



# HQIP

Healthcare Quality  
Improvement Partnership

# Annual review 2010-11

**Consolidation and Expansion**

**September 2011**

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## 2010-11 year review

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**Our key purpose:** supporting high quality healthcare through promotion and procurement of data-related quality improvement methods.

**Our key areas of work:** commissioning and contract managing national audits to improve their quality and value; supporting good practice in local audit through resources, advice and learning; promoting other areas of related quality improvement.

**Our key impact:** Enabling improvement in the quality of healthcare locally and better outcomes for patients.

This was a year of consolidation. In our first eighteen months HQIP had been keen to promote our role in supporting clinical audit, focusing on the quick wins and early gains that could be made in improving audit practice. This year was about sustaining momentum, ensuring continued use of our resources and products, adding more resources in key areas, reaching out to some harder to engage groups, especially some clinicians, focusing on education about audit, and improving the delivery of our core services – especially our contract management and procurement of national audit. We also started to diversify into other areas of work closely related to clinical audit in healthcare – notably registers and databases and review work in social care.

We surveyed our stakeholders during the year and the vast majority were really enthusiastic about the work we do -

see: <http://www.hqip.org.uk/clinical-audit-stakeholder-survey-2010-results-how-hqip-is-responding/>

### The context for our work during this year

This period saw a new government with a new take on healthcare and the roles of national organisations. Their new focus on outcomes saw them see the value of clinical audit in improving these, which was very welcome. They also decided to restructure the network of national organisations. HQIP is not a non-departmental public body, so it is not created or abolished by government. It's a separate organisation, which seeks out its own work, although nearly all our funding is from central government. The changes made to other organisations may allow space for HQIP to grow and emphasise its unique role as the voice of professionals and patients in quality improvement.

### Work to support local clinical audit practitioners and their audit work

Local clinical audit and quality improvement has continued to be a major focus. Important though national audits are, the changes made to local practice are the result of local clinicians and managers responding to national data collection. National clinical audit is very much a quality improvement cycle just the same as local audit, only with different people, some at the centre, some locally, carrying out the separate parts of data collection and subsequent action. Hence supporting local people is important whether the focus is on national or local audit.

This year to support local clinical audit we:

- Added a number of major new resources, including the update of the international text book on clinical audit, 'New Principles of Best Practice In Clinical Audit', Radcliffe, 2011
- Held a further national conference for local audit staff at the Belfry, which received brilliant evaluations
- Completed the setting up of regional audit support networks, and continuing support for the national audit leads group, NAGG
- Achieved the NHS Information Standard for the process for producing material aimed at the general public
- Gave out a second year of audit awards, stimulating and challenging practice to improve. The worthy gold award winner came from Royal Berkshire NHS Foundation Trust
- Completed development work on various software tools to enable local audit results and participation to be compared, which went live in 2011-12
- Took the numbers participating in our on-line networking community and ebulletins to new heights; NCAF had a number of streamlining improvement made to improve functionality
- Ran a series of regional learning events with funding from the Health Foundation
- Commissioned a large number of products to support education and training, not least of all a guide to curricula content and standards, which will appear in 2011-12 although much work was completed this year
- Supported the Healthcare Events national clinical audit conference
- Recruited a team of clinical champions as part of increasing work to promote audit to clinicians, which included new resources for key groups including junior doctors and clinical leads
- Produced a tool to establish what it costs to carry out a clinical audit.

### National clinical audit

The new government re-affirmed its commitment to national audit. We took the opportunity to strengthen our team and step up the quality of our work, faced as we were with some major challenges of programme management, notably the movement of the large cardiac audit group to a new supplier.

We have supported the Department of Health intensively this year on a range of things, notably scoping out how available funding could be increased through transferring some national audits to local subscription funding; and on definition of outcomes that can be measured through audit. We also prepared for a new round of procurement for national audits, which started in April 2011. We conducted detailed reviews of audits for re-procurement or possible join-up with closely related audits.

This year we have greatly improved the contract management role, providing a heightened degree of oversight to audit teams to improve the quality of national audits through attention to governance, output and methodology.

One key result was the greatly needed review process prior to the publication of national audit results – the Standard Reporting Process. We will require all audits to report far more openly and with suitable reporting for a range of audiences and different uses.

We also:

- Ran our annual conference for national audit staff in March, with a strong line up of speakers
- Supplied funding for new multi-site audits – audits operating below the national level - which work to develop and encourage audit expertise within professional interest groups
- Expanded a number of clinical audits to Scotland, working with the former QIS, now Healthcare Quality Improvement Scotland
- Provided procurement support to a range of new commissioners, in both the NHS and private sectors.

We continue to work with the National Joint Registry steering committee to run the register and implement its three year strategic plan, which includes expansion to new joints, better data quality, join up with other data sources and the active commissioning of relevant research. The register has become a crucial part of oversight of orthopaedic practice. The register also hit its millionth record during the year!

### Expansion and growth

We have conducted mapping of registers and databases separate from the national clinical audits funded by HQIP or separately funded and published this list online; and we continued to fund the network of congenital anomalies registers, supporting the policy group for the Department of Health on these issues.

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We invited bids for financial support of clinical databases.

We have undertaken a very large amount of work to scope and promote review of practice in social care. This is a challenging area, but much needed, as although there is the same striving for quality and excellence, social care does not have the same tradition of systematic quality improvement based on review and data that is found in healthcare. We have made great strides and are implanting a programme of work in 2011-12.

With the Department of Health we are exploring how the programme of reviews of outcomes in key areas of mortality and morbidity – the former confidential enquiries - can be brought closer to other audit programmes run by HQIP, once the NPSA, which managed these, ceases to exist.

## Where we have excelled in 2010-11:

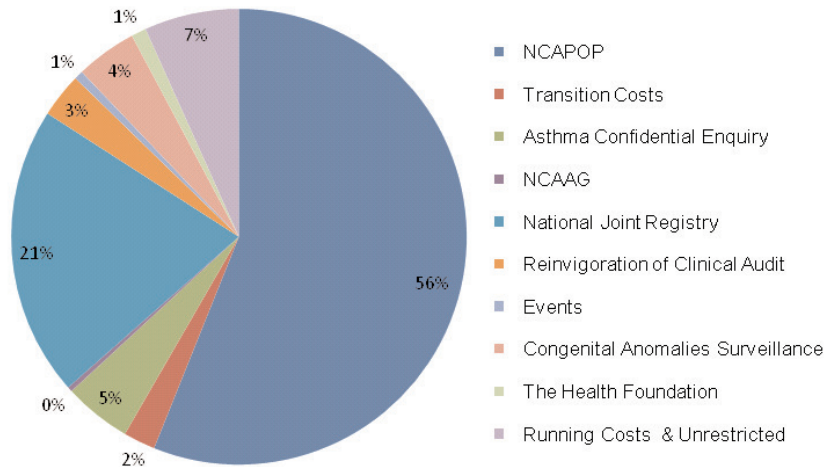
- Our communications work has developed this year with a new communications officer; with really improved media coverage of key audits and a much better system for their presentation; our website and networking software have been totally revised
- Our contract management of national audit and procurement work; new staff and systems have made us experts in these areas and a totally reliable source of expertise – to the point people are asking us to commission projects for them
- Supporting local staff to carry out audit – through meetings, resources, encouragement, and enthusiasm – much as we have done in the past, just more so!
- Speaking the same language as clinicians on audit, and encouraging them as members of their peer and professional organisations to get involved in audit.

## Funding summary

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### Income

During the year ended 31 March 2011, HQIP received income totalling £12,701,557 (2010: £12,600,834) of which £11,372,202 (2010: £10,541,123) was for restricted purposes, and £1,329,355 (2010: £2,059,711) was for the general purposes of the charity including running costs of £824,501 (2010: £776,000). Income included £7,088,962 (2010: £6,821,069) to finance National Clinical Audit & Patient Outcomes Programme (NCAPOP) contracts, £34,180 (2010: £24,180) to extend two audit projects to Scotland, and £44,272 (2010: £44,581) for members' expenses and secretarial costs incurred by the National Clinical Audit Advisory Group (NCAAG).

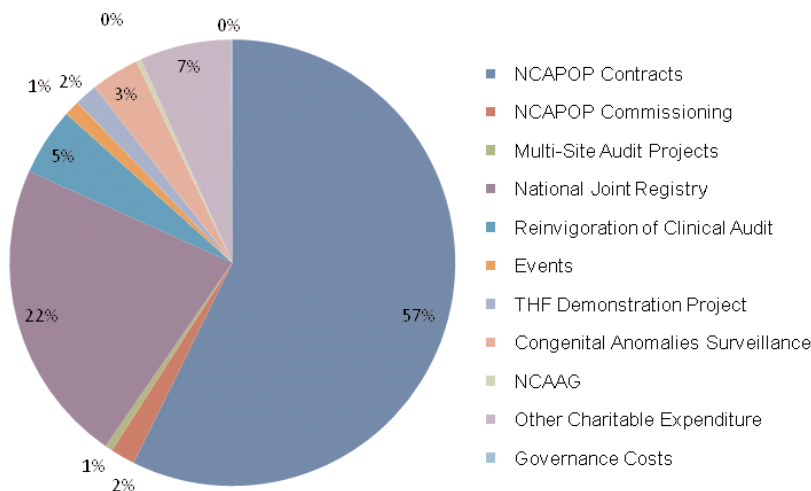


Restricted income included £1,618,000 brought forward from 2010 for congenital anomalies surveillance; a confidential enquiry into Asthma deaths; a national audit of essence of care: Food & Nutrition; and retendering and transition costs for other NCAPOP projects. HQIP utilised £550,000 of deferred income (2010: £962,253) to support three congenital anomalies surveillance registers and the British Isles Network of Congenital Anomalies Registers (BINOCAR).

HQIP received grant funding of £135,400 (2010: £187,500) from the Health Foundation to facilitate the implementation of quality improvements arising from audit at local level, and disseminate the results from national audits to local clinicians, fostering better use of the data.

The National Joint Registry (NJR) is financed by a levy on the sale of hip, knee and ankle implants supplied to the NHS and independent healthcare providers in England and Wales. During 2010-11 HQIP collected levies totalling £2,616,597 (2010: £2,499,110). Levy income is held in a separate bank account to be used solely to fund the work of the NJR.

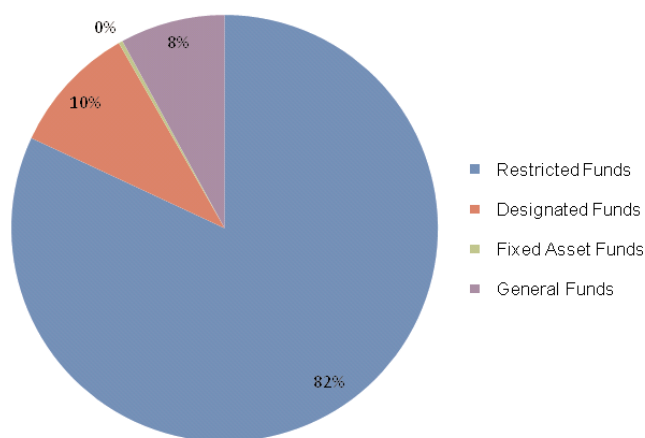
## Expenditure



During the year to 31 March 2011, HQIP financed 30 ongoing clinical audit contracts at a total cost of £7,145,062 (2010: £6,715,150); and six multi-site audit projects at a total cost of £69,202 (2010: £59,433). Scottish contributions of £34,183 (2010: £24,180) were paid to two national audit projects.

HQIP spent £2,750,605 (2010: £2,390,921) on the management and development of the National Joint Registry. The charity spent £681,567 (2010: £763,755) on the reinvigoration of clinical audit and £141,360 (2010: £94,530) on related events. At 31st March 2011 HQIP retained £462,225 (2010: £586,517) for these purposes. Expenditure on the Health Foundation Demonstration Project was £205,445 (2010: £130,535) and funds of £436,895 (2010: £962,253) were disbursed Registers and BINOCAR. Other direct charitable expenditure, including support costs, totalled £987,532 (2010: £782,889) and governance costs were £15,071 (2010: £21,761).

### Financial Position



The balance sheet at 31 March 2011 shows total funds of £4,722,129 (2010: £4,487,494). Restricted funds total £3,869,522 (2010: £3,536,280) and unrestricted funds comprise general funds of £375,753 (2010: £344,851); tangible fixed asset funds of £14,629 (2010: £19,846) and designated funds of £462,225 (2010: £586,517).

At 31 March 2011, the charity retained free reserves of £375,753 (2010: £344,851).

### Reserves policy

The trustees have examined the requirement for free reserves, i.e. those unrestricted funds not invested in tangible fixed assets, designated for specific purposes or otherwise committed. The current policy is that the level of free reserves should be equivalent to three to six month's staffing and lease commitments (£421,058 to £842,116). The actual free reserves of £375,753 fall not far short of the reserves policy.

## In the future

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The NHS continues to change and as this was written the very architecture of commissioning is still very much to be defined. But whoever commissions services, they will need good clinical audit to inform their decisions. The challenges of funding, will not go away and clinical audit has a vital role to play in helping to identify waste and inefficiency alongside achieving clinical excellence, and has the potential to make great savings.

We will continue to promote clinical audit, and related processes, with energy and vigour. We hope to see continuing funding from the Department of Health as they, and our other stakeholders value what we do. We think we have achieved a phenomenal level of work in the first 2 1/2 years. The result is much higher confidence and self-belief amongst those who carry out audit. We hope this transfers into higher quality audit, and in turn this improves patient outcomes. Feedback suggests a rise in the quality of national clinical audits funded and supported by HQIP. We carry out a variety of 'quality checks' of local audit - such as our awards and abstracts submitted to conferences – and these suggest improvement in audit methodology and impact. However it is still early days, despite these gains.

In 11-12 we will focus very strongly on educational work with the publication of draft curricula content and standards for education, along with a raft of new resources, mostly on-line, aimed at clinicians. We will continue to try to reach more clinicians, especially through their professional bodies and specialist societies, to improve their audit work. We will expand our resources for commissioners and review our entire portfolio of resources and products. New software products (known as CAKE and PARCAR) will help local people and patients understand and compare audit results more effectively.

We will start to lead programmes of QI in social care settings and consult on development of a new professional organisation for quality improvement.

**If any of the work described here has excited or enthused you, and you want to work with HQIP, perhaps as a clinical champion or other delivery partner, contact us if you want to get involved.**

# [www.hqip.org.uk](http://www.hqip.org.uk)

*Promoting quality for better health services*

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