

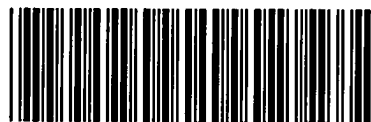
Company Registration number: 10887014 (England and Wales)

Charity number: 1194431

HEALTH DATA RESEARCH UK
(a company limited by guarantee)

ANNUAL REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2024

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HEALTH DATA RESEARCH UK

LEGAL AND ADMINISTRATIVE INFORMATION

FOR THE YEAR ENDED 31 MARCH 2024

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LEGAL AND ADMINISTRATIVE INFORMATION

FOR THE YEAR ENDED 31 MARCH 2024

Trustees and Directors

Dr Graham Spittle, CBE, Chair – retired 26.07.2023
Dame Julie Moore, Chair – appointed 26.07.2023
Patsy Wilkinson, Deputy Chair – appointed 05.10.2023
Professor Sir Alex Markham, retired as trustee 08.11.2023
Professor Sir James Smith retired as trustee 08.11.2023
Professor Dame Janet Thornton retired as trustee 08.11.2023, reappointed 21.03.2024
Professor Sarah Harper CBE, retired as trustee 20.06.2024
Lord James O'Shaughnessy
William Boa
Alison Wilcox
Dr Andrew Elder
Professor The Lord Ara Darzi – resigned 22.03.2024
Dr Claire Bithell
Sir Mark Walport – resigned 05.06.2024
Dr Claire Newland
Dr Junaid Bajwa – appointed 01.04.2024
Dr Prabhu Arumugam – appointed 1 July 2024
Professor Julia Alison Noble, CBE – appointed 1 September 2024
Professor Sir Nilesh Samani – appointed 1 September 2024
Sir David Sloman – appointed 1 September 2024

Company registered number

10887014

Registered office

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215 Euston Road
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NW1 2BE

Principal operating office

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NW1 2BE

Auditor

Haysmacintyre LLP
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London
EC4R 1AG

Company secretary

Elemental Company Secretary Limited

Bankers

NatWest
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London
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Solicitors

Bird & Bird LLP
12 New Fetter Lane
London
EC4A 1JP

Foreword

The Trustees are pleased to present their Strategic report for Health Data Research UK ("HDR UK", the "Company", the "Institute") for the year ended 31 March 2024.

This report provides a review of the activities and business for Health Data Research UK and outlines its development and performance for the financial year, the financial position at the end of the year and an outline of its plans. The report also describes how the risks facing Health Data Research UK are managed.

Overview

Health Data Research UK's 5-year strategy, as set-out in the Quinquennial Review (QQR), was fully endorsed by international peer-review and the Institute's core funders in 2022. While providing the framework of a significant proportion of Health Data Research UK's research, infrastructure and partnership programmes, it is vital that the Institute responds to changes in the landscape and maintains a focus on delivering outcomes and impacts that only a national Institute can deliver.

Following the successful QQR, our core funders – nine of the largest government and charity research funders in the UK – awarded us £71.3 million for the years 2023 to 2028. This increase in funding places the institute in prime position to build on its success.

The achievements highlighted in the report below, are a result of the commitment and dedication of the many teams across Health Data Research UK's distributed national Institute, our partners and our patient and public advisors. It is a testament to their focus on our values of transparency, optimism, respect, courage and humility that we have made such progress.

As we implement our refreshed strategy, we look forward to working with our partners and community, strengthening our connections and to focus on delivering novel insights and innovative data research and services to enable discoveries that improve people's lives.

Strategic Report

Business and activity review

The UK is in a unique position thanks to the NHS and its cradle-to-grave records for 65 million people. Safe and secure use of this data could improve treatments, deliver better health and care and save lives, however, it can take years to find, access and 'wrangle' data from different places into a state that researchers can use for analysis.

Health Data Research UK is the national institute for health data that includes England, Scotland, Wales and Northern Ireland with a mission to accelerate trustworthy data use to enable discoveries that improve people's lives. Our 20-year vision is for large-scale data to benefit every interaction with patients, every clinical trial and every biomedical discovery, and to transform public health.

We work in partnership with the NHS, industry, charities and universities to realise the potential of the UK's wealth of health data in life-changing research. Patients and the public are actively involved in shaping Health Data Research UK's work and ensuring it delivers public benefit.

We are a multi-disciplinary, geographically distributed, UK-wide Institute of over 1500 researchers across more than 39 organisations. During the year, the Institute has engaged a broader UK and increasingly global community spanning the National Health Service (NHS), research institutes, industry, charities, government and regulators with more than 500 organisations collaborating on programmes of health data research initiated and enabled by the Institute.

Health Data Research UK's strategy was significantly updated as part of the Institute's 5-year funding renewal and the period from April 2023 through to March 2024 has seen Health Data Research UK delivering against its three strategic goals:

1. **Accelerating trustworthy data** use by implementing a national research data strategy and assembling infrastructure and services aligned to research and innovation needs.
2. **Empowering researchers** by valuing people with diverse perspectives and skills, committed to open and team science to advance scientific discoveries and deliver patient and public benefit.
3. **Promoting partnerships** by building and maintaining critical partnerships, aligning incentives and reducing complexity across a fragmented landscape to streamline health data science.

Achievements and Performance

As an integral part of our strategy, five research driver programmes were kickstarted in late 2023 with the aim to test and improve trustworthy health data infrastructure for the wider benefit of the research community. Each programme has a focus on an area where data science has great potential to improve public health, prevent people from becoming unwell, and enhance patient care:

- **Big Data for Complex Disease** is harnessing whole population, national linked health data to improve the understanding, prevention and early diagnosis of cancer, cardiovascular conditions and other complex diseases.
- **Inflammation and Immunity** is seeking to better understand the epidemiology of allergic and respiratory conditions across the UK and identify opportunities to reduce inequalities in care.
- **Molecules to Health Records** is bringing together information on genomics, other molecular traits, and electronic health records at scale.
- **Medicines in Acute and Chronic Care** aims to understand and transform the use of medicines for patients of all ages, especially those with complex care needs caused by multiple long-term conditions.

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- **Social and Environmental Determinants of Health** is focussing on developing national infrastructure and methods to connect different types of social and environmental data with health data to gain new insights about the wider determinants of health.

The area of Brain Health has quickly evolved into a strategic emphasis for Health Data Research UK: In June 2023 A new UK-wide research platform was announced. The UK-TBI REpository and data PORTal Enabling discoveRy (TBI-REPORTER) – to be led by the University of Cambridge in collaboration with Health Data Research UK will boost the use of data to advance treatment and care for people with traumatic brain injury. The platform has received £9.5 million in funding from the Medical Research Council (MRC), the National Institute for Health and Care Research (NIHR), the Ministry of Defence and Alzheimer's Research UK.

In the same month Health Data Research UK launched the NEURii collaboration which aims to translate healthcare data and digital sciences into projects that can enhance the quality of life of people living with dementia and contribute to a national data infrastructure in the UK. The two-year pilot will use high-quality, real-world data alongside artificial intelligence (AI) and machine learning (ML) to deliver projects that have the potential to make a meaningful difference to patients' lives while maintaining data security and public trust.

The early part of 2024 saw significant progress with two partnership discussions bearing fruit. In February Health Data Research UK and the UK Dementia Research Institute (UK DRI) were invited by the Medical Research Council (MRC) to develop a £20 million funding proposal to create a Dementia Trials Accelerator which complements the work of the government's Dementia Mission.

In August 2023, a UK Research and Innovation (UKRI) report highlighted the need for action to reach the target of net-zero digital research infrastructures by 2040. Dr Loïc Lannelongue, Research Associate, University of Cambridge and Prof Michael Inouye, University of Cambridge and Baker Heart and Diabetes Research Institute, developed an online calculator to help scientists easily estimate the carbon footprint of a computation. They then developed GAHPC, a version of the calculator tailored to high-performance computing (HPC) infrastructures. These open-source and open-access tools have had approximately 200 users per week and to date has had 24,000 overall users from around the world, making it easier for them to track their energy usage and implement broader reporting of carbon footprints.

In October 2023 a new initiative launched by Health Data Research UK (HDR UK) and funded by the Medical Research Council (MRC) enabled Nineteen projects, each with the aim of improving the clarity and accessibility of information about data access processes for the public and researchers. The Transparency Standards are designed to support data custodians in improving the clarity and accessibility of information about data access processes for the public and researchers. On 22 May 2024 we hosted a special in-person event in London to celebrate the project outputs.

The UK Health Data Research Alliance marked five remarkable years of progress and commitment to maximising the benefits of health data research for all. Over the past 5 years the alliance has grown and diversified its membership: from nine founding members to a network of over 100 organisations today, and expansion beyond data custodians. It has accelerated access to health data for vital research during the COVID-19 pandemic with Alliance members having developed a unified approach to data discovery and access, aligning processes across the four nations. And critically, it has improved transparency in the use of health data for research by pioneered a data use register standard to support consistent and accessible public records of data usage.

Teams have made significant progress across the rapid data-driven projects to identify and tackle winter pressures in the health care system. Led by Professor Liz Sapey, Director of the Institute of Inflammation and Ageing at the University of Birmingham, researchers have developed a prediction tool to improve the flow of patients through Same Day Emergency Care (SDEC) – a way of treating emergency patients who would otherwise be admitted to hospital. The project highlighted that previously used tools, developed in specific populations, are less effective in a diverse urban centre. The team is now working with trusts to look at the workforce implications of using their new tool and aim to publish their findings in the future.

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Health Data Research UK enabled whole population-based research in England during the pandemic. A Trusted Research Environment (TRE) for England was created early in the pandemic with health data covering >54 million people, thanks to a collaboration between NHS England and Health Data Research UK. This allowed the first research study of health records for 67 million people in all four UK nations – published in the Lancet in January 2024. It looked at gaps in Covid-19 vaccine coverage and found that between a third and a half of the populations of the four UK nations had not had the recommended number of vaccinations and boosters by summer 2022. The approach could be extended to many other areas of medicine with great potential for new discoveries in the understanding and treatment of disease. This study marked a significant milestone in Health Data Research UK's mission to unite the UK's health data to enable discoveries that improve people's lives and demonstrates the value and potential of population-wide health data studies.

BHF DSC

Launched in January 2020 as a partnership between Health Data Research UK and the British Heart Foundation, the BHF Data Science Centre (BHF DSC) enables responsible, ethical research that combines the power of advanced analytic methods with the UK's large-scale and diverse cardiovascular data.

The DSC continues to develop strategic partnerships and following on from the launch in September 2023 of the Stroke Data Science Catalyst – a strategic partnership with the Stroke Association and the BHF – the centre has established a partnership with Kidney Research UK and the BHF to launch the Kidney Data Science Catalyst.

The Public Advisory Group (PAG) has grown from 17 to 26 public contributors. Throughout the year, their invaluable contributions have had a significant impact on various aspects of the centres work, including participation on funding panels to select research projects for funding. The PAG convenes quarterly and has been instrumental in ensuring that work remains patient-centric and relevant to the public.

Key achievements made this year include:

- Through the CVD-COVID-UK/COVID-IMPACT consortium the DSC supported the largest ever study to be conducted in the UK on 67 million people across all four nations. The study, published in The Lancet, looked at the risk associated with COVID-19 under-vaccination and showed under-vaccination was linked with an increased risk of COVID-related hospitalisations or deaths.
- The health data science team have been developing curation and analysis tools and resources to support researchers conducting research using whole population data in national secure data environments. These resources are crucial to speed up research and ensure it is of high quality.
- Published a report on prioritising the types of data that should be collected from wearables and shared for research - taking into account public and researcher views. One of the public contributors involved in this study featured in local media (Maidenhead Advertiser and BBC Berkshire), explaining why she got involved.
- The DSC Submitted a funding application to Smart Data Research UK to develop a range of tools and services for the research community to enable research using data from smartphones, wearables and medical devices in a safe and secure way.
- Working with Swansea University (SeRP and SAIL Databank) to grow the number of disease-based cohorts that use the clinical research cohorts trusted research environment (TRE) to link individual with other types of health data in a safe and secure environment, to better understand the causes and consequences of disease. Processes have been established to streamline and support researchers with onboarding data.
- Worked with the research community to identify requirements enabling the curation of phenotyping algorithms for the cardiometabolic community and ensuring they are FAIR (Findable, Accessible, Interoperable and Reusable). Published recommendations, and a news piece highlighting how these recommendations support reproducible and efficient research. The team is now ensuring all phenotyping

algorithms created or used as part of the CVD-COVID-UK/COVID-IMPACT consortium are available in the [HDR UK Phenotype Library](#).

The DARE UK (Data and Analytics Research Environments UK) programme

The [DARE UK](#) programme is funded by UKRI as part of its [Digital Research Infrastructure](#) portfolio of investments, which supports the development of a coordinated vision for digital research infrastructure in the UK. DARE UK is a pan-UKRI, cross-domain programme – its scope covers all types of sensitive data, including data about education, health, the environment and much more. There is growing consensus (including from [Phase 1 DARE UK recommendations](#), the [Goldacre Review](#), the [UK Health Data Research Alliance TRE Green paper](#), and the [DHSC Data Saves Lives](#) policy paper) that all sensitive data should only be accessed and analysed by researchers within a Trusted Research Environment (TRE). Central to the DARE UK programme's ambition is to enable and support the development of a national interoperable network of secure digital research infrastructures or TREs, laying the foundation for an ecosystem of next-generation TREs for advanced data research for the public good.

Delivery of Phase 1 of the programme began in July 2021 and has been delivered with joint oversight from Health Data Research UK and ADR UK. Phase 1 was an extensive programme of community engagement that formed the foundation for developing a clear vision of the needs of different research communities, and to address the interests and concerns of the public around the use of sensitive data for research. Phase 1 has included:

- An [initial landscape review](#) and a more recent [infrastructure landscape review](#) to inform understanding of the digital and structural foundations that underpin sensitive data research across the UK;
- Two portfolios of funded projects, the [DARE UK Sprint Exemplar Projects](#) and [DARE UK Driver Projects](#), that have tested and developed early thinking and proof of concepts in key areas of the programmes vision;
- A [Phase 1 recommendations](#) report setting out several findings and recommendations of the programme from Phase 1 with the aim of establishing the key challenges across the data research landscape, and first steps on how to overcome them to better support data research at scale for the benefit of society;
- A [Public Dialogue](#) to explore public views regarding what a more joined-up, efficient and trustworthy national data research infrastructure should look like;
- The [DARE UK Community Groups](#) initiative (including funding) aimed at encouraging different communities within the UK sensitive data research landscape to co-create components and pieces of work that align with the programme's vision;
- The ongoing development of a draft federated architecture blueprint to examine the prerequisites and tools required to create a secure, connected, and interoperable network of TREs for sensitive data research across the UK (the next version of the draft is in progress);
- The ongoing development of inter-disciplinary, cross-domain scientific use cases linking different types of sensitive data together at scale to enable research that benefits the public (report to be published after the pre-election period).

Communications and engagement

The Health Data Research UK Communications and Policy Team has built upon the successes of the previous year and delivered on increasing Health Data Research UK's reach through working with the media, strategic communications campaigns, events and communicating impact on Health Data Research UK digital channels.

Health Data Research UK's digital channels continue to go from strength to strength. Between 1 April 2023 and 31 March 2024 was visited 284,998 times by 187,266 users. The Health Data Research UK website links to the Alliance website, the Health Data Research UK Futures training platform and the Gateway to provide users with a clear route to discover more detailed, tailored information in response to their user need.

We have seen a significant increase in our social media success measures across the 2023/24 financial year. We have seen a 34% increase in followers across our social media channels compared to the previous financial year. Our LinkedIn followers have increased by 5,969 and our Twitter/X followers have increased by 1,380. At the end of the financial year our follower count was 13,050 on Twitter X and our follower count was 15,847 on LinkedIn.

Our monthly institute email newsletter, HIVE, continues to provide a concise update on key activities and developments across the organisation to over 6,700 people, an increase of 335 subscribers.

The Black Internship Programme was one of the major projects supported by the communications team this year. Health Data Research UK successfully attracted many talented Black data scientists to apply for the programme and partnered with community TV stations and healthcare podcasts to enable the interns to share their story globally, further promoting the programme.

Health Data Research UK's annual conference on 5-6 March 2024, titled 'The Grand Challenges in Health Data', discussed the global challenges in health data research, featuring talks from internationally leading figures across the health data and technology research sector. The two-day event included interactive panel discussions, keynote sessions, an exhibitor area, as well as networking opportunities throughout the day. The 2024 conference was a two-day hybrid event held in Leeds at the Royal Armouries Museum. It was highly successful, with over 700 attendees present in person over the two days, and an additional 570 attendees participating online.

Patient and Public Involvement and Engagement

Health Data Research UK has demonstrated leadership in promoting transparency and trustworthiness to the public by embedding Patient and Public Involvement and Engagement (PPIE) activities in governance, infrastructure developments, and research.

A prime example of this is the contribution of Health Data Research UK's Public Advisory Board (PAB) to the development of Transparency Standards. These standards, informed by the PAB's mission to ensure clear communication of data access procedures with members of the public, have been crucial in guiding Health Data Research UK's approach. From the implementation of these standards to the celebration of impact, PAB members made the difference and meaningfully contributed to the strategic thinking and work of Health Data Research UK.

However, throughout the year, Health Data Research UK has hugely benefitted from the significant contributions of many more public members involved in PPIE activities across the Institute. These include HDR UK Voices, British Heart Foundation's Data Science Centres (BHF DSC) Public Advisory Group, and DARE UK's Programme Board and Public Advisory Group. Collectively, these groups have made a significant impact, ensuring Health Data Research UK's activities are driven by the goal of delivering benefits to patients and the public.

The range of PPIE activities they have been involved in over the 2023/2024 year include:

Played an integral role in the HDR UK Stories campaign, sharing personal experiences to inspire involvement and engagement in health data.

Took an active role in the planning and executing of events such as the Humber Science Festival and the Northern Ireland Festival, fostering community interaction and awareness.

Provided valuable insights to shape the HDR UK 2024-2028 Draft PPIE Strategy through collaborative efforts with internal and external stakeholders, ensuring inclusivity and accessibility in public consultation processes.

Contributed significantly to advancing the mission of the Public Engagement in Data Research Initiative (PEDRI) by helping with the planning, analysis, and report for the survey consultation on the Draft Best Practice Standards for Public Involvement and Engagement.

Provided constructive feedback on the PEDRI business plan for its second phase, shaping its direction and influencing the creation of pledges to foster unified commitment to public involvement and engagement among all participating partners.

Played an integral role in the planning of the Alliance-PEDRI event, aimed at exploring potential barriers and facilitators to the adoption of the draft standards earlier mentioned.

Demonstrated dedication to Health Data Research UK's commitment to the Shared Commitment to Public Involvement initiative by active participation in related working groups and dissemination of key milestones.

Actively engaged in the PPIE award initiative by contributing to the selection process, evaluating submissions, and providing valuable insights.

Co-designed a Diabetes Data Science Catalyst and CVD-COVID-UK/IMPACT Approval and Oversight Board case study highlighting the importance of public involvement in call for funding and research application panels.

Co-developed public communication outputs sharing the findings from the Centres work across Imaging and Smartphones and Wearables, ensuring that the outputs were accessible and understandable.

Co-developed a short film showcasing the importance of public involvement within health data research and across the BHF Data Science Centres work'.

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Co-designed a new patient and public involvement website section on the BHF Data Science Centres new website launched in August 2023

Co-authored publications about Smartphones and Wearables Data in Cardiovascular Research.

Reviewed and provided approval for applications within our CVD COVID IMPACT Consortium

Co-presented at BHF DSC Monthly webinars with a focus on plain English and its importance from a public perspective.

Reviewed the DARE UK programme proposal and delivery strategy to ensure strong focus on Public Involvement and Engagement (PIE) and alignment with public benefit objectives.

Attended quarterly meetings to deliberate on specific DARE UK PIE plans, activities, and challenges, offering guidance as needed.

Collaborated as 'Lay Leads' within DARE UK-funded projects delivery teams to facilitate and oversee the integration of PIE aspects into project delivery.

Provided guidance for the evaluation of the PIE activities and outcomes within the DARE UK Sprint Exemplar Projects and Driver Projects.

Informed the design of a public-friendly information pack explaining DARE UK's federated architecture blueprint in clear terms for public understanding.

Co-governed the design and delivery of a scientific use cases workshops and reports, exploring on research opportunities and challenges aligned with the DARE UK vision.

Advised on the conceptualisation and design of a new DARE UK brand identity and website to improve clarity of purpose and accessibility.

Co-planned, attended, and contributed to various DARE UK online and in-person events, including project showcases, community group events, and report playback and review sessions.

Plans for future periods

April 2024 will mark the start of Health Data Research UK's second year of its second quinquennial cycle, with our core funders – nine of the largest government and charity research funders in the UK – having awarded us £71.3 million for the years 2023 to 2028.

While the institute's long-term vision for large scale data and advanced analytics to benefit every patient interaction, clinical trial and biomedical discovery and to enhance public health remains unchanged, we will follow a refreshed plan to increase the speed, scale and quality of health data science and so enable new discoveries.

In 2024/25 we will align efforts around four, focused and tactically important objectives, which will enhance integrated delivery of existing programmes

1. Accelerate access to large-scale data – by “getting the basics right”

- Support implementation of Unifying Health Data Review to improve UK-wide data access and data availability
- Work in partnership with the NHS England Data for R&D programme to deliver single front door to SDE network
- Demonstrate the potential of OMOP Common Data Model as an enabler of efficient cross-region/nation research studies

2. Accelerate delivery of impact to the NHS, patients and the public across the UK

- Ensuring that research data insights generated across the institute, respond and inform UK-wide health policy needs as rapidly as possible

3. Push the boundaries of Equality, Diversity and Inclusion

- Ensure flagship activities such as the Black Internship Programme scale effectively
- Ensure current EDI activities across the Institute (including data diversity) align for greater impact

4. Connect institute health researchers and infrastructure developers to deliver user-centred design

- Make cross-programme integration more efficient and effective
- Work with partners to develop, embed and share Public and Patient Involvement and Engagement good practice

The current fragmentation and lack of standardisation in the data will be tackled by working with many different organisations, building capabilities and supporting real team science.

Patients and the public will continue to be involved throughout the Institute's work – ensuring that access to data for research is enabled by trustworthy, safe and secure systems and generates public benefit.

Some early developments will include the release of a major new version of the Gateway in 2024. To date, the Gateway has primarily supported the onboarding of metadata and the discovery phase of the researcher journey. The enhanced version will provide much better value to the community by supporting the complete life cycle of a research project, from concept to dissemination, along with facilitating data discovery. We are enhancing some of the Gateway's key functionality to improve its performance, usability, and reuse. The new version will make it easier and faster for the health data science community to share, discover, request access to, disseminate and collaborate on health data resources vital for research. Our vision for the Gateway is that it becomes the go-to place for all things sharable about health and associated data, evolving into a platform that is co-created by the community and builds upon existing technological solutions.

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Professor Cathie Sudlow, Chief Scientist at Health Data Research UK, is also due to publish an independent review of the UK's ability to use data to improve health care. The review was commissioned by Professor Sir Chris Whitty, the Chief Medical Officer for England, Dr Timothy Ferris, NHS England's National Director of Transformation, and the UK's National Statistician Professor Sir Ian Diamond. The review, entitled *Uniting Health Data in the UK*, will assess the flows of health-relevant data across the four nations of the UK, offering an opportunity for policy makers to evaluate how data can be better managed to improve the public's health, while maintaining privacy and public trust. Patient groups have been consulted and have been actively involved throughout the process.

The DARE UK programme will transition into Phase 2 and is proposed to run from 2024 to 2027. The UKRI Programme Board and Delivery Team are considering how best to deliver the programme's ambitions in collaboration with the various sensitive data research communities and stakeholders, while incorporating and building upon the full range of outputs from Phase 1 alongside exploring new and emerging challenges in the UK sensitive data research ecosystem. Phase 2 will consider the inter-disciplinary, cross-domain scientific use cases that could be realised through a national interoperable network of secure TREs, resourcing researchers and TREs to work together in tackling the governance, technical, and cultural challenges therein.

Financial review

Funding

Our funds support long-term scientific and research studies, training and infrastructure that contribute to data science at scale, support our One Institute approach and deliver long-term impact for the health of patients and populations across the UK.

Health Data Research UK's activity across our strategic priority areas has continued to generate significant interest from funders.

Core funding

Our funders have jointly invested in Health Data Research UK: the Medical Research Council (MRC); the health research departments of England, Scotland, Wales and Northern Ireland, National Institute for Health Research (NIHR), Chief Scientist Office (CSO), Health and Care Research Wales, HSC Research and Development respectively), the Economic and Social Research Council (ESRC), the Engineering and Physical Sciences Research Council (EPSRC), Cancer Research UK and The British Heart Foundation ("Core Funders").

In 2022/23, the Core Funders agreed in principle to provide £71.3m funding to Health Data Research UK in the 5 years to March 2028. During 2023/24, the Core Funders agreed to an additional £4.0m unrestricted supplement, and a further £0.6m supplement restricted to support the Public Engagement in Data Research Initiative (PEDRI). In line with the Charities SORP (FRS102) the full £4.6m of Core funding awarded in 2023/24 was recognised in 2024 (2023: £71.3m).

Restricted funding

Restricted funding is received primarily in respect of Health Data Research UK's Infrastructure and Services and Research Driver Programme strategic areas, along with our partnership programmes.

- The BHF Data Science Centre was established to be the UK centre of expertise for cardiovascular data science, funded by the British Heart Foundation (2024: £8.7m, 2023: £8.5m)
- A series of funds to deliver data research projects in the Brain Health space (2024: £1.9m, 2023: £0.0m)
- Collaborations with a range of charities (Diabetes UK, Stroke Association, Kidney Research UK, Asthma and Lung UK) to establish 'Data Science Catalysts' in their respective fields, enabling data science to be conducted at greater pace (2024: £1.3m, 2023: £0.3m)
- DARE UK – The UK Trusted and Connected Data and Analytics Research Environments programme aiming to deliver a national federated digital infrastructure (2024: £1.8m, 2023: £1.8m)
- The Sensitive Data Research project, established to implement international data passport standards and to build a scalable service that streamlines safe researchers access to sensitive data (2024: £1.0m, 2023: £0.0m)
- Medical Research Council funding in respect of capital investments (2024: £0.8m, 2023: £1.3m)
- Other charitable expenditure is funded by other funders, or through cost sharing with Health Data ResearchUK's collaborative partners.

Grants

Health Data Research UK provides long-term awards to research organisations with a track record of excellence in health data science.

Research Driver Programmes, Infrastructure Programmes, and Regional Communities

Health Data Research UK has committed to providing £35.5m of funding over the 5 years to March 2028 to five Research Driver Programmes, three Infrastructure programmes, and nine Regional Communities. Each programme has a lead Research Organisation (RO) and a variable number of partner ROs. The lead RO is accountable to sub-contract with its associate ROs to ensure delivery of the programme and its objectives and is responsible for financial reporting and invoicing to Health Data Research UK.

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In 2024 Health Data Research UK funded £3.4m of programme expenditure across the Research Driver programmes, distributed Infrastructure Programmes, and Regional Communities (2023: £0).

Training Programmes

In 2024 Health Data Research UK funded £1.1m PhD Programme expenditure (2023: £1.1m) and £72k Masters programmes expenditure (2023: £791k).

Reserves Policy

The Core Funders are committed to funding costs incurred by the Institute, with regular funding throughout each financial year. By the nature of this model, there is no need for significant reserves. However, the Trustees are satisfied that there are sufficient arrangements for the provision of funding for the Company to continue to operate for the foreseeable future. This is based on the requirement for the Company to present forecasts to the end of the current funding period so that comfort can be gained that all anticipated costs are manageable with agreed funding.

As at 31 March 2024 total unrestricted reserves were £55.69m (2023: £60.66m) and total restricted reserves were £24.04m (2023: £25.4m). Under the terms of Health Data Research UK's existing funding, amounts are not permitted to be set aside for general unrestricted reserves; the value of unrestricted reserves is the balance of core funds not yet spent.

Risk management

Health Data Research UK's vision and strategy are ambitious and there are risks that may impact our ability to successfully achieve our ambition. Health Data Research UK considers risk management to be fundamental to good management practice and a significant aspect of good charity governance.

Health Data Research UK's risk management policies and processes make the effective management of risk an integral part of day-to-day operations at Health Data Research UK and provide a framework to:

- Define risk governance
- Identify key risks
- Assess risks
- Develop mitigating strategies and actions
- Monitor and review risk activities
- Communicate and report risks

Risk management is an ongoing and dynamic process and Health Data Research UK regularly reviews the risks we face and mitigation strategies. Health Data Research UK has a Risk Register, which is structured in line with Charity Commission guidance. The Risk Register is reviewed and updated by the Executive Committee monthly, reviewed and discussed by Audit & Risk Committee (ARC) quarterly and reviewed by the full Board quarterly. As a charity, the Board of Health Data Research UK are responsible for total risk exposure.

These risk management processes are part of our ISO9001 certified quality management system.

An ongoing focus for Health Data Research UK is ensuring long term sustainable funding. Health Data Research UK is managing this through ongoing engagement with funders, in particular with our core funders. Our core funders are committed to funding Health Data Research UK until at least 31 March 2028 (end of the second quinquennium).

The Office for National Statistics has looked at Health Data Research UK as part of its role in determining whether organisations should be considered part of the public sector for calculating economic indicators such as the national debt and public sector employment figures. We are taking steps to show that Health Data Research UK is not part of, nor controlled by, the public sector.

Structure, Governance and Management

Status

Health Data Research UK is registered as a Company limited by guarantee, incorporated in July 2017, and a registered charity, registered 12 May 2021 (charity number 1194431).

The Board of Trustees govern the Company in accordance with its Memorandum and Articles of Association. The Trustees have the benefit of a qualifying third-party indemnity provision as defined by section 234 of the Companies Act 2006.

Recruitment of Trustees

The Board makes Trustee appointments for terms of three years, with an extension of up to two further terms. All Trustees give of their time freely, with the outgoing Chair receiving a remuneration which was paid during the year until he retired in July 2023. The incumbent Chair is not remunerated. Details of Trustee expenses and related party transactions are disclosed in note 17 to the accounts.

New Trustees are appointed through an open public appointment process, depending on the experience and key skills needed. New Trustees are recommended by the Nominations Committee and are formally appointed in accordance with the Articles.

Training and Induction

On appointment, new Trustees follow a formal induction programme, which includes initial meetings with the Chair and the Trustee, provision of training via an online learning system and the provision of key governance documentation. Ongoing training is provided for Trustees as relevant throughout their term. Training has been provided to ensure Trustees are aware of their responsibilities as both company directors and charity trustees.

Organisational structure

The Board provides leadership and governance to the Health Data Research UK. This is a strategic role that involves ensuring oversight, compliance and performance management. The Board meets at least four times per year. Day-to-day responsibility for the running of Health Data Research UK is delegated to the Director. The Director is supported by an executive management team which contains the appropriate range of skills to ensure competent management of Health Data Research UK.

Health Data Research UK has three Board Committees:

- The Audit and Risk Committee is responsible for advising the Board on financial management and reporting, the relationship with external auditors and risk management.
- The Nominations Committee is responsible for advising the Board on Board recruitment and skills requirement.
- The Remuneration Committee is responsible for advising the Board on the remuneration of the Institute's key management personnel in the context of appropriate comparators and sector benchmarks.

Trustees' Duty to promote the success of the Charity – Section 172 Statement

Section 172 ("s.172") of the Companies Act 2006 requires the Trustees of Health Data Research UK (the "Charity" or "HDR UK") to act in a way that they consider promotes, in good faith, the success of Health Data Research UK for the benefit of its members as a whole. In doing this, s.172 requires Trustees to have regard, amongst other matters, to the:

- (a) likely consequences of any decisions in the long term;
- (b) interests of Health Data Research UK's employees;
- (c) need to foster Health Data Research UK's business relationships with suppliers, customers, and others;
- (d) impact of Health Data Research UK's operations on the community and the environment;
- (e) desirability of the Charity in maintaining a reputation for high standards of business conduct; and
- (f) need to act fairly as between members of Health Data Research UK.

The Trustees of Health Data Research UK fully embrace and support these reporting requirements. The Trustees receive regular training on their obligations and have access to advice from the Head of Legal, Trust and Ethics and from the Company Secretary when required. By having a good governance framework and procedures in place, the Trustees ensure that their decision making is open and transparent, decisions are sustainable in the long term and do not disproportionately affect any single stakeholder group.

We set out below how Health Data Research UK has considered the matters found in s.172. First, we explain some of the key decisions taken by the Trustees over the past year and how stakeholder interests were considered over the course of decision-making, in line with Health Data Research UK's values. Then we outline how we engage with our stakeholders generally and the influence that such engagements have on our decision making.

Key decisions of 2023 to 2024

1. Transition to the five-year strategy

The Trustees continually review Health Data Research UK's strategy. As part of this, the Trustees consider Health Data Research UK's business plan for the coming year, its budget and the impact that decisions will have in the long term.

In considering the long-term success of Health Data Research UK, the Trustees engaged with various stakeholders to create an ambitious new strategy for the next five years, starting in 2023. The new strategy sets out an innovative programme to increase the scale, quality, speed and impact of insights derived from health data research in the UK and internationally. By 2028, the Institute will be well positioned to move forward to the next stage of its 20-year vision 'for large-scale data and advanced analytics to benefit every patient interaction, clinical trial, and biomedical discovery and to enhance public health', and to be at the centre of a global, collaborative network of health data science.

Health Data Research UK has focused on the transition to its future five-year strategy, particularly on three integrated areas of activity to deliver this ambition including: (1) Accelerate Trustworthy Data Use; (2) Empower Researchers; and (3) Promote Partnerships.

Health Data Research UK will continue to work with its partners and funders towards its future vision. The breadth of support for Health Data Research UK's vision and strategy is clearly demonstrated by letters of support received during Health Data Research UK's stakeholder engagement process. By bringing together diverse health data science, Health Data Research UK will advance research discoveries and accelerate insights that benefit patients and the public across the UK and globally.

2. Patient and Public Involvement and Engagement

The involvement and engagement of patients and the public in governance, infrastructure developments, and research ensures Health Data Research UK's work is inclusive, trustworthy, and driven by delivering public benefits.

HEALTH DATA RESEARCH UK

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2024

Health Data Research UK is committed to raising awareness of health data research and working with patients and the public to ensure their voices shape the access and use of health data for research that improves people's lives and delivers benefits for all.

By providing opportunities such as joining Health Data Research UK's Public Advisory Board or participating in campaigns like *Data Save Lives: Mental Health*, patients and the public makes a significant impact on Health Data Research UK's work and contribute to the advancement of its mission.

Health Data Research UK involves and engages patients and the public through various means, including:

- Seeking advice from the Public Advisory Board and implementing the feedback received
- Conducting public consultations to gather diverse perspectives on health data research matters
- Organising accessible and inclusive public events to raise awareness of health data and encourage involvement in related research
- Creating opportunities to shaping health data research, from design to dissemination and evaluation stages
- Sharing relevant information and updates through webpage, social media, and newsletters.

3. Championing Diversity in Data Science

The Board is committed to developing an inclusive culture that promotes diversity. Opportunities have been provided to those from socio-economic backgrounds that are currently underrepresented within health data science.

In response to the significant underrepresentation of Black people in data science, Health Data Research UK launched a Black Internship Programme with interns matched to data roles in Alliance partner organisations. The Black Internship programme is currently in its third year. Health Data Research UK is pleased that many candidates went on to secure roles in the field.

Open discussions about issues faced in the workplace have fed into Health Data Research UK's strategy. To support Health Data Research UK's agenda, Health Data Research UK is looking to continue to attract and retain people from diverse backgrounds. This reinforces Health Data Research UK's open and honest approach to communicating with its people on matters of gender and ethnicity. The businesses goals will be tracked on a frequent basis.

Stakeholder Engagement

We set out below how we engage with our key stakeholders:

- **The Public and Patients**

Engagement

The public and patients are critical to Health Data Research UK. Health Data Research UK aims to work in partnership with the public and patients to ensure transparency to build trustworthiness in data initiatives.

Health Data Research UK's innovative approach to bring public views in quickly and effectively has shaped research and improved outcomes with thousands of patients and members of the public contributing to Health Data Research UK's work.

How this engagement influenced Board discussions and decision making

Health Data Research UK has widened its public engagement and reach through social media, press campaigns, and events, showcasing the benefits and impact of data. Insights are regularly shared with the Board through quarterly MI packs.

HEALTH DATA RESEARCH UK

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2024

- **Funders**

Engagement

Health Data Research UK liaised and interacted with its funders to understand those aspects which are uppermost on their agendas.

How this engagement influenced Board discussions and decision making

Insights are regularly shared with the Board through quarterly Management Information packs. Trustees and members of the executive regularly seek and review feedback from funders, which directly feed into Board discussions and inform strategic decision making.

- **Employees**

Engagement

By engaging with its people, Health Data Research UK will achieve its aim of advancing research discoveries and accelerating insights that benefit patients and the public across the UK and globally.

Health Data Research UK's employees are a strong and talented group of people who work with skill and enthusiasm. We seek regular feedback through staff surveys to assess employee engagement, reduce employee attrition and build stronger teams.

How this engagement influenced Board discussions and decision making

Understanding staff sentiment helps Health Data Research UK to understand how to improve its relationship with employees. Health Data Research UK continues to build a working environment that advances equity, diversity and inclusion.

- **Partnerships and Suppliers**

Health Data Research UK's partnerships have continued to grow and flourish during the year which demonstrates the value of combining expertise to deliver further and faster on joint ambitions. Health Data Research UK partners with various institutes to further advance its health research to improve patient care.

How this engagement influenced Board discussions and decision making

Members of the executive regularly seek feedback from Partners and Suppliers, which feed into Board discussions and inform strategic decision making.

- **Wider Community**

Health Data Research UK's solutions directly and indirectly impact a whole host of stakeholders including patients and public, data custodians and researchers. By operating responsibly and sustainably, Health Data Research UK increases accessibility to its services which is core to its purpose.

How this engagement influenced Board discussions and decision making

The work of Health Data Research UK is centred around medical innovation for the benefit of all:

- Uniting health data by bringing together the UK's datasets and making them safely and securely discoverable and accessible for research through the UK Health Data Alliance and Innovation Gateway, in a way that earns the trust of patients and the public.
- Improving health data by providing tools, methods, hubs, and national expertise in health data quality improvement for researchers and innovators.
- Enabling research and innovation that has a large-scale impact, demonstrating novel approaches to health data use, and establishing an expert group of national research leaders in health data science.

The Trustees are mindful of the impact that the business and solutions have on the wider community. Health Data Research UK's science strategy is centred on prioritising areas that will have the maximum impact for the health of patients and populations across the UK.

Relationships with other organisations

A number of Trustees, key management or their close family members hold positions in other organisations with which Health Data Research UK has significant relationships:

Organisation	Relationship to Health Data Research UK	Trustee / key management involvement
Medical Research Council (part of UK Research and Innovation) Innovate UK (part of UK Research and Innovation)	UK Research and Innovation is a member of the Company. UKRI brings together the seven research councils, Innovate UK and Research England. UKRI provides funding grants to the Company through the Medical Research Council and Innovate UK.	Dr Graham Spittle is a Council Member of the Medical Research Council Professor Sir James Smith's spouse was formerly Executive Chair of the Medical Research Council from April 2018 to January 2022 Professor Sir Alex Markham is Non-Executive Director of Innovate UK, Medicines Discovery Catapult Dr Claire Newland is the Medical Research Council Director of Policy, Ethics & Governance Professor Dame Janet Thornton is a recipient of Biotechnology and Biological Sciences Research Council (BBSRC) / MRC grant funding until December 2024. Professor Emily Jefferson is Vice Chair of the (BBSRC) / MRC Supercomputing Taskforce, a Member of the Longitudinal Population Studies Strategic Advisory Panel, MRC and a Member of the MRC Longitudinal Population Studies Task and Finish Group Professor Cathie Sudlow is Deputy Chair of the MRC Data Science Advisory Group
The University of Edinburgh	Co-ordinating Research Organisation of the Health Data Research UK Scotland Substantive Site and lead for Health Data Research UK's Applied Analytics national research priority. Lead organisation for BREATHE - Health Data Research Hub for Respiratory Health. BREATHE is a	Professor Andrew Morris is Vice Principal and Professor of Medicine at the University of Edinburgh Dr Graham Spittle is Dean of Innovation at the University of Edinburgh Professor Cathie Sudlow is Professor of Neurology and Clinical

HEALTH DATA RESEARCH UK

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FOR THE YEAR ENDED 31 MARCH 2024

	member of the UK Health Data Research Alliance and are represented on the Alliance Council The University of Edinburgh is the recipient of grants through Core funds, the Data and Connectivity: National Core Studies programme, and The Alan Turing Institute Health Data Research UK D&C Funding Call.	Epidemiology at the University of Edinburgh Liz Lovejoy's partner is Chair of Applied Logic and was Vice Principal and Head of College of Science and Engineering at the University of Edinburgh
Scottish Government	Scottish Government members are represented on the Alliance Council. NHS Scotland and Public Health Scotland are Alliance member organisations.	Professor Andrew Morris is Chair of the Scottish Government Standing Committee on Pandemics and of the Scottish Government COVID-19 CMO advisory Group.
Imperial College Healthcare NHS Trust	Imperial College Healthcare NHS Trust is an Alliance member and is represented on the Alliance Council.	Professor The Lord Ara Darzi is Consultant Surgeon at Imperial College Healthcare NHS Trust.
Department of Health & Social Care	Department of Health and Social care is a funder for the Winter Pressures fund.	Professor The Lord Ara Darzi is a Member of the Recovery, Resilience and Growth Oversight Group (RRG), Department of Health & Social Care
University of Oxford	QRResearch is a not-for-profit collaboration between the University of Oxford and EMIS. QRResearch is an Alliance member and is represented on the Alliance Council. The University of Oxford is the co-ordinating Research Organisation of the Health Data Research UK Oxford Region. The University of Oxford is the recipient of grants through Core funds.	Professor Sarah Harper is Professor of Gerontology. Until 31 May 2023, Professor Trudie Lang (Health Data Research UK's Global Research Director) was seconded to Health Data Research UK from Oxford university.
NHS England	NHS England are represented on the Alliance Council	Sir Mark Walport is a Non-Executive Director of NHS England.
Imperial College London	Imperial College London is part of the Health Data Research UK London Region. Imperial College London is a recipient of Core funding via University College London as part	Professor The Lord Ara Darzi is Paul Hamlyn Chair & Co-Director of the Institute of Global Health Innovation, Imperial College London. Lord James O'Shaughnessy is Visiting Professor at the Institute of

HEALTH DATA RESEARCH UK

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2024

	of the Health Data Research UK London Substantive Site	Global Health Innovation, Imperial College London. Sir Mark Walport is Honorary Distinguished Professor of Medicine, Imperial College London and Chair of Imperial College Health Partners. Professor Cathie Sudlow is a Member of the External Advisory Board, UKRI CDT in AI for Healthcare, Imperial College London
Imperial College Academic Health Sciences Centre Partnership Board	Imperial College Healthcare NHS Trust is an Alliance member and is represented on the Alliance Council.	Sir Mark Walport is Chair of Imperial College Academic Health Sciences Centre Partnership Board
Research Data Scotland Board	Research Data Scotland are an Alliance member have a representative on the Alliance Council.	Professor Andrew Morris was in attendance at Research Data Scotland Board
NIHR	NIHR Clinical Research Network and NIHR Bioresource are both Alliance members and have representative within the Alliance Council	Professor Cathie Sudlow is a Member of the UK Government Clinical Research Recovery, Resilience and Growth Programme Data and Digital Subgroup, UK Government, NHS Transformation Directorate, NIHR Professor Emily Jefferson is a Member of the Imaging Science Delivery Group, NIHR
University of Dundee	Partner Organisation within the Health Data Research Scotland Region and lead for the Alleviate Hub	Professor Emily Jefferson's academic appointment was at University of Dundee (until April 2024).

In accordance with the Institute's policy, Trustees are required to disclose all relevant interests and register them with the Chair of Trustees and to withdraw from decisions where a conflict of interest arises. Health Data Research UK's register of interests is published on the website: https://www.hdruk.ac.uk/wp-content/uploads/2022/08/HDR-UK-Register-of-Interests-07_22.pdf.

Full details of Related Party Transactions are included at note 17 of the financial statements.

Objectives and activity

Objectives

Health Data Research UK's main objectives, as set out in the Articles of Association, are

- to improve, protect, preserve and advance the health of the public in particular but without limitation through the use of health data science by:
- the development and application of biomedical and health data research.
- the development of the tools, technologies, skills and partnerships required to transform health informatics research and innovation.
- the sharing of information to advance the understanding, prevention, diagnosis and treatment of diseases to achieve better health outcomes for the benefit of the public.
- the advancement of medical and health research, in particular but without limitation by undertaking, promoting, disseminating and improving research into biomedical and health informatics.

Aims, objective and strategy to achieve Health Data Research UK's objective

Health Data Research UK has been established to work with a wide range of health data from the NHS, universities, research institutes and charities, and increasingly from wearables, and private companies. Over the next 5 years, health research datasets, participants and uses will grow rapidly Health Data Research UK will position the UK to lead health data science internationally with our national, pan-sector approach. Our strategy will be delivered via the infrastructure we have started to create.

Public benefit

The Trustees have referred to the guidance contained on the Charity Commission's general guidance on public benefit and consider Health Data Research UK to be a public benefit entity.

Going Concern

Health Data Research UK has committed core funding in place to cover its activities until 31 March 2028 – a grant agreement from the Medical Research Council to Health Data Research UK for £71.3m was signed 5th April 2023. The Trustees have therefore been able to satisfy themselves that the Company is able to continue as a going concern.

Streamline Energy and Carbon Reporting

The 2018 Streamlined Energy and Carbon Reporting Regulations, imposed by the 2019 SECR regulations, require large unquoted companies to include energy and carbon information within their trustees' report, for any period beginning on or after 1 April 2019.

Health Data Research UK did not consume more than 40,000 kWh of energy in this reporting period, therefore it has qualified as a low energy user and is exempt from reporting under the streamlined Energy and Carbon Reporting (SECR).

Audit information

The Trustees who were in office at the date of approval of these financial statements have confirmed that, as far as they can reasonably ensure, all relevant audit information has been provided to the auditors; and the Trustees have taken all the steps that they ought to have taken as trustees in order to make themselves aware of any relevant audit information and to establish that the Company's auditors are aware of that information.

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2024

Statement of Trustees' Responsibilities

The Trustees (who are also directors of Health Data Research UK for the purposes of company law) are responsible for preparing the Trustees' 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 year. 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 incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgments and accounting 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 operation.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and 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.

So far as each of the Trustees is aware at the time the report is approved:

- there is no relevant audit information of which the company's auditors are unaware;
- the Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information; and
- there were no serious incidents during the previous financial year that should have been reported to the Charity Commission but were not.

Approval

This Trustees' report including the Strategic report was approved by the Board of Trustees on 26 September 2024 and signed on their behalf by:



Dame Julie Moore
Chair of the Board of Trustees

Opinion

We have audited the financial statements of Heath Data Research UK for the year ended 31 March 2024 which comprise the Statement of Financial Activities, Balance sheet, the statement of cash flows and the related 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 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 the charitable company's net movement in funds, including the 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 charity 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 trustees are responsible for the other information. The other information comprises the information included in the Trustees' 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.

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 Trustees' Annual Report (which includes the strategic report and the directors' report prepared 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 the directors' report included within 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 charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Annual Report (which incorporates the strategic report and the directors' 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 by the charitable company; or
- the charitable company 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 for the financial statements

As explained more fully in the trustees' responsibilities statement set out on page 28, 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,

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INDEPENDENT AUDITORS REPORT

FOR THE YEAR ENDED 31 MARCH 2024

including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Based on our understanding of the charitable company and the environment in which it operates, we identified that the principal risks of non-compliance with laws and regulations related to Charity and Company Law applicable in England and Wales, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such as the Companies Act 2006 and the Charities Act 2011, and consider other factors such as payroll tax and income tax.

We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls), and determined that the principal risks were related to posting inappropriate journal entries to revenue and management bias in accounting estimates. Audit procedures performed by the engagement team included:

- Inspecting correspondence with regulators and tax authorities;
- Discussions with management including consideration of known or suspected instances of non-compliance with laws, regulation and fraud;
- Evaluating management's controls designed to prevent and detect irregularities;
- Identifying and testing journals using data analytics software; and
- Challenging assumptions and judgements made by management in their critical accounting estimates

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities for the audit of the financial statements is located 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.



Kathryn Burton (Senior Statutory Auditor)
For and on behalf of Haysmacintyre LLP, Statutory Auditor

10 Queen Street Place
London
EC4R 1AG

Date: 31 October 2024

HEALTH DATA RESEARCH UK

STATEMENT OF FINANCIAL ACTIVITIES INCLUDING INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 31 MARCH 2024

	Notes	Unrestricted Funds £'000	Restricted Funds £'000	Total 2024 £'000	Total 2023 £'000
Income from:					
Donations		4,000	7,124	11,124	85,619
Investments		22	-	22	3
Other income		35	60	95	1
Total income		<u>4,057</u>	<u>7,185</u>	<u>11,241</u>	<u>85,623</u>
Expenditure on:					
Charitable activities					
Research	2	9,024	8,533	17,557	31,550
Total expenditure		<u>9,024</u>	<u>8,533</u>	<u>17,557</u>	<u>31,550</u>
Net income/(expenditure) before transfers		<u>(4,967)</u>	<u>(1,348)</u>	<u>(6,316)</u>	<u>54,073</u>
Net movement in funds		<u>(4,967)</u>	<u>(1,348)</u>	<u>(6,316)</u>	<u>54,073</u>
Reconciliation of funds					
Total funds brought forward		<u>60,664</u>	<u>25,389</u>	<u>86,053</u>	<u>31,980</u>
Total funds carried forward		<u><u>55,697</u></u>	<u><u>24,040</u></u>	<u><u>79,737</u></u>	<u><u>86,053</u></u>

All of the above results are from continuing activities.

The notes on pages 31 to 48 form part of these financial statements.

HEALTH DATA RESEARCH UK

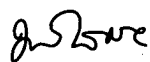
BALANCE SHEET AS AT 31 MARCH 2024

Company registration number: 10887014 (England and Wales)

Registered Charity number 1194431

	Notes	2024 £'000	£'000	2023 £'000	£'000
FIXED ASSETS					
Intangible assets	5	46		50	
Tangible assets	6	167		90	
			213		140
CURRENT ASSETS					
Debtors	7	75,218		87,221	
Cash at bank and in hand	13	8,502		8,146	
			83,720		95,367
CREDITORS: amounts falling due within one year	8	(4,196)		(9,455)	
			(4,196)		(9,454)
NET CURRENT ASSETS/ (LIABILITIES)			79,524		85,913
NET ASSETS/ (LIABILITIES)			79,737		86,053
CHARITY FUNDS					
Unrestricted funds	10		55,697		60,664
Restricted	10		24,040		25,389
TOTAL FUNDS			79,737		86,053

The financial statements were approved by the Board of Trustees and authorised for issue on 26 September 2024 and are signed on its behalf by:



Dame Julie Moore
Chair of the Board of Trustees

The notes on pages 31 to 48 form part of these financial statements.

HEALTH DATA RESEARCH UK**STATEMENT OF CASHFLOWS****FOR THE YEAR ENDED 31 MARCH 2024**

	Notes	2024 £	2023 £
Cash flows from operating activities			
Net cash outflow provided by operating activities	12	486	(6,425)
Cash flows from investing activities			
Interest received		22	3
Purchase of tangible and intangible fixed assets		(152)	(51)
		(130)	(48)
Change in cash and cash equivalents in the year		356	(6,473)
Cash and cash equivalents brought forward		8,146	14,619
Cash and cash equivalents carried forward	13	8,502	8,146

A net debt reconciliation note has not been presented as the charity has no debt.

The notes on pages 31 to 48 form part of these financial statements.

1. Accounting policies

1.1 General information

Health Data Research is a Charity and company limited by guarantee and is registered in England and Wales. The registered office and the address of the principal place of business is Wellcome Trust, Gibbs Building, 215 Euston Road, London, NW1 2BE.

1.2 Basis of preparation of financial statements

The financial statements have been prepared in accordance with the Charities SORP (FRS 102) - Accounting and Reporting by Charities: 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 (FRS 102) (effective 1 January 2019), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Health Data Research UK meets the definition of a public benefit entity under FRS 102.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy.

1.3 Fund accounting

General funds are unrestricted funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the Company and which have not been designated for other purposes.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the Company for particular purposes. The costs of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements (Note 13).

Investment income, gains and losses are allocated to the appropriate funds.

1.4 Income

All income is recognised once the Company has entitlement to the income, it is probable that the income will be received, and the amount of income receivable can be measured reliably.

Income from grants containing performance conditions is recognised as performance occurs, with all funding received in advance or in arrears of performance deferred or accrued accordingly. Otherwise, income is recognised in full as soon as any other relevant conditions are satisfied.

Other income is recognised in the period in which it is receivable and to the extent the goods have been provided or on completion of the service.

1. Accounting policies (continued)

1.6 Expenditure

Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is classified by activity and is analysed between grant funding and the cost of activities performed directly by Health Data Research UK together with the associated support costs including governance costs. The staff cost element of support costs is attributed to grant making activities in proportion to grant expenditure and direct expenditure. Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

Governance costs are those incurred in connection with administration of the Company and compliance with constitutional and statutory requirements.

Grants payable are charged in the year when the offer is made except in those cases where the offer is conditional, such grants being recognised as expenditure when the conditions attaching are fulfilled. Grants offered subject to conditions which have not been met at the year-end are noted as a commitment, but not accrued as expenditure.

1.7 Going concern

The Trustees consider that there are no material uncertainties which cast doubt upon the Charity's ability to continue as a going concern and therefore consider it appropriate to prepare the financial statements on a going concern basis.

1.8 Intangible fixed assets and amortisation

Intangible assets costing £1,000 or more are capitalised and recognised when future economic benefits are probable, and the cost or value of the assets can be measured reliably. Intangible assets are initially recognised at cost and are subsequently measured at cost net of amortisation and any provision for impairment. Costs relating to assets developed internally are capitalised in accordance with the requirements of FRS 102.

Amortisation is provided on intangible fixed assets at rates calculated to write off the cost of each asset, less their estimated residual value, on a straight-line basis over their expected useful lives:

Purchased software licenses	- The contractual period
Developed software	- Straight line over 3 – 5 years
Websites	- Straight line over 3 – 5 years

A full year of amortisation is charged in the year when the asset is ready for use and no amortisation is charged in the year of disposal. The carrying values of intangible fixed assets are reviewed for impairment when events or changes in circumstances indicate that the carrying amount may not be recoverable. Shortfalls between the carrying value and recoverable amounts are recognised as impairments. Impairment losses are recognised in the statement of financial activities incorporating income and expenditure account.

1. Accounting policies (continued)

1.9 Tangible fixed assets and depreciation

All assets costing more than £1,000 are capitalised.

Tangible fixed assets are carried at cost, net of depreciation and any provision for impairment. Depreciation is provided at rates calculated to write off the cost of fixed assets, less their estimated residual value, on a straight-line basis over their expected useful lives:

Short-term leasehold improvements	-	Leasehold period
Office equipment	-	5 years
Computer equipment	-	5 years

A full year of depreciation is charged in the year when the asset is ready for use and no depreciation is charged in the year of disposal.

A review for impairment of a fixed asset is carried out if events or changes in circumstances indicate that the carrying value of any asset may not be recoverable. Shortfalls between the carrying value of fixed assets and their recoverable amounts are recognised as impairments. Impairment losses are recognised in the statement of financial activities incorporating income and expenditure account.

1.10 Operating leases

Rents payable under operating leases are charged to the statement of financial activities incorporating income and expenditure account on a straight-line basis over the lease of the term.

1.11 Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the Company; this is normally upon notification of the interest paid or payable by the bank.

1.12 Debtors

Trade and other debtors are recognised at the settlement amount after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

1.13 Cash at bank and in hand

Cash at bank and in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

1.14 Liabilities and provisions

Liabilities are recognised when there is an obligation at the balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Liabilities are recognised at the amount the Company anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide. Provisions are measured at the best estimate of the amounts required to settle the obligation. Where the effect of the time value of money is significant, a discount rate is applied. The discount rate that reflects the risk specific to the liability. The unwinding of the discount is recognised within interest payable and similar charges.

NOTES TO THE FINANCIAL STATEMENTS

FOR YEAR ENDED 31 MARCH 2024

1. Accounting policies (continued)

1.15 Financial instruments

The Company only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently at amortised cost using the effective interest method, less any impairment losses.

1.16 Critical accounting judgements and estimates

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the amounts reported for assets and liabilities as at the balance sheet date and the amounts reported for revenues and expenses during the year. However, the nature of estimation means that actual outcomes could differ from those estimates.

NOTES TO THE FINANCIAL STATEMENTS

FOR YEAR ENDED 31 MARCH 2024

2. ANALYSIS OF EXPENDITURE

	Direct costs £'000	Grant funding of activities £'000	Support costs £'000	Total 2024 £'000	Total 2023 £'000
Charitable activities					
Research	9,921	5,126	2,510	17,557	31,550
Total 2024	9,921	5,126	2,510	17,557	31,550

	Staff costs £'000	Premises and office costs £'000	Other costs £'000	Total 2024 £'000	Total 2023 £'000
Charitable activities					
Research	1,785	66	659	2,510	1,742
Total 2024	1,785	66	659	2,510	1,742

Health Data Research UK has one type of activity. Support costs have been allocated to that one activity. Governance costs are included within support costs. Support costs related to grant funding activities included in total support costs above are £576k.

HEALTH DATA RESEARCH UK

NOTES TO THE FINANCIAL STATEMENTS

FOR YEAR ENDED 31 MARCH 2024

2. ANALYSIS OF EXPENDITURE - Prior year

	Direct costs £'000	Grant funding of activities £'000	Support costs £'000	Total 2023 £'000	Total 2022 £'000
Charitable activities					
Research	9,916	19,892	1,742	31,550	32,900
Total 2023	9,916	19,892	1,742	31,550	32,900

Support Costs

	Staff costs £'000	Premises and office costs £'000	Other costs £'000	Total 2023 £'000	Total 2022 £'000
Charitable activities					
Research	1,226	257	259	1,742	2,709
Total 2023	1,226	257	259	1,742	2,709

Health Data Research UK has one type of activity. Support costs have been allocated to that one activity. Governance costs are included within support costs. Support costs related to grant funding activities included in total support costs above are £1,198k.

3. GOVERNANCE COSTS

	Total 2024 £'000	Total 2023 £'000
Chair remuneration	5	16
Reimbursement of Trustee & Director Expenses	2	1
Audit fee including VAT	26	25
Non-audit services including VAT	17	5
Board costs	131	125
	180	172

Of the non-audit services, £15k (2023: £5k) relates to services provided by our external auditors, Haysmacintyre.

NOTES TO THE FINANCIAL STATEMENTS

FOR YEAR ENDED 31 MARCH 2024

4. STAFF COSTS	Total 2024 £'000	Total 2023 £'000
Staff costs were as follows:		
Staff wages and salaries	6,052	5,317
Social security costs	713	659
Other pension costs	605	522
Apprenticeship Levy	15	19
	<u>7,385</u>	<u>6,517</u>

Not included in staff costs were recharged seconded salary costs amounting to £1,362k (2023: £1,106k) and temporary staff costs of £626k (2023: £921k).

Including costs incurred from recharged salary costs charged by third parties, the total compensation of key management personnel was £1,509k (2023: £1,100k).

Termination payments were made to the value of £18k (2023: £15k). These were the result of redundancy and settlement payments.

The average number of persons employed by the Company during the year was as follows:

2024 No.	2023 No.
97	87

The number of members of staff whose emoluments, including benefits in kind, amounted to over £60,000 were as follows:

	2024 No.	2023 No.
£60,000 - £70,000	16	14
£70,001 - £80,000	10	10
£80,001 - £90,000	8	3
£90,001 - £100,000	4	4
£100,001 - £110,000	2	1
£110,001 - £120,000	1	-
£130,001 - £140,000	1	1
£140,001 - £150,000	-	1
£170,000 - £180,000	1	-
	<u>43</u>	<u>34</u>

During the year, Dr Graham Spittle, a Trustee, received remuneration for his services as Chair of £5k (2023: £16k) (see note 3). During the period, no other Trustees have been paid any remuneration or received any benefits in kind (2023: nil). Trustees have been reimbursed for expenses incurred to the total value of £2k during the year.

HEALTH DATA RESEARCH UK

NOTES TO THE FINANCIAL STATEMENTS

FOR YEAR ENDED 31 MARCH 2024

5. INTANGIBLE FIXED ASSETS

	£'000
Cost	
At 1 April 2023	206
Additions	36
Disposals	45
At 31 March 2024	198
	£'000
Amortisation	
At 1 April 2023	156
Charge for the year	28
Disposals	(32)
At 31 March 2024	152
Carrying amount	
At 31 March 2024	46
At 31 March 2023	50

At 31 March 2024, the value of capital commitments for intangible fixed assets was £nil (2023: £nil).

6. TANGIBLE FIXED ASSETS

	Short-term Leasehold improvements £'000	Office equipment £'000	Computer equipment £'000	Total £'000
Cost				
At 1 April 2023	25	51	128	204
Additions	-	2	113	116
Disposals	-	-	-	-
At 31 March 2024	25	53	241	319
Depreciation				
At 1 April 2023	25	32	57	114
Charge for the year	-	8	31	39
Disposals	-	-	-	-
At 31 March 2024	25	39	89	152
Net book value				
At 31 March 2024	-	15	152	167
At 31 March 2023	-	19	71	90

At 31 March 2024, the value of capital commitments for tangible fixed assets was £nil (2023: £nil).

HEALTH DATA RESEARCH UK

NOTES TO THE FINANCIAL STATEMENTS

FOR YEAR ENDED 31 MARCH 2024

7. DEBTORS

	2024 £'000	2023 £'000
Trade debtors	17	1
Prepayments and accrued income	73,853	83,979
Grants Receivable	1,327	3,241
	<u>75,218</u>	<u>87,221</u>

8. CREDITORS: Amounts falling due within one year

	2024 £'000	2023 £'000
Trade creditors	1,053	8,591
Accruals and deferred income (see below)	1,041	454
Accruals for grant payables	2,062	165
Social security & other taxes	38	239
Other creditors	2	5
	<u>4,196</u>	<u>9,456</u>

Deferred income

Deferred income at 1 April 2023	-	(27)
Resources deferred during the year	398	-
Amounts released from previous years	-	27
	<u>398</u>	<u>-</u>
Deferred income at 31 March 2024	<u>398</u>	<u>-</u>

In 2024 £398k was deferred as amounts received were not utilised in the period.

9. FINANCIAL INSTRUMENTS

	2024 £'000	2023 £'000
Financial assets measured at amortised cost	<u>83,488</u>	<u>95,368</u>
Financial liabilities measured at amortised cost	<u>4,195</u>	<u>9,455</u>

Financial assets measured at amortised cost comprise cash, trade debtors and other debtors.

Financial liabilities measured at amortised cost comprise trade creditors, other taxation and social security, other creditors and accruals.

HEALTH DATA RESEARCH UK

NOTES TO THE FINANCIAL STATEMENTS

FOR YEAR ENDED 31 MARCH 2024

10. STATEMENT OF FUNDS

	Movement in funds			
	Balance at 1 April 2023	Income	Expenditure	Balance at 31 March 2024
	£'000	£'000	£'000	£'000
Total Unrestricted Funds	60,664	4,057	(9,024)	55,697
Restricted				
Core Funding	13,000	555	(1,234)	12,320
British Heart Foundation Data Science Centre	7,774	1,060	(2,433)	6,403
DARE Phase 1b	1,192	-	(1,211)	(20)
DARE 1b supplementary award	-	343	(343)	-
Dementia Trials Accelerator	-	500	(500)	-
Diabetes UK Data Science Catalyst	300	-	(126)	174
Respiratory Data Science Catalyst	-	300	(1)	299
Kidney Data Science Catalyst	-	300	-	300
Stroke Data Science Catalyst	-	297	(37)	260
Datamind Hub	300	-	(10)	290
Alleviate Hub	300	-	(10)	290
TBI REPORTER: Traumatic Brain Injury Platform	-	490	(15)	475
AD Data Initiative Brain Health Data Pilots	-	726	(109)	617
NEURii Brain Health Accelerator	-	219	-	219
MRC Helmholtz	-	398	-	398
Capital Block Grant 23-24	-	450	(450)	-
Wellcome Trust Four-year PhD Programme in Science	-	1,141	(1,141)	-
NIHR Winter Pressures Fund	106	-	(39)	67
Biomedical Vacation Scholarship	-	172	(10)	163
ATI PHD	-	187	(41)	146
Newcastle EPSRC Digital Health Hub	-	272	(12)	260
Bristol EPSRC Digital Health Hub	-	215	(11)	203
Alzheimer's Research UK MSc Funding	-	25	(25)	-
Diabetes UK MSc Funding	-	10	(10)	-
Researcher Passports	-	1,024	(303)	721
World Class Labs 22/23 Capital Block Grant	385	-	(183)	202
Capital Funds	83	-	(2)	81
HDR Global Grant	1,976	(1,517)	(335)	123
COVID-19 International Alliance	97	-	(37)	60
EU Horizon ENTRUST Award	-	-	(2)	(2)
SACRO DARE Award (UWE)	(2)	9	(8)	-
FX DARE Award (Manchester)	47	-	(47)	-
SATRE DARE Award (Dundee)	8	-	(8)	-
NIHR PRACTISE (Uni Hosp Brist + Weston NHS Trust)	-	2	(2)	-
Standing Together Collaboration	-	7	(7)	-
VITT Consortium	1	-	1	-
MRC: Population Research UK programme	(7)	-	7	-
Digital Innovation Hub Programme Management	(27)	(1)	28	-
Digital Innovation Hub Programme: Phase 3	(46)	-	49	4
UKRI: National Core Studies: Data & Connectivity Phase 0	(7)	-	(7)	(15)
UKRI: National Core Studies: Data & Connectivity Phase 1	(61)	-	61	-
DARE Phase 1	(30)	-	30	-
Total Restricted	25,389	7,184	8,533	24,040
Total of Funds	86,053	11,241	(17,557)	79,737

10. STATEMENT OF FUNDS (continued)

Details of restricted funds are as follows:

Fund	Purpose
Core funds – restricted	Of the total core funds awarded to Health Data Research UK, £13m are restricted to specific programmes.
British Heart Foundation Data Science Centre	To deliver the BHF Data Science Centre for cardiovascular health.
DARE – Phases 1 and 1b - Data and Analytics Research Environments UK	To scope out the delivery of a national federated digital research infrastructure to establish the next generation of secure, flexible and interoperable environments for connecting and analysing complex and sensitive multi- disciplinary data at UK scale.
Dementia Trials Accelerator	Collaboration between UK DRI, Health Data Research UK and Medicines Discovery Catapult (MDC), and funded by the MRC, NIHR and the Office for Life Sciences designed to enabled the UK Government Dementia Mission, with a vision to rapidly position the UK as the destination of choice for investment and innovation in the delivery of clinical trials of new therapies for dementia, rapidly delivering significant patient and NHS benefits.
Diabetes Data Science Catalyst	To enhance knowledge of the links between diabetes and cardiovascular disease; facilitate a deeper understanding of the causes and progression of diabetes as a major cardiovascular risk factor; and drive improvements in treatment and prevention of diabetes, with associated reductions in cardiovascular disease.
Respiratory Data Science Catalyst	Funded by Asthma + Lung UK, the overarching aim of the Respiratory Data Catalyst is to identify and prioritise key areas of work in respiratory data science research, demonstrating impact at national and international level in clinical practice, the health system and for people affected by respiratory disease.
Kidney Data Science Catalyst	Funded by Kidney Research UK in partnership with the BHF, the overarching aim of the Kidney Data Catalyst is to accelerate research at the interface of kidney and cardiovascular disease by facilitating data-led research.
Stroke Data Science Catalyst	The Stroke Data Science Catalyst is a partnership between the Stroke Association, the British Heart Foundation (BHF) and Health Data Research UK (HDR UK) established to champion and enable the power of data to further stroke research.
Alleviate Hub	Collaboration with the University of Dundee to develop the Alleviate Hub and to integrate the Hub as a Health Data Research hub participating in the Hubs Network.
Datamind Hub	Collaboration with the University of Swansea to develop the Datamind Hub and to integrate the Hub as a Health Data Research hub participating in the Hubs Network.
TBI-REPORTER: Traumatic Brain Injury Platform	A UK-wide research platform – UK-TBI REpository and data PORTal Enabling discovery (TBI-REPORTER), led by the University of Cambridge in collaboration with Health Data Research UK to boost the use of data to advance treatment and care for people with traumatic brain injury.
AD Data Initiative Brain Health Data Pilots	A collaboration between Health Data Research UK, the AD Data Initiative, the University of Edinburgh, Public Health Scotland (PHS) and Moorfields Eye Hospital NHS Foundation Trust to support a two-year pilot to make some of the UK's most comprehensive routine health imaging data more findable and accessible for dementia research projects both within the UK and internationally.
NEURii Brain Health Accelerator	A collaboration between Health Data Research UK, the University of Edinburgh, LifeArc, Eisai and Gates Ventures with the ambition to translate healthcare data and digital sciences into projects that can enhance the quality of life of people living with dementia and contribute to a national data infrastructure in the UK.
MRC Helmholtz	Forging collaboration on maximising research in environmental health in the UK and Germany
World Class Labs 22/23 Capital Block Grant	To support Health Data Research UK's capital investments programme and assets.

HEALTH DATA RESEARCH UK

NOTES TO THE FINANCIAL STATEMENTS

FOR YEAR ENDED 31 MARCH 2024

Wellcome Trust PhD Programme in Science	To deliver the Health Data Research UK – Turing Wellcome PhD Programme in Health Data Science
NIHR Winter Pressures Fund	For the funding, delivery and management of the Data Science to inform NHS compound winter pressure policy
Biomedical Vacation Scholarship	To provide 30 Wellcome Biomedical Vacation Scholarships (2020-2024).
ATI PhD	Funding arrangements for the PhD Programme Manager Role for the HDRUK Turing Wellcome PhD Programme in Health Data Science
Newcastle EPSRC Digital Health Hub	A multidisciplinary, entrepreneurial, cross-sector Digital Health community across the North East and North Cumbria.
Bristol EPSRC Digital Health Hub	A multidisciplinary, entrepreneurial, cross-sector Digital Health community across the South West and South Wales.
Alzheimer's Research UK MSc Funding	Providing scholarships to outstanding students completing an MSc in Health Data Science in partnership with multiple medical charities in order to encourage more students to enter into Health Data Science fields.
Diabetes UK MSc Funding	Providing scholarships to outstanding students completing an MSc in Health Data Science in partnership with multiple medical charities in order to encourage more students to enter into Health Data Science fields.
Researcher Passports	A pilot programme looking at ways to improve how researchers access the sensitive data they need for research and innovation. It aims to help streamline processes and accelerate the assessment of the safety of researchers, while ensuring that legal responsibilities are met, and sensitive data is kept confidential.
World Class Labs 22/23 Capital Block Grant	To support Health Data Research UK's capital investments programme and assets.
Capital Investment Programme Phase 2	To support Health Data Research UK's capital investment programme
HDR Global Grant	To enable the expansion and directional lead of The Global Health Network to shift to Global South countries and facilitate the expansion of a network of data analysis science led by scientists from low- and middle-income countries.
ICODA & Global Health Network: Planning Grant	To enable the expansion of the ICODEA workbench for COVID data analysis to low- and middle-income country partners
EU Horizon ENTRUST Award	The mission of EOSC-ENTRUST is to create a European network of trusted research environments for sensitive data and to drive European interoperability by joint development of a common blueprint for federated data access and analysis.
DARE UK – Driver Project: SACRO (Semi-Automated Checking of Research Outputs)	To provide a coherent intellectual framework encompassing the latest theoretical advances to create resources including practical guidelines for choices about OSDC in a range of technical and procedural environments.
DARE UK – Driver Project: FX (Delivering a federated network of TREs to enable safe analytics)	To develop an exemplar framework and reference implementation for federated analytic queries.
DARE UK – Driver Project: SATRE (Standardised Architecture for Trust Research Environments)	To develop a reference specification for TREs, informed by existing open source TRE implementations, the TRE community, and patients and the public.
NIHR PRACTISE (Uni Hosp Brist + Weston NHS Trust)	PRACTISE - AF: Platform tRIAl to improve outComes afTer cardiac SurgEry Atrial Fibrillation (Accelerator Award)
Standing Together Collaboration	Patient and Public Involvement and Engagement contribution towards a collaboration led by University Hospitals Birmingham NHS Foundation Trust: Building STANDards for data Diversity, Inclusivity, & Generalisability.
VITT Consortium	Understanding Mechanisms of Thrombosis and Thrombocytopenia in COVID-19 and with SARS-CoV2 Vaccines

HEALTH DATA RESEARCH UK

NOTES TO THE FINANCIAL STATEMENTS

FOR YEAR ENDED 31 MARCH 2024

MRC Population Research UK Programme	To support the development of Population Research UK, a research initiative that that maximises the insights, innovations and research efficiency of the UK's world leading social and biomedical data assets, including Longitudinal Population Studies.
Digital Innovation Hub Programme Management	To support the development of the Digital Innovation Hub Programme under the Life Sciences Industrial Strategy
Digital Innovation Hub Programme: Phase 3	To support business development of the Health Data Research Hubs, support the work of the UK Health Data Research Alliance and the UK Health Data Research Innovation Gateway.
Data & Connectivity National Core Study: Phase 0	To support and accelerate research on COVID-19, supporting the other five National Core Studies into key research questions by enabling streamlined, safe and responsible access to relevant datasets relevant for the pandemic.
Data & Connectivity National Core Study: Phase 1	To continue to respond to emerging COVID-19 research priorities, mapping key data sets required by the National Core Studies, NIHR UPH Studies and SAGE sub-groups to allow research which can inform policy and operational decision making across the UK. To further develop the data infrastructure and services across the UK to allow faster access to high priority health, administrative, molecular, and behavioural data assets for researchers working on the most important COVID-related studies, ensuring priority research questions can be answered efficiently, in a transparent and trustworthy way. To strengthen and extend the existing national Trusted Research Environments (TRE) and UK Health Data Research Innovation Gateway infrastructure through inclusive four nations approach ensuring the priority datasets for COVID-19 research are findable, accessible, inter-operable and reusable (FAIR).
DARE – Data and Analytics Research Environments UK	To scope out the delivery of a national federated digital research infrastructure to establish the next generation of secure, flexible and interoperable environments for connecting and analysing complex and sensitive multi- disciplinary data at UK scale.

HEALTH DATA RESEARCH UK

NOTES TO THE FINANCIAL STATEMENTS

FOR YEAR ENDED 31 MARCH 2024

10. STATEMENT OF FUNDS (continued)

STATEMENT OF FUNDS – prior year

	Balance at 1 April 2022 £'000	Movement in funds		Transfers Between Funds £'000	Balance at 31 March 2023 £'000
		Income £'000	Expenditure £'000		
Unrestricted	20,000	58,328	(17,651)	(13)	60,664
Restricted					
Core funds – restricted	-	13,000	-	-	13,000
Data & Connectivity National Core Study: Phase 1	-	4,902	(4,963)	-	(61)
HDR Global Grant	-	1,982	(7)	-	1,975
DARE Phase 1b	-	1,500	(312)	4	1,192
Digital Research Infrastructure Award	-	1,000	(1,000)	-	-
Turing Data & Connectivity Joint Call projects	-	953	(953)	-	-
Wellcome Trust PhD Programme in Science	-	907	(907)	-	-
Winter pressures programme	-	899	(793)	-	106
BHF DSC Cardiovascular and Diabetes Cohorts TRE	-	783	(783)	-	-
World Class Labs 22/23 Capital Block Grant	-	500	(115)	-	385
Diabetes Data Science Catalyst	-	300	-	-	300
Alleviate Hub	-	300	-	-	300
DataMind Hub	-	300	-	-	300
DARE UK – Driver Project: FX	-	50	(2)	-	48
VITT Consortium	-	43	(42)	-	1
Turing Wellcome Trust PhD Programme	-	41	(41)	-	-
Biomedical Vacation Scholarship	-	28	(28)	-	-
Health Foundation: Better Care Catalyst Programme	-	26	(26)	-	-
DARE UK – Driver Project: SATRE	-	9	(2)	-	7
International COVID-19 Data Alliance (“ICODA”) & Grand Challenges	1,270	-	(1,174)	-	96
Capital Investment Programme (Phase 2)	19	-	64	-	83
DARE UK – Driver Project: SACRO	-	-	(2)	-	(2)
DARE Phase 1	349	-	(379)	-	(30)
Digital Innovation Hub Programme: Phase 3	1,579	(3)	(1,624)	4	(45)
Population Research UK	-	(4)	(3)	-	(7)
Digital Innovation Hub Programme Management	281	(8)	(300)	-	(27)
World Class Labs 20/21	-	(15)	15	-	-
British Heart Foundation Data Science Centre	8,482	(31)	(682)	5	7,774
Data & Connectivity National Core Study: Phase 0	-	(167)	160	-	(7)
Total Restricted	11,980	27,295	(13,899)	13	25,389
Total of funds	31,980	85,623	(31,550)	-	86,053

HEALTH DATA RESEARCH UK

NOTES TO THE FINANCIAL STATEMENTS

FOR YEAR ENDED 31 MARCH 2024

11. ANALYSIS OF NET ASSETS BETWEEN FUNDS

Analysis of net funds – current year

	Unrestricted Funds 2024 £'000	Restricted Funds 2024 £'000	Total Funds 2024 £'000
Intangible fixed assets	34	12	46
Tangible fixed assets	167	-	167
Current assets	57,515	26,205	83,720
Creditors due within one year	(2,019)	(2,177)	(4,196)
Total of funds	55,697	24,040	79,737

Analysis of net funds – prior year

	Unrestricted Funds 2023 £'000	Restricted Funds 2023 £'000	Total Funds 2023 £'000
Intangible fixed assets	50	-	50
Tangible fixed assets	90	-	90
Current assets	67,029	28,338	95,367
Creditors due within one year	(6,506)	(2,949)	(9,454)
Total of funds	60,664	25,389	86,053

12. RECONCILIATION OF NET MOVEMENT IN FUNDS TO NET CASH FLOW FROM OPERATING ACTIVITIES

	2024 £'000	2023 £'000
Net income for the year (as per Statement of Financial Activities)	(6,316)	54,072
Adjustment for:		
Depreciation and amortisation charges	67	69
Disposals	12	41
Net bank interest	(22)	(3)
Decrease / (increase) in debtors	12,003	(54,047)
(Decrease)/Increase in creditors	(5,258)	(6,557)
Net cash provided by operating activities	486	(6,425)

HEALTH DATA RESEARCH UK

NOTES TO THE FINANCIAL STATEMENTS

FOR YEAR ENDED 31 MARCH 2024

13. ANALYSIS OF CASH AND CASH EQUIVALENTS

	2024 £'000	2023 £'000
Cash at bank and in hand	8,502	8,146
	<u>8,502</u>	<u>8,146</u>

14. OPERATING LEASE COMMITMENTS

At 31 March the total of the Company's future minimum lease payments under non-cancellable operating leases was:

	2024 £'000	2023 £'000
Amounts payable:		
In less than 1 year	1	1
In two to five years	1	3
Total	<u>2</u>	<u>4</u>

15. RELATED PARTY TRANSACTIONS

In the course of the year 2024, Health Data Research UK received grants of £17,717k (2023: £25,195k) from The Medical Research Council (part of UK Research and Innovation). £700k was owed to Health Data Research UK at 31 March 2024 (2023: £345k). UK Research and Innovation (UKRI) is a founding member of the Company.

Over the course of the year the organisation received grants of £885k (2023: £795k) and incurred no other expenditure (2023: £153k) in relation to Wellcome Trust. Wellcome Trust provides funding grants to the company directly for the Health Data Research UK Turing Wellcome PHD Programme in Health Data science, through UKRI as a core funder and through the Covid-19 Therapeutics Accelerator. Health Data Research UK is also a Tenant of the Wellcome trust.

During the year the organisation received grants of £100k (2023: £200k) from Swansea University and incurred no expenditure (2023: £3,149k) as grants payable and £132k (2023: £341k) as other expenditure. Health Data Research UK owed £20k as at 31 March 2024. Cathie Sudlow, Chief Scientist, Deputy Director of Health Data Research UK and Director of the BHF Data Science Centre, is Chair of the Strategic Advisory Board, DATAMIND at the Swansea University and partners.

Over the financial year, Health Data Research UK received non-grant income of £15k (2023: nil) and incurred no expenditure (2023: £1,156k) as grants payable towards Imperial College London. Mark Walport, a member of the trustee board, is Honorary Distinguished Professor of Medicine at Imperial College, London, and Chair of the Imperial College Academic Health Sciences Centre Partnership Board.

During the year the organisation incurred £20k (2023: £3k) as grants payable towards Manchester University NHS Trust. £15k was owed at 31 March 2024. William Boa, a member of the trustee board, is Strategic Financial Advisor to the Manchester University NHS Trust.

Throughout the year the organisation incurred no grant payable expenditure (2023: £1,284k) to the Scottish government. Andrew Morris, Director of Health Data Research UK, is Chair of The Scottish Government COVID-19 CMO advisory Group and Chair of the Scottish Government Standing Committee on Pandemics.

During the year the organisation incurred expenditure of £477k (2023: £3,148k) as grants payable and £116k as other expenditure to the University of Edinburgh. Health Data Research UK owed £311k (2023: £105k) at 31 March

HEALTH DATA RESEARCH UK

NOTES TO THE FINANCIAL STATEMENTS

FOR YEAR ENDED 31 MARCH 2024

2024. Andrew Morris, the Director of Health Data Research UK, is Vice Principal and Professor of Medicine at the University of Edinburgh. Graham Spittle, Chair of the Board of Trustees until July 2023, is Dean of Innovation at the University of Edinburgh.

During the year the organisation incurred expenditure of £245k towards NHS England. Mark Walport, a member of the trustee board, is a non-executive director of NHS England.

During the year, the organisation incurred zero expenditure (2023: £780) to Thrive Worldwide UK Ltd. Alison Hopkinson, former Chief Operating Officer and Director of Delivery (in post until April 2023), is the spouse of the Director and Shareholder Thrive Worldwide UK Ltd.

During the year, Dr Graham Spittle, a Trustee, was paid £5k (2023: £16k) for his services as Chair.

During the year, trustees were reimbursed expenses amounting to £2k (2022: £1k).

16. COMPARATIVE STATEMENT OF FINANCIAL ACTIVITIES INCLUDING INCOME AND EXPENDITURE ACCOUNT – Prior Year

	Notes	Unrestricted Funds £'000	Restricted Funds £'000	Total 2023 £'000
Income from:				
Donations		58,327	27,292	85,619
Investments		-	3	3
Other income		1	-	1
Total income		58,828	27,295	85,623
Expenditure on:				
Charitable activities				
Research	2	17,651	13,899	31,550
Total Expenditure		17,651	13,899	31,550
Net income/(expenditure) before transfers		40,677	13,396	54,073
Transfers between Funds	11	(13)	13	-
Net movement in funds		40,664	13,409	54,073
Reconciliation of funds				
Total funds brought forward		20,000	11,980	31,980
Total funds carried forward		60,664	25,389	86,053