Gross Emissions Location Based (tCO ₂ e)	314,865	352,202	12%	37,338
Revenue (£m)	1.359	1,511	11%	152
Intensity Ratio tCO ₂ e per (£m) Location Based	232	233	0.6%	1

Notes to the emissions source table:

Emissions stated are for all Scope 1 and Scope 2 emissions as well as all Scope 3 categories where information is currently available.

a) Methodology and emissions factors

The Streamlined Energy and Carbon Reporting Regulation (SECR) report relates to Spire Healthcare Group PLC (and all subsidiaries)

and covers the emissions from its operations from January 2024 to December 2024.

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 2024.

An ‘operational control’ methodology has been adopted to outline the scope of carbon emissions reporting for Spire Healthcare; 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 (backup generation) and refrigerants.

c) Scope 2: indirect emissions from the production of purchased energy

Scope 2 emissions used a location-based methodology in 2024. These emissions are primarily from 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 data with Department for Environment, Food and Rural Affairs (DEFRA) 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, well-to-tank for electricity generation, well-to-tank for transmission and distribution (T&D), and electricity T&D losses.

Category 4 emissions are for the purchase of courier services for incoming goods. Category 5 is 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 air travel, rail travel and hotel stays.

Category 9 emissions are for the purchase of courier services for outgoing goods.

From the full inventory it can be seen that Scope 3 emissions dominate. These contribute more than 92.5% of all emissions, with Scope 1 and Scope 2 contributing 4.1% and 3.4% respectively. Scope 1 emissions decreased 6% in comparison to 2023, and Scope 2 emissions decreased by 2%. These are the emissions that we have been proactively targeting for reduction. Emissions from Scope 3 waste performed very well, having decreased by 46%. The rest of our Scope 3 emissions increased, with these mostly being tied directly to spend-based activity data.

As required by SECR legislation we have stated our emissions, 2023’s emissions for comparison, an intensity ratio, energy efficiency actions carried out, our methodology and our energy usage. These can be found on page 39-40. Despite our overall emissions increasing our intensity metric has decreased by 0.4% to 231 tCO₂e per £m revenue.

In 2024 we carried out a comprehensive review of our supply chain in our ongoing commitment to environmental sustainability and reducing carbon emissions. As part of this effort, we were seeking to understand better the environmental impact of our suppliers’ operations, particularly GHG emissions.

The response received will aid us in identifying opportunities for collaboration in reducing emissions across the supply chain.

Our aim for the future is to begin to develop targets for our Scope 3 emissions.

How we performed

Priorities for improvement 2024-25

In the last Quality Account, we set out the following three priorities for improvement as part of our Quality Improvement programme during 2024-25:

- Improving patient experience ('I am clear about next steps')
- Improving capacity through reduced length of stay
- Reducing VTE incidence and improving recognition and care of VTE

Improving patient experience ('I am clear about next steps')

Building on previous improvements to patient experience remains a key focus for Spire and last year's priority was based on a question in our patient experience survey, which checks whether patients are clear about the next steps in their care.

In 2024, we focused on improving the proportion of patients responding 'strongly agree' in this area across three separate workstreams: outpatients, imaging and discharge (wards). We also engaged with our top-performing hospitals on this question to identify best practice to share across the group.

Our aim was to increase the % of patients 'strongly agreeing' they were clear about the next steps in their care by 3% and by the end of the year we had made significant progress, with a 2% improvement overall, with the ward workstream achieving 3%.

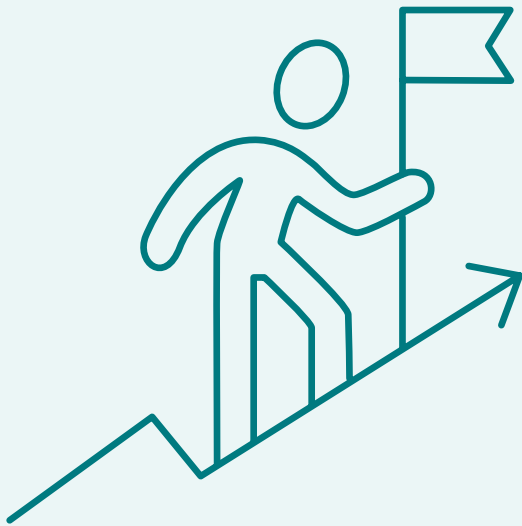
Improving capacity through reduced length of stay

Increasing capacity across our hospitals enables us to treat more patients and help to reduce 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.

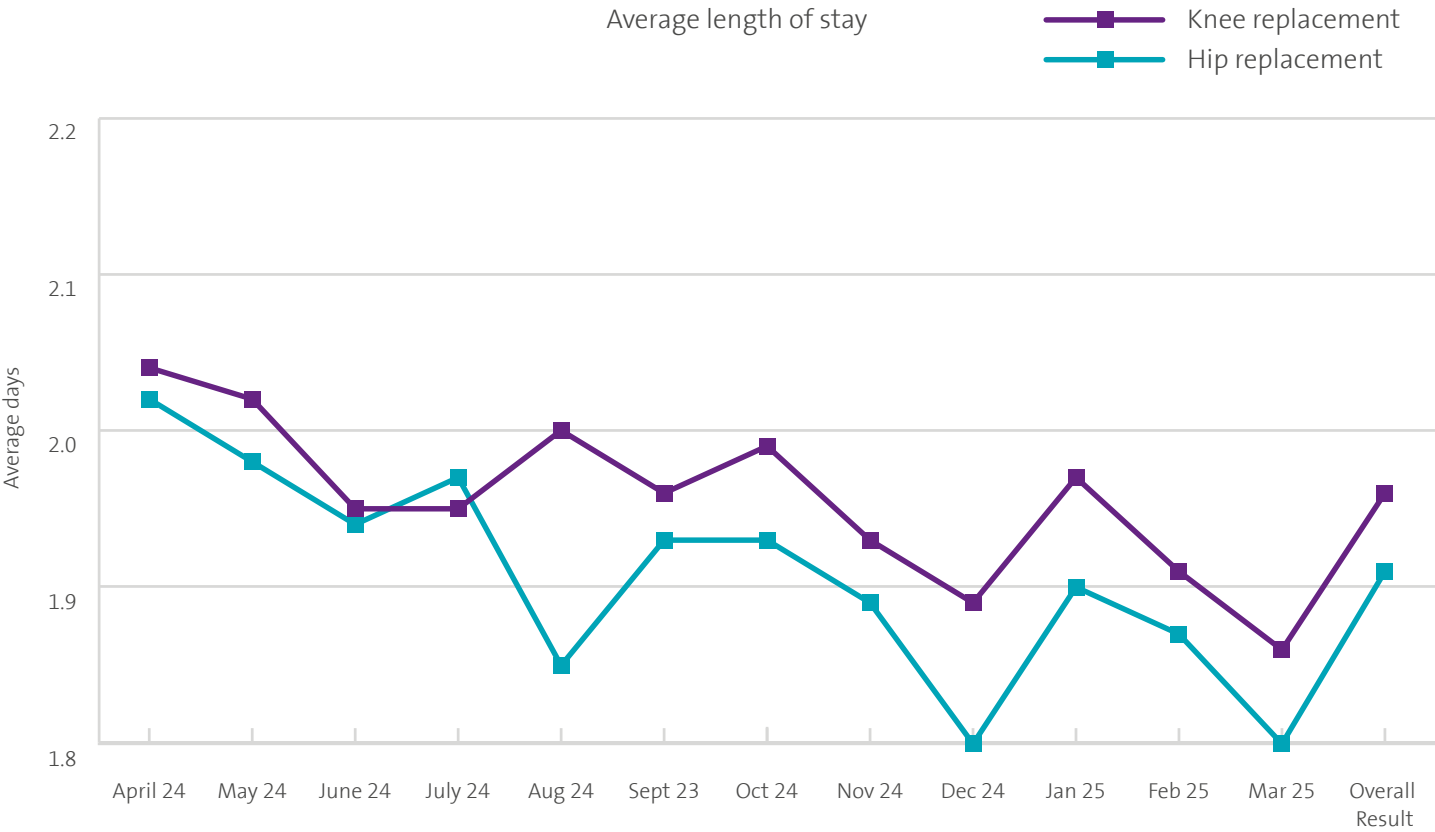
In 2024, we continued to build on our existing Quality Improvement project and extended it to three other specialties: major gynaecology, general surgery and day case surgery. In all three areas, there are existing guidelines to help identify opportunities for improvement in the patient pathway.

Alongside this, our key target for the year was to reduce average length of stay (AvLOS) for primary hip and knee replacement to below two days.

Using evidence-based approaches, we achieved this target in June 2024, and this improvement was sustained throughout the year. In March 2025, AvLOS across Spire hospitals was 1.86 days for primary knee replacement and 1.8 days for primary hip replacement.



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



Reducing venous thromboembolism (VTE) incidence and improving recognition and care of VTE

While the changes we introduced in 2023 successfully reduced the rate of avoidable VTEs by nearly 50%, our teams believed there were further steps we could take to reduce this further. These included improving compliance with reassessing risk for inpatients following their treatment, agreeing a group-wide position on 'sip-to-send' volumes¹, updating our audit programme and continuing to align all our hospitals with VTE exemplar status criteria².

Throughout the year, a national VTE lead and a lead in each of our 38 hospitals led improvements in education and training, national policies and trend analysis, along with colleagues in pharmacy, physiotherapy, nursing, theatres and others.

This, together, with our focus on earlier mobilisation and reduced length of stay, helped achieve a sustained reduction in the level of avoidable VTE incidents of 60%. This project has also been recognised by Thrombosis UK, awarding us Highly Commended in their VTE (venous thromboembolism) awards for 'an excellent quality improvement programme that advanced thrombosis prevention and management, yielding significant and sustainable improvement and improved patient outcomes'.

Looking forward to 2025, Spire will be working towards achieving VTE exemplar status across all hospitals in our group.

¹'Sip to send' policies mean that patients can sip small amounts of water from the time they arrive in hospital until the point they are 'sent' for surgery. This helps to reduce pre-operative dehydration and the risk of VTE. There is often variation between hospitals on how much water patients are allowed to 'sip', typically between 30 to 200mls per hour.
²Spire currently has four VTE exemplar centres: Spire Alexandra Hospital, Spire London East Hospital, Spire Murrayfield Hospital (Wirral) and Spire Southampton Hospital.

Our plans

As part of our QI programme, our priorities for improvement in 2025-26 are:

- 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

Why is this important?

Increasing capacity and reducing the average length of patient stay is central to delivering more efficient and equitable care. By learning from best practice, we can drive greater standardisation across services and identify barriers that may impede patient flow or procedural efficiency. This approach enables us to better serve an increased number of patients, ensuring timely access for those who have experienced the longest waits.

Our aim/goals

This initiative is centred around four key procedural areas – hip and knee replacement, hysterectomy, spinal surgery, and day case operations.

Our aim in each area is:

- Primary hip and knee replacement: AvLOS of 1.8 days or fewer
- Hysterectomy: AvLOS of 1.4 days or fewer
- Spinal surgery: AvLOS of 1.2 days or fewer
- Day case surgery: AvLOS of less than 5 hours

How will our progress be monitored?

Progress will be overseen by the Quality Improvement programme committee and the safety, quality and risk committee. These committees will monitor performance metrics, identify areas for improvement, and help ensure sustained delivery against our defined targets.

Avoidable cancellations

Why is this priority important?

Avoidable cancellations are a source of significant stress for both patients and staff. 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.

Our aim/goals

Our aim is to reduce avoidable cancellations by 10%, contributing to a more reliable and patient-centred service delivery model.

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 and root cause analysis.

Unplanned day case to overnight stay conversion

Why is this important?

Minimising the conversion of planned day case procedures to overnight stays supports patients in planning their lives and commitments. It also

contributes to optimal use of hospital resources, particularly staff and bed availability, and helps maintain flow through elective services.

Our aim/goals:

We are targeting a 10% reduction in the rate of unplanned day case to overnight stay conversions.

How will our progress be monitored?

Monitoring will be conducted through the Quality Improvement programme committee and the safety, quality and risk committee, using regular audits and patient flow reviews to identify patterns and opportunities for improvement.



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, we are pleased to report that 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 Spire Healthcare’s secondary uses service data quality performance for April 2024 to March 2025 as issued by NHS England in May 2025. We are pleased to again report that we have market-leading data quality. Against each element, Spire Healthcare is highly rated, continues to equal or exceed the required standard and is significantly ahead of the national average.

Secondary uses service data quality performance for April 2024 to March 2025 as issued by NHS England in May 2025

Spire Healthcare admitted patient data quality in relation to 77,550 cases:

Data item	% valid
Admin category (on admiss)	100
Admin method (hosp prov spell)	100
Commissioner	99.7
Consultant	100
Disch ready date (hosp prov spell)	100
Discharge dest (hosp prov spell)	100
Discharge meth (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	100
Person birth date	100
Person gender	100
Postcode	100
Primary diagnosis	99.2
Primary procedure	99.9
Registered GP practice	99.9
Site code of treatment	100
Treatment function	100

Spire Healthcare outpatient data quality in relation to 574,232 outpatient activities:

Data item	% valid
Admin category	100
Attendance indicator	100
Attendance outcome	95.7
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	100
Person birth date	100
Person gender	100
Postcode	100
Primary procedure	100
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

Spire Healthcare has continued to use an outsourced and independent approach to our clinical coding service. CHKS are 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 in-house clinical coding team of three, led by our head of clinical coding and audit assurance, continues to support high accuracy levels with their rolling programme of audit and reviews of inpatient and day case activity. The team, who are all NHS England-approved clinical coding auditors, strive to identify areas in need of improvement and work 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 internal remote audit programme is now firmly embedded in processes at most hospitals and continues to show the benefit of regularly reviewing coded records. It also gives greater confidence that issues and errors are being identified at the earliest opportunity, corrected, and training guidance given. The team are currently working on a new initiative, creating a coding scrutiny tool which will enable 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 much timelier 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

We undertake comprehensive internal audits across the hospitals business, following the NHS England clinical coding audit methodology v18.0. This provides assurance that coding error rates and HRG errors are being maintained at acceptable levels.

In addition to internal audits, an external audit is commissioned on an annual basis. This is undertaken by NHS England-approved clinical coding auditors from Grant Thornton. Financial year 2024-25 audits have been completed, and the overall coding accuracy result for 2024-25 achieved the Data Security and Protection Toolkit (DSPT) standards ‘exceeded’ level (previously known as IGT level 3).

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. One of the key aims for next year is to progress with the digitalisation of records which will help to further streamline the coding process.

Counter fraud

Since 2022, Grant Thornton acts as our counter fraud specialist (CFS). With Grant Thornton, we developed a five-year strategy to guide the work of the CFS, reviewed our risk assessment, and put into place improvement measures. Grant Thornton agrees a yearly work plan with our audit and risk committee and is in the process of executing their second annual plan. The plan focuses on risk areas identified thorough the fraud risk assessment in line with the government Counter Fraud Profession methodology required by the NHS Counter Fraud Authority. The group financial controller is our nominated fraud champion. We submitted our tenth counter fraud self-assessment tool return to the NHS Counter Fraud Authority in May 2025. Our

submission shows consistency against the prior year, with an overall ‘green’ rating (2023-24 was ‘green’). In total, against the 12 standards we fully met seven and partially met five, therefore none were not met.

Clinical audit

During 2024, seven national clinical audits, clinical outcome review programmes and other national quality improvement programmes covered the NHS services that Spire Healthcare provides.

During that period, Spire Healthcare participated in 100% of national clinical audits, clinical outcome review programmes and other national quality improvement programme in which it was eligible to participate.

The national clinical audits, clinical outcome review programmes and other national quality improvement programmes which Spire Healthcare was eligible to participate during 2024 are as follows:

- National elective surgery: PROMs: patients undergoing hip replacement and knee replacement in England
- National Joint Registry (NJR)
- Adult cardiac surgery: coronary artery bypass graft (CABG) and valvular surgery
- Heart: coronary angioplasty (percutaneous coronary interventions)
- National Heart Rhythm Management Audit
- Breast and Cosmetic Implant Registry
- National Bariatric Surgery Registry

The national clinical audits, clinical outcome review programmes and other national quality improvement programmes in which Spire Healthcare participated during 2024 are as follows:

- National elective surgery: PROMs: patients undergoing hip replacement and knee replacement in England

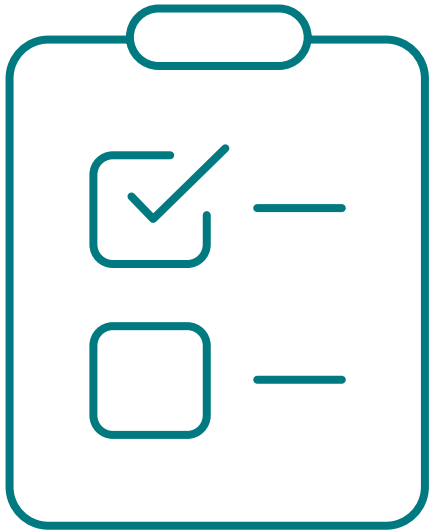
- National Joint Registry (NJR)
- Adult cardiac surgery: coronary artery bypass graft (CABG) and valvular surgery
- Heart: coronary angioplasty (percutaneous coronary interventions)
- National Heart Rhythm Management Audit
- Breast and Cosmetic Implant Registry
- National Bariatric Surgery Registry

The national clinical audits, clinical outcome review programmes and other national quality improvement programme which Spire Healthcare participated in during 2024, are listed as follows, 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:

- National elective surgery PROMs: patients undergoing hip replacement and knee replacement in England – 50%
- National Joint Registry – 99.1% based on the results of the NJR’s data quality audit for 2023/24
- Adult cardiac surgery: CABG and valvular surgery – information unavailable (the cases submitted include a mix of both privately funded and NHS patients)
- Heart: coronary angioplasty (percutaneous coronary interventions) – information unavailable (the cases submitted include a mix of both privately funded and NHS patients)
- National Heart Rhythm Management Audit – information unavailable (the cases submitted include a mix of both privately funded and NHS patients)
- Breast and Cosmetic Implant Registry – information unavailable (the cases submitted include a mix of both privately funded and NHS patients)
- National Bariatric Surgery Registry – information unavailable (the cases submitted include a mix of both privately funded and NHS patients)

As a result of these audits, Spire Healthcare intends to take the following actions to improve the quality of healthcare provided:

- Improving PROMs participation remains a key focus for us in 2025. Participation and associated action plans are now monitored through our clinical effectiveness and outcomes framework, with results reported through to our national clinical audit and clinical effectiveness committee. Our target remains 80% participation (based on patients completing their pre-op PROMs survey)



Based on the NJR annual data quality audit, the Spire Healthcare hospitals below achieved ‘Quality Data Provider’ status based on 2023/24 data and the new audit criteria designed by the NJR.³

- We will work with the two hospitals that did not achieve Quality Data Provider Status in the coming year and continue to review data outliers in line with the process defined in our medical governance and assurance policies
- While primarily provided to private patients at Spire, data provided by the Breast and Cosmetic Implant Registry (BCIR) suggests that there is variation in participation rates between our hospitals. We’ll continue working with

Hospital	2024 Awards	2023 Awards
Spire Alexandra Hospital	Gold	Gold
Spire Bushey Hospital	Gold	Gold
Spire Cambridge Lea Hospital	Gold	Silver
Spire Cardiff Hospital	Gold	Gold
Spire Cheshire Hospital	Gold	Gold
Spire Clare Park Hospital	Gold	Gold
Spire Fylde Coast Hospital	Gold	Gold
Spire Gatwick Park Hospital	Gold	No award made
Spire Hull & East Riding Hospital	Gold	Gold
Spire Leeds Hospital	Gold	Gold
Spire Leicester Hospital	Gold	Bronze
Spire Little Aston Hospital	Gold	Gold
Spire Liverpool Hospital	Gold	No award made
Spire London East Hospital	Gold	No award made
Spire Manchester Hospital	Gold	Silver
Spire Methley Park Hospital	Gold	Gold
Spire Murrayfield Hospital	Gold	Bronze

³Previously, hospitals achieving 95% compliance by the audit deadline received a Quality Data Provider Certificate. This year, baseline compliance of 95% was required to be considered for one of the following awards:

- Gold (99 - 100%)
- Silver (97 - 98%)
- Bronze (95 - 96%)

our hospitals in the coming year to improve processes in this area, and with NHS England now that the BCIR has moved to the new Medical Device and Outcome registry.

Research

A number of patients receiving NHS services, provided or subcontracted by Spire Healthcare in 2024 were recruited during the year to participate in research approved by a research ethics committee. In most of these cases, Spire Healthcare 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.

Hospital	2024 Awards	2023 Awards
Spire Nottingham Hospital	Gold	Silver
Spire Parkway Hospital	Gold	Gold
Spire Portsmouth Hospital	Gold	Gold
Spire South Bank Hospital	Gold	No award made
Spire Tunbridge Wells Hospital	Gold	Gold
Spire Washington Hospital	Gold	Silver
Spire Wellesley Hospital	Gold	Silver
Spire Yale Hospital	Gold	Gold
Spire Bristol Hospital	Silver	Gold
Spire Elland Hospital	Silver	Bronze
Spire Harpenden Hospital	Silver	Silver
Spire Hartswood Hospital	Silver	Gold
Spire Montefiore Hospital	Silver	Gold
Spire Norwich Hospital	Silver	Bronze
Spire St Anthony's Hospital	Silver	Gold
Spire Thames Valley Hospital	Silver	Bronze
Spire Claremont Hospital	Bronze	Silver
Spire Southampton Hospital	Bronze	No award made

Compared with last year, 35 hospitals achieved the Quality Data Provider Certificate, with 25 ‘Gold’ awards (19 for 2023). Of the two hospitals not to achieve an award, Dunedin had the required compliance to receive a bronze ‘award’ and Regency had the required compliance to receive ‘silver’ but missed out because they were both above the threshold for the number of audit records with no status set.

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.

Hospital	Inspection date	Publication date	Overall rating
Spire Alexandra Hospital	19-Dec-16	06-Sep-17	Requires Improvement
Spire Bristol Hospital	17-Feb-22	23-Jun-22	Good
Spire Bushey Hospital	28-Sep-21	02-Dec-21	Good
Spire Cambridge Lea Hospital	06-Jun-16	05-Dec-16	Good
Spire Cheshire Hospital	18-Oct-16	17-May-17	Outstanding
Spire Clare Park Hospital	06-Mar-24	15-Nov-24	Good
Spire Claremont Hospital	20-Feb-17	08-Aug-17	Outstanding
Spire Dunedin Hospital	15-Feb-22	19-May-22	Good
Spire Elland Hospital	09-Aug-16	21-Mar-17	Good
Spire Fylde Coast Hospital	08-Apr-19	02-Sep-19	Good
Spire Gatwick Park Hospital	26-Oct-21	17-Jan-22	Good
Spire Harpenden Hospital	12-Apr-16	09-Jan-17	Good
Spire Hartswood Hospital	01-Dec-21	22-Mar-22	Good
Spire Hesslewood Clinic	18-Sep-18	22-Nov-18	Good
Spire Hull & East Riding Hospital	18-Sep-18	15-Nov-18	Good
Spire Leeds Hospital	02-Mar-20	01-Jun-20	Good
Spire Leicester Hospital	11-Aug-15	19-Feb-16	Good
Spire Little Aston Hospital	11-Jun-19	18-Nov-19	Good
Spire Liverpool Hospital	10-Aug-22	03-Oct-22	Good
Spire London East Hospital	05-Nov-19	11-Feb-20	Good
Spire Manchester Hospital	24-Aug-22	20-Oct-22	Outstanding
Spire Methley Park Hospital	21-Nov-23	22-Jan-24	Good
Spire Montefiore Hospital	23-Jan-17	05-Jun-17	Outstanding
Spire Murrayfield Hospital, Wirral	27-Apr-22	21-Jul-22	Good
Spire Norwich Hospital	06-Apr-22	21-Jun-22	Good
Spire Nottingham Hospital	29-Nov-23	01-Feb-24	Outstanding
Spire Parkway Hospital	17-Sep-19	09-Dec-19	Good
Spire Portsmouth Hospital	13-Apr-16	07-Sep-16	Good
Spire Regency Hospital	23-Nov-21	11-Feb-22	Good
Spire South Bank Hospital	02-Dec-21	10-Feb-22	Good
Spire Southampton Hospital	08-Jul-21	13-Sep-21	Good
Spire St Anthony's Hospital	29-Oct-19	28-Apr-20	Good
Spire Thames Valley Hospital	06-Nov-19	03-Feb-20	Good
Spire Washington Hospital	04-Dec-19	08-May-20	Good
Spire Wellesley Hospital	14-Sep-22	06-Mar-23	Good
Spire Bushey Diagnostic Centre	28-Sep-21	02-Dec-21	Good
Orth Team Centre	27-Jun-23	03-Oct-23	Good

Hospital performance data

Hospital	Unplanned returns to theatre	Unplanned readmissions within 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	0.07%	0.20%	0.20%	0	0	0	0
Spire Bristol Hospital	0.18%	0.56%	0.20%	2	0	2	0
Spire Bushey Hospital	0.09%	0.09%	0.13%	0	0	0	0
Spire Cambridge Lea Hospital	0.17%	0.46%	0.23%	0	0	0	0
Spire Cheshire Hospital	0.21%	0.32%	0.11%	1	0	0	0
Spire Claremont Hospital	0.13%	0.56%	0.23%	0	0	0	0
Spire Clare Park Hospital	0.39%	0.25%	0.04%	1	0	0	0
Spire Dunedin Hospital	0.06%	0.17%	0.43%	2	0	2	0
Spire Elland Hospital	0.12%	0.38%	0.18%	0	0	0	0
Spire Fylde Coast Hospital	0.08%	0.18%	0.17%	1	0	1	0
Spire Gatwick Park Hospital	0.11%	0.28%	0.22%	1	0	0	0
Spire Harpenden Hospital	0.24%	0.19%	0.07%	0	0	0	0
Spire Hartswood Hospital	0.07%	0.15%	0.14%	3	3	0	0
Spire Hull and East Riding Hospital	0.14%	0.38%	0.16%	4	0	3	0
Spire Leeds Hospital	0.25%	0.47%	0.24%	0	0	0	0
Spire Leicester Hospital	0.15%	0.34%	0.27%	1	0	1	0
Spire Little Aston Hospital	0.18%	0.15%	0.24%	2	1	0	0
Spire Liverpool Hospital	0.09%	0.18%	0.25%	1	0	0	0
Spire London East Hospital	0.20%	0.18%	0.20%	0	0	0	0
Spire Manchester Hospital	0.14%	0.75%	0.10%	1	0	1	0
Spire Methley Park Hospital	0.19%	0.56%	0.19%	0	0	0	0
Spire Montefiore Hospital	0.17%	0.17%	0.26%	1	0	1	0
Spire Murrayfield Hospital, Wirral	0.05%	0.05%	0.28%	1	1	0	0
Spire Norwich Hospital	0.43%	0.46%	0.47%	2	0	1	0
Spire Nottingham Hospital	0.35%	0.22%	0.14%	1	0	1	0
Spire Parkway Hospital	0.18%	0.26%	0.24%	1	1	0	0
Spire Portsmouth Hospital	0.18%	0.20%	0.14%	0	0	0	0
Spire Regency Hospital	0.06%	0.28%	0.30%	0	0	0	0
Spire South Bank Hospital	0.23%	0.41%	0.23%	0	0	0	0
Spire Southampton Hospital	0.52%	0.67%	0.39%	4	0	2	0
Spire St Anthony's Hospital	0.29%	0.17%	0.31%	0	0	0	0
Spire Thames Valley Hospital	0.05%	0.07%	0.07%	1	0	0	0
Spire Tunbridge Wells Hospital	0.10%	0.41%	0.20%	0	0	0	0
Spire Washington Hospital	0.52%	0.63%	0.15%	1	1	0	0
Spire Wellesley Hospital	0.22%	0.30%	0.21%	0	0	0	0
Group total	0.20%	0.33%	0.21%	32	7	15	0

Reportable HCAI*		Falls	FFT 'Good' or 'Very Good' experience
MSSA BSI	Pseudomonas BSI	As a % of IP Bed Days	% of Responses
0	0	0.13%	93.64%
0	0	0.15%	90.41%
0	0	0.10%	88.95%
0	0	0.21%	87.59%
1	0	0.16%	91.91%
0	0	0.19%	92.41%
1	0	0.05%	92.14%
0	0	0.16%	89.41%
0	0	0.19%	93.73%
0	0	0.08%	91.59%
1	0	0.10%	89.86%
0	0	0.11%	90.91%
0	0	0.12%	94.36%
1	0	0.16%	90.32%
0	0	0.18%	86.73%
0	0	0.15%	89.91%
1	0	0.10%	90.18%
1	0	0.17%	91.91%
0	0	0.12%	87.00%
0	0	0.14%	89.86%
0	0	0.25%	90.64%
0	0	0.24%	89.64%
0	0	0.13%	93.32%
0	1	0.22%	92.14%
0	0	0.19%	92.32%
0	0	0.16%	91.73%
0	0	0.11%	92.50%
0	0	0.23%	94.09%
0	0	0.15%	92.09%
2	0	0.16%	88.05%
0	0	0.15%	86.45%
1	0	0.11%	88.09%
0	0	0.19%	94.94%
0	0	0.20%	91.32%
0	0	0.17%	90.09%
9	1	0.16%	90.90%

Clinical indicator data refers to calendar year 2024 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 2024)

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 2024-25

Spire Healthcare

It is acknowledged that Spire Healthcare provide care nationally and locally across Cheshire and Merseyside. NHS Cheshire and Merseyside has worked locally with Spire Healthcare within Cheshire, Liverpool, Warrington, and Wirral footprint throughout 2024-25 and recognises the achievements made with regards to quality throughout the year.

Significant work has been undertaken to successfully achieve the identified quality priorities for 2024-25. It is positive to see the evaluation of the patient experience survey results, and sharing of best practice from across sites has contributed to an increase in the proportion of patients responding as ‘strongly agree’ when asked are they clear about the next steps of their care after an appointment or on discharge. This demonstrates the organisation’s commitment to their continuous improvement approach to improving patient experience, quality and safety.

The ICB commend Spire Healthcare for their commitment to improving capacity through reduced length of stay, and the continued improvements across major gynaecology, general surgery and day case surgery. In addition, the work undertaken to reduce the average length of stays (AvLOS) for primary hip and knee replacement to below two days. We recognise the positive impact this has in contributing to the reduction of waiting lists, and the safety benefits for patients requiring shorter lengths of stay such as lower risk of hospital acquired infections and fewer complications.

Spire Healthcare has been recognised by Thrombosis UK, and highly commended in their VTE (venous thromboembolism) awards for ‘an excellent quality improvement programme’.

This supports and acknowledges the positive work undertaken in continuing to sustain a reduction in the level of avoidable VTE incidents.

The organisation’s active clinical audit programme has been described within the account and assures oversight of clinical effectiveness. We look forward to understanding the progress of improvement work in relation to improving PROMs participation and those hospitals that did not achieve Quality Data Provider status. The ICB will work with Spire Healthcare to understand more of the clinical audit findings requiring action during 2025-26 and support the delivery to allow further improvement journeys to be presented in the next Quality Account.

Spire Healthcare demonstrates an open learning culture; there is a focus on mortality related learning with key lessons shared across the organisation. We will again work closely with the organisation to oversee the improvements made against these learning points.

Finally, it is recognised that the individual effort of staff and teams at Spire Healthcare make a huge impact to 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 a 98% rating of ‘Good’ or ‘Outstanding’ or equivalent by regulators in England, Scotland, and Wales for those hospitals and clinics that have been inspected.

Yours sincerely

Chris Douglas MBE (she/her)
Executive Director of Nursing and Care, NHS
Cheshire and Merseyside ICB



Contact us

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If you would like this Quality Account in large print, Braille or another language, please contact **spirecommunicationsteam@spirehealthcare.com**





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