



# OneHealth

Your Health. Your Choice.

## Quality Accounts

2025 – 2026

- ” Prompt and efficient diagnosis, treatment and aftercare ”

Working with the

**NHS**

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# One Health Group (OHG)

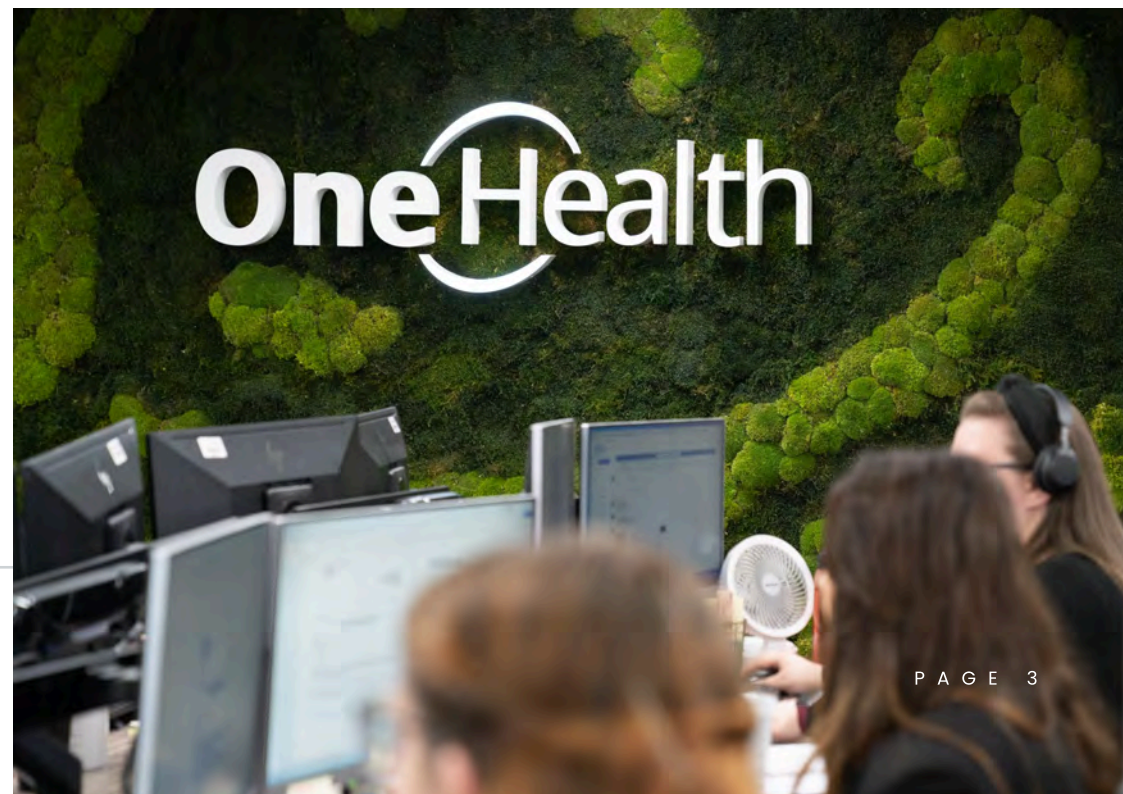
## Mission Statement:

OHG aims to provide innovative, high quality, integrated medical and clinical services for patients, optimising outcomes so they can quickly continue healthy lives.



## Our NHS services include:

- Orthopaedics
- Spinal Surgery
- General Surgery
- Gynaecology
- Urology
- Post-operative Physiotherapy



## Personalised Care

### Fair:

Equally available to all, taking account of personal circumstances and diversity.

### Personalised:

Tailored to the needs of each individual patient.

### Effective:

Focused on delivering excellent outcomes for all our patients.

### Safe:

Giving our patients confidence in the care they receive.

## Continuity

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Wherever possible, all OHG patients are seen by the same consultant at every visit throughout their treatment. Patients are also assigned an individual contact from our dedicated Patient Liaison Department to help them manage their appointments and answer any queries they may have.

This ensures that every patient benefits from continuity, with the highest level of service and support throughout their care.

## Clinic Facilities

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In the majority of cases, we provide our services from clinics and hospitals that are registered by the Care and Quality Commission (CQC). These locations are close to where our patients live, where transport links are good and there is always ample free parking.

Where possible, our clinics are held in NHS facilities both in hospitals and community settings.



## Introduction

Welcome to One Health Group's Quality Accounts for 2025–2026. Over the past year, we have continued to expand the support we provide to NHS patients both locally and nationally, bringing care closer to home through our network of community-based outreach clinics. Record numbers of patients chose One Health Group over the year following referral from their GP and we continued to support local NHS Trusts by treating patients with the longest waits to help them meet internal performance targets.

During the year, One Health Group delivered high-quality, NHS-funded care to more than 19,000 new patients across multiple ICBs and Trusts in England, completing over 50,000 consultations and more than 8,000 surgical procedures, with patient safety and clinical quality at the forefront of everything we do. Through the use of our network of over 40 community clinics, the vast majority of care is provided close to patient homes, relieving pressure on NHS infrastructure, enabling Trusts to focus resources on patients with more complex needs.

Alongside increasing numbers of patients choosing One Health Group through the NHS e-Referral Service (e-RS), we have strengthened our direct partnerships with several NHS Trusts, supporting the treatment of the longest wait patients. Our agility, responsiveness and patient-centred approach have been widely recognised and exemplify our collaborative contribution to the wider NHS.

All One Health Group patients are seen by substantive NHS surgeons, treated promptly and discharged efficiently, helping them return to healthy lives while reducing pressure on local waiting lists and supporting Trusts in meeting year-end targets. With demand for NHS services at unprecedented levels and pandemic-related waiting lists still impacting access, patients' statutory 'right to choose' their provider has never been more important. Patient Choice ensures quick, high-quality treatment from One Health Group at no cost to the patient, with all care funded by the NHS.

Looking ahead to 2026–27, we will maintain a strong focus on raising awareness of patient choice and the ability to select One Health Group as a provider of NHS-funded care. This will be achieved through active marketing and promotion and by working closely with our commissioners and local NHS trusts to offer increased support when and where required. We will continue to source and develop new system capacity, through the expansion of our community-based outreach clinic network, reaching a wider population of patients and further developing relationships with more NHS Trusts and independent hospital partners.

A major milestone for One Health Group in 2026–2027 will be the construction of our first elective surgical hub, a significant strategic development designed to create additional capacity in a region where patient demand is high and surgical facilities within both the NHS and independent sector are limited. This development aligns closely with the NHS 10-Year Plan's core aim of shifting care closer to communities, helping to reduce pressure on acute hospitals. Importantly, this new facility—fully funded through private investment at no cost to the NHS—will deliver substantial extra local capacity and increase access to timely, community-based care for NHS patients.

Over the past two decades, One Health Group has become an essential part of elective secondary care provision for NHS patients across South and West Yorkshire, Derbyshire, Nottinghamshire, Leicester and Lincolnshire. We remain committed to supporting growing patient demand and contributing to the reduction of the national waiting list.

This report provides a detailed account of the quality of services delivered to tens of thousands of NHS patients who exercised their right to choose One Health Group via the NHS e-Referral Service, as well as those referred directly by NHS Trusts for support with long-wait pathways.

## Chairman & Chief Executive Report

**“One Health Group is proud to have supported the NHS for more than 21 years across an expanding geographical footprint, delivering innovative, high-quality care that is free at the point of delivery. Over this time, we have worked collaboratively with a growing number of Integrated Care Boards (ICBs) and directly with local NHS Trusts to provide vital patient care and contribute to the national effort to reduce waiting lists.”**

We hope you find this report helpful and informative. Should you require any further information, please do not hesitate to contact us.

One Health Group considers itself a fundamental part of the NHS supply chain for a growing number of commissioning bodies and a key contributor to the delivery of sustainable, high-quality and transformational services for NHS patients.

**One Health Group considers itself to be a key part of the solution for helping to create sustainable, transformational, high quality services for NHS patients.**

## Statement of Accuracy of our Quality Account

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The Directors of One Health Group acknowledge their statutory obligation to prepare a Quality Account for each financial year. This report has been drafted in strict accordance with the guidance issued by the Department of Health. The One Health Group Board of Directors has formally reviewed the contents of this Quality Account. We hereby confirm that, to the best of our knowledge, the information contained herein is accurate and provides a fair representation of the organisation's performance and service quality.

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|                              |  |
|------------------------------|--|
| Date                         | 28th April 2026  |
| Signed                       |   |
| Adam Binns (CEO)             |  |
| Date                         | 28th April 2026  |
| Signed                       |  |
| Derek Bickerstaff (Chairman) |  |

3rd June 2025

# One Health Group Quality Report 2025/26

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NHS South Yorkshire Integrated Care Board (SYICB) has reviewed the information provided by One Health Group (OHG) in this account. In so far as we have been able to check the factual details, the SYICB view is that, after taking into account the amendments based on our feedback, the report is materially accurate and gives a fair representation of OHG's performance.

OHG provides Elective Care Services in Orthopaedics, Spinal Surgery, General Surgery and Gynaecology, and it is right that all these services should aspire to make year-on-year improvements in the standards of care they can achieve.

SYICB supports the provider's identified quality improvement priorities for 2026/27 and recognises the growing safety concerns in the use of Artificial Intelligence across the health care sector. The development of a surgical hub will enable OHG to drive forward striving towards their integrated and streamlined pathway for their service model.

One Health Group will continue to focus on strengthening quality governance, operational performance monitoring and service improvement initiatives across all areas of the organisation.

Statement from NHS South Yorkshire Integrated Care Board

**Alun Windle**, Chief Nurse  
and **Charlotte Ferguson**, Quality Manager

SYICB's overarching view is that OHG continues to provide, overall, high-quality care for patients with dedicated, well-trained, specialist staff and good facilities. Where issues relating to clinical quality have been identified in year, OHG has been open and transparent.

Our aim is still to pro-actively address issues relating to clinical quality so that standards of care are upheld. SYICB will continue to work with OHG to strive to achieve appropriate targets; whilst at the same time enabling the delivery of high quality, innovative services.

# Our Services to Patients

One Health Group is proud to provide a broad range of high-quality secondary care services to support the needs of patients across the communities we serve. Our priority is to ensure patients have timely access to safe, effective and compassionate care. We aim to deliver early assessment and intervention wherever possible, alongside appropriate follow-up care to support positive clinical outcomes.

We receive patient referrals through the NHS e-Referral Service (e-RS) via the patient choice pathway, as well as through direct referrals from partner NHS Trusts requiring additional capacity to support the delivery of elective care. As an independent sector provider working in close partnership with the NHS, we are able to provide flexible access to both outpatient and surgical services, helping to increase capacity and reduce waiting times for patients. One Health Group's ability to adapt and respond to system demand enables us to expand outpatient clinics and surgical activity where required, ensuring patients can access high-quality treatment in a timely and patient-centred environment



## Quality Services to Patients

Every member of the One Health Group team takes great pride in delivering exceptional care and a positive experience to every patient. From the initial receipt of a GP referral through to treatment, discharge and recovery, we are committed to the highest possible standards.

We actively encourage patient feedback through the Friends and Family Test (FFT) as part of our commitment to monitoring, maintaining and continually improving our services. In 2025-2026, over 99% of post-procedure NHS patients reported that they were 'Extremely Likely' or 'Likely' to recommend One Health Group to friends and family, with 100% achieved during several individual months. These results are shared across the organisation and celebrated with pride by the teams who deliver such high-quality care.

As our geographic presence grows, we work collaboratively with an expanding number of independent hospital partners to maximise surgical capacity for NHS patients, supported by a network of more than 40 community-based outreach clinics. This enables timely, effective care delivered as close to patients' homes as possible.

Our clinical outcomes and performance data consistently demonstrate strong results across all specialities, reflecting our embedded culture of openness, continuous improvement and a deep commitment to patient safety.

Quality and safety are closely monitored through our Executive Board and Clinical Governance framework. Clinical Governance is a standing agenda item at Board meetings and benefits from detailed scrutiny by the Clinical Governance Subcommittee. Our transparent, learning-focused culture underpins our ability to maintain and continually improve clinical standards.

We also recognise the professionalism, dedication and collaborative spirit of our staff, consultants and independent hospital partners. Their commitment enables us to consistently deliver high-quality, efficient and patient-centred care to NHS patients. One Health Group remains a key partner to the NHS, contributing to sustainable, high-quality healthcare services across every region in which we operate.



## Our Surgeons

At the heart of safe and effective surgical care is a highly skilled, resilient and multidisciplinary workforce. At One Health Group, our surgical teams play a central role in delivering high-quality, timely interventions across a broad range of specialities, ensuring patients receive the care they need, when they need it. All surgeons working with One Health Group are NHS-trained and have undertaken specialist or sub-specialist training within their chosen field (see Appendix 1). This expertise enables us to provide services across a range of specialities including Orthopaedics, Spinal Surgery, General Surgery, Gynaecology and Urology. We have established a robust clinical onboarding process for all surgeons working with One Health Group. This process is designed to ensure that newly appointed and sub-contracted clinicians are fully supported to deliver safe, effective care from the outset. The onboarding framework supports consistent clinical standards across the organisation, strengthens regulatory compliance and governance, and enables clinicians to integrate quickly into our clinical teams, systems and ways of working. This approach contributes to maintaining high standards of patient safety and quality of care across our services.

## Outpatient Services

OHG have always been committed to improving access to specialist care by delivering outpatient services closer to patients' homes. Our community-based outpatient clinic network plays a key role in supporting earlier intervention, providing continuity of care and delivering a more personalised experience for patients. Our patients benefit from improved access to care, as they can be seen in settings closer to where they live, reducing travel time and cost, this is particularly important in supporting populations with limited transport options, mobility challenges or rural residences.

Our outreach clinics are all located in either GP surgeries, health centres or community hospitals. Which make it easier to fit around work, family or caring responsibilities with a more convenient and less disruptive site to access. It has become more important than ever to reduce hospital footfall and by us delivering appropriate outpatient activity in the community we are easing pressure on acute hospital sites, freeing up hospital outpatient space for more complex or urgent cases. This model of care also promotes prevention and early intervention with early access to specialist assessment reducing the need for hospital admission.

## Inpatient Services

At OHG we deliver inpatient care across a number of hospital sites, each with distinct capabilities, specialities, and patient pathways. This distributed model allows us to make best use of available resources, respond flexibly to patient needs, and support safe, high-quality care across our system. We involve all our patients in choosing where they have their procedure, which we feel is a powerful way to improve care experience, reduce anxiety, and support shared decision-making. It also aligns with NHS principles of patient choice and person-centred care.

## Growth in Our Service

Over the past year, One Health Group has continued to expand its clinical services in response to increasing patient demand and to support the wider NHS in delivering timely access to elective care. This growth reflects our ongoing commitment to working collaboratively with NHS partners to increase system capacity, improve patient choice and deliver care closer to home.

### Expansion of Urology Services

We are pleased to confirm the introduction of Urology as a new speciality within our clinical services portfolio. This development represents an important step in broadening the range of services available to patients and supporting local systems in addressing demand for urological care.

In its initial phase, the service will include:

- Outpatient clinics for assessment, diagnosis and ongoing management of urological conditions
- Diagnostic procedures, including flexible cystoscopy and uroflowmetry
- Minor operative procedures, such as vasectomy, circumcision and bladder Botox injections



The service will be led by a Consultant Urologist, supported by specialist nurses, theatre staff and outpatient teams. The introduction of this service will provide a number of benefits for patients and the wider healthcare system, including faster access to diagnosis and treatment, care delivered closer to home, improved continuity through a single clinical team managing the patient pathway, and better outcomes through earlier intervention.

### Development of Community-Based Services

As part of our commitment to delivering care in the most appropriate setting, we have expanded the provision of community-based procedures across a number of specialities.

This includes the introduction of local vasectomy clinics, providing patients with convenient access to treatment within community settings and reducing the need for attendance at hospital-based services. We have also increased the provision of spinal injection services, enabling patients with spinal conditions to access specialist interventions more quickly and supporting improved management of pain and functional limitation.

Alongside this, we have worked closely with NHS partners to repatriate a number of smaller day-case procedures into community environments where appropriate. Delivering these procedures outside of acute hospital theatres allows premium theatre capacity within hospital settings to be prioritised for more complex surgical cases, improving overall system efficiency and supporting the reduction of waiting times for patients requiring higher-acuity procedures.

### Supporting Patient Choice and Access

Over the past year we have continued to see significant growth in the number of patients actively choosing where and when to receive their care. This has been supported by the expansion of the NHS e-Referral Service (e-RS) and access to services through Any Qualified Provider (AQP) pathways.

One Health Group currently sees over 1,500 new NHS patients each month who have chosen to access our services directly. To support informed patient choice, we have expanded training and awareness for referring clinicians, ensuring they understand the services available and the referral pathways in place.

We also regularly review referral patterns, service uptake and waiting time trends to identify areas where access can be further improved and where additional clinical capacity may be required.

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### **Partnership with NHS Trusts**

In addition to patient choice referrals, several NHS Trusts have expanded their use of independent sector providers as part of the ongoing recovery of elective services across the NHS. Over the past year, One Health Group has worked with a number of Trust partners to deliver significant volumes of NHS-funded elective activity on their behalf.

These partnerships enable Trusts to increase inpatient and surgical capacity, reduce waiting times and maintain access to essential services during periods of operational pressure. Through this collaborative model, we are able to support the resilience of local health systems while ensuring patients receive safe, timely and high-quality care.

### **Service Delivery**

To support the continued growth of services and ensure we meet the increasing operational and reporting requirements of our NHS partners, One Health Group has strengthened its internal operational infrastructure over the past year.

To further enhance departmental performance and governance oversight, we have established a dedicated Quality and Performance Team. This new structure has been designed to support the organisation in meeting NHS performance monitoring requirements while maintaining a strong focus on quality assurance and service improvement.

The Performance Team focuses on monitoring operational performance, utilisation and activity data, ensuring robust reporting and supporting the effective management of patient pathways. Their work provides important oversight of service delivery and helps ensure that NHS reporting requirements are met accurately and consistently.

Alongside this, the Quality Team, focuses on quality assurance, service improvement initiatives and maintaining high standards of care across our services. Their work supports ongoing clinical governance processes and ensures learning and improvement opportunities are identified and implemented.

Together, this new structure provides clearer oversight, stronger performance management and a continued focus on quality improvement, enabling One Health Group to deliver efficient, responsive and high-quality services to patients and NHS partners.

### **Patient Liaison Department**

One Health Group's dedicated NHS Patient Liaison Department (PLD) plays a vital role in supporting patient experience and facilitating communication between patients, families and healthcare providers.

Over the past year we have continued to expand the department to ensure that sufficient resource is available to support the significant increase in patient activity across our services. The PLD team provides an important point of contact for patients throughout their care pathway, helping to answer questions, explain clinical processes and provide reassurance where needed.

Many patients find it helpful to speak with a member of the PLD team who can explain clinical information in clear and accessible language, helping them to better understand their treatment journey and feel confident in the care they are receiving.

From an operational perspective, the PLD team also plays a key role in coordinating appointments, surgical bookings and liaison with our independent sector partner hospitals, ensuring that patient pathways are managed efficiently and that communication between all parties remains clear and consistent.

## Patient Waiting Times and Inpatient Stays

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One Health Group is committed to delivering excellent clinical outcomes while continually improving the efficiency of patient care. Through the implementation of evidence-based pathways, enhanced recovery protocols and early mobilisation strategies, we are able to support improved patient outcomes while reducing unnecessary inpatient stays.

Shorter hospital admissions help minimise the risk of complications such as infection, reduced mobility and deconditioning, while enabling patients to recover in the comfort of their own homes where appropriate.

We are pleased to report that readmission rates remain extremely low, reflecting the quality and effectiveness of the care we provide. Comprehensive discharge planning, personalised follow-up arrangements and proactive patient education all play an important role in supporting safe recovery after surgery.

Our multidisciplinary teams work closely with patients prior to discharge to ensure they feel confident managing their recovery and understand when and how to seek further advice if required. This commitment to continuity of care contributes to improved clinical outcomes, smoother recovery and high levels of patient satisfaction.

## Patient Rehabilitation Closer to Home

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At One Health Group we are committed to ensuring that patients can access high-quality rehabilitation services in convenient and supportive environments following their treatment.

Post-operative physiotherapy protocols are delivered through our trusted physiotherapy partner, PhysioNet, who provide a range of community-based rehabilitation options including outpatient clinics, home-based support and digital rehabilitation pathways.

This approach enables patients to recover within familiar surroundings, reducing the stress and disruption associated with travelling long distances for care. Community-based rehabilitation supports faster recovery, promotes patient independence and reduces pressure on hospital-based services.

All subcontracted services are subject to robust clinical governance arrangements, including regular joint quality meetings and operational performance reviews. These governance processes ensure that patient outcomes, safeguarding arrangements and service delivery remain aligned with NHS standards and the values of One Health Group.

Through these collaborative partnerships we are able to provide flexible, accessible rehabilitation services closer to home while maintaining high standards of safety, quality and patient experience.

# Corporate & Clinical Governance

## Corporate Governance:

The One Health Group Board is comprised of three Executive Directors and four Non-Executive Directors, three of whom are classified as wholly independent. This balance ensures robust challenge and diverse perspectives in strategic decision-making. Corporate Governance at One Health Group encompasses all financial, corporate and regulatory aspects of the organization. The governance framework is designed to ensure that all matters are managed effectively, leveraging the input and guidance of subject matter experts where necessary to maintain high standards of oversight. To support its core objectives, the Board has established four sub-committees. These committees provide focused scrutiny and ensure compliance with the heightened regulatory requirements associated with our public listings. Governance requirements have evolved significantly following an initial listing on the Aquis Stock Exchange in November 2022 followed by a successful migration to a listing on the Alternative Investment Market (AIM) in March 2025. The move to AIM, in particular, has necessitated increased transparency and adherence to more rigorous corporate governance codes, which these sub-committees are structured to monitor.



## Audit and Risk Committee

The Audit and Risk Committee is chaired by Nick Parker, an independent Non-Executive Director. The Committee’s activities are supported by Board-appointed and shareholder-approved external financial auditors and reporting accountants, ensuring a high degree of transparency and accountability. The Committee maintains rigorous oversight across several critical functions, with responsibility for both internal and external audit processes. This includes the periodic review and appointment of external auditors, as well as oversight of the Group’s systems of internal control and wider financial and organisation risk management. The Committee also monitors organisational compliance and risk across key areas, with a particular focus on the prevention of fraud, bribery and corruption. In alignment with our 'Provider Licence' obligations, the Committee ensures the appointment of an independent NHS counter fraud specialist. To maintain this requirement, One Health Group has retained a nominated lead from 360 Assurance since 2017, ensuring continuous adherence to NHSCFA standards.

## Remuneration & Nomination Committees

Both the Remuneration Committee and the Nomination Committee are chaired by Helen Pitcher OBE, the Group’s Senior Independent Director (SID). This leadership structure ensures high-level independent oversight of the organisation’s people strategy and executive governance. The two committees are tasked with advising the Board on two critical areas. Executive Remuneration, by making formal recommendations regarding the compensation, benefits and terms of employment for Executive Board Directors and Board Succession and Appointments by leading the rigorous process for new Board appointments to ensure a balanced and skilled leadership team. The work of these two committees is fundamental to One Health Group’s ability to attract, motivate and retain high-calibre staff at every level of the organisation. By maintaining competitive and transparent employment frameworks, the committees directly support the continued growth and high-quality delivery of our NHS services.

# Clinical Governance

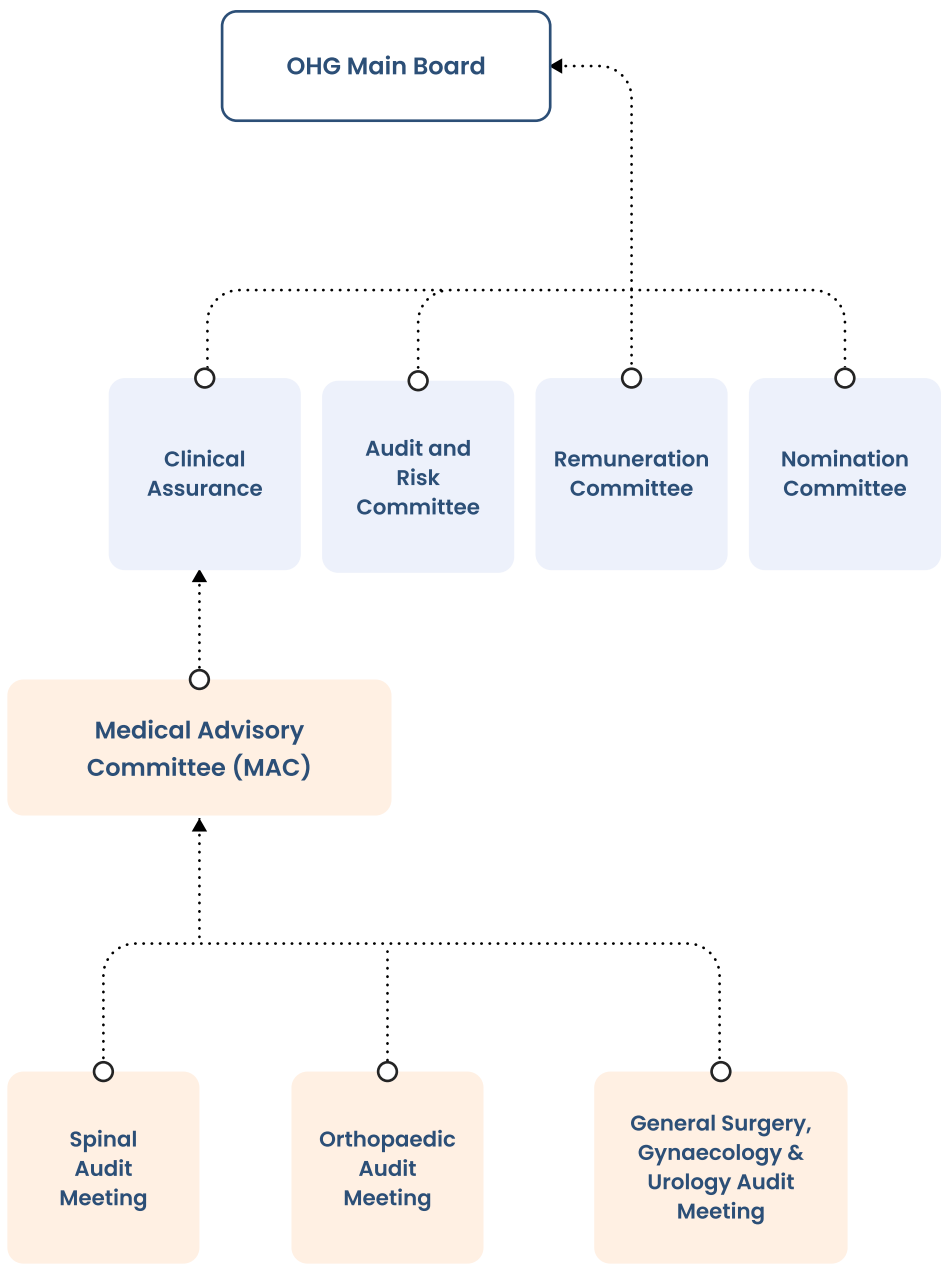
## Clinical Governance Committee

This committee is chaired by our Independent Non-Executive Clinical Governance Lead on the Board, Zak McMurray, where all clinical issues are discussed with the Chief Medical Officer (CMO) and Service Improvement Team. The Clinical Governance Committee (CGC) meets three times a year to consider all clinical activity of our organisation and ensure all aspects of clinical care are delivered in a safe and transparent fashion.

OHG's Clinical Governance Committee (CGC) has oversight and responsibility for ensuring that we consistently deliver the highest quality, safe clinical care for all our patients, and the best possible patient experience, which is at the heart of OHG's delivery. Clinical audit and regulatory compliance form part of a standing agenda at this meeting, in which the focus is purely on clinical safety, quality and effectiveness. The Clinical Governance Assurance Framework is underpinned by the CQC's five domains, ensuring our services are safe, effective, caring, responsible and well-led.

## Medical Advisory Committee

The Medical Advisory Committee (MAC) meets every four months and brings together lead clinical consultants from each of the four surgical specialities. Anaesthetic lead and leads for the advanced physiotherapy practitioner (APP) also attend the meeting. It is chaired by the clinical lead who reports to the Chief Medical Officer (CMO). Matters discussed at the individual sub-specialist audit meetings (every 4 months) are collated and discussed at the MAC meeting. This meeting has the responsibility for providing assurance to the Clinical Governance Committee (CGC) regarding systems and processes that are in place to underpin service safety and quality in all specialities.



# Previous Improvement Initiatives in 2025–26

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## Cyber Essentials Plus

Cyber Essentials Plus is a nationally recognised certification scheme that provides independent verification of an organisation's cyber security controls. Unlike the basic Cyber Essentials certification, which is self-assessed, Cyber Essentials Plus includes an independent technical audit where security controls are tested in practice. This provides greater assurance to our organisation, NHS partners and regulators that appropriate cyber security measures are in place and operating effectively.

Over the past year, One Health Group has undertaken significant work to strengthen its cyber security framework in preparation for Cyber Essentials Plus accreditation. This has included the implementation of enhanced access controls, the adoption of multi-factor authentication (MFA) capabilities for secure remote access, and improvements to network security and system monitoring.

We have now completed the technical work required to meet the certification standards and are currently awaiting the formal assessment process to achieve Cyber Essentials accreditation.

Following this, we intend to progress to Cyber Essentials Plus certification through an independent on-site audit. Achieving Cyber Essentials Plus will provide additional external validation that our cyber security controls are robust, effective and aligned with national best practice.

## Core Network Upgrade

Alongside this work, One Health Group has completed a comprehensive upgrade of its core network infrastructure. Prior to this upgrade, elements of the network environment were approaching end of life and had limited capacity to support the continued growth of the organisation.

The new infrastructure has modernised and unified our network environment through the implementation of a Cisco Meraki-based system, including upgraded firewalls, switches and wireless access points. This upgrade has significantly improved network security, performance and system reliability, while also providing greater visibility and control of network activity.

The new platform supports enhanced cyber security protections and provides a scalable foundation for future organisational development. Importantly, it ensures the network infrastructure can support the organisation's planned office expansion and the development of the first One Health Group Surgical Hub, while maintaining the resilience and security required for the delivery of safe clinical services.

Together, these improvements represent a significant step forward in strengthening the organisation's digital infrastructure, ensuring that patient data and operational systems remain secure, resilient and capable of supporting the continued growth of our services

# Priorities for Improvements in 2026–27

During 2026–27, One Health Group will continue to focus on strengthening service quality, improving operational efficiency and expanding access to care for NHS patients. Our improvement priorities will centre on digital innovation, service development and enhancing the end-to-end patient pathway.

## Safe and Responsible Use of Artificial Intelligence

One Health Group recognises the growing role that digital innovation and artificial intelligence (AI) can play in supporting healthcare delivery. During 2026–27 we will continue to explore and implement the use of AI tools in a controlled and responsible way to support clinical teams and administrative processes.

We are introducing the use of Nirva, an AI-enabled tool integrated within our practice management system, Compucare. This technology is designed to support clinicians and operational teams by assisting with a range of administrative and documentation tasks. Examples of how this technology may support our services include assisting with the preparation of clinical correspondence, supporting the drafting of clinic letters, and helping streamline administrative workflows.

Importantly, the use of AI within our systems will be implemented in a way that maintains appropriate clinical oversight and governance. AI-generated outputs will always be reviewed and validated by clinicians or authorised staff before being finalised or shared with patients or partner organisations. This ensures that the technology acts as a supportive tool rather than replacing professional clinical judgement.

By adopting these tools in a safe and controlled manner, we aim to reduce administrative burden on clinical teams, improve the timeliness of patient communication and support more efficient use of organisational resources.

## Development of the One Health Group Surgical Hub

A major strategic priority for 2026–27 is the continued development of the One Health Group Surgical Hub currently being constructed in Scunthorpe.

The new Surgical Hub will represent a significant step forward in the evolution of our service model, enabling One Health Group to deliver a more integrated and streamlined patient pathway. The facility will provide modern, purpose-built clinical space designed to support elective surgical services, outpatient assessment and associated diagnostic activity.

By bringing together key elements of the patient pathway within a single location, the hub will enable One Health Group to deliver a more cohesive end-to-end service for patients. This will support improved patient experience, greater operational efficiency and enhanced clinical oversight throughout the treatment journey.

The hub will also increase the organisation’s ability to support NHS partners in addressing elective care demand by providing additional capacity for outpatient consultations, diagnostic assessments and surgical procedures. Purpose-built infrastructure will allow services to be delivered in an environment specifically designed for high-volume elective activity, helping to improve patient flow and reduce waiting times.

In addition to supporting local system capacity, the development of the Surgical Hub will strengthen One Health Group’s ability to deliver care closer to home for patients across the regions we serve.

## Continuous Service Improvement

Alongside these developments, One Health Group will continue to focus on strengthening quality governance, operational performance monitoring and service improvement initiatives across all areas of the organisation. The recently established Quality and Performance Team will play an important role in supporting this work by ensuring robust oversight of service delivery, monitoring key performance indicators and identifying opportunities for improvement.

Through these initiatives we aim to ensure that One Health Group continues to deliver safe, effective and patient-centred care while supporting the wider NHS in improving access to elective services.

# Patient Safety

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## Learning from Patient Safety Events

The Patient Safety Incident Response Plan (PSIRP) was created in response to the new framework (PSIRF) which replaced the previous Serious Incident Framework 2015. This has now been completed and rolled out within the whole of OHG. This has changed how we, as an organisation, categorise and respond to our patient safety incidents. This came into effect in June 2024, and places greater emphasis on the learning to be derived from incidents, in order to change the culture of patient safety.

Never Events have continued to be reported. The Never Events Policy Framework 2018 defined never events as: patient safety incidents that are wholly preventable where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and have been implemented by healthcare providers.

For organisations working in the complex field of medicine, things will sometimes go wrong.

Incident reporting is one of the key methods for alerting other parts of our organisation to issues that, if left unattended may pose a risk in future to service users or the health and safety of our staff and visitors.

Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

Since the 11th June 2024 OHG has adhered to the PSIRP for guidance on the reporting and management of patient deaths, significant patient harm, serious incidents and never events and reported each of these incidents to our lead commissioner.

One Health Group reported 1 Never Event during 2025-26 which related to a One Health Group patient that had their blood taken in error by the Phlebotomist at the GP practice where One Health Group were holding a clinic.

The patient did not come to any harm, Duty of Candour was carried out at the time with the One Health Group Clinician, and the incident was logged internally on Radar which is One Health Groups reporting System.

The incident was also logged on LFPSE and flagged up to South Yorkshire ICB as One Health Group's lead commissioner.

One Health Group have not reported any patient deaths in the last 12 months.

All incidents are reviewed and reported on routinely and Patient Safety Events are investigated in conjunction with the relevant hospital, where applicable.

Learning from all incidents is shared throughout our organisation and Patient Safety Events are reflected on within our Speciality Audit meetings. Specific issues are addressed within Consultant appraisals and clinical performance is monitored closely via internal audits and benchmarking.

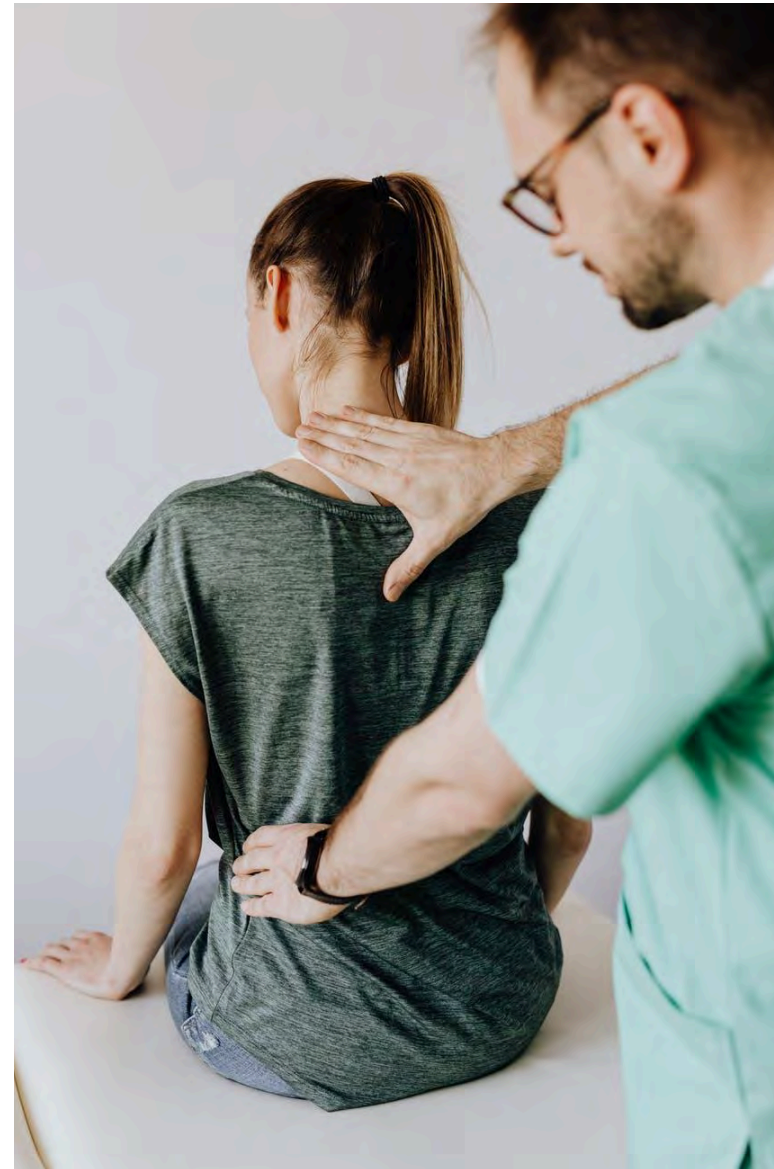
We are committed to ensuring our strategy remains focused on maximising the things that go right and minimising the things that go wrong, in line with the NHS National Patient Safety Strategy. Patient safety initiatives are now reviewed within our Clinical Governance Assurance meetings to ensure our compliance with implementing national strategies to continually improve our patient safety and learning from incidents.

## Safeguarding Patients

One Health Group has a robust Adult and Children Safeguarding policy in place, in addition to a policy regarding Mental Capacity and Deprivation of Liberty Safeguards. One Health Group also has a consent policy in place to ensure all patients are adequately consented when receiving treatment. All staff have mandatory safeguarding training, which covers Safeguarding and Prevent training, and are aware of the process for referrals to safeguarding teams. Any issues relating to safeguarding are reported to One Health Group's Clinical Governance Committee and ultimately, to the Board.

A patient's consultant is always informed of potential safeguarding concerns, as well as the patient's GP and the necessary action is taken to escalate this to adult and/or children's social care, if necessary. All safeguarding incidents are logged upon One Health Group's internal incident reporting system, Radar, and discussed within our Speciality Audit meetings.

During 2025-26, One Health Group logged 24 individual safeguarding concerns relating to patients, 4 of which required further action. The Safeguarding flowchart was followed and the correct authorities contacted. No patients came to any harm.



## OHG undertakes a Patient Satisfaction Survey throughout the year, the results of which are reported to the Board on a regular basis.

OHG also analyse negative patient feedback and are committed to mitigate shortcomings and improve patient care

### Review of Services:

During 2025-2026 OHG provided the following NHS services:

- Orthopaedics
- Spinal Surgery
- General Surgery
- Gynaecology
- Urology

### Listening to Patients:

Our surveys include free text boxes which patients use to provide additional feedback on our services and these comments are reviewed by the Clinical Governance Committee on a quarterly basis, with recommendations for service improvement fed back to our Patient Liaison Department. On the few occasions where patients have scored our service as poor, we investigate this further and report the findings to the Clinical Governance Committee.

### Accessibility:

OHG are committed to meeting the needs of all our patients by ensuring patients have access to additional facilities, such as interpreting services, and that all our locations are equipped with disabled access. We encourage patients to discuss any individual requests they have with our dedicated Patient Liaison Team upon referral so that we can meet their needs as best we can and deliver a service that can be accessible to as many patients as possible

| Extract from Patient Satisfaction Survey for the period April 2025–March 2026 | Good to Excellent | Equal to: No of patients | Total No. of Patient Responses |
|---|-------------------|--------------------------|--------------------------------|
| The patient’s overall impression of your consultant                           | 99%               | 582                      | 587                            |
| Overall quality of care provided  | 98%               | 557                      | 587                            |
| Respect shown for your privacy and confidentiality                            | 99%               | 584                      | 587                            |

# NHS Friends and Family Test

The NHS Friends and Family Test (FFT) is an important opportunity for patients to provide feedback on the care and treatment they receive from One Health Group and to improve services.

It was introduced in 2013 and asks patients whether they would recommend clinical and hospital services to their friends and family if they needed similar care or treatment. This means every patient within our service is able to give feedback on the quality of the care they receive, giving One Health Group a better understanding of the needs of their patients and enabling improvements.

The table has been updated to reflect the percentage of patients who have answered the FFT question.

The below diagram reflects the the feedback given to One Health Group in 2025-2026 from patients following surgery undertaken with One Health Group.

Each NHS service has been able to choose a data collection method that works best for its staff and service users. The guidance suggests a range of methods that can be adopted including tablet devices, paper-based questionnaires and SMS/text messages, amongst others.

The lack of a standardised methodology means that there are likely to be, what are known as, mode effects. Mode effect is a term used to describe the phenomenon of different methods of administering a survey leading to differences in the data returned. For example, we may expect to see differences in responses at a population level when comparing paper-based questionnaires to tablet devices.

However, mode effects do not prevent One Health Group from comparing our own data over time periods when we have conducted the test in the same way, as any biases inherent in the way we collect data are constant over the period.

| How likely are you to recommend OHG's services to friends and family? | Extremely Likely | Likely    | Unlikely | Extremely Unlikely |
|---|------------------|-----------|----------|--------------------|
| April 2025-March 2026   | 606 (92%)        | 40 (6.5%) | 2 (0.3%) | 1 (0.2%)           |
| April 2024-March 2025   | 407 (87%)        | 55 (11%)  | 3 (0.5%) | 5 (1.5%)           |
| April 2023-March 2024   | 480 (86%)        | 76 (14%)  | 3 (0.5%) | 2 (0.3%)           |

# PROMS Patient Reported Outcome Measures

## Participation in Clinical Audit:

During 2025–2026, four national clinical audits covered the NHS services provided by One Health Group. During that period One Health Group participated in 100% of the national clinical audits in which it was eligible to participate.

The national clinical audits that One Health Group was eligible to participate in during 2025–2026 are as follows:

- **National Joint Registry**
- **National PROMS programme**
- **British Spine Registry**
- **National Endoscopy data (NED)**

Our hospital partners monitor the clinical effectiveness of surgical outcomes and an annual review of the above audits are carried out within each One Health Group Speciality Audit meeting. One Health Group hospital partners submit PROMS data on One Health Group’s behalf.

During 2026–2027, One Health Group plans to extend our collaborative working with our hospital partners to streamline patient pathways and increase the quality of clinical services provided.

## Participation in Research:

There were no NHS patients recruited during the reporting period for this Quality Account to participate in research approved by a research ethics committee.

| Name of Audit            | Cases Submitted 2025–2026 |
|--------------------------|---------------------------|
| National Joint Registry  | 1093                      |
| National PROMS programme | 1030                      |
| British Spine Registry   | 795                       |
| National Endoscopy Data  | 664                       |

The national clinical audits that One Health Group participated in, and for which data collection was completed during the year 2025–2026, are listed in the table above alongside the number of cases submitted to each audit.

## Commissioning for Quality and One Health Group's CQC Registration

### Statement from the Care Quality Commission:

One Health Group is registered with the Care Quality Commission (CQC), the national regulator of care services in England. We are registered in respect of the following regulated activities:

1. Treatment of disease, disorder and injury
2. Surgical procedures
3. Diagnostic & Screening Procedures

(OHG only provides surgical services in facilities that are also registered with the CQC). During 2025-2026 the CQC did not undertake any inspections of One Health Group facilities. One Health Group continue to provide services in line with the CQC domains and meet all the fundamental standards. There are no conditions attached to our registration and the Care Quality Commission has not taken enforcement action against the One Health Group during 2025-2026. Copies of our CQC reports can be downloaded from our website ([www.onehealth.co.uk](http://www.onehealth.co.uk)).





### Clinical Performance Data:

All elective surgery carries the risk of complications and these are explained to patients during their initial consultation. A relatively small percentage of patients will develop complications although the vast majority of these are minor problems that are usually resolved outside of hospital. Unfortunately, a small number of patients may need to return to hospital for more specialised care.

Although the readmission rates have increased, the percentage of re-admission rates is not greatly different (please see Mandatory Indicators on page 24). As the number of referred patients increase, the overall numbers of readmissions also will proportionately increase. They however remain within acceptable limits. One Health Group is also monitoring more accurate and detailed notification of readmissions from our surgeons and connected hospitals.

One Health Group monitors the incidence of all complications on a monthly basis in order to identify any adverse trends that may emerge in relation to specific procedures or surgical teams. Our data is reported to our Medical Advisory Committee and and our NHS Commissioners on a quarterly basis.

One Health Group also collect annual National Joint Registry Data (NJR), National Endoscopy Data (NED) and British Spine Registry Data (BSR). These act as an important tool for quality management.

### Infection control quality account statement:

One Health Group monitors hospital associated infections (HAI'S) via a service level agreement (SLA) with its independent hospital partners.

The monitoring of HAI's is carried out at quarterly contract meetings and infection control reports are sent to One Health Group on a quarterly basis.

Over the past year all hospitals have reported no incidents of MRSA and no incidents of Clostridium Difficile Infections.

Surgical site infections are monitored on a monthly basis and reported to One Health Group's Medical Advisory Committee (MAC). One Health Group's surgical site infections rate is very low and in the last twelve months, there have only been reported cases of 0.13% of patients operated on developing a surgical site infection of any type.

As part of One Health Group's joint quality monitoring, a dashboard is sent out to all hospitals on a quarterly basis and there is a section within this dashboard to ensure IPC audits are carried out. One Health Group can request copies of these audits if necessary.

One Health Group also, as part of its mandatory training programme, provides infection control training to its staff.

# Mandatory Indicators

| Indicator   | Source  | 2023-24   | 2024-25   | 2025-26   | Actions to improve quality  |
|---|---|-----------|-----------|-----------|---|
| Number of people aged 18 years and over re-admitted within 28 days of discharge | CQC performance indicator Clinical audit report               | 11 (0.2%) | 21 (0.3%) | 13 (0.2%) | OHG will continue to closely monitor Consultant complication rates and ensure all surgeons continue to meet quarterly to audit their own practice   |
| Number of admissions risks assessed for VTE                                     | Number of admissions risks assessed for VTE                   | 100%      | 100%      | 100%      | OHG will continue to seek regular assurance from its hospital partners that VTE assessments are being carried out   |
| Number of Clostridium difficile infections reported                             | From national Public Health England returns                   | 0         | 0         | 0         | OHG will continue to seek regular feedback from its hospital partners regarding reported infection rates  |
| Number of patient safety incidents which resulted in severe harm or death       | From hospital incident reports (Datix)                        | 3         | 1         | 0         | OHG will continue to seek assurance from its hospital partners that all clinical standards are met and any incidents are investigated and reported in line with NHS requirements                        |
| Responsiveness to personal needs of patients                                    | Patient satisfaction survey data – or overall quality of care | 98%       | 98%       | 98%       | OHG will continue to work closely with its hospital partners to ensure a high level of quality and will continue to meet quarterly to review patient feedback and discuss improvements that can be made |
| Friends and Family Test - patients  | Patient satisfaction survey – rated extremely likely/likely   | 99%       | 99%       | 98%       | OHG will continue to review all negative responses and highlight any trends for actions to be put into place  |
| Friends and Family Test - staff (recommending OHG for treatment)                | Staff satisfaction survey                                     | 94%       | 100%      | 84.2%     | OHG will continue to review all negative responses and highlight any trends for actions to be put into place  |

# Complaints & Surgical Complications

| OHG Group Totals  | 2023-24 | 2024-25 | 2025-26 |
|---|---------|---------|---------|
| Number of new patients seen                                     | 13,255  | 17,156  | 21,248  |
| Number of follow up appointments                                | 20,305  | 15,719  | 19,161  |
| Number of procedures undertaken                                 | 6,174   | 7,200   | 7665    |
| Total complications recorded (including hospital re-admissions) | 57      | 81      | 58      |
| As a % of procedures  | 0.9%    | 1.1%    | 0.8%    |
| Number of hospital re admissions                                | 11      | 21      | 13      |
| As a % of procedures  | 0.2%    | 0.3%    | 0.2%    |

| Year    | Complaints Received | New Patient Consultations | % of New Patients | Patients Treated | % of Patients Treated |
|---------|---------------------|---------------------------|-------------------|------------------|-----------------------|
| 2023-24 | 40                  | 13,255                    | 0.3%              | 6174             | 0.6%                  |
| 2024-25 | 57                  | 17,156                    | 0.3%              | 7,200            | 0.7%                  |
| 2025-26 | 52                  | 21,248                    | 0.2%              | 7665             | 0.6%                  |

The quality of service provided by One Health Group is reflected in the relatively low number of patient complaints we receive.

One Health Group have carried out some in-depth analysis of complaint trends to highlight key areas we can target for service improvement. One key area of focus will be the continued strengthening of the patient-clinician relationship. We will work collaboratively with One Health Group clinicians to ensure that all patients receive a consistently high standard of service. This also encompasses the ongoing responsibility of effectively managing patient expectations. The work being carried out to review these areas over the coming months will drive our future improvement projects and new patient safety initiatives. One Health Group strives to prevent re-occurrence of similar complaints by disseminating lessons learnt across the organisation and invest heavily in training and developing our staff to assure ourselves that we provide an exceptional service.

One Health Group ensure that all complaints made to our organisation are seen as a positive step to identify improvements to patient services, to be learnt from and shared and all complaints are reported to our Clinical Governance Committee on a quarterly basis with recommendations for improvement fed back to our clinical and administrative teams.

# Statements on Data Quality

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## Information Governance

One Health Group prioritises high-quality information management as a fundamental prerequisite for delivering safe and effective patient care. To maintain these standards, the Information Governance (IG) Group oversees compliance with evolving legislative and regulatory requirements.

The group is chaired by the Data Protection Officer (DPO) with membership including the Data Privacy Champion (DPC), Senior Information Risk Owner (SIRO) and clinical representation from the Caldicott Guardian (CG). Both the SIRO and CG completed certified refresher training during the current reporting period to ensure leadership remains aligned with best practices.

Originally focused on GDPR implementation, the IG Group's remit has expanded over time to drive the continual improvement of organisational data management. The group meets quarterly with an independent external DPO to audit internal processes, a cycle that will remain in place through 2026–27.

## Data Security and Protection Toolkit

One Health Group consistently achieves a 'Standards Met' assessment, the highest attainable status, for the annual DSP Toolkit. This submission serves as primary evidence of the organisation's adherence to national data security and governance standards.

The Toolkit is managed by the DPC with direct input from Information Asset Owners (IAOs) and the DPO, supported by the wider IG Group. While the DSP Toolkit is a self-assessment, One Health Group voluntarily commissions regular external audits to ensure objective validation of our security position. Any risks or recommendations identified through internal or external audits are integrated into the Annual IG Work Plan. This action log is monitored by the IG Group to ensure timely remediation and risk mitigation.

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## NHS Counter Fraud

As a Provider Licence holder under Service Condition 24.2 of the NHS Standard Contract, One Health Group is mandated to implement robust measures against fraud, bribery and corruption in alignment with NHS Counter Fraud Authority (NHSCFA) requirements. To ensure independent oversight and technical expertise, OHG appointed '360 Assurance' in 2017. '360 Assurance' are one of the largest NHS-based audit consortia in England, specialising in internal audit, counter-fraud, clinical audit and security management.

As our nominated accredited specialists, they provide proactive and reactive support to deter fraudulent activity and ensure ongoing compliance with NHSCFA standards.

Each year, a comprehensive Annual Report is developed in collaboration with our Counter Fraud Specialist (CFS). This report is presented to the Board for formal review and approval. Key components include an organisation-wide evaluation of potential fraud, bribery and corruption risks, a summary of preventative activities and controls implemented during the period and a forward-looking plan to address corrective actions and ensure sustained alignment with evolving standards.

## Counter Fraud Functional Standard Return (CFFSR)

The CFFSR has replaced the previous Self-Review Tool (SRT) as the primary mechanism for evaluating compliance. Both the earlier and current assessments generate RAG (Red, Amber, Green) ratings for specific functional areas and an overall organisational score.

The 2024/25 Assessment was reviewed and authorised by the CEO and the Chair of the Audit and Risk Committee and formally approved by the One Health Group Board on 20 June 2025. The 2024/25 return confirmed an overall 'Green' rating, signifying full compliance with NHSCFA standards.

# Appendices

## Appendix I: Table of Surgeons with sub-specialist interest

OHG Register of Consultants

| Name                        | GMC Number Registration | Full Registration Date | Specialist Register          | Date of Registration | Sub-Speciality Appointment      |
|-----------------------------|-------------------------|------------------------|------------------------------|----------------------|---------------------------------|
| <b>SPINE</b>                |                         |                        |                              |                      |                                 |
| Abhinay A Kamat             | 6029978                 | 01/11/2002             | Neurosurgery                 | 07/09/2009           | Spine & Neck                    |
| Vivek Panikkar              | 4354844                 | 09/10/1996             | Neurosurgery                 | 15/02/2007           | Spine                           |
| Vasileios Arzoglou          | 6132458                 | 16/01/2006             | Neurosurgery                 | 22/08/2011           | Spine & Neck                    |
| Amar Bhavsar                | 6160610                 | 05/08/2008             | Neurosurgery                 | 23/10/2019           | Spine & Neck                    |
| Veejay Bagga                | 7038604                 | 04/08/2010             | Neurosurgery                 | 05/12/2019           | Spine & Neck                    |
| Vinodhkumar Pannirselvam    | 7153980                 | 24/04/2014             | Neurosurgery                 | 11/05/2021           | Spine                           |
| Shuaibu Dambatta            | 6035144                 | 27/08/2003             | Neurosurgery                 | 16/09/2017           | Spine & Neck                    |
| Geza Mezei                  | 7467918                 | 02/07/2014             | Neurosurgery                 | 02/07/2014           | Spine & Neck                    |
| Gueorgui Kouin              | 7031101                 | 05/02/2009             | Neurosurgery                 | 05/02/2009           | Spine & Neck                    |
| Asim Sheikh                 | 6096301                 | 19/10/2007             | Neurosurgery                 | 06/08/2018           | Spine & Neck                    |
| Ramez Ibrahim               | 7065575                 | 27/01/2010             | Neurosurgery                 | 30/08/2016           | Spine & Neck                    |
| Rajneesh Misra              | 7640273                 | 08/08/2019             | Neurosurgery                 | 10/05/2023           | Spine & Neck                    |
| Stuart Roberts              | 6134481                 | 01/08/2007             | Neurosurgery                 | 23/12/2021           | Spine & Neck                    |
| Yahia Al-Tamimi             | 6054399                 | 06/08/2003             | Neurosurgery                 | 03/01/2014           | Spine & Neck                    |
| Shreedhar Aranganathan      | 6090877                 | 15/06/2006             | Neurosurgery                 |                      |                                 |
| <b>KNEE &amp; HIP</b>       |                         |                        |                              |                      |                                 |
| Fazal M Ali                 | 3400012                 | 02/03/1989             | Trauma & Orthopaedic Surgery | 22/07/2004           | Knee                            |
| Narendra Garneti            | 4680314                 | 31/01/2000             | Trauma & Orthopaedic Surgery | 09/10/2008           | Knee & Hip                      |
| Kalid AbdIslam              | 5202608                 | 27/07/2001             | Trauma & Orthopaedic Surgery | 27/07/2009           | Knee & Hip                      |
| Jeevan Chandrasenan         | 6054810                 | 06/08/2003             | Trauma & Orthopaedic Surgery | 28/09/2015           | Knee & Hip                      |
| Joby John                   | 6048452                 | 27/01/2005             | Trauma & Orthopaedic Surgery | 16/07/2013           | Knee & Hip                      |
| Ed Holloway                 | 6128398                 | 02/08/2006             | Trauma & Orthopaedic Surgery | 21/08/2021           | Knee & Hip                      |
| Sanjeev S Madan             | 4394512                 | 08/05/1997             | Trauma & Orthopaedic Surgery | 16/02/2004           | Foot, Ankle & Hip               |
| Emad Mallick                | 6070767                 | 29/09/2005             | Trauma & Orthopaedic Surgery | 25/10/2017           | Hip & Knee                      |
| Nick Nicolaou               | 4653000                 | 08/07/2000             | Trauma & Orthopaedic Surgery | 24/02/2011           | Hip & Knee                      |
| Nayef Aslam-Pervez          | 6160942                 | 06/08/2008             | Trauma & Orthopaedic Surgery | 03/10/2019           | Hip & Knee                      |
| Prasad Rao                  | 6093987                 | 19/10/2007             | Trauma & Orthopaedic Surgery | 28/07/2020           | Knee & Hip                      |
| Vineet Trivedi              | 6080426                 | 16/11/2009             | Trauma & Orthopaedic Surgery | 02/02/2022           | Knee & Hip                      |
| <b>FOOT &amp; ANKLE</b>     |                         |                        |                              |                      |                                 |
| Sanjeev S Madan             | 4394512                 | 08/05/1997             | Trauma & Orthopaedic Surgery | 16/02/2004           | Foot, Ankle & Hip               |
| Matthew WJ Morris           | 4535359                 | 04/08/1999             | Trauma & Orthopaedic Surgery | 16/10/2009           | Foot & Ankle                    |
| Bobby Siddiqui              | 6135045                 | 14/08/2007             | Trauma & Orthopaedic Surgery | 08/01/2020           | Foot & Ankle                    |
| <b>HAND, WRIST</b>          |                         |                        |                              |                      |                                 |
| Jose A Garcia               | 3590733                 | 06/08/1992             | Trauma & Orthopaedic Surgery | 14/04/2003           | Hand & Wrist                    |
| Apurv Sinha                 | 6093672                 | 06/12/2005             | Trauma & Orthopaedic Surgery | 08/11/2014           | Hand & Wrist                    |
| Ahmed Eid                   | 7075948                 | 10/05/2010             | Trauma & Orthopaedic Surgery | 03/01/2017           | Hand & Wrist                    |
| Holly Morris                | 7013721                 | 05/08/2009             | Trauma & Orthopaedic Surgery | 05/04/2023           | Hand & Wrist                    |
| <b>SHOULDER &amp; ELBOW</b> |                         |                        |                              |                      |                                 |
| Shantanu A Shahane          | 4279479                 | 29/03/1996             | Trauma & Orthopaedic Surgery | 19/12/2000           | Shoulder & Elbow                |
| Apurv Sinha                 | 6093672                 | 06/12/2005             | Trauma & Orthopaedic Surgery | 08/11/2014           | Shoulder & Elbow                |
| Dave Chan                   | 4256575                 | 04/02/1997             | Trauma & Orthopaedic Surgery | 12/11/2011           | Shoulder & Elbow                |
| Ganesh Prasad               | 6079836                 | 27/06/2006             | Trauma & Orthopaedic Surgery | 03/01/2020           | Shoulder & Elbow / Hand & Wrist |
| Ahmed Eid                   | 7075948                 | 10/05/2010             | Trauma & Orthopaedic Surgery | 03/01/2017           | Shoulder & Elbow / Hand & Wrist |

## Appendix 1: Table of Surgeons with sub-specialist interest (CONTINUED)

### OHG Register of Consultants

| GENERAL SURGERY       |         |            |                          |            |                                    |
|-----------------------|---------|------------|--------------------------|------------|------------------------------------|
| Jeff Garner           | 4010355 | 01/08/1994 | General Surgery          | 03/10/2008 | General Surgery & Colorectal       |
| Clive Kelty           | 4092889 | 02/08/1995 | General Surgery          | 27/02/2007 | General Surgery & Upper GI Surgery |
| Harjeet Narula        | 5200513 | 12/07/2001 | General Surgery          | 03/04/2009 | General Surgery & Colorectal       |
| Adeshina Fawole       | 4560269 | 01/09/1998 | General Surgery          | 30/09/2006 | General Surgery                    |
| Athur Harikrishnan    | 4748180 | 08/08/2000 | General Surgery          | 12/10/2009 | General Surgery                    |
| Richard Slater        | 4015941 | 01/08/1994 | General Surgery          | 01/11/2006 | General Surgery & Laparoscopic     |
| Muhammad Ali          | 6030933 | 03/12/2004 | General Surgery          | 21/01/2025 | General Surgery                    |
| Shridhar Dronamraju   | 5206993 | 16/08/2004 | General Surgery          | 28/10/2014 | General Surgery                    |
| Naeemiah Samuel       | 6060175 | 07/12/2005 | General Surgery          | 09/10/2018 | General Surgery                    |
| Fayyaz Akbar          | 6037577 | 10/03/2006 | General Surgery          | 06/08/2006 | General Surgery & Colorectal       |
| Richard Bell          | 7039495 | 04/08/2010 | General Surgery          | 04/10/2021 | General Surgery & Upper GI Surgery |
| Mohamed Elsharif      | 7010885 | 05/08/2010 | General Surgery          | 16/10/2022 | General Surgery & Upper GI Surgery |
| GYNAECOLOGY           |         |            |                          |            |                                    |
| Khaled Farag          | 4404103 | 10/06/1997 | Obstetrics & Gynaecology | 06/05/2005 | Obstetrics & Gynaecology           |
| Pushparaj Mohanraj    | 7048365 | 16/02/2010 | Obstetrics & Gynaecology | 19/07/2019 | Obstetrics & Gynaecology           |
| Mohammed Elmouslemany | 7050305 | 25/08/2009 | Obstetrics & Gynaecology | 28/10/2016 | Obstetrics & Gynaecology           |
| Marios Stamoulas      | 7079021 | 03/06/2010 | Obstetrics & Gynaecology | 26/02/2013 | Obstetrics & Gynaecology           |
| Laxmikant Chaudhari   | 7048690 | 04/09/2009 | Obstetrics & Gynaecology | 30/11/2020 | Obstetrics & Gynaecology           |
| Joe Daniels           | 4349732 | 10/09/1996 | Obstetrics & Gynaecology | 30/04/2003 | Obstetrics & Gynaecology           |
| Hina Ejaz             | 6116884 | 05/06/2008 | Obstetrics & Gynaecology | 03/08/2021 | Obstetrics & Gynaecology           |
| Mo'ad Alazzam         | 5209256 | 14/11/2002 | Obstetrics & Gynaecology | 05/05/2010 | Obstetrics & Gynaecology           |
| Ahmed Sheta           | 7476811 | 04/08/2014 | Obstetrics & Gynaecology | 22/12/2022 | Obstetrics & Gynaecology           |
| Medhat Fadel          | 7645836 | 31/05/2019 | Obstetrics & Gynaecology | 06/08/2003 | Obstetrics & Gynaecology           |
| UROLOGY               |         |            |                          |            |                                    |
| Osama Abu Sanad       | 7023576 | 04/08/2010 | Urology                  | 31/01/2021 | Urology                            |
| Fawad Arif            | 6135958 | 19/10/2007 | Urology                  | 10/08/2003 | Urology                            |
| Omar Shareef          | 7052762 | 28/08/2009 | Urology                  | 15/10/2018 | Urology                            |

Source: GMC/OHG

# Appendices

## Appendix 2: OHG Regional Clinics

### OHG Regional Clinics

#### West Yorkshire

##### HUDDERSFIELD

Spines, Gynaecology

##### OSSETT

Spines, Spinal Injections, Hip, Knee, Foot, Ankle, Hand, Wrist, Shoulder, Elbow, General, Gynaecology

##### WAKEFIELD

Spines, General, Gynaecology, Hand, Wrists

##### HOLMFIRTH

Hand, Wrist, Shoulder, Elbow, Hip, Knee, General, Gynaecology

##### Pontefract

Spines, Hand, Wrist, Shoulder, Elbow, General, Gynaecology,

##### LEEDS

Spines, Gynaecology, Shoulder and Elbow, Hip and Knee, Hand and Wrist, Spines

#### South Yorkshire

##### SHEFFIELD

Spines, Hip, Knee, Foot, Ankle, Hand, Wrist, Shoulder, Elbow, General, Gynaecology, Urology

##### BARNSELY

Spines, Hip, Knee, Shoulder, Elbow, Foot, Ankle, Hand, Wrist, General, Gynaecology

##### DONCASTER

Spinal Injections, Hip, Knee, Foot, Ankle, Hand, Wrist, Shoulder, Elbow, General, Gynaecology, Spines

##### ROTHERHAM

Hip, Knee, Foot, Ankle, Hand, Wrist, Shoulder, Elbow, General, Gynaecology, Spines, Urology

#### Derbyshire

##### CHESTERFIELD

Hip, Knee, Foot, Ankle, Hand, Wrist, Shoulder, Elbow, General, Gynaecology, Spines

##### DERBY

Hip, Knee, Spines, Hand, Wrist, Shoulder, Elbow

##### ALFRETON

Spines, Hip, Knee, Hand, Wrist, Shoulder, Elbow, Gynaecology

# Appendices

## Appendix 2: OHG Regional Clinics (CONTINUED)

### OHG Regional Clinics

| Lincolnshire   | East Riding Of Yorkshire  | Leicestershire   |
|--|---------------------------|--|
| <b>GAINSBOROUGH</b>  | <b>HULL</b>               | <b>LEICESTER</b>   |
| Spines, Hip, Knee, Gynaecology, General                      | Spines                    | Hip, Knee, Foot, Ankle, Hand, Wrist, Shoulder, Elbow, Spines |
| <b>LINCOLN</b>   | <b>BRIGG</b>              |  |
| Spines, Hip, Knee, Foot, Ankle, Hand, Wrist, Shoulder, Elbow | Spines, Spinal injections |  |
| <b>BOSTON</b>  | <b>GRIMSBY</b>            |  |
| Spines   | Spines                    |  |
| <b>SCUNTHORPE</b>  |                           |  |
| Spines, Hip, Knee  |                           |  |
| <b>SPALDING</b>  |                           |  |
| Spines   |                           |  |
| <b>SKEGNESS</b>  |                           |  |
| Spines   |                           |  |
| <b>MABLETHORPE</b>   |                           |  |
| Spines, Hip, Knee  |                           |  |
| <b>GRANTHAM</b>  |                           |  |
| Spines, Hip, Knee  |                           |  |

# Appendices

## Appendix 3: list of NHS organisations we work with

### OHG NHS Commissioners

- Barnsley Teaching Hospitals
- Chesterfield Royal Hospital NHS Foundation Trust
- Connect Health LTD
- Derby & Burton NHS Foundation Trust
- Doncaster & Bassetlaw Teaching Hospitals
- Rotherham Orthopaedics
- Rotherham Transfers
- Sheffield MSK and long waiters
- NHS Birmingham and Solihull ICB
- NHS Black Country ICB
- NHS Buckinghamshire, Oxfordshire and Berkshire west ICB
- NHS Cambridgeshire and Peterborough ICB
- NHS Cheshire and Merseyside ICB
- NHS Coventry and Warwickshire ICB
- NHS Derby and Derbyshire ICB
- NHS England
- NHS Frimley ICB
- NHS Gloucestershire ICB
- NHS Greater Manchester ICB
- NHS Herefordshire and Worcestershire ICB
- NHS Humber and North Yorkshire ICB
- NHS Lancashire and South Cumbria ICB
- NHS Leicester, Leicestershire and Rutland ICB
- NHS Lincolnshire ICB
- NHS Norfolk and Waveney ICB
- NHS Northeast and North Cumbria ICB
- NHS Northamptonshire ICB
- NHS Nottingham and Nottinghamshire ICB
- NHS Shropshire, Telford and Wrekin ICB
- NHS South Yorkshire ICB
- NHS Staffordshire and Stoke-on-Trent ICB
- NHS Suffolk and North-East Essex ICB
- NHS Sussex ICB
- NHS West Yorkshire ICB

# Appendices

## Appendix 4: table of new patient appointments by year and speciality

| Year      | Orthopaedics | Spinal Surgery | General Surgery | Gynaecology |
|-----------|--------------|----------------|-----------------|-------------|
| 2023-2024 | 5,028        | 4,341          | 1,972           | 1,914       |
| 2024-2025 | 6,898        | 5,966          | 2,479           | 1,813       |
| 2025-2026 | 7,503        | 8,640          | 2,241           | 2,864       |

## Appendix 5: OHG Median e-Referral waiting times for first outpatient appointment

| Speciality         | Weeks |
|--------------------|-------|
| Gynaecology        | 4     |
| General Surgery    | 4     |
| Foot and Ankle     | 4     |
| Hip                | 5     |
| Hand and Wrist     | 5     |
| Knee               | 5     |
| Shoulder and Elbow | 5     |
| Spinal Surgery     | 6     |
| Urology            | 4     |



**Derek Bickerstaff**  
Non-Executive Director,  
Founder, Chair of the  
audit and risk committee

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Derek is a retired Consultant Orthopaedic Surgeon who previously held senior positions within Sheffield's NHS teaching hospitals. He is widely recognised as one of the UK's leading knee surgeons, having received referrals both nationally and internationally, including from high-profile athletes. In 2004, Derek founded One Health Group with the aim of providing a more effective model to support the NHS through the delivery of outsourced clinical services. His vision and leadership have been instrumental in shaping the organisation's development and long-term success. Derek has held a number of prestigious professional appointments, including Knee Tutor at the Royal College of Surgeons of England, executive member of the British Association for Surgery of the Knee and board member of the Journal of Bone and Joint Surgery. He brings a wealth of clinical expertise and strategic insight, supporting the organisation's continued focus on high-quality patient care and service innovation.



**Helen Pitcher OBE**  
Senior Independent  
Director and Chair of the  
remuneration committee  
(RemCo) and  
nomination committee  
(NomCo).

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Helen is an experienced Chair, Board member, facilitator and executive coach, working across FTSE, professional services, private equity and family-owned businesses. She has led a number of high-profile Board evaluations and brings extensive expertise in Board effectiveness and governance. She is a trusted advisor to many leading CEOs, Chairs and Non-Executive Directors, supporting the development of high-performing leadership teams and Boards. Her breadth of experience and insight make a valuable contribution to organisational performance and strategic direction. Helen currently serves as a Non-Executive Director at pladis (UK) Limited and is Chair of Advanced Boardroom Excellence. She is also a Board member of Balance in Business Limited, a diversity initiative she supports on a pro bono basis. Helen was awarded an OBE in 2015 for services to business.



**Nick Parker**  
Non-Executive Director,  
Chair of the Audit and  
Risk Committee

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Nick has more than 30 years' experience in financial management and leading businesses to deliver robust commercial growth. He has held a number of senior leadership roles throughout his career, including Chief Financial Officer and Chief Executive Officer positions across a range of sectors. His previous roles include CFO of Dyson Group plc and Volex plc, as well as a senior leadership position at Sheffield Wednesday Football Club, one of Yorkshire's most established sporting institutions. Nick brings extensive financial expertise, commercial insight and strategic leadership experience, supporting the organisation's continued growth and long-term sustainability.

# Appendices

## Appendix 6: Meet the OHG Operational Board



**Zak McMurray**  
Non-Executive Director,  
Chair of the Clinical  
Governance Committee

Zak is an experienced General Practitioner with a distinguished career spanning over three decades. He practised at Woodhouse Medical Centre in Sheffield for 23 years after qualifying as a doctor in 1988 and completing the Sheffield GP training scheme in 1993. He has held a number of senior leadership roles across the healthcare system, including election to the Board of the South East Sheffield Primary Care Group in 1999. During this time, he served as Mental Health and Commissioning Lead before becoming PEC Chair. He later went on to serve as Joint Medical Director of Sheffield Clinical Commissioning Group, before leaving general practice in 2014 to take up the role of sole Medical Director. Following the abolition of Clinical Commissioning Groups in 2022, Zak became Sheffield Place Medical Director within the South Yorkshire Integrated Care Board. He currently serves as a member of the Quality Assurance Committee, Primary Care Commissioning Committee and the Sheffield Health and Wellbeing Board, which he co-chairs. Zak is a committed champion of NHS principles and brings a wealth of experience and insight to his role, supporting the delivery of high-quality care and system-wide collaboration.



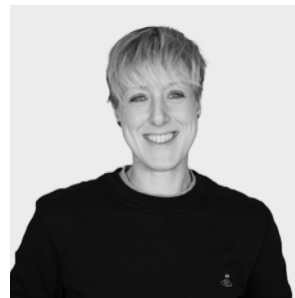
**Adam Binns**  
Chief Executive Officer  
(CEO)

Adam joined One Health Group in 2018, bringing extensive experience from senior financial, commercial and operational roles across the retail, logistics and manufacturing sectors, including positions at Wincanton plc, Unipart and Allied Domecq. He was appointed Chief Executive Officer in 2019, having previously served as Group Finance Director and Chief Operating Officer. As CEO, Adam leads the organisation's strategic direction and overall performance, working closely with the Board and senior leadership team to drive sustainable growth and operational excellence. His breadth of experience and leadership have been instrumental in shaping the continued development of One Health Group. Adam is passionate about recognising and nurturing talent and is committed to bringing out the best in his colleagues across the organisation. He is focused on building longstanding relationships to support the ongoing drive to reduce NHS waiting lists across a wider geography, delivering high-quality clinical care, free at the point of delivery. Adam is a member of the Chartered Institute of Management Accountants.



**Shantanu Shahane**  
Chief Medical Officer  
(CMO)

Shantanu is a highly regarded Consultant Orthopaedic Surgeon with over 20 years' experience, specialising in shoulder and elbow surgery. He has worked with One Health Group from a clinical perspective since its inception and was appointed to the Board as Medical Director in 2019, before becoming Chief Medical Officer (CMO) in 2024. In his role as CMO, Shantanu holds Board-level responsibility for Clinical Governance and Quality, ensuring the delivery of high-quality clinical care across the organisation. His extensive experience, clinical expertise and commitment to patient outcomes continue to play a vital role in supporting One Health Group's development and growth. Shantanu has held Council positions within the British Shoulder & Elbow Society and brings a strong passion for developing and promoting clinical leadership, alongside enhancing patient care and safety. He works closely with colleagues and partners to support the strategic development of services, fostering collaboration and building effective working relationships across the organisation's network of surgeons, anaesthetists, physiotherapists, outreach clinics and independent hospital partners. He also plays a key role in advancing quality improvement across the organisation, balancing his leadership responsibilities with his ongoing clinical practice.



**Jessica Sellars**  
Chief Operating Officer (COO)

Jessica joined One Health Group in 2005 and holds both a BA (Hons) in Business Studies and an MSc in Leadership and Management from Sheffield Hallam University. With over 20 years' experience in the healthcare sector, she has made an invaluable contribution to the organisation's development and growth. Her extensive knowledge, commitment and leadership have been consistently recognised, reflected in several promotions within the Senior Management Team. She now holds the Board position of Chief Operating Officer. Jessica works closely with the CEO to oversee the establishment, development and optimisation of day-to-day operations, while also playing a key role in shaping and delivering the organisation's strategic growth initiatives. Over 2026/27 this includes project managing the One Health Group Surgical Hub currently being constructed in Scunthorpe, a major strategic priority for 2025–26.

# My Referral to OHG

You can get a referral to OHG:

In line with NHS requirements, your referral can be made through our DIRECTLY BOOKABLE service. This enables you to choose the date and location of your appointment before you leave your GP Practice via choosing the Electronic Referral Service for One Health Group PLC.

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For appointments or to request more information please call:

**0114 250 5510**

**[www.onehealth.co.uk](http://www.onehealth.co.uk)**

One Health Group PLC, 131 Psalter Lane, Sheffield S11 8UX | [enquiries@onehealth.co.uk](mailto:enquiries@onehealth.co.uk)

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