

HEALTHCARE QUALITY IMPROVEMENT PARTNERSHIP

England & Wales · Charity number 1127049

Details

Status Registered

Legal form Charitable company

Company number [06498947](#)

Registered 2008-12-04

Register [View on the Charity Commission register](#)

Contact

Address c/o Buzzacott LLP
130 Wood Street
London
EC2V 6DL

Phone 07903 297 950

Email communications@hqip.org.uk

Website www.hqip.org.uk

Activities

Objects: TO PROTECT AND PRESERVE PUBLIC HEALTH AND WELFARE BY PROMOTING AND SUPPORTING IMPROVEMENTS IN THE QUALITY OF HEALTH AND SOCIAL CARE SERVICES BY EXCLUSIVELY CHARITABLE MEANS

Activities: HQIP aims to improve health outcomes by enabling those who commission, deliver and receive healthcare to measure and improve healthcare services. HQIP works in partnership with patients and healthcare professionals to influence and improve healthcare practice. We commission, manage and develop the national clinical audit and patient outcomes programme on behalf of NHS England.

Classification

- **How:** Provides Other Finance, Provides Services, Provides Advocacy/advice/information, Sponsors Or Undertakes Research, Acts As An Umbrella Or Resource Body
- **What:** Education/training, The Advancement Of Health Or Saving Of Lives
- **Who:** Other Defined Groups, The General Public/mankind

Geography

- **Area of benefit:** UNDEFINED. IN PRACTICE, NATIONAL.
- Throughout England And Wales

Finances

Period end	Income	Expenditure	Assets	Employees
2025-03-31	£21,976,055	£20,032,859	£20,854,119	45
2024-03-31	£21,571,509	£19,079,931	£18,910,923	42
2023-03-31	£21,633,878	£20,988,428	£16,419,345	38
2022-03-31	£22,641,017	£20,650,840	£15,773,895	36
2021-03-31	£20,719,346	£20,363,194	£14,107,216	30

Trustees

Name	Role	Appointed
Alison Jane Dreaper		2025-07-30
Claire Coomber		2025-11-27
Dr Celia Louise Ingham Clark		2024-11-22
Dr Jacqueline Andrews		2025-07-30
Gillian Edwina Coverdale		2021-11-18
Janice Anne Gabriel		2021-11-18
Mark Richard Hampton		2023-11-23
Peter Samir Bloomfield		2021-11-18
Rachana Vyas		2025-07-30

Accounts

Health Healthcare Services Benchmark
Patient Outcomes Improve
Measure National
Audit Improve Measure
Evaluate National Quality Improvement Evaluate
Clinical Effectiveness Benchmark
Health

HQIP Trustees' Report and Accounts

April 2024–March 2025



Trustees

Dame Celia Ingham Clark (Chair) – *appointed 22 November 2024*

Dr Peter Bloomfield

Mark Hampton (Treasurer)

Gillian Coverdale

Janice Gabriel

Rosemary Jarvis – *resigned 23 May 2025*

Rachana Vyas – *appointed 30 July 2025*

Jane Dreaper – *appointed 30 July 2025*

Dr Jacqueline Andrews – *appointed 30 July 2025*

Chief Executive:

Chris Gush

Registered office: 128 City Road, London EC1V 2NX

Email: communications@hqip.org.uk

Website: www.hqip.org.uk

X: [@HQIP](https://twitter.com/HQIP)

Company registration number: 06498947 (England and Wales)

Charity registration number: 1127049

Auditors: Buzzacott Audit LLP, 130 Wood Street, London EC2V 6DL

Bankers: Lloyds Bank plc, 39 Threadneedle Street, London EC2R 8AU

Solicitors: WV Solicitors, Narrow Quay House, Narrow Quay, Bristol BS1 4QA

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About HQIP

Measuring and improving our healthcare services

The [Healthcare Quality Improvement Partnership \(HQIP\)](#) manages the UK's largest suite of national clinical audits, outcome reviews and registries. Trusted by patients and clinicians alike, these programmes measure the quality of care delivered across hospitals and other service providers, providing publicly available data on a wide range of conditions from asthma to vascular health. They offer a clear view of what is working well and where improvement is needed most, and are an essential tool for improving patient care and outcomes.

More specifically, HQIP commissions and manages the [National Clinical Audit and Patient Outcomes Programme \(NCAPOP\)](#) on behalf of NHS England, the Welsh Government and others. This programme covers the [National Clinical Audit Programme](#) and [Clinical Outcome Review Programmes](#) which comprise of around 50 projects that collect and analyse healthcare data, in order to provide a national picture of care. We also host the [National Joint Registry \(NJR\)](#), which collects and analyses data relating to performance outcomes in joint replacement surgery, and holds millions of orthopaedic records.

Led by the Academy of Medical Royal Colleges (AoMRC) and the Royal College of Nursing (RCN), HQIP is an independent, not-for-profit organisation with a vision of *improved health outcomes for everyone through evidence-driven healthcare*. Our real-world data helps to raise standards, reduce variations in care, and help every patient to receive the best possible treatment. In other words, our work – and its value – goes far beyond data collection and analysis. For example, the [resources](#) and [services](#) we offer support the NHS and other healthcare providers to address health inequalities and enhance productivity. We also pro-actively [engage patients and carers](#) to ensure that improvements are relevant and meaningful, and work with others across the sector to support them to do the same.

Critically, HQIP's unique position as an independent organisation working with a wide range of stakeholders – from the clinical audit community, patients, and healthcare providers through to policy makers, charities and other national healthcare bodies – means that we can act as a 'hub' for evidence-informed healthcare improvement. We are able to foster partnerships and leverage data to share knowledge and current best practice, driving continuous improvement. This is exemplified by [Clinical Audit Awareness Week](#), featuring the [Clinical Audit Heroes Awards](#), an annual national campaign hosted by HQIP that promotes and celebrates the impact of clinical audit and quality improvement in healthcare.

Further information about HQIP: www.hqip.org.uk.

Chair and CEO statement



With the [announcement on 13th March 2025](#) that “*NHS England will be brought back into the Department of Health and Social Care (DHSC)*”, we are approaching what will be, no doubt, a period of significant change for the healthcare sector in the UK. While we are poised to understand more about this major reform, one thing we are certain of is the resilience of the NHS and those involved in its delivery including, of course, patients.

What will be important going forward, is our collective response to the government’s aim to “*empower NHS staff to deliver better care for patients*”. HQIP’s role in this response is clear. It is to provide evidence - focusing on outcome measures - to support targeted improvement that will save and improve patients’ lives. In other words, providing independent, clinically-validated data. HQIP’s [national clinical audits, outcome reviews](#) and [registries](#) measure the quality of care of a wide spectrum of conditions, and are trusted by patients and clinicians alike. They provide a clear view of what is working well and where improvement is needed most, providing a foundation for change that will have maximum impact.

“There is a moral obligation to use the data that is already available, for the benefit of patients” Phil, NHS patient

Thank you and welcome

HQIP is delighted to welcome [Dame Celia Ingham Clark](#) as our new Chair. A former senior leader and deputy Medical Director at NHS England, Celia’s wealth of healthcare knowledge, together with HQIP’s expertise in evidence-informed improvement, provides a significant opportunity to maximise the impact that data has on patient outcomes.

We would like to take this opportunity to thank HQIP’s interim Chair, Peter Bloomfield, and outgoing Chair, Professor Dame Carrie MacEwen, for their many years of service and guidance, supporting improved patient outcomes.

In his [Independent Investigation of the NHS in England](#) (published in September 2024), Lord Darzi recognised the critical value of data-driven insights in - among other things - enhancing productivity and quality, engaging patients, and identifying variances and addressing inequities in care. Shifting care closer to home, preventing illness, and embracing technology were all important, if expected, themes. What is clear too, is his belief that these changes cannot be implemented without the bedrock of data. Indeed, numerous clinical audits are referenced in Lord Darzi’s report, underlining their value in tackling the challenges that he highlights.



Lord Darzi would like to see data play an even greater role in his “road to reform” going forward, stating that “the extraordinary richness of NHS datasets is largely untapped”. At HQIP, we welcome this. We can envisage getting to a position where we have neighbourhood-level electronic health records, from which data feeds seamlessly into national clinical audits and similar programmes, and is then analysed and sent back to the neighbourhood system to inform care. That, for us, is the holy grail of healthcare – a joined up service, based on evidence, that is designed to keep people healthy and reduce the chances of hospital admission. But, we mustn’t start from scratch. The data we already have must be the starting point for any major reform.

“The extraordinary richness of NHS datasets is largely untapped” Lord Darzi

Rather than wait for the NHS 10 Year Health Plan to be implemented (published in the summer of 2025), we continue to strive daily to provide the data that will be required for its success. More importantly, we are generating the evidence that is required to save and improve the lives of all healthcare service users. Of course, we are not alone in this endeavour. We are indebted to a roll-call of clinical audit and quality improvement professionals, clinicians and other

healthcare providers, patients, healthcare planners, charities and other national healthcare bodies and stakeholders.

So, it is with great pleasure that we share HQIP’s 2024-25 annual report, which details just a small number of our achievements this year. Whether managing [49 national clinical audits and outcome review programmes](#) (the largest of its kind in the UK) and the “jewel in the crown of patient safety initiatives”* (the [National Joint Registry](#)), or running a [national campaign to promote the value of clinical audit](#), we have been busy working on a myriad of projects to support improved care. We look forward to continuing this work, next year and beyond.

”

Best regards,

Chris Gush
CEO

Dame Celia Ingham Clark
Chair

*Professor Sir Stephen Powis, former National Medical Director, NHS England

Our year in numbers

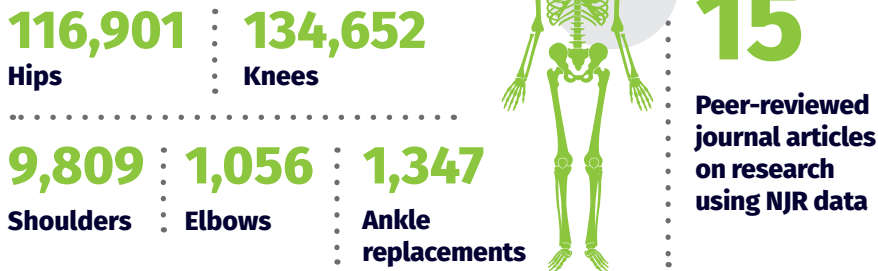
1 April 2024 to 31 March 2025

National Clinical Audit and Patient Outcomes Programme (NCAPOP)



National Joint Registry (NJR)

Data analysed:



Tenders



National Clinical Audit Benchmarking (NCAB) website*



Patient & carer engagement

115

Service User Network (SUN)
members (at 31 March 2025)

7

Focus groups

27

Patient engagement
in commissioning

4

Project
involvement

Clinical Audit Awareness Week 2024

145

Clinical audit hero
award entries

8

Events

5

New case studies,
articles and resources



HQIP online*

52,816

Website users

223,225

Website pageviews

91,877

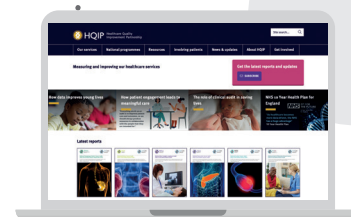
Downloads
(including resources)

9,398

News/blog articles
pageviews

2,302

YouTube views



Social media



6,116

LinkedIn followers
(at 31 March 2025)

68,806

Impressions

4,466

Engagement



5,895

X followers
(at 31 March 2025)

Data access

130

Applications
received



* We estimate that all website statistics provided are approximately 40% of the actual total, due to cookie permissions.

Strategic report

In shaping our objectives and planning our activities, the trustees have considered the Charity Commission's guidance on public benefit, including *Public benefit: running a charity (PB2)*.

The trustees confirm that they have complied with the duty in section 17 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charity Commission.

Strategic objectives

In order to deliver our vision of improving health outcomes, a set of strategic objectives informs all our activities. As such, we committed to the following objectives for the year ended 31 March 2025:

1. Commission, manage, support and promote national and local programmes of quality improvement, using best management and procurement practice to ensure robust results and actionable recommendations. This includes the National Clinical Audit and Patient Outcomes Programme (NCAPOP), and the National Joint Registry on behalf of NHS England and other healthcare departments and bodies.
2. Ensure patients and carers remain at the heart of our work through continued, strategic involvement in all relevant processes and projects.
3. Support healthcare professionals to review and improve their practice by providing opportunities to share best practice, through education and training programmes, as part of promoting an integrated approach to quality improvement.
4. Inform and influence national healthcare policy by effectively communicating our work and that of our partners.
5. Encourage wide use of robust data for quality improvement of care, offering patient choice, promoting patient safety, supporting revalidation and service accreditation, commissioning, service redesign, and research.
6. Be an efficient, well run organisation which supports staff development and welfare.

These objectives were underpinned by the following key themes:

1. Optimising Audit and Registry Programmes for Local and National Impact
2. Leadership in National Clinical Audits and Data Utilisation
3. Staff Empowerment and Organisational Excellence
4. Strategic Partnerships for Broader Impact
5. Technological Advancement for Agile and Charitable Operations

Achievements and performance

HQIP is proud to work with a multitude of others across healthcare to deliver our vision of *improved health outcomes for everyone through evidence-driven healthcare*. By running the largest suite of national clinical audits, outcome reviews and registries in the UK, we make high-quality data on a wide range of clinical disciplines available to all; an essential tool for supporting efficiencies, reducing inequalities and, importantly, improving patient care and outcomes. Managed independently, and trusted by patients

"We collect more data on quality of care than any other country. Let's use it, let's get it out there," Dr Penny Dash, NHS England Chair

and clinicians alike, these programmes measure the quality of care, providing a clear view of what is working well and where improvement is needed most.

National Clinical Audit and Patient Outcomes Programme (NCAPOP)

Commissioned by HQIP on behalf of NHS England and other national healthcare bodies, the [NCAPOP](#) supports the collection and analysis of critical data on patient outcomes across a range of clinical disciplines, from asthma

to vascular health. This year, HQIP managed 49 audits and outcome reviews, publishing 92 reports and 39 infographics, featuring 214 recommendations for improvement.

Further information: [Reports and infographics published by HQIP](#).

Spotlight: Impact of clinical audit in neonatal care



In just four years, the use of Deferred Cord Clamping (DCC) for preterm babies rose from less than 29% in 2020 to almost 70% in 2023. This simple intervention is estimated to reduce neonatal mortality by around one-third and, as such, the improvement in adoption rate was significant in saving the lives of newborn babies in recent years.

"The world stopped and nothing else mattered" parents of baby Allegra, born at 31 weeks' gestation

The [National Neonatal Audit Programme \(NNAP\)](#), commissioned by HQIP, played a vital role in this transformation in neonatal care. By working with NHS England, the British Association of Perinatal Medicine (BAPM), Perinatal Clinical Networks (PCNs) and others, the NNAP helped to shine a light on variation, by

identifying service providers with lower-than-average use of DCC and supporting them to change their practice.

Progress has been rapid. The percentage of eligible babies born at less than 34 weeks' gestation receiving DCC has gone from less than 29% in 2020 to 68.3% in 2023 – and is expected to exceed 70% when 2024 data is released. Of course, behind these statistics are many, many families whose lives have been transformed. Nick and Gemma, parents of baby Allegra, born at 31 weeks' gestation, described their experience simply with: *"The world stopped and nothing else mattered"*.

The NNAP demonstrates the power of clinical audit to deliver real-world impact. With high-quality data, clear benchmarking and collaborative action, neonatal services were able to achieve a measurable, life-saving improvement for some of the most vulnerable patients when they needed it most.

Further information: [Article on the impact of the NNAP](#).

National Joint Registry

The [National Joint Registry \(NJR\)](#), hosted by HQIP, is the largest orthopaedic registry of its kind in the world. It now holds data on more than 4.5 million surgical procedures, growing year-on-year since its launch in 2002, offering unrivalled insight into the safety and effectiveness of joint replacement surgery. In the past year alone, the NJR has analysed over 250,000 joint replacements. This comprehensive coverage across all major joint types allows the NJR to track performance at implant, surgeon and hospital level, identifying variation and driving improvements in patient care.

“The jewel in the crown of patient safety initiatives” Professor Sir Stephen Powis, then National Medical Director of NHS England

The registry’s latest [Annual Report](#) shows a continued reduction in joint revision surgery; evidence that implants are lasting longer, and outcomes for patients are improving year on year. The NJR’s interactive reporting platform now makes this information even more accessible, providing clinicians and hospital staff with real-time data, as well as statistical analysis to support evidence-based best practice. Patients can look up their proposed consultant surgeon and hospital on the [NJR’s Surgeon and Hospital Profile](#), where the last three years of activity is available. If considering a hip or knee replacement, they can use the [NJR’s Patient Decision Support Tool](#).

Beyond monitoring outcomes, the NJR actively enables innovation through research. Fellowship programmes supported by the NJR and academic partners are tackling key questions, ranging from the impact of mental health on knee replacement outcomes through to the longevity of elbow and shoulder implants. Described by Professor Sir Stephen Powis, then National Medical Director of NHS England, as *“the jewel in the crown of patient*



Working for patients, committed to excellence

safety initiatives”, and by Baroness Cumberlege in the [Independent Medicines and Medical Devices Safety Review](#) as a ‘global exemplar of an implantable medical device registry’, the NJR continues to be both a safeguard and a springboard, protecting patients today and shaping the orthopaedic care of tomorrow.

Further information: [The National Joint Registry - Working for patients, committed to excellence](#).



NJR Presence at British Orthopaedic Association (BOA) Congress, Liverpool 2025



Wider benefits of HQIP data

HQIP-commissioned audits and outcome reviews collect, analyse and report data to help improve the quality and outcomes of healthcare – but we also understand that there is much added value in utilising this data for public benefit in other ways, such as research. To facilitate this, we operate a [Data Access Request Group \(DARG\)](#), processing 130 requests for data from April 2024–March 2025.

“Healthcare data is viewed as a gift by those considering access to it” public member of HQIP’s DARG

This group plays a vital role in ensuring that healthcare data is used to improve care, shape services and support high quality research. By guiding access requests through a clear and transparent process, DARG enables data to be shared responsibly and for the greatest possible value to patients and the general public, all while maintaining patient trust.

Spotlight: The importance of data sharing from a patient perspective

At the heart of HQIP’s DARG process are members of the general public, who bring a unique and essential perspective. Their involvement ensures that decisions always reflect what matters most to patients and families, a responsibility that is not taken lightly. Or, as one public member puts it: *“Healthcare data is viewed as a gift by those considering access to it”*.

For patient representatives, contributing to DARG is both meaningful and rewarding. Their commitment demonstrates the importance of using data responsibly to create positive change. Phil, a DARG representative and long-time NHS patient, underlines this ethos: *“I believe that data provides a sound rationale for why we offer care in the way we do, but I joined DARG to make sure that it is used primarily for the benefit of patients”*.

Further information:
[Article on ‘My data, my health’](#).



Effective patient engagement

In order to make improvement meaningful and relevant to patients, it is imperative that we engage with them in everything we do. From supporting the development of programme specifications to co-producing resources (and a wide range of other activities in between), Patient and Public Involvement (PPI) is central to the success of HQIP’s work.

Our patient engagement activity this year included involvement in conception through to delivery of the commissioning of programmes in the [National Clinical Audit and Patient Outcomes Programme \(NCAPOP\)](#), as well as HQIP’s wider work to support improvement in healthcare, including:

- Input into the development of programme specifications, both new and extensions, eg [Medical and Surgical Clinical Outcome Review Programme](#)
- Focus groups to provide feedback on the programmes, eg the [National Audit of Cardiovascular Disease Prevention in Primary Care \(CVDPrevent\)](#)
- Creation of an obesity-focused user panel to feed into the National Obesity Audit and the wider NHS England prevention programme
- Supporting the management of HQIP’s programmes through attendance at moderation and contract review meetings, eg for the [National Audit of Dementia](#)
- Development of a [case study on Embedding patient voice in procurement](#)

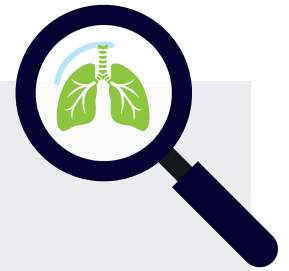
- Recruitment of patient representatives for HQIP's [Data Access Request Group \(DARG\)](#)
- Co-production of HQIP's first *Working in Partnership with Patient Advocates* [Involvement Policy](#).

HQIP's [Service User Network \(SUN\)](#) is a group of patients and carers with lived experience of healthcare services, and

they are central to the success of HQIP's PPI activity. As of 31 March 2025, we had 115 actively engaged people working with us to improve the quality of healthcare services – and that number is still growing!

Further information: [Patient engagement at HQIP](#).

Spotlight: How patient voice supports improvement in respiratory care



The HQIP-commissioned [National Respiratory Audit Programme \(NRAP\)](#) works with patients on an on-going basis to identify improvements that they themselves have prioritised – which, in turn, leads to meaningful changes to care. One recent example was the co-design of separate resources for adults and children, to support effective discharge planning – something which has been demonstrated to have a [direct impact on better health outcomes](#) for patients with asthma and COPD.

“Having a little time at discharge to make sure everything you’re expecting has happened can break the cycle of breathing problems before they get worse again”
Heather, patient

Developed by working with patient panels, alongside Asthma and Lung UK and clinicians, these innovative resources were designed with – and for – patients. They empower patients to understand the care that they should be receiving during treatment, and in particular at discharge:

- For children and young people (CYP) and their families/caregivers: [What should you expect to receive when you’re discharged from hospital after an asthma attack?](#) Explains why certain aspects of

care are important, and includes prompt questions that patients can ask healthcare professionals.

- For CYP hospital teams: [Checklist for discharge from hospital after an asthma attack](#). A simple document for healthcare workers to complete with CYP and their families when they are being discharged.

With this project, NRAP demonstrates how thoughtful, patient-informed clinical audit that engages patients leads to improved care outcomes – because only they truly know the impact that their illness has on them. A sentiment which is summed up perfectly by Heather, a respiratory patient: “As patients, we rely on this audit process to help make sure our conditions are managed consistently”.

Further information: Article on [‘A powerful partnership improving asthma and COPD care’](#)



Addressing health inequities

Clinical audit plays a crucial role in addressing health inequities. It enables a deeper understanding of the challenges, and informs the development of tailored

solutions that can more effectively meet the needs of diverse populations. With the largest national clinical audit programme in the UK, HQIP's data offers invaluable insights that can lead to improved care and outcomes for the most vulnerable in our society.

Spotlight: Audit data helps to close the gap in maternity care

A landmark retrospective study demonstrated how national clinical audit data can lead to better outcomes in maternity care, highlighting the critical importance of these programmes. Published in February 2025 in the *Journal of Public Health*, the research identified 23 'red flag' Trusts – almost one in five of those included – that consistently fell in higher risk categories. Critically, it also found that seven Trusts reported higher-than-average deaths across all seven years, offering the opportunity to not only improve care, but also save lives.

To develop these life-saving insights, the study compared HQIP-commissioned [MBRRACE-UK](#) reports from 2015 to 2021 with perinatal mortality rates across 124 hospital Trusts in England between 2013 and 2019.

The resultant evidence enables targeted scrutiny and accountability, and supports maternity services to understand where change will have the greatest impact – and deliver improvements accordingly.

By uncovering patterns and guiding tailored solutions, we can see how clinical audit has a direct impact on healthcare inequities, ensuring safer care for mothers and babies alike. HQIP is proud to be a part of this work, ensuring that data is not just collected but is translated into meaningful action that saves and improves lives.

Further information: [New study uses HQIP-commissioned data to identify 'recurring red flags' in maternity.](#)



Clinical Audit Awareness Week

[Clinical Audit Awareness Week](#), a national campaign hosted by HQIP to promote and celebrate the benefits of clinical audit, took place from 24-28 June 2024. Run in collaboration with the clinical audit network [N-QI-CAN](#) and including the [Clinical Audit Heroes Awards](#), this annual event was an enormous success, bringing together the whole community and featuring:

- A live online conversation with Stella Vig, [National Medical Director](#) for Secondary Care and Quality, NHS England
- A joint webinar with the [NHS England IMPACT team](#) on quality improvement
- Daily Lunch & Learn events, featuring the award winners and [N-QI-CAN](#), as well as a range of speakers including

the [Patient Safety](#), [NHS Horizons](#), [Making Data Count](#) and [Healthcare Inequalities](#) teams at NHS England

- A case study event from HQIP's flagship programme, the [National Cancer Audit Collaborating Centre \(NATCAN\)](#), on their collaborative approach to clinical audit
- New resources on using data to address healthcare inequalities and effective public engagement, featuring members of [HQIP's Service User Network \(SUN\)](#), as well as daily signposting to resources to support quality improvement.



Future plans

Planned activity for 2025-26

The operational plan for 2025-26 was based on three strategic objectives:

- Continuing flagship activities
- Expanding support services: procurement, patient engagement and quality improvement
- Establishing the Association for Clinical Audit and Registries.

To ensure the success of the strategic objectives, the following cross-cutting themes will be integrated across all activities:

- Collaboration and partnerships
- Sustainability
- Thought leadership and policy influence
- Patient and carer involvement
- Professional development and support
- Organisational excellence and staff welfare
- Data accessibility and utilisation.

Some of the key activities planned for 2025-26 are:

- Contribute, influence and align with the NHS England 10-year plan and the new NHS England strategy for clinical audit, registries and databases
- Develop the new NJR 5-year strategic plan
- Undertake stakeholder relationship-building activities to extend the reach of NCAPOP and NJR outputs, including structured engagement with national networks, royal colleges, and improvement collaboratives
- Redevelop the HQIP website to ensure data and reports are accessible to a wider quality improvement audience
- Build strategic relationships to position HQIP as the national hub for clinical audit and registries.

Risk management

The Board of Trustees maintains a comprehensive Risk Register which is reviewed and discussed at every Board Meeting. Risks fall into five categories:

- Governance
- Operational
- Financial
- Environmental/external
- Compliance (laws and regulations).

The probability and impact of each risk is calculated and the charity's mitigation strategy for each is considered.

The principal risks are considered to be:

Risk 1: Dependency on one substantive contract

Mitigation: Continued efforts to diversify income and reduce dependency led by Associate Director for Quality Improvement, supported by New Business Development Executive. Partnerships and procurement frameworks are both being actively pursued.

Risk 2: Disbandment of NHS England and transition to Department of Health and Social Care

Mitigation: Policy engagement at multiple levels, strategic alignment, development of the Association for Clinical Audit and Registries as a future platform.

Trustees' report

The trustees, who are also directors of the charity for the purposes of the Companies Act 2006, present their report with the financial statements of the charity for the year ended 31 March 2025.

The trustees have adopted the provisions of the Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (The FRS 102 Charities SORP including Update Bulletin 2). In accordance with paragraph 15.6 of The FRS 102 Charities SORP, a combined trustees' report and directors' report have been presented. This combined annual report contains the directors' report as required by company law.

Statement of Trustees' responsibilities

The trustees (who are the directors of the charitable company for the purposes of company law) are responsible for preparing the trustees' report and the financial statements in accordance with applicable law and regulations.

Company law requires the trustees to prepare financial statements for each financial year. Under that law, the trustees have elected to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law). Under company law the trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and of the income and expenditure of the charitable company for that period.

In preparing these financial statements, the trustees are required to:

- observe the methods and principles in the Charities SORP;
- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and

- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The trustees are responsible for maintaining proper accounting records which disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

In so far as the trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware; and
- The trustees have taken all the steps that they ought to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

The Trustees' Annual Report is approved by the trustees of the Charity. The Strategic Report, which forms part of the Annual Report, is approved by the trustees in their capacity as directors in company law of the Charity.

Financial report

Results for the year

Fig 1: Where our funding comes from

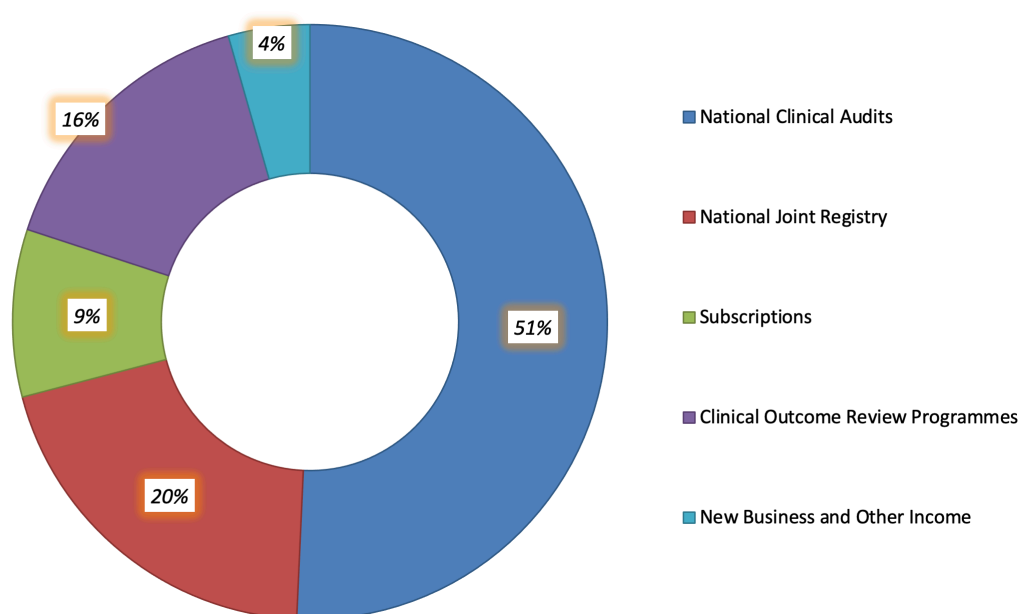
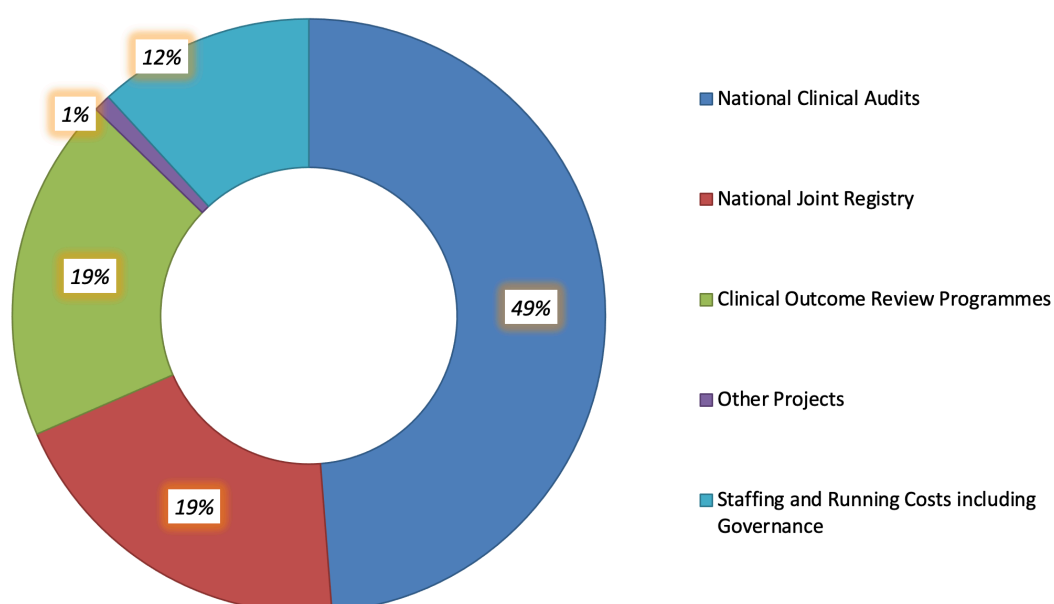


Fig 2: How we spend our money





During the year ended 31 March 2025, HQIP received income totalling £21,976,055 (2024: £21,571,509) of which £19,568,028 (2024: £19,167,213) was for restricted purposes, and £2,408,027 (2024: £2,404,296) was for the general purposes of the charity including management support fees of £1,999,456 (2024: £1,999,455).

Income included £8,947,925 (2024: £9,541,966) to finance national clinical audits. In addition, HQIP collected subscriptions of £2,000,000 (2024: £2,010,000) from NHS Trusts on behalf of NHS England to support national audits. The Scottish Government contributed £197,440 (2024: £195,970) to NCAPOP.

In 2024-25, income for the Clinical Outcome Review Programmes totalling £3,414,503 (2024: £2,833,541) was collected from all UK Administrations. This included funding for the National Child Mortality Database.

In 2024-25, the National Joint Registry (NJR) collected subscriptions totalling £3,545,502 (2024: £3,311,343). Other income of £897,555 (2024: £877,336) included supplier contributions, and data access fees. NJR funds are used solely to fund the work of the Registry.

Grants totalling £20,000 (2024: £20,000) were received from the Health Foundation and £Nil (2024: £10,668) from Health Data Research UK. £45,000 (2024: £Nil) was received from NHS England for Independent Sector scoping work and £Nil (2024: £72,000) for a maternity project.

Expenditure

In 2024-25, HQIP commissioned and managed national clinical audit contracts with a total value of £9,767,937 (2024: £9,450,275).

Expenditure on the Clinical Outcome Review Programmes was £3,760,213 (2024: £3,381,983).

Expenditure on the management and development of the National Joint Registry was £3,948,961 (2024: £3,817,187).

Expenditure on National Clinical Audit Benchmarking was £11,966 (2024: £6,870). Expenditure on other Quality Improvement and Development activities was £22,985 (2024: £21,796).

Other direct charitable expenditure, including support costs, totalled £2,520,797 (2024: £2,401,820).

Financial position

The balance sheet at 31 March 2025 shows total funds of £20,854,119 (2024: £18,910,923), including restricted funds totalling £17,067,866 (2024: £15,584,335) and unrestricted funds comprising general funds of £3,322,798 (2024: £2,859,416), tangible and intangible fixed assets of £17,016 (2024: £20,733) and designated funds of £446,439 (2024: £446,439).

At 31st March 2025, the charity retained free reserves of £3,322,798 (2024: £2,859,416).

Reserves policy

The trustees have examined the requirement for free reserves, i.e. those unrestricted funds not invested in tangible or intangible fixed assets, designated for specific purposes or otherwise committed. The current policy is that the level of free reserves should be equivalent to six to twelve months' operating commitments (forecast at £1,615,990 to £3,231,979 in 2025-26). The actual free reserves of £3,322,798 at March 2025 were slightly above this range but this is considered reasonable given the uncertainty around the transition from NHS England to the Department of Health and Social Care.

There are, in addition, designated funds of £446,439 (see Note 18). The designated Stability fund is available to support business development activities, additional IT infrastructure costs and continuity of workstreams over the next 5 years. Trustees keep this position under regular review.

Structure, governance and management

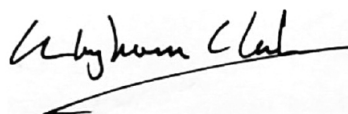
HQIP is a company limited by guarantee and incorporated on 11 February 2008. It was registered as a charity on 4 December 2008. The governing document is the Memorandum and Articles of Association. HQIP was founded by a consortium of three organisations: the Academy of Medical Royal Colleges, the Royal College of Nursing, and National Voices.

The Academy of Medical Royal Colleges and the Royal College of Nursing remain as member organisations. Each member organisation appoints representatives to act as directors and these individuals, together with the treasurer and any other independently appointed individuals, form the trustees of the organisation and the Board of Directors. A process for induction of new trustees is in place and ongoing training for trustees is available as required.

The trustees handle matters of strategic planning and policy, including sign-off of the charity's strategic and operational plans. The Chief Executive has delegated responsibility for managing the charity and handling operational matters of policy and delivery.

Remuneration for all staff, including key management personnel, is set by reference to periodic external salary benchmarking.

Trustees' Report and Strategic Report approved by the trustees of Healthcare Quality Improvement Partnership company registration number 06498947 (England and Wales) and signed on their behalf by:



Trustee Dame Celia Ingham Clark, Chair.

Approved on: 27 November 2025



Independent auditor's report to the members of Healthcare Quality Improvement Partnership

.....

Opinion

We have audited the financial statements of Healthcare Quality Improvement Partnership (the 'charitable company') for the year ended 31 March 2025 which comprise the statement of financial activities, the balance sheet, and statement of cash flows, the principal accounting policies and the notes to the financial statements. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2025 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit

of the financial statements in the UK, including the FRC's Ethical Standard and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report, including the strategic report and trustees' report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not

cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the trustees' report, which is also the directors' report for the purposes of company law and includes the strategic report, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the trustees' report, which is also the directors' report for the purposes of company law and includes the strategic report, has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' report including the strategic report. We have nothing to report in respect of the

following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or

error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Our approach to identifying and assessing the risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, was as follows:

- the engagement partner ensured that the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with applicable laws and regulations;
- we identified the laws and regulations applicable to the company through discussions with management, and from our commercial knowledge and experience of the sector;
- the identified laws and regulations were communicated within the audit team regularly and the team remained alert to instances of non-compliance throughout the audit;
- we focused on specific laws and regulations which we considered may have a direct material effect on the accounts or the activities of the company. These included but were not limited to the Companies Act 2006, Charities Act 2011 and the Charities SORP; and
- we assessed the extent of compliance with the laws and regulations identified above through making enquiries of management, inspecting legal correspondence and reviewing trustee meeting minutes.

We assessed the susceptibility of the charitable company's financial statements to material misstatement, including obtaining an understanding of how fraud might occur, by:

- making enquiries of management and those charged with governance as to where they considered there was susceptibility to fraud, their knowledge of actual, suspected and alleged fraud; and
- considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations.

To address the risk of fraud through management bias and override of controls, we:

- performed analytical procedures to identify any unusual or unexpected relationships;
- tested journal entries to identify unusual transactions;
- tested the authorisation of expenditure as part of our substantive testing thereon;
- assessed whether judgements and assumptions made in determining the accounting estimates set out in the accounting policies were indicative of potential bias; and
- used data analytics to identify any significant or unusual transactions and identify the rationale for them.

In response to the risk of irregularities and non-compliance with laws and regulations, we designed procedures which included, but were not limited to:

- agreeing financial statement disclosures to underlying supporting documentation;
- reading the minutes of trustee meetings; and
- enquiring of management and those charged with governance as to actual and potential litigation and claims. There are inherent limitations in our audit procedures described above.

The more removed that laws and regulations are from financial transactions, the less likely it is that we would become aware of non-compliance. Auditing standards also limit the audit procedures required to identify non-compliance with laws and regulations to enquiry of the trustees and other management and the inspection of regulatory and legal correspondence, if any.

Material misstatements that arise due to fraud can be harder to detect than those that arise from error as they may involve deliberate concealment or collusion.

A further description of our responsibilities is available on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.



Alison Pyle (Senior Statutory Auditor)

For and on behalf of Buzzacott Audit LLP, Statutory Auditor
130 Wood Street
London
EC2V 6DL

Date: 28 November 2025

Statement of financial activities (including income and expenditure account) for the year to 31 March 2025

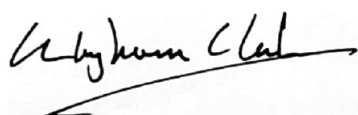
		Unrestricted Funds	Restricted Funds	Total 2025	Total 2024
	Note	£	£	£	£
Income					
Income from Investments	2	112,697	520,103	632,800	378,740
Charitable Activities					
Management, development and promotion of Clinical Audit	3	2,282,351	19,047,925	21,330,276	21,129,809
Other income	4	12,979	-	12,979	62,960
Total Income		2,408,027	19,568,028	21,976,055	21,571,509
Expenditure					
Charitable activities					
Management, development and promotion of Clinical Audit	5	1,950,544	18,082,315	20,032,859	19,079,931
Total Expenditure		1,950,544	18,082,315	20,032,859	19,079,931
Net Income	7	457,483	1,485,713	1,943,196	2,491,578
Transfers between funds	16	2,182	(2,182)	-	-
Net movement in funds		459,665	1,483,531	1,943,196	2,491,578
Balances brought forward at 1 April 2024		3,326,588	15,584,335	18,910,923	16,419,345
Balances carried forward at 31 March 2025		3,786,253	17,067,866	20,854,119	18,910,923

All gains and losses arising in the period have been included in the statement of financial activities and relate to continuing operations.

Balance sheet 31 March 2025

		2025	2025	2024	2024
	Notes	£	£	£	£
Fixed assets					
Intangible fixed assets	11		-		-
Tangible fixed assets	12		17,016		20,733
			17,016		20,733
Current assets					
Debtors due within one year	13	478,358		882,391	
Current asset investments	14	5,023,564		4,655,267	
Cash at bank and in hand		20,310,881		18,369,291	
		25,812,803		23,906,949	
Creditors: amounts falling due within one year	15	4,975,700		5,016,759	
Net current assets			20,837,103		18,890,190
Total net assets			20,854,119		18,910,923
Funds and reserves					
Restricted funds	16		17,067,866		15,584,335
Unrestricted funds					
General fund		3,322,798		2,859,416	
Tangible fixed assets fund	17	17,016		20,733	
Designated funds	18	446,439		446,439	
			3,786,253		3,326,588
			20,854,119		18,910,923

Approved by the trustees of Healthcare Quality Improvement Partnership company registration number 06498947 (England and Wales) and signed on their behalf by:



Trustee Dame Celia Ingham Clark, Chair. Approved on: 27 November 2025

Statement of cash flows for the year ended 31 March 2025

	2025	2024
	£	£
Cashflow from operating activities		
Net cash provided by operating activities	1,685,899	1,263,280
Cashflows from investing activities		
Investment income and interest received	632,800	378,740
(Increase)/Decrease in current asset investments	(368,297)	(4,655,267)
Proceeds from sale of tangible fixed assets	438	-
Payments to acquire tangible fixed assets	(9,250)	(12,866)
	255,691	(4,289,393)
Net (decrease)/increase in cash and cash equivalents	1,941,590	(3,026,113)
Cash and cash equivalents at the beginning of the year	18,369,291	21,395,404
Cash and cash equivalents at end of year	20,310,881	18,369,291
Reconciliation of net income to net cash flow from operating activities		
Net income / (expenditure) including endowments	1,943,196	2,491,578
Adjustments for:		
Depreciation charge	12,525	11,259
Loss on disposal of fixed assets	4	-
Interest receivable	(632,800)	(378,740)
(Increase)/Decrease in debtors	404,033	(556,139)
(Decrease)/Increase in creditors	(41,059)	(304,678)
Net cash inflow from operating activities	1,685,899	1,263,280

Analysis of changes in net funds

	At 1 April 2024	Cash-flows	Other non cash changes	At 31 March 2025
	£	£	£	£
Cash and cash equivalents	18,369,291	1,941,590	-	20,310,881
Current asset investments	4,655,267	-	368,297	5,023,564
Total net funds	23,024,558	1,941,590	368,297	25,334,445

Notes to the accounts 2024-25

1. Accounting policies

a) Basis of accounting

These financial statements are prepared on a going concern basis, under the historical cost convention.

The financial statements have been prepared in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102). The Charitable Company is a public benefit entity for the purposes of FRS 102 and therefore the Charity also prepared its financial statements in accordance with the Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (The FRS 102 Charities SORP including Update Bulletin 2), the Companies Act 2006 under the provision of the Large and Medium-sized Companies and Groups (Accounts and Reports) Regulations 2008 (SI 2008/410) and the Charities Act 2011.

The financial statements are prepared in sterling, which is the functional currency of the company.

Monetary amounts in these financial statements are rounded to the nearest pound.

b) Going concern

The trustees have assessed whether the use of the going concern basis is appropriate and have considered possible events or conditions that might cast significant doubt on the ability of the charity to continue as a going concern. The trustees have made this assessment for a period of at least one year from the date of approval of the financial statements. In particular the trustees have considered the charity's forecasts and projections and have taken account of pressures on grant income. After making enquiries the trustees have concluded that there is a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. The charity therefore continues to adopt the going concern basis in preparing its financial statements.

c) Income

Income is recognised net of VAT in the period in which the charity is entitled to receipt and the amount can be measured with reasonable certainty. Income is deferred only when the charity has to fulfil conditions before becoming entitled to it or where the donor or funder has specified that the income is to be expended in a future accounting period. If the funder does not specify that the income must be expended in a future accounting period, the income is recognised when the other conditions of entitlement are satisfied. Income is only recognised for amounts that are probable at the date of preparation of the accounts. Any further amounts received after this date are recognised in subsequent periods.

Funding from government and other agencies has been included as income from charitable activities where these amount to either a contract for services or the charity has acted as agents. However where the money is given in response to an appeal or with greater freedom of use, for example monies for core funding, then this has been treated as a donation.

Investment income consists of bank interest receivable and is recognised when receivable and the amount can be measured reliably.

d) Expenditure and the basis of apportioning costs

Expenditure is included in the Statement of Financial Activities when incurred and excludes attributable VAT where it can be recovered.

Expenditure comprises the following:

i) The costs of activities in furtherance of the charity's objects comprise expenditure on the charity's primary charitable purposes as described in the trustees' report.

Such costs include:

- National Clinical Audit and Patient Outcomes Programme: amounts expended on the commissioning of national clinical audits
- Clinical Outcome Review Programmes: commissioning and managing enquiries and reviews
- National Joint Registry: expenditure relating to the management and development of the Registry
- Quality improvement and development activities: expenditure relating to the promotion and advancement of clinical audit as a means of improving the provision of healthcare.

ii) Support costs represent indirect charitable expenditure. In order to carry out the primary purposes of the charity it is necessary to provide support in the form of personnel development, financial procedures, provision of office services and equipment and a suitable working environment. Such costs are allocated across the activities of the charity based on estimates of staff time, activity, headcount or a proportion of income.

e) Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts.

f) Current asset investments

Current asset investments consists of short-term liquid investments with original maturities of between three and twelve months.

g) Fund accounting

Restricted funds comprise monies whose use is restricted to a specific purpose, or is subject to donor imposed conditions.

Designated funds comprise monies set aside out of unrestricted general funds for specific future purposes or projects.

The fixed assets fund comprises the net book value of the charity's fixed assets, the existence of which is fundamental to the charity being able to perform its charitable work and thereby achieve its charitable objectives. The value represented by such assets should not be regarded, therefore, as realisable.

General unrestricted funds represent those monies which are freely available for application towards achieving any charitable purpose that falls within the charity's charitable objects.

h) Tangible fixed assets

All assets costing more than £500 and with an expected useful life exceeding one year are capitalised. Depreciation is provided at the following annual rates in order to write each asset off over its estimated useful life:

- Fixtures, fittings and equipment: 33% per annum based on costs

i) Intangible fixed assets

Intangible fixed assets include the development costs of the website and are stated at cost less accumulated amortisation and accumulated impairment losses. Amortisation is recognised so as to write off the cost of assets less their residual values over their useful lives on the following basis:

- Website development costs: 33% per annum based on costs

j) Pension contributions

The cost of the defined contribution scheme is equal to the contributions payable to the scheme for the accounting period.

k) Employee benefits

The costs of short-term employee benefits are recognised as a liability and an expense.

l) Redundancy and termination payments

Redundancy and termination costs are recognised as an expense in the Statement of Financial Activities and a liability on the Balance Sheet immediately at the point the charity is demonstrably committed to either: terminate the employment of an employee or group of employees before normal retirement date; or provide termination benefits as a result of an offer made in order to encourage voluntary redundancy. The charity is considered to be demonstrably committed only when it has a detailed formal plan for the termination and is without realistic possibility of withdrawal from the plan.

m) Financial instruments

The charity has elected to apply the provisions of Section 11 'Basic Financial Instruments' of FRS 102 to all of its financial instruments. Financial instruments are recognised in the charity's balance sheet when the company becomes party to the contractual provisions of the instrument. Financial assets and liabilities are offset, with the net amounts presented in the financial statements, when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

With the exceptions of prepayments and deferred income all other debtor and creditor balances are considered to be basic financial instruments under FRS 102. See notes 13 and 15 for the debtor and creditor notes.

n) Critical accounting estimates and areas of judgements

The preparation of financial statements requires the use of certain accounting estimates. It also requires management to exercise its judgement in the process of applying accounting policies. In the application of the accounting policies, trustees are required to make judgements, estimates, and assumptions about the carrying value of

assets and liabilities that are not readily apparent from other sources. The estimates and underlying assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affected current and future periods.

In the view of the trustees, no assumptions concerning the future or estimation uncertainty affecting assets or liabilities at the balance sheet date are likely to result in a material adjustment to their carrying amounts in the next financial year.

The items in the financial statements where these judgements and estimates have been made include:

- the useful economic lives attributed to tangible fixed assets used to determine the annual depreciation charge;
- the basis of the allocation of staff and support costs across activities; and
- the estimate of future income and expenditure flows for the purposes of assessing the going concern status.



2. Interest receivable

	Unrestricted Funds	Restricted Funds	Total 2025
	£	£	£
Bank interest receivable	112,697	520,103	632,800
	Unrestricted Funds	Restricted Funds	Total 2024
	£	£	£
Bank interest receivable	64,251	314,489	378,740

3. Income from charitable activities

Income from contracts	Unrestricted Funds	Restricted Funds	Total 2025
	£	£	£
NHS England & Wales			
Management Support Fee	1,999,456	-	1,999,456
NCAPOP Audits	-	8,947,925	8,947,925
NCAPOP Subscriptions	-	1,980,000	1,980,000
Subscriptions Admin Fees	20,000	-	20,000
All UK Administrations and Crown Dependencies			
CORP Programme Income	-	3,414,503	3,414,503
NCAPOP (Scottish Contributions)	-	197,440	197,440
Programme Management Fees	235,895	-	235,895
NJR Subscriptions Income	-	3,545,502	3,545,502
NJR Other Income	-	897,555	897,555
Health Foundation Grants	-	20,000	20,000
NHS England: Independent Sector scoping work	-	45,000	45,000
Data Access Requests	27,000	-	27,000
Total	2,282,351	19,047,925	21,330,276

3. Income from charitable activities (continued)

Income from contracts	Unrestricted Funds	Restricted Funds	Total 2024
	£	£	£
NHS England & Wales			
Management Support Fee	1,999,455	-	1,999,455
NCAPOP Audits	-	9,541,966	9,541,966
NCAPOP Subscriptions	-	1,989,900	1,989,900
Subscriptions Admin Fees	20,100	-	20,100
All UK Administrations and Crown Dependencies			
CORP Programme Income	-	2,833,541	2,833,541
NCAPOP (Scottish Contributions)	-	195,970	195,970
Programme Management Fees	218,430	-	218,430
NJR Subscriptions Income	-	3,311,343	3,311,343
NJR Other Income	-	877,336	877,336
Health Foundation Grants	-	20,000	20,000
NHS England: Listening to marginalised voices in maternity	-	72,000	72,000
HDR UK Grants	-	10,668	10,668
Data Access Requests	32,500	-	32,500
Other New Business	6,600	-	6,600
Total	2,277,085	18,852,724	21,129,809

4. Other income

	Unrestricted Funds	Restricted Funds	Total 2025
	£	£	£
Miscellaneous income	12,979	-	12,979
	Unrestricted Funds	Restricted Funds	Total 2024
	£	£	£
Miscellaneous income	62,960	-	62,960



5. Charitable activities

	Unrestricted Funds	Restricted Funds	Total 2025
	£	£	£
Management, development and promotion of clinical audit			
National Clinical Audit & Patient Outcomes Programme (NCAPOP)			
NCAPOP Audits	-	9,767,937	9,767,937
Clinical Outcome Review Programmes			
Programme Costs	-	3,760,213	3,760,213
Staff Costs	780,035	427,298	1,207,333
Other Direct Costs	-	1,628	1,628
Support Costs	1,158,543	-	1,158,543
	1,938,578	13,957,076	15,895,654
National Joint Registry (NJR)			
NJR Programme Costs	-	2,802,249	2,802,249
Staff Costs	-	942,405	942,405
Support Costs	-	204,307	204,307
	-	3,948,961	3,948,961
NCAB			
National Clinical Audit Benchmarking	11,966	-	11,966
	11,966	-	11,966
Quality Improvement and Development			
Support to local audit	-	22,985	22,985
	-	22,985	22,985
New Business Activities			
Direct Costs	-	1,280	1,280
Staff Costs	-	152,013	152,013
	-	153,293	153,293
	1,950,544	18,082,315	20,032,859

5. Charitable activities (continued)

	Unrestricted Funds	Restricted Funds	Total 2024
	£	£	£
Management, development and promotion of clinical audit			
National Clinical Audit & Patient Outcomes Programme (NCAPOP)			
NCAPOP Audits	-	9,450,275	9,450,275
Clinical Outcome Review Programmes			
Programme Costs	-	3,381,983	3,381,983
Staff Costs	714,890	437,335	1,152,225
Other Direct Costs	-	1,384	1,384
Support Costs	1,056,601	-	1,056,601
	1,771,491	13,270,977	15,042,468
National Joint Registry (NJR)			
NJR Programme Costs	-	2,788,982	2,788,982
Staff Costs	-	840,592	840,592
Support Costs	-	187,613	187,613
	-	3,817,187	3,817,187
NCAB			
National Clinical Audit Benchmarking	6,870	-	6,870
	6,870	-	6,870
Quality Improvement and Development			
Support to local audit	-	21,796	21,796
	-	21,796	21,796
New Business Activities			
Direct Costs	-	6,578	6,578
Staff Costs	-	185,032	185,032
	-	191,610	191,610
	1,778,361	17,301,570	19,079,931

6. Support costs

	Basis of allocation	Contract Mgt & Commissioning	National Joint Registry Per MOU	Stability Fund	Total 2025	Total 2024
		£	£	£	£	£
Staff costs (Core Team Apportioned)	Staff time	898,383	125,358	-	1,023,741	888,377
Staff training, recruitment, HR, life assurance and other sundry staff costs	Headcount/ Activity	30,585	7,987	-	38,572	39,608
Pension Advisory Services	Headcount	5,068	1,996	-	7,064	5,723
Financing & Bank Charges	Headcount	881	464	-	1,345	1,707
IT support, consultancy, software and other Work From Home costs	Headcount/ Activity	65,717	34,336	-	100,053	90,313
Communications, website and marketing costs	Activity	22,193	-	-	22,193	23,891
Printing, Postage, Stationery & Supplies	Activity	6,655	1,596	-	8,251	8,779
Telephone	Headcount	3,299	1,752	-	5,051	7,309
Travel, Subsistence & Accommodation	Activity	14,245	-	-	14,245	9,525
Patient & Carer Engagement Costs	Activity	4,310	-	-	4,310	1,070
Meeting and facilitation costs	Activity	10,710	-	-	10,710	14,071
New Business Costs	Activity	15,376	-	-	15,376	4,995
Insurance	Headcount	33,820	15,308	-	49,128	47,959
Professional Fees - Data Protection Officer	Headcount	12,131	10,326	-	22,457	47,335
Depreciation	Activity	11,746	779	-	12,525	11,259
Loss on Disposals	Activity	4	-	-	4	-
Governance:						
<i>Audit Fees</i>	Income	15,995	4,405	-	20,400	19,500
<i>Corporation Tax Return Fees</i>	Activity	(300)	-	-	(300)	1,000
<i>Legal and other Governance Costs</i>	Activity	7,725	-	-	7,725	21,793
<i>Trustee expenses</i>	Activity	-	-	-	-	-
		1,158,543	204,307	-	1,362,850	1,244,214

6. Support costs (continued)

Support costs have been allocated as follows:

	2025	2024
	£	£
Commissioning and contract management of clinical audit	1,158,543	1,056,601
National Joint Registry	204,307	187,613
Stability Fund	-	-
	1,362,850	1,244,214

7. Net movement in funds

This is stated after charging:

	Unrestricted	Restricted	Total 2025
	£	£	£
Auditor's remuneration			
Statutory audit services	15,995	4,405	20,400
Depreciation	11,746	779	12,525

	Unrestricted	Restricted	Total 2024
	£	£	£
Auditor's remuneration			
Statutory audit services	16,069	3,431	19,500
Depreciation	11,259	-	11,259

8. Employee and staff costs

	2025	2024
	£	£
Wages and Salaries	2,689,808	2,449,059
Social Security Costs	294,888	282,799
Pension Costs	151,775	135,494
Pension Advisory Services	7,064	5,723
Cost of Secondments	139,092	150,559
Cost of Agency Staff	49,929	48,315
	3,332,556	3,071,949

Staff costs have been allocated as follows:

	2025	2024
	£	£
Management, development and promotion of clinical audit	1,207,333	1,152,225
National Joint Registry	942,405	840,592
New Business Activities	152,013	185,032
Support Costs	1,030,805	894,100
	3,332,556	3,071,949

The average number of employees during the period and the actual numbers at 31 March 2025 analysed by function, was as follows:

	2025	2025	2025	2024	2024	2024
	Av No.	Av No.	Actual	Av No.	Av No.	Actual
	Total	Full time equivalent	Full time equivalent	Total	Full time equivalent	Full time equivalent
Charitable activities						
Contract Management & Commissioning	14.9	13.8	12.9	14.9	13.7	14.1
NJR Team	14.9	12.5	14.1	13.0	10.9	9.9
Management and Core Services	15.4	13.5	14.0	14.4	13.3	13.4
TOTAL	45.2	39.8	41.0	42.3	37.9	37.4

8. Employee and staff costs (continued)

The number of employees who earned £60,000 per annum or more during the period was

	2025	2024
£60,000-70,000	4	3
£70,000-80,000	7	7
£80,000-90,000	4	5
£90,000-100,000	1	-
£100,000-110,000	3	2
£150,000-160,000	1	-

Defined pension contributions in respect of the above higher-paid employees totalled £98,236 (2024: £78,071).

Key management personnel include the Trustees, Chief Executive and senior staff reporting directly to the Chief Executive. The total employee benefits of the charity's key management personnel were **£542,036** (2024: £489,074).

Included in staff costs is £38,781 (2024: £13,005) of termination payments.

9. Trustees' remuneration

None of the trustees received any remuneration in respect of their services during the period (2024: £Nil).

During the year out of pocket travelling expenses amounting to **£Nil** were reimbursed to no trustees (2024: £Nil to no trustees).

The charity has purchased insurance to protect the charity from any loss arising from the neglect or defaults of its trustees, employees and agents and to indemnify the trustees or other officers against the consequences of any neglect or default on their part. The insurance premium paid by the charity during the period totalled **£49,128** and provides cover up to a maximum of **£10,000,000** (any one claim or the aggregate during one period of insurance - being 12 months).

10. Taxation

HQIP is a registered charity and therefore is not liable for income tax or corporation tax on income derived from its charitable activities, as it falls within the various exemptions available to registered charities.



11. Intangible fixed assets

	Website development costs
Cost	
At 1 April 2024 and 31 March 2025	61,089
Amortisation	
At 1 April 2024 and 31 March 2025	61,089
Net Book Values	
At 31 March 2025	-
At 31 March 2024	-

12. Tangible fixed assets

	Fixtures, fittings & equipment
Cost	
At 1 April 2024	42,597
Additions	9,250
Disposals	(7,653)
At 31 March 2025	44,194
Depreciation	
At 1 April 2024	21,864
On Disposals	(7,211)
Charge for the Year	12,525
At 31 March 2025	27,178
Net Book Values	
At 31 March 2025	17,016
At 31 March 2024	20,733

13. Debtors

	2025	2024
	£	£
Trade Debtors	56,539	106,008
VAT Refundable	220,959	243,139
Prepayments & Other Debtors	76,201	56,661
Accrued income	124,659	476,583
	478,358	882,391

14. Current asset investments

	2025	2024
	£	£
Cash equivalents on deposit	5,023,564	4,655,267

15. Creditors: Amounts falling due within one year

	2025	2024
	£	£
Trade Creditors	2,701,584	3,255,027
Other Creditors	36,402	29,779
Tax and social security	78,699	75,067
Accruals	1,974,996	1,421,951
Deferred income	184,019	234,935
	4,975,700	5,016,759

Deferred income

	2025	2024
	£	£
Deferred income at 1 April 2024	234,935	148,000
Amounts released from previous year	(138,935)	(147,500)
Income deferred in the year	88,019	234,435
Deferred income at 31 March 2025	184,019	234,935

Deferred income relates to income received relating to a future accounting period.

16. Restricted funds

	At 1 April 2024	Income	Expenditure	Transfers	At 31 March 2025
	£	£	£	£	£
NCAPOP Audits	8,848,272	9,246,602	(9,850,605)	1,372,012	9,616,281
NCAPOP Subscriptions	-	1,980,000	(428,926)	(1,551,074)	-
NCAPOP Scottish Extensions	-	197,440	-	(197,440)	-
NCAPOP Transition Costs	139,822	-	-	-	139,822
CORP Programme Costs	-	3,414,503	(3,760,213)	345,710	-
National Joint Registry	6,596,241	4,664,483	(3,948,961)	-	7,311,763
Health Foundation ICS-wide improvement enabled by clinical audit	-	20,000	(20,000)	-	-
NHS England: Independent Sector scoping work	-	45,000	(50,625)	5,625	-
Support to local audit	-	-	(22,985)	22,985	-
	15,584,335	19,568,028	(18,082,315)	(2,182)	17,067,866

Significant transfers between funds relate to i) subscriptions collected which support the costs of the NCAPOP programme (including CORP programme costs), ii) contributions from Scotland relating to the NCAPOP programme, iii) NCAPOP support to N-QI-CAN.

	At 1 April 2023	Income	Expenditure	Transfers	At 31 March 2024
	£	£	£	£	£
NCAPOP Audits	7,524,274	9,720,477	(9,533,730)	1,137,251	8,848,272
NCAPOP Subscriptions	-	1,989,900	(438,719)	(1,551,181)	-
NCAPOP Scottish Extensions	-	195,970	-	(195,970)	-
NCAPOP Transition Costs	139,822	-	-	-	139,822
CORP Programme Costs including PMRT	-	2,833,541	(3,381,983)	548,442	-
National Joint Registry	6,088,771	4,324,657	(3,817,187)	-	6,596,241
Health Foundation ICS-wide improvement enabled by clinical audit	-	20,000	(20,000)	-	-
NHS England: Listening to marginalised voices in maternity	-	72,000	(77,487)	5,487	-
HDR UK Public involvement in DARG	-	10,668	(10,668)	-	-
Support to local audit	-	-	(21,796)	21,796	-
	13,752,867	19,167,213	(17,301,570)	(34,175)	15,584,335

16. Restricted funds (continued)

NCAPOP - National Clinical Audit and Patient Outcomes Programme

Management of the National Clinical Audit and Patient Outcomes Programme (NCAPOP), servicing existing contracts and commissioning new audits according to priorities agreed by NHS England.

NJR - National Joint Registry

To fund work to ensure that patients obtain the best clinical care during and following their joint replacement operation. To provide patients, clinicians, healthcare purchasers, commissioners, regulators and implant suppliers with evidence as to which are the best performing implants, ensuring that NHS and other healthcare resources are best used.

CORP - Clinical Outcome Review Programmes

Confidential enquiries designed to stimulate improvements in safety and effectiveness by enabling clinicians, managers and policy makers to learn from adverse events and other relevant data. Coverage is UK-wide, and the programme includes the following topics: deaths following medical and surgical intervention; suicides and homicide among people with mental illness; a child health review; and, maternal, infant and perinatal mortality. One further programme has been commissioned – a national child mortality database.

Health Foundation ICS-wide improvement enabled by clinical audit

Grant for a project which, supporting improvement in access/flow, inequalities and clinical outcomes, will develop a replicable best-practice method for National Clinical Audit-informed, collaborative Quality Improvement activity across an ICS footprint.

NHS England: Listening to marginalised voices in maternity

Funding for a project which aimed to identify groups of maternity service users whose voices might be considered 'less heard', might experience disadvantage or may have specific needs. The resulting report will feed into a research project to develop a national Patient-Reported Experience Measure (PREM).

HDR UK Public involvement in DARG

Grant to develop meaningful public involvement in HQIP's data access processes and Data Access Request Group (DARG).

Support to local audit

To fund costs of the National Quality Improvement (Incl. Clinical Audit) Network (N-QI-CAN), a professional network of colleagues undertaking clinical audit and other improvement work across England.

NHS England: Independent Sector scoping work

Funding for a project to scope the requirements of including NHS patients in Independent Sector providers in national clinical audits in England.



17. Fixed assets fund

	At 1 April 2024	Additions	Depreciation/ Amortisation	Disposals	At 31 March 2025
	£	£	£	£	£
Fixtures, fittings, equipment	20,733	9,250	(12,525)	(442)	17,016
	20,733	9,250	(12,525)	(442)	17,016

	At 1 April 2023	Additions	Depreciation/ Amortisation	Disposals	At 31 March 2024
	£	£	£	£	£
Fixtures, fittings, equipment	19,126	12,866	(11,259)	-	20,733
	19,126	12,866	(11,259)	-	20,733

The fixed assets fund represents the net book value of the charity's fixed assets.

18. Designated funds

The income fund of the charity includes the following designated funds which have been set aside out of unrestricted funds by the trustees for specific purposes:

	At 1 April 2024	New designations	Utilised/ released	At 31 March 2025
	£	£	£	£
Stability Fund	446,439	-	-	446,439
	446,439	-	-	446,439

	At 1 April 2023	New designations	Utilised/ released	At 31 March 2024
	£	£	£	£
Stability Fund	446,439	-	-	446,439
	446,439	-	-	446,439

The trustees designated a Stability Fund in 2018. The Stability fund is expected to be used to support business development activities, additional IT infrastructure costs and continuity of workstreams over the next 5 years.

19. Analysis of net assets between funds

	General Fund	Fixed assets Fund	Designated Funds	Restricted Funds	Total 2025
	£	£	£	£	£
Fund balances at 31 March 2025 are represented by:					
Tangible fixed assets	-	17,016	-	-	17,016
Current assets	3,588,297	-	446,439	21,778,067	25,812,803
Current liabilities	(265,499)	-	-	(4,710,201)	(4,975,700)
Total Net Assets	3,322,798	17,016	446,439	17,067,866	20,854,119

	General Fund	Fixed assets Fund	Designated Funds	Restricted Funds	Total 2024
	£	£	£	£	£
Fund balances at 31 March 2024 are represented by:					
Tangible fixed assets	-	20,733	-	-	20,733
Current assets	3,104,814	-	446,439	20,355,696	23,906,949
Current liabilities	(245,398)	-	-	(4,771,361)	(5,016,759)
Total Net Assets	2,859,416	20,733	446,439	15,584,335	18,910,923

20. Contractual commitments

At 31 March 2025 the charity had no commitments in respect of contract payments approved for national clinical audits and which had not been accrued due to necessary milestones not being achieved by providers at the year end.

21. Contingent liabilities

During the year ended 31 March 2022, the charity conducted a VAT health check to ensure continuing compliance with latest VAT regulations. The health check identified an underpayment of output VAT which necessitated further investigation and liaison with the relevant funders. No provision was made in previous years due to the fact that the work was ongoing and the value of any liability could not be reliably quantified. This work was concluded during the year ended 31 March 2024 with all remaining amounts recovered from funders and paid over to HMRC.

22. Pension commitments

HQIP operates a money purchase pension scheme which is open to all employees.

Total pension costs in the period were £151,775 (2024: £135,494) and £24,177 (2024: £18,559) were payable at 31 March 2025.

23. Related party transactions

There were no reportable related party transactions in 2025 or 2024.

24. Liability of members

The charity is constituted as a company limited by guarantee. In the event of the charity being wound up members are required to contribute an amount not exceeding £10.



128 City Road, London EC1V 2NX

✉ communications@hqip.org.uk

✕ [@HQIP](https://twitter.com/HQIP)

www.hqip.org.uk

Accounts

Health Healthcare Services Benchmark
Patient Outcomes Improve
Measure National
Audit Improve Measure
Evaluate National Quality Improvement Evaluate
Clinical Effectiveness Benchmark
Health

HQIP Trustees' Report and Accounts

April 2023–March 2024



Trustees

Dr Peter Bloomfield (Chair)
Professor Dame Carrie MacEwen, DBE (Chair) – *resigned 23 November 2023*
Mark Hampton (Treasurer) – *appointed 23 November 2023*
Kalwant Grewal (Treasurer) – *resigned 11 April 2023*
Susan Masters – *resigned 23 November 2023*
Gillian Coverdale
Janice Gabriel
Rosemary Jarvis
Dr Edward Morris – *appointed 24 November 2023, resigned 31 January 2024*

Chief Executive:

Jane Ingham – *resigned 31 July 2023*
Chris Gush – *appointed 1 August 2023*

Registered office: 128 City Road, London EC1V 2NX

Email: communications@hqip.org.uk

Website: www.hqip.org.uk

X: [@HQIP](https://twitter.com/HQIP)

Company registration number: 6498947 (England and Wales)

Charity registration number: 1127049

Auditors: Buzzacott LLP, 130 Wood Street, London EC2V 6DL

Bankers: Lloyds Bank plc, 39 Threadneedle Street, London EC2R 8AU

Solicitors: Camerons Solicitors LLP, 27A Harley Place, London W1G 8LZ

VWV Solicitors, Narrow Quay House, Narrow Quay, Bristol BS1 4QA

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HQIP and our vision

The [Healthcare Quality Improvement Partnership \(HQIP\)](#) is an independent, not-for-profit organisation led by the Academy of Medical Royal Colleges and the Royal College of Nursing. A long-term partner of NHS England, our primary aim is to support improved health outcomes for everyone through high-quality, evidence-informed, patient-centred healthcare. In other words, we enable robust quality improvement through clinical audit, registry data and other evidence, as well as a range of support and guidance to drive improvements in patient outcomes.

More specifically, HQIP runs two of the largest healthcare programmes of their kind. Firstly, we commission and manage the [National Clinical Audit and Patient Outcomes Programme \(NCAPOP\)](#) on behalf of NHS England, the Welsh Government and others. This programme covers the [National Clinical Audit Programme](#) and [Clinical Outcome Review Programmes](#) which comprise of 47 projects that collect and analyse healthcare data, in order to provide a national picture of care for a wide range of conditions from asthma to vascular health. We also host the [National Joint Registry \(NJR\)](#), which collects and analyses data relating to performance outcomes in joint replacement surgery, and currently holds around 3.7 million orthopaedic records.

Our work – and its value – goes far beyond data collection and managing clinical audits and registries. HQIP delivers a range of [reports](#), [resources](#), and [guidance](#) as well as [benchmarking](#) and other [services](#), to enable healthcare providers to translate evidence into quality improvement and, in turn, improved services and patient outcomes. We also pro-actively [engage patients, carers and their communities](#) to ensure that change is relevant and meaningful, and work with others across the sector to support them to do the same. In other words, our work contributes to saving and improving lives.

Critically, HQIP's unique position as an independent organisation working with a wide range of stakeholders – from NHS England, clinical audit professionals, and healthcare commissioners and providers through to patients, policy makers, research, charities and other national healthcare bodies – means that we are able to act as a 'hub' for the clinical audit community. As such, we are able to foster partnerships and leverage data to share knowledge and current best practice, driving continuous improvement in healthcare quality and outcomes. This is exemplified by [Clinical Audit Awareness Week](#) and the [Clinical Audit Heroes Awards](#), an annual national campaign which promotes and celebrates the benefits and impact of clinical audit and quality improvement work in healthcare.

Further information about HQIP: www.hqip.org.uk.

Chair and CEO statement

“2023-24: Building bridges *Working in partnership to deliver meaningful change*”

We are proud to say that HQIP's work contributes to saving and improving lives. We know that's a bold statement, but we also know it to be true – especially because we have the support of many others including, importantly, patients themselves. Through ongoing engagement, we hear firsthand how valuable our work is to them. Their insights and experiences continuously inform our activities, ensuring that the quality improvements we influence have a positive impact on patient care and experience.

The data and insights that HQIP commissions help to deepen understanding of healthcare services. It shines a light on what is working well and what is not, enabling changes that also have a real impact on patient outcomes. But to get to that point, we need to collaborate effectively with a wide range of people and organisations across the health and care sector. For example, we work with the clinical audit and registry community, NHS England and others to measure care and produce data. Then, we publish reports and insights to enable that data to be translated into change by healthcare providers. We also co-create our programmes with patients, to ensure that any change is relevant and meaningful. But it doesn't end there. HQIP works with healthcare planners, policy makers, clinical effectiveness teams, clinicians, Royal Colleges, the research community, charities and more; the list goes on.

This rollcall of collaborators, and the resultant effect of connecting people and organisations, is where HQIP's true value lies. We are uniquely placed to build bridges between many key players in what is a large and complex system. In other words, our role goes much further than the provision of data and evidence. Our collaborations mean that we understand patients' needs, and can share

knowledge and current best practice, support innovation, and enhance the overall impact that clinical audits and registries have on patient care.

So, it is with great pleasure that we share our 2023-24 annual report, which details just some of the activities we delivered this year, from the perspective of our role as a 'bridge builder' across the sector. From the world-leading [NJR](#) and cross-disciplinary cancer audit [NATCAN](#) (which is, in itself, an exemplar of collaborative clinical audit) through to [Clinical Audit Awareness Week](#) (which is a collaboration with the local clinical audit community and beyond) and the myriad of projects involving patients, we are proud to share the impact of these collaborative projects.

Finally, we cannot overstate the significance of collaboration in delivering high-quality, evidence-based and patient-centred healthcare for all. We would like to extend our heartfelt thanks to everyone involved in making this possible – our trustees, staff, partners and especially our programmes and patient representatives – all of whose dedication and expertise have been instrumental in driving our collective success. We can only build the bridges we do, because there is someone else on the 'other side' helping to lay the foundations. Not only do we look forward to continuing these relationships, but also to building many more new ones in the future; fully exploiting our position as a 'hub' in the clinical audit community to deliver maximum benefit to patients.

Best regards,



Chris Gush
CEO



Dr Peter Bloomfield
Chair



Our year in numbers

1 April 2023 to 31 March 2024

National Clinical Audit and Patient Outcome Programme (NCAPOP)

47	Programmes and audits managed	...	37	Reports published	...	203	Recommendations
27	Infographics	...	24	Impact reports	...	99	Peer-reviewed publications featuring HQIP-commissioned data

National Joint Registry (NJR)

Data analysed:

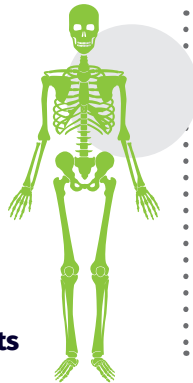
108,558
Hips

116,845
Knees

8,221
Shoulders

943
Elbows

1,078
Ankle replacements



8

Peer-reviewed journal articles on research using NJR data

Tenders

2 New NCAPOP contracts awarded

1 NCAPOP contract extensions

7 HQIP supplier contracts awarded

National Clinical Audit Benchmarking (NCAB) website*

10	...	7,326	...	54,412	...	953
Datasets added	...	Users	...	Pageviews	...	Downloads (csv and pdf files)

Data access

54

Applications received

Patient and carer engagement

57

New Service
User Network
(SUN) members

6

Focus groups

2

Specification
Development
Meetings

5

User Panel sessions
/ Stakeholder
meetings

8

Contract
review meetings

eLearning

Introduction to quality
improvement for healthcare professionals

744 Courses completed

522 Self-certification completed

Introduction to quality
improvement for patients and public

184 Courses completed

158 Self-certification completed



Quality Improvement magazine CORNERSTONE*

Webpage:

1,308

Users

2,131

Pageviews

Downloads and click-throughs:

587

2024 edition

337

2023 edition



HQIP online*

67,197

Website users

293,804

Website pageviews

1,749

YouTube views

54,217

Downloads
(including resources)

Stakeholder connections:

28,102

Mailing list contacts
(at 31 March 2024)

**6,056**

X followers
(at 31 March 2024)

**4,387**

LinkedIn followers
(at 31 March 2024)





Strategic report

In shaping our objectives and planning our activities, the trustees have considered the Charity Commission's guidance on public benefit, including *Public benefit: running a charity (PB2)*. The trustees confirm that they have complied with the duty in section 17 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charity Commission.

Strategic objectives

In order to deliver our vision of improving health outcomes, a set of strategic objectives informs all our activities. As such, we commit to:

1. Commission, manage, support and promote national and local programmes of quality improvement, using best management and procurement practice to ensure robust results and actionable recommendations. This includes the National Clinical Audit and Patient Outcomes Programme (NCAPOP), and the National Joint Registry on behalf of NHS England and other healthcare departments and bodies.
2. Ensure patients and carers remain at the heart of our work through continued, strategic involvement in all relevant processes and projects.
3. Support healthcare professionals to review and improve their practice by providing opportunities to share best practice, through education and training programmes, as part of promoting an integrated approach to quality improvement.
4. Inform and influence national healthcare policy by effectively communicating our work and that of our partners.
5. Encourage wide use of robust data for quality improvement of care, offering patient choice, promoting patient safety, supporting revalidation and service accreditation, commissioning, service redesign, and research.
6. Be an efficient, well run organisation which supports staff development and welfare.

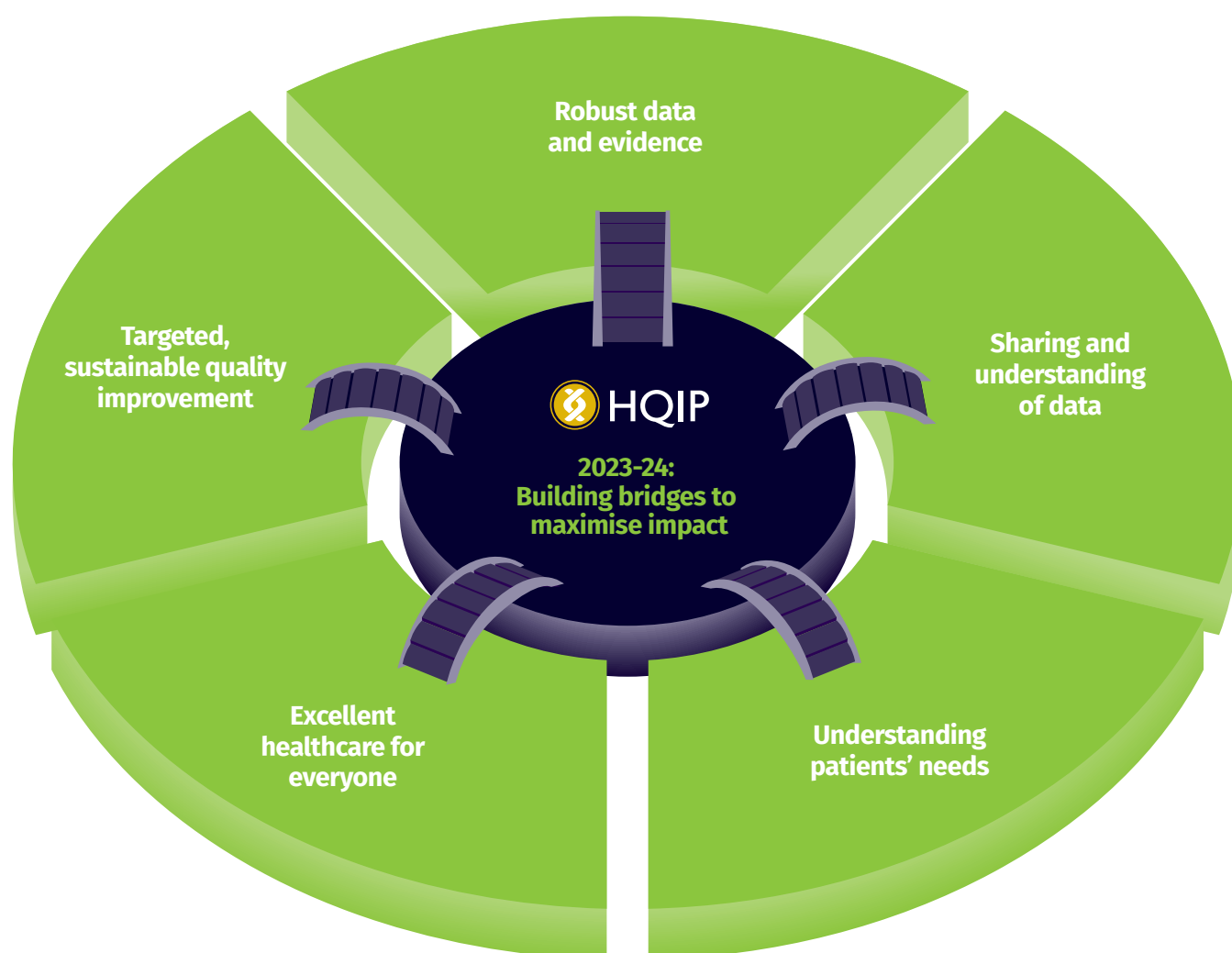
Health Healthcare Services Benchmark
Patient Outcomes Improve
Measure
Audit Improve Measure
Evaluate National Quality Improvement Evaluate
Clinical Effectiveness Benchmark Health

Achievements and performance

2023-24: Building bridges to maximise impact



Working in partnership is central to HQIP's role in supporting the health and care system to achieve *evidence-informed, patient-centred improved services and health outcomes for everyone*. And this has never been truer than in this year, April 2023 to March 2024. Whether working with audit and service providers, who measure and deliver healthcare, or engaging patients to ensure those improvements meet their needs, we understand that our value lies in bringing the parts of the 'quality improvement jigsaw puzzle' together. Find out more below about how we have worked with a variety of stakeholders this year to not only measure our healthcare services, providing robust data and evidence, but also to support meaningful improvement.



Building a bridge to... Robust data and evidence



Very much the cornerstone of HQIP's work, we continued to successfully commission and manage national programmes of quality improvement to produce robust results and actionable recommendations, including:

National Clinical Audit and Patient Outcomes Programme (NCAPOP)

Commissioned on behalf of NHS England and other national healthcare bodies, the [NCAPOP](#) supports the collection and analysis of critical data on patient outcomes, enabling continuous improvement in clinical standards and patient care across the NHS and beyond. The largest programme of its kind in the UK, it ensures that healthcare providers are equipped with the necessary insights to drive quality improvements and achieve better health outcomes for patients.

This year, HQIP managed 47 audits and programmes across a multitude of clinical disciplines (ranging from asthma to vascular health), publishing 37 reports and 27 infographics, featuring 203 recommendations for improvement. We also recorded that 99 peer-reviewed publications featured HQIP-commissioned data, further underlining the importance of the data produced through this programme.



Spotlight: National Cancer Audit Collaborating Centre (NATCAN)

By taking a cross-disciplinary, truly collaborative approach to clinical audit, [NATCAN](#) is an exemplar programme hosted at the Royal College of Surgeons of England that brings all the national cancer audits under one 'umbrella' organisation. As such, it supports multidisciplinary working, and the sharing of current best practice and clinical excellence.

The Centre aims to:

1. Support NHS services to identify reasons for variations in care, and
2. Stimulate improvements in cancer detection, treatment and outcomes for patients, including survival rates.

Highlights include:

- More frequent reporting of data, with online interactive dashboards and results at NHS Trust



level, providing regular, timely evidence to cancer services

- Annual State of the Nation reports covering England and Wales for each of the ten cancer audits
- The use of data from nationally mandated flows rather than additional 'bespoke' collections
- A move towards the use of a single resource of linked datasets for all cancer audits
- Analysis using rapid cancer registration data (RCRD) as well as gold-standard registration data
- Greater focus on quality improvement (QI) with local action plans, QI tools for local teams to identify best practice and areas of weakness, and a national programme of QI workshops / webinars.

Further information: HQIP [article on NATCAN](#) (page 19)

National Joint Registry

Currently celebrating twenty years of success, the [National Joint Registry \(NJR\)](#) plays a crucial role in monitoring the performance of joint replacement surgeries and implants, contributing to patient safety and clinical effectiveness. In hosting the NJR, HQIP helps to ensure that this invaluable tool remains a robust resource for clinicians and researchers (as well as suppliers and, of course, patients), driving advancements in orthopaedic care and improving patient outcomes. This year alone, the NJR has analysed data on:

- 108,558 hips
- 116,845 knees
- 8,221 shoulders
- 1,078 ankle replacements
- 943 elbows.

Further information: [HQIP article on NJR](#) (page 24)



Professor Sir Stephen Powis, National Medical Director of NHS England, about the NJR: *“The jewel in the crown of patient safety initiatives”*

Building a bridge to... Sharing and understanding of data



In addition to publishing an array of [reports, infographics, guidance and other resources](#), HQIP strives to share, and promote the use of, its data and evidence to support quality improvement across the healthcare and research sectors.

Benchmarking

We work with the CQC to publish data from the [NCAPOP](#) and [NJR](#) on the [National Clinical Audit Benchmarking \(NCAB\)](#) platform, a public portal hosted by HQIP of benchmarked results that are searchable by project name, trust, hospital or unit. This year alone, we published ten datasets with over 7,000 users viewing over 50,000 pages on the NCAB website.

Further information: [HQIP article on benchmarking](#) (page 9)

Access to HQIP data

HQIP-commissioned audits and outcome reviews collect, analyse and report data to help improve the quality and outcomes of healthcare, but we understand that there may be value in utilising this data for public benefit in other ways, such as research. To facilitate this, we operate a [Data Access Request Group \(DARG\)](#), processing over 50 requests for data from April 2023–March 2024.



Spotlight: Public involvement in HQIP's data access process



HQIP was delighted to be awarded funding to explore best practice in enabling members of the public to be involved in our health data access process in October 2023. Part of a wider [UK Health Data Research Alliance initiative](#) aimed at helping organisations to improve transparency when sharing health data for public benefit, our project focused on how the public could be involved in an effective and sustainable way.

In practice, we recruited three [HQIP Service User Network \(SUN\)](#) members to the project team, who co-produced our recruitment and onboarding method. As part of this, they met with other organisations to learn about how others approach public involvement in their processes. Members of the SUN will be invited to join HQIP's Data Access Request Group later in 2024.

Further information: [International Journal of Population Data Science \(IIPDS\)](#)

"We all started at the beginning together and learnt along the way, contributing equally, in a genuine and meaningful way"

Wendy Davis, public member of HQIP's DARG

Local clinical audit

HQIP actively engages with the local clinical audit community through the [National Quality Improvement \(Incl. Clinical Audit\) Network \(N-QI-CAN\)](#), a network of over 1,000 professionals undertaking clinical audit and quality improvement across England. In addition to meeting regularly, and sharing resources, we collaborate on articles (for example, on [page 28 of HQIP's quality improvement publication, CORNERSTONE](#)) and campaigns such as [Clinical Audit Awareness Week](#).



"It is imperative that we work collaboratively across our systems to implement sustainable improvements"

Vicky Patel, Chair, N-QI-CAN

Building a bridge to... Understanding patients' needs



In order to make improvement meaningful and relevant to patients, it is imperative that we [engage](#) with them (and their carers and communities) in everything we do. From helping to develop programme specifications through to evaluating resources (and a wide range of other activities in between), patient co-creation and involvement is central to the success of our work.

HQIP Service User Network (SUN)

HQIP's [Service User Network \(SUN\)](#) is an advisory group of patients, carers and others with lived experience of healthcare services who actively input into our work. Following a change to the structure of the SUN, which now takes a flexible approach to participation, we more than doubled the number of members in 2023-24. We now have over 100 actively engaged people working with us to improve the quality of healthcare services – and that number is still growing!

SUN members were involved in all the judging panels for the HQIP [Clinical Audit Heroes Awards](#) – part of [Clinical Audit Awareness Week](#) – and also participated in a focus group to review, and provide feedback to, infographics from our programme.

Other patient engagement activity this year includes involvement, by both patients and patient engagement experts, in conception through to delivery of the commissioning of programmes in the [National Clinical Audit and Patient Outcomes Programme \(NCAPOP\)](#):

- Providing input into the development of programme specifications eg [Mental Health Clinical Outcome Review Programme](#)

- Participating in focus groups eg to provide feedback on the [National Audit of Dementia \(NAD\)](#)
- Scoring and moderating bids during HQIP's process of tendering for audits and programmes eg [National Audit of Eating Disorders \(NAED\)](#)
- Joining Independent Advisory Groups for each of the [Clinical Outcome Review Programmes](#)
- Supporting the management of HQIP's programmes through attendance at contract review meetings
- Reviewing programme extension requests to ensure patient involvement
- Contributing to the [National Obesity Audit \(NOA\)](#), run by NHS England, through an HQIP-established User Panel that feeds into programme management via stakeholder meetings.

Further information: HQIP [article on patient engagement](#) (page 4)

HQIP
**service
user
network**



Spotlight: Webinar to support patient engagement



An important part of our work involves supporting other organisations to engage effectively with patients when delivering clinical audit and quality improvement work. This includes the organisations that run and manage the [programmes and audits we commission](#).

As part of this ongoing endeavour, we ran an online workshop for our 'data providers' in March 2024 to which members of HQIP's [Service User Network \(SUN\)](#) actively contributed –in both its preparation and delivery. In particular, they provided feedback and discussed 'what

makes a good infographic' from a patient perspective, covering topics such as problematic infographics and supporting outcomes such as a checklist to use when creating effective infographics.

"The graphics allowed me to access a world I would not usually want to enter" patient participant in HQIP's patient engagement webinar

Building a bridge to... Excellent healthcare for everyone



Healthcare data plays a crucial role in addressing health inequalities. It enables a deeper understanding of the challenges, and informs the development of tailored solutions that can more effectively meet the needs of diverse populations. As the largest national clinical audit programme/registry in the UK, the [NCAPOP](#) and the [NJR](#) (commissioned/hosted by HQIP) are critical in the challenge to ensure that [everyone](#) receives excellent healthcare. As such, we are continuously reviewing how we can realise the potential of these invaluable resources to address healthcare inequalities, with activities including...

Report: Improving Health Inequality Data in the NCAPOP

The result of a project to identify and explore the barriers to health inequality data being routinely reported within the [NCAPOP](#), this [report](#) was published in November 2023. It found that there were significant variations in the reporting, analysis and use of health inequality data, and identified recurring themes such as incomplete information, statistical validity when dealing with small numbers, and issues related to the calculation of social deprivation. HQIP continues to work with those planning and delivering care at national, regional and local levels to address these issues.

Spotlight: Listening to marginalised voices in maternity care



In 2023 HQIP, funded by NHS England, asked 'what matters' to users of maternity services, with a focus on hearing from communities that can often be marginalised.

This project involved identifying and exploring the lived experiences of a diverse group of 73 recent users of maternity services, and involved a literature review, consultation with an advisory group, focus groups and interviews. The result was an exemplar of how to engage effectively with 'less heard' patients as well as a greater understanding of the antenatal, perinatal and postnatal maternity care that they have experienced and would like to receive.

"I needed to know that I wasn't alone. I needed answers...and I didn't feel like I had access to those answers - thank you for this opportunity, it was great to feel heard"
project participant

Guidance to support outlier analysis

In January 2024, we published [revised guidance in relation to outlier data](#). The result of extensive consultation with NHS England, the CQC and other stakeholders, it was developed to support outlier analysis in benchmarking and support deeper understanding when patient outcomes fall significantly outside of the norm of what is expected.

Healthcare Services Benchmark
Patient Outcomes Improve
Measure National
Audit Improve Measure
Evaluate National Quality Improvement Evaluate
Impact Patient Outcomes Benchmark
Clinical Effectiveness Health

Building a bridge to... Targeted, sustainable quality improvement



HQIP is committed to supporting a wide range of stakeholders - from audit professionals and clinicians through to policy makers and patients – to translate data and evidence into targeted, meaningful improvement. Find below details of just some of the activities we undertake to achieve this.

Clinical Audit Awareness Week (Clinical Audit Heroes Awards)

In January 2024, HQIP announced the return of [Clinical Audit Awareness Week](#), featuring the [Clinical Audit Heroes Awards](#), from 24-28 June 2024. Run in collaboration with the clinical audit network, [N-QI-CAN](#), this annual event – which celebrates the value of clinical audit - looks set to be bigger and better than before with plans under way for:

- A live online conversation with Stella Vig, [National Medical Director](#) for Secondary Care and Quality, NHS England
- A joint webinar with the [NHS England IMPACT](#) team on quality improvement
- Daily Lunch & Learn events, featuring the award winners and [N-QI-CAN](#) as well as a range of speakers including the [Patient Safety](#), [NHS Horizons](#), [Making Data Count](#) and [Healthcare Inequalities](#) teams at NHS England
- A case study event from HQIP's flagship programme, the [National Cancer Audit Collaborating Centre \(NATCAN\)](#) who will discuss their collaborative approach to clinical audit

- A new [blog](#) from HQIP's Medical Director, Professor Danny Keenan, on using data to address healthcare inequalities
- A new [video](#) on effective public engagement, featuring members of [HQIP's Service User Network \(SUN\)](#)
- Daily signposting to resources to support quality improvement in healthcare on topics such as patient safety, patient engagement and sustainable change in healthcare.



Spotlight: Quality improvement ‘magazine’



CORNERSTONE is HQIP’s magazine-style online publication, designed to support quality improvement in health and care. Aimed at those who are dedicated to improving patient outcomes through evidence-based service design, the [2024 edition](#) features short, easy-to-read articles on topics relating to quality improvement including patient engagement, sustainable change and benchmarking.



Case studies

In addition to sharing [data, reports, infographics and other evidence-based resources](#), HQIP promotes current best practice through, for example, exemplar [case studies](#). Find below some of the case studies shared this year [from Clinical Audit Heroes Awards](#) winners:

- [Cambridgeshire Community Services](#): Peer-to-peer clinical auditing programme that supports meaningful change at senior management level
- [Cambridge University Hospitals](#): Benchmarking dashboard that supports clinicians’ access to results
- [Sandwell & West Birmingham NHS Trust](#) – Addressing healthcare inequalities through process changes including staff education, collaboration and resources.



Future plans

Planned activity for 2024-25

The underpinning themes influencing and shaping our work programme for the coming year are:

- Optimising Audit and Registry Programs for Local and National Impact
- Leadership in National Clinical Audits and Data Utilisation
- Strategic Partnerships for Broader Impact.

In order to achieve the above, the following will be applied:

- Staff Empowerment and Organisational Excellence
- Technological Advancement for Agile and Charitable Operations.

Some of the key activities planned for 2024-25 are:

- Further the reach and impact of the NCAPOP
- Align NCAPOP with the NHSE Long Term Plan
- Expand the NJR 'Accountability and Transparency' model
- Extend reach beyond the clinical audit community, communicating with a broader audience
- Completion of an Information Governance maturity audit
- Further develop and deliver the business development strategy.

Risk management

The Board of Trustees maintains a comprehensive Risk Register which is reviewed and discussed at every Board Meeting. Risks fall into five categories:

- Governance
- Operational
- Financial
- Environmental/external
- Compliance (laws and regulations).

The probability and impact of each risk is calculated and the charity's mitigation strategy for each is considered.

The principal risks are considered to be:

Risk 1: Dependency on one substantive contract

Mitigation: Continued efforts to diversify income and reduce dependency led by Associate Director for Quality Improvement, supported by New Business Development Executive. Partnerships and procurement frameworks are both being actively pursued.

Risk 2: Failure in Information Governance management

Mitigation: Use of an external DPO and monitoring of information governance issues by Information Governance Executive, made up of senior staff with appropriate expertise.

Risk 3: Failure in Procurement process

Mitigation: Procurement Executive, made up of senior staff with appropriate expertise, in place to support decision making and manage procurement risks. Legal support sought as required.

Trustees' report

The trustees, who are also directors of the charity for the purposes of the Companies Act 2006, present their report with the financial statements of the charity for the year ended 31 March 2024. The trustees have adopted the provisions of the Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (The FRS 102 Charities SORP including Update Bulletin 2).

Statement of Trustees' responsibilities

The trustees (who are the directors of the charitable company for the purposes of company law) are responsible for preparing the trustees' report and the financial statements in accordance with applicable law and regulations.

Company law requires the trustees to prepare financial statements for each financial year. Under that law, the trustees have elected to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law). Under company law the trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the company and of the profit or loss of the company for that period.

In preparing these financial statements, the trustees are required to:

- observe the methods and principles in the Charities SORP;
- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in business.

The trustees are responsible for maintaining proper accounting records which disclose with reasonable accuracy at any time the financial position of the company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

In so far as the trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware; and
- The trustees have taken all the steps that they ought to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

The Trustees' Annual Report is approved by the trustees of the Charity. The Strategic Report, which forms part of the Annual Report, is approved by the trustees in their capacity as directors in company law of the Charity.

Financial report

Results for the year

Fig 1: Where our funding comes from

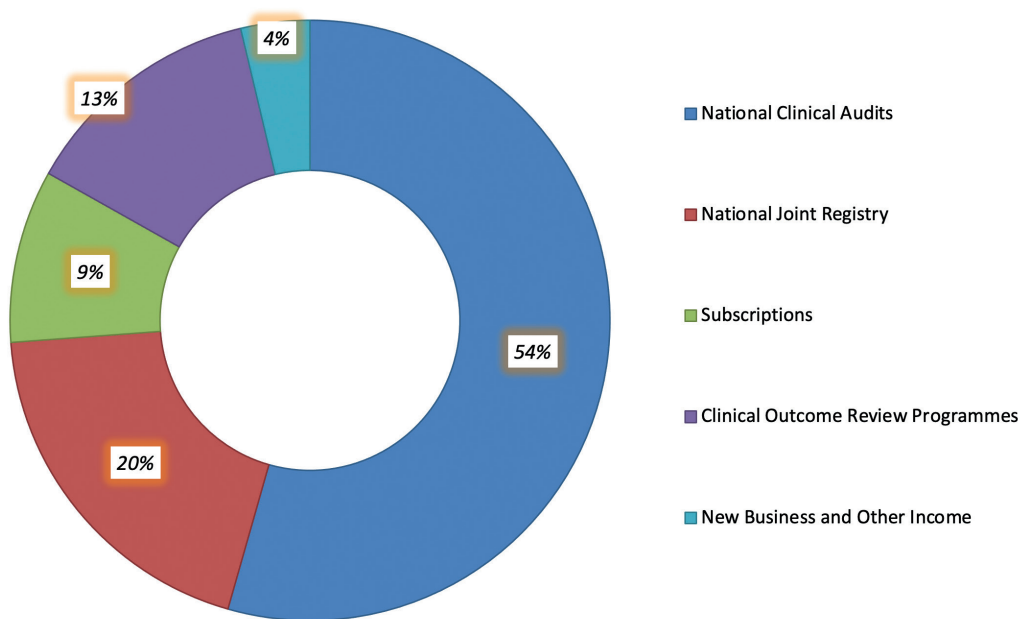
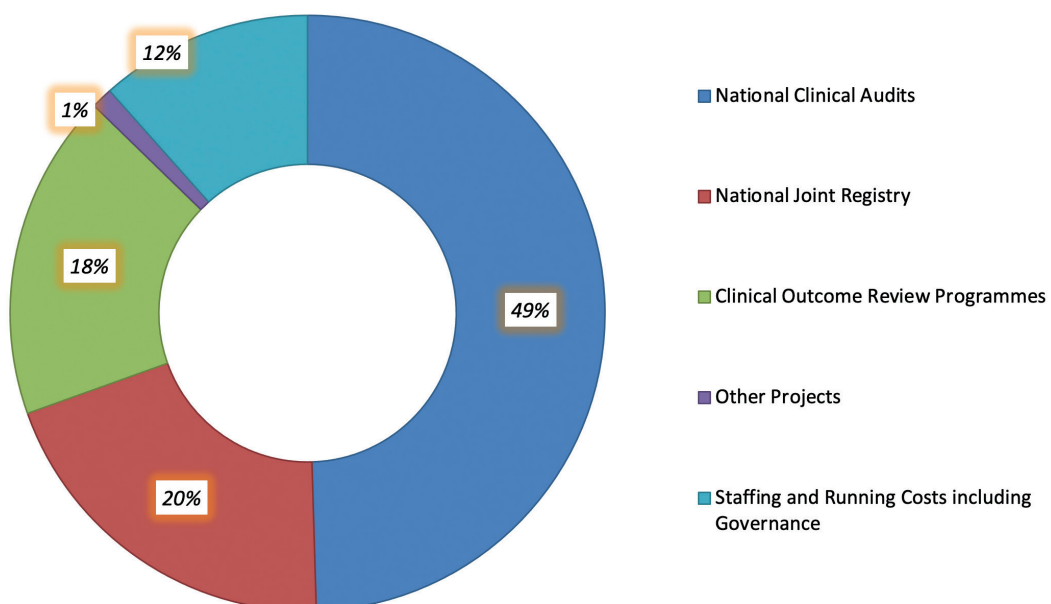


Fig 2: How we spend our money



During the year ended 31 March 2024, HQIP received income totalling £21,571,509 (2023: £21,633,878) of which £19,167,213 (2023: £20,049,827) was for restricted purposes, and £2,404,296 (2023: £1,584,051) was for the general purposes of the charity including management support fees of £1,999,455 (2023: £1,300,000).

Income included £9,541,966 (2023: £11,418,770) to finance national clinical audits. In addition, HQIP collected subscriptions of £1,989,900 (2023: £2,029,500) from NHS Trusts on behalf of NHS England to support national audits. The Scottish Government contributed £195,970 (2023: £179,216) to NCAPOP programmes.

In 2023-24, income for the Clinical Outcome Review Programmes totalling £2,833,541 (2023: £2,151,526) was collected from all UK Administrations. This included funding for the National Child Mortality Database. The Department of Health and Social Care project for development of a Perinatal Mortality Review Tool ended in the previous year and therefore income of £Nil (2023: £121,573) was recognised in 2023-24.

In 2023-24, the National Joint Registry (NJR) collected subscriptions totalling £3,311,343 (2023: £3,385,630). Other income of £877,336 (2023: £717,090) included supplier contributions, and data access fees. NJR funds are used solely to fund the work of the Registry.

Grants totalling £20,000 (2023: £Nil) were received from the Health Foundation and £10,668 (2023: £Nil) from Health Data Research UK. £72,000 (2023: Nil) was received from NHS England for a maternity project.

Expenditure

In 2023-24, HQIP commissioned and managed national clinical audit contracts with a total value of £9,450,275 (2023: £11,986,379).

Expenditure on the Clinical Outcome Review Programmes, was £3,381,983 (2023: £2,991,412).

Expenditure on the management and development of the National Joint Registry was £3,817,187 (2023: £3,753,045).

Expenditure on National Clinical Audit Benchmarking was £6,870 (2023: £7,870). Expenditure on other Quality Improvement and Development activities was £21,796 (2023: £25,248).

Other direct charitable expenditure, including support costs, totalled £2,401,820 (2023: £2,224,474).

Financial position

The balance sheet at 31 March 2024 shows total funds of £18,910,923 (2023: £16,419,345), including restricted funds totalling £15,584,335 (2023: £13,752,867) and unrestricted funds comprising general funds of £2,859,416 (2023: £2,200,913), tangible and intangible fixed assets of £20,733 (2023: £19,126) and designated funds of £446,439 (2023: £446,439).

At 31st March 2024, the charity retained free reserves of £2,859,416 (2023: £2,200,913).

Reserves policy

The trustees have examined the requirement for free reserves, i.e. those unrestricted funds not invested in tangible or intangible fixed assets, designated for specific purposes or otherwise committed. The current policy is that the level of free reserves should be equivalent to six to twelve months' operating commitments (forecast at £1,579,555 to £3,159,109 in 2024-2025). The actual free reserves of £2,859,416 at March 2024 were within this range.

There are, in addition, designated funds of £446,439 (see Note 18). The designated Stability fund is available to support business development activities, additional IT infrastructure costs and continuity of workstreams over the next 5 years. Trustees keep this position under regular review.

Structure, governance and management

HQIP is a company limited by guarantee and incorporated on 11 February 2008. It was registered as a charity on 4 December 2008. The governing document is the Memorandum and Articles of Association. HQIP was founded by a consortium of three organisations: the Academy of Medical Royal Colleges, the Royal College of Nursing, and National Voices.

The Academy of Medical Royal Colleges and the Royal College of Nursing remain as member organisations. Each member organisation appoints representatives to act as directors and these individuals, together with the treasurer and any other independently appointed individuals, form the trustees of the organisation and the Board of directors. A process for induction of new trustees is in place and ongoing training for trustees is available as required.

The trustees handle matters of strategic planning and policy, including sign-off of the charity's strategic and operational plans. The Chief Executive has delegated responsibility for managing the charity and handling operational matters of policy and delivery.

Remuneration for all staff, including key management personnel, is set by reference to periodic external salary benchmarking.

Trustees' Report and Strategic Report approved by the trustees of Healthcare Quality Improvement Partnership company registration number 06498947 (England and Wales) and signed on their behalf by:



Trustee Dr Peter Bloomfield, Chair.

Approved on: 22 November 2024

Independent auditor's report to the members of Healthcare Quality Improvement Partnership

.....

Opinion

We have audited the financial statements of Healthcare Quality Improvement Partnership (the 'charitable company') for the year ended 31 March 2024 which comprise the statement of financial activities, the balance sheet, and statement of cash flows, the principal accounting policies and the notes to the financial statements. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2024 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report, including the strategic report and trustees' report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine

whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the strategic report and trustees' report, which is also the directors' report for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and trustees' report, which is also the directors' report for the purposes of company law, has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' report. We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Our approach to identifying and assessing the risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, was as follows:

- the engagement partner ensured that the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with applicable laws and regulations;
- we identified the laws and regulations applicable to the company through discussions with management, and from our commercial knowledge and experience of the sector;
- the identified laws and regulations were communicated within the audit team regularly and the team remained alert to instances of non-compliance throughout the audit;
- we focused on specific laws and regulations which we considered may have a direct material effect on the accounts or the activities of the company. These included but were not limited to the Companies Act 2006, Charities Act 2011 and the Charities SORP; and
- we assessed the extent of compliance with the laws and regulations identified above through making enquiries of management, inspecting legal correspondence and reviewing trustee meeting minutes.

We assessed the susceptibility of the charitable company's financial statements to material misstatement, including obtaining an understanding of how fraud might occur, by:

- making enquiries of management and those charged with governance as to where they considered there was susceptibility to fraud, their knowledge of actual, suspected and alleged fraud; and
- considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations.

To address the risk of fraud through management bias and override of controls, we:

- performed analytical procedures to identify any unusual or unexpected relationships;
- tested journal entries to identify unusual transactions;
- tested the authorisation of expenditure as part of our substantive testing thereon;
- assessed whether judgements and assumptions made in determining the accounting estimates set out in the accounting policies were indicative of potential bias; and
- used data analytics to identify any significant or unusual transactions and identify the rationale for them.

In response to the risk of irregularities and non-compliance with laws and regulations, we designed procedures which included, but were not limited to:

- agreeing financial statement disclosures to underlying supporting documentation;
- reading the minutes of trustee meetings; and
- enquiring of management and those charged with governance as to actual and potential litigation and claims. There are inherent limitations in our audit procedures described above.

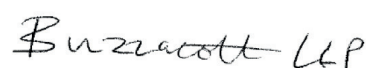
The more removed that laws and regulations are from financial transactions, the less likely it is that we would become aware of non-compliance. Auditing standards also limit the audit procedures required to identify non-compliance with laws and regulations to enquiry of the trustees and other management and the inspection of regulatory and legal correspondence, if any.

Material misstatements that arise due to fraud can be harder to detect than those that arise from error as they may involve deliberate concealment or collusion.

A further description of our responsibilities is available on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.



Alison Pyle (Senior Statutory Auditor)

For and on behalf of Buzzacott LLP, Statutory Auditor
130 Wood Street
London
EC2V 6DL

Statement of financial activities for the year to 31 March 2024

		Unrestricted Funds	Restricted Funds	Total 2024	Total 2023
	Note	£	£	£	£
Income					
Income from Investments	2	64,251	314,489	378,740	55,901
Charitable Activities					
Management, development and promotion of Clinical Audit	3	2,277,085	18,852,724	21,129,809	21,534,844
Other income	4	62,960	-	62,960	43,133
Total Income		2,404,296	19,167,213	21,571,509	21,633,878
Expenditure					
Charitable activities					
Management, development and promotion of Clinical Audit	5	1,778,361	17,301,570	19,079,931	20,988,428
Total Expenditure		1,778,361	17,301,570	19,079,931	20,988,428
Net Income	7	625,935	1,865,643	2,491,578	645,450
Transfers between funds	16	34,175	(34,175)	-	-
Net movement in funds		660,110	1,831,468	2,491,578	645,450
Balances brought forward at 1 April 2023		2,666,478	13,752,867	16,419,345	15,773,895
Balances carried forward at 31 March 2024		3,326,588	15,584,335	18,910,923	16,419,345

All gains and losses arising in the period have been included in the statement of financial activities and relate to continuing operations.

Balance sheet 31 March 2024

		2024	2024	2023	2023
	Notes	£	£	£	£
Fixed assets					
Intangible fixed assets	11		-		-
Tangible fixed assets	12		20,733		19,126
			20,733		19,126
Current assets					
Debtors due within one year	13	882,391		326,252	
Current asset investments	14	4,655,267		-	
Cash at bank and in hand		18,369,291		21,395,404	
		23,906,949		21,721,656	
Creditors: amounts falling due within one year	15	5,016,759		5,321,437	
Net current assets			18,890,190		16,400,219
Total net assets			18,910,923		16,419,345
Funds and reserves					
Restricted funds	16		15,584,335		13,752,867
Unrestricted funds					
General fund		2,859,416		2,200,913	
Tangible fixed assets fund	17	20,733		19,126	
Designated funds	18	446,439		446,439	
			3,326,588		2,666,478
			18,910,923		16,419,345

Approved by the trustees of Healthcare Quality Improvement Partnership company registration number 06498947 (England and Wales) and signed on their behalf by:



Trustee Dr Peter Bloomfield, Chair. Approved on: 22 November 2024

Statement of cash flows for the year ended 31 March 2024

	2024	2023
	£	£
Cashflow from operating activities		
Net cash provided by operating activities	1,263,280	612,210
Cashflows from investing activities		
Investment income and interest received	378,740	55,901
(Increase) in current asset investments	(4,655,267)	-
Payments to acquire tangible fixed assets	(12,866)	(21,538)
	(4,289,393)	34,363
Net (decrease)/increase in cash and cash equivalents	(3,026,113)	646,573
Cash and cash equivalents at the beginning of the year	21,395,404	20,748,831
Cash and cash equivalents at end of year	18,369,291	21,395,404
Reconciliation of net income to net cash flow from operating activities		
Net income including endowments	2,491,578	645,450
Adjustments for:		
Depreciation charge	11,259	7,620
Loss on disposal of fixed assets	-	690
Interest receivable	(378,740)	(55,901)
(Increase)/Decrease in debtors	(556,139)	1,258,350
(Decrease) in creditors	(304,678)	(1,243,999)
Net cash inflow from operating activities	1,263,280	612,210

Analysis of changes in net funds

	At 1 April 2023	Cash-flows	Other non cash changes	At 31 March 2024
	£	£	£	£
Cash and cash equivalents	21,395,404	(3,026,113)	-	18,369,291
Current asset investments	-	-	4,655,267	4,655,267
Total net funds	21,395,404	(3,026,113)	4,655,267	23,024,558

Notes to the accounts 2023-24

1. Accounting policies

a) Basis of accounting

These financial statements are prepared on a going concern basis, under the historical cost convention.

The financial statements have been prepared in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102). The Charitable Company is a public benefit entity for the purposes of FRS 102 and therefore the Charity also prepared its financial statements in accordance with the Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (The FRS 102 Charities SORP including Update Bulletin 2), the Companies Act 2006 under the provision of the Large and Medium-sized Companies and Groups (Accounts and Reports) Regulations 2008 (SI 2008/410) and the Charities Act 2011.

The financial statements are prepared in sterling, which is the functional currency of the company.

Monetary amounts in these financial statements are rounded to the nearest pound.

b) Going concern

The trustees have assessed whether the use of the going concern basis is appropriate and have considered possible events or conditions that might cast significant doubt on the ability of the charity to continue as a going concern. The trustees have made this assessment for a period of at least one year from the date of approval of the financial statements. In particular the trustees have considered the

charity's forecasts and projections and have taken account of pressures on grant income. After making enquiries the trustees have concluded that there is a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. The charity therefore continues to adopt the going concern basis in preparing its financial statements.

c) Income

Income is recognised net of VAT in the period in which the charity is entitled to receipt and the amount can be measured with reasonable certainty. Income is deferred only when the charity has to fulfil conditions before becoming entitled to it or where the donor or funder has specified that the income is to be expended in a future accounting period. If the funder does not specify that the income must be expended in a future accounting period, the income is recognised when the other conditions of entitlement are satisfied. Income is only recognised for amounts that are probable at the date of preparation of the accounts. Any further amounts received after this date are recognised in subsequent periods.

Funding from government and other agencies has been included as income from charitable activities where these amount to either a contract for services or the charity has acted as agents. However where the money is given in response to an appeal or with greater freedom of use, for example monies for core funding, then this has been treated as a donation.

Investment income consists of bank interest receivable and is recognised when receivable and the amount can be measured reliably.

d) Expenditure and the basis of apportioning costs

Expenditure is included in the Statement of Financial Activities when incurred and excludes attributable VAT where it can be recovered.

Expenditure comprises the following:

i) The costs of activities in furtherance of the charity's objects comprise expenditure on the charity's primary charitable purposes as described in the trustees' report.

Such costs include:

- National Clinical Audit and Patient Outcomes Programme: amounts expended on the commissioning of national clinical audits
- Clinical Outcome Review Programmes: commissioning and managing enquiries and reviews
- National Joint Registry: expenditure relating to the management and development of the Registry
- Quality improvement and development activities: expenditure relating to the promotion and advancement of clinical audit as a means of improving the provision of healthcare.

ii) Support costs represent indirect charitable expenditure. In order to carry out the primary purposes of the charity it is necessary to provide support in the form of personnel development, financial procedures, provision of office services and equipment and a suitable working environment. Such costs are allocated across the activities of the charity based on estimates of staff time, activity, headcount or a proportion of income.

e) Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts.

f) Current asset investments

Current asset investments consists of short-term liquid investments with original maturities of between three and twelve months.

g) Fund accounting

Restricted funds comprise monies whose use is restricted to a specific purpose, or is subject to donor imposed conditions.

Designated funds comprise monies set aside out of unrestricted general funds for specific future purposes or projects.

The fixed assets fund comprises the net book value of the charity's fixed assets, the existence of which is fundamental to the charity being able to perform its charitable work and thereby achieve its charitable objectives. The value represented by such assets should not be regarded, therefore, as realisable.

General unrestricted funds represent those monies which are freely available for application towards achieving any charitable purpose that falls within the charity's charitable objects.

h) Tangible fixed assets

All assets costing more than £500 and with an expected useful life exceeding one year are capitalised. Depreciation is provided at the following annual rates in order to write each asset off over its estimated useful life:

- Fixtures, fittings and equipment: 33% per annum based on costs.

i) Intangible fixed assets

Intangible fixed assets include the development costs of the website and are stated at cost less accumulated amortisation and accumulated impairment losses. Amortisation is recognised so as to write off the cost of assets less their residual values over their useful lives on the following basis:

- Website development costs: 33% per annum based on costs.

j) Pension contributions

The cost of the defined contribution scheme is equal to the contributions payable to the scheme for the accounting period.

k) Employee benefits

The costs of short-term employee benefits are recognised as a liability and an expense.

l) Redundancy and termination payments

Redundancy and termination costs are recognised as an expense in the Statement of Financial Activities and a liability on the Balance Sheet immediately at the point the charity is demonstrably committed to either: terminate the employment of an employee or group of employees before normal retirement date; or provide termination benefits as a result of an offer made in order to encourage voluntary redundancy. The charity is considered to be demonstrably committed only when it has a detailed formal plan for the termination and is without realistic possibility of withdrawal from the plan.

m) Financial instruments

The charity has elected to apply the provisions of Section 11 'Basic Financial Instruments' of FRS 102 to all of its financial instruments. Financial instruments are recognised in the charity's balance sheet when the company becomes party to the contractual provisions of the instrument. Financial assets and liabilities are offset, with the net amounts presented in the financial statements, when there is a legally enforceable right to set off the recognised amounts

and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

With the exceptions of prepayments and deferred income all other debtor and creditor balances are considered to be basic financial instruments under FRS 102. See notes 13 and 15 for the debtor and creditor notes.

n) Critical accounting estimates and areas of judgements

The preparation of financial statements requires the use of certain accounting estimates. It also requires management to exercise its judgement in the process of applying accounting policies. In the application of the accounting policies, trustees are required to make judgements, estimates, and assumptions about the carrying value of assets and liabilities that are not readily apparent from other sources. The estimates and underlying assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affected current and future periods.

In the view of the trustees, no assumptions concerning the future or estimation uncertainty affecting assets or liabilities at the balance sheet date are likely to result in a material adjustment to their carrying amounts in the next financial year.

The items in the financial statements where these judgements and estimates have been made include:

- the useful economic lives attributed to tangible fixed assets used to determine the annual depreciation charge;
- the basis of the allocation of staff and support costs across activities; and
- the estimate of future income and expenditure flows for the purposes of assessing the going concern status.

2. Interest receivable

	Unrestricted Funds	Restricted Funds	Total 2024
	£	£	£
Bank interest receivable	64,251	314,489	378,740
	Unrestricted Funds	Restricted Funds	Total 2023
	£	£	£
Bank interest receivable	9,379	46,522	55,901

3. Income from charitable activities

Income from contracts	Unrestricted Funds	Restricted Funds	Total 2024
	£	£	£
NHS England & Wales			
Management Support Fee	1,999,455	-	1,999,455
NCAPOP Audits	-	9,541,966	9,541,966
NCAPOP Subscriptions	-	1,989,900	1,989,900
Subscriptions Admin Fees	20,100	-	20,100
All UK Administrations and Crown Dependencies			
CORP Programme Income	-	2,833,541	2,833,541
NCAPOP (Scottish Contributions)	-	195,970	195,970
Programme Management Fees	218,430	-	218,430
NJR Subscriptions Income	-	3,311,343	3,311,343
NJR Other Income	-	877,336	877,336
Health Foundation Grants	-	20,000	20,000
NHS England: Listening to marginalised voices in maternity	-	72,000	72,000
HDR UK Grants	-	10,668	10,668
Data Access Requests	32,500	-	32,500
Other New Business	6,600	-	6,600
Total	2,277,085	18,852,724	21,129,809

3. Income from charitable activities (continued)

Income from contracts	Unrestricted Funds	Restricted Funds	Total 2023
	£	£	£
NHS England & Wales			
Management Support Fee	1,300,000	-	1,300,000
NCAPOP Audits	-	11,418,770	11,418,770
NCAPOP Subscriptions	-	2,029,500	2,029,500
Subscriptions Admin Fees	20,500	-	20,500
All UK Administrations and Crown Dependencies			
CORP Programme Income	-	2,151,526	2,151,526
NCAPOP (Scottish Contributions)	-	179,216	179,216
Programme Management Fees	186,789	-	186,789
Department of Health & Social Care	-	121,573	121,573
NJR Subscriptions Income	-	3,385,630	3,385,630
NJR Other Income	-	717,090	717,090
Health Foundation Grants	-	-	-
Data Access Requests	24,250	-	24,250
Other New Business	-	-	-
Total	1,531,539	20,003,305	21,534,844

4. Other income

	Unrestricted Funds	Restricted Funds	Total 2024
	£	£	£
Miscellaneous income	62,960	-	62,960
	Unrestricted Funds	Restricted Funds	Total 2023
	£	£	£
Miscellaneous income	43,133	-	43,133

5. Charitable activities

	Unrestricted Funds As restated	Restricted Funds	Total 2024 As restated
	£	£	£
Management, development and promotion of clinical audit			
National Clinical Audit & Patient Outcomes Programme (NCAPOP)			
NCAPOP Audits	-	9,450,275	9,450,275
Clinical Outcome Review Programmes			
Programme Costs	-	3,381,983	3,381,983
Staff Costs	714,890	437,335	1,152,225
Other Direct Costs	-	1,384	1,384
Support Costs	1,056,601	-	1,056,601
	1,771,491	13,270,977	15,042,468
National Joint Registry (NJR)			
NJR Programme Costs	-	2,788,982	2,788,982
Staff Costs	-	840,592	840,592
Support Costs	-	187,613	187,613
	-	3,817,187	3,817,187
NCAB			
National Clinical Audit Benchmarking	6,870	-	6,870
	6,870	-	6,870
Quality Improvement and Development			
Support to local audit	-	21,796	21,796
	-	21,796	21,796
New Business Activities			
Direct Costs	-	6,578	6,578
Staff Costs	-	185,032	185,032
	-	191,610	191,610
	1,778,361	17,301,570	19,079,931

5. Charitable activities (continued)

	Unrestricted Funds	Restricted Funds	Total 2023
	£	£	£
Management, development and promotion of clinical audit			
National Clinical Audit & Patient Outcomes Programme (NCAPOP)			
NCAPOP Audits	-	11,986,379	11,986,379
Clinical Outcome Review Programmes			
Programme Costs	-	2,991,412	2,991,412
Staff Costs	543,655	438,477	982,132
Other Direct Costs	-	1,278	1,278
Support Costs	1,054,012	-	1,054,012
	1,597,667	15,417,546	17,015,213
National Joint Registry (NJR)			
NJR Programme Costs	-	2,793,159	2,793,159
Staff Costs	-	809,729	809,729
Support Costs	-	150,157	150,157
	-	3,753,045	3,753,045
NCAB			
National Clinical Audit Benchmarking	7,870	-	7,870
	7,870	-	7,870
Quality Improvement and Development			
Support to local audit	-	25,248	25,248
Education & Training	-	-	-
Staff Costs met from Health Foundation Grants	-	-	-
	-	25,248	25,248
New Business Activities			
Direct Costs	-	-	-
Staff Costs	-	187,052	187,052
	-	187,052	187,052
	1,605,537	19,382,891	20,988,428



6. Support costs

	Basis of allocation	Contract Mgt & Commissioning	National Joint Registry Per MOU	Stability Fund	Total 2024	Total 2023 Restated
		£	£	£	£	£
Staff costs (Core Team Apportioned)	Staff time	784,648	103,729	-	888,377	865,450
Other Staff Costs and Sundry Expenses	Headcount	4,564	1,245	-	5,809	2,715
Staff Training	Activity	17,159	-	-	17,159	6,475
Pension Advisory Services	Headcount	5,079	644	-	5,723	-
Recruitment	Activity	9,165	-	-	9,165	6,013
Financing & Bank Charges	Headcount	1,261	446	-	1,707	1,548
Working from Home Costs	Activity	1,837	-	-	1,837	2,444
Website Design and hosting	Activity	4,996	-	-	4,996	3,456
Marketing Automation	Activity	14,220	-	-	14,220	14,220
Computer Equipment & Software	Activity	22,524	5,836	-	28,360	28,993
IT Support	Headcount	26,845	31,571	-	58,416	92,531
Printing, Stationery & Office Supplies	Activity	7,025	-	-	7,025	4,320
Postage and Courier Costs	Activity	1,669	-	-	1,669	2,586
Telephone	Headcount	4,874	2,435	-	7,309	11,804
Travel, Subsistence & Accommodation	Activity	9,525	-	-	9,525	3,433
Service User Network and Patient & Carer Engagement Costs	Activity	1,070	-	-	1,070	184
Subscriptions	Activity	85	-	-	85	713
Communications	Activity	4,675	-	-	4,675	4,260
Other Meeting Costs inc. Catering	Activity	8,871	-	-	8,871	1,146
Facilitation Costs	Activity	5,200	-	-	5,200	-
New Business Costs	Activity	4,995	-	-	4,995	-
Insurance	Headcount	33,842	14,117	-	47,959	44,860

6. Support costs (continued)

	Contract Mgt & Commissioning	Contract Mgt & Commissioning	National Joint Registry Per MOU	Stability Fund	Total 2024	Total 2023 Restated
	£	£	£	£	£	£
Professional Fees - HR Consultancy	Headcount	7,106	369	-	7,475	7,831
Professional Fees - IT Consultancy	Headcount	950	750	-	1,700	6,063
Professional Fees - Data Protection Officer	Headcount	24,295	23,040	-	47,335	36,480
Depreciation	Activity	11,259	-	-	11,259	7,620
Loss on Disposals	Activity	-	-	-	-	690
Governance:						
<i>Audit Fees</i>	Income	16,069	3,431	-	19,500	19,715
<i>Corporation Tax Return Fees</i>	Activity	1,000	-	-	1,000	-
<i>Legal and other Governance Costs</i>	Activity	21,793	-	-	21,793	28,538
<i>Trustee expenses</i>	Activity	-	-	-	-	81
		1,056,601	187,613	-	1,244,214	1,204,169

Support costs have been allocated on the basis of staff time expended in each area as follows:

	2024	2023 As restated
Commissioning and contract management of clinical audit	1,056,601	1,054,012
National Joint Registry	187,613	150,157
Stability Fund	-	-
	1,244,214	1,204,169

The allocation of prior year costs has been amended and comparatives restated to reflect this resulting in an increase in support costs of £163,592.



7. Net movement in funds

This is stated after charging:

	Unrestricted	Restricted	Total 2024
	£	£	£
Auditor's remuneration			
Statutory audit services	16,069	3,431	19,500
Depreciation	11,259	-	11,259

	Unrestricted	Restricted	Total 2023
	£	£	£
Auditor's remuneration			
Statutory audit services	16,605	3,110	19,715
Depreciation	7,620	-	7,620

8. Employee and staff costs

	2024	2023 As restated
	£	£
Wages and Salaries	2,449,059	2,231,354
Social Security Costs	282,799	267,777
Pension Costs (Aegon Scottish Equitable)	135,494	127,231
Pension Advisory Services	5,723	2,006
Cost of Secondments	150,559	155,123
Cost of Agency Staff	48,315	60,872
	3,071,949	2,844,363

Staff costs have been allocated as follows:

	2024	2023 As restated
	£	£
Management, development and promotion of clinical audit	1,152,225	982,132
National Joint Registry	840,592	809,729
New Business Activities	185,032	187,052
Support Costs	894,100	865,450
	3,071,949	2,844,363



8. Employee and staff costs (continued)

The average number of employees during the period and the actual numbers at 31 March 2024 analysed by function, was as follows:

	2024	2024	2024	2023	2023	2023
	Av No.	Av No.	Actual	Av No.	Av No.	Actual
	Total	Full time equivalent	Full time equivalent	Total	Full time equivalent	Full time equivalent
Charitable activities						
Contract Management & Commissioning	14.9	13.7	14.1	15.7	13.8	13.7
NJR Team	13.0	10.9	9.9	13.7	11.8	9.9
Management and Core Services	14.4	13.3	13.4	14.3	12.8	13.6
TOTAL	42.3	37.9	37.4	43.7	38.4	37.2

The number of employees who earned £60,000 per annum or more during the period was

	2024	2023
£60,000-70,000	3	3
£70,000-80,000	7	2
£80,000-90,000	5	3
£90,000-100,000	-	2
£100,000-110,000	2	1

Defined pension contributions in respect of the above higher-paid employees totalled £78,071 (2023: £52,367).

Key management personnel include the Trustees, Chief Executive and senior staff reporting directly to the Chief Executive. The total employee benefits of the charity's key management personnel were **£489,074** (2023: £433,323).

Included in staff costs is £13,005 (2023: £Nil) of termination payments.

9. Trustees' remuneration

None of the trustees received any remuneration in respect of their services during the period (2023: £Nil).

During the year out of pocket travelling expenses amounting to **£Nil** were reimbursed to no trustees (2023: £81 to one trustee).

The charity has purchased insurance to protect the charity from any loss arising from the neglect or defaults of its trustees, employees and agents and to indemnify the trustees or other officers against the consequences of any neglect or default on their part. The insurance premium paid by the charity during the period totalled **£47,959** and provides cover up to a maximum of **£10,000,000** (any one claim or the aggregate during one period of insurance - being 12 months).

10. Taxation

HQIP is a registered charity and therefore is not liable for income tax or corporation tax on income derived from its charitable activities, as it falls within the various exemptions available to registered charities.

11. Intangible fixed assets

	Website development costs
Cost	
At 1 April 2023 and 31 March 2024	61,089
Amortisation	
At 1 April 2023 and 31 March 2024	61,089
Net Book Values	
At 31 March 2024	-
At 31 March 2023	-



12. Tangible fixed assets

	Fixtures, fittings & equipment
Cost	
At 1 April 2023	50,636
Additions	12,866
Disposals	(20,905)
At 31 March 2024	42,597
Depreciation	
At 1 April 2023	31,510
On Disposals	(20,905)
Charge for the Year	11,259
At 31 March 2024	21,864
Net Book Values	
At 31 March 2024	20,733
At 31 March 2023	19,126

13. Debtors

	2024	2023
	£	£
Trade Debtors	106,008	176,150
VAT Refundable	243,139	-
Prepayments & Other Debtors	56,661	61,465
Accrued income	476,583	88,637
	882,391	326,252

14. Current asset investments

	2024	2023
	£	£
Cash equivalents on deposit	4,655,267	-

15. Creditors: Amounts falling due within one year

	2024	2023
	£	£
Trade Creditors	3,255,027	3,256,905
Other Creditors	29,779	32,576
Tax and social security	75,067	423,312
Accruals	1,421,951	1,460,644
Deferred income	234,935	148,000
	5,016,759	5,321,437

Deferred income

	2024	2023
	£	£
Deferred income at 1 April 2023	148,000	69,984
Amounts released from previous year	(147,500)	(69,984)
Income deferred in the year	234,435	148,000
Deferred income at 31 March 2024	234,935	148,000

16. Restricted funds

	At 1 April 2023	Income	Expenditure	Transfers	At 31 March 2024
	£	£	£	£	£
NCAPOP Audits	7,524,274	9,720,477	(9,533,730)	1,137,251	8,848,272
NCAPOP Subscriptions	-	1,989,900	(438,719)	(1,551,181)	-
NCAPOP Scottish Extensions	-	195,970	-	(195,970)	-
NCAPOP Transition Costs	139,822	-	-	-	139,822
CORP Programme Costs	-	2,833,541	(3,381,983)	548,442	-
National Joint Registry	6,088,771	4,324,657	(3,817,187)	-	6,596,241
Health Foundation ICS-wide improvement enabled by clinical audit	-	20,000	(20,000)	-	-
NHS England: Listening to marginalised voices in maternity	-	72,000	(77,487)	5,487	-
HDR UK Public involvement in DARG	-	10,668	(10,668)	-	-
Support to local audit	-	-	(21,796)	21,796	-
	13,752,867	19,167,213	(17,301,570)	(34,175)	15,584,335

Significant transfers between funds relate to i) subscriptions collected which support the costs of the NCAPOP programme (including CORP programme costs), ii) contributions from Scotland relating to the NCAPOP programme, iii) NCAPOP support to N-QI-CAN.

	At 1 April 2022	Income	Expenditure	Transfers	At 31 March 2023
	£	£	£	£	£
NCAPOP Audits	7,227,695	11,444,610	(12,173,986)	1,025,955	7,524,274
NCAPOP Subscriptions	-	2,029,500	(439,200)	(1,590,300)	-
NCAPOP Scottish Extensions	-	179,216	-	(179,216)	-
NCAPOP Transition Costs	139,822	-	-	-	139,822
CORP Programme Costs including PMRT	-	2,273,099	(2,991,412)	718,313	-
National Joint Registry	5,718,414	4,123,402	(3,753,045)	-	6,088,771
Support to local audit	-	-	(25,248)	25,248	-
	13,085,931	20,049,827	(19,382,891)	-	13,752,867

16. Restricted funds (continued)

NCAPOP - National Clinical Audit and Patient Outcomes Programme

Management of the National Clinical Audit and Patient Outcomes Programme (NCAPOP), servicing existing contracts and commissioning new audits according to priorities agreed by NHS England.

NJR - National Joint Registry

To fund work to ensure that patients obtain the best clinical care during and following their joint replacement operation. To provide patients, clinicians, healthcare purchasers, commissioners, regulators and implant suppliers with evidence as to which are the best performing implants, ensuring that NHS and other healthcare resources are best used.

CORP - Clinical Outcome Review Programmes

Confidential enquiries designed to stimulate improvements in safety and effectiveness by enabling clinicians, managers and policy makers to learn from adverse events and other relevant data. Coverage is UK-wide, and the programme includes the following topics: deaths following medical and surgical intervention; suicides and homicide among people with mental illness; a child health review; and, maternal, infant and perinatal mortality. One further programme has been commissioned – a national child mortality database.

Health Foundation ICS-wide improvement enabled by clinical audit

Grant for a project which, supporting improvement in access/flow, inequalities and clinical outcomes, will develop a replicable best-practice method for National Clinical Audit-informed, collaborative Quality Improvement activity across an ICS footprint.

NHS England: Listening to marginalised voices in maternity

Funding for a project which aimed to identify groups of maternity service users whose voices might be considered ‘less heard’, might experience disadvantage or may have specific needs. The resulting report will feed into a research project to develop a national Patient-Reported Experience Measure (PREM).

HDR UK Public involvement in DARG

Grant to develop meaningful public involvement in HQIP’s data access processes and Data Access Request Group (DARG).

Support to local audit

To fund costs of the National Quality Improvement (Incl. Clinical Audit) Network (N-QI-CAN), a professional network of colleagues undertaking clinical audit and other improvement work across England.

17. Fixed assets fund

	At 1 April 2023	Additions	Depreciation/Amortisation	Disposals	At 31 March 2024
	£	£	£	£	£
Fixtures, fittings, equipment	19,126	12,866	(11,259)	-	20,733
	19,126	12,866	(11,259)	-	20,733

	At 1 April 2022	Additions	Depreciation/Amortisation	Disposals	At 31 March 2023
	£	£	£	£	£
Fixtures, fittings, equipment	5,898	21,538	(7,620)	(690)	19,126
	5,898	21,538	(7,620)	(690)	19,126

The fixed assets fund represents the net book value of the charity's fixed assets.

18. Designated funds

The income fund of the charity includes the following designated funds which have been set aside out of unrestricted funds by the trustees for specific purposes:

	At 1 April 2023	New designations	Utilised/released	At 31 March 2024
	£	£	£	£
Stability Fund	446,439	-	-	446,439
	446,439	-	-	446,439

	At 1 April 2022	New designations	Utilised/released	At 31 March 2023
	£	£	£	£
Stability Fund	446,439	-	-	446,439
	446,439	-	-	446,439

The trustees designated a Stability Fund in 2018. The Stability fund is expected to be used to support business development activities, additional IT infrastructure costs and continuity of workstreams over the next 5 years.

19. Analysis of net assets between funds

	General Fund	Fixed assets Fund	Designated Funds	Restricted Funds	Total 2024
	£	£	£	£	£
Fund balances at 31 March 2024 are represented by:					
Tangible fixed assets	-	20,733	-	-	20,733
Current assets	3,104,814	-	446,439	20,355,696	23,906,949
Current liabilities	(245,398)	-	-	(4,771,361)	(5,016,759)
Total Net Assets	2,859,416	20,733	446,439	15,584,335	18,910,923

	General Fund	Fixed assets Fund	Designated Funds	Restricted Funds	Total 2023
	£	£	£	£	£
Fund balances at 31 March 2023 are represented by:					
Tangible fixed assets	-	19,126	-	-	19,126
Current assets	2,562,677	-	446,439	18,712,540	21,721,656
Current liabilities	(361,764)	-	-	(4,959,673)	(5,321,437)
Total Net Assets	2,200,913	19,126	446,439	13,752,867	16,419,345



20. Contractual commitments

At 31 March 2024 the charity had no commitments in respect of contract payments approved for national clinical audits and which had not been accrued due to necessary milestones not being achieved by providers at the year end.

21. Contingent liabilities

During the year ended 31 March 2022, the charity conducted a VAT health check to ensure continuing compliance with latest VAT regulations. The health check identified an underpayment of output VAT which necessitated further investigation and liaison with the relevant funders. No provision was made in previous years due to the fact that the work was ongoing and the value of any liability could not be reliably quantified. This work was concluded during the year ended 31 March 2024 with all remaining amounts recovered from funders and paid over to HMRC.

22. Pension commitments

HQIP operates a money purchase pension scheme which is open to all employees.

Total pension costs in the period were £135,494 (2023: £127,231) and £18,559 (2023: £19,504) were payable at 31 March 2024.

23. Related party transactions

There were no reportable related party transactions in 2024 or 2023.

24. Liability of members

The charity is constituted as a company limited by guarantee. In the event of the charity being wound up members are required to contribute an amount not exceeding £10.



128 City Road, London EC1V 2NX

✉ communications@hqip.org.uk

✕ [@HQIP](#)

www.hqip.org.uk

Accounts

Health Healthcare Services Benchmark
Patient Outcomes Improve
Measure National
Audit Improve Measure
Evaluate National Quality Improvement Evaluate
Clinical Effectiveness Benchmark
Health

HQIP Trustees' Report and Accounts

April 2022–March 2023



Trustees

Professor Dame Carrie MacEwen, DBE (Chair)
Alastair Henderson (Vice-chair) – *resigned 17 November 2022*
Philip Grimshaw Baker – *resigned 17 November 2022*
Kalwant Grewal (Treasurer) – *resigned 11 April 2023*
Susan Masters
Dr Victoria Tzortziou Brown, OBE – *resigned 17 November 2022*
Gillian Coverdale
Janice Gabriel
Peter Bloomfield
Rosemary Jarvis – *appointed 25 January 2023*

Chief Executive:

Jane Ingham – *resigned 31 July 2023*
Chris Gush – *appointed 1 August 2023*

Registered office: 27A Harley Place, London W1G 8LZ

Email: communications@hqip.org.uk

Website: www.hqip.org.uk

X: [@HQIP](https://twitter.com/HQIP)

Company registration number: 6498947 (England and Wales)

Charity registration number: 1127049

Auditors: Moore Kingston Smith LLP, 9 Appold Street, London EC2A 2AP

Bankers: Lloyds Bank Plc, 39 Threadneedle Street, London EC2R 8AU

Solicitors: Cameron's Solicitors LLP, 27A Harley Place, London W1G 8LZ
VWV Solicitors, Narrow Quay House, Narrow Quay, Bristol, BS1 4QA

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HQIP and our vision

The [Healthcare Quality Improvement Partnership \(HQIP\)](#) is an independent organisation led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices. Our primary aim is to improve health outcomes by enabling those who commission, deliver and receive healthcare to measure and improve the services provided. We achieve this by supporting robust quality improvement through clinical audit, national programmes and registries.

More specifically, we commission, manage and develop the [National Clinical Audit and Patient Outcomes Programme \(NCAPOP\)](#) on behalf of NHS England, the Welsh Government and, in the case of some projects, other devolved administrations and crown dependencies. This programme covers the [National Clinical Audit Programme](#) and [Clinical Outcome Review Programmes](#) which comprise of circa 40 projects that collect and analyse data supplied by clinicians, in order to provide a national picture of care standards for a wide range of conditions. We also host the [National Joint Registry \(NJR\)](#), which collects and reports on data for hip, knee, ankle, elbow and shoulder joint replacement procedures. The NJR is the largest register of its kind in the world, and covers England, Wales, Northern Ireland, the Isle of Man and the State of Guernsey.

Our work – and its value – goes far beyond data collection and managing clinical audits and registries; the outcomes support evidence-based best practice. We publish a wide range of [reports and infographics](#) and host a dedicated benchmarking website, [National Clinical Audit Benchmarking \(NCAB\)](#), which provides a visual snapshot of individual Trust data alongside national benchmarks. We also offer a range of [resources and tools](#), including guidance and online learning as well as videos, case studies, themed 'signpost' updates and a [Quality Improvement \(QI\) magazine](#), all of which help the audit and wider healthcare communities to implement local and national improvements, and to deliver effective and safe services. This support is further enhanced by our highly-specialised [QI advisory services](#).

Health Healthcare Services Benchmark
Patient Outcomes Improve
Measure Audit Improve Measure
Evaluate National Quality Improvement Evaluate
Clinical Effectiveness Health

HQIP seeks to promote and celebrate the benefits and impact of clinical audit and quality improvement work in healthcare, hosting [Clinical Audit Awareness Week](#) (with awards for 'clinical audit heroes') in collaboration with the National Quality Improvement (inc Clinical Audit) Network (N-QI-CAN). From the creation of guidance to enable the sharing of data beyond the confines of the healthcare sector, through to reviewing the metrics used in audits (and a range of activities in between), everything we do aims to share our knowledge and maximise the impact of the data collected. However, we cannot do this alone...

We are committed to collaborating with a wide range of stakeholders, both within and beyond the healthcare sector. We seek out and develop relationships at both national and local levels, including those involved in policy, health service planning and delivery, and research. Our work is aligned with other national bodies and their quality improvement programmes. As such, we interact with a broad spectrum of professional leadership bodies and organisations, including: NHS England; the Department for Health and Social Care (DHSC); the governments of the devolved nations and crown dependencies (Scotland, Wales, Northern Ireland, Jersey, Guernsey and Isle of Man); the Care Quality Commission (CQC); The National Institute for Health and Care Excellence (NICE); the Faculty of Medical Leadership and Management (FMLM); the National Quality Improvement (inc Clinical Audit) Network (N-QI-CAN); Health Data Research UK; the Health Foundation and the Q Community; the Independent

Healthcare Providers Network; and the Private Healthcare Information Network, among others.

Critically, HQIP also pro-actively reaches out to those who receive healthcare services, creating opportunities for meaningful engagement with patients, carers and their communities and representatives. This engagement plays a vital role in our work, from planning right through to delivery, and key examples include patient involvement in the development of programme specifications as well as in the production of patient-friendly reports. Central to this work, is our [Service User Network \(SUN\)](#), an advisory group of patients and carers who provide input into our work and its outputs. We pride ourselves on this two-way channel of communication, demonstrating our open and adaptable approach to involving patients and carers in all areas of our work.

For more information about us, our programme of work and our outputs, go to www.hqip.org.uk.

HQIP Chief Executive Officer (CEO)

In August 2023, Jane Ingham retired from her role as CEO at HQIP. We would like to take this opportunity to thank Jane for her 10 years of service, working to improve patient outcomes, and also to welcome HQIP's new CEO, Chris Gush. Find out more [here](#).

Health Quality Improvement
Measure National Benchmark Evaluate Clinical Effectiveness
Impact Patient Outcomes
Evaluate Health Healthcare Services Health
Measure Benchmark Patient Outcomes Quality Improvement
Evaluate National Improve



Chair and CEO statement

2022-23: Not just back to the future, but back to the data-informed future

This was a year in which we, along with everyone else in healthcare, were able - albeit tentatively - to turn our attention back to the future. While COVID-19 continued in its various guises (one in 13 people in the UK were reported to have the virus at the end of March 2022¹), it was clear that the sector needed to plan for recovery. But what did this mean in practice, and what was feasible, in an already overstretched service?

It was apparent to all, from policy makers to frontline clinicians, that the answer lay in taking a targeted approach. Identifying where resources were needed most, and where they would make the greatest difference, to achieve maximum impact. In other words, it was clear that we needed to 'follow the data'.

"Taking an evidence-informed approach to improvement would help to reduce burden and support a 'smart' approach to healthcare design"

So, the value of audit and clinical outcome data was never greater than in 2022-23. Taking an evidence-informed approach to improvement would help to reduce burden and support a 'smart' approach to

healthcare design – and this was exemplified by changes introduced to the [National Clinical Audit and Patient Outcomes Programme \(NCAPOP\)](#), which we commissioned on behalf of NHS England. With over 40 programmes and audits, there was a wealth of healthcare data available, but the real challenge was to translate it into positive actions that target change where needed. That is why we introduced new measures to reduce the number of metrics, make reports and other outputs more succinct, and improve the timeliness of data. In October 2022, we were also delighted to take a new approach to commissioning. The [National Cancer Audit Collaborating Centre](#) encompasses multiple cancer audits, and offers efficiencies as well as opportunities for greater knowledge and best-practice sharing.

Changes such as these were the result of the culmination of extensive experience in managing the NCAPOP. Our work up to this point meant that we were in a position to commission programmes that were both aware of the sector's needs and cognisant of the NHS approach to impact (more on which can be found on the [NHS England IMPACT website](#)). This, no doubt, influenced HQIP being re-awarded the contract from NHS England to continue commissioning the NCAPOP from 1 April 2023 for three years (with an option to extend for a further two years). We are delighted with this news and look forward to delivering a programme that supports providers and commissioners to improve patient outcomes, while minimising burden on all involved.

Other highlights this year include the relaunch of [Clinical Audit Awareness Week \(CAAW\)](#), following a break due to the pandemic. We also launched a new

¹ Figures from the week ending 26 March 2022 from the Office for National Statistics indicated that 4.9 million people (one person in 13) in the UK had COVID-19. This was the highest recorded number of cases since COVID records began in April 2020.

online magazine-like publication, [CORNERSTONE](#), that aims to support a wide range of healthcare stakeholders with Quality Improvement (QI). The first (2023) edition contained articles on patient safety, public engagement and health inequalities, among others. We look forward to sharing the 2024 edition from the end of 2023. More information on these projects, and all our work and outputs, can be found on the [HQIP website](#).

“We could not continue to run an audit programme that is both targeted and meaningful without the dedication and support of the audit community or those who plan, deliver and receive healthcare”

On a personal note, we each have some news to share. We are proud to say that Carrie (HQIP’s Chair of the Board of Trustees) was appointed as the Chair of the General Medical Council (GMC) in May 2022, becoming only the second woman to hold the post since the GMC was established. Then, after ten years at the helm at HQIP, Jane has decided to retire in the summer of 2023. We are delighted that Chris Gush, Executive

Director of the veterinary charity RCVS Knowledge, has been appointed as HQIP’s CEO from 1 August 2023. He is committed to building on Jane’s work, and to collaborating with stakeholders to deliver quality improvement and improve patient outcomes.

Finally, we wish to end on a note of thanks. It goes without saying that we could not continue to run an audit programme that is both targeted and meaningful without the dedication and support of the audit community or those who plan, deliver and receive healthcare. Indeed, without the combined efforts of the entire healthcare community, we could not support ‘looking back to the data-informed future’.”

Best regards,



**Carrie MacEwen, DBE LLD
FRSE MD FRCOPhth FRCS
Chair**



**Jane Ingham,
CEO**



Our year in numbers

1 April 2022 to 31 March 2023

National Clinical Audit and Patient Outcome Programme outputs

64

Reports published

368

Recommendations

44

Infographics

25

Impact reports

40

Peer-reviewed publications featuring HQIP-commissioned data

National Joint Registry (NJR)

Data analysed:

99,043

Hips

98,469

Knees

6,780

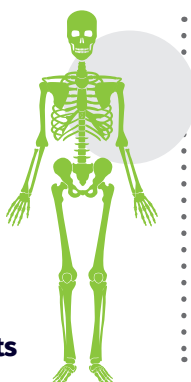
Shoulders

817

Elbows

880

Ankle replacements



13

Peer-reviewed journal articles on research using NJR data

Tenders

11

New NCAPOP contracts awarded

5

NCAPOP contract extensions

4

HQIP supplier contracts awarded

Data access **41** Applications received

eLearning

Introduction to quality improvement for healthcare professionals

2,028 Completed sessions

978 Self-certification completed



Introduction to quality improvement for patients and public

1,292 Completed sessions

521 Self-certification completed

Patient and carer engagement

3

Focus groups

3

Feedback presented at Specification Development Meetings

9

Involvement in scoring and evaluation of tenders

6

Richard Driscoll Memorial Award 2022 case studies

National Clinical Audit Benchmarking (NCAB) website

14

Datasets added

11,197

Users

15,507

Sessions

49,605

Pageviews

2,136

Downloads (csv and pdf files)

HQIP on social media

5,998

Twitter (X as of 2023) followers (at 31 March 2023)

4,260

LinkedIn followers (at 31 March 2023)

Mailing list

992

New subscribers

**30,334**

Total active contacts (31 March 2023)

HQIP website

133,740

Users

206,681

Sessions

767,655

Pageviews

278,013

Resource pageviews

Strategic report

In shaping our objectives and planning our activities, the Trustees have considered the Charity Commission's guidance on public benefit, including *Public benefit: running a charity (PB2)*. The Trustees confirm that they have complied with the duty in section 17 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charity Commission.

Strategic objectives

In order to deliver our vision of improving health outcomes, a set of strategic objectives informs all our activities. As such, we commit to:

1. Commission, manage, support and promote national and local programmes of quality improvement, using best management and procurement practice to ensure robust results and actionable recommendations. This includes the National Clinical Audit and Patient Outcomes Programme (NCAPOP), and the National Joint Registry on behalf of NHS England and other healthcare departments and bodies.
2. Ensure patients and carers remain at the heart of our work through continued, strategic involvement in all relevant processes and projects.
3. Support healthcare professionals to review and improve their practice by providing opportunities to share best practice, through education and training programmes, as part of promoting an integrated approach to quality improvement.
4. Inform and influence national healthcare policy by effectively communicating our work and that of our partners.
5. Encourage wide use of robust data for quality improvement of care, offering patient choice, promoting patient safety, supporting revalidation and service accreditation, commissioning, service redesign, and research.
6. Be an efficient, well run organisation which supports staff development and welfare.

Achievements and performance

This section provides an overview of HQIP's performance over the period from 1 April 2022 to 31 March 2023. In addition, short vignettes have been included to illustrate our impact in relation to specific activities and, where relevant, online links have been provided. Further information about HQIP can be found on our website: www.hqip.org.uk. Our key achievements this year include:

- ✓ Continued with the delivery of the on-going [National Clinical Audit and Patient Outcomes Programme \(NCAPOP\)](#), publishing 44 infographics and 64 reports, featuring 368 recommendations, across a multitude of clinical disciplines ranging from asthma to vascular health.

Spotlight: National Cancer Audit Collaborating Centre (NATCAN)



From October 2022, we commissioned a set of new cancer programmes on behalf of NHS England and the Welsh Government. The [National Cancer Audit Collaborating Centre](#), hosted by the Royal College of Surgeons of England, heralded a new approach, encompassing multiple new national cancer audits. In the first instance, this comprised: breast (including primary and metastatic), ovarian, pancreatic, non-Hodgkin Lymphoma, and kidney cancer. However, the intention is to add further cancer audits over time, in order to take advantage of the opportunities for knowledge and best practice sharing, as well as efficiencies, afforded by this umbrella approach.

This new Centre is part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP), and was funded by NHS England and the Welsh Government, with £5.4m for an initial period of three years. It aims to:

- provide regular and timely evidence to cancer services where patterns of care in England and Wales may vary
- support NHS services to increase the consistency of access to treatments and help guide quality improvement initiatives
- stimulate improvements in cancer detection, treatment and outcomes for patients, including survival rates.

- ✓ Work continued to introduce changes to the [National Clinical Audit and Patient Outcomes Programme \(NCAPOP\)](#), to support targeted improvements in healthcare, particularly important for a service recovering from the COVID-19 pandemic.

New measures include:

- reducing the burden on data providers, taking the number of metrics down to ten and ensuring that routine data is used if possible
- changing outputs to make reports more succinct
- improving timeliness of data provision, with near real-time dynamic reporting (which may be subject to subsequent adjustments) and subsequent fully quality-assured annual data.

- ✓ Awarded 11 new contracts as part of the [National Clinical Audit and Patient Outcomes Programme \(NCAPOP\)](#) including the National Audit of Psychosis, the National Vascular Registry and the National Clinical Audit of Stroke as well as the Clinical Outcome Review Programme (CORP) on Maternity, Newborn and Infant care. We also agreed five NCAPOP contract extensions including the National Audit of Dementia, and the Medical and Surgical Clinical Outcome Review Programme (CORP), in addition to four contracts to support the day-to-day running of HQIP.

- ✓ Developed and published four new in-focus reports, together with our 2022 annual impact report. Alongside a summary of national, system, local and public key impacts relating to HQIP's audits and programmes, these additional reports looked in greater detail at the impact of National Emergency Laparotomy Audit (NELA), the Maternity and Perinatal Audit (NMPA), the National Bowel Cancer Audit (NBOCA), and the National Oesophago-Gastric Cancer Audit (NOGCA).

Spotlight: National Clinical Audit and Patient Outcomes Programme (NCAPOP)



Following a competitive tendering process, we were delighted to be re-awarded a contract by NHS England to commission the [National Clinical Audit and Patient Outcomes Programme \(NCAPOP\)](#), from 1 April 2023 for three years (with an option to extend for a further two years). This contract was the culmination of many months of work, to ensure that we will continue to deliver a programme that would meet not only the needs of NHS England but also those of healthcare planners, providers and, of course, patients.

HQIP Carbon Reduction Plan: Net zero by 2050

In preparing for the NCAPOP contract, we published a [Carbon Reduction Plan \(CRP\)](#), which commits HQIP to achieving Net zero emissions by 2050. This is in accordance with the UK Government's commitment under the Climate Change Act and the NHS Net Zero Supplier Roadmap. Continued carbon reduction will be achieved through effective supply chain management and HQIP's asset register.

- ✓ Hosted [National Joint Registry \(NJR\)](#) which analysed data on 99,043 hips, 98,469 knees, 6,780 shoulders, 817 elbows and 880 ankle replacements. A total of 13 peer-reviewed journal articles, featuring research using NJR data, were also published. In addition, the NJR implemented its 2022-25 Strategic Plan and continued with the delivery of activities in its 2022-23 annual plan including: The development of enhanced data collection to reflect changes in orthopaedic clinical practice across all joints; a successful historical data quality audit of elbow surgery, with registry procedure records rising from 6,544 to 11,090; new performance metrics for knee surgery; and a new approach to patient engagement to bring the patient voice more strongly into the structure, work and activities of the NJR.
- ✓ The [National Audit of Cardiovascular Disease Prevention in Primary Care](#) (CVDPrevent)'s educational outreach activities reached over 43 Primary Care Networks (PCNs) or practice teams, supporting them to use their dashboard and data, and apply them in their area.
- ✓ This year saw a significant change in the structure of HQIP's [Service User Network \(SUN\)](#), to support Patient and Public Involvement (PPI) in our work. In consultation with members, we looked at options to increase SUN membership and diversity, and this resulted in a flexible approach to taking part. We created a simple online sign-up form, and enabled members to pick and choose their involvement based on interest, availability or any other need they might have. The result was 33 new members up to 31 March 2023 (with the numbers still increasing), to whom we sent newsletters and emails with various opportunities to get involved.
- ✓ We continued to [engage with patients, carers and communities](#) on a broad range of activities to ensure our work continues to be relevant and meaningful. This involved engagement throughout the commissioning process, including: focus groups that fed into three specification development meetings; scoring of nine tenders using feedback from specification engagement; and patient/carers involvement in nine evaluation meetings.

Spotlight: Patient and Public Involvement in mental health



In February 2023, HQIP met with eight people with lived experience of mental health services – specifically loved ones of people who died by suicide and/or those who have been suicidal themselves. Participants were Lived Experience Influencers from The Samaritans and members of HQIP's Service User Network. We asked them a number of questions around the information and support that would be useful, in order to help us understand the needs of service users and their loved ones, as we developed the specification for the [Mental Health Clinical Outcome Review Programme](#). This identified the following needs:

- More data, to understand successive and protective factors
- More involvement of families and carers in the data, and
- Improvement in the support that is available after inpatient care, with 24/7 access to help e.g. links to charities and services.

We also asked the group for ideas for topics for inclusion in the programme. This resulted in useful suggestions including the link between healthcare inequalities and suicide, with particular emphasis on those with neurodivergence.

- ✓ Ensured representative patient and carer engagement in the [National Obesity Audit](#), by establishing a user panel comprising a diverse group of people from all over England with lived experience of using a variety of services. We created a flyer which we shared with relevant networks and charities and on social media. The panel first met in May 2022 and their feedback was fed into the early stages of the audit, guiding the development of metrics and outputs such as a webpage on the HQIP website and a dashboard.
- ✓ Ran the 2022 [Richard Driscoll Memorial Award](#), to celebrate excellent public and patient involvement in the National Clinical Audit and Patient Outcomes Programme (NCAPOP). The winning entry was Epilepsy12, in recognition of exceptional collaboration with young people and families, its embedded approach to engagement, and the flexible, inclusive nature of the Youth Advocates group. In addition, the judges (which included members of our Service User Network) selected two commended entries: the National Child Mortality Database (NCMD) and the National Audit of Breast Cancer in Older Patients (NABCOP). Case studies on the winning and commended projects, as well as a number of other entries, were developed and shared on the HQIP website.
- ✓ Enabled healthcare providers to benchmark their performance against national data in an increased number of clinical areas, with the verification and publication of 14 new datasets on the [National Clinical Audit Benchmarking \(NCAB\)](#) platform. These span a range of clinical disciplines, including paediatric diabetes and intensive care as well as prostate and breast cancer.
- ✓ In collaboration with NCAPOP data providers, the Care Quality Commission (CQC), the NHS Model Health System and key Trust colleagues, we held a [National Clinical Audit Benchmarking \(NCAB\)](#) Future Forum in November 2022, to assess options for modernising and streamlining data processing. As a result, a set of success criteria for modernised consolidated reporting, and key themes for future development to improve data processing, were agreed.
- ✓ Supported local audit and quality improvement in NHS Trusts across the country by working with the National Quality Improvement (incl. Clinical Audit) Network (N-QI-CAN). We presented at all of N-QI-CAN's national meetings, and responded to questions and feedback from participants, bringing the local audit perspective into our commissioning work, and disseminating national developments and findings.

Spotlight: Clinical Audit Awareness Week



2022 saw the relaunch of [Clinical Audit Awareness Week](#) (CAAW) from 13-17 June, following a break due to the COVID-19 pandemic. Run in collaboration with the National Quality Improvement (incl. Clinical Audit) Network (N-QI-CAN), it is a national campaign to promote and celebrate the benefits and impact of clinical audit and quality improvement work in healthcare.

The campaign included the [2022 Clinical Audit Heroes Awards](#), which recognised – and shared best practice from – five categories:

- Patient safety
- Patient advocate
- Influencing change
- Health inequalities
- Future-proofing healthcare.

The winning and commended entries were announced at five daily Lunch & Learn events, hosted by N-QI-CAN, during CAAW 2022.

The 2022 campaign and awards were our most successful to date, with more website visitors and social media engagement than ever before.

- ✓ Held a final workshop in a series of four on health inequalities, with presentations from Bola Owolabi, Director of Health Inequalities at NHS England and Improvement, as well as members of HQIP's Service User Network. The findings from our workshops were shared with key stakeholders, with the aim of improving the data available in this important area.
- ✓ Supported NHS England in developing the [Quality Accounts](#) List 2023/24, facilitating a scoping process and preparing recommendations for review. Trusts use this List to plan clinical audit activity for the upcoming financial year, as well as to support the development of retrospective annual Quality Account reports. The List, which was published in early 2023, comprises national audits, clinical outcome review programmes and other quality improvement projects that NHS England advises Trusts to prioritise for participation.

- ✓ Continued our successful series of themed 'one-stop shop' newsletters to signpost to key quality improvement reports and resources from both HQIP and the wider sector, with new editions on [Children & Young People's Health](#) and [Mental Health](#) in the summer and autumn of 2022.

Spotlight: NEW Quality Improvement (QI) publication



We published a new style of publication to support Quality Improvement (QI), aimed at a wide range of healthcare stakeholders. [CORNERSTONE](#) is an online 'magazine-like' publication, with short, easy-to-read articles on key issues, enabling busy professionals to dip in and out of it as needed. The first edition included articles on:

- The importance of healthcare data
- Patient safety
- The impact of national clinical audit
- Engaging patients
- Healthcare inequalities, and
- Focusing on the right data for impact.

- ✓ Enabled access to HQIP-managed data by processing 41 data access requests.
- ✓ In collaboration with the Health Foundation, NIHR and the MRC, we developed a recorded presentation and supporting leaflet to provide an overview of our datasets and our data access process, as well as highlight top tips and common pitfalls in applying for data.
- ✓ Continued with a series of insightful [blog articles](#), to support clinical audit and Quality Improvement, including *Taking the long view: Future-proofing healthcare* and *Collecting data is just the start*, which was written for the BMJ Leader series.
- ✓ Raised awareness of the impact of National Data Opt-out (NDO), which enables people to remove their identifiable data from uses beyond their own healthcare, through a single register. We also communicated the importance of striking a balance between respecting the rights of individuals and promoting the importance of complete and unbiased data. We worked intensively with national bodies

developing the NDO exemption process and, wherever there were demonstrable impacts, we supported our projects in gaining exemption.

- ✓ Our New Business Development (NBD) strategy was reviewed and significantly updated to reflect a broader and more ambitious approach. The revised strategy set out an impact-orientated and values-driven approach to building a wider portfolio of HQIP work, with a focus on Quality Improvement (QI), thought leadership, and capacity building and partnership development.
- ✓ We secured commissioned projects for delivery in 2023-24, including a Maternity project on behalf of NHS England that will look at 'Understanding what matters to users of Maternity services in England: Listening to unheard voices'.
- ✓ Continued our focus on Equity, Diversity and Inclusion (EDI) with regular working group meetings, which resulted in improvements (such as the addition of an [accessibility statement on the HQIP website](#)) for both staff and our wider stakeholder groups.

Future plans

Planned activity for 2023-24

The underpinning themes influencing and shaping our work programme for the coming year are:

- Leveraging our expertise to increase our impact
- National clinical audit for local quality improvement
- Metrics for improvement
- Technology for agile working, and
- Harnessing our assets for wider value (data to information).

Some of the key activities planned for 2023-24 are:

- Embedding of the new NCAPOP contract
- Establishment of an NJR patient network
- Programme of communications activity focussing on celebrating the NJR's 20th anniversary
- Project to ensure communication with the right target audiences
- Work on developing new business projects



Trustees' report

The Trustees, who are also directors of the charity for the purposes of the Companies Act 2006, present their report with the financial statements of the charity for the year ended 31 March 2023. The Trustees have adopted the provisions of the Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (The FRS 102 Charities SORP including Update Bulletin 2).

Statement of Trustees' responsibilities

The Trustees are responsible for preparing their Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare financial statements for each financial period that give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources. This includes the income and expenditure, of the charitable company for that period. In preparing those financial statements, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently
- Comply with applicable accounting standards, including FRS 102, subject to any material departures disclosed and explained in the financial statements
- State whether a Statement of Recommended Practice (SORP) applies and has been followed, subject to any material departures which are explained in the financial statements
- Make judgements and estimates that are reasonable and prudent
- Prepare the financial statements on a going concern basis unless it is inappropriate to presume that the charitable company will continue in business

The Trustees are responsible for keeping proper accounting records which disclose with reasonable accuracy the financial position of the charitable company and to enable them to ensure that the financial statements comply with the Companies Act 2006.

They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the Trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware; and
- The Trustees have taken all the steps that they ought to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

The Trustees' Annual Report is approved by the trustees of the Charity. The Strategic Report, which forms part of the Annual Report, is approved by the Trustees in their capacity as directors in company law of the Charity.

Financial report

Results for the year

Fig 1: Where our funding comes from

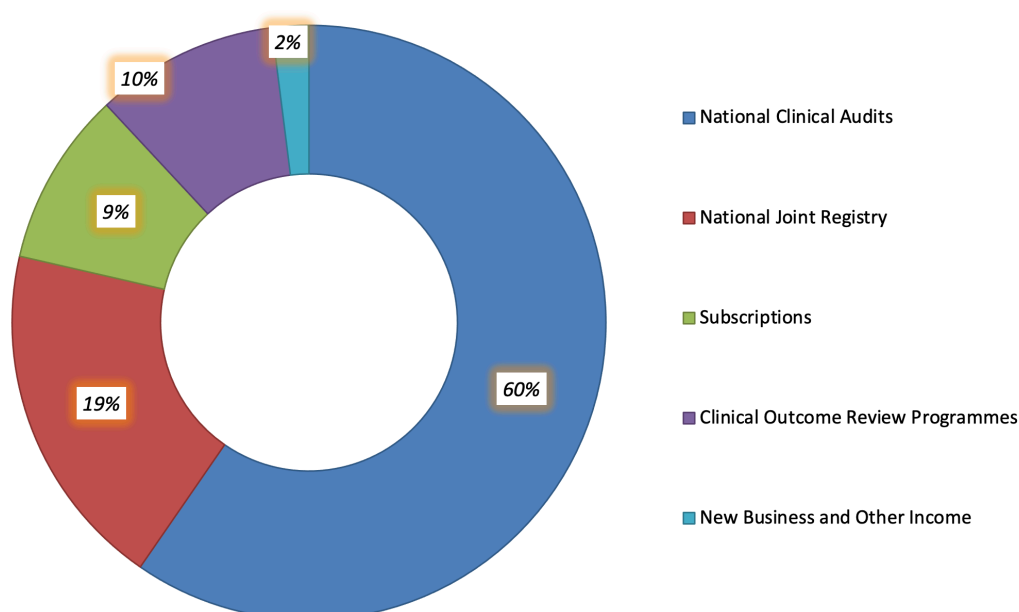
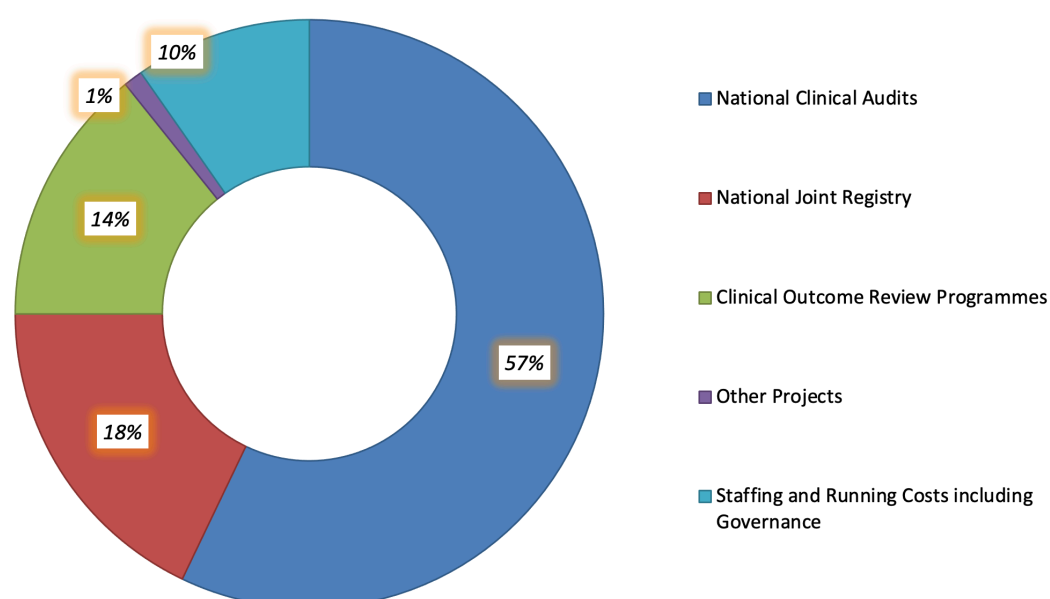


Fig 2: How we spend our money





During the year ended 31 March 2023, HQIP received income totalling £21,633,878 (2022: £22,641,017) of which £20,049,827 (2022: £20,872,786) was for restricted purposes, and £1,584,051 (2022: £1,768,231) was for the general purposes of the charity including management support fees of £1,300,000 (2022: £1,300,000).

Income included £11,418,770 (2022: £12,334,657) to finance national clinical audits. In addition, HQIP collected subscriptions of £2,029,500 (2022: £2,009,700) from NHS Trusts on behalf of NHS England to support national audits. The Scottish Government contributed £179,216 (2022: £139,162) to NCAPOP programmes.

In 2022-23, income for the Clinical Outcome Review Programmes totalling £2,151,526 (2022: £2,112,717) was collected from all UK Administrations. This included funding for the National Child Mortality Database. The Department of Health and Social Care provided £121,573 (2022: £206,020) for development of a Perinatal Mortality Review Tool.

In 2022-23, the National Joint Registry (NJR) collected subscriptions totalling £3,385,630 (2022: £3,246,110). Other income of £717,090 (2022: £782,863) included supplier contributions, and data access fees. NJR funds are managed in a separate bank account which is used solely to fund the work of the Registry.

Grants totaling £Nil (2022: £10,052) were received from the Health Foundation. Income of £Nil (2022: £30,410) was received for a pilot project with the Independent Healthcare Providers Network.

Expenditure

In 2022-23, HQIP commissioned and managed national clinical audit contracts with a total value of £11,986,379 (2022: £11,499,456).

Expenditure on the Clinical Outcome Review Programmes, was £2,991,412 (2022: £3,567,936).

Expenditure on the management and development of the National Joint Registry was £3,753,045 (2022: £3,329,365).

Expenditure on National Clinical Audit Benchmarking was £7,870 (2022: £8,720). Expenditure on other Quality Improvement and Development activities was £25,248 (2022: £21,120).

Other direct charitable expenditure, including support costs, totalled £2,224,474 (2022: £2,224,243).

Financial position

The balance sheet at 31 March 2023 shows total funds of £16,419,345 (2022: £15,773,895), including restricted funds totalling £13,752,867 (2022: £13,085,931) and unrestricted funds comprising general funds of £2,200,913 (2022: £2,235,627), tangible and intangible fixed assets of £19,126 (2022: £5,898) and designated funds of £446,439 (2022: £446,439).

At 31st March 2023, the charity retained free reserves of £2,200,913 (2022: £2,235,627).

Reserves policy

The Trustees have examined the requirement for free reserves, i.e. those unrestricted funds not invested in tangible or intangible fixed assets, designated for specific purposes or otherwise committed. The current policy is that the level of free reserves should be equivalent to six to nine months' operating commitments (forecast at £1,368,870 to £2,053,305 in 2023-24). The actual free reserves of £2,200,913 at March 2023 were slightly above this range but the Trustees consider this acceptable in the context of the current environment.

There are, in addition, designated funds of £446,439 (see Note 17). The designated Stability fund is available to support the charity in the event of unexpected expenditure. Trustees keep this position under regular review.

Structure, governance and management

HQIP is a company limited by guarantee and incorporated on 11 February 2008. It was registered as a charity on 4 December 2008. The governing document is the Memorandum and Articles of Association. HQIP was founded by a consortium of three organisations: the Academy of Medical Royal Colleges, the Royal College of Nursing, and National Voices.

Each organisation appoints representatives to act as directors and these individuals, together with the treasurer, form the Trustees of the organisation and the Board of directors. A process for induction of new Trustees is in place and ongoing training for Trustees is available as required.

The Trustees handle matters of strategic planning and policy, including sign-off of the charity's strategic and operational plans. The Chief Executive has delegated responsibility for managing the charity and handling operational matters of policy and delivery.

Remuneration for all staff, including key management personnel, is set by reference to periodic external salary benchmarking.

Risk management

The Board of Trustees maintains a comprehensive Risk Register which is reviewed and discussed at every Board Meeting. Risks fall into five categories:

- Governance
- Operational
- Financial
- Environmental/external
- Compliance (laws and regulations)

The probability and impact of each risk is calculated and the charity's mitigation strategy for each is considered.

The principal risks are considered to be:

Risk 1: Dependency on one substantive contract

Mitigation: Recruitment to new role, Associate Director for Healthcare Quality Improvement, which leads efforts in diversifying income and reducing dependency. New strategic framework for 2023-2026 adopted with refined aims and objectives based on learning during previous period.

Risk 2: Failure in Information Governance management

Mitigation: External DPO contracted following internal staff changes and the onboarding process included full review of policies and procedures.

Approved by the Trustees of Healthcare Quality Improvement Partnership company registration number 06498947 (England and Wales) and signed on their behalf by:



Trustee Carrie MacEwen, Chair. Approved on:
23 November 2023



Independent auditor's report to the members of Healthcare Quality Improvement Partnership

.....

Opinion

We have audited the financial statements of Healthcare Quality Improvement Partnership ('the company') for the year ended 31 March 2023 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 'The Financial Reporting Standard Applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2023 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs(UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including

the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the strategic report and the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the trustees' annual report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the company and its environment obtained in the course of the audit, we have not identified material misstatements in the strategic report or the trustees' annual report.

We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 16, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charitable company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charitable company's ability to continue as a going concern. If we conclude

that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charitable company to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charitable company.

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the charitable company and considered that the most significant are the Companies Act 2006, the Charities Act 2011, the Charity SORP, and UK financial reporting standards as issued by the Financial Reporting Council.
- We obtained an understanding of how the charitable company complies with these requirements by discussions with management and those charged with governance.
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.
- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in the financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to any party other than the charitable company and charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Moore Kingston Smith LLP

Neil Finlayson (Senior Statutory Auditor)

for and on behalf of Moore Kingston Smith LLP,
Statutory Auditor
6th Floor
9 Appold Street
London
EC2A 2AP

Date: 27 November 2023



Statement of financial activities for the year to 31 March 2023

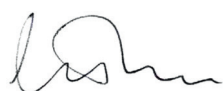
		Unrestricted Funds	Restricted Funds	Total 2023	Total 2022
	Note	£	£	£	£
INCOME AND EXPENDITURE					
Income					
Income from Investments	2	9,379	46,522	55,901	2,191
Charitable Activities					
Management, development and promotion of Clinical Audit	3	1,531,539	20,003,305	21,534,844	22,623,771
Other income	4	43,133	-	43,133	15,055
Total Income		1,584,051	20,049,827	21,633,878	22,641,017
Expenditure					
Charitable activities					
Management, development and promotion of Clinical Audit	5	1,605,537	19,382,891	20,988,428	20,650,840
Total Expenditure		1,605,537	19,382,891	20,988,428	20,650,840
Net Income/ (Expenditure)	7	(21,486)	666,936	645,450	1,990,177
Transfers between funds		-	-	-	-
Net movement in funds		(21,486)	666,936	645,450	1,990,177
Balances brought forward at 1 April 2022		2,687,964	13,085,931	15,773,895	13,783,718
Balances carried forward at 31 March 2023		2,666,478	13,752,867	16,419,345	15,773,895

All gains and losses arising in the period have been included in the statement of financial activities and relate to continuing operations.

Balance sheet 31 March 2023

		2023	2023	2022	2022
	Notes	£	£	£	£
Fixed assets					
Intangible fixed assets	11		-		-
Tangible fixed assets	12		19,126		5,898
			19,126		5,898
Current assets					
Debtors due within one year	13	326,252		1,584,602	
Cash at bank and in hand		21,395,404		20,748,831	
		21,721,656		22,333,433	
Creditors: amounts falling due within one year	14	5,321,437		6,565,436	
Net current assets			16,400,219		15,767,997
Total net assets			16,419,345		15,773,895
Funds and reserves					
Restricted funds	15		13,752,867		13,085,931
Unrestricted funds					
General fund		2,200,913		2,235,627	
Tangible fixed assets fund	16	19,126		5,898	
Designated funds	17	446,439		446,439	
			2,666,478		2,687,964
			16,419,345		15,773,895

Approved by the Trustees of Healthcare Quality Improvement Partnership company registration number 06498947 (England and Wales) and signed on their behalf by:



Trustee Carrie MacEwen. Approved on: 23 November 2023

Statement of cash flows for the year ended 31 March 2023

		2023	2022
		£	£
Cashflow from operating activities			
Net cash provided by operating activities		612,210	2,600,612
Cashflows from investing activities			
Investment income and interest received		55,901	2,191
Proceeds from sale of tangible fixed assets		-	1,570
Payments to acquire tangible fixed assets		(21,538)	(4,232)
		34,363	(471)
Net increase in cash and cash equivalents		646,573	2,600,141
Cash and cash equivalents at the beginning of the year		20,748,831	18,148,690
Cash and cash equivalents at end of year		21,395,404	20,748,831
Reconciliation of net income to net cash flow from operating activities			
Net income / (expenditure) including endowments		645,450	1,990,177
Adjustments for:			
Depreciation charge		7,620	14,437
Loss on disposal of fixed assets		690	37
Interest receivable		(55,901)	(2,191)
Decrease/(Increase) in debtors		1,258,350	(692,821)
(Decrease)/Increase in creditors		(1,243,999)	1,290,973
Net cash inflow from operating activities		612,210	2,600,612

The charity has no net debt and accordingly no net debt note is presented.

Notes to the accounts 2022-23

1. Accounting policies

a) Basis of accounting

These financial statements are prepared on a going concern basis, under the historical cost convention.

The financial statements have been prepared in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102). The Charitable Company is a public benefit entity for the purposes of FRS 102 and therefore the Charity also prepared its financial statements in accordance with the Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (The FRS 102 Charities SORP including Update Bulletin 2), the Companies Act 2006 under the provision of the Large and Medium-sized Companies and Groups (Accounts and Reports) Regulations 2008 (SI 2008/410) and the Charities Act 2011.

The financial statements are prepared in sterling, which is the functional currency of the company.

Monetary amounts in these financial statements are rounded to the nearest pound.

b) Going concern

The trustees have assessed whether the use of the going concern basis is appropriate and have considered possible events or conditions that might cast significant doubt on the ability of the charity to continue as a going concern. The trustees have made this assessment for a period of at least one year from the date of approval of the financial statements. In particular the trustees have considered the charity's forecasts and projections and have taken account of pressures on grant and contract income. After making enquiries the trustees have concluded that there is a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. The charity therefore continues to adopt the going concern basis in preparing its financial statements.

c) Income

Income is recognised net of VAT in the period in which the charity is entitled to receipt and the amount can be measured with reasonable certainty. Income is deferred only when the charity has to fulfil conditions before becoming entitled to it or where the donor or funder has specified that the income is to be expended in a future accounting period. Income is only recognised for amounts that are probable at the date of preparation of the accounts. Any further amounts received after this date are recognised in subsequent periods.

Funding from government and other agencies have been included as income from charitable activities where these amount to either a contract for services or the charity has acted as agents. However where the money is given in response to an appeal or with greater freedom of use, for example monies for core funding, then this has been treated as a donation.

d) Expenditure and the basis of apportioning costs

Expenditure is included in the Statement of Financial Activities when incurred and excludes attributable VAT where it can be recovered.

Expenditure comprises the following:

i) The costs of activities in furtherance of the charity's objects comprise expenditure on the charity's primary charitable purposes as described in the trustees' report. Such costs include:

- National Clinical Audit and Patient Outcomes Programme: amounts expended on the commissioning of national clinical audits
- Clinical Outcome Review Programmes: commissioning and managing enquiries and reviews
- National Joint Registry: expenditure relating to the management and development of the Registry

- Quality improvement and development activities: expenditure relating to the promotion and advancement of clinical audit as a means of improving the provision of healthcare.

ii) Support costs represent indirect charitable expenditure. In order to carry out the primary purposes of the charity it is necessary to provide support in the form of personnel development, financial procedures, provision of office services and equipment and a suitable working environment. Such costs are allocated across the activities of the charity based on an estimate of staff time.

e) Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts.

f) Fund accounting

Restricted funds comprise monies whose use is restricted to a specific purpose, or is subject to donor imposed conditions.

Designated funds comprise monies set aside out of unrestricted general funds for specific future purposes or projects.

The fixed assets fund comprises the net book value of the charity's fixed assets, the existence of which is fundamental to the charity being able to perform its charitable work and thereby achieve its charitable objectives. The value represented by such assets should not be regarded, therefore, as realisable.

General unrestricted funds represent those monies which are freely available for application towards achieving any charitable purpose that falls within the charity's charitable objects.

g) Tangible fixed assets

All assets costing more than £500 and with an expected useful life exceeding one year are capitalised. Depreciation is provided at the following annual rates in order to write each asset off over its estimated useful life:

- Computer and similar equipment: 33% per annum based on costs

- Furniture and general office equipment: 20% per annum based on costs

h) Intangible fixed assets

Intangible fixed assets include the development costs of the website and are stated at cost less accumulated amortisation and accumulated impairment losses. Amortisation is recognised so as to write off the cost of assets less their residual values over their useful lives on the following basis:

- Website development costs: 33% per annum based on costs

i) Operating lease

Rentals payable under operating leases are charged to the Statement of Financial Activities as incurred over the terms of the lease.

j) Pension contributions

i) Defined contribution scheme: The cost of the scheme is equal to the contributions payable to the scheme for the accounting period.

k) Employee benefits

The costs of short-term employee benefits are recognised as a liability and an expense.

l) Financial instruments

The charity has elected to apply the provisions of Section 11 'Basic Financial Instruments' of FRS 102 to all of its financial instruments. Financial instruments are recognised in the charity's balance sheet when the company becomes party to the contractual provisions of the instrument. Financial assets and liabilities are offset, with the net amounts presented in the financial statements, when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

With the exceptions of prepayments and deferred income all other debtor and creditor balances are considered to be basic financial instruments under FRS 102. See notes 13 and 14 for the debtor and creditor notes.

m) Judgements and key sources of estimation uncertainty

In the application of the charitable company's accounting policies, the trustees are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

In the view of the trustees in applying the accounting policies adopted, no judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimates or assumptions made carry a significant risk of material adjustment in the next financial year.

2. Interest receivable

	Unrestricted Funds	Restricted Funds	Total 2023
	£	£	£
Bank interest receivable	9,379	46,522	55,901
	Unrestricted Funds	Restricted Funds	Total 2022
	£	£	£
Bank interest receivable	1,096	1,095	2,191

3. Income from charitable activities

Income from contracts	Unrestricted Funds	Restricted Funds	Total 2023
	£	£	£
NHS England & Wales			
Management Support Fee	1,300,000	-	1,300,000
NCAPOP Audits	-	11,418,770	11,418,770
NCAPOP Subscriptions	-	2,029,500	2,029,500
Subscriptions Admin Fees	20,500	-	20,500
All UK Administrations and Crown Dependencies			
CORP Programme Income	-	2,151,526	2,151,526
NCAPOP (Scottish Contributions)	-	179,216	179,216
Programme Management Fees	186,789	-	186,789
Department of Health & Social Care	-	121,573	121,573
NJR Subscriptions Income	-	3,385,630	3,385,630
NJR Other Income	-	717,090	717,090
Data Access Requests	24,250	-	24,250
Total	1,531,539	20,003,305	21,534,844

3. Income from charitable activities (continued)

Income from contracts	Unrestricted Funds	Restricted Funds	Total 2022
	£	£	£
NHS England & Wales			
Management Support Fee	1,300,000	-	1,300,000
NCAPOP Audits	-	12,334,657	12,334,657
NCAPOP Subscriptions	-	2,009,700	2,009,700
Subscriptions Admin Fees	20,300	-	20,300
All UK Administrations and Crown Dependencies			
CORP Programme Income	-	2,112,717	2,112,717
NCAPOP (Scottish Contributions)	-	139,162	139,162
Programme Management Fees	389,991	-	389,991
Department of Health & Social Care	-	206,020	206,020
NJR Subscriptions Income	-	3,246,110	3,246,110
NJR Other Income	-	782,863	782,863
Health Foundation Grants	-	10,052	10,052
Data Access Requests	35,250	-	35,250
Other New Business	6,539	30,410	36,949
Total	1,752,080	20,871,691	22,623,771

4. Other income

	Unrestricted Funds	Restricted Funds	Total 2023
	£	£	£
Miscellaneous income	43,133	-	43,133
	Unrestricted Funds	Restricted Funds	Total 2022
	£	£	£
Miscellaneous income	15,055	-	15,055



5. Charitable activities

	Unrestricted Funds	Restricted Funds	Total 2023
	£	£	£
Management, development and promotion of clinical audit			
National Clinical Audit & Patient Outcomes Programme (NCAPOP)			
NCAPOP Audits	-	11,986,379	11,986,379
Clinical Outcome Review Programmes			
Programme Costs	-	2,991,412	2,991,412
Staff Costs	707,247	438,477	1,145,724
Other Direct Costs	-	1,278	1,278
Support Costs	890,420	-	890,420
	1,597,667	15,417,546	17,015,213
National Joint Registry (NJR)			
NJR Programme Costs	-	2,793,159	2,793,159
Staff Costs	-	809,729	809,729
Support Costs	-	150,157	150,157
	-	3,753,045	3,753,045
NCAB			
National Clinical Audit Benchmarking	7,870	-	7,870
	7,870	-	7,870
Quality Improvement and Development			
Support to local audit	-	25,248	25,248
	-	25,248	25,248
New Business Activities			
Staff Costs	-	187,052	187,052
	-	187,052	187,052
	1,605,537	19,382,891	20,988,428

5. Charitable activities (continued)

	Unrestricted Funds	Restricted Funds	Total 2022
	£	£	£
Management, development and promotion of clinical audit			
National Clinical Audit & Patient Outcomes Programme (NCAPOP)			
NCAPOP Audits	-	11,499,456	11,499,456
Clinical Outcome Review Programmes			
Programme Costs	-	3,567,936	3,567,936
Staff Costs	489,213	431,025	920,238
Support Costs	877,332	-	877,332
	1,366,545	15,498,417	16,864,962
National Joint Registry (NJR)			
NJR Programme Costs	-	2,427,115	2,427,115
Staff Costs	-	713,514	713,514
Support Costs	-	188,736	188,736
	-	3,329,365	3,329,365
NCAB			
National Clinical Audit Benchmarking	8,720	-	8,720
	8,720	-	8,720
Quality Improvement and Development			
Support to local audit	-	20,279	20,279
Education & Training	715	-	715
Staff Costs met from Health Foundation Grants	-	126	126
	715	20,405	21,120
New Business Activities			
Direct Costs	-	74,216	74,216
Staff Costs	-	352,457	352,457
	-	426,673	426,673
	1,375,980	19,274,860	20,650,840



6. Support costs

	Contract Mgt & Commissioning	National Joint Registry Per MOU	Stability Fund	Total 2023	Total 2022
	£	£	£	£	£
Staff costs (Core Team Apportioned)	633,537	104,801	-	738,338	659,982
Procurement Consultancy	-	-	-	-	120,250
Finance Consultancy	-	-	-	-	11,870
Other Staff Costs and Sundry Expenses	2,015	700	-	2,715	2,115
Staff Training	6,475	-	-	6,475	2,303
Staff Recruitment	6,013	-	-	6,013	24,315
Financing & Bank Charges	663	885	-	1,548	1,338
Working from Home Costs	2,444	-	-	2,444	83
Website Design and hosting	3,456	-	-	3,456	2,490
Marketing Automation	14,220	-	-	14,220	13,035
Premises Costs (Rent & Facilities Charges)	-	-	-	-	17,019
Computer Equipment & Software	23,483	5,510	-	28,993	28,502
IT Support	77,131	15,400	-	92,531	45,945
Printing, Stationery & Office Supplies	4,320	-	-	4,320	7,308
Postage and Courier Costs	2,586	-	-	2,586	4,547
Telephone	7,604	4,200	-	11,804	14,594
Other Accommodation Costs and Room Hire	-	-	-	-	198
Travel, Subsistence & Accommodation	3,433	-	-	3,433	431
Service User Network and Patient & Carer Engagement Costs	184	-	-	184	18
Subscriptions	713	-	-	713	508
Communications	4,260	-	-	4,260	3,580
Other Meeting Costs inc. Catering	1,146	-	-	1,146	-

6. Support costs (continued)

	Contract Mgt & Commissioning	National Joint Registry Per MOU	Stability Fund	Total 2023	Total 2022
	£	£	£	£	£
Insurance	31,107	13,753	-	44,860	47,847
Professional Fees - HR Consultancy	6,033	1,798	-	7,831	6,463
Professional Fees - IT Consultancy	6,063	-	-	6,063	8,344
Depreciation	7,620	-	-	7,620	14,437
Loss on Disposals	690	-	-	690	37
Governance:					
<i>Audit Fees</i>	16,605	3,110	-	19,715	16,365
<i>Legal and other Governance Costs</i>	28,538	-	-	28,538	12,144
<i>Trustee expenses</i>	81	-	-	81	-
	890,420	150,157	-	1,040,577	1,066,068

Support costs have been allocated on the basis of staff time expended in each area as follows:

	2023	2022
Commissioning and contract management of clinical audit	890,420	757,082
National Joint Registry	150,157	188,736
Stability Fund	-	120,250
	1,040,577	1,066,068



7. Net movement in funds

This is stated after charging:

	Unrestricted	Restricted	Total 2023
	£	£	£
Auditor's remuneration			
Statutory audit services	16,605	3,110	19,715
Depreciation	7,620	-	7,620

	Unrestricted	Restricted	Total 2022
	£	£	£
Auditor's remuneration			
Statutory audit services	11,403	4,887	16,290
Depreciation	14,437	-	14,437
Operating Lease Rentals	15,000	-	15,000

8. Employee and staff costs

	2023	2022
	£	£
Wages and Salaries	2,231,354	2,108,113
Social Security Costs	267,777	242,255
Pension Costs (Aegon Scottish Equitable)	127,231	114,217
Pension Admin Charges	2,006	2,080
Cost of Secondments	191,603	155,506
Cost of Agency Staff	60,872	24,146
	2,880,843	2,646,317

Staff costs have been allocated as follows:

	2023	2022
	£	£
Management, development and promotion of clinical audit	1,145,724	920,238
National Joint Registry	809,729	713,514
Quality Improvement and Development	-	126
New Business Activities	187,052	352,457
Support Costs	738,338	659,982
	2,880,843	2,646,317



8. Employee and staff costs (continued)

The average number of employees during the period and the actual numbers at 31 March 2023 calculated on a full time equivalent basis, analysed by function, was as follows:

	2023	2023	2022	2022
	Av No.	Actual	Av No.	Actual
Charitable activities				
Contract Management & Commissioning	13.8	13.7	13.1	12.4
NJR Team	11.8	9.9	11.0	11.0
Management and Core Services	12.8	13.6	11.4	13.1
TOTAL	38.4	37.2	35.5	36.5

The number of employees who earned £60,000 per annum or more during the period was

	2023	2022
£60,000-70,000	3	2
£70,000-80,000	2	5
£80,000-90,000	3	2
£90,000-100,000	2	4
£100,000-110,000	1	-

Defined pension contributions in respect of the above higher-paid employees totalled £52,367 (2022: £57,159)

Key management personnel include the Trustees, Chief Executive (and senior staff reporting directly to the Chief Executive). The total employee benefits of the charity's key management personnel were **£433,323** (2022: £436,348).

9. Trustees' remuneration

None of the Trustees received any remuneration in respect of their services during the period (2022: £Nil).

During the year out of pocket travelling expenses amounting to **£81** were reimbursed to one Trustee (2022: £Nil).

The charity has purchased insurance to protect the charity from any loss arising from the neglect or defaults of its trustees, employees and agents and to indemnify the trustees or other officers against the consequences of any neglect or default on their part. The insurance premium paid by the charity during the period totalled **£44,860** and provides cover up to a maximum of **£10,000,000** (any one claim or the aggregate during one period of insurance - being 12 months).

10. Taxation

HQIP is a registered charity and therefore is not liable for income tax or corporation tax on income derived from its charitable activities, as it falls within the various exemptions available to registered charities.

11. Intangible fixed assets

	Website development costs
Cost	
At 1 April 2022 and 31 March 2023	61,089
Amortisation	
At 1 April 2022 and 31 March 2023	61,089
Net Book Values	
At 31 March 2023	-
At 31 March 2022	-



12. Tangible fixed assets

	Fixtures, fittings & equipment
Cost	
At 1 April 2022	45,465
Additions	21,538
Disposals	(16,367)
At 31 March 2023	50,636
Depreciation	
At 1 April 2022	39,567
On Disposals	(15,677)
Charge for the Year	7,620
At 31 March 2023	31,510
Net Book Values	
At 31 March 2023	19,126
At 31 March 2022	5,898

13. Debtors

	2023	2022
	£	£
Trade Debtors	176,150	528,634
Prepayments & Other Debtors	61,465	902,708
Accrued income	88,637	153,260
	326,252	1,584,602

14. Creditors: Amounts falling due within one year

	2023	2022
	£	£
Trade Creditors	3,256,905	4,370,131
Other Creditors	32,576	47,175
Tax and social security	423,312	450,374
Accruals	1,460,644	1,627,772
Deferred income	148,000	69,984
	5,321,437	6,565,436



15. Restricted funds

	At 1 April 2022	Income	Expenditure	Transfers	At 31 March 2023
	£	£	£	£	£
NCAPOP Audits	7,227,695	11,444,610	(12,173,986)	1,025,955	7,524,274
NCAPOP Subscriptions	-	2,029,500	(439,200)	(1,590,300)	-
NCAPOP Scottish Extensions	-	179,216	-	(179,216)	-
NCAPOP Transition Costs	139,822	-	-	-	139,822
CORP Programme Costs including PMRT	-	2,273,099	(2,991,412)	718,313	-
National Joint Registry	5,718,414	4,123,402	(3,753,045)	-	6,088,771
Support to local audit	-	-	(25,248)	25,248	-
	13,085,931	20,049,827	(19,382,891)	-	13,752,867

	At 1 April 2021	Income	Expenditure	Transfers	At 31 March 2022
	£ As restated	£	£	£	£
NCAPOP Audits	6,220,004	12,334,657	(11,773,419)	446,453	7,227,695
NCAPOP Subscriptions	-	2,009,700	(432,204)	(1,577,496)	-
NCAPOP Scottish Extensions	-	139,162	-	(139,162)	-
NCAPOP Transition Costs	139,822	-	-	-	139,822
Development of Clinical Service Accreditation	22,887	-	-	(22,887)	-
CORP Programme Costs including NMCRR & PMRT	-	2,318,737	(3,567,936)	1,249,199	-
National Joint Registry	5,017,711	4,030,068	(3,329,365)	-	5,718,414
Support to local audit	-	-	(20,279)	20,279	-
Health Foundation Grant QI Fellow	(9,926)	10,052	(126)	-	-
Independent Sector Pilot Project	59,072	30,410	(89,482)	-	-
Health Foundation - Understanding Data Access	2,141	-	(3,717)	1,576	-
HDR UK Metadata Onboarding	58,012	-	(58,332)	320	-
	11,509,723	20,872,786	(19,274,860)	(21,718)	13,085,931

15. Restricted funds (continued)

NCAPOP - National Clinical Audit and Patient Outcomes Programme

Management of the National Clinical Audit and Patient Outcomes Programme (NCAPOP), servicing existing contracts and commissioning new audits according to priorities agreed by NHS England. A list of NCAPOP audits supported in 2022-23 appears in the Appendix.

Development of Clinical Service Accreditation

Development of Clinical Service Accreditation – in order to accurately assess the performance of clinical services in relation to established standards and implement ways to continuously improve these.

NJR - National Joint Registry

To fund work to ensure that patients obtain the best clinical care during and following their joint replacement operation. To provide patients, clinicians, healthcare purchasers, commissioners, regulators and implant suppliers with evidence as to which are the best performing implants, ensuring that NHS and other healthcare resources are best used. NJR funds are held in a separate bank account.

CORP - Clinical Outcome Review Programmes

Confidential enquiries designed to stimulate improvements in safety and effectiveness by enabling clinicians, managers and policy makers to learn from adverse events and other relevant data. Coverage is UK-wide, and the programme includes the following topics: deaths following medical and surgical intervention; suicides and homicide among people with mental illness; a child health review; and, maternal, infant and perinatal mortality. One further programme has been commissioned – a national child mortality database.

Health Foundation Grant for QI Clinical Fellow

The grant funds Dr.Ian Woolhouse as Senior Healthcare QI lead two days per week. The aim is to develop and deliver an explicit systematic QI-led approach to commissioning the NCAPOP, improving its capacity to reduce variation and improve patient outcomes.

Independent Sector Pilot Project

Will establish the viability, challenges and barriers to flowing data from independent sector providers into the National Clinical Audit and Patient Outcomes Programme. The end result will be a feasibility report providing recommendations on how to support the independent sector to engage more fully with national clinical audit.

Understanding Health Data Access

A project seeking to provide researchers and the public with relevant and easy to follow videos, guidance, support and top tips for applying for and accessing health data. The project is drawing on the views of and collaborative inputs from patients and the public and clinical and research experts.

Health Data Research UK - Metadata Onboarding and Process Improvement Grant

HQIP is working to improve the quality and visibility of the information publically available on the healthcare datasets we commission. We have worked with our data providers to develop the information required to list our datasets on the HDR UK Innovation Gateway as well as contributing to a variety of other Alliance initiatives to enhance the use of health data for research and innovation.

16. Fixed assets fund

	At 1 April 2022	Additions	Depreciation/Amortisation	Disposals	At 31 March 2023
	£	£	£	£	£
Fixtures, fittings, equipment	5,898	21,538	(7,620)	(690)	19,126
	5,898	21,538	(7,620)	(690)	19,126

	At 1 April 2021	Additions	Depreciation/Amortisation	Disposals	At 31 March 2022
	£	£	£	£	£
Fixtures, fittings, equipment	17,710	4,232	(14,437)	(1,607)	5,898
	17,710	4,232	(14,437)	(1,607)	5,898

The fixed assets fund represents the net book value of the charity's fixed assets.

17. Designated funds

The income fund of the charity includes the following designated funds which have been set aside out of unrestricted funds by the trustees for specific purposes:

	At 1 April 2022	New designations	Utilised/released	At 31 March 2023
	£	£	£	£
Stability Fund	446,439	-	-	446,439
	446,439	-	-	446,439

	At 1 April 2021	New designations	Utilised/released	At 31 March 2022
	£	£	£	£
Stability Fund	566,689	-	(120,250)	446,439
	566,689	-	(120,250)	446,439

The Trustees designated a Stability Fund in 2018 and its purpose is described in the Reserves Policy section of the Trustees' Annual Report.

18. Analysis of net assets between funds

	General Fund	Fixed assets Fund	Designated Funds	Restricted Funds	Total 2023
	£	£	£	£	£
Fund balances at 31 March 2023 are represented by:					
Tangible fixed assets	-	19,126	-	-	19,126
Current assets	2,562,677	-	446,439	18,712,540	21,721,656
Current liabilities	(361,764)	-	-	(4,959,673)	(5,321,437)
Total Net Assets	2,200,913	19,126	446,439	13,752,867	16,419,345

	General Fund	Fixed assets Fund	Designated Funds	Restricted Funds	Total 2022
	£	£	£	£	£
Fund balances at 31 March 2022 are represented by:					
Tangible fixed assets	-	5,898	-	-	5,898
Current assets	2,635,249	-	446,439	19,251,745	22,333,433
Current liabilities	(399,622)	-	-	(6,165,814)	(6,565,436)
Total Net Assets	2,235,627	5,898	446,439	13,085,931	15,773,895



19. Contractual commitments

At 31 March 2023 the charity had no commitments in respect of contract payments approved for national clinical audits and which had not been accrued due to necessary milestones not being achieved by providers at the year end.

20. Contingent liabilities

The charity conducted a VAT health check in the prior year to ensure continuing compliance with latest VAT regulations and has noted some potential further VAT liabilities due to HMRC. Work on this is ongoing and the value of any such liabilities cannot yet be reliably quantified and consequently no provision has been made.

21. Leasing commitments

At 31 March 2023 the charity had no commitments under non-cancellable leases (2022: £Nil).

22. Pension commitments

HQIP operates a money purchase pension scheme which is open to all employees.

Total pension costs in the period were £127,231 (2022: £114,217) and £19,504 (2022: £20,087) were payable at 31 March 2023.

23. Related party transactions

There were no reportable related party transactions in 2023 or 2022.

24. Liability of members

The charity is constituted as a company limited by guarantee. In the event of the charity being wound up members are required to contribute an amount not exceeding £10.

APPENDIX: HQIP programmes and audits, 2022-23

National Clinical Audits

Adult Diabetes:

- National Diabetes Foot Care Audit
- National Diabetes Inpatient Safety Audit
- Transition and Young Type 2
- National Pregnancy in Diabetes
- National Core Diabetes Audit
- Diabetes Prevention Programme
- Gestational Diabetes

Breast Cancer in Older Patients

Cardiovascular Disease Prevention Audit, CVDPREVENT

Care at the End of Life

National Respiratory Audit Programme:

- COPD secondary care
- Pulmonary rehabilitation
- Adult asthma
- Asthma Children and Young People
- COPD and Asthma Primary care (Wales only)

National Audit of Dementia

National Early Inflammatory Arthritis Audit

National Emergency Laparotomy Audit

Falls and Fragility Fracture:

- Fracture Liaison Service Database
- Inpatient Falls
- National Hip Fracture Database

Lung Cancer

National Maternal and Perinatal Audit

National Cardiac Audit Programme (*transitioned to Argent and GEN Commissioning Support Unit June 2022*)

- Adult Cardiac Surgery
- Congenital Heart Disease Audit
- Heart Failure Audit
- Heart Rhythm Management Audit
- Myocardial Ischemia Audit Programme
- Percutaneous Cardiac Intervention Audit

National Cancer Audit Collaborating Centre (NATCAN) (*established October 2022*)

- National Audit of Primary Breast Cancer
- National Audit of Metastatic Breast Cancer
- National Ovarian Cancer Audit
- National Pancreatic Cancer Audit
- National Non-Hodgkin Lymphoma Audit
- National Kidney Cancer Audit

National Gastro-intestinal Cancer Audit:

- Bowel Cancer Audit
- Oesophago-Gastric Cancer Audit

National Joint Registry

National Vascular Registry

National Neonatal Audit Programme

National Obesity Audit

National Paediatric Diabetes Audit

Paediatric Intensive Care Audit

Prostate Cancer Audit

National Clinical Audit of Psychosis

Seizures and Epilepsy in Children and Young People

Sentinel Stroke Audit Programme



Clinical Outcome Review Programmes

Mental Health

Child Health

Medical and Surgical

Maternal and Newborn Infant

Mortality Review Programmes

National Child Mortality Database

Non-NCAPOP Commissions

Perinatal Mortality Review Tool (*contract ended September 2022*)



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www.hqip.org.uk

Accounts

Health Healthcare Services Benchmark
Patient Outcomes Improve
Measure Audit Improve Measure
Evaluate National Quality Improvement Evaluate
Clinical Effectiveness Health

HQIP Trustees’ Report and Accounts

April 2021–March 2022



Trustees

Professor Dame Carrie MacEwen, DBE (Chair)

Alastair Henderson (Vice-chair)

Philip Grimshaw Baker

Michael Chapman – *resigned 4 August 2021*

Sarah Dunnett (Treasurer) – *resigned 24 March 2022*

Kalwant Grewal (Treasurer) – *appointed 22 March 2022*

Susan Masters

Miles Sibley - *resigned 3 February 2022*

Dr Victoria Tzortziou Brown, OBE

Gillian Coverdale – *appointed 18 November 2021*

Janice Gabriel – *appointed 18 November 2021*

Peter Bloomfield – *appointed 18 November 2021*

Chief Executive: Jane Ingham

Registered office: 27A Harley Place, London W1G 8LZ

Email: communications@hqip.org.uk

Website: www.hqip.org.uk

Twitter: [@HQIP](https://twitter.com/HQIP)

Company registration number: 6498947 (England and Wales)

Charity registration number: 1127049

Auditors: Moore Kingston Smith LLP, 9 Appold Street, London EC2A 2AP

Bankers: Lloyds Bank Plc, 39 Threadneedle Street, London EC2R 8AU

Solicitors: Cameron's Solicitors LLP, 27A Harley Place, London W1G 8LZ

VWV Solicitors, Narrow Quay House, Narrow Quay, Bristol, BS1 4QA

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HQIP and our vision

An independent organisation led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices, our primary aim is to improve health outcomes by enabling those who commission, deliver and receive healthcare to measure and improve the services provided. We achieve this by supporting robust quality improvement through national programmes of clinical audit, confidential enquiries and registries.

Specifically, we commission, manage and develop the [National Clinical Audit and Patient Outcomes Programme \(NCAPOP\)](#) on behalf of NHS England, the Welsh Government and, in some cases, other devolved administrations and crown dependencies. This programme is comprised of circa 40 projects that collect and analyse data supplied by local clinical teams, in order to provide a national benchmarked picture of care standards for a wide range of conditions. We also host the National Joint Registry (NJR), who collect, analyse and report on data for hip, knee, ankle, elbow and shoulder joint replacement procedures. Described as a global exemplar of an implantable medical device registry, the NJR, which covers England, Wales, Northern Ireland, the Isle of Man and Guernsey continues to be the largest orthopaedic registry in the world, with an international reputation and now with around 3.7 million procedure records submitted.

Our work – and its value – goes far beyond data collection and managing clinical audits and registries- it supports evidence-based best practice. We publish a wide range of [reports and infographics](#) and host a dedicated benchmarking website, [National Clinical Audit Benchmarking \(NCAB\)](#), which provides a visual snapshot of individual Trust data alongside national benchmarks. We also offer a range of [resources and tools](#), including guidance and online learning as well as videos, case studies and themed 'signpost' updates. All of which aim to help healthcare professionals to understand local and clinical improvement need, and deliver effective and safe services. This support is further enhanced by our highly-specialised advisory and knowledge transfer services.

HQIP seeks to promote and celebrate the benefits and impact of clinical audit and quality improvement work in healthcare, hosting Clinical Audit Awareness Week (with awards for local 'clinical audit heroes'). Everything we do aims to share our knowledge and maximise the impact of the data collected.

But we cannot do this alone...

We are committed to collaborating with a wide range of stakeholders. We instigate and develop relationships at national and local levels, including those involved in policy, health service planning and delivery, and research. Our work is aligned with other national bodies and their quality improvement programmes. As such, we interact with a broad spectrum of professional leadership bodies and organisations, including: NHS England and NHS Digital; the Department for Health and Social Care (DHSC); the governments of the devolved nations and crown dependencies (Scotland, Wales, Northern Ireland, Jersey, Guernsey and Isle of Man); the Care Quality Commission (CQC); The National Institute for Health and Care Excellence (NICE); the Faculty of Medical Leadership and Management (FMLM); the National Quality Improvement (Incl. Clinical Audit) Network (N-QI-CAN); Health Data Research UK; the Health Foundation; the Independent Healthcare Providers Network; and the Private Healthcare Information Network, among others.

Critically, HQIP also pro-actively reaches out to those who receive healthcare services, creating opportunities for meaningful two-way engagement with patients, carers and representatives (for example charities). This engagement plays a vital role in our work, from planning through to delivery e.g. patient involvement in the development of programme specifications and the production of patient-friendly reports. Central to this is our voluntary Service User Network (SUN), an advisory group of patients and carers who provide input into our work and its outputs. We are very grateful for their time and commitment. We pride ourselves on this two-way channel of communication, demonstrating our open and adaptable approach to involving patients and carers in all areas of our work.

For more information about us, our programme of work and our outputs, go to www.hqip.org.uk.

Chair and CEO statement

We wish to begin by offering our thanks, and paying our respects, to everyone involved in managing, and affected by, COVID-19. When we look back on the remarkable events of the height of the pandemic, it is with astonishment. Not only because of the devastation it wreaked on so many lives, but also because of the response of everyone working in healthcare. Thanks to you all, we can now begin to look forward, and with hope.

That hope, however, is not a baseless expectation or desire for recovery. It is built on a tangible foundation that can lead to change, supporting robust and effective services - namely data. And that's where HQIP, and the work we commission, has been able to play an important role this year. Throughout much of the pandemic, the majority of our audits and programmes continued to collect data and generate evidence for meaningful improvement. In some cases we even saw a 'COVID-influenced' acceleration, with a move to live surveillance, providing real-time data to NHS England and other national agencies to support the nation's response to the virus.

Data is very much at the forefront of not only HQIP's thoughts but also the wider healthcare sector at this time. Knowing where to allocate our resources for maximum impact is now more important than ever. We are proud to manage circa 40 clinical programmes that have produced 70 reports, with almost 400 recommendations in 2021/22. We are also aware of the need to support expedient, as well as robust, planning for the future. 2022 saw the implementation of a number of changes to the National Clinical Audit and Patient Outcomes Programme (NCAPOP) which will ensure that it is fit-for-purpose for our increasingly digital era. These changes can be summarised as 'less is more' but are the result of a huge amount of painstaking thinking and consultation. If you would like to know more, HQIP's Medical Director, Professor Danny Keenan, explains all in a concise [blog](#) article.

We would like to tell you about a few other developments for 2022. We are delighted that [Clinical Audit Awareness Week](#) – complete with the Audit Heroes Awards – took place again in June 2022, in collaboration with the National Quality Improvement (Incl. Clinical Audit) Network (N-QI-CAN). We are also making the most of our role as a bridge between the providers and users of healthcare data to make two new publications available. Firstly, a new series of themed 'one-stop shop' newsletters to signpost to key quality improvement reports and resources (the first edition, out in March 2022, was about [maternity and newborn care](#)). And we are planning to launch a new '[quality improvement magazine](#)' in the autumn of 2022. Designed to supplement this annual report, it will be an 'easy-read' around the issues relating to data-informed quality improvement and aims to engage the wider healthcare sector.

More information on our projects can be found on the [HQIP website](#). We are excited to see them (together with the resultant reports and outcomes) come to fruition, and hope that you will join us in our enthusiasm by sharing details of these [resources](#) with your colleagues. Finally, we wish to thank our multitude of collaborators and supporters – which spans a range of local and national organisations and data providers through to healthcare professionals, policy makers and patients. Together, and with the appropriate 'foundations', we feel sure that we can continue to meet the needs of – and demonstrate improved outcomes for – patients, both now and in the future.

Best regards,

Carrie MacEwen, DBE,
Chair

Jane Ingham,
CEO



Our year in numbers

1 April 2021 to 31 March 2022

Programme outputs

70

Programme reports
published

396

Recommendations

29

Infographics

4

In-focus
reports

National Joint Registry (NJR)

Data analysed:

84,998

Hips

77,830

Knees

5,529

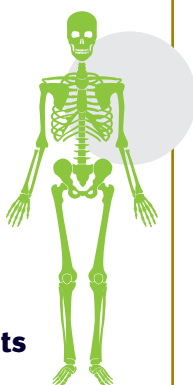
Shoulders

760

Elbows

710

Ankle
replacements



20 Peer-reviewed journal articles
featuring NJR data

National Clinical Audit Benchmarking (NCAB) website

4,987

Users

8,292

Sessions

1,221

Document (PDF) downloads

429

File (CSV) downloads

14

Audits added

Data access

80

Requests
processed

Events

3 Health inequality
webinars

75 Health inequality webinar
attendees (average)

3 Community of
practice sessions

21 Community of practice
session attendees (average)

40 Online NCAPOP seminar attendees



Tenders

2 COVID-related
extensions agreed

7 New contracts awarded

4 Tenders commenced

eLearning completed



55 Trainee doctors:
How do we know we are
doing a good job?

778 Introduction to
quality improvement
for healthcare
professionals

670 Introduction to quality
improvement for
patients and public

Training

10 Data, data, data,
for NHS executive/board trainees

11 Measuring for improvement,
for registrar trainees

Resource views

Introduction to
developing good
data applications
(Understanding
Health Data Access)
[video](#)

767

The duty of
confidentiality
(Understanding
Health Data
Access) [video](#)

2,107

An introduction to
applying for HQIP
datasets [video](#)

54

Professor Danny
Keenan in
conversation with
Sam Bartlett-Pestel
[podcast](#)

65



Patient and carer engagement

18 Involvement in commissioning
(projects)

Including: **5** Focus groups

10 Feedback presented at Specification
Development Meetings

5 Involvement in scoring and
evaluation of tenders

4 Richard Driscoll Memorial Award
2021 case studies

Mailing list subscribers

2,367

New subscribers

26,020

Total subscribers
(31 March 2022)



HQIP website

316,771

Homepage unique page visits

108,594

Downloads

4

Blog articles

HQIP on Twitter

166

Tweets

1,490

Mentions

198,547

Impressions

512

New
followers

5,528

Total followers
(31 March 22)



Strategic report

In shaping our objectives and planning our activities, the Trustees have considered the Charity Commission's guidance on public benefit, including the guidance *Public benefit: running a charity (PB2)*. The Trustees confirm that they have complied with the duty in section 17 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charity Commission.

Strategic objectives

In order to deliver our vision of improving health outcomes, a set of strategic objectives has been developed to inform all our activities. As such, we commit to:

1. Commission, manage, support and promote national and local programmes of quality improvement, using best management and procurement practice to ensure robust results and actionable recommendations. This includes the National Clinical Audit and Patient Outcomes Programme (NCAPOP), and the National Joint Registry on behalf of NHS England and other healthcare departments and bodies.
2. Ensure patients and carers remain at the heart of our work through continued, strategic involvement in all relevant processes and projects.
3. Support healthcare professionals to review and improve their practice by providing opportunities to share best practice, through education and training programmes, as part of promoting an integrated approach to quality improvement.
4. Inform and influence national healthcare policy by effectively communicating our work and that of our partners.
5. Encourage wide use of robust data for quality improvement of care, offering patient choice, promoting patient safety, supporting revalidation and service accreditation, commissioning, service redesign, and research.
6. Be an efficient, well run organisation which supports staff development and welfare.

Achievements and performance

This section provides an overview of HQIP's performance over the period from 1 April 2021 to 31 March 2022. In addition, short vignettes have been included in order to illustrate our impact in relation to specific activities and, where relevant, online links have been provided. Further information about HQIP generally can be found on our website: www.hqip.org.uk. Our key achievements this year include:

- ✓ Continued with - and in some cases restarted (following suspension due to the COVID-19 pandemic) - delivery of an on-going programme of activity, publishing 70 reports and 29 infographics across a multitude of clinical disciplines ranging from asthma to vascular health. 46 of these reports included recommendations, of which there were 396 in total. www.hqip.org.uk/national-programmes

Spotlight: The National Child Mortality Database (NCMD)



Of particular note was the work – and growing influence – of the NCMD in understanding child mortality. This data was used:

- To link with Public Health England (PHE) – and subsequently UK Health Security Agency – SARS-CoV2 (COVID-19) virology test results on a weekly basis
- To inform the Joint Committee on Vaccination and Immunisation (JCVI) and the Scientific Advisory Group for Emergencies (SAGE) to inform the UK's response to COVID19
- By the Chief Medical Officer at Education Select Committee meetings
- For the Systems-wide Paediatric Observations Tracking (SPOT) programme
- To support the work of the Children and Young People's Mental Health (CYPMH) team within NHS England, in relation to support for mental health conditions, eating disorders and suicide
- To share knowledge with the National Asthma Audit
- By the Child Death sub-group of the National Police Homicide Working Group to inform their work in relation to suicides and homicides
- To support decisions by the National Blind Cord focus group in response to deaths from blind cord strangulation
- For awareness-raising of safety-related alerts including suffocation with nappy sacks and drowning deaths, by the National Home Safety Committee
- To inform the work of the Integrated Care Partnership Development Programme.

[More information about NCMD](#)

- ✓ Awarded seven new contracts including the National Lung Cancer Audit, National Paediatric Critical Care and Diabetes Audits as well as audits on neonatal care and seizures/epilepsies in children. We also agreed two COVID-related extensions: Maternal, Newborn and Infant Clinical Outcome Review Programme (MNI-CORP), and the Perinatal Mortality Review Tool (PMRT).
- ✓ Commenced four new tenders: National Clinical Audit of Psychosis; Maternal, Newborn and Infant Clinical Outcome Review Programme; National Vascular Registry; and notably the UK's first National Cancer Audit Collaborating Centre, which will cover nine clinical audit cancer topics.



Spotlight: Increasing the impact of the National Clinical Audit and Patient Outcomes Programme (NCAPOP)



In order to increase the impact of the NCAPOP we introduced a number of changes to revise and refresh the outputs for *new contracts going forward*, including:

- Replacing the annual report with an easy-to-read annual state of the nation summary
- Replacing local recommendations with online improvement resources
- Limiting the number of performance metrics per audit workstream to no more than ten
- Making audit performance metric results available in an interactive format online to all users, and
- Refreshing audit performance metric results at least quarterly in year two, then monthly thereafter.

- ✓ Hosted the National Joint Registry (NJR), successfully retendering two service delivery contracts and analysing data on 84,998 hips, 77,830 knees, 5,529 shoulders, 760 elbows and 710 ankle replacements surgery. The NJR Strategic Plan 2022-25 was developed, 20 peer-reviewed journal articles featuring NJR data were published, and a new NJR website and dynamic reporting portal (NJR Connect - Data Services) were launched - all alongside appointing a new Chair, Professor Sir Paul Curran.

[More information about NJR](#)

- ✓ Enabled healthcare providers to benchmark their performance against national data in an increased number of clinical areas, with the verification and publication of 14 new datasets on the National Clinical Audit Benchmarking (NCAB) website. [NCAB online](#)
- ✓ Enabled access to HQIP-managed data by processing 80 data access requests.
- ✓ Hosted a wide-ranging and well-utilised suite of online resources, including guidance, case studies, videos and eLearning – with over 1,500 online courses completed in this period alone.

I thought the course was excellent. I am very new to the role of Clinical Audit and it was really informative.

HQIP eLearning course (Introduction to QA) participant, 2022

- ✓ Delivered key training sessions for both NHS executive/ board level and registrar trainees to support them in understanding how to make the best use of data for continued improvement.
- ✓ Ran a wide variety of events, including 'community of practice' sessions, online seminars for data providers and a series of webinars on using data to address health inequalities.

Spotlight: Health inequalities webinar series



We were delighted to host a series of online workshops with our audits and data providers, as well as other guests from HQIP Service User Network (SUN), NHS England, NQICAN, CQC, NICE and NHS Digital, focusing on health inequalities in the spring of 2022. The aim of these events was to explore collaboratively how we can use the NCAPOP projects to identify, measure and address health inequalities, with seven key themes emerging:

1. There is plenty of opportunity for impact
2. There is widespread support for the work
3. Addressing health inequalities is a broad challenge
4. We need to tackle the challenge of missing data
5. Data quality could be improved
6. Obtaining and using routine data presents challenges
7. We need to support the use of outputs by healthcare services.

The workshops were an excellent opportunity to hear from project leads, providers of data and patients about how we can all work together to tackle known health inequalities. As a result, we committed to ensuring that the NCAPOP supports NHS England's [Core20PLUS5](#) approach to reducing health inequalities, and work on this continues.

- ✓ Considered independent sector participation in the NCAPOP through a feasibility project, which culminated in the production of a report for the Independent Health Providers Network (IHPN). They will share the findings and recommendations from this report with their networks going forward.
- ✓ Undertook preparations for the creation of [four new in-focus reports, as part of our annual impact report](#). These looked in greater detail at the National Emergency Laparotomy Audit (NELA), the Maternity and Perinatal Audit (NMPA), the National Bowel Cancer Audit (NBOCA), and the National Oesophago-Gastric Cancer Audit (NOGCA).
- ✓ Used the data from our programmes to produce an evidence-based report in December 2021 on concerning themes relating to the care of patients with epilepsy. [Read the report online](#)
- ✓ Demonstrated increased engagement with those who use healthcare services through a comprehensive programme of Patient and Carer Engagement activities embedded at all stages of our work. In particular this year, we established a process to routinely engage patients, carers and charities in the commissioning of programmes and audits (18 commissioning projects in 2021-22). The methods of engagement used varied from questionnaires and 1:1 video calls through to charity-led consultations and focus groups (we held the latter for Early Inflammatory Arthritis, Emergency Laparotomy, Falls and Fragility Fractures, and Maternity and Perinatal and Eating Disorders). This approach ensured robust engagement with a wide variety of people with lived experience. www.hqip.org.uk/involving-patients

Spotlight: Patient and carer focus group in action



Through [BEAT](#), [SEED](#) and [The SUNNetwork – Cambridgeshire](#) we invited ten service users and carers to share their experiences of using Eating Disorder Services in a 90 minute focus group. We asked them about their main areas of concern, what provided the greatest benefit and about where they would like to see improvements. We also focused on what resources they might find useful as audit outputs. Attendees were honest and open about their experiences and raised the following key points:

- Services often have a maximum BMI to receive treatment so many people said they had to lower their weight to access services.
- There are long waiting times to start treatment; having to wait many months can make recovery harder as people said they get more 'wrapped up' in the disorder during the time of waiting.
- There is variation in care – after receiving support in one place, and then moving and not being able to get any support can be frightening and cause relapses (one participant relayed this as "falling off a cliff edge").

- One successful approach to treatment was having the option of structured daily access to services as opposed to being in a hospital (i.e. without the uncertainty of being an outpatient with irregular appointments).

We received lots of similar useful information about what types of resources would be most useful to service users and this included: regional statistics; information about typical treatment pathways and length of service; signposting; and information about service user involvement. Focus groups have proved to be a successful way of learning from people with lived experience. They are often open and bond over their shared experiences.

“ Thank you for including us...
It's great to know that service
user voices are being heard and
involved from the beginning. ”

Focus group participant, 2022

- ✓ Ran the Richard Driscoll Memorial Awards (RDMA) in the autumn of 2021, to celebrate excellence in patient and carer engagement in the national clinical audit and patient outcomes programme (NCAPOP). The winner was the National Asthma and COPD Audit Programme (NACAP), which was recognised for their work to involve those who use asthma services at all ages. The judges were particularly impressed by the audit's commitment to fostering two-way communication by going into the community to host 'clinic chats'. [Find out more about RDMA](#)
- ✓ Launched Clinical Audit Awareness Week 2022 (which includes the Audit Heroes Awards) in collaboration with N-QI-CAN in March 2022. The online launch event on 24 March 2022 was hosted by HQIP Medical Director, Professor Danny Keenan, and was accompanied by the

production of a suite of tools and resources to support engagement in the event (held 13-17 June 2022).

www.hqip.org.uk/clinical-audit-awareness-week

- ✓ Published a number of opinion-piece blog articles to engage and inform the healthcare sector in the value of clinical audit. Key articles include: *The Future for National Clinical Audit* (by Medical Director, Professor Danny Keenan) and *Collecting Data is Just the Start* (by Clinical Fellow, Josie O'Heney). www.hqip.org.uk/blog
- ✓ Launched a new series of themed 'one-stop shop' newsletters to signpost to key quality improvement reports and resources, starting with an edition dedicated to maternity and newborn care. Further editions are planned every quarter going forward. [Read the maternity and newborn newsletter](#)

Future plans

Planned activity for 2022-23

The underpinning themes influencing and shaping our work programme for the coming year are:

- Leveraging our expertise to increase our impact
- National clinical audit for local quality improvement
- Metrics for improvement
- Technology for agile working, and
- Harnessing our assets for wider value (from data to meaningful information).

Some of the key activities planned for 2022-23 are:

- Operationalisation and implementation of new NCAPOP outputs particularly those focused on moving away from large annual reports to dynamic reporting of regularly refreshed metrics and quality improvement resources
- Introduction of new data quality provider award criteria to encourage higher levels of compliance across the NJR
- Review of Terms and Reference and governance of the Service User Network (SUN)
- Transition of IT to a new platform.

Trustees' report

The Trustees, who are also directors of the charity for the purposes of the Companies Act 2006, present their report with the financial statements of the charity for the year ended 31 March 2022. The Trustees have adopted the provisions of the Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (The FRS 102 Charities SORP including Update Bulletin 2).

Statement of Trustees' responsibilities

The Trustees are responsible for preparing their Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare financial statements for each financial period that give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources. This includes the income and expenditure, of the charitable company for that period. In preparing those financial statements, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently
- Comply with applicable accounting standards, including FRS 102, subject to any material departures disclosed and explained in the financial statements
- State whether a Statement of Recommended Practice (SORP) applies and has been followed, subject to any material departures which are explained in the financial statements
- Make judgements and estimates that are reasonable and prudent
- Prepare the financial statements on a going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The Trustees are responsible for keeping proper accounting records which disclose with reasonable accuracy the financial position of the charitable company and to enable them to ensure that the financial statements comply with the Companies Act 2006.

They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the Trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware; and
- The Trustees have taken all the steps that they ought to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

The Trustees' Annual Report is approved by the trustees of the Charity. The Strategic Report, which forms part of the Annual Report, is approved by the Trustees in their capacity as directors in company law of the Charity.

Financial report

Results for the year

Fig 1: Where our funding comes from

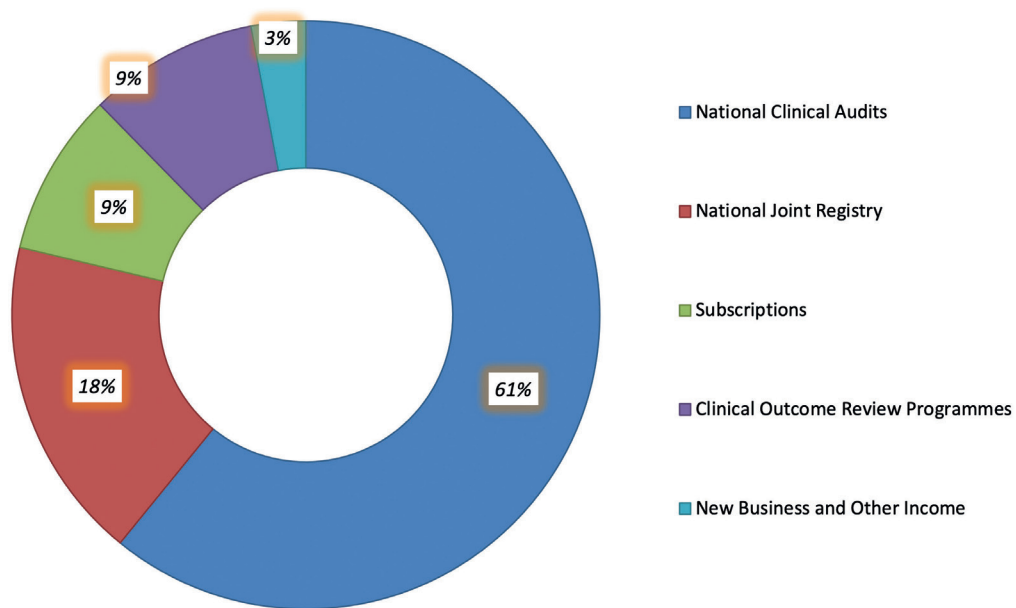
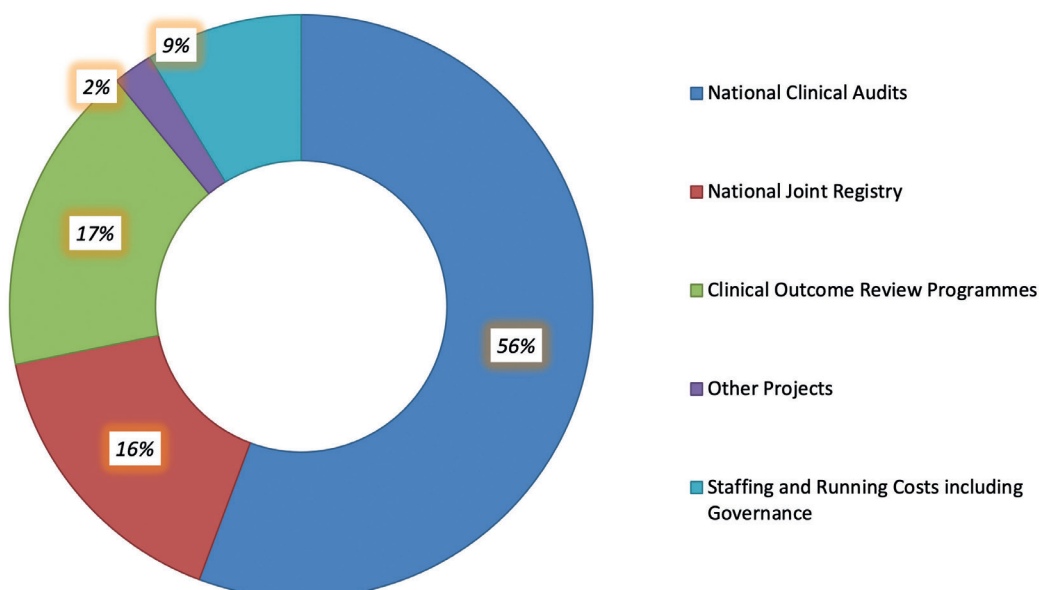


Fig 2: How we spend our money





During the year ended 31 March 2022, HQIP received income totalling £22,641,017 (2021: £20,719,346) of which £20,872,786 (2021: £19,136,113) was for restricted purposes, and £1,768,231 (2021: £1,583,233) was for the general purposes of the charity including management support fees of £1,300,000 (2021: £1,300,000).

Income included £12,334,657 (2021: £9,331,515) to finance national clinical audits. In addition, HQIP collected subscriptions of £2,009,700 (2021: £2,019,500) from NHS Trusts on behalf of NHS England to support national audits. The Scottish Government contributed £139,162 (2021: £311,089) to NCAPOP programmes.

In 2021-22, income for the Clinical Outcome Review Programmes totalling £2,112,717 (2021: £2,821,353) was collected from all UK Administrations. This included funding for the National Child Mortality Database. The Department of Health and Social Care provided £206,020 (2021: £185,783) for development of a Perinatal Mortality Review Tool.

In 2021-22, the National Joint Registry (NJR) collected subscriptions totalling £3,246,010 (2021: £3,423,026). Other income of £782,863 (2021: £773,045) included supplier contributions, and data access fees. NJR funds are managed in a separate bank account which is used solely to fund the work of the Registry.

Grants totaling £10,052 (2021: £54,779) were received from the Health Foundation. Income of £30,410 (2021: £53,023) was received for a pilot project with the Independent Healthcare Providers Network.

Expenditure

In 2021-22, HQIP commissioned and managed national clinical audit contracts with a total value of £11,499,456 (2021: £11,336,342).

Expenditure on the Clinical Outcome Review Programmes, was £3,567,936 (2021: £3,483,561 after prior year adjustment). Expenditure on the Learning Disabilities Mortality Review was £Nil (2021: £275,674).

Expenditure on the management and development of the National Joint Registry was £3,329,365 (2021: £3,414,077).

Expenditure on National Clinical Audit Benchmarking was £8,720 (2021: £7,510). Expenditure on other Quality Improvement and Development activities was £21,120 (2021: £131,428).

Other direct charitable expenditure, including support costs, totalled £2,224,243 (2021: £2,038,100 after prior year adjustment).

Financial position

The balance sheet at 31 March 2022 shows total funds of £15,773,895 (2021: £13,783,718 after prior year adjustment), including restricted funds totalling £13,085,931 (2021: £11,509,723 after prior year adjustment) and unrestricted funds comprising general funds of £2,235,627 (2021: £1,689,596), tangible and intangible fixed assets of £5,898 (2021: £17,710) and designated funds of £446,439 (2021: £566,689).

At 31st March 2022, the charity retained free reserves of £2,235,627 (2021: £1,689,596).

Reserves policy

The Trustees have examined the requirement for free reserves, i.e. those unrestricted funds not invested in tangible or intangible fixed assets, designated for specific purposes or otherwise committed. The current policy is that the level of free reserves should be equivalent to six to twelve months' staffing commitments (forecast at £1,031,768 to £2,063,536 in 2022-23). The actual free reserves of £2,235,627 at March 2022 were slightly above this range but the Trustees consider this acceptable in the context of the current environment.

There are, in addition, designated funds of £446,439 (see Note 17). The designated Stability fund is available to support the charity in the event of unexpected expenditure. Trustees keep this position under regular review.

Structure, governance and management

HQIP is a company limited by guarantee and incorporated on 11 February 2008. It was registered as a charity on 4 December 2008. The governing document is the Memorandum and Articles of Association. HQIP was founded by a consortium of three organisations: the Academy of Medical Royal Colleges, the Royal College of Nursing, and National Voices.

Each organisation appoints representatives to act as directors and these individuals, together with the treasurer, form the Trustees of the organisation and the Board of directors. A process for induction of new Trustees is in place and ongoing training for Trustees is available as required.

The Trustees handle matters of strategic planning and policy, including sign-off of the charity's strategic and operational plans. The Chief Executive has delegated responsibility for managing the charity and handling operational matters of policy and delivery.

Remuneration for all staff, including key management personnel, is set by reference to periodic salary benchmarking.

Risk management

The Board of Trustees maintains a comprehensive Risk Register which is reviewed and discussed at every Board Meeting. Risks fall into 4 categories:

- Governance and legal
- People, leadership and management
- Delivery and impact
- Finance

The probability and impact of each risk is calculated and the charity's mitigation strategy for each is considered.

The principal risks are considered to be:

Risk 1: Dependency on one substantive contract

Mitigation: Role of Director of Operations for Business Development appointed to lead efforts in diversifying income and reducing dependency; strategy and implementation plan for 2019-2023 adopted to support a move to multiple income streams and HQIP onto a more sustainable footing. New strategic framework for 2023-2026 under development with refined aims and objectives based on learning during previous period. In addition, more senior and QI focused resources will be recruited into HQIP to build on areas of success.

Risk 2: National opt out impact on integrity of robust national data

Mitigation: Close discussions with NHSE and DHSC to understand and raise awareness of implications; further extension of compliance deadline to July 2022.

Risk 3: Impact of Covid

Mitigation: Additional procurement resource was taken on to manage the peak of procurements occurring during 2021-22 as a result of the bottleneck created by Covid.

Approved by the Trustees of Healthcare Quality Improvement Partnership company registration number 06498947 (England and Wales) and signed on their behalf by:



Trustee Carrie MacEwen, Chair.

Approved on: 17 November 2022



Independent auditor's report to the members of Healthcare Quality Improvement Partnership

Opinion

We have audited the financial statements of Healthcare Quality Improvement Partnership ('the company') for the year ended 31 March 2022 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 'The Financial Reporting Standard Applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2022 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs(UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's

Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially

inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the strategic report and the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the trustees' annual report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the company and its environment obtained in the course of the audit, we have not identified material misstatements in the strategic report or the trustees' annual report.

We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 14, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charitable company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charitable company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charitable company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charitable company.

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the charitable company and considered that the most significant are the Companies Act 2006, the Charities Act 2011, the Charity SORP, and UK financial reporting standards as issued by the Financial Reporting Council.
- We obtained an understanding of how the charitable company complies with these requirements by discussions with management and those charged with governance.

- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.
- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in the financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to any party other than the charitable company and charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Moore Kingston Smith LLP

Neil Finlayson (Senior Statutory Auditor)

for and on behalf of Moore Kingston Smith LLP,
Statutory Auditor
6th Floor
9 Appold Street
London
EC2A 2AP
Date: 18 November 2022

Statement of financial activities for the year to 31 March 2022

		Unrestricted Funds	Restricted Funds	Total 2022	Total 2021 As restated
	Note	£	£	£	£
INCOME AND EXPENDITURE					
Income					
Income from Investments	2	1,096	1,095	2,191	6,000
Charitable Activities					
Management, development and promotion of Clinical Audit	3	1,752,080	20,871,691	22,623,771	20,697,946
Other income	4	15,055	-	15,055	15,400
Total Income		1,768,231	20,872,786	22,641,017	20,719,346
Expenditure					
Charitable activities					
Management, development and promotion of Clinical Audit	5	1,375,980	19,274,860	20,650,840	20,686,692
Total Expenditure		1,375,980	19,274,860	20,650,840	20,686,692
Net Income	7	392,251	1,597,926	1,990,177	32,654
Transfers between funds		21,718	(21,718)	-	-
Net movement in funds		413,969	1,576,208	1,990,177	32,654
Balances brought forward at 1 April 2021		2,273,995	11,509,723	13,783,718	13,751,064
Balances carried forward at 31 March 2022		2,687,964	13,085,931	15,773,895	13,783,718

All gains and losses arising in the period have been included in the statement of financial activities and relate to continuing operations.

Balance sheet 31 March 2022

		2022	2022	2021	2021
	Notes	£	£	£ As restated	£ As restated
Fixed assets					
Intangible fixed assets	11		-		-
Tangible fixed assets	12		5,898		17,710
			5,898		17,710
Current assets					
Debtors due within one year	13	1,584,602		891,781	
Cash at bank and in hand		20,748,831		18,148,690	
		22,333,433		19,040,471	
Creditors: amounts falling due within one year	14	6,565,436		5,274,463	
Net current assets			15,767,997		13,766,008
Total net assets			15,773,895		13,783,718
Funds and reserves					
Restricted funds	15		13,085,931		11,509,723
Unrestricted funds					
General fund		2,235,627		1,689,596	
Tangible fixed assets fund	16	5,898		17,710	
Designated funds	17	446,439		566,689	
			2,687,964		2,273,995
			15,773,895		13,783,718

Approved by the Trustees of Healthcare Quality Improvement Partnership company registration number 06498947 (England and Wales) and signed on their behalf by:



Trustee Carrie MacEwen, Chair. Approved on: 17 November 2022

Statement of cash flows for the year ended 31 March 2022

		2022	2021
		£	£ As restated
Cashflow from operating activities			
Net cash provided by operating activities		2,600,612	96,690
Cashflows from investing activities			
Investment income and interest received		2,191	6,000
Proceeds from sale of tangible fixed assets		1,570	-
Payments to acquire tangible fixed assets		(4,232)	(1,936)
		(471)	4,064
Net increase in cash and cash equivalents		2,600,141	100,754
Cash and cash equivalents at the beginning of the year		18,148,690	18,047,936
Cash and cash equivalents at end of year		20,748,831	18,148,690
Reconciliation of net income to net cash flow from operating activities			
Net income / (expenditure) including endowments		1,990,177	32,654
Adjustments for:			
Depreciation charge		14,437	15,523
Loss on disposal of fixed assets		37	-
Interest receivable		(2,191)	(6,000)
(Increase)/Decrease in debtors		(692,821)	921,875
Increase/(Decrease) in creditors		1,290,973	(867,362)
Net cash inflow / (outflow) from operating activities		2,600,612	96,690

The charity has no net debt and accordingly no net debt note is presented.

Notes to the accounts 2021-22

1. Accounting policies

a) Basis of accounting

These financial statements are prepared on a going concern basis, under the historical cost convention.

The financial statements have been prepared in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102). The Charitable Company is a public benefit entity for the purposes of FRS 102 and therefore the Charity also prepared its financial statements in accordance with the Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (The FRS 102 Charities SORP including Update Bulletin 2), the Companies Act 2006 under the provision of the Large and Medium-sized Companies and Groups (Accounts and Reports) Regulations 2008 (SI 2008/410) and the Charities Act 2011.

The financial statements are prepared in sterling, which is the functional currency of the company.

Monetary amounts in these financial statements are rounded to the nearest pound.

b) Going concern

The trustees have assessed whether the use of the going concern basis is appropriate and have considered possible events or conditions that might cast significant doubt on the ability of the charity to continue as a going concern. The trustees have made this assessment for a period of at least one year from the date of approval of the financial statements. In particular the trustees have considered the charity's forecasts and projections and have taken account of pressures on grant income. After making enquiries the trustees have concluded that there is a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. The charity therefore continues to adopt the going concern basis in preparing its financial statements.

c) Income

Income is recognised net of VAT in the period in which the charity is entitled to receipt and the amount can be measured with reasonable certainty. Income is deferred only when the charity has to fulfil conditions before becoming entitled to it or where the donor or funder has specified that the income is to be expended in a future accounting period. Income is only recognised for amounts that are probable at the date of preparation of the accounts. Any further amounts received after this date are recognised in subsequent periods.

Funding from government and other agencies have been included as income from charitable activities where these amount to either a contract for services or the charity has acted as agents. However where the money is given in response to an appeal or with greater freedom of use, for example monies for core funding, then this has been treated as a donation.

d) Expenditure and the basis of apportioning costs

Expenditure is included in the Statement of Financial Activities when incurred and excludes attributable VAT where it can be recovered.

Expenditure comprises the following:

i) The costs of activities in furtherance of the charity's objects comprise expenditure on the charity's primary charitable purposes as described in the trustees' report. Such costs include:

- National Clinical Audit and Patient Outcomes Programme: amounts expended on the commissioning of national clinical audits
- Clinical Outcome Review Programmes: commissioning and managing enquiries and reviews
- Clinical Outcomes Publication
- National Joint Registry: expenditure relating to the management and development of the Registry

- Quality improvement and development activities: expenditure relating to the promotion and advancement of clinical audit as a means of improving the provision of healthcare.

ii) Support costs represent indirect charitable expenditure. In order to carry out the primary purposes of the charity it is necessary to provide support in the form of personnel development, financial procedures, provision of office services and equipment and a suitable working environment. Such costs are allocated across the activities of the charity based on an estimate of staff time.

e) Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts.

f) Fund accounting

Restricted funds comprise monies whose use is restricted to a specific purpose, or is subject to donor imposed conditions.

Designated funds comprise monies set aside out of unrestricted general funds for specific future purposes or projects.

The fixed assets fund comprises the net book value of the charity's fixed assets, the existence of which is fundamental to the charity being able to perform its charitable work and thereby achieve its charitable objectives. The value represented by such assets should not be regarded, therefore, as realisable.

General unrestricted funds represent those monies which are freely available for application towards achieving any charitable purpose that falls within the charity's charitable objects.

g) Tangible fixed assets

All assets costing more than £500 and with an expected useful life exceeding one year are capitalised. Depreciation is provided at the following annual rates in order to write each asset off over its estimated useful life:

- Computer and similar equipment: 33% per annum based on costs
- Furniture and general office equipment: 20% per annum based on costs

h) Intangible fixed assets

Intangible fixed assets include the development costs of the website and are stated at cost less accumulated amortisation and accumulated impairment losses. Amortisation is recognised so as to write off the cost of assets less their residual values over their useful lives on the following basis:

- Website development costs: 33% per annum based on costs

i) Operating lease

Rentals payable under operating leases are charged to the Statement of Financial Activities as incurred over the terms of the lease.

j) Pension contributions

i) NHS Scheme: It is not possible for HQIP to identify its share of the underlying scheme liabilities in relation to the NHS final salary pension scheme, consequently the scheme is accounted for as a defined contribution scheme and the cost of the scheme is equal to the contributions payable to the scheme for the accounting period. Those employers contributing under Direction status have their pension cost contributions charged to operating expenses as and when they become due.

ii) Defined contribution scheme: The cost of the scheme is equal to the contributions payable to the scheme for the accounting period.

k) Employee benefits

The costs of short-term employee benefits are recognised as a liability and an expense.

l) Financial instruments

The charity has elected to apply the provisions of Section 11 'Basic Financial Instruments' of FRS 102 to all of its financial instruments. Financial instruments are recognised in the charity's balance sheet when the company becomes party to the contractual provisions of the instrument. Financial assets and liabilities are offset, with the net amounts presented in the financial statements, when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

With the exceptions of prepayments and deferred income all other debtor and creditor balances are considered to be basic financial instruments under FRS 102. See notes 13 and 14 for the debtor and creditor notes.

m) Judgements and key sources of estimation uncertainty

In the application of the charitable company's accounting policies, the trustees are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

In the view of the trustees in applying the accounting policies adopted, no judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimates or assumptions made carry a significant risk of material adjustment in the next financial year.

2. Interest receivable

	Unrestricted Funds	Restricted Funds	Total 2022
	£	£	£
Bank interest receivable	1,096	1,095	2,191
	Unrestricted Funds	Restricted Funds	Total 2021
	£	£	£
Bank interest receivable	3,000	3,000	6,000



3. Income from charitable activities

Income from contracts	Unrestricted Funds	Restricted Funds	Total 2022
	£	£	£
NHS England & Wales			
Management Support Fee	1,300,000	-	1,300,000
NCAPOP Audits	-	12,334,657	12,334,657
NCAPOP Subscriptions	-	2,009,700	2,009,700
Subscriptions Admin Fees	20,300	-	20,300
All UK Administrations and Crown Dependencies			
CORP Programme Income	-	2,112,717	2,112,717
NCAPOP (Scottish Contributions)	-	139,162	139,162
Programme Management Fees	389,991	-	389,991
Department of Health & Social Care	-	206,020	206,020
NJR Subscriptions Income	-	3,246,110	3,246,110
NJR Other Income	-	782,863	782,863
Health Foundation Grants	-	10,052	10,052
Data Access Requests	35,250	-	35,250
Other New Business	6,539	30,410	36,949
Total	1,752,080	20,871,691	22,623,771

3. Income from charitable activities (continued)

Income from contracts	Unrestricted Funds	Restricted Funds	Total 2021
	£	£	£
NHS England & Wales			
Management Support Fee	1,300,000	-	1,300,000
NCAPOP Audits	-	9,331,515	9,331,515
NCAPOP Subscriptions	-	2,019,500	2,019,500
Subscriptions Admin Fees	20,500	-	20,500
All UK Administrations and Crown Dependencies			
CORP Programme Income	-	2,821,353	2,821,353
NCAPOP (Scottish Contributions)	-	311,089	311,089
Programme Management Fees	213,208	-	213,208
Department of Health & Social Care	-	185,783	185,783
NJR Subscriptions Income	-	3,423,026	3,423,026
NJR Other Income	-	773,045	773,045
Health Foundation Grants	-	54,779	54,779
Data Access Requests	25,125	-	25,125
Other New Business	6,000	213,023	219,023
Total	1,564,833	19,133,113	20,697,946

4. Other income

	Unrestricted Funds	Restricted Funds	Total 2022
	£	£	£
Miscellaneous income	15,055	-	15,055
	Unrestricted Funds	Restricted Funds	Total 2021
	£	£	£
Miscellaneous income	15,400	-	15,400

5. Charitable activities

	Unrestricted Funds	Restricted Funds	Total 2022
	£	£	£
Management, development and promotion of clinical audit			
National Clinical Audit & Patient Outcomes Programme (NCAPOP)			
NCAPOP Audits	-	11,499,456	11,499,456
Clinical Outcome Review Programmes			
Programme Costs	-	3,567,936	3,567,936
Staff Costs	489,213	431,025	920,238
Support Costs	877,332	-	877,332
	1,366,545	15,498,417	16,864,962
National Joint Registry (NJR)			
NJR Programme Costs	-	2,427,115	2,427,115
Staff Costs	-	713,514	713,514
Support Costs	-	188,736	188,736
	-	3,329,365	3,329,365
Clinical Outcomes Publication			
National Clinical Audit Benchmarking	8,720	-	8,720
	8,720	-	8,720
Quality Improvement and Development			
Support to local audit	-	20,279	20,279
Education & Training	715	-	715
Staff Costs met from Health Foundation Grants	-	126	126
	715	20,405	21,120
New Business Activities			
Direct Costs	-	74,216	74,216
Staff Costs		352,457	352,457
	-	426,673	426,673
	1,375,980	19,274,860	20,650,840

5. Charitable activities (continued)

	Unrestricted Funds	Restricted Funds	Total 2021
	£	£ As restated	£ As restated
Management, development and promotion of clinical audit			
National Clinical Audit & Patient Outcomes Programme (NCAPOP)			
NCAPOP Audits	-	11,336,342	11,336,342
NCAPOP Retendering & Support Costs	-	1,917	1,917
Clinical Outcome Review Programmes			
Programme Costs	-	3,483,561	3,483,561
Learning Disabilities Mortality Review	-	275,674	275,674
Staff Costs	636,306	384,433	1,020,739
Support Costs	800,825	-	800,825
	1,437,131	15,481,927	16,919,058
National Joint Registry (NJR)			
NJR Programme Costs	-	2,549,891	2,549,891
Staff Costs	-	616,697	616,697
Support Costs	-	247,489	247,489
	-	3,414,077	3,414,077
Clinical Outcomes Publication			
Clinical Outcomes Publication	-	31,350	31,350
National Clinical Audit Benchmarking	7,510	-	7,510
	7,510	31,350	38,860
Quality Improvement and Development			
Support to local audit	5,000	15,654	20,654
Education & Training	9,523	-	9,523
Staff Costs met from Health Foundation Grants	-	101,251	101,251
	14,523	116,905	131,428
New Business Activities			
Direct Costs	-	56,061	56,061
Staff Costs	-	127,208	127,208
	-	183,269	183,269
	1,459,164	19,227,528	20,686,692



6. Support costs

	Contract Mgt & Commissioning	National Joint Registry Per MOU	Stability Fund	Total 2022	Total 2021
	£	£	£	£	£
Staff costs (Core Team Apportioned)	527,911	132,071	-	659,982	576,438
Procurement Consultancy	-	-	120,250	120,250	61,400
Finance Consultancy	11,870	-	-	11,870	-
Other Staff Costs and Sundry Expenses	2,115	-	-	2,115	897
Staff Training	2,303	-	-	2,303	5,014
Staff Recruitment	24,315	-	-	24,315	4,020
Advertising & Publicity	-	-	-	-	400
Financing & Bank Charges	945	393	-	1,338	1,058
Hire of Office Equipment	-	-	-	-	467
Working from Home Costs	83	-	-	83	1,191
Website Design and hosting	2,490	-	-	2,490	2,620
Marketing Automation	13,035	-	-	13,035	20,768
Premises Costs (Rent & Facilities Charges)	12,092	4,927	-	17,019	193,592
Computer Equipment & Software	20,343	8,159	-	28,502	27,418
IT Support	32,908	13,037	-	45,945	45,697
Printing, Stationery & Office Supplies	7,308	-	-	7,308	2,756
Postage and Courier Costs	4,547	-	-	4,547	1,263
Telephone	9,608	4,986	-	14,594	12,882
Other Accommodation Costs and Room Hire	198	-	-	198	1,260
Travel, Subsistence & Accommodation	431	-	-	431	92
Service User Network	18	-	-	18	25
Subscriptions	508	-	-	508	386
Communications	3,580	-	-	3,580	2,701
Other Meeting Costs inc. Catering	-	-	-	-	69

6. Support costs (continued)

	Contract Mgt & Commissioning	National Joint Registry Per MOU	Stability Fund	Total 2022	Total 2021
	£	£	£	£	£
Insurance	33,622	14,225	-	47,847	42,210
Professional Fees - HR Consultancy	2,643	3,820	-	6,463	2,721
Professional Fees - IT Consultancy	6,816	1,528	-	8,344	-
Depreciation	14,437	-	-	14,437	15,523
Loss on Disposals	37	-	-	37	-
Governance:					
<i>Audit Fees</i>	11,802	4,563	-	16,365	15,820
<i>Other auditor's remuneration</i>	-	-	-	-	3,722
<i>Legal and other Governance Costs</i>	11,117	1,027	-	12,144	5,904
	757,082	188,736	120,250	1,066,068	1,048,314

Support costs have been allocated on the basis of staff time expended in each area as follows:

	2022	2021
Commissioning and contract management of clinical audit	757,082	786,825
National Joint Registry	188,736	247,489
Stability Fund	120,250	14,000
	1,066,068	1,048,314

7. Net movement in funds

This is stated after charging:

	Unrestricted	Restricted	Total 2022
	£	£	£
Auditor's remuneration			
Statutory audit services	11,403	4,887	16,290
Depreciation	14,437	-	14,437
Operating Lease Rentals	15,000	-	15,000

	Unrestricted	Restricted	Total 2021
	£	£	£
Auditor's remuneration			
Statutory audit services	11,074	4,746	15,820
Other services	2,605	1,117	3,722
Depreciation	15,253	-	15,253
Operating Lease Rentals	179,760	-	179,760

8. Employee and staff costs

	2022	2021
	£	£ As restated
Wages and Salaries	2,108,113	1,873,106
Social Security Costs	242,255	214,737
Pension Costs (Aegon Scottish Equitable)	114,217	96,307
Pension Costs (NHS)	-	11,104
Pension Admin Charges	2,080	1,900
Cost of Secondments	155,506	115,850
Cost of Agency Staff	24,146	129,329
	2,646,317	2,442,333

Staff costs have been allocated as follows:

	2022	2021
	£	£ As restated
Management, development and promotion of clinical audit	920,238	1,020,739
National Joint Registry	713,514	616,697
Quality Improvement and Development	126	101,251
New Business Activities	352,457	127,208
Support Costs	659,982	576,438
	2,646,317	2,442,333



8. Employee and staff costs (continued)

The average number of employees during the period and the actual numbers at 31 March 2022 calculated on a full time equivalent basis, analysed by function, was as follows:

	2022	2022	2021	2021
	Av No.	Actual	Av No.	Actual
Charitable activities				
Contract Management & Commissioning	13.1	12.4	11.2	13
NJR Team	11.0	11.0	9.1	11
Management and Core Services	11.4	13.1	9.2	11
TOTAL	35.5	36.5	29.5	35

The number of employees who earned £60,000 per annum or more during the period was

	2022	2021
£60,000-70,000	2	3
£70,000-80,000	5	4
£80,000-90,000	2	4
£90,000-100,000	4	-
£100,000-110,000	-	1
£110,000-120,000	-	1

Key management personnel include the Trustees, Chief Executive (and senior staff reporting directly to the Chief Executive). The total employee benefits of the charity's key management personnel were **£436,348** (2021: £452,527).

9. Trustees' remuneration

None of the Trustees received any remuneration in respect of their services during the period (2021: £Nil).

During the year out of pocket travelling expenses amounting to **£Nil** were reimbursed to Trustees (2021: £Nil).

The charity has purchased insurance to protect the charity from any loss arising from the neglect or defaults of its trustees, employees and agents and to indemnify the trustees or other officers against the consequences of any neglect or default on their part. The insurance premium paid by the charity during the period totalled **£47,847** and provides cover up to a maximum of **£10,000,000** (any one claim or the aggregate during one period of insurance - being 12 months).

10. Taxation

HQIP is a registered charity and therefore is not liable for income tax or corporation tax on income derived from its charitable activities, as it falls within the various exemptions available to registered charities.

11. Intangible fixed assets

	Website development costs
Cost	£
At 1 April 2021 and 31 March 2022	61,089
Amortisation	
At 1 April 2021 and 31 March 2022	61,089
Net Book Values	
At 31 March 2022	-
At 31 March 2021	-

12. Tangible fixed assets

	Fixtures, fittings & equipment
Cost	£
At 1 April 2021	92,042
Additions	4,232
Disposals	(50,809)
At 31 March 2022	45,465
Depreciation	
At 1 April 2021	74,332
On Disposals	(49,202)
Charge for the Year	14,437
At 31 March 2022	39,567
Net Book Values	
At 31 March 2022	5,898
At 31 March 2021	17,710

13. Debtors

	Unrestricted 2022	Restricted 2022	Total 2022	2021
			£	£
Trade Debtors	-	528,634	528,634	413,637
VAT Refundable	-	-	-	193,169
Prepayments & Other Debtors	30,230	872,478	902,708	88,341
Accrued income	-	153,260	153,260	196,634
	30,230	1,554,372	1,584,602	891,781

14. Creditors: Amounts falling due within one year

	2022	2021
		£ As restated
Trade Creditors	4,370,131	3,250,819
Other Creditors	47,175	33,283
Tax and social security	450,374	59,790
Accruals	1,627,772	1,696,261
Deferred income	69,984	234,310
	6,565,436	5,274,463



15. Restricted funds

	At 1 April 2021	Income	Expenditure	Transfers	At 31 March 2022
	£ As restated	£	£	£	£
NCAPOP Audits	6,220,004	12,334,657	(11,773,419)	446,453	7,227,695
NCAPOP Subscriptions	-	2,009,700	(432,204)	(1,577,496)	-
NCAPOP Scottish Extensions	-	139,162	-	(139,162)	-
NCAPOP Transition Costs	139,822	-	-	-	139,822
Development of Clinical Service Accreditation	22,887	-	-	(22,887)	-
CORP Programme Costs including PMRT	-	2,318,737	(3,567,936)	1,249,199	-
National Joint Registry	5,017,711	4,030,068	(3,329,365)	-	5,718,414
Support to local audit	-	-	(20,279)	20,279	-
Health Foundation Grant QI Fellow	(9,926)	10,052	(126)	-	-
Independent Sector Pilot Project	59,072	30,410	(89,482)	-	-
Health Foundation - Understanding Data Access	2,141	-	(3,717)	1,576	-
HDR UK Metadata Onboarding	58,012	-	(58,332)	320	-
	11,509,723	20,872,786	(19,274,860)	(21,718)	13,085,931

15. Restricted funds (continued)

	At 1 April 2020	Income	Expenditure	Transfers	At 31 March 2021
	£	£	£ As restated	£ As restated	£ As restated
NCAPOP Audits	6,878,596	9,205,461	(11,384,342)	1,520,289	6,220,004
NCAPOP Subscriptions	-	2,019,500	(384,635)	(1,634,865)	-
Consultant Outcomes Publication	-	-	(31,350)	31,350	-
NCAPOP Scottish Extensions	-	311,089	-	(311,089)	-
NCAPOP Transition Costs	139,822	-	-	-	139,822
NCAPOP Retendering	-	-	(1,917)	1,917	-
Development of Clinical Service Accreditation	22,887	-	-	-	22,887
CORP Programme Costs including NMCRR & PMRT	3,688	3,133,190	(3,483,561)	346,683	-
Learning Disabilities Mortality Review	275,674	-	(275,674)	-	-
National Joint Registry	4,225,490	4,199,071	(3,414,077)	7,227	5,017,711
Support to local audit	-	-	(15,654)	15,654	-
Health Foundation Grant QI Fellow	24,597	-	(39,083)	4,560	(9,926)
Surgical mesh data requirements	11,051	-	-	(11,051)	-
Independent Sector Pilot Project	16,549	53,023	(10,500)	-	59,072
Health Foundation - Understanding Data Access	39,336	54,779	(88,347)	(3,627)	2,141
HDR UK Metadata Onboarding	-	160,000	(98,388)	(3,600)	58,012
	11,637,690	19,136,113	(19,227,528)	(36,552)	11,509,723

NCAPOP - National Clinical Audit and Patient Outcomes Programme

Management of the National Clinical Audit and Patient Outcomes Programme (NCAPOP), servicing existing contracts and commissioning new audits according to priorities agreed by NHS England. A list of NCAPOP audits supported in 2021-22 appears in the Appendix.

Clinical Outcomes Publication

Clinical Outcomes Publication is an NHS England initiative managed by HQIP, to publish quality measures at individual consultant, team and unit level using national clinical audit and administrative data.

Development of Clinical Service Accreditation

Development of Clinical Service Accreditation – in order to accurately assess the performance of clinical services in relation to established standards and implement ways to continuously improve these.

NJR - National Joint Registry

To fund work to ensure that patients obtain the best clinical care during and following their joint replacement operation. To provide patients, clinicians, healthcare purchasers, commissioners, regulators and implant suppliers with evidence as to which are the best performing implants, ensuring that NHS and other healthcare resources are best used. NJR funds are held in a separate bank account.

15. Restricted funds (continued)

CORP - Clinical Outcome Review Programmes

Confidential enquiries designed to stimulate improvements in safety and effectiveness by enabling clinicians, managers and policy makers to learn from adverse events and other relevant data. Coverage is UK-wide, and the programme includes the following topics: deaths following medical and surgical intervention; suicides and homicide among people with mental illness; a child health review; and, maternal, infant and perinatal mortality. One further programme has been commissioned – a national child mortality database.

Health Foundation Grant for QI Clinical Fellow

The grant funds Dr. Ian Woolhouse as Senior Healthcare QI lead two days per week. The aim is to develop and deliver an explicit systematic QI-led approach to commissioning the NCAPOP, improving its capacity to reduce variation and improve patient outcomes.

Mesh Registries

HQIP was commissioned by the Department of Health and Social Care (DHSC) to undertake a feasibility study to investigate urogynaecological surgical mesh data requirements.

Independent Sector Pilot Project

Will establish the viability, challenges and barriers to flowing data from independent sector providers into the National Clinical Audit and Patient Outcomes Programme. The end result will be a feasibility report providing recommendations on how to support the independent sector to engage more fully with national clinical audit.

Understanding Health Data Access

A project seeking to provide researchers and the public with relevant and easy to follow videos, guidance, support and top tips for applying for and accessing health data. The project is drawing on the views of and collaborative inputs from patients and the public and clinical and research experts.

Health Data Research UK - Metadata Onboarding and Process Improvement Grant

HQIP is working to improve the quality and visibility of the information publically available on the healthcare datasets we commission. We have worked with our dataproviders to develop the information required to list our datasets on the HDR UK Innovation Gateway as well as contributing to a variety of other Alliance initiatives to enhance the use of health data for research and innovation.

16. Fixed assets fund

	At 1 April 2021	Additions	Depreciation/ Amortisation	Disposals	At 31 March 2022
	£	£	£	£	£
Fixtures, fittings, equipment	17,710	4,232	(14,437)	(1,607)	5,898
	17,710	4,232	(14,437)	(1,607)	5,898

	At 1 April 2020	Additions	Depreciation/ Amortisation	Disposals	At 31 March 2021
	£	£	£	£	£
Fixtures, fittings, equipment	31,297	1,936	(15,523)	-	17,710
	31,297	1,936	(15,523)	-	17,710

The fixed assets fund represents the net book value of the charity's fixed assets.

17. Designated funds

The income fund of the charity includes the following designated funds which have been set aside out of unrestricted funds by the trustees for specific purposes:

	At 1 April 2021	New designations	Utilised/ released	At 31 March 2022
	£	£	£	£
Stability Fund	566,689	-	(120,250)	446,439
	566,689	-	(120,250)	446,439

	At 1 April 2020	New designations	Utilised/ released	At 31 March 2021
	£	£	£	£
Stability Fund	580,689	-	(14,000)	566,689
	580,689	-	(14,000)	566,689

The Trustees designated a Stability Fund in 2018 and its purpose is described in the Reserves Policy section of the Trustees' Annual Report.

18. Analysis of net assets between funds

	General Fund	Fixed assets Fund	Designated Funds	Restricted Funds	Total 2022
	£	£	£	£	£
Fund balances at 31 March 2022 are represented by:					
Tangible fixed assets	-	5,898	-	-	5,898
Current assets	2,635,249	-	446,439	19,251,745	22,333,433
Current liabilities	(399,622)	-	-	(6,165,814)	(6,565,436)
Total Net Assets	2,235,627	5,898	446,439	13,085,931	15,773,895

	General Fund	Fixed assets Fund	Designated Funds	Restricted Funds	Total 2021
	£	£	£	£ As restated	£ As restated
Fund balances at 31 March 2021 are represented by:					
Tangible fixed assets	-	17,710	-	-	17,710
Current assets	1,801,032	-	566,689	16,672,750	19,040,471
Current liabilities	(111,436)	-	-	(5,163,027)	(5,274,463)
Total Net Assets	1,689,596	17,710	566,689	11,509,723	13,783,718

19. Contractual commitments

At 31 March 2022 the charity had no commitments in respect of contract payments approved for national clinical audits and which had not been accrued due to necessary milestones not being achieved by providers at the year end.

20. Contingent liabilities

The charity conducted a VAT health check in the year to ensure continuing compliance with latest VAT regulations and has noted some potential further VAT liabilities due to HMRC. Work on this is ongoing and the value of any such liabilities cannot yet be reliably quantified and consequently no provision has been made.

21. Leasing commitments

At 31 March 2022 the charity had total commitments under non-cancellable leases falling due as follows:

	2022	2021
	£	£
Under 1 year	-	15,000
	-	15,000

22. Pension commitments

HQIP operates a money purchase pension scheme for most employees. In the previous year one member of staff was eligible for Direction status and HQIP therefore contributed to the NHS Pension Scheme for this employee.

The NHS Pension Scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the Secretary of State, in England and Wales. As a consequence it is not possible for HQIP to identify its share of the underlying scheme liabilities. The scheme is accounted for as a defined contribution scheme and the cost of the scheme is equal to the contributions payable to the scheme for the accounting period.

Employers contributing under Direction status have their pension cost contributions charged to operating expenses as and when they become due. Employer contribution rates are reviewed every four years (previously five years) following an actuarial investigation carried out by the scheme actuary. On advice from the actuary the contribution rate may be varied from time to time to reflect changes in the scheme's liabilities. At the last actuarial investigation on which contribution rates were based (31 March 2016) employer contributions were set at 20.6% of pensionable pay.

A copy of the actuarial investigation and latest resource accounts can be viewed on the NHS Business Services Authority website: <http://www.nhsbsa.nhs.uk/Pensions?Valuations.aspx>

Total pension costs in the period were £114,217 (2021: £107,411) and £20,087 (2021: £21,240) were payable at 31 March 2022.

23. Related party transactions

There were no reportable related party transactions in 2022 or 2021.

24. Liability of members

The charity is constituted as a company limited by guarantee. In the event of the charity being wound up members are required to contribute an amount not exceeding £10.



25. Prior year adjustment

A prior year adjustment has been made in connection with costs relating to 2020-2021 that were not accrued.

The effect of this adjustment on the results is shown below:

	At 31 March 2021		
	As previously reported £	Adjustment £	As restated £
Changes to the Balance Sheet			
Creditors	(4,950,966)	(323,497)	(5,274,463)
Net current assets	14,089,505	(323,497)	13,766,008
Restricted funds	11,833,220	(323,497)	11,509,723
Total funds	14,107,215	(323,497)	13,783,718
Changes to the Statement of Financial Activities			
Charitable activities expenditure	20,363,195	323,497	20,686,692
Net income/(expenditure)	356,151	(323,497)	32,654

There was no impact on funds as at 1 April 2020.

APPENDIX: HQIP programmes and audits, 2021-22

National Clinical Audits

Adult Diabetes:

- National Diabetes Foot Care Audit
- National Diabetes Inpatient Audit
- National Diabetes Transition
- National Pregnancy in Diabetes
- National Core Diabetes Audit

Breast Cancer in Older Patients

Cardiovascular Disease Prevention Audit, CVDPREVENT

Care at the End of Life

Chronic Obstructive Pulmonary Disease with Asthma:

- COPD secondary care
- Pulmonary rehabilitation
- Adult asthma
- Paediatric asthma
- Primary care (Wales only)

Dementia: Care in General Hospitals

Early Inflammatory Arthritis Audit

Emergency Laparotomy

Falls and Fragility Fracture:

- Fracture Liaison Service Database
- Inpatient Falls
- National Hip Fracture Database

Lung Cancer

Maternal and Perinatal

National Cardiac Audit Programme (*transitioned to Argent and GEN Commissioning Support Unit June 2022*)

- Adult Cardiac Surgery
- Congenital Heart Disease Audit
- Heart Failure Audit

- Heart Rhythm Management Audit
- Myocardial Ischemia Audit Programme
- Percutaneous Cardiac Intervention Audit

National Gastro-intestinal Cancer Audit:

- Bowel Cancer Audit
- Oesophago-Gastric Cancer Audit

National Joint Registry

National Vascular Registry

National Neonatal Audit Programme

Obesity (*commissioned April 2021*)

Paediatric Diabetes

Paediatric Intensive Care Audit

Prostate Cancer Audit

Psychosis Audit

Seizures and Epilepsy in Children and Young People

Sentinel Stroke Audit Programme

Clinical Outcome Review Programmes

Mental Health

Child Health

Medical and Surgical

Maternal and Newborn Infant

Mortality Review Programmes

National Child Mortality Database

Non-NCAPOP Commissions

Perinatal Mortality Review Tool



27A Harley Place, London W1G 8LZ

@ communications@hqip.org.uk

@HQIP

www.hqip.org.uk

Accounts

Health Healthcare Services Benchmark
Patient Outcomes Improve
Measure
Audit Improve Measure
Evaluate National Quality Improvement Evaluate
Clinical Effectiveness Benchmark
Health

HQIP Trustees Report and Accounts

1 April 2020-31 March 2021



Trustees

Professor Dame Carrie MacEwen, DBE (Chair) – *effective from 18 November 2020*

Professor Dame Donna Kinnair, DBE (Chair) – *resigned 17 November 2020*

Alastair Henderson (Vice-chair)

Philip Grimshaw Baker

Michael Chapman

Sarah Dunnett (Treasurer)

Dr Sheila Marriott – *resigned 25 March 2021*

Susan Masters

Dr Linda Patterson, OBE – *resigned 17 November 2020*

Miles Sibley

Dr Victoria Tzortziou Brown

Chief Executive: Jane Ingham

Registered office: 27A Harley Place, London W1G 8LZ

Email: communications@hqip.org.uk

Website: www.hqip.org.uk

Twitter: @HQIP

Company registration number: 6498947 (England and Wales)

Charity registration number: 1127049

Auditors: Moore Kingston Smith LLP, Devonshire House, 60 Goswell Road, London EC2 8AU

Bankers: Lloyds Bank Plc, 39 Threadneedle Street, London EC2R 8AU

Solicitors: Cameron's Solicitors LLP, 27A Harley Place, London W1G 8LZ

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HQIP and our vision

Our primary aim is to improve health outcomes by enabling those who commission, deliver and receive healthcare to measure and improve the services provided. We achieve this by supporting improvement through clinical audit, confidential enquiries and registries. An independent organisation led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices.

More specifically, we commission, manage and develop the National Clinical Audit and Patient Outcomes Programme (NCAPOP) on behalf of NHS England, the Welsh Government and, in the case of some projects, other devolved administrations and crown dependencies. This programme comprises of around 40 projects that collect and analyse data supplied by local clinicians, in order to provide a national picture of care standards for a range of conditions. In addition, we host the National Joint Registry (NJR), which collects and reports on data for hip, knee, ankle, elbow and shoulder joint replacement procedures. The NJR is the largest register of its kind in the world, and covers England, Wales, Northern Ireland, the Isle of Man and the State of Guernsey.

We co-ordinate and share the outcomes from these projects, offering a suite of reports, tools and guidance to help healthcare professionals to understand local and clinical need, and to deliver effective and safe services. On a local level, the outcomes support trusts to benchmark their compliance and performance, helping them to identify necessary improvements for patients. More information is available online:

- [National Clinical Audit and Patient Outcomes Programme \(NCAPOP\)](#)
- [National Joint Registry \(NJR\)](#).

Our work – and its value – goes far beyond managing clinical audits. We provide highly-specialised advisory and knowledge transfer services to support effective quality improvement. From the creation of guidance to enable the sharing of data beyond the confines of the healthcare sector through to reviewing the metrics used in audits (and a raft of activities in between); everything we do aims to share our

knowledge and maximise the impact of the data collected. But we cannot do this alone...

We are committed to collaborating with a wide range of stakeholders, both within and beyond the healthcare sector. We seek out and develop relationships at both national and local levels, including those involved in policy, funding, health service provision and research. Critically, we also proactively reach out to those who receive healthcare services. As part of our work to improve patient care and experience, we create opportunities for meaningful two-way engagement with patients and users of services, their families and representatives. Central to this commitment is our Service User Network (SUN), an advisory group of patients and carers who provide input into our work and its outputs. We pride ourselves on this two-way channel of communication, demonstrating our open and adaptable approach to involving patients, patient representatives and carers in all areas of our work.

Our work is aligned with other national bodies and their relevant quality improvement programmes. As such, we interact with a broad spectrum of professional leadership bodies and organisations including the Care Quality Commission (CQC), National Institute for Health and Care Excellence (NICE), NHS England/NHS Improvement, Public Health England, NHS Digital, Health Data Research UK, the Health Foundation, the Independent Healthcare Providers Network and the Private Healthcare Information Network, among others.

For more information about us, our programme of work and our outputs, go to www.hqip.org.uk.

Chair and CEO statement

“ March 2020 – and the subsequent year, which this report covers – was extraordinary in so many ways. Of course, it was remarkable because that was when the whole world realised we were in the grip of a global pandemic and when the UK went into its first national lockdown. But for the healthcare sector, it was a time not only to exhibit exceptional resilience, but also to undergo a period of unprecedented change. That change brought challenges but also demonstrated the capacity of healthcare professionals to react at pace and continue in the face of enormous adversity as well as plan for the future. And that’s where HQIP, and the work we commission, has been able to play an important role...

We must first begin by extending our heartfelt gratitude to everyone who has been involved in planning and delivering healthcare services over this past year. Much recognition of the dedication shown has been voiced by many – and it’s hard to know how we can add to this out-pouring of appreciation. So perhaps we’ll take a straightforward approach, and simply say ‘thank you’. Thank you to everyone who has played a part in any way. From porters and cleaners to commissioners and policy makers (and everyone in-between), we are all truly indebted to you.

So, what has April 2020 to March 2021 brought for HQIP, and how have we been able to support the healthcare service to deliver during - as well as move beyond - this pandemic? Learning from high quality data and translating that knowledge into improvement is HQIP’s raison d’être; and that was never more important than during this period. In collaboration with the improvement community and the programmes we commission, we were able to reprioritise our efforts to where they were needed most.

While many of our audits were temporarily paused throughout this period, in order to refocus healthcare resources towards COVID-19, it quickly became apparent that the data we collect would be significant in the national response to the pandemic. Some programmes moved to live surveillance, providing real-time data to the NHS England, Public Health England, the Government’s Scientific Advisory Group for Emergencies (SAGE) and other national agencies. This swift change proved to be a critical tool in the nation’s response to COVID-19; more on this can be found later in this report.

We did commission one new programme in this year – the Cardiovascular Disease Prevention Audit (CVDPREVENT) – though this is an order of magnitude less than in previous years. As such, this report makes for a rather different read to previous annual reports, demonstrating instead our ability to react at pace and reprioritise in the face of enormous challenges; of which we are extremely proud.

This temporary cessation in business as usual was quickly put to use in other ways. Our role as a bridge between the providers and users of healthcare data, coupled with our extensive knowledge of the sector, meant that we were uniquely placed to support robust planning for the future. This included projects as wide-reaching as supporting the sharing of patient data beyond the provision of healthcare (our Understanding Health Data Access project) and the establishment of a review of the metrics used in audits (our Methodology Advisory Group). You can read more about these, and our other activities throughout the year, later in this report.

No update of activities in 2020-21 would be complete without mention of Britain’s withdrawal from the European Union; and this report is no different. This change presented us with some challenges, though we are pleased to report that HQIP adapted without issue, meeting all obligations and continuing to deliver as usual.

Finally, we must say thank you to the improvement community and the HQIP team for their resilience and dedication during the most trying of times. Together, and with our combined knowledge and skills, we are sure that we will not only support a sustainable recovery for healthcare services from the COVID-19 pandemic, but also emerge stronger for it. And, for our part, we very much look forward to dedicating our continued efforts to building the foundations for a healthcare service that is even more resilient in the future.



**Carrie MacEwen, DBE,
Chair**

**Jane Ingham,
CEO**



Our year in numbers

This year was very different for HQIP, as it has been for all. Here we present a broad view of the numbers related to our activity and output, concentrating on activities that have been a focus for this year, 1 April 2020 to 31 March 2021.

Programme outputs

69

Reports published

of which **9** were related to COVID-19

1

Newly commissioned project

(Cardiovascular Disease Prevention Audit, CVDPREVENT)

8

Case studies

eLearning

Introduction to quality improvement of patients and public [course](#)

628

Online courses completed

505

Self-certification completed



Resources

COVID-19 and HQIP's fellowship
[podcast](#)

36

views on SoundCloud
(published June 2020)

Planning a Health Data Application: Questions and Information Sources
[guide](#) (Understanding Health Data Access, UHDA project):

64

downloads from HQIP's website
(published March 2021)

Introduction to developing good data applications (UHDA) [video](#):

731

views on YouTube
(published March 2021)

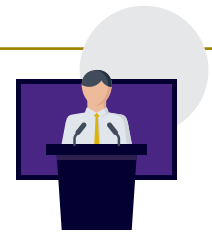
The duty of confidentiality (UHDA) [video](#):

833

views on YouTube
(published March 2021)



Event attendees



Methodology Advisory Group meetings:

35 A collaborative approach to metrics
– getting started 27 Aug 2020

40 Focusing on patient reported outcomes
and experience 5 Nov 2020

40 How can we improve the timeliness of
reporting for providers? 1 Oct 2020

25 Making the most of the National Clinical Audit
Benchmarking (NCAB) project 18 Nov 2020

Data data data training course
for healthcare leaders and Chief
Residents (by invitation only):

9
September 2020

12
March 2021

Award entries

234 **Audit Heroes
2020**



30 Clinical Audit
Professional

106 Team of
the Year

57 Clinical
Practitioner of
the Year

9 Student of
the Year

10 Volunteer of
the Year

22 Florence
Nightingale
Award

7 **Richard Driscoll
Memorial Award 2020**

HQIP website

106,657
Downloads

329,000
Unique page views

HQIP on Twitter

143 **Tweets**

440 **Retweets**

800 **Likes**

678 **New followers**

Survey **1,375** **Responses to HQIP's Business
Intelligence Survey (April 2020)**

Strategic report

In shaping our objectives and planning our activities, the Trustees have considered the Charity Commission's guidance on public benefit, including the guidance *Public benefit: running a charity (PB2)*. The Trustees confirm that they have complied with the duty in section 17 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charity Commission.

Strategic objectives

“You are a standard bearer for all things quality improvement”

Respondent to HQIP's Business Intelligence survey, April 2020

In order to deliver our vision of improving health outcomes, a set of strategic objectives has been developed to inform all our activities. As such, we commit to:

1. Commission, manage, support and promote national and local programmes of quality improvement, using best management and procurement practice to ensure robust results and actionable recommendations. This includes the national clinical audit programmes, local audit support resources and the National Joint Registry (NJR) on behalf of NHS England and other healthcare departments and organisations.
2. Ensure patients and carers remain at the heart of our work through continued, strategic involvement in all relevant processes and projects.
3. Support healthcare professionals to review and improve their practice by providing opportunities to share best practice, through education and training programmes, as part of promoting an integrated approach to quality improvement.
4. Inform and influence national healthcare policy by effectively communicating our work and that of our partners.
5. Encourage wide use of robust data for quality improvement of care, offering patient choice, promoting patient safety, supporting revalidation and service accreditation, commissioning, service redesign, and research.
6. Be an efficient, well run organisation which supports staff development and welfare.

Achievements and performance

This section provides an overview of HQIP's performance over the period from 1 April 2020 to 31 March 2021.

Short vignettes have also been included in order to illustrate our impact in relation to specific activities.

However, further information on all of our outputs and projects, can be found on our website: www.hqip.org.uk.

In summary, this year we have:

- ✓ Actively supported a move to real-time data for some projects in part to contribute to the national COVID-19 response, rapidly introducing Information Governance (IG) measures to enable providers to respond swiftly and beyond their original scope.
- ✓ Continued with the delivery of an ongoing programme of activity while adjusting to a required suspension of data collection, publishing 69 reports across a multitude of clinical disciplines ranging from mental health to diabetes – nine of which were additional deliverables in direct response to the COVID-19 pandemic.
- ✓ Commissioned a new audit (Cardiovascular Disease Prevention Audit, CVDPREVENT) under pandemic conditions alongside continuing to host the National Joint Registry (NJR), monitoring and reviewing a reduction in their subscriptions due to reduced operations under COVID-19.
- ✓ Taken on two new significant grant-funded data projects for Health Data Research UK (*Enabling health data-informed research*) and The Health Foundation (*Understanding Health Data Access, UHDA*), in spite of challenges with business development due to the COVID-19 pandemic. For UHDA, we produced three extremely well-received innovative online resources.
- ✓ Undertaken a comprehensive qualitative business intelligence survey to better understand the needs of our customers, surveying 21,000 online subscribers in March-April 2020 and receiving 1,375 responses.
- ✓ Produced a thematic report on health inequalities (*Addressing health equality in the National Clinical Audit and Patient Outcome Programme audits*) to extrapolate learning across audits and draw out key messages and recommendations for healthcare policy makers.
- ✓ Delivered quality improvement and clinical effectiveness support to Senior Registrars and Chief Residents of the Wessex Deanery via a new 'Data data data' training course.
- ✓ Demonstrated increased engagement through a comprehensive programme of Patient and Public Involvement activities embedded throughout our work. This included the successful delivery of Clinical Audit Awareness Week, 2020 (which saw an increase in the number of nominations for the Audit Heroes Awards as well as increased engagement on social media). Statistics around those using our online resources, website and social media generally also saw increases [across the board](#).
- ✓ Transformed the way we work in light of the COVID-19 pandemic, adopting 'working from home' for all staff, reviewing our Procurement processes, and meeting all obligations relating to Britain's withdrawal from the European Union.
- ✓ Begun to lay the foundations to support future healthcare by, for example, setting up a Methodology Advisory Group to review the metrics used in audits, and embarking on a project to support data-informed health research.



The challenge: A year of unprecedented change

COVID-19: Suspension of clinical audit

March 2020 brought the news that NHS England had declared a level four incident, followed by notifications on 17 and 28 March that national clinical audit activity could be suspended, in order to reduce the burden on and release frontline clinical capacity:

“All national clinical audit, confidential enquiries and national joint registry data collection, including for national VTE risk assessment, can be suspended. Analysis and preparation of current reports can continue at the discretion of the audit provider, where it does not impact front line clinical capacity.”

Amanda Pritchard, then Deputy CEO, NHS England & NHS Improvement

More specifically, NHS England outlined an intention to:

- Free-up the maximum possible inpatient and critical care capacity
- Prepare for, and respond to, the anticipated large numbers of COVID-19 patients needing respiratory support
- Support clinical staff and maximise their availability, and
- Remove routine burden.

The notices received from NHS England can be read in full online: [17 March 2020](#) and [28 March 2020](#).

These updates, in addition to the nationwide lockdown and an increase in cases of the virus, would then have an unprecedented effect on the audit community and HQIP from that point on.

Business intelligence survey, 2020

In order to better understand the needs of our customers, we surveyed our then-21,000 online subscribers in April 2020. Designed to determine how HQIP is perceived among stakeholders, the findings from this qualitative study will be used to inform future planning going forward.

We received 1,375 responses, find below a summary of the key findings:

- The professional groups that engage with HQIP are broad-ranging with particularly strong engagement with clinical and QI professionals.
- HQIP resources across categories were well used, with National Clinical Audit reports/guidance and outcomes from the National Clinical Audit Benchmarking (NCAB) project being the most popular.
- More than two-thirds of respondents (68%) agreed that we help to reduce variation in care, with more than three-quarters of respondents (76%) citing benchmarking.
- 81% of respondents believed that HQIP helps to improve patient care.
- Aspects for improvement was communication, engagement and outreach.

Business development

The effect of the COVID-19 pandemic and the resultant refocus on frontline healthcare, combined with a lack of face-to-face events and meetings, transformed our aspirations for business development. While our overall bottom line remained stable, the mix of activities undertaken reflects the needs of the sector at this time. As such, rather than diversify our customer base as much as had been anticipated, we were called upon to deliver more for our largest single customer, NHS England/Improvement. Our in-house expertise and resources successfully secured two new significant grant-funded data projects for The Health Foundation and Health Data Research UK (these will continue into 2021-22). We look forward to continuing our aim to further diversify as current commitments and our ability to develop new partnerships allow.

HQIP embraces change

The COVID-19 pandemic acted as a catalyst for change within HQIP too; prompting us to find new and improved ways of working to ensure that there was no immediate impact on our ability to deliver during this period. Like many, we moved to online meetings and events, and this proved to be an efficient and effective way of staying connected, including with external stakeholders. With practical policies and staff wellbeing support, feedback from staff and stakeholders has been positive. We continue to monitor our set-up as COVID-19 restrictions change.

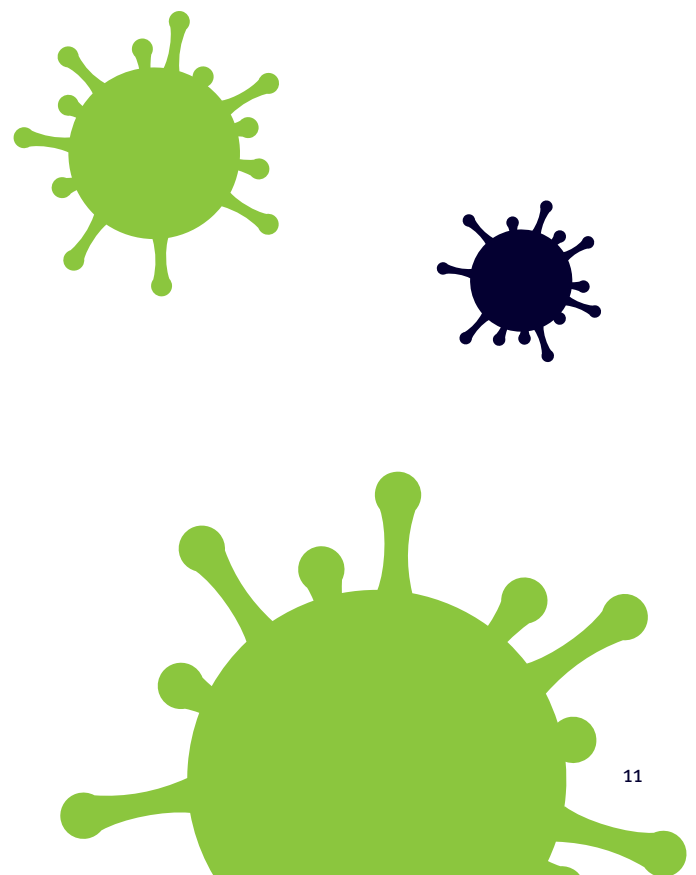
This period of change also prompted us to consider and review some of our staff policies. Of particular note is the establishment of an Equality and Diversity working group, following training for all staff on Unconscious Bias. We look forward to implementing the outcomes from this group.

A further area of the business that benefitted from change during this period was our Procurement function. An external expert conducted an independent review in August 2020 and found some areas for improvement including mitigation of capacity risks and improvement of internal communications – and we are now working to resolve them. In addition, the UK's withdrawal from the European Union ('Brexit') meant that all new procurements commenced after 1 January 2021 were required to be advertised on the Find a Tender system. We are pleased to report that HQIP adapted to this new approach without issue. Going forward, we are watching the progress of the Government's Procurement Bill to streamline and simplify public procurement, and will take action as needed.

Welcome to our new Chair

We are delighted that Professor Dame Carrie MacEwen joined us as Chair of our Board of Trustees in November 2020. A consultant ophthalmologist, Carrie brings a wealth of experience in healthcare system change and leadership, holding many roles within the sector including Acting Chair of the GMC, adviser to the Chief Medical Officer & Scottish Government, and clinical co-lead for ophthalmology for Getting It Right First Time (GIRFT), among many others. We look forward to working under Carrie's leadership at this time, when our work has never been more crucial.

We also wish to thank Professor Dame Donna Kinnair, who expertly guided HQIP over the previous three years, and stepped down as Chair to concentrate on leading the nursing profession through the COVID-19 pandemic.



The immediate response

Real-time data

A key to modern healthcare improvement is the collection of data using agreed metrics to review and compare performance objectively. However, it is equally important to use these data to effect change, adapting as needed – and this was never more true than during the COVID-19 pandemic.

“Child death database, PICANET and MBRRACE-UK perinatal surveillance will be required for current clinical management and should continue”

NHS England, March 2020

The biggest challenge was – and still is – a need to provide access to, and reporting on, routinely collected current data, so that we can react and plan at speed. We therefore supported a number of critical programmes to establish surveillance systems, providing ‘real time’ data to NHS England, the Government’s Scientific Advisory Group for Emergencies (SAGE) and others involved in determining the national policy response to COVID-19:

- The Paediatric Intensive Care Audit Network (PICANet)
- Maternal, Newborn and Infant Clinical Outcome Review Programme (MNICORP)
- The National Child Mortality Database (NCMD)
- The National Cardiac Audit Programme (NCAP), and
- Sentinel Stroke National Audit Programme (SSNAP).

These programmes quickly reprioritised their workload and established new processes to provide real-time data, in order to understand the effects of COVID-19 and support clinical management and policy making.

Spotlight: Setting up a national surveillance system National Child Mortality Database (NCMD)



The only system of its kind globally, the NCMD established a process in 2020 for enabling a rapid review of all child deaths and providing immediate feedback to NHS England. As such, it helped to guide the national response to the COVID-19 pandemic; identifying the key features of direct and indirect effects of the virus, and guiding policy.

Here are the key steps taken to set up this rapid surveillance system:

1. Notification of all child deaths in England collected by regional Child Death Overview Panels (CDOPs)
2. Data provided to the NCMD within 48 hours of death occurring
3. Daily coding by clinical and Child Death Review (CDR) expert panel
4. Data linked with Public Health England national virology results
5. Information added to NCMD monitoring report
6. Data provided on a regular basis to NHS England (initially on a daily basis, and then less frequently).

Information Governance and Data Access Request Group (DARG)

During this period of change, HQIP acted rapidly to modify information governance (IG) measures that enabled the NCAPOP data providers to respond swiftly to the COVID-19 pandemic. This included:

- An adapted 'Information Sharing Request' process to minimise delay
- A fast track process, with streamlined application form, to support urgent data requests
- Working with NHS Digital to implement urgent Data Provision Notices, to enable the provision of data without detailed data sharing agreements
- Liaising with NHS England/Improvement, NHS X and the NCAPOP providers to seek an appropriate and rapid legal basis to provide data to funders or amend data collection, and
- Supporting providers to find and approve a way to ensure continued access to data, in spite of restrictions during the national lockdown.

Business as usual

In spite of the challenges we continued to deliver many of our existing – and some new – commitments during this period...

National Clinical Audit and Patient Outcomes Programme (NCAPOP)

During the COVID-19 pandemic, it was more important than ever that we act as a bridge between those who have access to clinical data and those who can use it to best effect. However, over 2020-21, we had to make use of the Public Contracts Regulations 2015 (section 72) to manage the lack of clinical availability to engage with NCAPOP commissioning. While this will create a bottleneck of work for 2021-22 and beyond, we were able to deliver a number of significant outputs in this period, including 69 reports covering data as wide-reaching as diabetes, breast cancer and hip fractures.

This includes nine additional COVID-related reports:

- Paediatric Intensive Care Audit (PICANet): [COVID-19 confirmed cases admitted to paediatric intensive care](#), June 2020
- National Child Mortality Database: [Child suicide rates during the COVID-19 pandemic in England \(real-time surveillance\)](#), July 2020
- Maternal, Newborn and Infant Clinical Outcome Review Programme: [Learning from SARS-COV-2-related and associated maternal deaths in the UK](#), August 2020
- National Cardiac Audit Programme (NICOR): [Rapid Cardiovascular Data](#), September 2020
- National Dementia Audit (NAD): [Impact of the COVID-19 pandemic on hospital care for people with dementia](#), October 2020
- Paediatric Intensive Care Audit (PICANet): [COVID-19 confirmed cases admitted to paediatric intensive care](#), November 2020
- Sentinel Stroke (SSNAP): [COVID-19 Portfolio for 01 July - 30 July 2020 admissions](#), November 2020
- National Vascular Registry (NVR): [Short Report on COVID-19](#), November 2020
- National Emergency Laparotomy Audit (NELA): [The Impact of COVID-19 on Emergency Laparotomy – An Interim Report](#), March 2021.

“The information published by HQIP is really helpful for commissioners, as an evidence base for improvements”

Respondent to HQIP's Business Intelligence survey, April 2020

Spotlight: Themed report: Health inequalities

While we publish a large number of outputs that relate to specific clinical conditions, we understand the need to extrapolate trends and thematic learning across audits, drawing out key messages and recommendations for healthcare policy makers. With this in mind, we are particularly proud of our report on health inequalities which was published in November 2020. 'Addressing

health equality in the National Clinical Audit and Patient Outcome Programme audits' finds that there are differences in health outcomes between different population groups, however it also shows that there are gaps in the data collected as well as issues around meaningful analysis.

Addressing health equality in the National Clinical Audit and Patient Outcome Programme audits can be read in full [online](#).



New cardiovascular audit: CVDPREVENT

The Cardiovascular Disease Prevention Audit (CVDPREVENT) is a new three-year commission from February 2020. It is a national primary care audit that extracts data covering diagnosis and management of six high risk conditions that cause stroke, heart attack and dementia. This audit will provide a foundation for professionally-led quality improvement in GP practices and will support primary care in understanding cardiovascular disease, identifying inequalities and opportunities for improvement.

A full list of HQIP's 40 plus programmes and audits for this period are listed in the [Appendix](#) at the end of this report.

The National Joint Registry

We continue to host the [National Joint Registry \(NJR\)](#) which collects information on joint replacement operations, and monitors the performance of implants, hospitals and surgeons. However, as NJR subscriptions are based on the number of operations taking place in the preceding year, it should be noted that the impact of COVID-19 on hospital procedures over 2020-21 will be reflected in a future drop in income to the National Joint Registry (NJR). We are keeping activity levels under constant review.

Show AND tell

HQIP actively support audits and programmes to consider ways in which their data can be shared effectively and as widely as possible. As such, we have encouraged them to include overview summaries and infographics in their reports, something we saw an

enormous increase in between April 2020 and March 2021.

The infographics sit alongside the each individual report, which can be found in the [Resources section of our website](#).

Understanding Health Data Access

Understanding Health Data Access (UHDA) is a project funded by The Health Foundation which aims to demystify the rules on sharing patient data beyond the direct provision of healthcare. This year saw much effort go into the development and publication of three extremely well-received resources:

- *An Introduction to Developing Good Data Applications* ([video resource](#)): Introducing the principles that data custodians work within to ensure that data is shared safely, legally, fairly and with public benefit.
- *The Duty of Confidentiality* ([video resource](#)): Explains how the duty of confidentiality arises, how it can be met, and how this applies to health data applications.
- *Planning a Health Data Application* ([online guide](#)): Illustrates the key steps in planning an application, and provides collated guidance and information across the research and data sharing pathway.

Spotlight: UHDA: By those who know it best

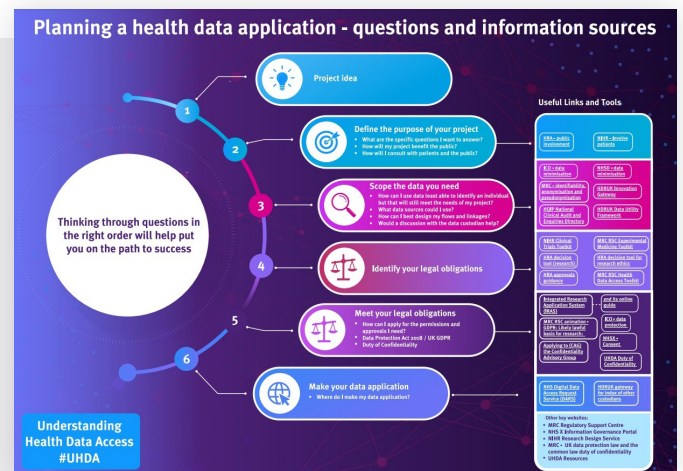
You can find out more about this project by reading the following two blogs, which share the story of its delivery from the personal perspective of those involved:

- [Understanding Health Data Access – a challenge and a half!](#) (Yvonne Silove, Associate Director, HQIP)
- [Working with patients & the public to explain access to health data](#) (Kim Rezel, Patient and Public Involvement Lead, HQIP).

“Thank you-this is an amazing resource! The videos are very well done.”

UHDA survey respondent

Following the publication of these resources, we undertook a survey to measure their effectiveness among target audiences. 26 people, of whom 30% were data applicants and another 30% were Data Protection Officers (DPOs) / Information Governance (IG) experts. The feedback was universally positive with, for example, 100% of respondents saying they would be likely to recommend the *The Duty of Confidentiality* film to a colleague.



Faculty of Medical Leadership and Management (FMLM)

The National Medical Director's Clinical Fellow Scheme provides doctors in training with the opportunity to spend one year out of a clinical setting in order to develop skills in leadership, management and health policy. We were delighted to welcome Dr Hannah Wright from University College London Hospitals as our 2020-21 Clinical Fellow in the summer of 2020. Since taking this post, Dr Wright has been involved in many cross-disciplinary activities but, of note, are the following two projects:

- Engaging trainee doctors in clinical audit: Looking at how the audit community can best reach this important audience, and support them to engage with the information available.

- Early years: Drawing together findings from across a number of audits related to early years practice.

The outcomes from Dr Wright's work will be available in 2021. In the interim, her webinar on how audits offer an opportunity for trainee doctors to better understand clinical disciplines can be found [here](#).

We also wish to thank our out-going Clinical Fellow, Dr Sam Bartlett-Pestell. To find out more about his work and the benefits of pursuing a National Medical Director Fellowship, you can listen to this [online podcast](#), where he takes part in a Q&A with HQIP's Medical Director, Professor Danny Keenan.

Spotlight: Training future healthcare leaders

We supported the Faculty of Medical Leadership and Management (FMLM) to deliver a new training module for the Senior Registrars and Chief Residents of Wessex Deanery, which focuses on using data for improvement.

'Data data data' is a one-day interactive online training course which aims to support clinicians to find the data they need, how to use it in the right way to measure

change, and understand the human elements of using data to achieve improved patient outcomes through building consensus. We held two successful training events which were extremely well received, with positive feedback from the healthcare leaders who attended:

"I found the examples of uses of data and its interpretation really helpful. Excellent facilitators. Very helpful course."

Chief Resident attendee



Clinical Audit Awareness Week

Given the success of CAAW in 2019, HQIP continued with the same approach in 2020. A small number of enhancements were introduced, including a resource toolkit with social media graphics, posters and a template press release as well as a new award to mark International Year of the Nurse and Midwife 2020 – the Florence Nightingale Award.

We were delighted with the increased engagement with CAAW 2020, which was particularly evident on Twitter (the following table shows engagement during the nine days that the campaign was running; 2019 compared to 2020):

Dates	Twitter impressions	% Increase / decrease on previous year
2019 (24 Nov-2 Dec)	93,100	216% increase
2020 (22-30 Nov)	150,800	62% increase

Audit Heroes Awards

The Audit Heroes Awards are an important part of CAAW and, here too, we saw evidence of much increased engagement:

Award	No. of entries 2019	No. of entries 2020
Clinical Audit Professional	46	30
Team of the Year	55	106
Clinical Practitioner of the Year	47	57
Student of the Year	6	9
Volunteer of the Year	4	10
Florence Nightingale Award	N/A	22
Total	158	234

We wish to extend our congratulations to all our Audit Heroes for 2020, and thank them for their continued dedication to improving healthcare through clinical audit. Details of all the winners can be found [online](#).



“A great example of how people with lived experience can help staff understand what matters to service users”

Audit Heroes judging panel, in relation to Ceredigion Total Communication Auditors, joint local winner, Volunteer of the Year



The Richard Driscoll Memorial Award

The 2020 Richard Driscoll Memorial Award for outstanding work in patient and public involvement was awarded to the National Early Inflammatory Arthritis Audit (NEIAA), which captures information about care quality in NHS rheumatology outpatient services. During a challenging year in the healthcare sector, the judging panel recognised the audit's excellent patient-led approach to their work, which continued throughout the COVID-19 pandemic.

The award was presented at our Annual General Meeting – the first to be held virtually – on 17 November 2020. The winners gave a presentation to an audience comprising HQIP staff, our Service User Network (SUN) members and the HQIP Trustees. More information about the winning audit can be found [here](#).

Spotlight: Falls and Fragility Fracture Audit Programme (FFFAP)

FFFAP provides an excellent example of the types of meaningful outputs from our programme that are developed in partnership with those receiving healthcare services.

The audit's [Patient and Carer panel](#) informed the design of a patient focused 'one-stop-shop' [platform](#) to share improvement stories and provide links to relevant resources across the sector. They also supported the development of their own resources including the [Strong bones after 50 guide](#), which supports patients to stick with their treatment, as well as a lay-friendly video and some infographics to communicate key points 'at a glance'. Find out more [here](#).



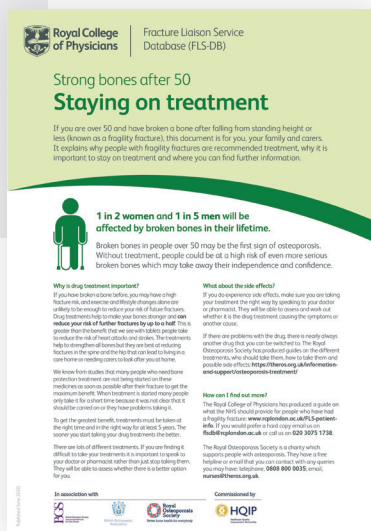
Patient voice

We have welcomed the opportunity to work with HQIP to promote the value of clinical audit by identifying improvements in patient outcomes to both clinicians and patients/carers representatives.

Adrian Hardy, Chair,
Service User Network (SUN)

The experience of patients and their families is at the heart of everything we do. This is underpinned by our Service User Network (SUN), an advisory group of patients, patient representatives and carers, whose experiences inform our processes, decision-making and outputs.

We would like to give credit to all our audits for their continued dedication to patient and public involvement (PPI) throughout the COVID-19 pandemic, often using tenacity and ingenuity to make this a reality. One such programme is the National Neonatal Audit Programme (NNAP) who, in response to COVID-19, switched to holding all meetings online from March 2020. This was a big change for the project as they usually have regular in-person meetings with external partners in attendance. However, it had an unforeseen positive consequence with the NNAP reporting that "attendance has never been higher" for PPI meetings!



Foundations for future healthcare

Methodology Advisory Group

Our Methodology Advisory Group (MAG) was reinvigorated in 2020-21 to bring together methodologists and other interested parties to take part in a series of online webinars to carry out a review of the metrics in the National Clinical Audit and Patients Outcome Programme (NCAPOP). The aim was to address points such as how to support best practice and benchmarking, taking into consideration a drive towards real-time data and digital integration. So far, four webinars have taken place:

- August 2020 (35 participants): A collaborative approach to metrics – getting started
- October 2020 (40 participants): How can we improve the timeliness of reporting for providers?
- November 2020 (40 participants): Focusing on patient reported outcomes and experience
- November 2020 (25 participants): Making the most of the National Clinical Audit Benchmarking (NCAB) project.

“Wide range of stakeholders contributing - will make ideas on how to move forward more robust and likely to succeed”

Methodology Advisory Group participant

These sessions were extremely useful with an array of detailed findings to support us in designing a programme that is fit-for-purpose, for both data providers and data users, in the future. Outcomes include:

- A Methodology Manual for data providers
- A MAG Community of Practice (to support the sharing of and learning from QI-related topics), and
- A review of outlier policy and guidance.

Enabling data-informed health research

We are proud to support Health Data Research UK (HDR UK) to populate their [Innovation Gateway](#), an application that will support researchers and innovators to discover and access data from the UK Health Data Research Alliance in a safe and responsible manner. They are working with multiple healthcare and research organisations, and specifically identified HQIP as a data custodian of a large number of datasets that are of interest and value to their audiences. As such, HQIP has been uploading metadata onto the Gateway from circa 70 NCAPOP datasets throughout 2020-21. This project will carry on into 2021-22.

HQIP's data assets and processes were highlighted in a national collaborative event hosted the National Institute for Health Research (NIHR) in March 2021. In our presentation to over 250 healthcare researchers, we outlined our datasets available to researchers, and summarised how HQIP and Health Data Research UK (HDR UK) are working together to ensure that information about those datasets is accessible via HDR UK's Innovation Gateway.

Sessions at the event were recorded, and can be viewed online through [NHS Digital](#).

Programme scoping

It is important that we review the scope of our programmes, consulting with sector audiences to ensure that they continue to meet their needs. As such, we plan to run an engagement exercise aimed at service users, carers, professionals, charities, and other communities and national organisations to gather feedback on the National Diabetes Audit (NDA), which is currently commissioned until June 2022.

The feedback will be considered, together with NHS England, and appropriate amendments will be made to the NDA specification (which will describe how the NDA will be delivered, what it will do and what it will produce going forward).



The future

Lessons learned

The lessons learned during the COVID-19 pandemic have helped to inform much improved ways of working, providing:

- Rapid mobilisation of the NCAPOP providers with skilled expertise on tap
- Increased flexibility and responsiveness
- A dynamic and agile way of working
- Proof that a focused and unified drive for targeted COVID-19 information across a complex healthcare landscape is possible
- Vital contemporaneous information to government, the NHS and hospitals across the country
- Rapid ability to gather and analyse data
- Timely reporting, and
- Transformation of information governance.

Planned activity for 2021-22

The gains from the COVID-19 response should not be lost and should now be embedded and sustained in future ways of working, both within HQIP and in relation to our work in the sector.

The underpinning themes influencing and shaping our work programme for the coming year are:

- Leveraging our expertise to increase our impact
- National clinical audit for local quality improvement
- Metrics for improvement
- Technology for agile working, and
- Harnessing our assets for wider value (from data to meaningful information).

Trustees' report

The Trustees, who are also directors of the charity for the purposes of the Companies Act 2006, present their report with the financial statements of the charity for the year ended 31 March 2021. The Trustees have adopted the provisions of the Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland issued in July 2014.

Statement of Trustees' responsibilities

The Trustees are responsible for preparing their Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare financial statements for each financial period that give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing those financial statements, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently
- Comply with applicable accounting standards, including FRS 102, subject to any material departures disclosed and explained in the financial statements
- State whether a Statement of Recommended Practice (SORP) applies and has been followed, subject to any material departures which are explained in the financial statements
- Make judgements and estimates that are reasonable and prudent
- Prepare the financial statements on a going concern basis unless it is inappropriate to presume that the charitable company will continue in business

The Trustees are responsible for keeping proper accounting records which disclose with reasonable accuracy the financial position of the charitable company and to enable them to ensure that the financial statements comply with the Companies Act 2006.

They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the Trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware; and
- The Trustees have taken all the steps that they ought to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information

The Trustees' Annual Report is approved by the trustees of the Charity. The Strategic Report, which forms part of the Annual Report, is approved by the Trustees in their capacity as directors in company law of the Charity.



Financial report

Results for the year

Fig 1: Where our funding comes from

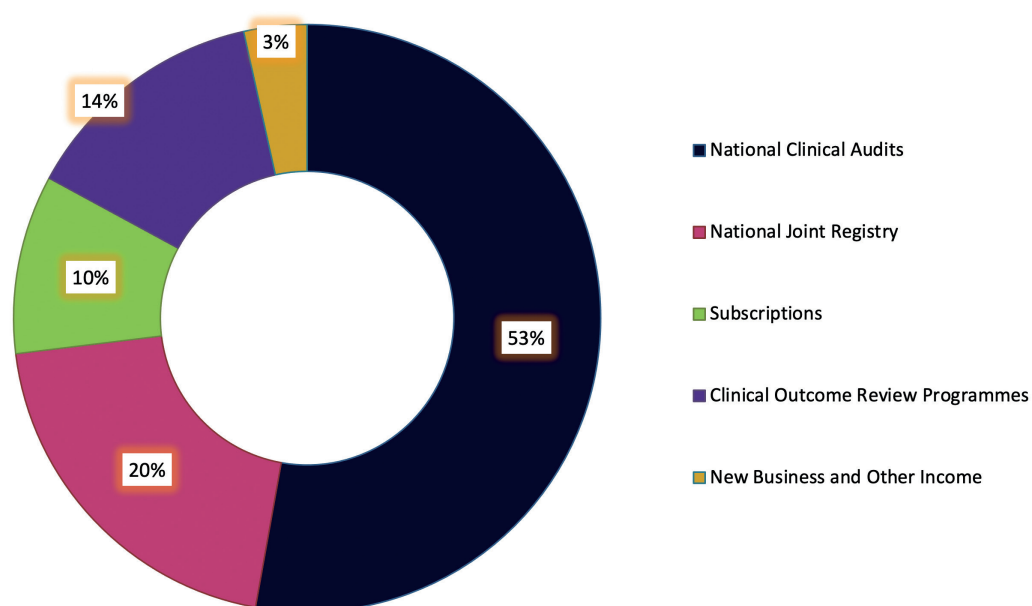
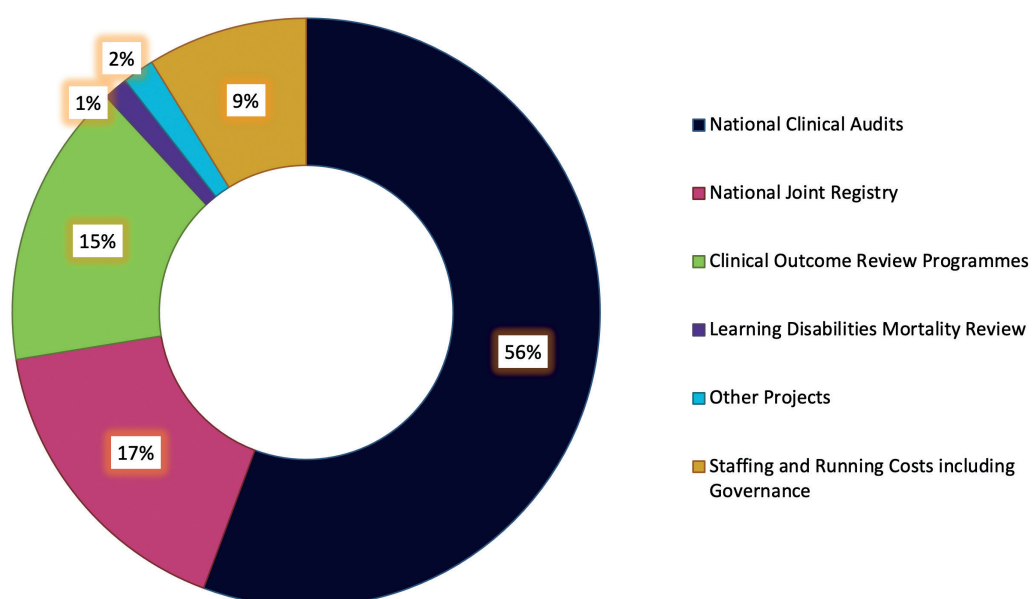


Fig 2: How we spend our money



Income

During the year ended 31 March 2021, HQIP received income totaling £20,719,346 (2020: £17,224,683) of which £19,136,113 (2020: £15,705,725) was for restricted purposes, and £1,583,233 (2020: £1,518,958) was for the general purposes of the charity including management support fees of £1,300,000 (2020: £1,300,000).

Income included £9,331,515 (2020: £7,334,052) to finance national clinical audits. In addition, HQIP collected subscriptions of £2,019,500 (2020: £2,081,500) from NHS Trusts to support national audits. The Scottish Government contributed £311,089 (2020: £465,811) to NCAPOP programmes.

In 2020-21, income for the Clinical Outcome Review Programmes totalling £2,821,352 (2020: £1,637,796) was collected from all UK Administrations. This included funding for the National Child Mortality Database. The Department of Health and Social Care provided £185,783 (2020: £30,964) for development of a Perinatal Mortality Review Tool.

In 2020-21, the National Joint Registry (NJR) collected subscriptions totalling £3,423,026 (2020: £3,236,330). Other income of £773,045 (2020: £703,912) included supplier contributions, and data access fees. NJR funds are managed in a separate bank account which is used solely to fund the work of the Registry.

Grants totaling £54,779 (2020: £47,904) were received from the Health Foundation. Income of £53,023 (2020: £42,080) was received for a pilot project with independent sector healthcare providers.

Expenditure

In 2020-21, HQIP commissioned and managed national clinical audit contracts with a total value of £11,336,342 (2020: £10,656,230).

Expenditure on the Clinical Outcome Review Programmes, was £3,188,411 (2020: £3,360,769). Expenditure on the Learning Disabilities Mortality Review was £275,674 (2020: £802,763).

Expenditure on the management and development of the National Joint Registry was £3,414,078 (2020: £3,775,741).

Expenditure on Clinical Outcomes Publication was £38,860 (2020: £127,950) including National Clinical Audit Benchmarking.

In 2020-21, HQIP spent a total of £131,428 (2020: £85,930) on Quality Improvement and Development work.

Expenditure on the development of Clinical Service Accreditation was £0 (2020: £46,379).

Other direct charitable expenditure, including support costs, totalled £1,978,980 (2020: £1,929,226).

Financial position

The balance sheet at 31 March 2021 shows total funds of £14,107,216 (2020: £13,751,064), including restricted funds totalling £11,833,219 (2020: £11,637,690) and unrestricted funds comprising general funds of £1,689,597 (2020: £1,501,388), tangible and intangible fixed assets of £17,710 (2020: £31,297) and designated funds of £566,689 (2020: £580,689).

At 31st March 2021, the charity retained free reserves of £1,689,597 (2020: £1,501,388).

Reserves policy

The Trustees have examined the requirement for free reserves, i.e. those unrestricted funds not invested in tangible or intangible fixed assets, designated for specific purposes or otherwise committed. The current policy is that the level of free reserves should be equivalent to six to nine months' staffing and lease commitments (forecast at £1,306,091 to £1,959,136 in 2021-22). The actual free reserves of £1,689,597 at March 2021 were within this range.

There are, in addition, designated funds of £566,689 (see Note 17). Trustees keep this position under regular review.

Risk management

The Board of Trustees maintains a comprehensive Risk Register which is reviewed and discussed at every Board Meeting. Risks fall into 4 categories:

- Governance and legal
- People, leadership and management
- Delivery and impact
- Finance.

The probability and impact of each risk is calculated and the charity's mitigation strategy for each is considered.

Risk 1: Impact of COVID on

- HQIP's ability to commission
- The service's ability to participate in NCAPOP
- Management of Outliers from the NCAPOP.

Mitigation: Emergency regulation 72 C-19 procurement notices put in place; legal advice sought; approach agreed and signed off by NHS England; approach to management of outliers discussed and agreed with NHSE and CQC; additional procurement resources brought in to manage workload.

Risk 2: Trustee skills gaps

Mitigation: Handover from chair to chair plus CEO to have induction sessions and identify further requirement; selection process for Trustees from parent group proposals; Trustee Induction programme for new Board members; availability of Trustee development courses through Auditors; annual reviews with Chair of Trustees; phased approach to Trustee recruitment where possible to ensure effective Board operations; skills audit of Trustees completed and used, with diversity considerations, to target future recruitments.

Risk 3: Dependency on one substantive contract

Mitigation: Role of Director of Operations for Business Development appointed to lead efforts in diversifying income and reducing dependency; strategy and implementation plan adopted to support a move to multiple income streams and HQIP onto a more sustainable footing; Board of Trustees away day revisited ambition and risks with output included in HQIP's 2020-21 operational plan.

Risk 4: National opt out impact on integrity of robust national data

Mitigation: Close discussions with NHSE and DHSC to understand and raise awareness of implications; further extension of compliance deadline to September 2021.

Approved by the Trustees of Healthcare Quality Improvement Partnership company registration number 06498947 (England and Wales) and signed on their behalf by:



Trustee Carrie MacEwen, Chair.

Approved on: 18 November 2021

Independent auditor's report to the members of Healthcare Quality Improvement Partnership

Opinion

We have audited the financial statements of (Healthcare Quality Improvement Partnership ('the company')) for the year ended 31 March 2021 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 'The Financial Reporting Standard Applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2021 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs(UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with

the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the strategic report and the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the trustees' annual report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the company and its environment obtained in the course of the audit, we have not identified material misstatements in the strategic report or the trustees' annual report.

We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or

- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 21, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charitable company.

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the charitable company and considered that the most significant are the Companies Act 2006, the Charities Act 2011, the Charity SORP, and UK financial reporting standards as issued by the Financial Reporting Council.
- We obtained an understanding of how the charitable company complies with these requirements by discussions with management and those charged with governance.
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.
- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charitable company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charitable company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charitable company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to any party other than the charitable company and charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Moore Kingston Smith LLP

Neil Finlayson (Senior Statutory Auditor) for and on behalf of
Moore Kingston Smith LLP, Statutory Auditor

Devonshire House
60 Goswell Road
London
EC1M 7AD

Date: 18 November 2021

Statement of financial activities for the year to 31 March 2021

		Unrestricted Funds	Restricted Funds	Total 2021	Total 2020
	Note	£	£	£	£
INCOME AND EXPENDITURE					
Income					
Income from Investments	2	3,000	3,000	6,000	56,218
Charitable Activities					
Management, development and promotion of Clinical Audit	3	1,564,833	19,133,113	20,697,946	17,158,678
Other income	4	15,400	-	15,400	9,788
Total Income		1,583,233	19,136,113	20,719,346	17,224,683
Expenditure					
Charitable activities					
Management, development and promotion of Clinical Audit	5	1,459,163	18,904,031	20,363,194	20,785,008
Total Expenditure		1,459,163	18,904,031	20,363,194	20,785,008
Net Income/ (Expenditure)	7	124,070	232,082	356,152	(3,560,325)
Transfers between funds		36,552	(36,552)		
Net movement in funds		160,622	195,530	356,152	(3,560,325)
Balances brought forward at 1 April 2020		2,113,374	11,637,689	13,751,064	17,311,389
Balances carried forward at 31 March 2021		2,273,996	11,833,219	14,107,215	13,751,064

All gains and losses arising in the period have been included in the statement of financial activities and relate to continuing operations.

Balance sheet 31 March 2021

		2021	2021	2020	2020
	Notes	£	£	£	£
Fixed assets					
Intangible fixed assets	11		-		-
Tangible fixed assets	12		17,710		31,297
			17,710		31,297
Current assets					
Debtors due within one year	13	891,781		1,813,656	
Cash at bank and in hand		18,148,690		18,047,936	
		19,040,471		19,861,592	
Creditors: amounts falling due within one year	14	4,950,965		6,141,825	
Net current assets			14,089,506		13,719,766
Total net assets			14,107,216		13,751,064
Funds and reserves					
Restricted funds	15		11,833,219		11,637,690
Unrestricted funds					
General fund		1,689,597		1,501,388	
Tangible fixed assets fund	16	17,710		31,297	
Designated funds	17	566,689		580,689	
			2,273,996		2,113,374
			14,107,216		13,751,064

Approved by the Trustees of Healthcare Quality Improvement Partnership company registration number 06498947 (England and Wales) and signed on their behalf by:

Trustee Carrie MacEwen, Chair. Approved on: 18 November 2021

Statement of cash flows for the year ended 31 March 2021

		2021	2020
		£	£
Cashflow from operating activities			
Net cash (used in) / provided by operating activities		96,689	(1,765,895)
Cashflows from investing activities			
Investment income and interest received		6,000	56,218
Payments to acquire tangible fixed assets		(1,936)	(12,584)
		4,064	43,634
Net (decrease) / increase in cash and cash equivalents		100,754	(1,722,261)
Cash and cash equivalents at the beginning of the year		18,047,936	19,770,197
Cash and cash equivalents at end of year		18,148,690	18,047,936
Reconciliation of net income to net cash flow from operating activities			
Net income / (expenditure) including endowments		356,152	(3,560,325)
Adjustments for:			
Depreciation charge		15,523	13,031
Amortisation charge		0	0
Disposals		0	0
Interest receivable		(6,000)	(56,218)
Increase in debtors		921,874	3,412,790
(Decrease) in creditors		(1,190,860)	(1,575,173)
Net cash inflow / (outflow) from operating activities		96,689	(1,765,895)

Notes to the accounts 2020-21

1. Accounting policies

a) Basis of accounting

These financial statements are prepared on a going concern basis, under the historical cost convention.

The financial statements have been prepared in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102). The Charitable Company is a public benefit entity for the purposes of FRS 102 and therefore the Charity also prepared its financial statements in accordance with the Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (The FRS 102 Charities SORP including Update Bulletin 2), the Companies Act 2006 under the provision of the Large and Medium-sized Companies and Groups (Accounts and Reports) Regulations 2008 (SI 2008/410) and the Charities Act 2011.

The financial statements are prepared in sterling, which is the functional currency of the company.

Monetary amounts in these financial statements are rounded to the nearest pound.

b) Going concern

The trustees have assessed whether the use of the going concern basis is appropriate and have considered possible events or conditions that might cast significant doubt on the ability of the charity to continue as a going concern. The trustees have made this assessment for a period of at least one year from the date of approval of the financial statements. In particular the trustees have considered the charity's forecasts and projections and have taken account of pressures on grant income. After making enquiries the trustees have concluded that there is a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. The charity therefore continues to adopt the going concern basis in preparing its financial statements.

c) Income

Income is recognised net of VAT in the period in which the charity is entitled to receipt and the amount can be measured with reasonable certainty. Income is deferred only when the charity has to fulfil conditions before becoming entitled to it or where the donor or funder has specified that the income is to be extended in a future accounting period. Income is only recognised for amounts that are probable at the date of preparation of the accounts. Any further amounts received after this date are recognised in subsequent periods.

Funding from government and other agencies have been included as income from charitable activities where these amount to either a contract for services or the charity has acted as agents. However where the money is given in response to an appeal or with greater freedom of use, for example monies for core funding, then this has been treated as a donation.

d) Expenditure and the basis of apportioning costs

Expenditure is included in the statement of financial activities when incurred and excludes attributable VAT where it can be recovered.

Expenditure comprises the following:

i) The costs of activities in furtherance of the charity's objects comprise expenditure on the charity's primary charitable purposes as described in the trustees' report. Such costs include:

- National Clinical Audit and Patient Outcomes Programme: amounts expended on the commissioning of national clinical audits
- Clinical Outcome Review Programmes: commissioning and managing enquiries and reviews
- Clinical Outcomes Publication
- National Joint Registry: expenditure relating to the management and development of the Registry

- Quality improvement and development activities
 - Expenditure relating to the promotion and advancement of clinical audit as a means of improving the provision of healthcare.

ii) Support costs represent indirect charitable expenditure. In order to carry out the primary purposes of the charity it is necessary to provide support in the form of personnel development, financial procedures, provision of office services and equipment and a suitable working environment. Such costs are allocated across the activities of the charity based on an estimate of staff time.

e) Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts.

f) Fund accounting

Restricted funds comprise monies whose use is restricted to a specific purpose, or is subject to donor imposed conditions.

Designated funds comprise monies set aside out of unrestricted general funds for specific future purposes or projects.

The fixed assets fund comprises the net book value of charity's fixed assets, the existence of which is fundamental to the charity being able to perform its charitable work and thereby achieve its charitable objectives. The value represented by such assets should not be regarded, therefore, as realisable.

General unrestricted funds represent those monies which are freely available for application towards achieving any charitable purpose that falls within the charity's charitable objects.

g) Tangible fixed assets

All assets costing more than £500 and with an expected useful life exceeding one year are capitalised. Depreciation is provided at the following annual rates in order to write each asset off over its estimated useful life:

- Computer and similar equipment: 33% per annum based on costs

- Furniture and general office equipment: 20% per annum based on costs

h) Intangible fixed assets

Intangible fixed assets include the development costs of the website and are stated at cost less accumulated amortisation and accumulated impairment losses. Amortisation is recognised so as to write off the cost of assets less their residual values over their useful lives on the following basis:

- Website development costs: 33% per annum based on costs

i) Operating lease

Rentals payable under operating leases are charged to the Statement of Financial Activities as incurred over the terms of the lease.

j) Pension contributions

i) NHS Scheme: It is not possible for HQIP to identify its share of the underlying scheme liabilities in relation to the NHS final salary pension scheme, consequently the scheme is accounted for as a defined contribution scheme and the cost of the scheme is equal to the contributions payable to the scheme for the accounting period. Those employers contributing under Direction status have their pension cost contributions charged to operating expenses as and when they become due.

ii) Defined contribution scheme: The cost of the scheme is equal to the contributions payable to the scheme for the accounting period.

k) Employee benefits

The costs of short-term employee benefits are recognised as a liability and an expense.

l) Financial instruments

The charity has elected to apply the provisions of Section 11 'Basic Financial Instruments' of FRS 102 to all of its financial instruments. Financial instruments are recognised in the charity's balance sheet when the company becomes party to the contractual provisions of the instrument. Financial assets and liabilities are offset, with the net amounts presented in the financial statements, when there is a legally enforceable right to set off the recognised amounts and there is an

intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

With the exceptions of prepayments and deferred income all other debtor and creditor balances are considered to be basic financial instruments under FRS 102. See notes 13 and 14 for the debtor and creditor notes.

m) Judgements and key sources of estimation uncertainty

In the application of the charitable company's accounting policies, the trustees are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

In the view of the trustees in applying the accounting policies adopted, no judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimates or assumptions made carry a significant risk of material adjustment in the next financial year.

2. Interest receivable

	Unrestricted Funds	Restricted Funds	Total 2021
	£	£	£
Bank interest receivable	3,000	3,000	6,000
	Unrestricted Funds	Restricted Funds	Total 2020
	£	£	£
Bank interest receivable	28,109	28,109	56,218

3. Income from charitable activities

Income from contracts	Unrestricted Funds	Restricted Funds	Total 2021
	£	£	£
NHS England & Wales			
Management Support Fee	1,300,000	-	1,300,000
NCAPOP Audits	-	9,331,515	9,331,515
NCAPOP Subscriptions	-	2,019,500	2,019,500
Subscriptions Admin Fees	20,500	-	20,500
All UK Administrations and Crown Dependencies			
CORP Programme Income	-	2,821,352	2,821,352
NCAPOP (Scottish Contributions)	-	311,089	311,089
Programme Management Fees	213,208	-	213,208
Department of Health & Social Care		185,783	185,783
NJR Subscriptions Income	-	3,423,026	3,423,026
NJR Other Income	-	773,045	773,045
Health Foundation Grants		54,779	54,779
Data Access Requests	25,125		25,125
Other New Business	6,000	213,023	219,023
Total	1,564,833	19,133,113	20,697,946

3. Income from charitable activities (continued)

Income from contracts	Unrestricted Funds	Restricted Funds	Total 2020
	£	£	£
NHS England & Wales			
Management Support Fee	1,300,000	-	1,300,000
NCAPOP Audits	-	7,334,052	7,334,052
NCAPOP Subscriptions	-	2,081,500	2,081,500
Subscriptions Admin Fees	18,500	-	18,500
Surgical mesh data requirements	-	47,412	47,412
All UK Administrations and Crown Dependencies			
CORP Programme Income	-	1,606,832	1,606,832
NCAPOP (Scottish Contributions)	-	465,811	465,811
Programme Management Fees	154,562	-	154,562
Department of Health & Social Care		30,964	30,964
NJR Subscriptions Income	-	3,236,330	3,236,330
NJR Other Income	-	703,912	703,912
Health Foundation Grants		47,904	47,904
Accreditation work		36,000	36,000
Data Access Requests	8,000		8,000
New Business		86,899	86,899
Total	1,481,062	15,677,616	17,158,678

4. Other income

	Unrestricted Funds	Restricted Funds	Total 2021
	£	£	£
Miscellaneous income	15,400	-	15,400
	Unrestricted Funds	Restricted Funds	Total 2020
	£	£	£
Miscellaneous income	9,788	-	9,788

5. Charitable activities

	Unrestricted Funds	Restricted Funds	Total 2021
	£	£	£
Management, development and promotion of clinical audit			
National Clinical Audit & Patient Outcomes Programme (NCAPOP)			
NCAPOP Audits	-	11,336,342	11,336,342
NCAPOP Retendering & Support Costs	-	1,917	1,917
Clinical Outcome Review Programmes			
Programme Costs	-	3,188,411	3,188,411
Learning Disabilities Mortality Review	-	275,674	275,674
Governance	-	-	-
Staff Costs	636,307	356,085	992,392
Support Costs	800,823	-	800,823
	1,437,130	15,158,429	16,595,559
National Joint Registry (NJR)			
NJR Programme Costs	-	2,549,891	2,549,891
Staff Costs	-	616,698	616,698
Support Costs	-	247,489	247,489
	-	3,414,078	3,414,078

5. Charitable activities (continued)

	Unrestricted Funds	Restricted Funds	Total 2021
	£	£	£
Clinical Outcomes Publication			
Clinical Outcomes Publication	-	31,350	31,350
National Clinical Audit Benchmarking	7,510	-	7,510
Staff Costs	-	-	-
Support Costs	-	-	-
	7,510	31,350	38,860
Quality Improvement and Development			
Support to local audit	5,000	15,654	20,654
Education & Training	9,523	-	9,523
Staff Costs met from Health Foundation Grants	-	101,251	101,251
Support Costs	-	-	-
	14,523	116,905	131,428
Development of Clinical Service Accreditation			
Direct Costs	-	-	-
Staff Costs	-	-	-
	-	-	-
New Business Activities			
Direct Costs	-	56,061	56,061
Staff Costs		127,208	127,208
	-	183,269	183,269
	1,459,163	18,904,031	20,363,194

5. Charitable activities (continued)

	Unrestricted Funds	Restricted Funds	Total 2020
	£	£	£
Management, development and promotion of clinical audit			
National Clinical Audit & Patient Outcomes Programme (NCAPOP)			
NCAPOP Audits	-	10,656,230	10,656,230
NCAPOP Retendering & Support Costs	-	9,505	9,505
Data Access Requests	2,397	-	2,397
Clinical Outcome Review Programmes			
Programme Costs	-	3,360,769	3,360,769
Learning Disabilities Mortality Review	-	802,763	802,763
Governance	-	8,733	8,733
Staff Costs	626,024	428,366	1,054,391
Support Costs	700,626	-	700,626
	1,329,047	15,266,366	16,595,413
National Joint Registry (NJR)			
NJR Programme Costs	-	2,991,566	2,991,566
Staff Costs	-	547,749	547,749
Support Costs	-	236,426	236,426
	-	3,775,741	3,775,741

5. Charitable activities (continued)

	Unrestricted Funds	Restricted Funds	Total 2020
	£	£	£
Clinical Outcomes Publication			
Clinical Outcomes Publication	-	46,350	46,350
National Clinical Audit Benchmarking	4,596	25,504	30,100
Staff Costs	-	36,500	36,500
Support Costs	-	15,000	15,000
	4,596	123,354	127,950
Quality Improvement and Development			
Support to local audit	5,000	11,455	16,455
Education & Training	7,155	-	7,155
Staff Costs met from Health Foundation Grants	-	62,320	62,320
Support Costs	-	-	-
	12,155	73,775	85,930
Development of Clinical Service Accreditation			
Direct Costs	-	29,057	29,057
Staff Costs	-	17,322	17,322
	-	46,379	46,379
New Business Activities			
Direct Costs	8,800	451	9,251
Staff Costs	76,886	67,459	144,345
	85,686	67,910	153,596
	1,431,484	19,353,524	20,785,008

6. Support costs

	Contract Mgt & Commissioning	National Joint Registry Per MOU	Stability Fund	Total 2021	Total 2020
Staff costs (Core Team Apportioned)	464,048	112,390		576,438	504,141
Procurement Consultancy	44,722	2,678	14,000	61,400	-
Other Staff Costs and Sundry Expenses	897			897	1,184
Staff Training	5,014			5,014	6,805
Staff Recruitment	4,020			4,020	17,199
Advertising & Publicity	400			400	6,403
Financing & Bank Charges	672	384		1,056	1,364
Hire of Office Equipment	297	170		467	1,101
Working from Home Costs	758	433		1,191	-
Website Design and hosting	2,620			2,620	13,177
Marketing Automation	20,768			20,768	13,914
Premises Costs (Rent & Facilities Charges)	123,195	70,397		193,592	189,653
Computer Equipment & Software	17,448	9,970		27,418	28,762
IT Support	29,080	16,617		45,697	48,394
Printing, Stationery & Office Supplies	1,754	1,002		2,756	3,823
Postage	804	459		1,263	1,202
Telephone	8,198	4,684		12,882	11,248
Other Accommodation Costs and Room Hire	802	458		1,260	3,089
Travel, Subsistence & Accommodation	92			92	10,711
Service User Network	25			25	1,825
Subscriptions	386			386	601
Communications	2,701			2,701	1,016
Other Meeting Costs inc. Catering	69			69	1,460
Insurance	26,861	15,349		42,210	40,908

6. Support costs (continued)

	Contract Mgt & Commissioning	National Joint Registry Per MOU	Stability Fund	Total 2021	Total 2020
Professional Fees - HR Consultancy	1,731	989		2,721	9,703
Job Levelling Exercise					480
Depreciation	9,878	5,645		15,523	13,031
Amortisation	-			-	-
Loss on Disposals				-	-
Governance:	-				
<i>Audit Fees</i>	11,074	4,746		15,820	14,390
<i>Other auditor's remuneration</i>	2,605	1,117		3,722	270
<i>Legal and other Governance Costs</i>	5,904			5,904	12,601
<i>Trustee expenses</i>	-			-	2,397
	786,823	247,489	14,000	1,048,312	960,852

Support costs have been allocated on the basis of staff time expended in each area as follows:

	2021	2020
Commissioning and contract management of clinical audit	786,823	700,626
National Joint Registry	247,489	236,426
New Business Development	-	8,800
Consultant Outcomes Publication	-	15,000
Stability Fund	14,000	-
	1,048,312	960,852

7. Net movement in funds

This is stated after charging:

	Unrestricted	Restricted	2021 Total
Auditor's remuneration			
Statutory audit services	11,074	4,746	15,820
Other services	2,605	1,117	3,722
Depreciation	15,523	-	15,523
Operating Lease Rentals	179,760	-	179,760

	Unrestricted	Restricted	2020 Total
Auditor's remuneration			
Statutory audit services	10,073	4,317	14,390
Other services	189	81	270
Depreciation	13,031	-	13,031
Operating Lease Rentals	176,765	-	176,765

8. Employee and staff costs

	2021	2020
	£	£
Wages and Salaries	1,873,106	1,660,213
Social Security Costs	214,737	192,558
Pension Costs (Aegon Scottish Equitable)	96,307	82,262
Pension Costs (NHS)	11,104	11,945
Pension Admin Charges	1,900	2,259
Cost of Secondments	87,503	261,323
Cost of Agency Staff	129,329	156,207
	2,413,986	2,366,768

Staff costs have been allocated as follows:

	2021	2020
	£	£
Management, development and promotion of clinical audit	992,392	1,054,391
Clinical Outcomes Publication	0	36,500
National Joint Registry	616,698	547,749
Quality Improvement and Development	101,251	62,320
Accreditation	0	17,322
New Business Activities	127,208	144,345
Support Costs	576,438	504,141
	2,413,986	2,366,767

8. Employee and staff costs (continued)

The average number of employees during the period and the actual numbers at 31 March 2021 calculated on a full time equivalent basis, analysed by function, was as follows:

	2021	2021	2020	2020
	Av No.	Actual	Av No.	Actual
Charitable activities				
Contract Management & Commissioning	11.2	13	14.0	16
NJR Team	9.1	11	7.8	11
Management and Core Services	9.2	11	7.1	9
TOTAL	29.5	35	28.8	36

The number of employees who earned £60,000 per annum or more during the period was

	2021	2020
£60,000-70,000	3	4
£70,000-80,000	4	3
£80,000-90,000	4	3
£90,000-100,000	0	1
£100,000-110,000	1	0
£110,000-120,000	1	1

HQIP made contributions to defined contribution schemes totalling **£11,104** (2020: £11,945).

Key management personnel include the Trustees, Chief Executive (and senior staff reporting directly to the Chief Executive). The total employee benefits of the charity's key management personnel were **£452,527** (2020: £431,264).

9. Trustees' remuneration

None of the Trustees received any remuneration in respect of their services during the period (2020: £Nil).

During the year out of pocket travelling expenses amounting to **£Nil** were reimbursed to Trustees (2020: £2,397 to five trustees).

The charity has purchased insurance to protect the charity from any loss arising from the neglect or defaults of its trustees, employees and agents and to indemnify the trustees or other officers against the consequences of any neglect or default on their part. The insurance premium paid by the charity during the period totalled **£42,210** and provides cover up to a maximum of **£10,000,000.00** (any one claim or the aggregate during one period of insurance - being 12 months).

10. Taxation

HQIP is a registered charity and therefore is not liable for income tax or corporation tax on income derived from its charitable activities, as it falls within the various exemptions available to registered charities.

11. Intangible fixed assets

	Fixtures, fittings & equipment
Cost	£
At 1 April 2020 and 31 March 2021	61,089
	61,089
Amortisation	
At April 2020	61,089
Charge for the Year	0
At March 2021	61,089
Net Book Values	
At March 2021	-
At March 2020	0

12. Tangible fixed assets

	Fixtures, fittings & equipment
Cost	£
At 1 April 2020	90,107
Additions	1,936
Disposals	-
	92,043
Depreciation	
At April 2020	58,809
On Disposals	-
Charge for the Year	15,523
At March 2021	74,332
Net Book Values	
At March 2021	17,711
At March 2020	31,297

13. Debtors

	Unrestricted 2021	Restricted 2021	2021 £	2020 £
Trade Debtors	17,100	396,537	413,637	481,815
VAT Refundable	193,169	-	193,169	549,056
Prepayments & Other Debtors	63,528	24,814	88,342	580,282
Accrued income	1,141	195,493	196,634	202,502
	274,938	616,844	891,781	1,813,656
	Unrestricted	Designated	Restricted	
Analysis	2021	2021	2021	
Trade Debtors	17,100	-	396,537	
VAT Refundable	193,169	-	-	
Prepayments & Other Debtors	63,528	-	24,814	
Accrued income	1,141	195,493	196,634	
	273,797	195,493	617,985	

14. Creditors: Amounts falling due within one year

	2021 £	2020 £		
Expense creditors				
Trade Creditors	3,250,819	4,514,472		
Other Creditors	33,283	30,593		
Tax and social security	59,789	51,045		
Accruals	1,372,764	957,269		
Deferred income	234,310	588,446		
	4,950,965	6,141,825		
		Restricted	Unrestricted	Designated
Analysis				
Trade Creditors		3,217,391	33,428	-
Other Creditors		18,519	14,764	-
Tax and social security		26,408	33,381	-
Accruals		1,361,601	11,163	-
Deferred Income		215,610	18,700	-
		4,839,529	111,436	-

15. Restricted funds

	At 1 April 2020	Income	Expenditure	Transfers	At 31 Mar 2021
NCAPOP Audits	6,878,596	9,205,461	(11,384,342)	1,843,786	6,543,502
NCAPOP Subscriptions	-	2,019,500	(356,288)	(1,663,212)	0
Consultant Outcomes Publication	-	-	(31,350)	31,350	-
NCAPOP Scottish Extensions	-	311,089		(311,089)	-
NCAPOP Transition Costs	139,822	-	-		139,822
NCAPOP Retendering	-	-	(1,917)	1,917	-
Development of Clinical Service Accreditation	22,887	-	-		22,887
CORP Programme Costs including PMRT	3,688	3,133,190	(3,188,411)	51,533	(0)
Learning Disabilities Mortality Review	275,673	-	(275,674)		(0)
National Joint Registry	4,225,490	4,199,071	(3,414,078)	7,227	5,017,710
Support to local audit	-		(15,654)	15,654	(0)
Health Foundation Grant QI Fellow	24,597	-	(39,083)	4,560	(9,926)
Surgical mesh data requirements	11,051	-	-	(11,051)	-
Independent Sector Pilot Project	16,549	53,023	(10,500)		59,072
Health Foundation - Understanding Data Access	39,336	54,779	(88,347)	(3,627)	2,141
HDR UK Metadata Onboarding	-	160,000	(98,388)	(3,600)	58,012
	11,637,690	19,136,113	(18,904,031)	(36,552)	11,833,219

15. Restricted funds (continued)

	At 1 April 2019	Income	Expenditure	Transfers	At 31 Mar 2020
NCAPOP Audits	9,208,355	7,133,381	(10,656,230)	1,193,090	6,878,596
NCAPOP Subscriptions	-	2,081,500	(428,366)	(1,653,134)	(0)
Consultant Outcomes Publication	-	-	(101,625)	101,625	-
NCAPOP Scottish Extensions	-	465,811		(465,811)	0
NCAPOP Transition Costs	139,822	-	-	-	139,822
NCAPOP Retendering	-	-	(9,505)	9,505	-
Development of Clinical Service Accreditation	33,266	36,000	(46,379)	-	22,887
CORP Programme Costs including NMCRR & PMRT	731,453	1,838,467	(3,369,502)	803,270	3,688
Learning Disabilities Mortality Review	1,078,436	-	(802,763)	-	275,673
National Joint Registry	4,032,880	3,968,351	(3,775,741)	-	4,225,490
Support to local audit	-		(11,455)	11,455	-
Clinical Service Quality Measures	9,059	-	-	(9,059)	-
Health Foundation Grant QI Fellow	29,127	45,000	(49,530)	-	24,597
Health Foundation Grant Speed Data-ing	26,133	2,904	(29,036)	-	0
Surgical mesh data requirements	6,018	47,412	(42,379)	-	11,051
Independent Sector Pilot Project	-	42,080	(25,531)	-	16,549
Health Foundation - Understanding Data Access	-	44,819	(5,483)	-	39,336
	15,294,548	15,705,725	(19,353,525)	(9,059)	11,637,690

NCAPOP - National Clinical Audit and Patient Outcomes Programme

Management of the National Clinical Audit and Patient Outcomes Programme (NCAPOP), servicing existing contracts and commissioning new audits according to priorities agreed by NHS England. A list of NCAPOP audits supported in 2020-21 appears in the Appendix.

Clinical Outcomes Publication

Clinical Outcomes Publication is an NHS England initiative managed by HQIP, to publish quality measures at individual consultant, team and unit level using national clinical audit and administrative data.

Development of Clinical Service Accreditation

Development of Clinical Service Accreditation – in order to accurately assess the performance of clinical services in relation to established standards and implement ways to continuously improve these.

NJR - National Joint Registry

To fund work to ensure that patients obtain the best clinical care during and following their joint replacement operation. To provide patients, clinicians, healthcare purchasers, commissioners, regulators and implant suppliers with evidence as to which are the best performing implants, ensuring that NHS and other healthcare resources are best used. NJR funds are held in a separate bank account.

15. Restricted funds (continued)

CORP - Clinical Outcome Review Programmes

Confidential enquiries designed to stimulate improvements in safety and effectiveness by enabling clinicians, managers and policy makers to learn from adverse events and other relevant data. Coverage is UK-wide, and the programme includes the following topics: deaths following medical and surgical intervention; suicides and homicide among people with mental illness; a child health review; and, maternal, infant and perinatal mortality. Two further programmes have been commissioned – a review of factors contributing to excess premature mortality for people with learning disabilities; and a national child mortality database.

Health Foundation Grant for QI Clinical Fellow

The grant funds Dr. Ian Woolhouse as Senior Healthcare QI lead two days per week. The aim is to develop and deliver an explicit systematic QI-led approach to commissioning the NCAPOP, improving its capacity to reduce variation and improve patient outcomes.

Mesh Registries

HQIP was commissioned by the Department of Health and Social Care (DHCS) to undertake a feasibility study to investigate urogynaecological surgical mesh data requirements.

Independent Sector Pilot Project

Will establish the viability, challenges and barriers to flowing data from independent sector providers into the National Clinical Audit and Patient Outcomes Programme. The end result will be a feasibility report providing recommendations on how to support the independent sector to engage more fully with national clinical audit.

Understanding Health Data Access

A project seeking to provide researchers and the public with relevant and easy to follow videos, guidance, support and top tips for applying for and accessing health data. The project is drawing on the views of and collaborative inputs from patients and the public and clinical and research experts.

Health Data Research UK – Metadata Onboarding and Process Improvement Grant

HQIP is working to improve the quality and visibility of the information publically available on the healthcare datasets we commission. We have worked with our data providers to develop the information required to list our datasets on the HDR UK Innovation Gateway as well as contributing to a variety of other Alliance initiatives to enhance the use of health data for research and innovation.

16. Fixed assets fund

	At 1 April 2020	Additions	Depreciation/ Amortisation	Disposals	At 31 March 2021
	£	£	£	£	£
Fixtures, fittings, equipment	31,297	1,936	(15,523)	-	17,710
	31,297	1,936	(15,523)	-	17,710

	At 1 April 2019	Additions	Depreciation/ Amortisation	Disposals	At 31 March 2020
	£	£	£	£	£
Fixtures, fittings, equipment	31,744	12,584	(13,031)	-	31,297
	31,744	12,584	(13,031)	-	31,297

The fixed assets fund represents the net book value of the charity's fixed assets.

17. Designated funds

The income fund of the charity includes the following designated funds which have been set aside out of unrestricted funds by the trustees for specific purposes:

	At 1 April 2020	New designations	Utilised/ released	At 31 Mar 2021
	£	£	£	£
Stability Fund	580,689	-	(14,000)	566,689
	580,689	-	(14,000)	566,689

	At 1 April 2019	New designations	Utilised/ released	At 31 Mar 2020
	£	£	£	£
Stability Fund	666,375	-	(85,686)	580,689
	666,375	0	(85,686)	580,689

The Trustees designated a Stability Fund in 2018 and its purpose is described in the Reserves Policy section of the Trustees' Annual Report.

18. Analysis of net assets between funds

	General Fund	Fixed assets Fund	Designated Funds	Restricted Funds	Total 2021
Fund balances at 31 March 2021 are represented by:					
Tangible fixed assets	-	17,710	-	-	17,710
Current assets	1,801,034	-	566,689	16,672,748	19,040,471
Current liabilities	(111,436)	-	-	(4,839,529)	(4,950,965)
Total Net Assets	1,689,598	17,710	566,689	11,833,219	14,107,216

	General Fund	Fixed assets Fund	Designated Funds	Restricted Funds	Total 2020
Fund balances at 31 March 2020 are represented by:					
Tangible fixed assets	-	31,297	-	-	31,297
Current assets	1,615,741	-	586,592	17,659,260	19,861,592
Current liabilities	(114,353)	-	(5,903)	(6,021,570)	(6,141,825)
Total Net Assets	1,501,388	31,297	580,689	11,637,690	13,751,064

19. Contractual commitments

At 31 March 2021 the charity had no commitments in respect of contract payments approved for national clinical audits and which had not been accrued due to necessary milestones not being achieved by providers at the year end.

20. Leasing commitments

At 31 March 2021 the charity had total commitments under non-cancellable leases falling due as follows:

	2021	2020
Under 1 year	15,000	179,760
2-5 years	-	15,000
	15,000	194,760

21. Pension commitments

HQIP operates a money purchase pension scheme for most employees however one member of staff was eligible for Direction status and HQIP therefore contributed to the NHS Pension Scheme for this employee.

The NHS Pension Scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the Secretary of State, in England and Wales. As a consequence it is not possible for HQIP to identify its share of the underlying scheme liabilities. The scheme is accounted for as a defined contribution scheme and the cost of the scheme is equal to the contributions payable to the scheme for the accounting period.

Employers contributing under Direction status have their pension cost contributions charged to operating expenses as and when they become due. Employer contribution rates are reviewed every four years (previously five years) following an actuarial investigation carried out by the scheme actuary. On advice from the actuary the contribution rate may be varied from time to time to reflect changes in the scheme's liabilities. At the last actuarial investigation on which contribution rates were based (31 March 2004) employer contributions were set at 14% of pensionable pay.

A copy of the actuarial investigation and latest resource accounts can be viewed on the NHS Business Services Authority website: <http://www.nhsbsa.nhs.uk/Pensions?Valuations.aspx>

Total pension costs in the period were £107,411 (2020: £94,207) and £21,240 (2020: £19,255) were payable at March 2021.

22. Related party transactions

HQIP commissioned the Royal College of Nursing HR Department to provide advice concerning the charity's HR policies. The total cost was £0 (2020: £5,703).

23. Liability of members

The charity is constituted as a company limited by guarantee. In the event of the charity being wound up members are required to contribute an amount not exceeding £10.

APPENDIX: HQIP programmes and audits, 2020-21

National Clinical Audits

Adult Diabetes:

- National Diabetes Foot Care Audit
- National Diabetes Inpatient Audit
- National Diabetes Transition
- National Pregnancy in Diabetes
- National Core Diabetes Audit

Anxiety and Depression – decommissioned in July 2020

Breast Cancer in Older Patients

Cardiovascular Disease Prevention Audit, CVDPREVENT – commissioned Feb 2021

Care at the End of Life

Chronic Obstructive Pulmonary Disease with Asthma:

- COPD secondary care
- Pulmonary rehabilitation
- Adult asthma
- Paediatric asthma
- Primary care (Wales only)

Dementia: Care in General Hospitals

Emergency Laparotomy

Falls and Fragility Fracture:

- Fracture Liaison Service Database
- Inpatient Falls
- National Hip Fracture Database

Lung Cancer

Maternal and Perinatal

National Cardiac Audit Programme:

- Adult Cardiac Surgery
- Congenital Heart Disease Audit
- Heart Failure Audit

- Heart Rhythm Management Audit
- Myocardial Ischemia Audit Programme
- Percutaneous Cardiac Intervention Audit

National Gastro-intestinal Cancer Audit:

- Bowel Cancer Audit
- Oesophago-Gastric Cancer Audit

National Joint Registry

National Vascular Registry

National Neonatal Audit Programme

Paediatric Diabetes

Paediatric Intensive Care Audit

Prostate Cancer Audit

Psychosis Audit

Early Inflammatory Arthritis Audit

Seizures and Epilepsy in Children and Young People

Sentinel Stroke Audit Programme

Clinical Outcome Review Programmes

Mental Health

Child Health

Medical and Surgical

Maternal and Newborn Infant

Mortality Review Programmes

Learning Disability – decommissioned in May 2020

National Child Mortality Database

Non-NCAPOP Commissions

Perinatal Mortality Review Tool



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