

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

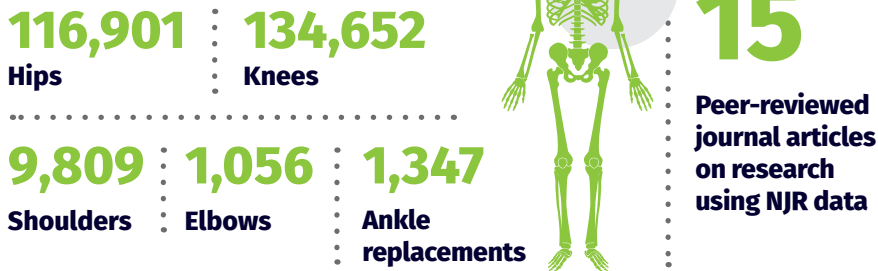
1 April 2024 to 31 March 2025

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

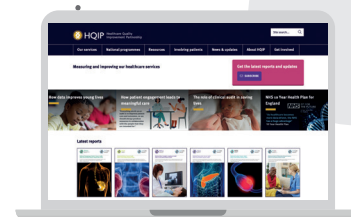
Downloads
(including resources)

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](#)

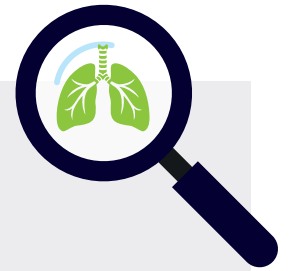
- Recruitment of patient representatives for HQIP's [Data Access Request Group \(DARG\)](#)
- Co-production of HQIP's first *Working in Partnership with Patient Advocates* [Involvement Policy](#).

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

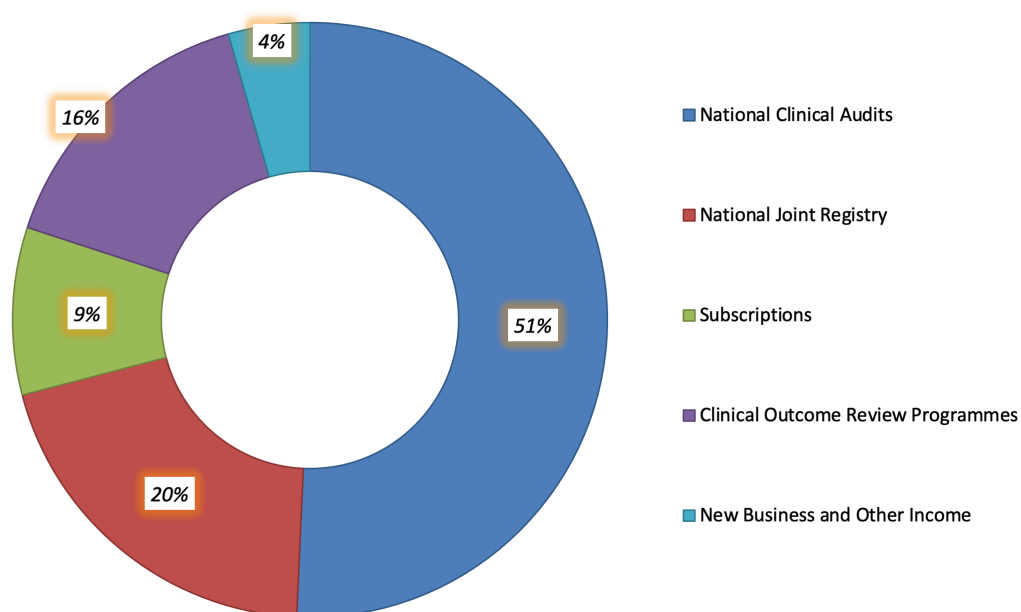
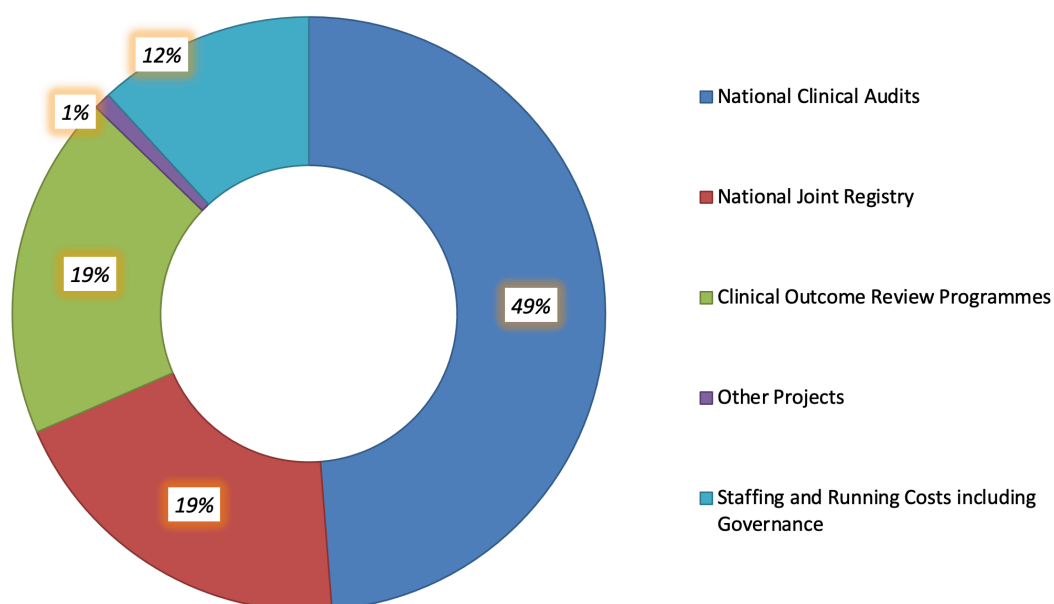


Fig 2: How we spend our money





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

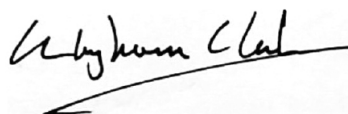
HQIP is a company limited by guarantee and incorporated on 11 February 2008. It was registered as a charity on 4 December 2008. The governing document is the Memorandum and Articles of Association. HQIP was founded by a consortium of three organisations: the Academy of Medical Royal Colleges, the Royal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

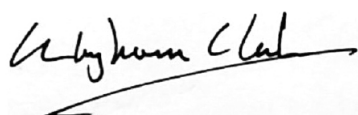
		Unrestricted Funds	Restricted Funds	Total 2025	Total 2024
	Note	£	£	£	£
Income					
Income from Investments	2	112,697	520,103	632,800	378,740
Charitable Activities					
Management, development and promotion of Clinical Audit	3	2,282,351	19,047,925	21,330,276	21,129,809
Other income	4	12,979	-	12,979	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.



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