Circle Health Group

Quality Account

2025-2026

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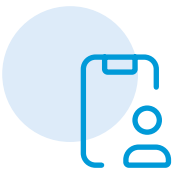
Contents

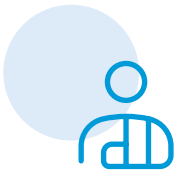
Circle Health Group in numbers

9,800+
contracted staff

53
hospitals



1,950+
available beds



400+
ambulatory care bays, pods and chairs

160+
theatres

5
cardiac catheter labs

6,500+
consultants

From 1 April 2025 – 31 March 2026

64,000+
Inpatients

209,000+
Day cases

1.9m+
Outpatients

168,000+
Physiotherapy sessions

Chief Executive Officer statement

Paul Manning
Chief Executive Officer

"Sustainability is a core focus for the organisation and, in the last 12 months, over 150 unique sustainability-focused initiatives have been launched across the organisation"

Against a backdrop of rapid innovation, change and growth within healthcare, Circle Health Group's relentless commitment to safety and quality remained constant. I am pleased that we can report, in this year's Quality Account, that the organisation continued to excel and improve in the fields of patient safety, clinical quality, customer satisfaction and financial performance.

In the last year, Circle provided over 2.3 million patient contacts, representing a solid 0.7% increase year on year. I believe that the organisation's continued focus on clinical quality, and providing the patients in its care with an outstanding experience, makes us the provider of choice for those seeking to access private healthcare in the UK. Alongside growth in patient contacts, the organisation saw further growth in its share of the pivotal private medical insurance (PMI) market, providing another clear indication that Circle's strategy is providing patients and referrers alike with confidence and assurance.

I am further delighted to report that 95% of Circle's UK hospital network is now rated either Good or Outstanding, or equivalent, by our regulators. This unprecedented achievement now means that just 5% of Circle's facilities remain below that standard compared to the group's position five years ago. In addition to hospital ratings, Circle achieved the coveted accreditation from the Association for Perioperative Practice (AfPP) across all its hospital facilities, making it the first provider in the UK to achieve this level of accreditation and assurance.

The group also received Gold accreditation from the National Joint Registry (NJR) for an unprecedented second year in a row. Both achievements make Circle the first and only private hospital operator to achieve both AfPP and NJR Gold accreditations, and hold them simultaneously. Moreover, the group reached the gold milestone with the Private Healthcare Information Network (PHIN) and Competition and Markets Authority (CMA) six months ahead of schedule. Service quality and consumer satisfaction is hard-wired into the organisation's operational delivery, making it a market leader in its approach to quality.

Investing for the future

Circle shifted its focus in the last year to an aggressive value creation strategy, navigating significant economic headwinds which delivered a substantial increase in EBITDAR and total revenue growth. Our targeted investment strategy has always been motivated by a desire to equip our people with the latest technology to enable them to make a meaningful and powerful impact to the lives of the patients they support.

In the last year, the organisation completed a landmark, two-year, targeted, £200 million capital investment programme, which not only delivered a year-on-year increase in outpatient bookings and surgical cases but strengthened the group's position in the key fields of orthopaedic surgery, diagnostics and imaging.

Each Circle hospital benefitted from investment, including the introduction of nine new MRI scanners across the business, with further investment to grow Circle's higher acuity capability in oncology and urology. Physical infrastructure was also a key component of the organisation's investment programme, with an increase in the number of ambulatory care theatres nationwide, whilst also adding additional ward, bedroom and recovery capacity to improve the operational throughput of Circle's hospital estate.

Technology represents the future of healthcare delivery, and Circle now boasts one of the largest collections of robotic surgical systems in Europe, with deployment of multiple VELYS robotic surgical systems and the first da Vinci 5 systems seen in the independent healthcare sector. Outside robotics, Circle continued to innovate and demonstrate its ability to meet demand in unique ways, being the first provider to launch a fleet of mobile mammography units in a multimillion-pound project that has taken technology and clinical innovation directly to patients. Investment is a tool the organisation has continued to use to meet growing demand and to respond innovatively and at pace to the demands of the modern healthcare landscape.

Data maturity and the use of technology to improve patient experience in real time was a key focus for Circle. Major improvements in the user interface and user experience of Circle products and digital services resulted in a 27% increase in online bookings. The My Circle Health portal was launched, with over 30,000 patients registered by the end of the year and over 3,000 sign-ups in September 2025 alone. Digital consent and electronic health questionnaires were successfully implemented at scale across Circle's hospital estate, with over 287,000 episodes of care consented to digitally, as well as over 38,000 questionaries completed. Both projects significantly improved patient experience and safety across the organisation.

Quality, outcomes and patient experience

The group's relentless focus on quality saw three more Circle hospitals achieve either Good or Outstanding ratings following inspection by the Care Quality Commission (CQC). In 2025, 95% of Circle's UK-wide hospital network was rated either Good or Outstanding by the regulator, and two of the group's Scottish hospitals achieved the highest possible rating from Healthcare Improvement Scotland (HIS), making them the only hospitals in the independent sector to carry that accolade.

This is a remarkable achievement considering that, just five years ago, 14 hospitals were rated as Requires Improvement. It highlights the speed, dedication and laser-like focus Circle has on the quality of its facilities and services.

Alongside hospital ratings, the impact of Circle's commitment to quality and patient experience saw the group's Reputation.com (Reputation) score jump significantly in the last 12 months, with many hospitals now recipients of the prestigious Reputation 900 Award. Google scores, a key indicator of consumer confidence, show Circle scoring 4.8 stars out of 5 against the comparable size competitor average of below 4 stars. Not only does this represent a notable percentage increase year on year but makes Circle the only independent hospital operator in the UK to carry these best-in-class scores.

Accreditation is a powerful indicator of the success of a hospital operator's performance, and the last 12 months saw Circle achieve AfPP accreditation across all its hospital facilities, making it the first provider in the UK to achieve this level of accreditation and assurance. In addition to the landmark operating theatre accreditation, the group received NJR Gold accreditation for an unprecedented second year in a row. In one year, Circle became the first and only private hospital operator to achieve both AfPP and NJR Gold accreditations and hold them simultaneously. Moreover, the group reached the gold milestone with PHIN/CMA six months early.

Across a suite of metrics, Circle delivered some of the highest clinical quality results in the independent sector in the last year. The results from our Patient Reported Outcome Measures (PROMs) showed that an exceptionally high percentage of patients recovered well after surgery at Circle hospitals, with excellent outcomes in orthopaedics. In the crucial hip, knee and shoulder categories PROMs measurements were 98%, 94% and 96% respectively for private patients. This data shows that Circle's rigorous approach to enhanced recovery programmes and bespoke surgical pathways is providing patients with an exceptional quality of care that is unrivalled at scale in the independent sector.

Supporting our people to thrive and grow

Our now well-established philosophy provides a framework for success. Our values and principles are embedded in all that we do and provide a platform for recruitment, retention and development. Our principles of 'believing that patients come first' and 'good enough never is', underpin our pursuit of excellence, empowering our people to never compromise on quality or safety. This, together with the Circle Operating System, provides the freedom to adhere to best practice and be the patients' advocate at all times.

In the last 12 months, Circle ran its most successful employee engagement survey with over 75% of employees engaging directly. Following the results of the survey, Circle was independently named a Very Good Company to Work For and was ranked in the Top 3 Best Health and Social Care Companies to Work For in the UK. Overall, Circle ranked 7th in the Top 10 Best Big Companies to Work For in the UK.

Finally, Circle launched the UK's hospital management degree level qualification in partnership with Liverpool John Moores University. The course is the only programme of its kind to support future hospital directors and corporate leaders with the skills and knowledge needed in everything from patient safety to commercial performance and managing specialist consultants. Data suggests that two thirds of NHS hospitals have a 'first time' CEO with one third of the healthcare sectors CEO having only been in post for 18 months or less.

In the first cohort alone, there was a 100% pass rate, whilst 62% of students achieved distinction. By the end of 2025, more than 60% of Circle's workforce were engaged in continuous professional development. Circle's proactive and forward-thinking approach makes the organisation's approach to continuous professional development unique amongst private sector hospital operators.

Finally, I am incredibly proud that, in the last 12 months, more than 200 colleagues across the organisation have commenced apprenticeship programmes. Nurturing and supporting talent across our organisation is critical to making Circle a leading employer in the UK. We are now offering more than 30 different apprenticeship programmes for clinical, administrative and leadership positions. The last 12 months saw our first cohort of diagnostic radiographers qualify and we now have our first apprenticeships in sustainability being offered to colleagues across the UK. Our people continue to be our greatest asset, and Circle will continue to champion their growth and development in the years to come.

Sustainability and playing our part in our communities

Playing an active role within the communities that Circle is a part of is important to the organisation. In 2025, Circle raised over £197,000 for national and local charities, including over £30,000 for The Trussel Trust and Alzheimer's Society, whilst our hospitals supported 60 local and community charities delivering services in and around their area. Under the 'giving something back' scheme, Circle centrally matched more than £97,000 to support the final total.

Sustainability is a core focus for the organisation and, in the last 12 months, over 150 unique sustainability-focused initiatives have been launched across the organisation. Operationally, our supply chain plays a critical role and we have screened our top 100 suppliers to assess their environmental, social and governance (ESG) credentials to ensure they align with our own ambitious plans to make a meaningful impact to the climate crisis. Our top 15 suppliers, ranked by their emissions, have been engaged with directly, working in real partnership to meet shared emissions goals and to look at solutions that support the triple bottom line.

Whilst our work is in its infancy, in the last 12 months alone, we have made a substantial impact on decarbonising our supply chain. A key milestone was reached with our warehouse partners; with their support, we have improved our warehouse efficiency, reducing the volume of deliveries needed to supply each of our hospitals by adopting a 'mega pallet' strategy. Since its launch, we have reduced costs from £4.7m to £3.7m whilst optimising our stock and economising on the quantity of pallets needed.

Alongside warehouse operations, significant work has been carried out to meet our sustainable waste management targets. I am pleased to report that, since launching this programme, 100% of Circle's waste that is handled by our partner is now diverted from landfill, with a growing percentage of that waste now being recycled. The ownership and implementation of our sustainability agenda is shared across our entire organisation and I am confident that, through our people's hard work and dedication, our goals to become a full sustainable and environmentally conscious healthcare provider will be met in the not-too-distant future.

The future

Circle's achievements over the past year are a testament to the strength and commitment of our people to deliver an outstanding quality of care to the patients they see and to support the growth of our business opportunities. My enduring gratitude and thanks go to our patients, people, partners and suppliers for their trust and constant support as we look to make substantial progress on our shared strategic priorities. Together, I am confident that there is an exciting and dynamic future ahead for Circle, as we continue to make a powerful contribution to the nation's health.

Paul Manning
Chief Executive Officer
May 2026

Chief Medical Officer statement

Peter James
Chief Medical Officer

"A renewed focus on primary care has led to almost every Circle hospital now offering private GP services and a new physiotherapy and health assessment strategy has seen our services reach thousands more patients across the UK"

Providing our patients with high quality, safe and compassionate care is a cornerstone of our organisation. I am pleased to report that over the last year, significant and meaningful progress has been made across every aspect of the care we provide.

Accreditation is a powerful indicator of the success of a hospital operator's performance and the last 12 months saw Circle achieve AfPP accreditation across all its hospital facilities, making it the first provider in the UK to achieve this level of accreditation and assurance. In addition to the landmark operating theatre accreditation, the group received NJR Gold accreditation for an unprecedented second year in a row. In one year, Circle became the first and only private hospital operator to achieve both AfPP and NJR Gold accreditations, and hold them simultaneously. Moreover, the group reached the gold milestone with PHIN/CMA six months early.

Our people continue to transform the lives of the patients they see, and it is through their hard work, dedication and commitment that achievements like this can be made.

Best practice

Our commitment to championing and embedding best practice across our UK-wide hospital estate was strengthened with Circle becoming the first and only private hospital operator to achieve both AfPP and NJR accreditation, holding them simultaneously. Accreditation not only confirms that our approach to caring for patients is industry-leading, but it also provides our patients with an unrivalled level of assurance. Further success was achieved in this field with the reaccreditation of oncology services through the Macmillan Quality Environmental Mark. Both Aseptic Non-touch Technique (ANTT) Gold and National Autistic Society accreditations were also received at relevant Circle hospitals.

It remains my steadfast commitment to ensure that all Circle facilities are recognised as safe and welcoming environments for every patient looking to access care. I hope to report that, in the next 12 months, further accreditations will be achieved, bolstering the organisation's reputation for best practice and innovative approaches to care.

Quality and improvement

The last 12 months have shown that Circle continues to deliver some of the highest clinical quality metrics in the independent sector. Our PROMs results show that patients continue to enjoy excellent post-surgery outcomes. In the hip, knee and shoulder categories, PROMs measurements were 98%, 94%, and 96% respectively for private patients. The organisation's rigorous approach to embedding enhanced recovery programmes at the heart of patient pathways is ensuring that an exceptional standard of care is achieved in every patient contact.

Patients continued to demonstrate high levels of satisfaction with the care they had received. In the last 12 months, over 96% of admitted patients were satisfied with their overall service experience and over 98% of admitted patients rated the nursing care they received as excellent, very good or good. I was especially pleased to see that this feedback was consistent in the over 79,900 survey responses received. This demonstrates our tireless commitment to the delivery of quality and compassionate care for every patient that chooses to be supported by Circle.

Both Reputation and Google scores continued to jump significantly in the last 12 months, with more Circle hospitals achieving the prestigious Reputation 800 and 900 Awards. Google scores are a strong indicator of consumer trust and confidence; Circle now enjoys a rating of 4.8 stars out of 5 against the comparable sized competitor average of below 4 stars. Not only does this represent a notable percentage increase year on year but makes Circle the only independent hospital operator in the UK to carry these best-in-class scores.

Governance and the Circle Operating System

Compassionate care is embedded within the Circle Operating System (COS), which in turn provides structure and governance to our daily intention to provide outstanding care.

COS is universally applied: it empowers all our people to deliver patient-centric care in a sustainable environment, providing them with the tools to create and sustain a culture of effective decision-making and peak performance.

Investing in success

Strong clinical leadership is central to Circle and has been a key part of our approach to the delivery of care and business decision-making. In the last 12 months, I have welcomed new Associate Medical Directors to the organisation, with a focus as diverse as consultant engagement and medical education through to primary care and medical performance.

These roles have ensured that, as an organisation, Circle can respond to the opportunities and responsibilities of delivering high quality care in an evolving healthcare landscape. Through their work, we have seen record levels of engagement from our consultant workforce, with their engagement strengthening our positioning as the destination of choice for doctors looking to build a private practice.

Targeted investment has seen year-on-year growth in outpatient bookings and surgical cases, with specific programmes strengthening the organisation's robotic surgical system portfolio. Capacity has been added to the number of bedrooms, recovery areas and wards within Circle to enable a higher throughput of patients than ever before. Higher acuity has been a key growth area for the organisation, with a particular focus in the last 12 months on Circle's provision for oncology and urology. I am pleased to also report that the number of ambulatory care theatres nationwide has grown, alongside the addition of new MRI, CT and mobile imaging assets, allowing us to respond faster to the changing needs of our patients.

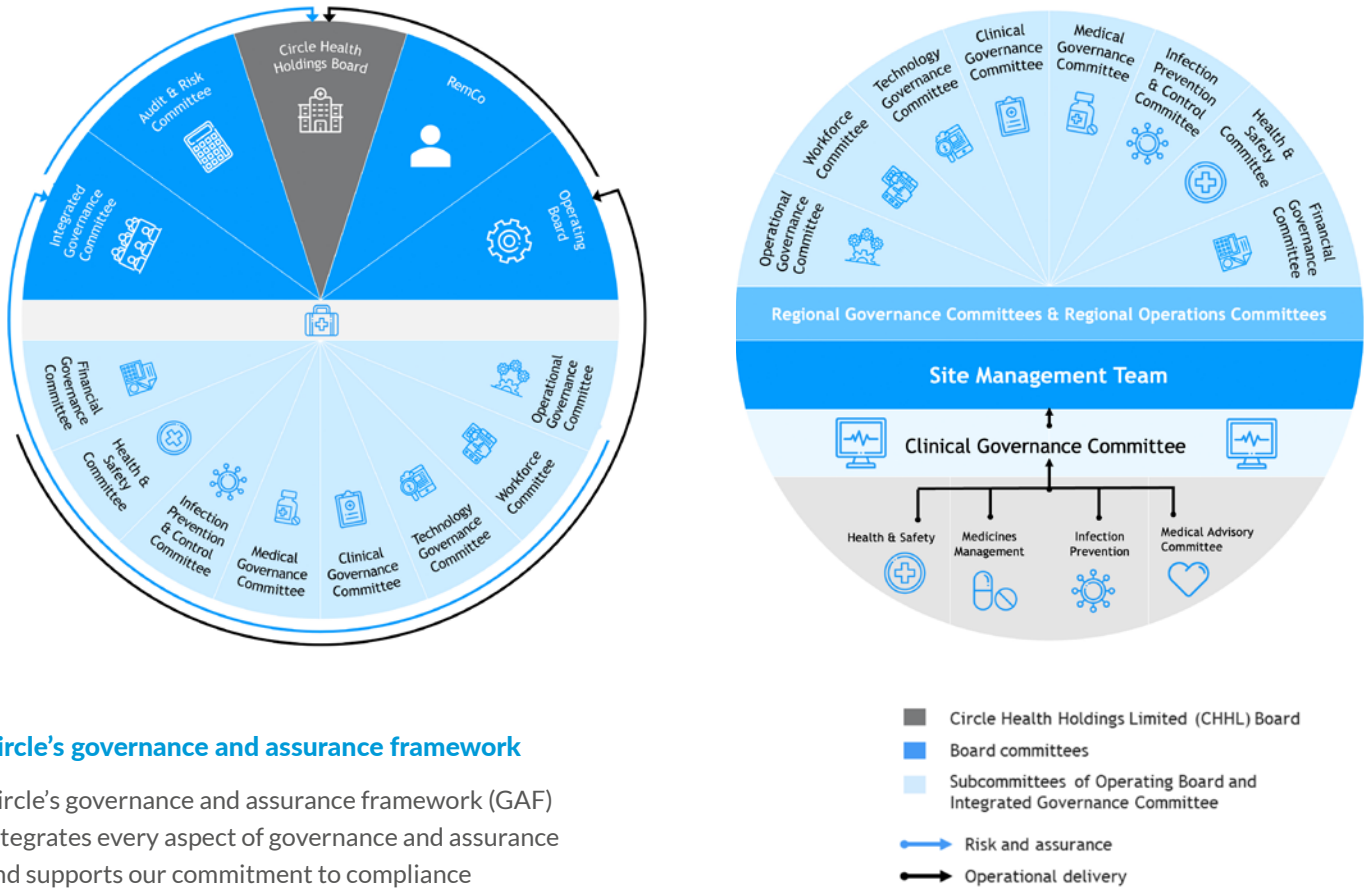
A renewed focus on primary care has led to almost every Circle hospital now offering private GP services and a new physiotherapy and health assessment strategy has seen our services reach thousands more patients across the UK. Investing in our facilities and services empowers our highly skilled and dedicated workforce to deliver more for our patients. In the coming months, we will continue to develop and enhance our existing pathways to continue meeting demand and exceeding patient expectations.

The last 12 months have shown what is possible when you equip incredibly talented people with the tools and resources they need to deliver high quality care to patients. We will continue to pride ourselves on the quality of our services and our unrelenting focus on best practice and safety. I am pleased that our organisation and people continue to embody our values, by being agile, selfless, and compassionate in their approach to the delivery of care.

Peter James
Chief Medical Officer
May 2026


“The last 12 months have shown what is possible when you equip incredibly talented people with the tools and resources they need to deliver high quality care to patients”

Quality and safety assurance



Circle's governance and assurance framework

Circle's governance and assurance framework (GAF) integrates every aspect of governance and assurance and supports our commitment to compliance and transparency.

It provides everyone with whom we work a clear vision of the governance for every aspect of our business, as well as those charged with ultimate responsibility. It also maps out the cyclical interconnectivity of accountability, information and continuous improvement – from the department, then the site, then the region, then the board, and back again.

The GAF illustrates how every member of staff plays an integral and critical role in ensuring good governance in all that we do. Working within this framework means that discussions and decisions made at governance committees flow to every relevant part of the business.

It supports better decision-making, faster reaction and greater accountability throughout the business. By holding ourselves to account for delivery against the GAF, we can demonstrate that services are of the highest quality.

Since its launch in April 2021, the GAF has provided a framework that clearly maps out how decisions are made and how they are linked to individuals, their teams and the part they can play. Over the past five years, since the launch of the GAF, Circle has evolved, as have the strategic priorities and the ways in which we work, and so the GAF has been updated to make it fit for purpose.

Venous Thromboembolism Exemplar Centres

The Department of Health first awarded our hospitals venous thromboembolism (VTE) exemplar centre status in 2011 and 2017, and again at the most recent revalidation process in 2023. Circle was the first independent sector provider to achieve this status group-wide. The group is currently working towards reaccreditation in late 2026.

Macmillan Quality Environment Mark

Nineteen Circle hospitals have a medical oncology service, all of which have achieved the Macmillan Quality Environment Mark (MQEM), the detailed quality framework used for assessing whether cancer care environments meet the standards required by people living with cancer. Circle has now entered a reaccreditation phase, with all 19 sites working to meet the standards to be re-awarded the accreditation.

Bupa accreditation programme

All our hospitals have a minimum of one service-specific Bupa accreditation, including bowel, breast, prostate, cataract, cancer services and critical care services. This enables Bupa to confidently signpost its members to our hospitals' accredited services.

Joint Advisory Group on Gastrointestinal Endoscopy

Forty Circle hospitals are currently registered with the Joint Advisory Group (JAG) and 35 of these are accredited. Accreditation provides independent and impartial recognition that a service meets high standards of quality. This means that patients can feel confident in their endoscopy service and assured of receiving high-quality, consistent care.

By participating in the accreditation process, Circle hospitals are enrolled in an ongoing programme of service and quality improvement. The remaining sites in the group that are registered with JAG are actively preparing for their accreditation assessment.

The Association for Perioperative Practice accreditation

This important, nationally recognised, award acknowledges hospitals' commitment to the development of standards of perioperative practice.

Accreditation provides validation of the theatre environment and patient experience, patient safety and consistent adherence to best practices, and the process and practices in our theatres.

In August 2025, Circle had its 50th operating theatre department awarded the AfPP accreditation. This meant that all Circle operating theatre departments had been awarded the accreditation, making Circle the first private group in the country to do so.

Circle is now over halfway through the reaccreditation inspections, with sites working to meet the standards required to be re-awarded the accreditation.

Aseptic Non-touch Technique accreditation

Healthcare providers are increasingly required to demonstrate effective clinical governance to regulators and the public for the critical clinical competency of aseptic technique.

ANTT accreditation, overseen freely by the Association for Safe Aseptic Practice, provides healthcare organisations with a mechanism by which to demonstrate effective clinical governance for aseptic technique and commitment to infection prevention and patient safety.

All our hospitals currently hold Gold accreditation, and plans are underway to support their revalidation by August 2026.

ISO/IEC 27001:2022

ISO 27001 is the globally recognised, international standard for managing risks to information security. Our certification to ISO 27001:2022 allows us to prove to our stakeholders that we manage the security of the information we hold for the secure delivery of our hospital and patient services, including contracted NHS digital services applications. The accreditation applies to all our sites.

Circle is certified to the latest version of the standard, which is dated 2022. ISO normally updates standards on a five-year cycle.

ISO 13485:2016, ENISO 13485:2016

Our four decontamination units have all earned ISO 13485:2016, ENISO 13485:2016 accreditation, which demonstrates audited quality management systems for products and medical devices.

All four units were reaccredited in February 2026, passing all elements successfully.

Institute of Leadership and Management

The organisation is an accredited Institute of Leadership and Management (ILM) centre, providing nationally recognised leadership and management qualifications. Circle also delivers externally accredited clinical education programmes, including Professional Nurse Advocate and Professional Advocate courses accredited by Teesside University and the Royal College of Nursing, supporting workforce wellbeing, leadership capability and quality improvement.

Patient safety incident response framework

All healthcare organisations were expected to transition to the patient safety incident response framework (PSIRF) within 12 months of September 2022. Circle began this work promptly in October 2022 and undertook a structured programme to embed PSIRF consistently across all sites.

Following this transition process, PSIRF was fully implemented across Circle by 1 April 2024. This milestone marked the completion of the organisation's first formal PSIRF cycle and the full embedding of PSIRF methodology across our services.

As required under the framework, Circle also developed and published its patient safety incident response plan (PSIRP). In line with national expectations, and our commitment to transparency, our second PSIRP was published in April 2025, reflecting updated priorities, learning themes and insights gained during the first year of full implementation.

PSIRF sets out a modern approach to responding to patient safety events: one that places learning, compassion and improvement at its core. Its aims are to:

- **Advocate a co-ordinated, data-driven response** to patient safety incidents that prioritises meaningful and compassionate engagement with those affected.
- **Embed system-based approaches to learning**, enabling organisations to understand not only what happened but why it happened.
- **Support proportionate, thoughtful responses** aligned to the level of risk and learning opportunity.
- **Provide supportive oversight**, focused on strengthening system functioning and continuous improvement.

These principles align closely with Circle's commitment to delivering high-quality, safe and compassionate care and reflect the behaviours embedded within the Circle Operating System, including Stop the Line, Swarm, Patient Hour, Quality Quartet, Compassionate Care and Team Sessions.

Impact to date

The introduction of PSIRF has already had a positive and measurable impact across our organisation:

- **Stronger engagement with patients, families and staff**, ensuring their voices are valued throughout the learning process.
- **More effective, proportionate responses** to patient safety incidents, ensuring resources are focused where they can have the greatest impact.
- **Greater use of system-based analysis**, enabling teams to identify underlying causes and implement targeted improvements.
- **A more open culture of learning**, supported by established mechanisms such as Stop the Line and Team Sessions, helping staff to speak up early and collaboratively address safety concerns.
- **Consistent oversight and governance**, ensuring lessons learnt are shared across sites and embedded in practice.

Our commitment going forward

The implementation of PSIRF marks a significant step forward in strengthening our safety culture and continuously improving patient care. Circle remains committed to:

- Embedding PSIRF fully across all sites.
- Continually reviewing and refining our response processes.
- Sharing learning openly with our teams and with the public.
- Keeping patients and families at the heart of everything we do.

By embracing PSIRF, we are reinforcing our long-standing commitment to safe, compassionate and high-quality care, and ensuring learning from patient safety events leads to meaningful, sustained improvement.

Quality improvement programmes

At Circle, quality improvement (QI) empowers staff with the time, permission, tools and methodology to continuously improve the quality of care and outcomes for patients. Our approach is grounded in improvement science and supported by a culture where staff, patients and families actively contribute to meaningful, sustainable change.

QI is everyone's responsibility. Every day, colleagues across the organisation drive improvement through thoughtful, data-driven changes to practice.

The quality improvement programme (QIP) is fully endorsed by the board and is strategically led by the Chief Clinical and Quality Officer. Delivery is driven through the clinical teams, supported by targeted staff development, and underpinned by a robust system for capturing, recording and reporting improvement initiatives.

Safety improvement programme 2025

Circle implemented a targeted safety improvement programme (SIP) across all surgical sites during October and November 2025. This followed a thematic review of Never Events in 2023/24, which identified a recurring spike in incidents during December.

The SIP was designed as a proactive, system-wide intervention to strengthen surgical safety practices, improve consistency in the application of local safety standards for invasive procedures (LocSSIPs), and reduce Never Events through engagement, collaboration and frontline ownership.

The programme aimed to reduce the incidence of Never Events, strengthen adherence to surgical safety systems, including national safety standards for invasive procedures (NatSSIPs) and LocSSIPs, embed a culture of continuous learning and collaboration, and empower local teams to lead safety improvements.

The SIP was structured around three core interventions. The first was a NatSSIPs video challenge, where teams created and submitted videos demonstrating the application of NatSSIPs. These submissions were reviewed by an expert panel, with winning entries recognised through a formal prize process and subsequently shared across the organisation to promote standardisation and learning.

The second component was a workforce engagement week, which consisted of interactive quizzes and competitions focused on surgical safety. Participation was incentivised and widely adopted across multidisciplinary teams, reinforcing key safety principles in an accessible and engaging format.

The third element was a peer review programme, which involved Theatre Managers and Surgical Safety Guardians undertaking structured cross-site visits. These visits were supported by standardised audit tools and focused on reviewing surgical safety practices, identifying good practice and highlighting areas for improvement. This approach strengthened collaboration between sites and provided fresh perspectives on local practice.

The programme delivered significant improvements across several areas. In terms of patient safety, there were zero Never Events recorded in December 2025, alongside improved consistency in safety practices across sites. Workforce engagement was high, with strong participation and positive feedback on both the design and impact of the programme. Organisational learning was also enhanced, with increased sharing of best practice, stronger collaboration between theatre teams and greater visibility of safety standards.

The success of the programme was driven by its innovative and interactive design, strong clinical leadership and a clear emphasis on local ownership. The availability of structured resources ensured consistent delivery across sites, while the focus on peer learning and collaboration helped embed sustainable improvements.

The Q4 2025 SIP was highly effective in addressing a known seasonal risk in Never Events. Its engaging, frontline-led approach resulted in measurable improvements in safety culture and practice, culminating in zero Never Events during the identified high-risk period.

Building QI capability

Circle has worked in partnership with Teesside University and Liverpool John Moores University to develop and deliver QI education, including sustainable QI masterclasses and scenario-based QI workshops. These programmes support staff to apply improvement science to real service challenges, embedding sustainability, patient safety and effective use of resources into QI practice.

QI capability strengthened significantly throughout 2025 and will continue to grow into 2026 with:

- Accredited quality, service improvement and redesign (QSIR) training and broader QI education for all staff.
- Structured support to develop, test and sustain improvements.
- A deliberate focus on sharing and spreading QI initiatives.

Identifying quality and safety improvement priorities

Quality and safety improvement priorities are established through the systematic triangulation of patient safety data, clinical audit findings and quality improvement insight, enabled by collaborative working between the Patient Safety Lead, Clinical Audit Lead, Quality Improvement Lead, and site teams, informed by data from:

- Incident reports and trend analysis.
- Internal audits.
- Patient feedback and complaints.
- Clinical outcomes.
- Themes from the Patient Safety Incident Response Group (PSIRG).

This ensures improvement work is targeted, evidence-based and aligned to organisational learning and risk themes.

Local and multi-hospital improvement work

- Local QI initiatives are developed, owned and monitored within hospital teams.
- Multi-hospital programmes allow co-ordinated improvement across several sites, promoting consistency and shared learning.

All local QI initiatives are discussed and shared at hospital Clinical Governance Committee meetings, and all multi-hospital and national initiatives are reported and presented at the National Clinical Governance Committee, ensuring visibility, learning and accountability.

Radar is used to record all QI initiatives and to monitor audit compliance and data across both local and multi-hospital improvement projects. Staff are developing growing confidence in using data to drive improvement and understand variation. Power BI has further supported this by enabling clear, real-time measurement for improvement within the enhanced recovery QIP, measuring reduction in length of stay.

2025/26 multi-hospital quality improvement programmes

The Quality Improvement Lead and Patient Safety Lead have been jointly facilitating several group-wide programmes, including:

- Enhanced recovery programme.
- Falls reduction programme.
- Bowel care QIP.
- Fluid balance QIP and SIP.
- Never Event SIP.

These programmes support consistent practice, reduce unwarranted variation, and improve safety and patient outcomes across multiple hospitals.

The outcomes of these programmes have been successful in bringing teams together and supporting peer learning, with the falls reduction programme demonstrating a sustained reduction in falls during phase 1. The other programmes of work are demonstrating early signs of improvement; however, they are still in the learning stages.

All QIPs for 2025/26 will include a structured evaluation and key learning outputs, which will be shared across the organisation to support the spread of successful practice.

QI strategy 2024–2026

The strategy focused on:

- Building a skilled QI workforce, supported by QSIR.
- Strengthening patient involvement and co-design.
- Using data and evidence to drive improvement decision-making.
- Supporting both local and multi-hospital initiatives.
- Promoting a standardised approach to QI across the organisation.
- Ensuring improvements are sustained and measurable.
- Recording all QI activity on an accessible platform (Circle's quality improvement intranet page).

All of the objectives were successfully achieved, with work ongoing to support the sustainability of the improvements.

Safeguarding children and adults at risk

Safeguarding Leads

The National Safeguarding Lead, with oversight and support from the Chief Clinical and Quality Officer, who is the Executive Safeguarding Lead, supports statutory processes to enable the corporate and site teams to identify safeguarding risks and share learning. In addition, the national and site Safeguarding Leads work together to develop policies, procedures, training and protocols that support the delivery of an effective safeguarding service to our patients, their families, carers and our staff. Safeguarding support and advice are provided virtually and, in complex cases, in person by the national and executive lead.

Safeguarding Leads engage with local safeguarding boards for children and adults and engage in multi-agency processes, as required. The National Safeguarding Lead attends monthly independent sector safeguarding meetings.

Training and incidents

Safeguarding training includes:

- Consent, including mental capacity.
- Dementia.
- PREVENT.
- Children's safeguarding levels 1, 2 and 3.
- Adults safeguarding levels 1, 2, 3.
- Combined children and adults safeguarding levels 4 and 5.
- The Oliver McGowan training – tier 1.

The Oliver McGowan tier 1 training was successfully rolled out to all staff groups in 2023/24.

During 2026, Circle will be rolling out the Oliver McGowan tier 2 training across the group to patient-facing clinical staff.

Overall safeguarding training compliance across Circle was consistently over 95% in 2025/26.

There were no moderate or severe harm safeguarding incidents reported in 2025/26; themes from the low harm and no harm incidents included that a child was not brought in, a rise in domestic abuse, and suicidal thoughts being reported. All were managed according to policy and referred to the appropriate agencies for support and management.

Other obligations

To ensure Circle complies with its responsibility to safeguard adults and children, we have the following arrangements in place:

Meeting the requirements about Disclosure and Barring Service (DBS) checks. All relevant staff complete a DBS check prior to employment and systems are in place to ensure that all relevant staff have a DBS check every three years.

An audit programme is in place to assure the board that safeguarding systems and processes are working.

Safeguarding supervision is available for all professionals who work with adults, children and young people, and is provided by appropriately trained and experienced professionals.

The safeguarding adults at risk policy and children's safeguarding policy have been reviewed and were updated in 2025/26 to reflect changes to national guidance and learning from case reviews.

The safeguarding committee is held quarterly and chaired by the National Safeguarding Lead.

Dementia

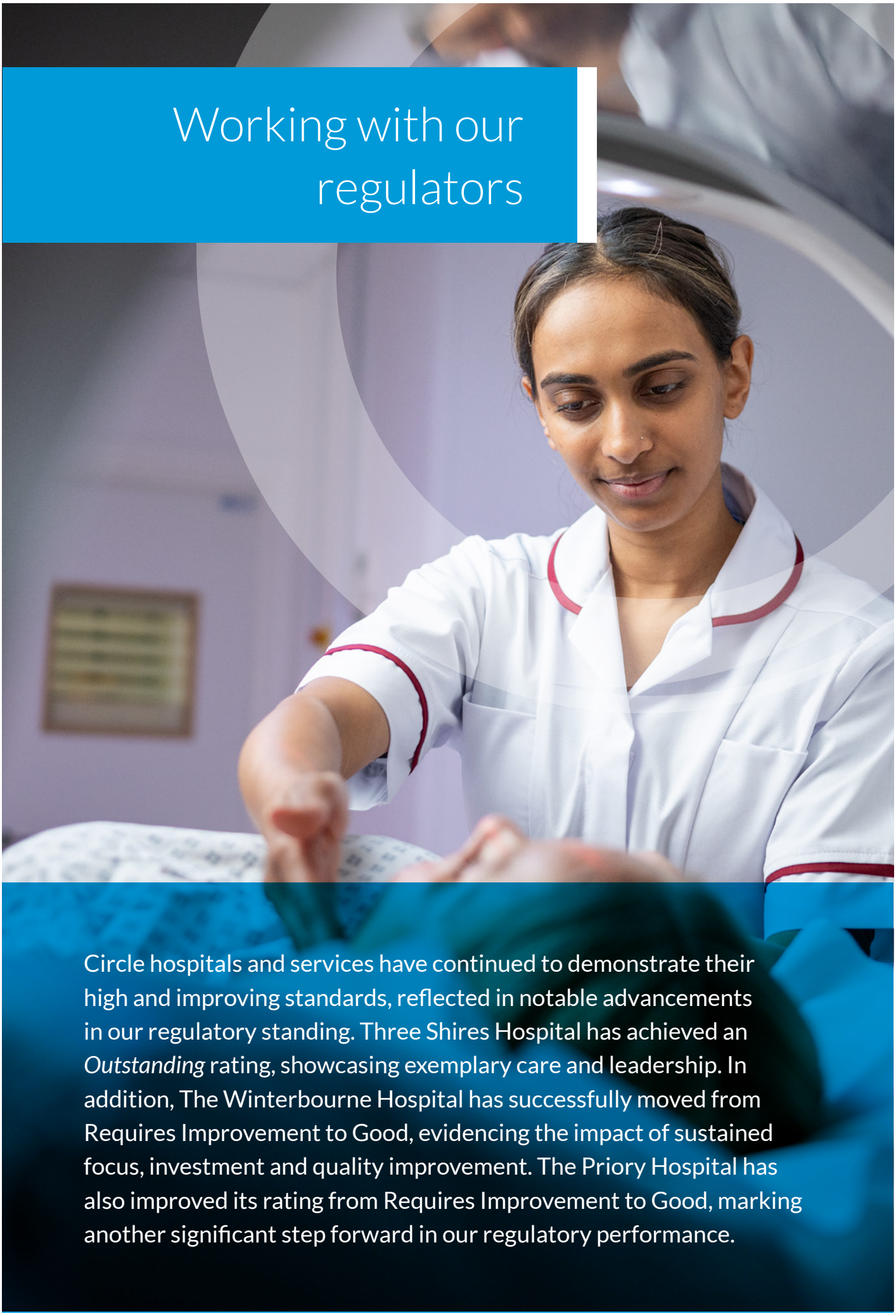
A key focus for 2025/26 was rolling out Dementia Leads for each site, and a resource box is available for sites to support patients living with dementia coming in for procedures. Training for Dementia Leads is available to upskill knowledge and support staff across the site in caring for patients and their families/carers, including multidisciplinary care planning for admission and discharge.

Mental Capacity Act and Deprivation of Liberty Safeguards

Mental capacity training is in place to ensure staff are receiving the right level of training and input with regard to complex mental capacity matters. Training compliance continues to be above 95%; however, it is recognised that staff sometimes lack awareness of the Mental Capacity Act (MCA) in practice.

Bespoke MCA training sessions are delivered to areas where issues are identified, and support is offered by the national leads to support capacity assessments, best interest meetings and Deprivation of Liberty Safeguards (DoLS) applications. All safeguarding incidents, including DoLS applications, are logged on Circle's incident management system and monitored monthly through a report to the board.

Working with our regulators



Circle hospitals and services have continued to demonstrate their high and improving standards, reflected in notable advancements in our regulatory standing. Three Shires Hospital has achieved an *Outstanding* rating, showcasing exemplary care and leadership. In addition, The Winterbourne Hospital has successfully moved from Requires Improvement to Good, evidencing the impact of sustained focus, investment and quality improvement. The Priory Hospital has also improved its rating from Requires Improvement to Good, marking another significant step forward in our regulatory performance.

Kings Park Hospital, part of Circle but regulated by HIS, also achieved exceptional ratings in all domains following its latest unannounced inspection in 2025.

Overall, there has been limited movement in ratings across our broader portfolio due to reduced inspection activity by the CQC; however, every hospital currently rated Requires Improvement is able to demonstrate substantial progress since its last inspection, many of which took place several years ago. This progress is supported and validated through our robust internal peer review programme, which ensures that all Circle hospitals continue to uphold—and build upon—the high standards for which we are well known.

Regulator	Hospital	Overall rating
HIS	Albyn Hospital	G
CQC	The Alexandra Hospital	G
CQC	Bath Clinic	G
CQC	The Beardwood Hospital	G
CQC	The Beaumont Hospital	G
CQC	Birmingham Rehabilitation	Not rated
CQC	Bishops Wood Hospital	G
CQC	The Blackheath Hospital	G
CQC	The Cavell Hospital	G
CQC	The Chaucer Hospital	G
CQC	Chelsfield Park Hospital	G
CQC	The Chiltern Hospital	G
CQC	Circle Integrated Care	Not rated
CQC	The Clementine Churchill Hospital	G
CQC	The Droitwich Spa Hospital	G
CQC	The Duchy Hospital	G
CQC	Fairfield Independent Hospital	G
CQC	Goring Hall Hospital	G
CQC	The Hampshire Clinic	G
CQC	The Harbour Hospital	G
CQC	Hendon Hospital	G
CQC	The Highfield Hospital	O
CQC	Huddersfield Private Hospital	RI
CQC	The Kings Oak Hospital	G
HIS	Kings Park Hospital	O
CQC	Lancaster Private Hospital	RI

Regulator	Hospital	Overall rating
CQC	Lincoln Private Hospital	G
CQC	The London Independent Hospital	G
CQC	The Manor Hospital	G
CQC	The Meriden Hospital	G
CQC	Mount Alvernia Hospital	G
CQC	The Park Hospital	G
CQC	The Princess Margaret Hospital	G
CQC	The Priory Hospital	G
CQC	Circle Reading Hospital	G
CQC	The Ridgeway Hospital	G
HIS	Ross Hall Hospital	G
HIS	Ross Hall Braehead Clinic	G
CQC	The Runnymede Hospital	G
CQC	Sarum Road Hospital	G
CQC	The Saxon Clinic	G
CQC	The Shelburne Hospital	RI
CQC	Shirley Oaks Hospital	G
CQC	The Sloane Hospital	G
CQC	Southend Private Hospital	O
CQC	St Edmunds Hospital	G
CQC	Syon Clinic	G
CQC	Thornbury Hospital	G
CQC	Three Shires Hospital	O
HIW	Werndale Hospital	G
CQC	The Winterbourne Hospital	G
CQC	Woodlands Hospital	G

What the regulators say about our hospitals, the care we provide and the support we offer our staff:

"The hospital had a well-defined and measurable vision and purpose, with a clear strategy and defined key performance indicators to achieve it. Key principles and values had been identified in line with the vision and purpose. Key performance indicators were regularly monitored and reported. Clear benchmarking was in place and continuously monitored.

"The care environment and patient equipment were clean, equipment was fit for purpose and regularly maintained. Medicines management was good. Staff described the provider as a good employer and the hospital as a good place to work. Patients were very satisfied with their care and treatment.

"People could access the service when they needed it, and staff worked closely with NHS providers to manage waiting lists. The complementary range of clinical specialties available made multidisciplinary, holistic care pathways available on a seamless basis.

"Appropriate policies and procedures supported staff to deliver safe, compassionate and person-centred care.

"Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand care and treatment. They provided emotional support to patients and families and understood how to provide people with adapted care to meet individual needs. The service encouraged people to give feedback, which was persistently positive and achieved or exceeded the provider's expected standards. Such standards were furthered by the team's internal audit system and care ethos that focused on patient-centred, compassionate care.

Providing safe, effective and well-led care

The safety of our patients, those who work and practise at our hospitals, and those who visit them, underpins everything we do and every decision we make. We make the avoidance of preventable harm and the reduction of risk of unnecessary harm fundamental to the care we provide.

We support our staff and doctors, including consultants and Resident Doctors (known as Resident Medical Officers), by embedding a safety culture and setting out clear processes, procedures and ways of working. The organisation's leaders have a clear understanding that patient safety is their key responsibility; they use data to drive improvement, and a cycle of continuous improvement ensures constant progress.

We strive to ensure our high standards of risk management and safety meet the expectations of our patients, the communities we serve and those with whom we work.

The Chief Medical Officer serves as the Responsible Officer and is supported by the Medical Director, who acts as the Deputy Responsible Officer, and two other Associate Medical Directors, one with a focus on clinical governance and who also fulfils the role of Medical Examiner, and the second with a focus on primary care. The role of the Medical Examiner provides independent scrutiny for all patient deaths that occur across our sites and identifies cases that require further investigation. This has enhanced our governance and learning structures and encourages better communication with families and the bereaved. We continue to have an established, formal Medical Examiner Office to liaise with the national Medical Examiner system.

We have continued to implement and embed the guidance set out in the Medical Practitioners Assurance Framework (MPAF) and the specific framework for Resident Doctors set by the Independent Healthcare Provider Network (IHPN). These frameworks contain key principles to strengthen and build upon the medical governance systems already in place in the private sector and set out expected practice in a number of key areas.

With an increasingly strengthened medical and clinical leadership team, the quality of guidance and support to the sites and teams has increased substantially.

The Medical Governance Committee sits regularly, in line with the GAF, and disseminates its discussions with local sites and encourages a two-way dialogue. The Medical Governance Committee is supported by the Medical Performance Advisory Group, which meets monthly and provides advice and guidance to sites and decision-making groups, which are held as necessary to deal with issues as they arise.

Consultant Insights

We continue to utilise Consultant Insights, a cohesive consultant performance dashboard with a data set for individual consultants. Information is updated daily and is available to Executive Directors, the corporate medical performance team and individual consultants, for their own analysis and use in areas such as appraisal. Reports from Consultant Insights are being used to assist in the biennial review process, which includes the decision to renew a consultant's practising privileges.

The principles of Getting It Right First Time (GIRFT) are embedded across the estate, and Consultant Insights allows compliance to be monitored.

Clinical Chairs

Each Circle hospital and service continues to have the benefit of a Clinical Chair, a role held by an experienced consultant, who provides clinical leadership that serves to embed a culture of safety, quality and continuous improvement. The Clinical Chair ensures the development and operation of robust systems of clinical governance and oversees medical performance and the application of medical professional standards.

Our Clinical Chairs work closely with their Executive Directors, Directors of Clinical Services and Medical Advisory Committee (MAC) members to ensure the engagement of the medical and clinical workforce, and that their hospital's strategic and operational priorities incorporate quality and safety. Their work ensures each hospital or service develops and operates a robust system of clinical and medical governance in line with the GAF, as well as regular assurance on clinical compliance matters, including those relating to clinical safety, clinical effectiveness, clinical responsiveness and leadership. To support this, the Clinical Chair holds the role of chair of the local Clinical Governance Committee and MAC.

We continue to hold regular meetings and engagement sessions with our Clinical Chairs. The Clinical Chairs are now fully embedded within Circle's leadership teams, providing operational and strategic guidance to our hospitals.

Infection prevention

Healthcare associated infections (HCAIs) cause significant concern for patients, the public and healthcare staff. The prevention of HCAIs is a constant focus for Circle, as is compliance with the Health and Social Care Act 2008: code of practice on the prevention and control of infections. We use these principles and related guidance to ensure patients are provided with a clean environment that is fit for purpose and where infection risks are minimised.

The GAF makes management of infection prevention a key priority, both at corporate and hospital levels. Effective infection prevention contributes to the overall quality and governance agenda, protecting patients, visitors and staff.

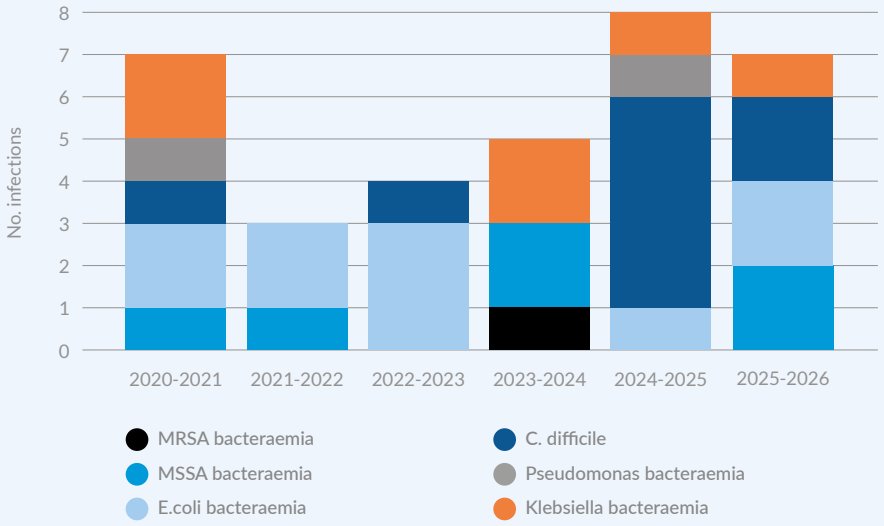
We put a local emphasis on infection prevention: each hospital's Director of Clinical Services acts as the local Director of Infection Prevention and Control (DIPC) and is responsible for the development and management of the local infection prevention and control strategy. DIPCs are supported by the National Infection Prevention and Control Lead, and their local hospital Infection Prevention and Control Lead. Both the DIPC and the Infection Prevention and Control Lead have documented responsibilities for infection prevention, which include rigorous auditing and surveillance processes to ensure prompt detection of risks and trends.

Circle is committed to providing trained staff who are competent to perform their role. All Infection Prevention and Control Leads embarking on an infection prevention career at Circle without any relevant education must undertake a postgraduate certificate in infection prevention and control at a designated university, whilst attending a bespoke, face-to-face, in-house annual conference. Circle is the first private sector organisation to gain Gold ANTT patient protection accreditation across all its hospitals.

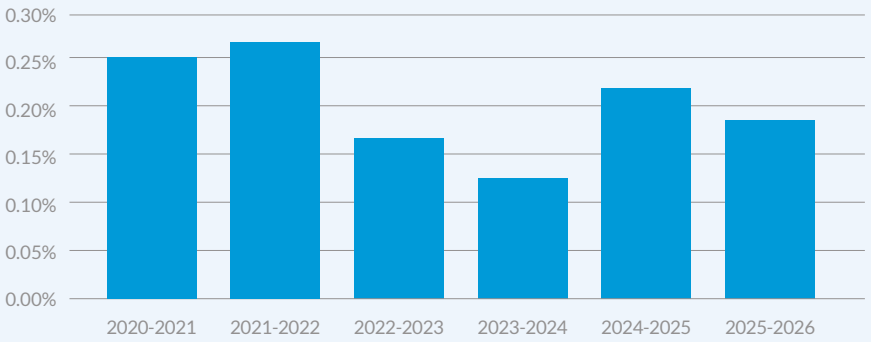
Data on HCAIs are subject to scrutiny at the monthly national Clinical Governance Committee and the quarterly Infection Prevention and Control Committee. We ensure all incidents are analysed, and any lessons learnt shared, to drive improvement and eradication of preventable infections.

The focus in 2025 was to support all local Infection Prevention and Control Leads and DIPCs to gain assurance through robust observational audits and scrutiny of data in relation to infection control incidents, alongside peer review observation and tailored virtual education.

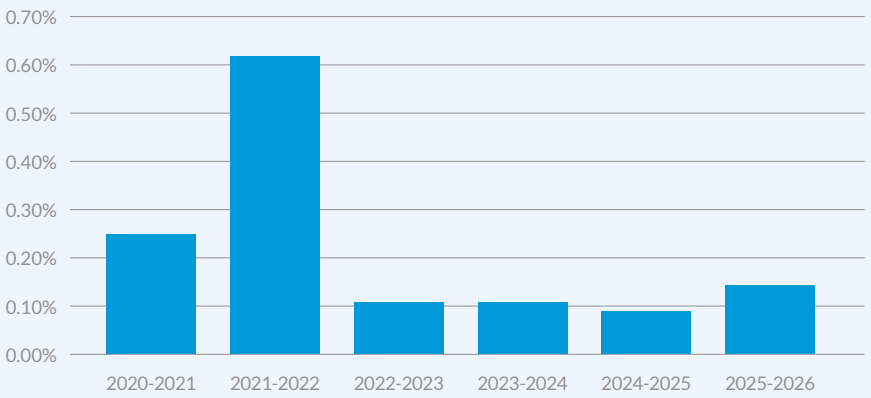
NUMBER OF CIRCLE HEALTH GROUP HOSPITAL ATTRIBUTABLE INFECTIONS



SURGICAL SITE INFECTIONS - HIP



SURGICAL SITE INFECTIONS - KNEE



Patient safety events

Circle continues to strengthen its approach to patient safety following the transition to the Radar incident management system in February 2024. All patient safety incidents are actively monitored, with proportionate investigations undertaken and clear action plans implemented to reduce risk. Learning is shared both locally and across the group to support continuous quality improvement. This approach remains aligned with PSIRF, and is supported by PSIRP, with Radar workflows designed to enable accurate reporting and robust incident management.

All significant incidents — including those resulting in moderate or severe harm, unexpected deaths, and Never Events — are reviewed by PSIRG. This forum ensures appropriate clinical and medical oversight of investigations, enabling organisational learning, embedding of improvements and continued enhancement of care quality across the group.

Ongoing review of policies, strategy and training remains a key focus. Following the substantial redevelopment of the incident management policy in 2023/24 to support the newly combined organisation, and align with PSIRF, work throughout 2025/26 has focused on embedding these processes in practice, strengthening staff understanding and ensuring consistency in application across all sites. PSIRP continues to guide how incidents are prioritised, reviewed and responded to, ensuring a structured, risk-based approach across the organisation.

Circle remains committed to fostering a culture of openness, learning and continuous improvement to ensure the highest standards of patient safety.

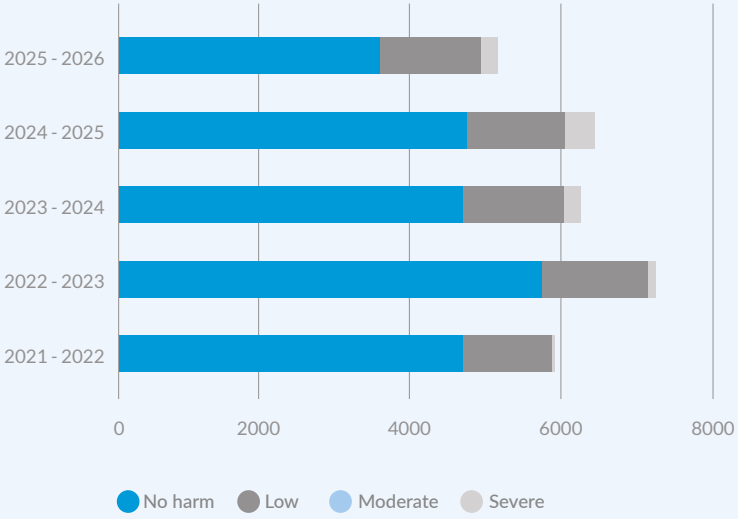
Learning from deaths

Our multidisciplinary learning from Deaths Committee is well established and continues to operate effectively, reviewing all deaths in accordance with our learning from deaths policy and criteria. The structure and approach of the committee continue to support the identification of opportunities for improvement across the organisation.

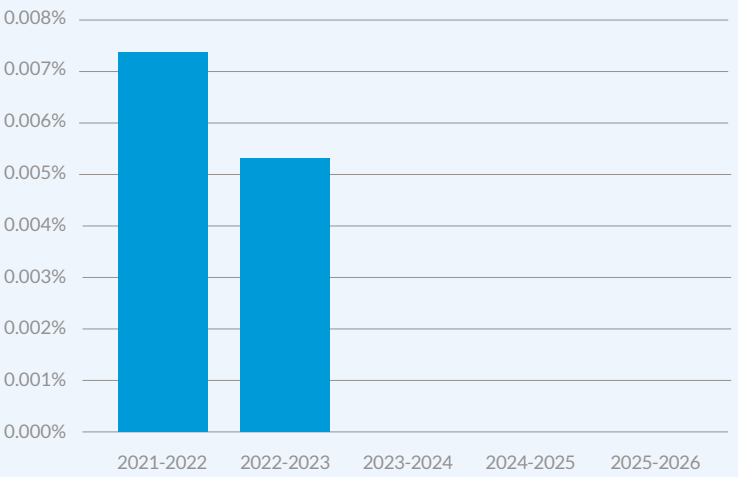
During 2025, focus has been placed on embedding learning identified through reviews into clinical practice. Enhancements to care and communication of the deteriorating patient training have been sustained, including a more systematic approach to assessing confusion and cognitive change, supporting earlier recognition and intervention.

To ensure full group compliance, having senior clinical staff trained in Structured Judgement Review (SJR) at sites has strengthened the consistency and quality of mortality reviews, enabling clearer identification of themes and more effective sharing of learning. Further SJR training and refresher sessions are planned for Q2 2026, which will be delivered in-house by the Medical Examiner, Medical Examiner Officer and the inquest team.

PATIENT INCIDENTS (COUNT)



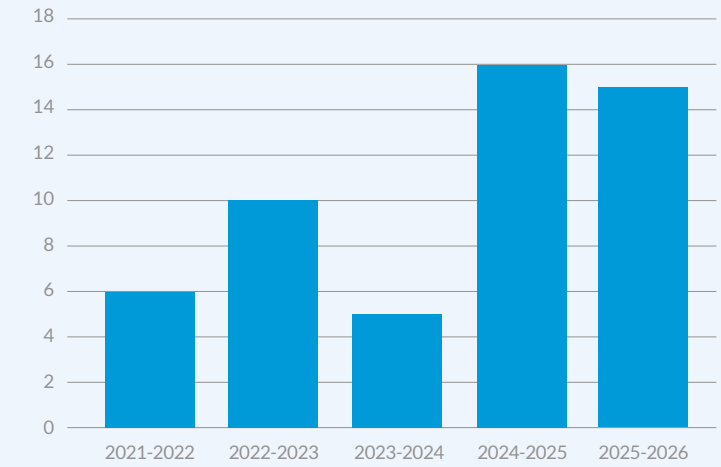
SERIOUS INCIDENTS (PER 100 TOTAL ADMISSIONS)



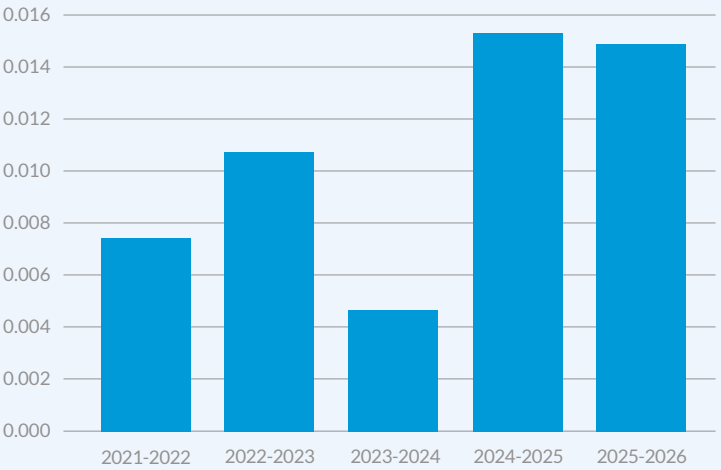
NB: The serious incident framework has been replaced by PSIRF. The data above reflects the period when the serious incident framework was in existence.

Circle Health Group

UNEXPECTED DEATHS (COUNT)



UNEXPECTED DEATHS (PER 100 TOTAL ADMISSIONS)



The Medical Examiner service continues to play a key role in providing independent scrutiny of all deaths. The Medical Examiner and Medical Examiner Officer oversee this process, supported by the established Medical Examiner Office, which works collaboratively with hospital teams and the inquest team and maintains strong links with local NHS Medical Examiners and Coroner offices. This ensures transparency, supports bereaved families and promotes system-wide learning.

Circle published its first Learning from Deaths Annual Report in 2025 (reporting on 2024 data). Insights from this report are now being used to inform ongoing improvements in care, governance and patient safety across the group. The next report will be released in Q3 2026.

Circle remains committed to continuous learning from deaths to improve patient outcomes, strengthen clinical practice and ensure compassionate, high-quality care.

Venous thromboembolism

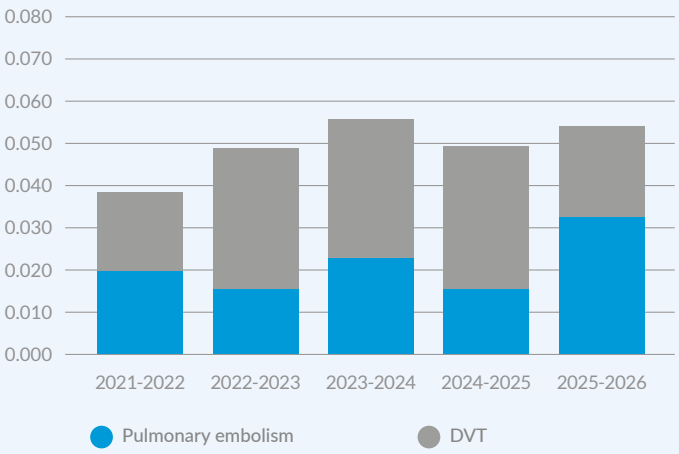
VTE remains a key priority for improving patient safety and clinical outcomes across our hospitals. Early identification of patients at risk is essential to ensure the timely delivery of appropriate prophylaxis and treatment.

Our data shows some variation in VTE incident rates over the reporting period, with a slight overall increase in 2025/26 following a reduction in 2024/25. This reflects both ongoing vigilance in detection and reporting, as well as the complexity of the patient populations we treat, including those undergoing surgery, receiving cancer treatment, and living with long-term conditions.

We continue to prioritise a proactive approach to VTE risk assessment and management, supported by adherence to national guidance and evidence-based practice. This includes consistent completion of VTE risk assessments, appropriate prescribing of prophylaxis and ongoing monitoring through audit and review processes.

As a group, we remain committed to continuous improvement in this area and to maintaining VTE Exemplar Centre status across all our hospitals, ensuring that high standards of prevention, detection and management are sustained.

VTE INCIDENTS (PER 100 TOTAL ADMISSIONS)



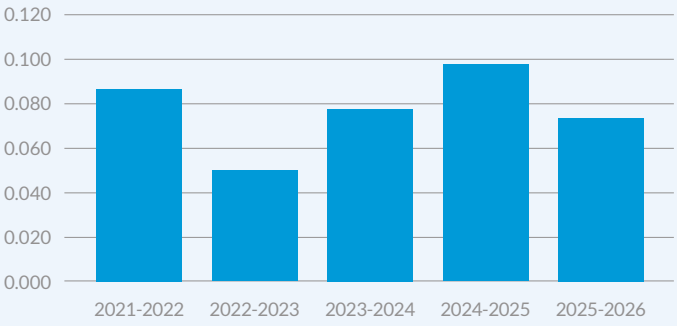
Continuous improvement

We are committed to the continuous improvement of the effectiveness of our care by systematically reviewing our response to individual incidents, as well as identifying and acting on emerging themes and trends. This approach enables us to learn, adapt and strengthen our systems to enhance patient safety and outcomes.

Our GAF underpins this work, supporting our commitment to robust oversight, regulatory compliance and transparency across the organisation.

No consistent long-term trend has been identified in relation to unplanned transfers over the reporting period. Rates decreased in 2022/23, increased to a peak in 2024/25, and have subsequently reduced in 2025/26. This recent reduction suggests improved stability, although some year-on-year variation remains.

UNPLANNED TRANSFERS (PER 100 TOTAL ADMISSIONS)

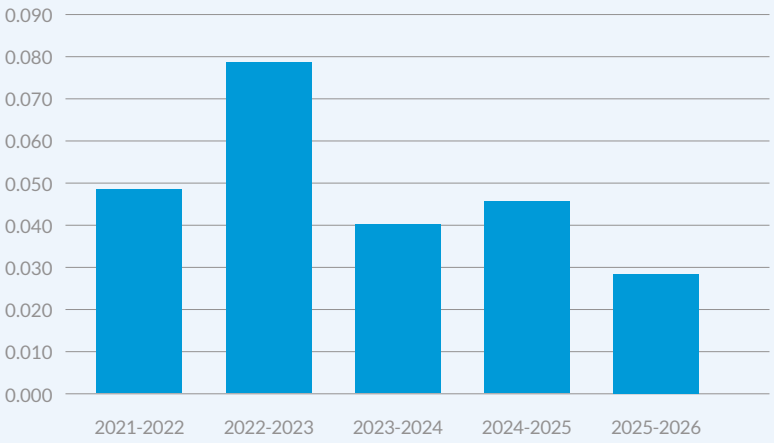


It is recognised that the complexity of patients treated within Circle has increased, with many patients experiencing longer waits for planned surgery, which may contribute to higher acuity at the point of admission and influence transfer rates.

In 2024, Circle implemented a change to the definition and reporting of unplanned transfers. The indicator now includes only those patients requiring transfer to a higher level of care. As this revised definition becomes fully embedded, reported rates are expected to stabilise and more accurately reflect clinically significant transfers.

Circle has implemented targeted quality improvement initiatives, including intentional rounding and accountable handover, to support safe, appropriate and timely discharge. These initiatives are now embedded in practice and continue to be monitored to ensure sustained improvement in patient outcomes.

READMISSIONS (PER 100 TOTAL ADMISSIONS)



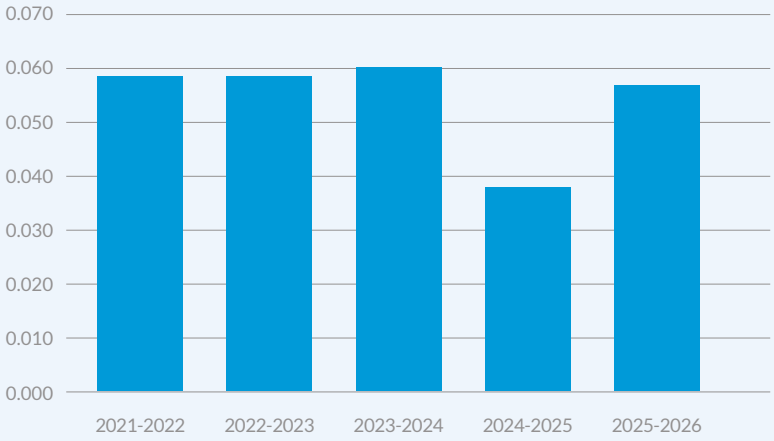
A further decrease in readmissions has been noted in 2025/26, reinforcing this positive trend.

This is encouraging and reflects continuous patient safety improvements, as evidenced across the group, as well as the effectiveness of the care provided to every patient.

It should also be noted that changes have been made to the way readmissions are reported on the incident management system, which now distinguishes between true readmissions and reattendances within Circle and NHS facilities, providing greater accuracy and clarity in the data.

An increase in the trend for return to theatre is noted for 2025/26. This may be attributed to a combination of factors, including increased case complexity, changes in patient acuity and improved recognition and escalation of post-operative complications. In addition, enhanced accuracy and greater consistency in incident reporting may also have contributed to the apparent rise; however, rates still remain below those seen in previous years' data.

RETURN TO THEATRE (PER 100 THEATRE VISITS)



Planning for continued improvement

This has been a strong year for continuous improvement across the group.

In almost every area, objectives were achieved, with some projects still going through an embedding and implementation phase. Progress was significant; indeed, our plans to improve facilities at every Circle site will never be complete, as our aspiration for improvement will be perennial.

Our 2024/25 infrastructure investment programme continues to build from last year, and we have completed upgrades across the network of Circle hospitals. Our sites have seen the installation of new laminar flows in theatre departments, new imaging departments, and mobile MRI and CT units are also in place. In addition, we have invested in a number of da Vinci robots, expanding our robotic surgery offering.

Objectives 2025/26	Details	Status
Continue to deliver high levels of patient safety and clinical quality	Reduction in the number of hospitals rated as Requires Improvement	**Achieved**
	Increase in the number of hospitals rated as Outstanding	**Achieved**
	Preparation for a corporate well-led inspection under the revised CQC inspection methodology and "The CQC Way"	**Achieved**
Operate efficiently to promote quality and cost effectiveness	Support operations and HR with the implementation of an e-rostering tool	**Project delayed to 2026/27**
	Move forward with plans for in-house chemotherapy compounding capability, e-formulary and warehousing	**Achieved**
	Specialist services/service line development plans	**Achieved**
	Continued rollout of electronic pre-operative assessment	**Project behind schedule – to be delivered in 2026/27**
Assuring we are well-led	Continue to support the wellbeing of all staff within Circle	**Achieved**
	Continue to use the insight from our staff survey to enhance our culture of safety, adherence to effective practices and be responsive to staff and patient needs	**Achieved**
Excel in patient experience	Further develop patient engagement methods and the use of patient feedback to shape services	**Achieved**
	Continue to deliver a nationwide programme of facility improvement at every Circle site	**Achieved**
	Improve patient outcome and satisfaction data results to ensure optimised care via benchmarking	**Achieved**

Objectives 2026/27	Details
Continue to deliver high levels of patient safety and clinical quality	Further reduction in the number of hospitals rated as Requires Improvement
	Further increase in the number of hospitals rated as Outstanding
	Increase in the number of hospitals with accreditation programmes achieved including JAG, MQEM, AfPP, ANTT, National Autistic Society and VTE Exemplar
	Development of a clinical strategy for 2027-2030, incorporating the patient safety, quality improvement, patient experience and nursing and allied health professional strategies to set clear objectives for the next four years
Operate efficiently to promote quality and cost effectiveness	Support operations and HR with the implementation of an e-rostering tool
	Continued roll out of electronic pre-operative assessment
Assuring we are well-led	Support hospitals with preparing for regulatory inspections under the new CQC hospitals inspection framework
	Preparation for a corporate well-led inspection under the new CQC hospitals inspection framework

Quality of care

Between April 2025 and March 2026, 97% of patients responding to our patient satisfaction survey rated the overall quality of the service as Very Good or Good. This figure builds on a 0.4% improvement from the same period last year, translating into hundreds more patients reporting a positive experience.

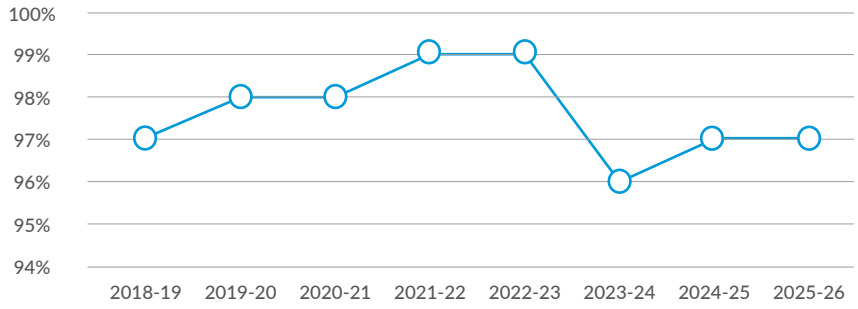
This improvement has been driven by the additional insights available to our teams since transitioning to online satisfaction surveys in 2023, when our scores appeared to dip, as experienced by other healthcare organisations changing from primarily paper to primarily online feedback surveys.

These improvements in our internal survey results following the move online are mirrored by a six-point increase in our net promoter score[2] from a key PMI provider.

In addition, we were delighted to improve in 24 of 30 measures in our admitted care satisfaction survey in 2025 vs 2024, with the remaining six measures scoring 98% and not declining.

Similarly, we increased all our outpatient satisfaction measures in 2025 vs 2024, with improvements evident across every department in the survey and our key focus areas, identified from survey feedback. These include the ease of booking appointments, contacting our National Enquiry Centre or site teams, outpatient appointments running to time, and being kept informed of any delays.

OVERALL SATISFACTION WITH EXPERIENCE OF SERVICE



Our continued improvements reflect a group-wide culture of listening to, and acting on patient feedback, embedded across every site, supported by COS.

Our success in seeking patient feedback, and using it to improve service provision was also externally recognised and celebrated, once again, by both our regulators and external awards in the last 12 months. Two of our three Scottish hospitals are now rated as Exceptional by HIS, with Three Shires Hospital also awarded an Outstanding rating by the CQC. Recognising online patient feedback achievements, an exceptional 23 sites achieved Reputation's '900 Award' in 2025, whilst 50 sites achieved the '800 Award' – an increase, respectively, of 22 and six sites. Both awards celebrate very high satisfaction within service feedback, alongside a very strong commitment to collecting and responding to online feedback. These awards reflect that our teams responded to more than 21,600 Google reviews alone in 2025, which we promote to help other patients make an informed choice about where to access their care.

Local initiatives supporting our improvements and achievements regarding patient experience in the past 12 months have been wide-ranging.

Examples have included projects to successfully enhance patients' ability to contact hospital teams, to reduce late-running outpatient appointments and keep patients informed about any delays, and to improve satisfaction with pharmacy, reception and nursing teams. Group-wide priorities have focused on greater sharing of successful local improvement and co-production initiatives, while also continually improving satisfaction in key areas including catering, pharmacy, physiotherapy and nursing.

We are truly grateful to all patients who share their feedback through our surveys and wider feedback mechanisms, and we remain committed to using that to deliver our purpose of high quality, safe and compassionate care our patients need and expect.

As in previous years, our patient experience successes have also extended beyond satisfaction results. All sites have been striving to deliver our patient experience strategy, with key focuses including increasingly co-producing our services with our patients, further embedding compassionate leadership and delivering compassionate care, and exploring how we can better support and evidence equity in outcomes, access and experiences.

In line with this strategy, we reported last year having recruited our first corporate Patient Safety Partner, Reverend Andrew Wilkinson. Patient Safety Partners are patients, carers and/or other lay people who input into patient safety processes to make care safer for patients. Andrew's reflections on his first year in post are shared below:

"As Circle's Patient Safety Partner, I am pleased to reflect on my first year in the role. I come to this work as a regular hospital visitor and as someone married to a nurse, which gives me both a personal appreciation of care from a patient and family perspective, and a deep respect for the professionalism and pressures experienced by clinical staff. Over the past year I have attended clinical governance meetings across the group, contributed to work around Martha's Rule and visited site-based Patient Participation Groups. I have also taken part in Patient Experience and Engagement Working Groups and peer reviews. These opportunities have enabled me to better understand how Circle operates, to see good practice first-hand and to gain assurance that patient safety and experience remain at the heart of our work.

Patient Safety Partners are increasingly involved across a wide range of activities, and I have been encouraged by the openness with which colleagues have welcomed patient insight into governance and improvement. Looking ahead, I anticipate becoming more visible within quality and safety improvement projects, supporting teams to strengthen learning, listening and co-production with patients. I look forward to continuing to develop this important role, ensuring that the patient voice is consistently heard and that it contributes meaningfully to safer care and a better experience for all those who use our services."

What our patients said:

Every member of staff was excellent: From the warm welcome at reception, to the friendly porter who escorted me to my room. My nurse and HCA were incredible and made me feel at ease. My physio was very thorough, making sure I understood what would happen during and after my operation and how best to recover. The following were also first class: Mr Sinnerton who carried out my operation, Mr Woolf (anaesthetist), Berry, Rui (recovery) - I'm sure there were more, but I can honestly say every single interaction with any member of staff was perfect. On a day that could have been daunting, I was made to feel comforted and looked after. Couldn't have asked for more. Thank you.
The Princess Margaret Hospital

The care I received was exceptional. My stay was like being at home, such friendly caring professional team. Wonderful communication and understanding of every need.
The Park Hospital

Excellent service from initial consult to surgery and aftercare. Nothing I can think of that could have been better, all of your staff are a credit to you, very professional and compassionate. Thank you so much!
The Chiltern Hospital

I wish I could name everybody who looked after me on the day of my procedure, unfortunately it's a bit of a blur, but I was incredibly nervous going in and had such a positive experience. There is a possibility I will need further surgeries and my outlook on this has completely changed following the care I received - I'm not worried at all and know I will be in the best hands. Thank you so much to the entire team, you are all incredible at what you do.
The Saxon Clinic

Exceptional treatment from all of the staff, this was the best experience I have ever had during a hospital visit, and should the need arise for more treatment I would always want it done at this hospital.
The Cavell Hospital

The care I received by everyone was exceptional. Nothing was too much trouble. Although the ward was busy the nurses always had time to talk to you. This means a lot. Even your caterers were amazing to the point if you didn't feel like eating then and there, they came again later. Wonderful service. You are all amazing people, and I couldn't have felt more cared for.
Sarum Road Hospital

Faultless care and support. The best in patient health experience I have ever had.
Ross Hall Hospital

From the moment I arrived, I was met with kindness, reassurance and genuine compassion. I was feeling very anxious, but every single member of staff I encountered helped to ease that- not just the clinical team, but also the porters and catering staff, who were absolutely wonderful.

Everyone treated me with dignity and warmth, and it made such a difference to my experience. I felt safe, cared for and respected throughout. I honestly cannot think of anything that could have been done better- thank you all so much.
Mount Alvernia Hospital

Overall, the level of service and care was exceptional from pre to post op. Every member of the team I interacted with was compassionate and not once did I feel rushed or as though I wasn't listened to (these are my main focus' as I have felt let down in those areas in historic surgeries). Extremely satisfied with my care.
Thornbury Hospital

The surgeon, anaesthetist and ward staff were exceptional from start to finish. Everything was clearly explained and what made every so much better that everyone spoke with you and not at you. I had such a great experience at Circle Reading and feel very privileged to have had my surgery at this hospital.
Circle Reading Hospital

Investing in our staff

Providing environments and opportunities to thrive and grow.

THE CIRCLE HEALTH GROUP PHILOSOPHY

The Circle philosophy is now well established, having been launched five years ago. The philosophy brings together our purpose, principles and values which collectively underpin the way we work and our approach to everything we do.

Our purpose, to provide the high quality, safe and compassionate care our patients need and expect, reflects our commitment to putting patients at the heart of everything we do.

OUR PURPOSE

To provide the high quality, safe and compassionate care our patients need and expect.

OUR PRINCIPLES

We believe that **patients** come first.

We believe in our **people**.

We believe that **"good enough" never is**.

We believe in being **open-minded** and **innovative**.

OUR VALUES

We value people who are **selfless** and **compassionate**.

We value people who are **collaborative** and **committed**.

We value people who are **agile** and **brave**.

We value people who are **tenacious** and **creative**.

The philosophy embodies the exemplar principles and values which are the foundation of the company's belief system as both care provider and employer. Circle values compassion, agility and collaboration in order to provide patient care. It believes in empowering people to do their best to reach the best results.

Our philosophy provides clarity and a supportive and aspirational framework for both existing staff and those who look to join us. Our principles and values are fundamental to the way we recruit and develop our staff.

We actively celebrate our staff who demonstrate the principles and values in the way they provide high-quality, safe and compassionate care to patients and work with their colleagues and other stakeholders.

Values-based behaviours

Our purpose, to provide the high quality, safe and compassionate care our patients need and expect, is reflected in our culture and in the diverse and talented people we have brought together to achieve it.

Our culture is a result of the way our people live and breathe our philosophy, which combines our purpose, principles and values. Our philosophy is embedded throughout our organisation and touches every part of our people's lives and our patient pathways.

Our values-based framework continues to be fundamental to the way we recruit, develop our staff and in the way we deliver excellence in care and working lives. We take great care to celebrate our people and their successes as they consistently provide the high-quality, safe and compassionate care we universally embrace.

Award-winning approach to learning and development

Our award-winning people development team supports a holistic and inclusive approach to learning and development opportunities for every member of staff. We empower our people to take advantage of the wide range of learning opportunities and tools available to them.

In 2025, Circle's accessible and effective in-house digital learning platform won the international accolade of Bronze for Learning Platform of the Year at The Learning Awards 2025. This external recognition reflects sustained improvements in training governance and regulatory assurance.

The ground-breaking partnership we have forged with Liverpool John Moores University (LJMU) has been acknowledged as sector-leading practice in applied learning and organisational development.

While the learning and development team collectively contribute to industry-leading achievements, this year there was also individual recognition for contribution to education, knowledge transfer and enterprise through the award, by Teesside University, of an Honorary Professorship to Circle's Director of Learning and Circle Academy. This formally recognised the sustained impact our collaboration achieved in bridging academic expertise and healthcare workforce development.

Continuous development for all staff

We believe in our people and recognise that the best results will come from providing opportunities for all our people to develop and grow.

Our offering to our employees continues to support patient safety, quality assurance and staff capability. Over 60% of the workforce accessed continued professional development, and 70% of managers engaged in development through our management routes. We maintained our focus on leadership development, with more than 1,000 of our managers and leaders completing leadership training within the year.

We provided over 20 university-accredited pathways through courses delivered internally and on earn-while-you-learn routes. A wide variety of bespoke programmes enabled over 350 registered nurses to enhance their clinical capabilities and expertise.

A wide suite of masterclasses was introduced to support self-selection of upskilling by staff across the business with widely differing learning needs. Sitting within the wider assurance framework and enlarged practice education structure, this approach has supported increased compliance and contributed to high regulatory standards across our hospitals.

By adopting a diverse approach to learning and development, we enable staff to enhance their life skills, develop within their chosen specialism, apply their experience to move into other disciplines and develop as managers and leaders.

Our career progression pathway is designed to be accessible and relevant for every employee and enables them to develop within Circle and fulfil their aspirations. In turn, this enables us to build a strong, constantly evolving and stable workforce.

We believe everyone's career path starts with great conversations and have developed our line managers' ability to have meaningful, productive and supportive conversations with their team members. Over 90% of our staff have an annual appraisal, and 95% of staff rate the quality of the conversations as valuable to them.

Our drive to strengthen the organisation's approach to talent management, psychometric capacity and appraisal conversations continued with a clear focus on consistency, fairness and meaningful development. A refreshed appraisal framework has been developed after extensive collaboration to ensure it reflects real operational practice. The updated approach brings together clear objectives, regular check-ins and personal development planning, supported by a five-point performance scale and greater embedded guidance for managers and staff. Structured talent conversations have been introduced to support retention and succession planning, particularly for colleagues identified as high-potential.

Digital delivery of learning and development is supporting organisational and digital change. Practical training, resources and guidance support colleagues to adopt new ways of working and strengthen capability.

By developing accessible, bite-sized learning resources, we have enabled our staff to improve their digital confidence and increase cyber awareness.

Leadership development, patient safety and quality improvement

We link leadership development to patient safety, governance and quality improvement, ensuring that learning translates into day-to-day leadership practice. Collectively, these outcomes reflect a maturing leadership system that is accessible, academically robust and directly aligned to organisational priorities, reinforcing the organisation's commitment to developing capable, values-led leaders from within.

Over the last year, our Leadership and Management Framework continued to demonstrate strong impact across the organisation, supporting consistent, high-quality leadership practice at every level and supporting our commitment to growing future hospital leaders from within. The framework provides clear, structured pathways from first-line management through to senior leadership mini MBA, with programmes aligned to recognised ILM or CMI accredited qualifications and degree-level learning delivered in partnership with universities.

Over the year, managers and leaders engaged in structured development, with leadership programmes embedded as part of routine workforce planning rather than standalone interventions. This has supported greater consistency in leadership capability, clearer expectations of role, and improved confidence among managers leading clinical and non-clinical teams. Additionally, we tailor offerings to staff at each stage of their development and promote programmes and resources for future leaders, new leaders and women in leadership.

A new programme launched for our leaders, The PgCert in Hospital Management, is an industry first. Designed specifically for healthcare providers and developed in partnership with Liverpool John Moores University, it is mapped to the Chartered Management Institute and leads to Chartered Manager status. This is the first programme of its kind to offer a postgraduate qualification which is tailored to the operational, clinical and regulatory realities of hospital leadership, rather than adapting a generic management award. It provides a structured route for our people to gain recognised academic credit while remaining in-role, directly linking learning to day-to-day decision-making and patient safety.

With a commitment to self-development, using executive coaching, 360-degree and psychometric evaluation and specialised support, our senior leaders lead the organisation and their teams effectively.

Apprenticeships

Apprenticeships continue to be an essential part of how we grow talent across our organisation, offering clear development routes in key clinical areas, including Senior Healthcare Support Worker, Nursing Associate, Registered Nurse and Theatre Practitioner. We also provide a wide range of non-clinical programmes, from business administration and HR to management, digital, finance and leadership apprenticeships, supporting colleagues to develop, from 'door to director'.

Apprenticeship-based leadership routes and post-graduate pathways have supported strong utilisation of levy funding, with sustained participation and completion across multiple cohorts.

With over 40 programmes available and more than 400 successful completions, our apprenticeships provide strong foundations for long-term careers and help many colleagues move into more senior or specialist roles. A significant number also choose to progress to higher-level apprenticeships, reflecting the strength of our internal career pathways. Our 'Supporting Learning in Practice' programme ensures apprentices are guided by trained supervisors and mentors, helping us maintain a positive learning culture.

With over 200 apprentices currently in learning, apprenticeships continue to play a vital role in workforce planning in attracting, developing and retaining skilled people committed to delivering excellent care and supporting the effective running of our services.

Personal growth and continuous improvement

By leveraging a digital-first approach, we are revolutionising our learning culture and ensuring accessibility for all employees. Through our training programme to develop the data skills of staff at all levels, enabling them to progress from a Data Citizen to a Data Leader, we are building our network of data-skilled people.

An impressive 70% of our workforce has actively engaged in continuous professional development, reflecting a culture of lifelong learning and improvement. Over 400 staff have been empowered to develop their technical competency through 30 different masterclasses, enhancing our capacity to deliver high-quality care. More than 5,000 members of staff attended our expanded customer service training, underscoring our commitment to patient-centred care and continuous improvement.

Our network of Professional Nurse Advocates (PNAs), supported by Mental Health First Aiders, is now well established across the organisation, following the development of a unique programme designed and delivered in-house.

The network of PNAs plays a key role in supporting staff through restorative clinical supervision, helping colleagues to navigate professional and operational challenges while promoting wellbeing and retention. In parallel, our advocates act as catalysts for quality improvement. The continued growth of this network is strengthening a culture of compassionate leadership that ensures all staff are supported while maintaining a strong focus on patient safety and quality of care.

Human factors training has been developed and delivered using a blended delivery, including an AI voiceover train-the-trainer approach to ensure that all staff receive standardised, quality-assured education which is appropriate to their role and level of responsibility. Selected educators and Surgical Safety Guardians have been equipped with the knowledge, skills and teaching resources required to deliver this innovative approach to training within their hospital site. By supporting the consistent embedding of human factors principles across the organisation, we have strengthened our culture of safety, improved team performance and contributed to the delivery of high-quality patient care.

Emergency preparedness, resilience and response (EPRR) training remains a key component of our organisational commitment to patient safety and service continuity. Over the year, a structured programme of education has been implemented to ensure that staff across clinical and non-clinical roles understand their responsibilities in preparing for, responding to, and recovering from critical and major incidents. Training, aligned to national guidance, utilises a blended learning approach and ensures the knowledge and confidence required to respond effectively to incidents which may disrupt services or impact patient care.

Being an employer of choice

Underpinning the provision of outstanding patient care are talented and committed staff who are continuously able to develop their careers and skills within the organisation. This year, our commitment to our staff, their wellbeing and engagement was recognised when we won the prestigious Personnel Today Workplace Culture Award – Larger Employer.

Creating a meaningful dialogue with our staff

Following our staff survey, Circle was recognised by Best Companies as the UK's 7th Best Big Company to Work For and third in the Health and Social Care sector.

Using the eight factors that drive employee engagement, the survey enabled us to continue to use staff feedback to drive, shape and prioritise changes most important to our people.

How we used feedback on each of the engagement factors to drive improvements:

MY COMPANY: We continued to prioritise how we connected with our workforce, using multiple ways of engaging with them about our priorities and progress. ChatCHG provided all staff with the opportunity to hear from each member of the Operating Board, and discuss with them their personal, professional or team priorities and interests. Many sites joined the sessions in 'listening parties', collectively participating and, later, maintaining the discussion with their wider, local teams.

We increased visibility of, and access to, members of our Operating Board by holding key meetings at sites, rather than Head Office, and combining the visits with open surgeries and opportunities for any member of staff to meet and engage directly with the senior leadership team.

Our successful R&R Awards enabled local teams to recognise and reward staff whose work and behaviours embody our philosophy. The most recognised principles were 'collaborative and committed' and 'we believe in our people', demonstrating Circle's deeply embedded commitment to teamwork and empowering our people to provide outstanding care.

The HR hub, Circle Connect, continued to act as a rich and accessible source of resources for staff on topics ranging from benefits and recognition to policies and wellbeing.

MY MANAGER: Our commitment to the development of our managers continues, with over 1,000 people-managers undertaking structured leadership training within the year.

Coaching and mentoring remain at the heart of our leadership culture. Through our coaching platform, which is open to all staff, over 500 of our senior leaders offer internal cascade coaching, providing invaluable and highly relevant coaching and mentoring to staff at all stages of their careers.

FAIR DEAL: We continue to enhance pay and rewards across our business, and work to maintain fairness and equity across roles. We continued to ensure our national minimum rates of pay for contracted colleagues exceed the national living wage.

WELLBEING: Using the four pillars of wellbeing, Munch, Mind, Move and Money, we continued to build on our holistic support for staff. We expanded our resources and education on financial, physical and mental wellbeing and all staff were invited to join webinars with leading experts, covering financial and emotional wellbeing.

In response to staff feedback, we launched a new employee assistance programme, CircleWell, which provides 24/7 support including life coaching, legal and financial support and mental wellbeing services.

Big Circle Move, our now annual challenge, enables staff to take part in ways which suit their lifestyle and ability. In 2025, Big Circle Move invited staff to take on the Three Nations Challenge, reflecting our geographical network across the UK. More than 150 teams signed up, with members of each team collectively committing to cover at least 220km in a month by swimming, cycling, walking and running. The challenge supported both mental and physical wellbeing and, by aligning participation to donations to Trussell Trust's foodbanks, we reinforced our support to one of our chosen charities.

Giving something back: Circle is committed to supporting both national charities and charities within the communities our hospitals and teams work. Our two-year commitment to Alzheimer's Society and Trussell Trust has continued following the all-staff vote to select the charities with which we form a national partnership.

Our 'Just one thing' campaign encouraged staff to add a single item to their weekly shopping basket to donate to their hospital or site's collection for a local food bank. Staff across the company were typically generous, enabling us to support both the Trussell Trust and local community groups.

Bringing together our commitment to 'giving something back' and wellbeing, our 'CHG in the Community' programme continued to enable staff to nominate local charities and groups for a grant to support their activity. Since its inception, we have made grants to 44 community groups for sports equipment, craft materials or educational resources.

We continued our ongoing support of the British Skin Foundation, this year making a grant to fund eczema research. Circle also became Arthritis UK's first-ever surgery support partner. Our sponsorship of the charity's 'Arthritis Connect' online community platform offers people living with arthritis peer-to-peer support and improved access to information and advice.

Through our match-funding scheme, we supported over 40 of our teams' own, local nominated charities, doubling the amount raised locally.

Sustainability: Think Global. Act Local.

The Green Team, made up of representatives from every hospital and corporate department, is dynamic and enthusiastic and reflects our commitment to sustainable healthcare.

The commitment to 'think global and act local' is universal, and we are making significant progress towards our environmental and social responsibility goals. Circle's Green Leads are site-based thought-leaders who engage with their teams to ensure adoption of centrally developed initiatives as well as locally driven activities, events and engagement with our sustainability agenda and aspirations.

The 'Sustainability Hub', which provides resources, courses and networks for staff to develop their knowledge and influence behaviours, is continuously updated and both structured and informal activities and dialogues across the diverse network of teams and sites ensure we are driving and celebrating real and sustainable change.

Freedom to Speak Up

Circle actively supports a culture of openness and honesty, encouraging staff to speak up in confidence about any concerns that they have regarding the conduct of others in the business or the way in which the business is run. We encourage staff to speak up about any genuine concern and reinforce the value their contribution will make to improved standards of safety, care and culture.

Our Chief Medical Officer, ultimately responsible for Freedom to Speak Up (FTSU), is supported by a Corporate FTSU Guardian. Together, they provide overarching direction and support to locally appointed FTSU Guardians within our hospitals or other facilities.

A non-executive director provides oversight, acts as an escalation point for the Freedom to Speak Up Guardians, ensures investigative integrity and confidentiality of reporters, providing assurance of protection from reprisal and victimisation.

Circle is committed to listening to staff and to improving patient care and workplace safety. The executive sponsor and corporate Guardian support the FTSU Guardian role and actively promote a robust culture around speaking up. Every speak up is recorded, investigated and, wherever possible (if the concern is not raised anonymously), feedback is given and lessons learnt shared.

We have continued to embed the importance of speak up throughout Circle and increased accessibility for staff. The successful introduction of an FTSU app in early 2026 has ensured greater access to, and ease of, speaking up, with staff having the ability to report a concern from either work or home.

We have maintained confidence in, and awareness of, the role and purpose of the FTSU Guardians by:

- Communicating the process, value and focus for speaking up
- Holding quarterly calls with site FTSU Guardians to provide updates and share best practices.
- Encouraging staff to undertake the relevant training modules developed by the National Guardian's Office, which are available on our mandatory training system.
- Actively encouraging our hospital FTSU Guardians to meet with their local NHS Trust counterparts.

We learn from the experience of our NHS FTSU Guardian colleagues and aim to work with them for the benefit of our patients and stakeholders. Our Guardians participate in forums with the regional networks across the UK.

Circle Operating System

COS continues to be embedded across all areas of the group since its launch to the wider organisation in 2020. Using the COS framework, every member of staff has the ability—and is encouraged—to take ownership and accountability for the care they provide. Promoting COS as the way we work ensures that all staff feel they can make a difference, know their contribution is valued, understand their responsibilities, and take pride in the outcomes they help achieve.

Throughout 2025, this focus continued with sustained promotion of Stop the Line and Swarm to ensure that learning from incidents and near-misses is shared consistently across the organisation. Staff empowerment to call a Stop the Line was highlighted in multiple clinical conferences and operational updates, and Stop the Line activity continues to be monitored and shared monthly with clinical and operational colleagues.

Through 2024 and 2025, compassionate care and leadership were incorporated into the COS framework as a key development to support our teams to care for one another and embed compassion in practice. This work has progressed well, although further focus is needed in 2026 to fully integrate this into everyday business. The use of Team Sessions and the Quality Quartet as a standard reporting framework also remains a priority, ensuring that staff can clearly see progress against organisational, site, and departmental objectives and recognise their contribution to shared goals.

A more in-depth evaluation of COS has now been completed, and key areas of focus have been identified to guide future improvement. This has included COS Lunch and Learn training sessions, which are recorded and available to all staff. These sessions include slide decks that departments can use for local updates and training on Stop the Line and Swarm.

This renewed emphasis on education and empowerment has already had a measurable impact, with a marked increase in Stop the Line events during February 2026. An updated list of COS Champions is now available on the company intranet, providing clearer visibility of local leads for support and escalation. In addition, the clinical governance report has been enhanced and now includes not only the number of Stop the Line events, but also the number of Swarms conducted following each Stop the Line, giving a more comprehensive picture of organisational learning and response. A COS conference is scheduled for September 2026 and further training sessions for the other elements of COS are planned for Q2 2026.

CIRCLE OPERATING SYSTEM

Stop the Line

Anyone who encounters a situation that may cause harm, or requires support to continue an activity safely, is empowered to immediately make a report to the person in charge and 'stop the line'. This activates a collective problem-solving process called a Swarm. Stop the Line is about resolving an issue at source, as it happens, and as a team, to create and maintain a strong safety culture.

Swarm

A Swarm is Circle Health Group's approach to solving a problem or exploring an opportunity. A Swarm can be called by anyone and enables the right group of people to come together quickly to discuss an issue in order to understand it fully and agree steps to resolve it.

Patient Hour

Patient Hour describes any period of time dedicated to exploring patient feedback and experience as a team. During a Patient Hour we question whether our patients received the best experience possible and if we gained and retained their loyalty. We learn from this and, if we were successful, the team explores how to maintain this success. If we failed, we challenge ourselves to identify what we need to do to improve and then we make that happen.

Quality Quartet

The Quality Quartet provides a simple structure for information gathering, planning activities, monitoring progress and measuring impact by focusing and ensuring balance across four key areas:

- Patient Experience
- Staff Engagement
- Clinical Outcomes
- Optimal Value

Team Session

A Team Session provides a dedicated time for a department or wider team to share information and review performance. It is an opportunity for clinical, non-clinical and medical staff to come together to collaborate, think differently and break down silo working, if it exists. The agenda is designed by the staff to meet their needs and is often focused on learning about how other teams work to better understand the overall patient pathway.

Compassionate Care

Dedication to show compassion to fellow staff, patients and their family through dignity, healing, learning, authenticity, and kindness.

National audits

Intensive Care National Audit and Research Centre

The Intensive Care National Audit and Research Centre (ICNARC) case mix programme is an audit of patient outcomes from adult, general critical care units covering England, Wales and Northern Ireland. In line with national critical care standards, all Circle intensive care units in England, Wales and Northern Ireland collect data on all the patients they admit to their unit. Each unit receives cumulative quarterly quality reports which show how they compare to other units nationally. The reports focus on an agreed set of quality indicators and identifies trends over time, helping our units have assurance in the quality of care they deliver and to inform local quality improvement, decision-making and resource allocation. The reports are presented and reviewed at our quarterly Medical Governance Committee meetings.

National Joint Registry

Forty-one Circle hospitals participated in the NJR audit in 2025, and all 41 hospitals achieved the Gold NJR Quality Data Provider Award. The NJR monitors the performance of hip, knee, ankle, elbow and shoulder joint replacement operations, primarily to improve clinical outcomes for patients, and supports orthopaedic clinicians and industry manufacturers. The registry collects high quality orthopaedic data to provide evidence to support patient safety, standards in quality of care and overall cost-effectiveness in joint replacement surgery. The award recognises and rewards best practice, increases awareness of the importance of quality data collection and helps embed the ethos that thorough and accurate data contributes to improved patient outcomes.

Breast and Cosmetic Implant Registry

Following the Keogh Review of the Regulation of Cosmetic Interventions, the Breast and Cosmetic Implant Registry was set up to record implants that have been used, along with the surgeons and organisations who carried out the procedures. The main aim of the registry is to give the ability to trace patients in the event of a product recall or safety concern relating to an implant. Circle hospitals submit data to the Breast and Cosmetic Implant Registry via the NHS England Medical Device and Outcome Registry platform to ensure the safety of implants is monitored for complications and trends and to improve overall patient safety for patients undergoing treatment.

CLINICAL AUDIT

Driving excellence through clinical audit at Circle

At Circle, clinical audit is a key part of how we deliver safe, high-quality and patient-focused care. As one of the UK's leading independent healthcare providers, we use audits to check, monitor and improve clinical practice across all our hospitals, clinics and community services.

Clinical audits help us see how care compares to standards, find areas that need improvement and make changes that lead to better patient outcomes. By making audit a routine part of our work, we encourage learning, accountability and high-quality care across the organisation.

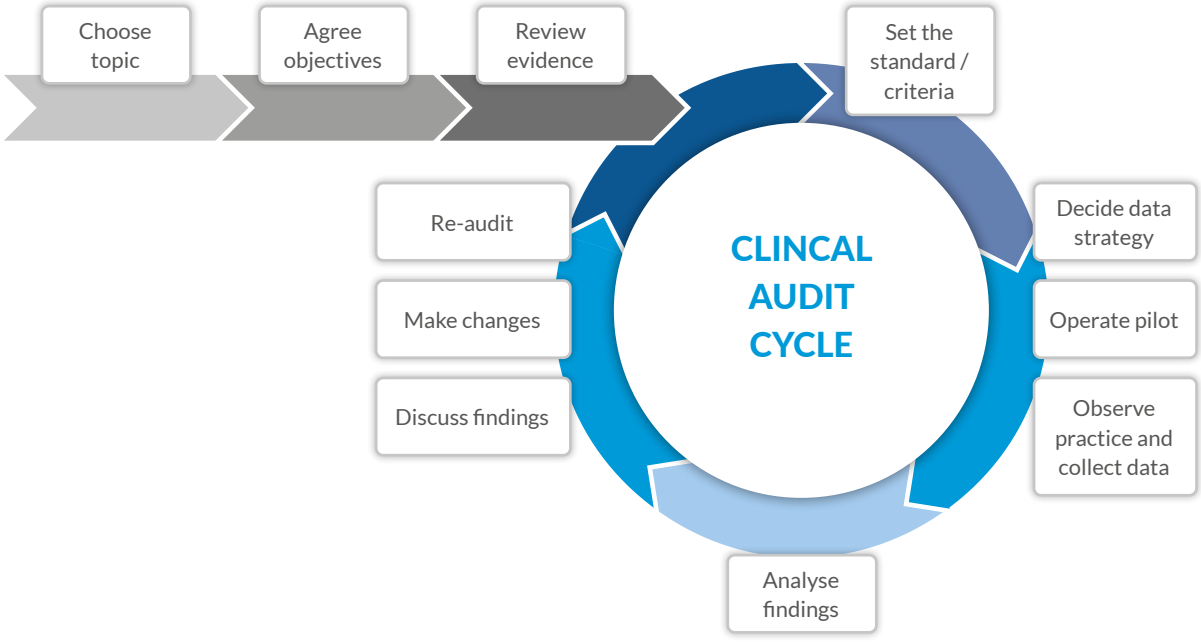
A dual approach: corporate and local audits

Our clinical audit programme is structured to include both corporate and local initiatives:

- Corporate audits are mandatory and regulatory in nature, ensuring compliance with national standards and regulatory expectations. This also supports our governance responsibilities as a healthcare provider.
- Local audits play a vital role in internal quality assurance. They enable hospital sites to review and strengthen their assurance processes, particularly in response to identified trends or recurring themes in patient safety incidents and patient complaints. Local audits are also used to confirm that changes in clinical practice, such as updates to local policies or procedures, have been effectively implemented and embedded in day-to-day operations.

What is clinical audit?

A clinical audit is an improvement and assurance process that reviews healthcare practice against evidence-based standards to identify gaps and improve patient care. It is cyclical, involving the implementation of changes and re-evaluation over time to ensure continuous improvement and better patient outcomes. It identifies whether services are meeting expected benchmarks and, where gaps are identified, promotes actions to improve performance. A repeat audit then assesses whether these actions have led to measurable improvements.



Clinical audits are usually carried out through a series of steps:

- **Choosing the topic:** A relevant area of care is selected by the team.
- **Designing the audit:** Clear objectives are set and evidence-based standards are chosen.
- **Data collection:** Information is gathered either during or after care, using methods like manual records, questionnaires or electronic systems.
- **Data analysis:** The data is reviewed to check if practice meets the set standards.
- **Action plan:** Results are shared and a plan is made to address any gaps, including who will take responsibility.
- **Re-audit:** The area is reviewed again to ensure improvements have been made and maintained.

A key part of this process is that it is collaborative, and involves many different teams, so improvements come from shared learning and a commitment to high standards across all areas.

Our annual clinical audit programme covers a wide range of specialties, including nursing, physiotherapy, imaging, pharmacy, oncology, tissue viability, pathology and more. This ensures audits are carried out throughout the patient journey, from assessment to treatment and ongoing care.

By looking at clinical practices across these areas, the programme helps improve quality, share best practices and make sure care is safe, effective and focused on patients.

Annual review and strategic planning

Each year, Circle undertakes a comprehensive review of the clinical audit programme. This review is informed by a range of data sources, including:

- Patient safety incident reports.
- Patient satisfaction and complaint's themes.
- Regulatory inspection findings and recommendations.
- Clinical performance and peer review feedback.
- Assurance from policies, procedures and documentation.

Towards the end of 2025, we reviewed our audit priorities in light of workforce pressures, changing clinical needs and updates from key regulators, including the CQC, HIS, and Healthcare Inspectorate Wales (HIW).

We also considered feedback from our hospital staff and compared our audit programme with other private healthcare providers to make sure it remains relevant, practical and aligned with best practice in the sector.

Leveraging technology: Radar

A major advancement since 2023 has been the group-wide adoption of Radar, an integrated governance platform designed to support the management and delivery of audits. The system has improved the overall audit process, making it more efficient, accessible, and actionable for both clinical and non-clinical teams.

Enhancements introduced this year have further strengthened its effectiveness, particularly in helping teams better understand audit expectations and requirements. A key improvement is the introduction of the **'audit guidance'** section, which clearly outlines the audit workflow. This section provides structured instructions, including details on audit ownership, responsibilities and sample requirements, ensuring greater consistency and accountability across teams.

In addition, the platform now includes a **'skip'** function, allowing audits to be adapted more flexibly to different service areas. This means audits can be streamlined, combined or partially completed, depending on relevance. One example is the peripheral catheter bundle audit, which was previously divided into two separate audits: peripheral catheter insertion and ongoing line care, reflecting the responsibilities of different departments. These have now been merged into a single peripheral line bundle audit. Teams can use the 'skip' option to complete only the sections applicable to their role, whether insertion or ongoing care, making the process more efficient while maintaining comprehensive oversight.

Overall, these developments have enhanced usability, improved clarity and supported a more cohesive and adaptable approach to audit management.

Clinical audit title	Standards/guidelines/policy/regulation
Fluid balance monitoring	NICE QS131; CQC Regulation 12; CQC Regulation 12 – Safe care & treatment (CQC / HIS / HIW); Nursing & Midwifery Council (NMC) standards; Patient safety standards
Cancer MDT (SACT)	Royal College and National Standards; Macmillan; Circle Policy; NHS England; Cancer Research & Cancer Alliance UK; NHS SACT Data Standard; CQC Reg 12 – Safe care; National Cancer Quality Standards; NHS SACT Data Standard (England); Cancer quality frameworks (Scotland & Wales); Safe Care & Treatment
WHO Observational; NatSSIPs/LocSSIPs » WHO Major » WHO Interventional » WHO Minor » WHO Endoscopy » WHO Cataract » WHO Radiology (Major & Minor) » Theatre Prep Stop Block	NICE guidance NG 180; WHO Recommendation; NatSSIPS/LocSSIPS; Reg 12 Safe care & treatment National Patient Safety Standards WHO Surgical Safety Checklist Compliance (CQC / HIS / HIW) Endoscopy Quality Standards (JAG) Royal College of Ophthalmologists Standards Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) WHO Surgical Safety Checklist; Theatre Safety Standards
Resus trolley audit Resus primary care and grab bags	Reg 12; Resuscitation Council UK Standards Life-support equipment regulations
CYP clinical documentation	Circle Policy; Royal College of Paediatrics and Child Health
CYP governance and assurance	Reg 17 – Good governance; Royal College of Paediatrics & Child Health standards
Cancer MDT (surgery and endo)	Royal College and National Standards; Circle Policy; Reg 12; National Cancer Standards
EP – diagnostic reference	BSI Standards and Accreditation Requirements; Royal College of Radiologists The College of Radiographers; IR(ME)R Regulations; Reg 12 – Safe care

Clinical audit title	Standards/guidelines/policy/regulation
Controlled drugs (pharmacy)	NICE Guidance NG46; NG5 Royal Pharmaceutical Society Misuse of Drugs Regulations; Reg 12; NHS Controlled Drugs guidance Reg 12; NMC / GMC standards; Medicines management policies
Controlled drugs (clinical areas)	
Prescription chart	
Administration of drugs	
Naso-endoscopes	Circle Policy; Infection Prevention & Control (IPC) Regulations; CQC Reg 12
Blood transfusion	NICE Guidance NG24; QS138; European Blood Safety Directives / Blood Safety and Quality Regulations
Blood transfusion and pathology governance	Blood Safety & Quality Regulations; Reg 12; National Patient Safety Alerts Reg 17; Pathology QA Standards; Blood Safety & Quality Regulations
IPC audits » General principles and practices » Mattress » ANTT » CVC bundle » PVC bundle » IUC bundle » SSI bundle (HPS) » Hand hygiene » Theatre asepsis	NICE Guidance QS61; QS113 NG125; NG113 Health and social care act Reg 12 & 15 – Safe care & premises; HSE & NICE IPC guidelines

Clinical audit title	Standards/guidelines/policy/regulation
Safe care audits » Fasting » Temperature checks for theatre patients » Falls risk assessment » MUST » VTE » Purpose-T » Chaperones » NEWS2 » Pain management » Effective discharge	Safe Care & Treatment (all nations); Relevant NICE / HIS / PHW guidelines NICE Guidance NG89; NG180; NG51; CG50; QS161 CQC Reg 12; Pre-op guidance CQC Reg 12; Patient safety CQC Reg 12; NICE Falls guidance CQC Reg 12; NICE Nutrition Guidelines CQC Reg 12; NICE VTE Prevention Guidelines CQC Reg 12; Safe Patient Handling Standards CQC Reg 10 – Dignity & respect; GMC guidance CQC Reg 12; Royal College of Physicians standards CQC Reg 12; NICE Pain Guidelines CQC Reg 12; NICE Transitions of Care guidance
Medicines management	NICE Guidance NG5; CQC Reg 12; NMC / GMC standards; NHS Medicines governance
Contemporaneous notes	Reg 17 – Good governance; GMC / NMC record keeping standards
Consent	Circle policies and guidelines; Reg 11 – Consent; GMC / NMC guidance
Imaging/radiology audits » Quality, governance and compliance » Radiation protection » PACS and RIS » Theatres » Clinical practice » Imaging medicines management	NICE Guidance NG5; NG46 NMC standards for medicine management GMC good practice in prescribing and managing medicines Royal Pharmaceutical Society Guidance Reg 12; IR(ME)R Regulations; Royal College Standards
Antimicrobial stewardship	NICE Guidance NG15; NG199; NG113; QS121; CQC Reg 12; NHS England AMS Standards
Physiotherapy	CPS Guidance; Reg 12; HCPC standards

Clinical audit title	Standards/guidelines/policy/regulation
Safeguarding	Circle Policy; ICB Safeguarding Board Requirement; Reg 13 – Safeguarding; Children & Adults legislation
Pre-operative assessment	CPOC; Circle Policy; Reg 12; Pre-op assessment standards; NICE guidance
Cancer services documentation	Circle Policy; Reg 17; National Cancer Standards
UKONS triage documentation	UK Oncology Nursing Guidance; Reg 12; UKONS Guidance for Oncology Nursing
Cancer MDT governance	Circle Policy; Reg 17; Cancer governance frameworks (England, Scotland, Wales)
EP – identification	BSI Standards and Accreditation Requirements Royal College of Radiologists The College of Radiographers IR(ME)R Regulations; Reg 12; Radiation safety standards
EP – entitlement	
EP – pregnancy	
EP – quality assurance	
EP – non-medical exposure	
EP – carer and comforter	
EP – clinical evaluation	
Pharmacy department audit	Circle Policy; Reg 12; NHS Medicines Governance; NMC / GMC standards
PGD audit	Circle Policy; Reg 12; PGD legislation; NHS Governance standards; NHS England; NICE MPG2
Cosmetics	GMC; Royal College of Surgeons; Reg 12; Cosmetic procedures regulations (CQC)
Pathology	Circle Policy; Reg 17; ISO 15189 / UKAS standards; Blood & tissue safety regulations
AIS	NHS Recommendation; Reg 12; Local governance policies; Specialist clinical standards

Our achievements in clinical audit

Clinical audit is a key driver in QIPs and SIPs.

Circle is committed to making QI part of everyday practice. As part of this, we have included several QIPs in Radar to help monitor progress and make sure standards are followed. Key projects include:

- Safety briefing compliance.
- Handover.
- Intentional rounding.

In addition to fluid balance monitoring, we have also added effective discharge to our mandatory audit programme.

Regulatory expectations

After several engagements and regulatory inspections at some of our hospitals, our clinical audit programme has shown that we are committed to delivering safe, high-quality care in line with regulatory expectations. All follow-up requests related to clinical audits have been successfully met.

Our plan moving forward

We remain committed to developing our clinical audit programme to improve quality and keep patients safe.

Our future includes:

- **Strengthening staff engagement:** We will work closely with hospital and corporate teams to involve more staff in audits and encourage shared responsibility for quality and safety.
- **Raising awareness and recognition:** This year we will launch a clinical audit e-learning platform to help staff understand the value of audits in improving practice and meeting standards.
- **Ongoing review and strategic alignment:** Each year, we will review the clinical audit programme to make sure it:
  - meets organisational priorities and regulatory expectations.
  - keeps up with changes in clinical practice.
  - supports our wider goals, including clinical accreditation and promoting a culture of safe, high-quality care.

Through these efforts, clinical audit will continue to be an important tool for maintaining excellence and accountability across all our services.


Circle
Health Group

NHS-prescribed information

The main body of this element of the quality account provides our statements on quality improvements, accuracy and assurance that apply to all the products and services and shows data and information over a two-year period. In line with requirements, we have provided a number of relevant statements.

Circle is an independent sector provider and is currently not eligible to submit to NHS summary hospital-level mortality indicators (SHMIs). All deaths, either Circle in-hospital or within 30 days of discharge (where known) are reported to the relevant national regulator and therefore the number reported will include patients who died in NHS Trust hospitals and will be recorded in those SHMI results.

Patient Reported Outcome Measures

PROMs scores for:

- Hip replacement surgery: 98%
- Knee replacement surgery: 94%

The above percentages relate to the total number of patients who identified an improvement in their outcome following surgery.

PROMs are clinically validated assessments of the impact of a condition on a patient's health-related quality of life at a point in time.

Circle uses PROMs data to help monitor the overall quality of care it is providing to ensure only the highest standards of care are being delivered to all patients. Patients are asked to complete assessments before and after their procedure/treatment (where they are undergoing an eligible procedure). The difference between a patient's pre-operative (Q1) and post-operative (Q2) scores is called the 'health gain' and indicates the impact that surgery has had on an individual.

Readmissions of NHS patients

The percentage of NHS patients readmitted to a Circle hospital within 28 days of being discharged from a hospital within the group for the reporting period:

- 0-15 years: 0%.
- 16 years or over: 0.029 (per 100 admissions).

Circle considers that this data is as described because people are effectively helped to recover from episodes of ill health or following injury. We intend to improve the quality of services by improving the pre-operative assessment process, theatre pathway and discharge process, and by reviewing and analysing any trends in reasons why patients are readmitted (including to another hospital) and sharing information for quality improvement across Circle.

Friends and family test – staff

The friends and family test (FFT) question was not included in Circle's 2025 staff survey. However, this does not reduce the importance we place on understanding staff experience or their willingness to recommend Circle as a place to work and receive care.

We continue to gather and review staff feedback through a range of engagement channels, which indicate that staff remain positive about working within Circle, feel supported in their roles and are committed to delivering high-quality care.

Circle remains focused on strengthening staff engagement by embedding its philosophy, purpose, principles and values across all services, ensuring these are consistently reflected in the experiences of both staff and patients.

Friends and family test – patients

The FFT is a standardised way for patients and others who use NHS services to provide feedback. It takes its name from the original question, which asked whether patients would recommend a hospital ward or department to friends and family if they needed similar care or treatment.

The question has since been updated, with patients now asked to rate their overall experience of a service when responding to the FFT. When asking the FFT question, 97.6% of admitted patients rated their overall experience of our service as 'very good' or 'good'.

Circle considers that this high level of satisfaction reflects our culture of consistently reviewing the feedback provided by patients and/or other service users, and using that feedback to continually improve services and to deliver high quality, safe and compassionate care.

VTE risk assessment

At Circle, 99.4% of our admitted patients were risk assessed for VTE.

Circle considers that this high level of compliance with the assessment shows our commitment to identify those at risk so that preventative treatments can be used. We commit to continuing this high level of compliance to protect our patients from avoidable VTE events.

Clostridioides difficile

Circle's rate of hospital associated Clostridioides difficile (C. diff) infection relating to NHS patients is 0 per 100,000 bed days for NHS activity.

Circle believes this is because we treat and care for people in a safe environment and protect them from avoidable harm by having high standards of infection prevention and control, including using single patient bedrooms. Circle intends to maintain this rate, and therefore the quality of its services, by continual review of our already high standards of infection prevention, including leading in training and development of all staff in their individual roles in maintaining hygiene standards and practice.

Patient safety incidents relating to NHS patients:

- Number of all patient safety incidents: 5894.
  - Rate (per 100 admissions) 0.611.
- Number resulting in severe harm/death: 14.
  - Rate (per 100 patient visits): 0.001%.

Circle considers that this is achieved through the delivery of care in a safe environment, where patients are protected from avoidable harm. We have robust processes in place for the review of incident investigations and can demonstrate that we are open and honest when things go wrong, supported by a comprehensive understanding and application of the principles of duty of candour.

We remain committed to the continuous improvement of patient safety. This includes the ongoing development of quality assurance activities such as clinical audit and peer review, adherence to the World Health Organization (WHO) surgical safety checklist and enhanced WHO checklists for specific clinical pathways, and the implementation of NatSSIPs 2 and PSIRF. We continue to strengthen and embed our SIPs across the organisation.

We also prioritise empowering our staff to promote and sustain a positive safety culture, particularly through the adoption and application of the principles of a culture of safety.

NHS response

South East London Integrated Care System

NHS South East London

NHS South East London ICB statement in response to Circle Health Group Quality Account 2025-2026.

Circle Health Group shared their 2025-2026 Quality Account with SouthEast London Integrated Care Board (ICB). We have reviewed this and provided the following response.

The ICB commissions a range of healthcare services from Circle Health Group, covering the following sites: The Blackheath Hospital, Chelsfield Park Hospital, The Sloane Hospital and Shirley Oaks Hospital on behalf of our population. Our on-going relationship with Circle Health Group continues to be strengthened through quarterly Contract Management Board meetings which include quality review and other quality meetings scheduled as required. The ICB continues to be informed of Circle Health Group performance and quality improvements through the regular reports provided. As Host Commissioners, based on the information provided to us during the year, we can confirm the content presented in this Quality Account appears accurate.

We are pleased to learn of the following achievements:

- Continued improvement in regulatory ratings, with 95% of Circle's UK hospital networks now rated either "Good", "Outstanding" or equivalent in Scotland and Wales.
- Being the first independent provider to achieve full Association for Perioperative Practice (AfPP) accreditation across all sites and National Joint Registry (NJR) Gold accreditation achieved for the second year across participating hospitals.
- Full implementation and embedding of the Patient Safety Incident Response Framework (PSIRF) and development of a refreshed Patient Safety Incident Response Plan, strengthening oversight and consistency in learning from incidents.
- Continued investment in workforce development, governance and digital systems to support safer care delivery and improved patient experience.
- The provider's strong and sustained clinical outcomes, evidenced by consistently high patient-reported outcome measures and low readmission rates, reflecting effective, safe and high-quality care across its services.

We commend Circle Health Groups's continued Quality and Safety Improvement journey, building QI capability across the organisation and the use of both quantitative and qualitative data sources, including clinical outcomes data, complaints, patient feedback and operational efficiency to inform these programmes. We note the success of the delivery of a targeted Safety Improvement Programme resulting in zero Never Events during December 2025, a high-risk period, reflecting strong clinical leadership and staff engagement.

CEO: Andrew Bland
Chair: Sir Richard Douglas CB

We welcome the commitment to improving patient experience, which has been enhanced by the following Quality Improvement Programmes:

- Enhanced Recovery Programme
- Falls Reduction Programme
- Bowel Care Quality Improvement Programme
- Fluid Balance Quality and Safety Improvement Programme
- Safety briefing compliance
- Handover improvement
- Intentional rounding
- Effective discharge

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We note that Circle Health Group's objectives set out for 2025/2026 were:

- Continue to deliver high levels of patient safety and clinical quality.
- Operate efficiently to support quality and value
- Assure the organisation is well-led
- Excel in patient experience

These have been largely achieved, with plans in place to carry over to 2026/2027 those partially achieved. We look forward to learning how these objectives have progressed over the coming year.

We remain committed to our partnership with Circle Health Group and support their commitment to safety, quality, best practice, innovation and the NHS. We would like to thank Circle Health Group on behalf of our population.

We wish the organisation the very best for 2026-2027.

Annabel Appleby

Acting Joint Director of Planning
Director of Acute and Specialised Services
South East London ICB

CEO: Andrew Bland
Chair: Sir Richard Douglas CB

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