



Your Health. Your Choice.

Quality Accounts

2024 – 2025

” Prompt and efficient diagnosis, treatment
and aftercare ”

Working with the

NHS

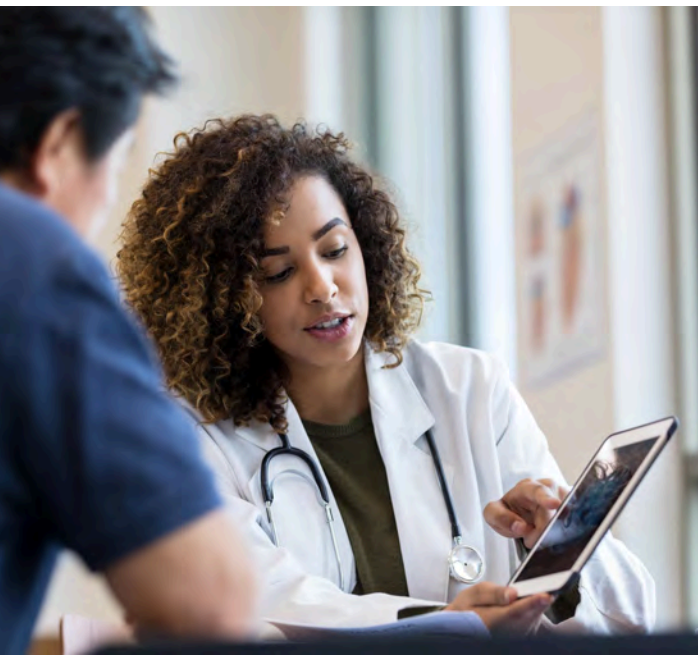
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One Health Group (OHG)

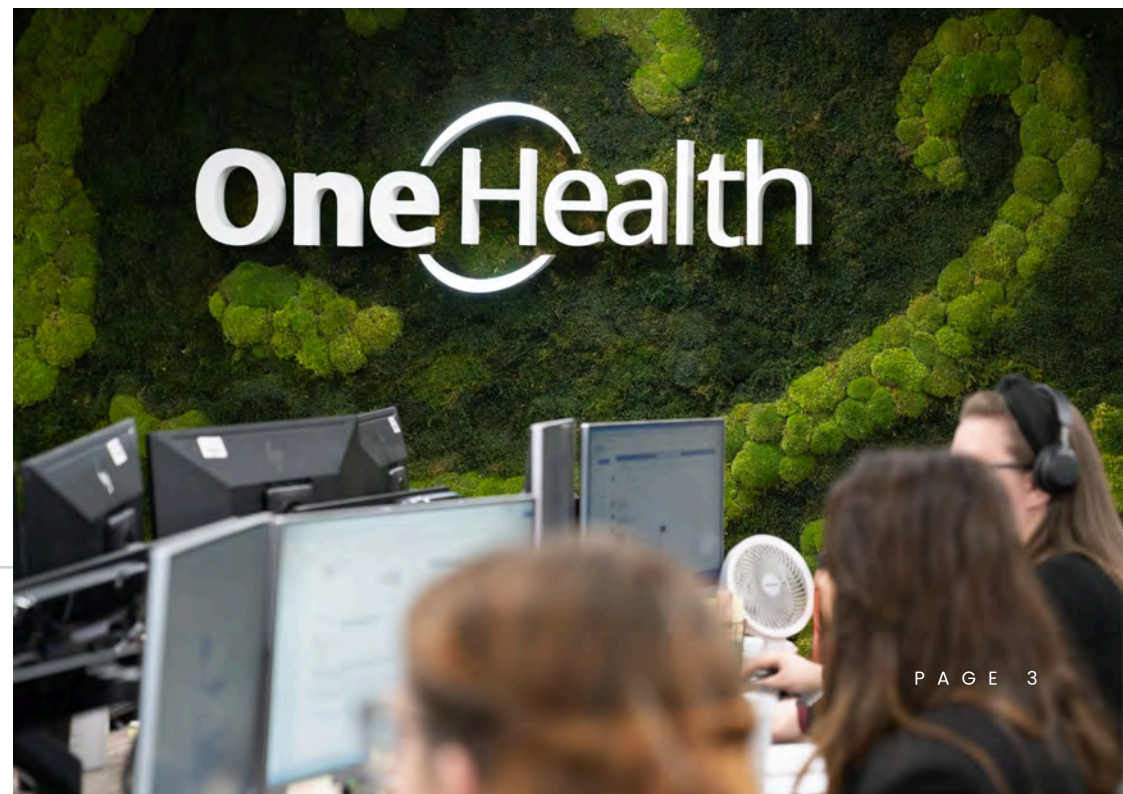
Mission Statement:

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

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

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 OHG's Quality Accounts for 2024-2025, a year during which we have significantly increased our support of the NHS, both locally and further afield, with record numbers of patients choosing OHG following a GP referral, in addition to helping reduce long wait patients within five NHS Trusts.

During the last year, OHG has delivered high quality care to over 17,000 new NHS patients from more than 60 different NHS commissioning bodies and NHS Trusts across England, helping reduce the demand on NHS infrastructure. This enables them to focus on more complex and demanding patient needs. Over the same period OHG carried out in excess of 42,000 consultations and over 7,000 surgical procedures, funded by the NHS with patient safety paramount in everything we do.

We continue to proactively explore and embrace innovative technology where there is a benefit to our patients. This includes virtual consultations where deemed clinically appropriate, and the use of 'ZoomPhysio', a sophisticated online treatment management system, safeguarded by expert physiotherapists via the web, app & video. This allows patients to receive one to one, post-operative physiotherapy in their own home at a time to suit them, with demonstrable benefits associated with compliance with guidance, leading to a quicker and better post-operative recovery.

With record demand for NHS care, the patients' right to choose their care provider through 'Patient Choice' has never been more important, enabling access to OHG's high-quality treatment, quickly and at no cost to them, with all activity funded by the NHS.

Over 2024-25, in addition to increasing numbers of patients choosing OHG after visiting their GP through the NHS e-Referral system (eRs / 'Choose and Book'), we have increased our direct support of several local NHS Trusts with their longest waiting patients being transferred to OHG for treatment. These patients were seen by one of our NHS substantive surgeons, provided with care and discharged quickly and effectively, allowing them to get back to living healthy lives, reducing the demands on local trust waiting lists.

Our focus for 2025-2026 and beyond, is to ensure as many NHS patients as possible are made aware of their statutory right to choose OHG as their provider of 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.

Over the last 20 years OHG has become an integral part of the provision of secondary elective care to NHS patients in South & West Yorkshire, Derbyshire, Nottinghamshire, Leicester, and Lincolnshire. The team at OHG continue to work hard to develop and enhance our support of the increasing number of NHS patients, meeting record demand. We believe we have a vital part to play, working in collaboration with the NHS at multiple levels, to provide much needed care to the significant ongoing backlog of patients created by the pandemic.

This report provides a detailed account of the quality of the services we have provided to tens of thousands of NHS patients over 20 years. This includes patients that have exercised their right to 'Patient Choice' through the NHS e-Referral system (eRs), in addition to patients referred directly to OHG from NHS Trusts seeking support in reducing long waits.

Chairman & Chief Executive Report



“OHG takes great pride in supporting the NHS and providing innovative, high-quality care, free at the point of delivery for over 20 years across an increasingly wide geography, working in collaboration with multiple NHS commissioners and directly with NHS Trusts to reduce long waits”.

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

OHG considers itself to be a fundamental part of the NHS supply chain to an increasing number of commissioning bodies and a key part of the solution for helping to create sustainable, transformational, high-quality services for NHS patients.

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Statement of Accuracy of our Quality Account

The Directors at OHG have a statutory obligation to prepare a Quality Account for each financial year. This report has been prepared based on the guidance provided by the Department of Health. We can confirm that this report has been reviewed by the One Health Group Board of Directors and that to the best of our knowledge the information contained in it is accurate.

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Date 28th April 2025

Signed



Adam Binns (CEO)

Date 28th April 2025

Signed



Derek Bickerstaff (Chairman)

3rd June 2025

One Health Group Quality Report 2024/25

NHS South Yorkshire Integrated Care Board (SYICB) has reviewed the information provided by One Health Group (OHG) in this account. 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, Gynaecology and Urology, 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 2025/26 and recognises the impact of improving and investing in healthcare systems for patients. Furthermore, SYICB recognises the current challenges in regards to the recovery of elective activity, therefore any additional actions the provider will be taking to reduce inpatient and outpatient waiting lists is welcomed.

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 the last 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 whilst services recover from the impact of Covid-19 and then continue to evolve to ensure they meet the changing needs of our local population and in particular look to reduce inequalities. 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

We are proud to provide a wide range of high-quality secondary care services to meet the needs of our local communities. Our aim has always been to ensure timely access to safe, effective and compassionate care, providing early intervention to treatment and where necessary and appropriate follow-on care.

Our service receives referrals through the e-Referral system (eRs), patient choice system as well as directly from local NHS Trusts, who are struggling to meet their internal targets and need access to additional theatre capacity. We are extremely flexible and adaptable, which means we can increase both our outpatient and inpatient capacity to meet demand.



Quality Services to Patients

From the first point of contact following a referral from their GP, through to discharge following treatment, and a return to good health, every member of the OHG team is wholly focused on delivering the highest quality of care and service experience to every patient that chooses to be referred to OHG.

We actively encourage feedback from all patients to ensure we continue to maintain the highest standards of care delivery to NHS patients across the multiple regions within which we operate. Across 2024-2025, almost 96% of post procedure NHS patients were 'Extremely Likely' or 'Likely' to recommend OHG to their friends and family, with 100% being achieved in March 2025. The whole team at OHG take great pride in feedback received, which is shared regularly with all employees, as well as the support and care provided to patients.

We work innovatively with multiple independent hospital partners across the regions within which we operate, to maximise available surgical capacity. This is supported by almost 40 community-based outreach clinics, ensuring NHS patients with the greatest needs receive close-to-home care as quickly and effectively as is practical.

Our outcome and clinical performance data consistently reflects high performance and success rates across all specialties and recognises and reflects a well embedded, open culture regarding care, quality, and clinical safety.

Our Executive Board structure and Clinical Governance arrangements allow us to continually monitor and report on quality and safety effectively, with all issues escalated for discussion where appropriate. We proactively review Clinical Governance as a fixed agenda item at every other Board meeting, which follows a review by our Clinical Governance subcommittee. Our open and transparent culture, which is embedded in our values, combined with a perpetual learning approach, is key to ensuring OHG continues to be highly effective in driving clinical quality and safety within the organisation.

Finally, we acknowledge the collaboration, dedication, commitment, and hard work of all our staff, consultants, and independent hospital partners, in delivering what we believe to be excellent, efficient and high-quality services to our NHS Patients.

OHG considers itself to be a key part of the solution for helping to create sustainable, transformational and high-quality services for NHS patients across all the regions within which we operate.



Our Surgeons

At the heart of safe and effective surgical care is a skilled, resilient, and multidisciplinary workforce. At OHG our surgical teams are central to us, delivering high-quality, timely interventions across a wide range of specialities, ensuring our patients receive the care they need when they need it most. All our consultants are NHS trained and have undergone sub-specialist training in their chosen speciality (see appendix 1). This enables OHG to cover all aspects of Orthopaedics, Spinal Surgery, General Surgery, Gynaecology and Urology. We implement an extremely robust clinical onboarding process, which has proved essential for ensuring that new sub-contracted clinicians are safe, confident, and effective from their first day with OHG. It has supported group-wide patient safety, enhanced our regulatory compliance, and improved retention by helping individuals integrate into our teams and systems quickly and smoothly.

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 makes 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 and 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

We are pleased to confirm the establishment of Urology as a new specialty within our clinical services portfolio. This marks a significant step forward in expanding our surgical and outpatient care offer, to better meet local population needs and reduce pressure on regional services.

In its initial phase, the new Urology service will include:

- Outpatient clinics for assessment and ongoing management
- Diagnostic procedures such as flexible cystoscopy and uroflowmetry
- Minor operative procedures (e.g. circumcision, vasectomy, and bladder Botox).

The service will be led by a Consultant Urologist, supported by specialist nurses, surgical staff, and outpatient teams. The benefits of this include faster diagnosis and treatment, care closer to home, improved continuity through a single team managing diagnostics, treatment and follow-up, and better outcomes through early intervention.

Over the past year, we have seen significant growth in the number of patients actively choosing where and when to receive their care, supported by the ongoing expansion of the NHS e-Referral service (eRs) and access to care through Any Qualified Provider (AQP) routes. We currently see over 1500 of those new NHS patients per month that have chosen to access our service directly. We have expanded our training and awareness for referring clinicians to support informed patient choice, as well as reviewing uptake data and waiting time trends to target promotion in underused specialities and areas.

In addition, to support the recovery of elective activity and reduce long waits, several NHS Trusts have significantly expanded their use of independent sector providers for NHS-funded elective care. We have been working with a number of Trusts, managing some significant activity volumes on their behalf. This strategic partnership model has enabled us to increase their inpatient capacity, improve patient access, and protect their core services during periods of operational pressure.

Our dedicated NHS Patient Liaison Department (PLD) plays a key role in improving patient experience and supporting communication between patients, families, and healthcare providers. Over this last year, we have continued to expand the department, to ensure we have adequate resources to support the significant increase in activity. We have found that patients often feel more comfortable asking questions to one of our PLD members of staff who can translate medical jargon and help them feel heard. This department is also vital from an operational perspective in managing all appointments, surgical bookings and liaising with our independent sector partner hospitals to ensure a seamless pathway for all our patients.



Patient Waiting Times and Inpatient Stays

OHG are committed to delivering excellent clinical outcomes while continually improving the efficiency of patient care. By embedding evidence-based pathways, enhanced recovery protocols, and early mobilisation strategies, we are achieving better outcomes with shorter hospital stays. Reducing unnecessary inpatient time not only minimises the risk of complications such as infections or deconditioning, but also supports patient wellbeing and recovery in familiar environments. Our data demonstrates that high-quality care does not require prolonged admission, and that safe, timely discharge is a key marker of effective treatment.

Pleasingly, we also have extremely low readmission rates, which reflect the high quality and effectiveness of the care we provide. With a combination of comprehensive discharge planning, personalised follow-up care, and proactive patient education, we ensure that patients receive the support they need to recover fully at home.

Our multidisciplinary teams work closely with patients to address any concerns before discharge, reducing the likelihood of complications and the need for readmission. This commitment to continuity of care enhances patient outcomes whilst also contributing to a smoother recovery process and greater patient satisfaction.

Patient Rehabilitation Closer to Home

At OHG, we are committed to providing post-operative physiotherapy protocols closer to home to ensure that patients can recover in a familiar and supportive environment. This is delivered by our trusted physiotherapy partner, PhysioNet, who offer our patients a range of community-based rehabilitation options, including outpatient clinics, home visits, and digital support. Through this model we enable patients to receive the care they need without the stress and disruption of travelling long distances. This approach not only speeds up recovery, but also improves patient comfort and well-being, helping individuals regain independence while reducing the strain on hospital resources. Our goal has always been to deliver high-quality, accessible rehabilitation services that meet the needs of our local communities.

Patient safety and quality remain paramount, and all subcontracted services such as this are subject to robust clinical governance, including regular joint quality meetings and operational performance meetings, with adherence to NHS-standard protocols. These meetings ensure that patient outcomes, safeguarding, and service delivery remain aligned with our expectations and values. Through this approach, we can continue to offer flexible, timely care closer to home, without compromising on clinical standards or patient experience.

Corporate & Clinical Governance

Corporate Governance:

The Board is comprised of three Executive Directors and four Non-Executive Directors, three of which are wholly independent. Corporate Governance encompasses all financial, corporate and regulatory aspects of the organisation and seeks to ensure all matters are dealt with effectively and where necessary with the support, input and guidance from a subject matter expert. Four sub-committees of the Board have been established to ensure compliance with this key objective, which has received significant increased scrutiny following One Health listing on the AQUIS stock exchange in November 2022. This was followed in March 2025 by a subsequent move from AQUIS to a listing on the Alternative Investment Market (AIM).

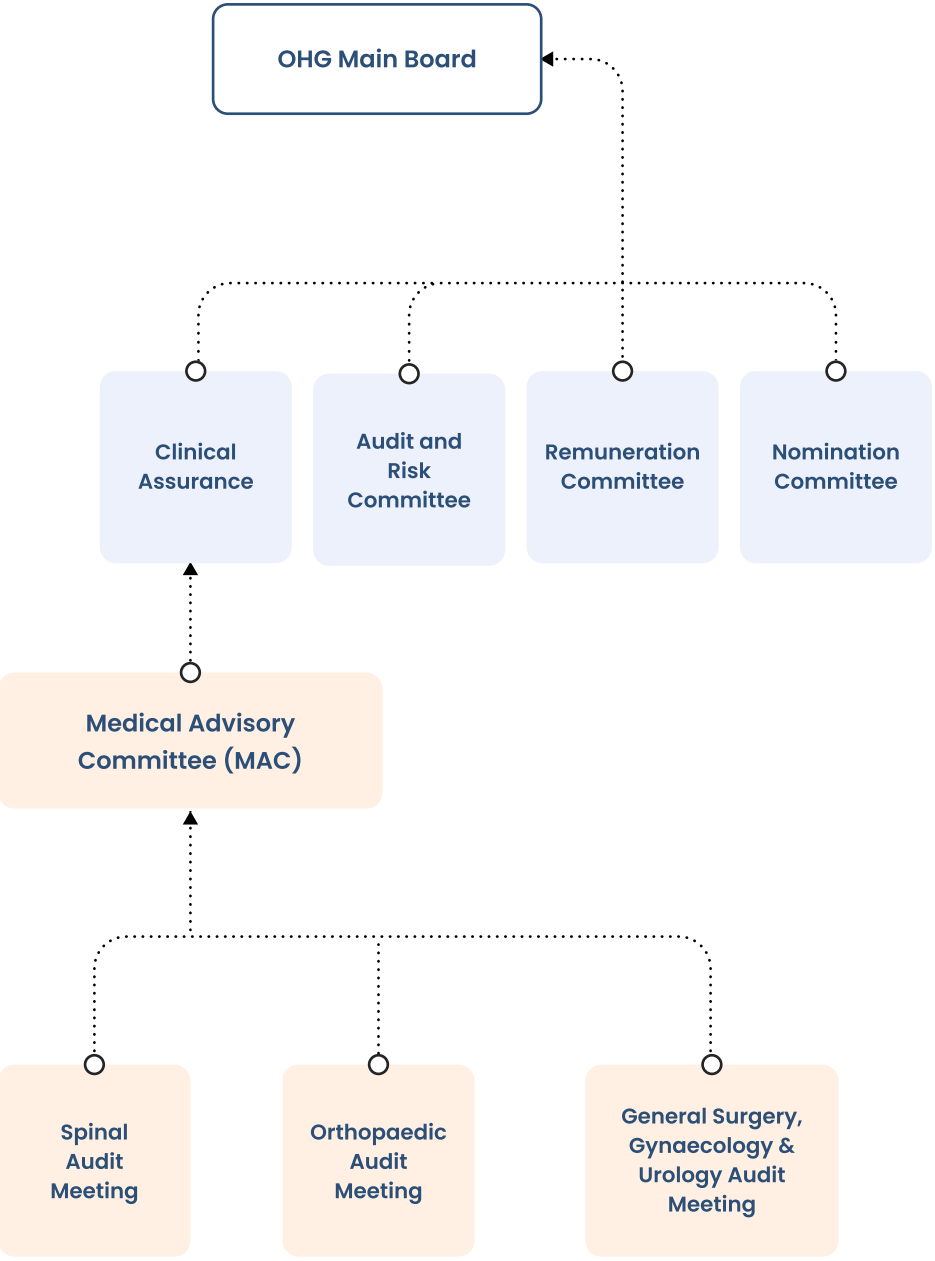
Audit and Risk Committee

This Audit and Risk Committee is chaired by Nick Parker, one of our independent Non-Executive Directors and is supported by Board appointed and Shareholder approved external financial auditors and reporting accountants. The Committee has the following responsibilities; internal and external audits, the review and appointment of external auditors when required, the group's systems of internal control and other financial and business risk assessments as well as several compliance functions. This includes the prevention of fraud, bribery and corruption. As a holder of a 'Provider Licence' we are required to appoint an external independent NHS counter fraud specialist. To meet this obligation, we appointed a nominated lead from '360 Assurance' in 2017 who we have worked with since to ensure we continue to achieve full compliance.

Remuneration & Nomination Committees

Both of these committees are chaired by Helen Pitcher OBE, our Senior Independent Director (SID). These two committees are responsible for making recommendations to the Board on all matters relating to the remuneration and terms of employment of the Executive Board Directors and leading the process for Board appointments. This activity ensures OHG continues to attract, motivate and retain high quality staff at all levels across the business to support the growth and development 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, and is chaired by the Clinical Lead who reports to the Chief Medical Officer (CMO). It has 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 2024-25

Docman – revolutionising the transfer of care between and within healthcare organisations

Docman is a centrally funded solution to enable healthcare organisations to capture, organise, workflow, track, and transfer healthcare documents. We carried out due diligence on this software for several months and are now pleased to say we have completed the implementation process with the system being live and usable. The Docman platform links to our current patient administration system and comes with the following features:

- Receives documents electronically with zero scanning and fast access to patient information.
- Identifies clinical content by detecting patient and filling in details to significantly improve speed and data quality.
- Saves time with quick steps that combine actions and workflows into one mouse click.
- Allows us to send documents electronically to the right professional in real time.

We are very pleased to be witnessing the benefits that the Docman system has brought, not only for us, but the wider healthcare professionals we interact with daily. Time is being saved through the innovation of paperless sharing, tracking, and editing across both primary and secondary care, with instant access to documents, speedy communication back to the GP/referrer and valuable time and cost reduced without the need to print and post letters.

Picture Archiving Communications System (PACS)

We have invested heavily to replace our previous onsite PACS system, which became outdated and slower to run than we would like. Following various provider comparisons, we partnered with Inteleraad and have upgraded our entire PACS infrastructure to a Private Cloud system, which provides a safe, accessible, speedy and cost-effective alternative to our previous on-premises PACS solution and long-term storage.

The Inteleraad Private Cloud grants us the ability to reduce technology ownership challenges including onsite hardware and software management. It also ensures business continuity by managing risk of downtime, diagnostics imaging data loss, and data breaches, as well as building our business and imaging centre resiliency.

Also key is the agility and scalability that the system has to grow with us as OHG expands. It has a consumption billing model that allows for flexible and scalable cost management as our service continues to grow. We are also able to add sites rapidly and modify services on demand as we evolve.

Priorities for Improvements in 2025–26

Cyber Essentials Plus

Unlike basic Cyber Essentials (which is self-assessed), Cyber Essentials Plus includes an independent technical audit. This means our defences are tested in practice, not just on paper, which offers greater assurance to our organisation, partners, and regulators. Basically, “It’s not just saying you’re secure — it’s proving it.” Much of the work required to achieve Cyber Essentials Plus has been carried out over the past year.

The final significant points require an MFA capable VPN, an actively supported and updated network hardware. These will be achieved under the proposed core network upgrade. The plan is to supplement this with an on-site assessment within 3 months to gain Cyber Essentials Plus certification. While this is not essential, it will provide independent validation as to the state of cybersecurity across the business.

Core Network Upgrade

Much of our core network infrastructure is aging and becoming inadequate for our needs. Many devices are past end of life, and we have limited capacity to support future growth. A core network device failing has the potential to cause significant disruption to operations and we are therefore prioritising updating our firewalls, switches, and wireless access points to a comprehensive Cisco Meraki system. This will modernise and unify our core network infrastructure, with significant upgrades to security, performance, and configurability. It will support a planned office expansion and the opening of our first OHG Surgical Hub.



Patient Safety

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.

For the reporting period 1st April 2024 – 10th June 2024, OHG continued to adhere to the 'Serious Incident Framework 2015'.

For the reporting period 11th June 2024 – 31st March 2025 OHG 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.

OHG reported one Never Event during 2024–25 which related to a wrong-site spinal injection. The patient did not come to any immediate harm, Duty of Candour was carried out and the incident underwent an extensive Patient Safety Incident Investigation (PSII).

OHG have reported four patient deaths over the last two years, and there are no themes to connect these deaths. One patient death occurred following a gynaecology procedure due to an unrelated medical reason whilst the patient was still in the hospital. The second patient death was after a knee replacement surgery, and again, it happened due to an unrelated medical cause. The patient was transferred to Sheffield Teaching Hospital for further management but sadly died. A full coroner's inquest was performed.

The third death was due to a pulmonary embolism following a knee replacement, subsequent to patient discharge from the hospital. All necessary measures to prevent a pulmonary embolism were followed. The fourth death was following a gynaecology surgical procedure for which a thorough PSII was conducted and a four-day inquest followed. Lessons were learnt and have been disseminated.

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

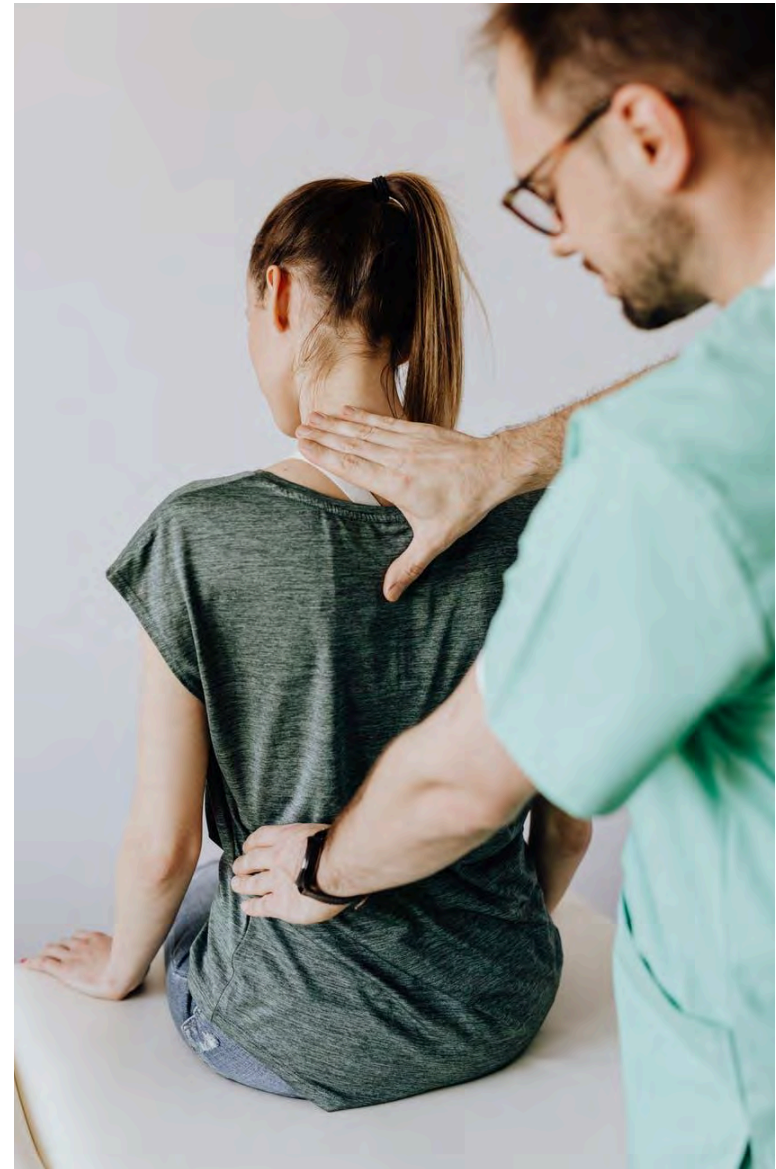
Learning from all incidents is shared throughout our organisation and Patient Safety Events are reflected on within our Speciality Audit meetings. Specific issues are addressed within Consultant appraisals and clinical performance is monitored closely via internal audits and benchmarking.

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

OHG has a robust Adult and Children Safeguarding policy in place, in addition to a policy regarding Mental Capacity and Deprivation of Liberty Safeguards. OHG 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 OHG'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 OHG's internal incident reporting system, Radar, and discussed within our Speciality Audit meetings. During 2024-25, OHG logged seven individual safeguarding concerns relating to patients, none of which required further action.



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 2024-2025 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 2024–March 2025 | Good to Excellent | Equal to: No of patients | Total No. of Patient Responses |
|---|-------------------|--------------------------|--------------------------------|
| The patient’s overall impression of your consultant | 98% | 480 | 486 |
| Overall quality of care provided | 98% | 480 | 494 |
| Respect shown for your privacy and confidentiality | 98% | 484 | 494 |

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 OHG 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 OHG 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 OHG in 2024-2025 from patients following surgery undertaken with OHG.

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 OHG 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 2022-March 2023 | 855 (78%) | 167 (15%) | 38 (3%) | 34 (3%) |
| April 2023-March 2024 | 480 (86%) | 76 (14%) | 3 (0.5%) | 2 (0.3%) |
| April 2024-March 2025 | 407 (87%) | 55 (11%) | 3 (0.5%) | 5 (1.5%) |

PROMs

Patient Reported Outcome Measures



Participation in Clinical Audit:

During 2024-2025, four national clinical audits covered the NHS services provided by OHG. During that period OHG participated in 100% of the national clinical audits in which it was eligible to participate.

The national clinical audits that OHG was eligible to participate in during 2024-2025 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 OHG Speciality Audit meeting. OHG hospital partners submit PROMS data on OHG's behalf.

During 2025-2026, OHG 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 2024-2025 |
|--------------------------|---------------------------|
| National Joint Registry | 1093 |
| National PROMS programme | 1030 |
| British Spine Registry | 795 |
| National Endoscopy Data | 664 |

The national clinical audits that OHG participated in, and for which data collection was completed during the year 2023-2024, are listed in the table above alongside the number of cases submitted to each audit.

OHG CQC REGISTERED

Commissioning for Quality and OHG's CQC Registration

Statement from the Care Quality Commission:

OHG 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 2024-2025 the CQC did not undertake any inspections of OHG facilities. OHG 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 OHG during 2024-2025. Copies of our CQC reports can be downloaded from our website (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. OHG is also monitoring more accurate and detailed notification of readmissions from our surgeons and connected hospitals.

OHG 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.

OHG 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:

OHG 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 OHG 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 OHG's Medical Advisory Committee. OHG's surgical site infections rate is very low and in the last twelve months, there have only been reported cases of 0.3% of patients operated on developing a surgical site infection of any type.

As part of OHG'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. OHG can request copies of these audits if necessary.

OHG also, as part of its mandatory training programme, provides infection control training to its staff.

Mandatory Indicators

| Indicator | Source | 2022-23 | 2023-24 | 2024-25 | 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 | 19 (0.3%) | 11 (0.2%) | 21 (0.3%) | 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) | 1 | 3 | 1 | 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 | 92% | 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 | 93% | 99% | 99% | 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 | 95.7% | 94% | 100% | 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 | 2022-23 | 2023-24 | 2024-25 |
|---|---------|---------|---------|
| Number of new patients seen | 12,572 | 13,255 | 17,156 |
| Number of follow up appointments | 12,985 | 20,305 | 15,719 |
| Number of procedures undertaken | 6,024 | 6,174 | 7,200 |
| Total complications recorded (including hospital re-admissions) | 64 | 57 | 81 |
| As a % of procedures | 1.1% | 0.9% | 1.1% |
| Number of hospital re admissions | 19 | 11 | 21 |
| As a % of procedures | 0.3% | 0.2% | 0.3% |

| Year | Complaints Received | New Patient Consultations | % of New Patients | Patients Treated | % of Patients Treated |
|---------|---------------------|---------------------------|-------------------|------------------|-----------------------|
| 2022-23 | 32 | 12,572 | 0.3% | 6024 | 0.5% |
| 2023-24 | 40 | 13,255 | 0.3% | 6174 | 0.6% |
| 2024-25 | 57 | 17,156 | 0.3% | 7,200 | 0.7% |

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

OHG have carried out some in-depth analysis of complaint trends to highlight key areas we can target for service improvement. One area that will be focused on is the development of our outreach clinics, as well as addressing any communication issues and the management of 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. OHG 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.

OHG 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

Information Governance

OHG recognises the importance of maintaining an excellent level of information quality to enable the effective delivery of high-quality patient care. To support this objective, we have established an Information Governance (IG) Group to regularly review current guidance and legislation, along with any associated changes as they arise.

The group consists of the Data Privacy Champion (DPC), Data Protection Officer (DPO), Senior Information Risk Owner (SIRO) and representation from the clinical governance (CG) team. The primary objective of the group is to ensure information governance guidance and protocols can be reviewed and approved appropriately with relevant information cascaded promptly to the rest of the organisation, providing guidance and support where appropriate.

The original primary responsibility for the IG Group was to ensure the business was kept up to date with the latest standards and guidance from GDPR legislation as it developed, but this has since been extended to include the continual improvement of the organisation's information and data management related policies and processes.

During 2024-2025 the IG Group met quarterly with our nominated independent external Information Governance Lead (DPO) to review the company's current processes and policies relating to data protection and the GDPR. This will continue throughout 2025-2026 to ensure OHG maintains alignment with the latest associated regulations and guidance, and any future changes introduced by the Data Use and Access (DUA) bill.

Data Security and Protection Toolkit

OHG has continually achieved a 'Standards Met' assessment following completion and submission of the annual Data Security and Protection (DSP) Toolkit, demonstrating compliance and effectiveness by the business in adhering to strong data security and information governance standards.

OHG's Toolkit is completed by the Data Privacy Champion with the assistance of the company's Information Asset Owners and Data Protection Officer. The wider IG Group also provide support over the year through review and input prior to annual submission. As the DSP Toolkit is a self-assessment, OHG is not mandated to conduct external information governance audits but; as part of best practice, we ensure that our DSP Toolkit submission is externally audited every other year. Where improvements or risks are highlighted, we ensure that these are added to our annual IG work plan and action log, which is monitored for progress regularly by the IG Group.

NHS Counter Fraud

As a holder of a 'Provider Licence', under service condition 24.2 of the NHS standard contract, OHG must take the necessary actions to meet NHS Counter Fraud Authority (NHSCFA) requirements regarding counter fraud bribery and corruption. This includes the nomination of an accredited, independent counter fraud specialist to provide support, both on a proactive and reactive basis, to prevent and deter fraud, bribery and corruption and to hold those who commit fraud, bribery or corruption to account. To meet this requirement OHG appointed '360 Assurance' in December 2017 who have provided a good service since, providing independent advice and support and ensuring compliance with NHSCFA standards.

An Annual Report is developed in collaboration with Claire Croft, our nominated Counter Fraud Specialist (CFS), and presented to the OHG Board for review, feedback and approval. Following a thorough and detailed business wide assessment, the report summarises potential fraud, bribery and corruption risks, mitigations developed and counter fraud activities undertaken over the previous year. The report also informs the Board of any future corrective actions where appropriate, captured in an action plan for the following year, that should be taken to ensure full compliance with the standards going forward.

Counter Fraud Functional Standard Return (CFFSR)

The latest completed assessment for 2023-2024 against the CFFSR was completed by our nominated CFS and presented for authorisation by the Chair of our Audit and Risk Board Sub-Committee and CEO. The report was then shared for review and subsequent approval by the Board of OHG on the 21st June 2024 prior to submission to the NHSCFA in June 2024.

Prior to 2022-2023 OHG was required to complete an annual self-review tool (SRT), enabling us to produce a summary of the counter fraud work we have conducted over the previous financial year and evaluating our compliance with standards set by the NHS Counter Fraud Authority (NHSCFA). Both the previous SRT and CFFSR generate a red, amber or green rating for each area assessed, as well as an overall rating, to support the organisation in identifying fraud risk areas and inform future work planning. The last completed assessment, in 2023-2024, against the CFFSR was submitted to the NHSCFA by our nominated CFS and confirmed an overall Green rating, which classifies OHG as being compliant with the NHSCFA's standards.

Appendices

Appendix 1: 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 |
|---------------------|-------------------------|------------------------|------------------------------|----------------------|---------------------------------|
| SPINE | | | | | |
| Abhinay A Kamat | 6029978 | 01/11/2002 | Neurosurgery | 07/09/2009 | Spine & Neck |
| Vivek Panikkar | 4354844 | 09/10/1996 | Neurosurgery | 15/02/2007 | Spine |
| Vasilios 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 |
| Cormac Gavin | 4753807 | 20/09/2000 | Neurosurgery | 03/01/2014 | Spine & Neck |
| Shuaibu Dambatta | 6035144 | 27/08/2003 | Neurosurgery | 16/09/2017 | Spine & Neck |
| Geza Mezei | 7467918 | 02/07/2014 | Neurosurgery | 02/07/2014 | Spine & Neck |
| Georgios Kounin | 7031101 | 05/02/2009 | Neurosurgery | 05/02/2009 | Spine & Neck |
| Asim Sheikh | 6096301 | 19/10/2007 | Neurosurgery | 06/08/2018 | Spine & Neck |
| Laurence Glancz | 7043135 | 04/08/2010 | Neurosurgery | 05/08/2021 | Spine & Neck |
| Rajneesh Misra | 7640273 | 08/08/2019 | Neurosurgery | 10/05/2023 | Spine & Neck |
| Shahid Khan | 7004794 | 29/12/2009 | Neurosurgery | 10/07/2023 | Spine & Neck |
| Yahia Al-Tamimi | 6054399 | 06/08/2003 | Neurosurgery | 03/01/2014 | Spine & Neck |
| KNEE & HIP | | | | | |
| 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 |
| Muhammad Asif | 6033331 | 31/12/2004 | Trauma & Orthopaedic Surgery | 11/09/2023 | Hip & Knee |
| Andrea Volpin | 7340503 | 31/08/2012 | Trauma & Orthopaedic Surgery | 24/07/2016 | Knee & Hip |
| Vineet Trivedi | 6080426 | 16/11/2009 | Trauma & Orthopaedic Surgery | 02/02/2022 | Knee & Hip |
| FOOT & ANKLE | | | | | |
| 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 |
| Ashok Marudanayagam | 6099228 | 15/09/2005 | Trauma & Orthopaedic Surgery | 26/03/2017 | Foot & Ankle |
| Bobby Siddiqui | 6135045 | 14/08/2007 | Trauma & Orthopaedic Surgery | 08/01/2020 | Foot & Ankle |
| HAND, WRIST | | | | | |
| 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 |
| SHOULDER & ELBOW | | | | | |
| 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 | | | | | |
|-----------------------|---------|------------|--------------------------|------------|------------------------------------|
| Robin Gupta | 3686429 | 03/08/1993 | General Surgery | 11/04/2003 | 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 |
| Chris Macklin | 3583863 | 01/08/1993 | General Surgery | 21/03/2006 | General Surgery |
| Shridhar Dronamraju | 5206993 | 16/08/2004 | General Surgery | 28/10/2014 | General Surgery |
| Naehemiah 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 |
| Ibrahim Rajput | 6074408 | 04/08/2004 | General Surgery | 22/06/2022 | 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 |
| Kumar Muthukumarappan | 3596117 | 09/09/1991 | Obstetrics & Gynaecology | 05/10/2005 | Obstetrics & Gynaecology |
| Indranil Dutta | 6108228 | 19/02/2007 | Obstetrics & Gynaecology | 05/08/2014 | 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 |
| Source: GMC/OHG | | | | | |

Appendices

Appendix 2: OHG Regional Clinics

OHG Regional Clinics

| West Yorkshire | South Yorkshire | Derbyshire & Nottinghamshire |
|---|---|--|
| HUDDERSFIELD | SHEFFIELD | CHESTERFIELD |
| Spines | Spines, Hip, Knee, Foot, Ankle, Hand, Wrist, Shoulder, Elbow, General, Gynaecology, Urology | Hip, Knee, Foot, Ankle, Hand, Wrist, Shoulder, Elbow, General, Gynaecology, Spines |
| OSSETT | BARNSLEY | NOTTINGHAM |
| Spines, Spinal Injections, Hip, Knee, Foot, Ankle, Hand, Wrist, Shoulder, Elbow, General, Gynaecology | Spines, Hip, Knee, Shoulder, Elbow, Foot, Ankle, Hand, Wrist, General | Hip, Knee, Spines, Hand, Wrist, Shoulder, Elbow, Gynaecology |
| WAKEFIELD | DONCASTER | DERBY |
| Spines, General, Gynaecology, Hand, Wrists | Spinal Injections, Hip, Knee, Foot, Ankle, Hand, Wrist, Shoulder, Elbow, General, Gynaecology, Spines | Hip, Knee, Spines, Hand, Wrist, Shoulder, Elbow |
| HOLMFIRTH | ROTHERHAM | ALFRETON |
| Hand, Wrist, Shoulder, Elbow, Hip, Knee, General, Gynaecology | Hip, Knee, Foot, Ankle, Hand, Wrist, Shoulder, Elbow, General, Gynaecology, Spines | Spines, Hip, Knee, Hand, Wrist, Shoulder, Elbow, Gynaecology |
| BRADFORD | | |
| Spines | | |
| LEEDS | | |
| Spines, Gynaecology, shoulder and elbow | | |

Appendices

Appendix 2: OHG Regional Clinics (CONTINUED)

OHG Regional Clinics

| Lincolnshire | East Riding Of Yorkshire | Leicestershire | West Midlands |
|--|---------------------------|--|-------------------|
| GAINSBOROUGH | HULL | LEICESTER | Birmingham |
| Spines, Hip, Knee, Gynaecology, General | Spines | Hip, Knee, Foot, Ankle, Hand, Wrist, Shoulder, Elbow, Spines | Hip, Knee, Spines |
| LINCOLN | BRIGG | | |
| Spines, Hip, Knee, Foot, Ankle, Hand, Wrist, Shoulder, Elbow | Spines, Spinal injections | | |
| BOSTON | GRIMSBY | | |
| Spines | Spines | | |
| SCUNTHORPE | | | |
| Spines, Hip, Knee | | | |
| SPALDING | | | |
| Spines | | | |
| SKEGNESS | | | |
| Spines | | | |
| MABLETHORPE | | | |
| Spines, Hip, Knee | | | |
| GRANTHAM | | | |
| 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
- Hull and East Yorkshire Hospitals NHS Trust
- Sheffield Teaching Hospitals NHS Foundation Trust
- NHS Birmingham and Solihull 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 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 Northeast London ICB
- NHS Northwest London 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 West Yorkshire ICB

Appendices

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

| Year | Orthopaedics | Spinal Surgery | General Surgery | Gynaecology |
|-----------|--------------|----------------|-----------------|-------------|
| 2022-2023 | 4,895 | 3,705 | 2,057 | 1,227 |
| 2023-2024 | 5,028 | 4,341 | 1,972 | 1,914 |
| 2024-2025 | 6,898 | 5,966 | 2,479 | 1,813 |

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

| Speciality | Weeks |
|--------------------|-------|
| Gynaecology | 4 |
| General Surgery | 4 |
| Foot and Ankle | 5 |
| Hip | 5 |
| Hand and Wrist | 7 |
| Knee | 5 |
| Shoulder and Elbow | 4 |
| Spinal Surgery | 5 |
| Urology | 4 |

Appendices

Appendix 6: Meet the OHG Operational Board



Derek Bickerstaff

Non-Executive Chairman
and Founder

Derek is a retired Orthopaedic Consultant Surgeon who has previously held senior positions in Sheffield NHS Teaching Hospitals and is recognised as one of the UK's leading knee surgeons as he has taken referrals nationally and internationally including many high-profile athletes. Derek left the NHS and founded OHG in 2004 to provide a more effective method to support the NHS with the outsourcing of services. Derek has previously held appointments as the Knee Tutor at the Royal College of Surgeons of England, as an executive member of the British Association of Surgery of the Knee and served on the board of the Journal of Bone and Joint Surgery.



Helen Pitcher OBE

Non-Executive Director,
Senior Independent
Director and Chair of the
Remuneration
Committee (RemCo) and
Nomination Committee
(NomCo).

Helen is an experienced Chairman, Board member, Board facilitator and coach supporting a wide range of FTSE, professional services, private equity and family firms, where she has led some of the most considerable Board evaluations. Helen is currently a Non-Executive Director at Pladis (UK) Limited, Chair of Advanced Boardroom Excellence and Chair of the Judicial Appointments Commission. She was awarded an OBE for services to Business in 2015.



Nick Parker

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

Nick Parker has more than 30 years' experience in financial management and leading businesses to develop robust commercial growth. Nick has held several CFO and CEO roles throughout his career including CFO of Dyson Group PLC and Volex PLC and a successful stint at one of Yorkshire's cultural landmarks Sheffield Wednesday FC.



Zak McMurray

Non-Executive Director,
Chair of the Clinical
Governance Committee

Zak practised at Sheffield's Woodhouse Medical Centre for 23 years after qualifying as a doctor in 1988 and completing the Sheffield GP training scheme in 1993. In 1999 he was elected to the board of the South East Sheffield Primary Care Group. He acted as Mental Health and Commissioning Lead before taking over as PEC Chair. He moved to become Joint Medical Director of Sheffield Clinical Commissioning Group, eventually leaving his practice in 2014 to become sole Medical Director. With the abolition of CCGs in 2022 he became Sheffield place Medical Director within the South Yorkshire Integrated Care Board. Zak is a current member of the Quality Assurance Committee, Primary Care Commissioning Committee and the Sheffield Health and Wellbeing Board (which he co-chairs). He is a committed champion of NHS principles at the highest levels.

Appendices

Appendix 6: Meet the OHG Operational Board



Adam Binns

Chief Executive Officer
(CEO)

Adam joined OHG in 2018, having previously worked extensively in senior financial, commercial and operational roles across retail, logistics and manufacturing, including positions at Wincanton PLC, Unipart and Allied Domecq. He was appointed as OHG CEO in 2019 following previous positions as Group Finance Director & Chief Operating Officer. Adam takes great pride in recognising and nurturing talent and bringing out the best in his senior team and colleagues. Adam is looking forward building on longstanding relationships to support the ongoing drive to reduce NHS waiting lists across a wider geography, delivering free, high quality clinical care. 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 surgery of the shoulder and elbow. He has worked with OHG from a clinical perspective since its inception and was appointed to the Board as Medical Director in July 2019, and Chief Medical Officer (CMO) in 2024. In his role as CMO Shantanu has Board responsibility for Clinical Governance and Quality, ensuring the delivery of high-quality clinical care across the organisation for all OHG patients. Shantanu has held council positions within the British Shoulder & Elbow Society and brings a genuine passion for developing and promoting clinical leadership, enhancing patient care and safety. Shantanu also leads the strategic transformation of OHG's healthcare provision through collaboration and the development of effective working partnerships with our population of surgeons, anaesthetists, physiotherapists, outreach clinics and independent hospital partners. He also plays a key part in the promotion of quality improvement across the organisation, enjoying the challenges and balance between medical leadership and clinical duties.



Jessica Sellars

Chief Operating Officer
(COO)

Jessica joined OHG in May 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 of working within the healthcare sector, her extensive knowledge, commitment and contribution to the organisations development and growth have been invaluable. Jessica's dedication and achievements have been recognised throughout this time, with several promotions within the Senior Management Team and today she holds the Board position of Chief Operating Officer. Jessica works closely with the CEO on the establishment, development and optimisation of day-to-day operations, in addition to developing and implementing key strategic growth strategies.

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.

For appointments or to request more information please call:

0114 250 5510

www.onehealth.co.uk

One Health Group PLC, 131 Psalter Lane, Sheffield S11 8UX |
enquiries@onehealth.co.uk

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