PHIN

The Private Healthcare Information Network

Annual Report 2020-2021

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Chairman's foreword

Dr Andrew Vallance-Owen, Chair

When writing the foreword to last year's Annual Report, the key issue impacting the sector was the crisis in our healthcare system caused by the pandemic, a crisis which carried through into the early part of this year and which, amongst other things, has led to an ever-growing NHS waiting list and continuing pressure on our healthcare system. Having stepped up to support the NHS at a time of crisis and with lockdown easing, the private sector has seen record levels of patients choosing to pay privately for common procedures such as cataract surgery and joint replacements; never has PHIN's information been more needed for a public suddenly much more aware of their options and care needs.

During this period, PHIN and its members have continued to make progress in producing reliable information for the public. With increasing numbers of consumers considering the self-pay option, there is a real requirement for us all to work together to respond to the need to make "easily comparable information available to patients and their GPs on the quality and costs of private healthcare services", as the Office of Fair Trading stated in its referral to the Competition Commission in 2012, before it became the Competition and Markets Authority (CMA).

PHIN is the only independent source of such comparable information. The integrity and value of our published information relies wholly on the completeness, quality and, above all, the accuracy of the data provided to us by hospital operators, and on the extent to which we can collectively ensure that potential users of private healthcare can use and find it. Whilst we know that data submission, funding and all the related processes remain a challenge to hospitals and their consultants, we have also heard time and again from leaders within the sector of the strategic importance of transparency and evidence, and that the future reputation and success of private healthcare relies upon it.

It is now seven years since the CMA Order was published and there is still a long way to go to deliver a website which has real utility to patients and the new healthcare consumers coming into the market.

The team at PHIN does all that it can to continuously improve the processes for gathering, processing and publishing data, whether by sharpening our own approach, by highlighting areas for improvement to hospitals, or through major partnerships with the public sector. We continually review our own methods and our ability to execute.

A highlight from this year was a study done in conjunction with the London School of Economics and Political Science, working to identify enablers and challenges for hospitals and doctors in gathering real-world outcomes data; this suggests that positive engagement is best achieved when conducted at hospital level. We look forward to sharing the recommendation from the study, and working jointly with hospitals to support and improve local clinical engagement.

Finally, on behalf of the Board, I want to thank Matt James and his team for all their commitment and hard work over the last year. I am also grateful to all the Board members for their positive engagement and constructive advice. Challenges remain, but we all believe firmly in the shared mission to help inform patients and healthcare consumers – our end customers – to make informed choices about their healthcare.

Chief Executive's overview

Matt James, Chief Executive

During 2021 the nation has slowly started emerging from the pandemic, returning to something approaching a new normality. Here at PHIN, despite the significant changes to working practices, we have remained productive and focused throughout on our mission – the delivery of better information for patients.

The big theme of 2021 was the launch of our revamped website, with simplified journeys for patients based on research conducted in 2020. The website launched in July to a good reception and use of the website has more than doubled in the months since.

The launch introduced new patient reported satisfaction measures for consultants. Initially the proportion of consultants for whom there was enough feedback to publish was low (about 10%) but it is gradually rising. Those measures were nearly four years in the making, firstly involving extensive consultation with the professions and hospitals, followed by two years of data collection. This reflects PHIN's commitments to consult, to keep expanding our range of published information, and yet to only publish once there is sufficient data to do so.

On that note, we have now added consultant-level data to that for hospitals in the data sheets published via the website, to facilitate transparency through third-party analysis.

In October, the London School of Economics and Political Science concluded a research project commissioned by us into the implementation of Patient Reported Outcome Measures (PROMs) over the past few years. PROMs completion in private healthcare has been far below the levels we had expected to see, and far below those seen in the NHS. The study gives a range of useful recommendations for streamlining data collection and improving processes and communications. We are keen to share these findings with a wide range of stakeholders, and optimistic that they can lead to more effective understanding and widespread use of real-world outcomes in the near future.

By the end of the year, we will have published a range of additional information for patients for the first time, focusing on key measures of safety and risk – Hospital Reported Adverse Events (HRAEs). These include numbers of deaths, unplanned readmissions and emergency transfers to other hospitals as reported by those hospitals. This is similar information to that reported routinely to regulators, but it is published for the first time. It has also been captured in much greater detail, which paves the way for more sophisticated "linked" measures in due course. For example, these will also take account of readmissions into the NHS, rather than the original treating hospital, and what happened to patients afterwards.

Those linked measures will be further supported by the Acute Data Alignment Programme (ADAPt) – a joint programme between PHIN and NHS Digital to standardise data collection between the NHS and private healthcare. Despite some delays during the pandemic, we are pleased to report that the pilot exercises are moving forward, with private healthcare data now flowing from PHIN into NHS systems.

Chief Executive's overview

Matt James, Chief Executive

The big theme of 2021 was the launch of our revamped website, with simplified journeys for patients based on research conducted in 2020.

These pilots are timely, with ministers expected to make a statement on the government's response to the Paterson Inquiry report by the end of the year. PHIN has continued to support the Department of Health and Social Care (DHSC) throughout this process, including recently through 'roundtable' events with representatives from among Paterson's victims. These served as a powerful reminder of the need for real and urgent progress to protect future patients.

PHIN, and those working in private healthcare, must have one eye on the Health and Care Bill currently going through Parliament. Once passed into legislation, it will provide a framework for ensuring that the state has the power to require almost any data from private hospitals. ADAPt is preparing the ground for this but we must also understand and work together to prepare for the inevitable changes that this implies.

I must finally address PHIN's financial picture, which is in a solid place thanks to the support of private hospitals.

In July we asked hospitals to support a significant increase in subscriptions, reflecting the reality that for the two previous years we had held back any increases. This was firstly due to pending discussion of our strategic plan in 2019, and then in recognition of the financial challenges of the pandemic in 2020. As we started the 2021-22 business year, we needed to replenish depleted reserves and also have sufficient funding to maintain the momentum to deliver the remaining requirements of the CMA's Order in a reasonable timeframe.

We are grateful that our members understood that increase and have continued to pay their subscriptions. Whilst at all stages, we have kept our members informed of our plans and budgets and have delivered accordingly, we also acknowledge that we need to give members more notice of any increases. We are factoring this into our business planning going forwards.

The task of producing a shared strategic plan for the CMA's consideration remains a work in progress. We had anticipated getting a plan approved by members this year. However, we have listened and recognise that more time is needed to jointly agree a scope and approach that is both widely supported and sufficiently resourced to get the job done in a reasonable timeframe. Hospitals have signalled their enduring commitment to meeting the CMA's requirements and we will work in partnership with them over the weeks ahead to develop a plan for the CMA's approval.

Progress and overview

2021

March

Academic partnership with London School of Economics and Political Science announced.

April

Recommencement of direct communications with consultants, following a break during the height of the Covid-19 pandemic.

June

Hospitals announced for national 'whole-practice' data ADAPt pilots.

July

Launch of new consumer-facing PHIN website with improved design, functionality and content.

New patient-reported satisfaction measures for consultants published on the PHIN website.

September

Sector-wide volumes, average length of stay and patient satisfaction measures made available to consultants for the first time in the PHIN Portal.

November

Private data flows into NHS systems for the first time, as ADAPt pilots begin.

December

Publication of HRAEs – readmission rates, mortality rates, unplanned patient transfers and returns to theatre.

Registry information published for consultants on the National Joint Registry.

ISCAS accredited hospitals identified in the PHIN website.

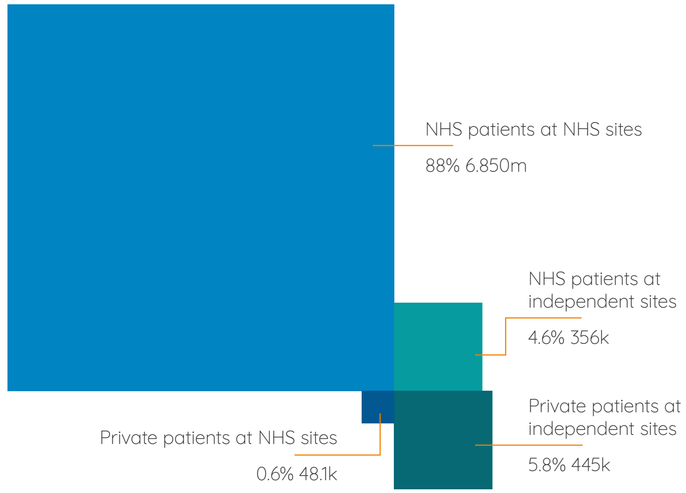
Progress and overview

Looking at private activity from the beginning of 2019 to mid 2021, the impact of the pandemic is clear to see. However, following the dramatic drop in healthcare activity in Q2 2020, the sector has seen a steady recovery. This has been strongest in private care in independent hospitals.

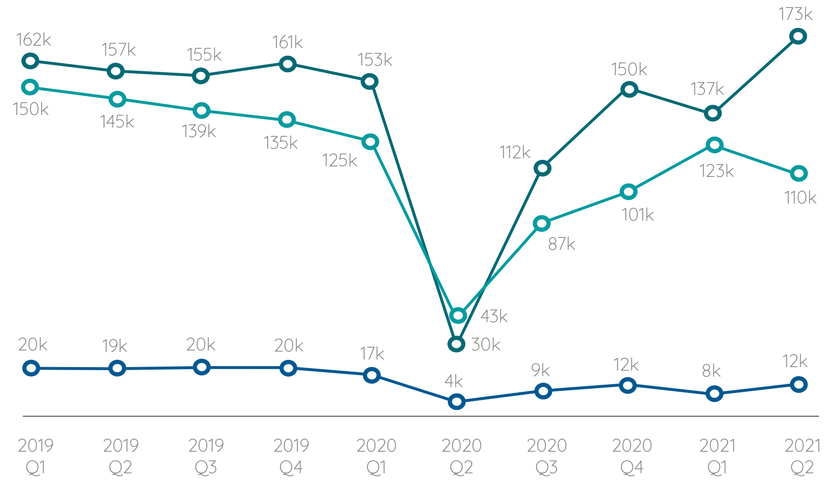
As of Q2 2021, there were 173,000 private patient episodes in independent hospitals – higher than at any stage in 2019. At the same time, NHS patients treated at private sites stood at 110,000. While this still represents a good recovery from the height of the pandemic in mid-2020, it remains lower than at any stage in 2019.

Activity in NHS private patient units remains significantly down compared to 2019, as NHS hospitals continue to focus care on Covid-19 patients and on addressing waiting lists. In Q2 2021 there were 12,000 private patients admitted for treatment in NHS sites, compared with 19,000 for the corresponding quarter in 2019.

Acute elective care episodes by market quadrant (funding and provision)



Acute elective care episodes by market quadrant (funding and provision) excluding NHS patients at NHS sites

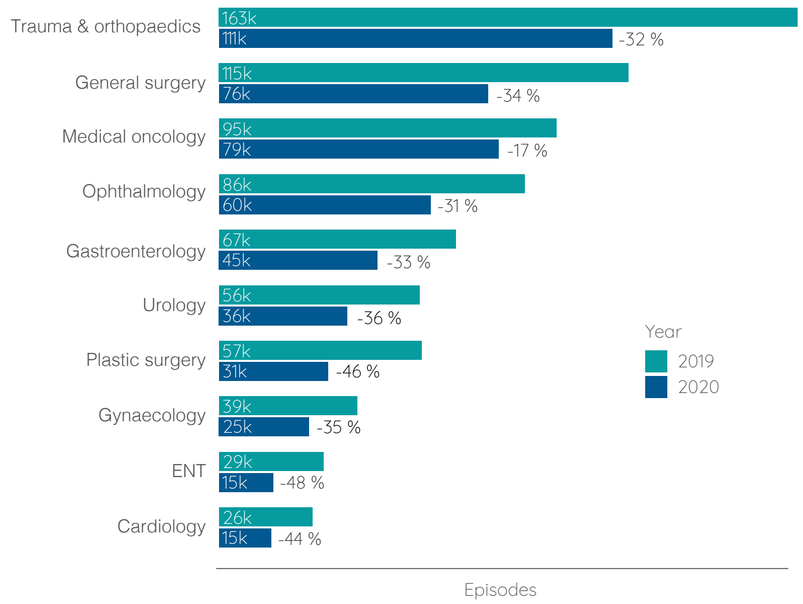


Acute elective care activity in England in 2020 by count of episodes showing relative sizes of market quadrants by funding (NHS/Private) and provision (NHS/Independent). Data on privately funded care is supplied by hospital operators directly to PHIN; data on NHS funded care is from the Admitted Patient Care dataset within Hospital Episodes Statistics supplied by NHS Digital. Approximately 0.5% of data is not shown as it lacks either funding source or provider information. NHS data is not available for Scotland, Wales or Northern Ireland.

Progress and overview

In our last Annual Report we reported broadly consistent activity across common specialties in private healthcare from 2018 to 2019. In 2020 the fall in activity we see by specialty below shows the impact of the pandemic before recovery in 2021.

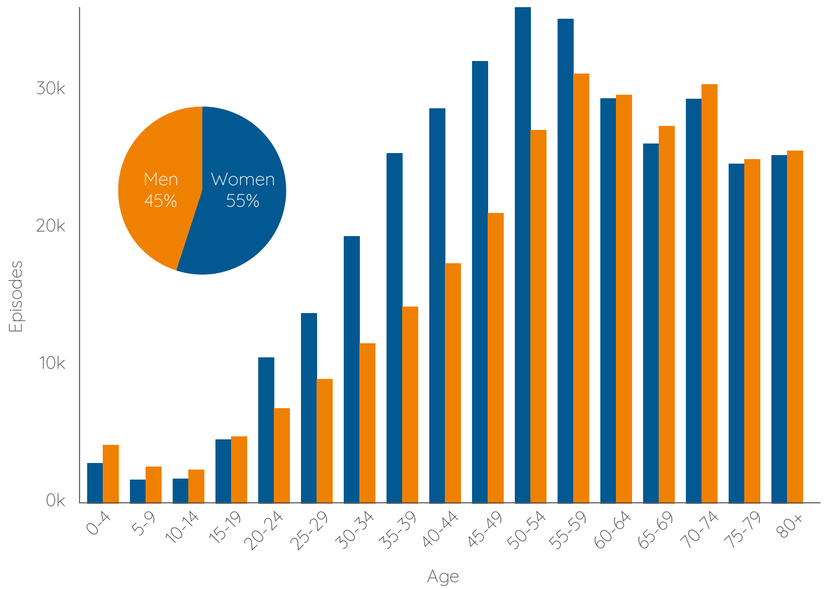
Change in acute elective care episodes by specialty (2019-2020)



Private elective care episodes by consultant's main specialty for the years 2019 and 2020.

The age and gender breakdown on patients using private healthcare remains similar to previous years, with women between the ages of 45 and 59 still the biggest users of private healthcare services.

Patient demographics - age and gender



Number of episodes of patients in private care, split by patient age and gender for the year of 2020.

Progress and overview

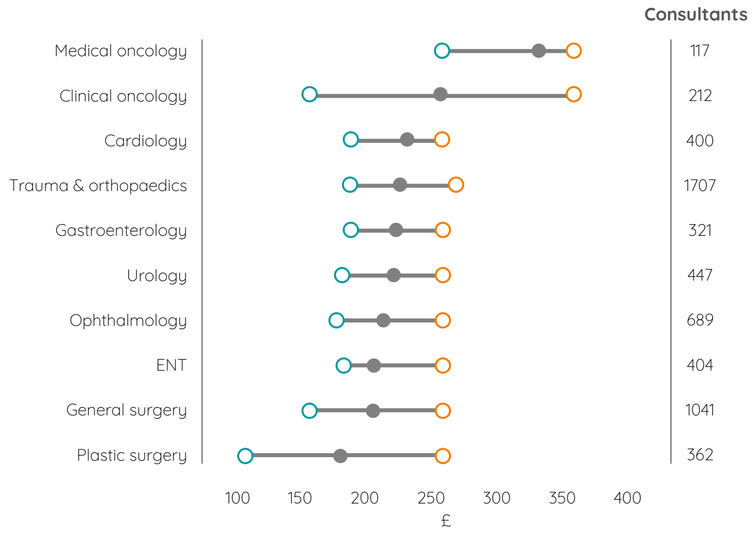
Self-pay consultant fees

Our most recent self-pay consultant fees, taken from November 2021, shows broadly consistent pricing in 2021 compared to the previous year's Annual Report.

Patients in London are still required to pay a premium for an initial consultation with a private consultant, while patients in Wales, Scotland, Northern Ireland and the North East will typically pay the least.

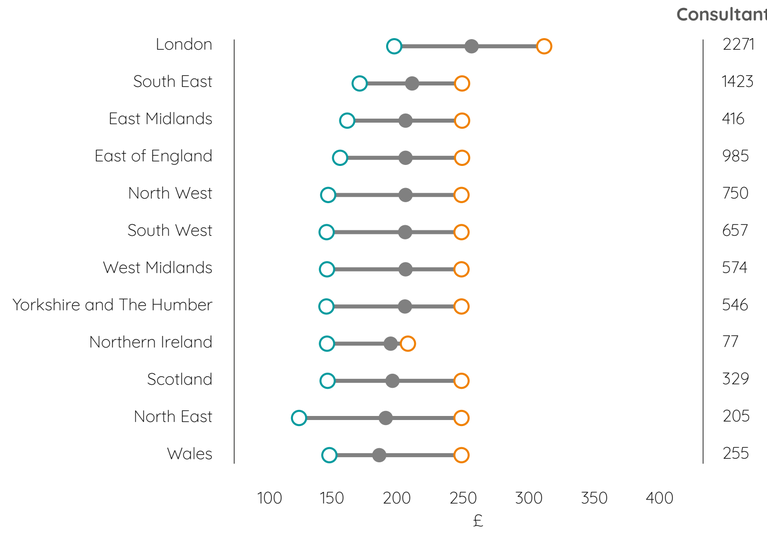
In terms of consultant specialties, cancer patients seeking an initial consultation with a clinical or medical oncologist continue to pay typically higher prices, while people seeking plastic surgery will tend to pay less.

Initial consultation fees by specialty



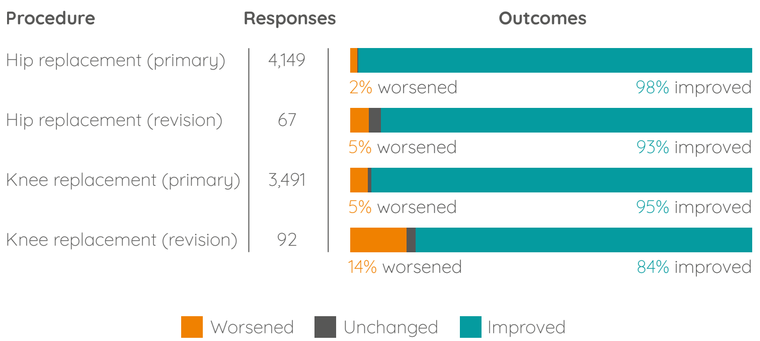
Median and interquartile range of initial consultation fees supplied to PHIN by consultants for the top 10 specialties as of 3 November 2021.

Initial consultation fees by region



Median and interquartile range for initial consultation fees by the Government Office Regions as of 3 November 2021.

Hip and knee Patient Reported Outcome Measures (PROMs)



PROMs for hip and knee replacement procedures for patients in private care. Responses cover the reporting period of 1 July 2019 to 30 June 2020.

Health outcomes

PHIN has continued to publish Patient Reported Outcome Measures (PROMs) for hips and knees.

Our latest figures show health outcomes for hip and knee replacement surgery from July 2019 to June 2020. When compared with the previous year the outcomes as experienced by patients was broadly similar when performed as a primary procedure. 98% of people reported improvements following hip replacement surgery and 95% following knee replacement surgery.

There has been slightly more variation when these procedures were performed as revision surgery. Patients reporting improvement following a revision hip replacement was at 93% and revision knee replacement was 84%.

Adverse Events

This year PHIN published four more safety and risk measures – mortalities, unplanned transfers, returns to theatre and unplanned readmissions. These now sit alongside Never Events on our website and are downloadable in our data sheets.

The numbers for the period from July 2020 to June 2021 are shown below.

Never Events

Type of Never Event	Count of Never Events
Wrong implant/prosthesis	7
Retained foreign object post procedure	5
Wrong site surgery	5
Unintentional connection of a patient requiring oxygen to an air flowmeter	1
Total	18

Count of Never Events by event type for patients in private care for the reporting period of 1 July 2020 to 30 June 2021.

Hospital Reported Adverse Events (HRAEs)

Type of event	Count of HRAEs
Unplanned readmissions	975
Returns to theatre	644
Unplanned transfers	583
Mortality	340

Count of HRAEs published by PHIN for the first time this year. Event counts for patients in private care covering the reporting period of 1 July 2020 to 30 June 2021.

The year in review

The year in review

Engagement

In 2021, with the ongoing impact of Covid-19 restrictions and uncertainties about safety, PHIN has continued to work remotely for the most part. We have been keen to meet with provider organisations, consultant groups and other stakeholders face-to-face though, when this was an option.

Patient numbers and the data submitted to PHIN from the larger provider organisations and private hospitals returned to normal by mid-year. However, as might be expected a significant number of NHS trusts were yet to restart private activity. We have also seen in the data that fewer consultants were engaged in private practice than prior to the pandemic.

Supporting hospitals

Following the challenging initial phases of the pandemic, we have been working closely with hospitals, supporting and monitoring progress to ensure that everyone gets back to normal with their data submission and recovers from any gaps in the data.

Throughout the year, we engaged with the larger private hospital groups and private patient units in NHS hospitals (PPUs) via our monthly Implementation Forum. This included representatives from the Independent Healthcare Providers Network (IHPN), along with the Federation of Independent Practitioner Organisations (FIPO) and the British Orthopaedic Association (BOA) on behalf of consultants. One of the areas for discussion this year was the redesign of PHIN's website, including a refresh of the volume and length of stay measures.

We continued to support individual hospital groups with improving data quality via quarterly meetings and held a number of online new member seminars and meetings. To improve our support and responsiveness to hospital providers' queries, we have enhanced our telephone answering service, published new video resources and tutorials, and continued to provide monthly updates through our regular hospital-facing newsletter.

Many hospital organisations have now switched their data submission process to the Portal Data Management tool. This gives hospitals real-time feedback on validation and quality issues within the files and allows them to make corrections straight back into the system. The system also provides an overall view of their sites' data quality and CMA compliance.

We have listened to feedback from hospitals during the year and made incremental improvements to the Portal. We have recently commenced a research project to understand how we can improve the Portal user experience, including navigation and the reports available.

As mentioned previously in this report, PHIN, in partnership with the London School of Economics and Political Science, undertook a review of the enablers and barriers to the implementation of PROMs during the year. This was in direct response to member feedback that there were significant issues with the process and level of engagement by consultants. That work was completed with the publication of a report due in the new year. In 2022 we will be working with hospitals to discuss and support its implementation.

We have also worked with members on measures publication and ensuring that our approach is fair and reasonable. This year it includes the publication of indicators for four types of adverse events, as well as the new Friends and Family test questions for patient satisfaction.

Working with consultants

In 2021 we continued our engagement with consultants in private practice, adjusting the frequency of our contact to take account of Covid-19. In consultation with the CMA, we gave particular attention to reaching and encouraging participation from consultants with a sizeable private practice, as this would benefit a greater proportion of patients when seeking comparative performance and fees information.

While the submission of fees information has been central to our engagement this year and more than 8,000 consultants now have fee information on the website, we also progressed on consultant measures. PHIN began publishing consultant-level patient satisfaction and experience feedback over the summer. More consultants are being published with these measures each quarter. We have continued to work on how we can add value to our relationship with consultants and providing patient feedback information offers consultants important additional information for annual reports and revalidation processes.

We have extended our engagement to include virtual sessions that allow consultants to complete different processes that they are having difficulty with. We continue to develop and enhance the information available on our consultant Portal to support consultants in submitting fees, verify their activity and provide information about their practice for patients. We are grateful to consultants who have recently contributed to helping us review and enhance the Portal.

We have maintained our relationships with professional associations and attended a range of specialty and hospital consultant meetings to build relationships and respond to any issues or address concerns about the data to be published.

Serving patients

A key achievement in 2021 was the redevelopment of the public website. We engaged with the Patients Association to help us identify improvements we could make to the website, including input on performance measures and contextual information to make them more easily understood. We also undertook a limited amount of qualitative research to inform the design and navigation for the development of the website so that it meets patient needs.

These insights led to search function improvements and prioritising profile and descriptive information ahead of some of the more detailed safety measures. The changes made have also given patients the ability to narrow down their search results and facilitate contacting selected providers.

The new website was launched in July and is performing well. Already visits have more than doubled and we have received positive feedback since launch, along with favourable ratings for the new published guides and articles on the site.

We now collect and regularly review feedback from website visitors to ensure it continues to meet their information needs. This has started with seeking feedback on our news articles, blogs and guides, but will include other areas of the website over time. We will next invite feedback with a view to improving how PHIN's information fits with patients' care-decision journeys.

Engagement with private medical insurers

Private medical insurers (PMIs) are a key industry stakeholder in supporting the drive for transparency in the sector and participation with PHIN amongst hospitals and consultants. They also have huge reach with patients and can help promote the use of PHIN's information to customers to help inform their treatment choices.

The larger PMIs are voting members and have nominated representation on PHIN's Board. Until now, PHIN has had very limited resource to engage with PMI providers. However, at the beginning of 2021 a new member of the engagement team was recruited with responsibility for extending the relationship with PMIs. Over the following months, and in consultation with PMI providers, we have developed an understanding of how we can work in partnership and together support the delivery of the CMA Order. We will continue to improve the relationship with PMI providers in order to reach more patients with PHIN's information and encourage participation by providers. We'll also support their work to understand and implement their 'value-based healthcare' initiatives.

Being a positive voice for system change

Private healthcare continues to be an important part of the national healthcare discussion, with independent hospitals stepping up to support the NHS response to the pandemic in 2020.

2021 has seen this trend continue as NHS waiting lists hit record levels. In October 2021, 5.7 million people were sitting on NHS waiting lists.

This, coupled with the delayed government response to the Paterson Inquiry report, has highlighted the importance of good governance, good processes and good data on private care. PHIN has inevitably had an important voice in these discussions.

Supporting public inquiries and reviews

PHIN sits on the DHSC programme board for the Paterson response, and has been heavily involved in planning the response to two of the recommendations from the inquiry. At the time of writing, we are waiting on the official response from Ministers. Without wishing to presuppose the content, one thing has become increasingly clear; there are no simple or quick answers to delivering the changes recommended.

There have been significant changes in how evidence and data is collected in private healthcare since Ian Paterson was practising. However, there are still huge improvements that can be made in the completeness of data, publication of information – across consultants' private and NHS practices – and the effective sharing of information between providers.

Nevertheless, we are optimistic that there will be a good outcome for patients. The changes within the sector, not least the standardised collection of private episodes of care by PHIN, have changed the landscape and the opportunity for alignment, which wouldn't have been possible 10 years ago.

We are hopeful that the government's response will acknowledge the progress to date, but also instigate further action from partners across the healthcare landscape to keep moving forwards with purpose and enthusiasm. We fully support a single national repository of all healthcare activity and are working in partnership with NHS Digital and the National Consultant Information Programme (NCIP) to make it a reality. We also support the production of independent and trustworthy information about how private and NHS care functions.

Acute Data Alignment Programme (ADAPt)

This year we saw the first major step towards a fully integrated dataset across private and NHS care through the ADAPt programme. Jointly led by PHIN and NHS Digital, and widely support by the sector, the ADAPt programme entered its pilot phase in 2021, with data on privately funded care delivered in independent hospitals captured by NHS systems for the first time.

We want to thank the organisations that are taking part in the ADAPt pilots. This has been extra work for no immediate benefit, and their support has allowed us to make good progress.

The organisations taking part include Epsomedical, GenesisCare, Spire Healthcare, Schoen Clinic, HCA Healthcare, London North West University NHS Foundation Trust, KIMS, Nottingham NHS Foundation Trust and Moorfields NHS Trust.

The pilots are due to run until March 2022, with the findings and recommendations to follow.

Stakeholders

We are thankful for the continued support of our stakeholders and partners, including the Competition and Markets Authority, NHS Digital, the Care Quality Commission, the Patients Association, the Royal College of Surgeons and other consultant representative groups, and bodies such as ISCAS and the Independent Healthcare Providers Network (IHPN). We are also continuing to build our relationship with the National Consultant Information Programme.

Governance and finance

> The conclusion of the project will provide a more efficient and robust system of personal data management across the organization.

Accreditation and assessments

Internal Data Protection Compliance Audit: Throughout the first half of 2021, the focus remained on completing the outstanding recommendations from the initial compliance audit (conducted in January 2020) and the interim report (provided Q3 2020). This work concluded with the final updates and streamlining to the suite of data protection policies and procedure documents in July 2021.

ISO 27001:2013 Recertification: We completed recertification once again in August 2021, with a continuing absence of non-conformities.

The 2020-21 NHS Data Security and Protection Toolkit submission was successfully completed in June 2021, with all standards met once again.

Data Protection Framework Adjustments

A larger data standardisation project was launched this year, as part of the long-term data quality improvement roadmaps that were put in place at the end of 2020. The aim of the working group is to review all data collection, handling and deletion practices across PHIN to ensure improved accuracy and compliance across all functions processing personal data as part of the CMA Order delivery.

The group has been chaired by the Senior Information Risk Owner and advised throughout by the Data Protection Officer. The initial phase has been delivered during the first half of 2021 and produced a full-scale audit of all information assets across PHIN, with the advised remediations and improvements being delivered across the second half of the year. The conclusion of the project will provide a more efficient and robust system of personal data management across the organisation. This will be delivered alongside the continuing improvements in data subject response handling, which will focus on enhanced self-service of personal data and direct privacy controls offered by the PHIN Portal.

Incidents

There were no incidents requiring notification to the Information Commissioner's Officer throughout the period. However, we have continued to report incidents internally and a series of reviews and mitigations have been adopted as a result of these internal assessments, as per our policy. These include adjustments to our information security protocols and minor amendments to internal procedure.

Governance and finance

Income and expenditure

Income for the year was £3.4m which represented a small inflationary increase on the previous financial year. All our income in the year came via member subscription fees.

Overall expenditure of £3.5m represented an increase on the prior year but came in under budget. The main driver in the increased year-on-year costs was the continued investment in resource to help deliver the CMA Order, most notably in our Informatics, Technology and Project Management Office functions.

As a result of this additional investment, and holding fees flat in real terms since 2018, PHIN recorded a small deficit of £0.1m in 2020-21, which represented a reduction on the prior year surplus but an improvement of the deficit that was originally budgeted. Savings to budget were realised through non-recurrent cost control and savings realised through the Covid-19 lockdown periods.

Retained earnings decreased to £1.4m, providing 4.7 months' cover on a full year basis, which is below the governance target of holding 6 months operating expenditure as reserves.

Debt recovery

We delivered a reduction in subscription fee debt compared to the prior year, through improved debt control procedures and prompter payments from members. As a result, the year-end irrecoverable debt provision was reduced to reflect this improvement.

2021-22 forecast

Looking forward to 2021-22, PHIN needs to rebalance its financial position after holding fees flat in real terms since 2018, whilst also investing in its core team to further progress delivery of the CMA Order.

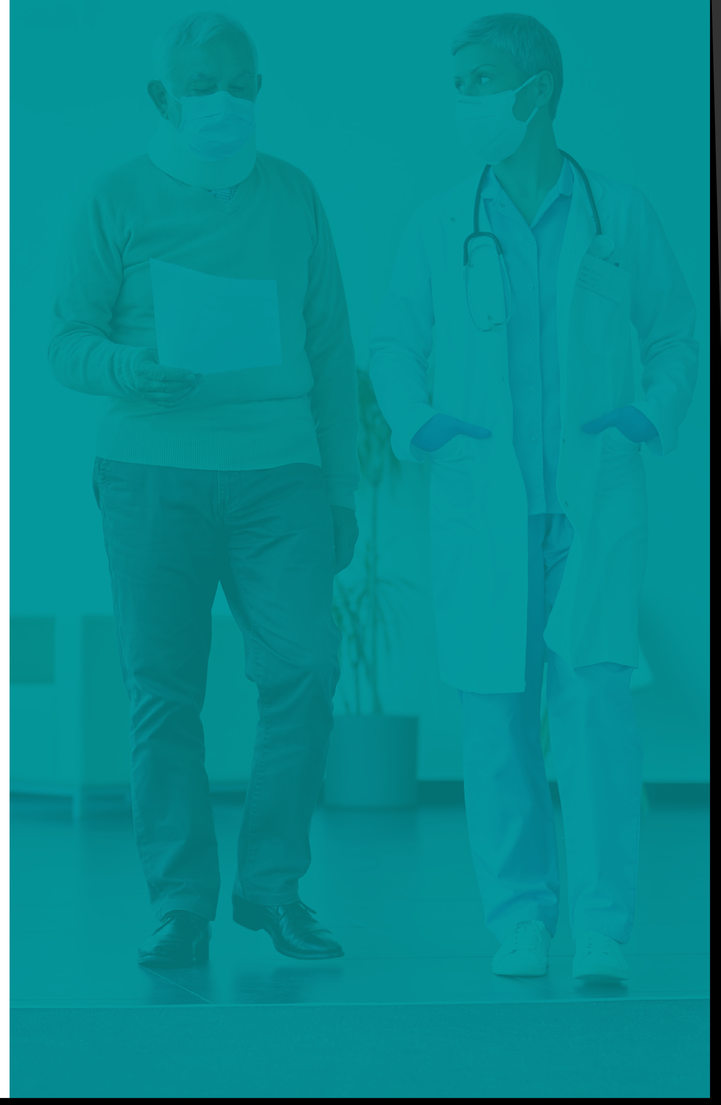
A total income requirement of £4.6m was budgeted for the year ahead, representing an increase in the underlying cost base to £4.2m, with a further £0.4m increase to replenish our reserves balance by the end of the financial year. The additional expenditure will cover the investment into core areas of the business – namely the Informatics, Technology, PMO and Engagement teams, to support progress in delivering the CMA Order requirements.

PHIN was due to increase fees in the summer of 2020, however given the pandemic, we deferred this decision due to the pressures and uncertainty that members were under. For 2021-22, the PHIN Board has also agreed to target a 5-month operating expense cover as reserves to help manage the financial impact on members, saving members £0.3m over the course of the year.

Subscriptions fees

From 1st August 2021, PHIN's subscription fees will be £8.23 per record, producing annualised income of £4.6m (annualised income was £3.4m in 2020-21 and it was £3.3m in both 2019-20 and 2018-19).

The subscription fee per record is calculated on the underlying sector activity in the previous calendar year. For 2020 this represented 552,000 admitted patient care records declared (in 2019 there were 821,000 admitted patient care records declared).



What does PHIN spend its resources on?

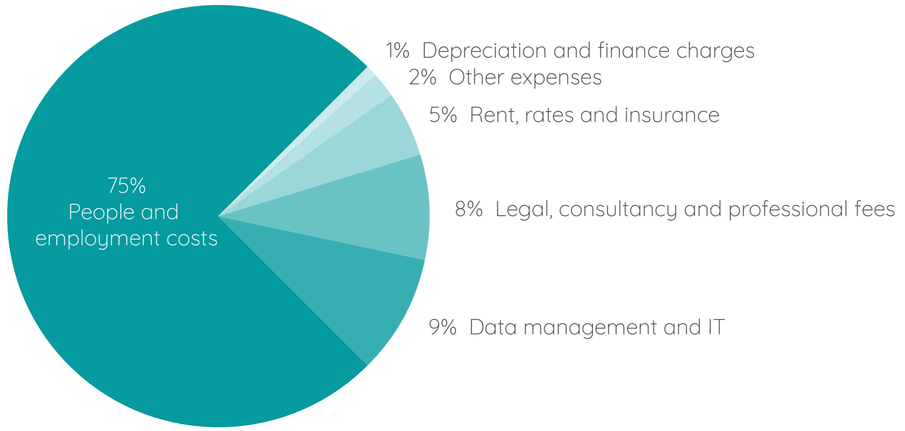
As a not-for-profit organisation, PHIN is always keen to provide transparency in how it spends its funding, as outlined in the additional income statement analysis included in the financial statements.

Based on the audited cost base in 2020-21, the bulk of PHIN's expenditure is on people and staffing costs which comprises c.75% of our costs.

The second highest pool of costs relate to data management and IT, which includes our IT hosting, security, licencing costs, as well as our web and portal design and development costs.

Our third highest resource pool is our spend on legal, consultancy and professional fees. The bulk of these costs relate to a long-term relationship with NEC (formerly Northgate Public Services), as well as an outsourced Data Protection Officer and finance and accounting functions.

Profile of spend (based on 2020/21 audited financial statements)



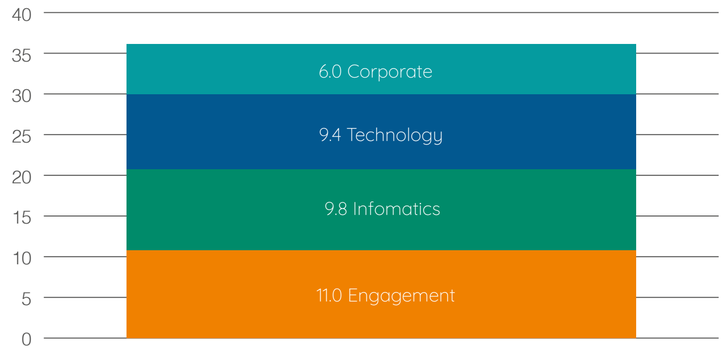
How is PHIN organised and what do people do?

PHIN is led on a day-to-day basis by the Executive team comprising the Chief Executive, Chief Medical Officer, Finance and Commercial Director, Member Services Director, Chief Technology Officer, and the Director of People and Process (Company Secretary).

The main functional teams within PHIN comprise:

- **Informatics** – the engine room of PHIN. It defines and delivers the methods, processes and analytics that convert the data supplied by our members into information and insights on our portal and the public website.
- **Technology** – comprising the development team, which is responsible for development and maintenance of our databases, portal and public website, and the Information Security and Services team, responsible for maintaining the day-to-day systems and security, including ISO27001 compliance.
- **Engagement** – led by the Member Services Director and comprising PHIN's hospital and consultant engagement teams, our communication team, and our product team, which is responsible for the design and development of our website and portal products. Additionally, we have recruited one person this year to run special projects looking at how we could improve patient engagement, work with insurers, and potentially other third parties to improve delivery.
- **Corporate** – comprising the Chief Executive, Finance and Commercial Director and the Director of People and Process (Corporate Secretary). This team is supported by an Office Manager and the PMO team, as well as outsourced DPO, HR, admin, legal and finance and accounting functions.

Full time equivalent staff by team (based on 2021/22 budget)



	2021	2020
Turnover	3,392,995	3,291,932
Employment costs		
Wages and salaries	(1,626,160)	(1,389,446)
Staff NIC (Employers)	(216,188)	(186,612)
Directors' remuneration	(295,244)	(294,333)
Staff pensions	(273,573)	(232,017)
Contract staff	(110,165)	(189,102)
Recruitment and staff related costs	(148,571)	(94,718)
	(2,669,901)	(2,386,228)
Establishment costs		
Rent and rates	(147,018)	(142,687)
Room hire and catering	(1,063)	(14,697)
Insurance	(28,012)	(22,708)
	(176,093)	(180,092)
General administrative expenses		
Data management and IT expenses	(328,749)	(241,578)
Office equipment and sundries	(29,109)	(30,475)
Travel and subsistence	(772)	(9,399)
Marketing	(39,196)	(27,878)
Auditor's remuneration	(9,000)	(7,000)
Legal and professional fees	(270,416)	(319,748)
	(677,242)	(636,078)
Finance charges	32,471	(28,848)
Depreciation	(16,355)	(18,385)
Total costs	(3,507,120)	(3,249,631)
(Loss)/profit for the financial year	(114,125)	42,301

	2021	2020
Fixed assets		
Tangible assets	14,499	27,201
Current assets		
Debtors	183,125	198,352
Cash at bank and in hand	1,622,063	1,793,973
	1,805,188	1,992,325
Creditors: amounts falling due within one year	(440,085)	(525,799)
Net current assets	1,365,103	1,466,526
Net assets	1,379,602	1,493,727
Capital and reserves		
Profit and Loss account	1,379,602	1,493,727
Total equity	1,379,602	1,493,727

These financial statements relate to the year ending 31st July 2021

Thank you