



# HQIP

Healthcare Quality  
Improvement Partnership

## Report and Accounts

31 March 2015

Company Limited by Guarantee  
Registration Number  
06498947 (England and Wales)  
Charity Registration Number  
1127049

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## Legal and administrative information

<b>Trustees</b>	Ms Janet Davies Mr Richard Driscoll (Chair) Ms Sarah Dunnett Mr Philip Grimshaw Baker Mr Alastair Henderson (Vice-Chair) Mr Robert Johnstone Dame Donna Kinnair Dr Sheila Marriott Dr Linda Patterson Dr Victoria Tzortziou Brown
<b>Chief Executive</b>	Ms Jane Ingham
<b>Medical Director</b>	Professor Danny Keenan
<b>Advisor to the Board</b>	Mr Tim Golbourn
<b>Registered office</b>	70 Wimpole Street London W1G 8AX
<b>Principal office</b>	6 <sup>th</sup> Floor, Tenter House 45 Moorfields London EC2Y 9AE
<b>Telephone</b>	020 7997 7370
<b>Website</b>	<a href="http://www.hqip.org.uk">www.hqip.org.uk</a>
<b>E-mail</b>	<a href="mailto:communications@hqip.org.uk">communications@hqip.org.uk</a>
<b>Company registration number</b>	6498947 (England and Wales)
<b>Charity registration number</b>	1127049
<b>Auditor</b>	Buzzacott LLP 130 Wood Street London EC2V 6DL

**Legal and administrative information**

**Bankers**        Lloyds TSB Plc  
39 Threadneedle Street  
London  
EC2R 8AU

**Solicitors**     Cameron's Solicitors LLP  
70 Wimpole Street  
London  
W1G 8AX

## Trustees' report Year to 31 March 2015

The trustees, who are also the directors for the purposes of the Companies Act, present their statutory report together with the financial statements of Healthcare Quality Improvement Partnership (HQIP) for the year ended 31 March 2015.

The report has been prepared in accordance with Part VIII of the Charities Act 2011 and is also a directors' report for the purposes of the Companies Act 2006 and other company legislation.

The financial statements have been prepared in accordance with the accounting policies set out on pages 24 to 26 of the attached financial statements and comply with the charitable company's memorandum and articles of association, applicable laws and the requirements of the Statement of Recommended Practice on 'Accounting and Reporting by Charities' (SORP 2005).

### **Structure, governance and management**

#### ***Governance***

The Healthcare Quality Improvement Partnership (commonly known as HQIP) is a company limited by guarantee, Company Registration No. 6498947 incorporated on 11 February 2008. It was subsequently registered for charitable purposes with the Charity Commission for England and Wales on 4 December 2008 and placed on the Central Register of Charities under number 1127049. Its founding members are a consortium of three organisations which are individually the members of HQIP: the Academy of Medical Royal Colleges, the Royal College of Nursing, and National Voices. Their roles are set out in our Memorandum and Articles of Association. Other members are admitted by the unanimous approval of the founding members of the board and agree to be bound by its governing documents.

#### ***Liability of the members***

In the event of the charitable company being wound up during the period of membership, or within the year following, company members are required to contribute an amount not exceeding £10.

#### ***Structure and management reporting***

Each founding member organisation appoints representatives who are trustees of the charity and members of the board of directors. They may also admit other members as trustees and directors by unanimous approval. If a founder member representative leaves their role in a member organisation, they also leave the board of HQIP and the member organisation must nominate a replacement who takes their place as a trustee. There are three representatives from each of the founding consortium members.

Normally a director is appointed for three years, but is eligible for re-appointment for a further three years.

**Structure, governance and management (continued)**

***Structure and management reporting (continued)***

All new trustees receive comprehensive induction and training to enable them to effectively discharge their duties as company directors and trustees of the charity.

The Board meets four times a year and additionally for special occasions. From their members they elect a Chair and a Treasurer. The secretariat role is provided by the Chief Executive who is delegated to manage the charity and handle operational matters of policy. The trustees handle matters of strategic policy, including sign-off of the charity's strategic plan.

The following trustees served during the period, and were in office at 31 March 2015 except where shown:

<b>Trustee</b>	<b>Appointed / Resigned</b>
Mr David Cooper	Resigned January 2015
Ms Janet Davies	
Mr Richard Driscoll (Chair)	
Mr Philip Grimshaw Baker	
Mr Alastair Henderson (Vice-Chair)	
Mr Robert Johnstone	
Dr Sheila Marriott	
Dr Linda Patterson	Appointed March 2015
Dr Imran Rafi	Resigned March 2015
Dr Kevin Stewart	Resigned March 2015
Dr Victoria Tzortziou Brown	Appointed March 2015

***Employees***

The charity is an equal opportunities employer and will apply objective criteria to assess merit. It aims to ensure that no job applicant or employee receives less favourable treatment on the grounds of age, race, colour, nationality, religion, ethnic or national origin, gender, marital status, sexual orientation or disability.

Selection criteria and procedures are reviewed regularly to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities. All employees are given equal opportunity and, where appropriate and possible, tailored training to enable them to progress both within and outside the organisation.

***Statement of trustees' responsibilities***

The trustees (who are also directors of HQIP for the purposes of company law) are responsible for preparing the trustees' report and financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

**Structure, governance and management (continued)**

***Statement of trustees' responsibilities (continued)***

Company law requires the trustees to prepare financial statements for each financial year which 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 Statement of Recommended Practice (Accounting and Reporting by Charities) (the Charities' SORP)
- ◆ make judgements and estimates that are reasonable and prudent
- ◆ state whether applicable United Kingdom Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements
- ◆ prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The trustees are responsible for keeping proper accounting records that 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.

Each of the trustees confirms that:

- ◆ so far as the trustee is aware, there is no relevant audit information of which the charitable company's auditors are unaware; and
- ◆ the trustee has taken all the steps that he/she ought to have taken as a trustee in order to make himself/herself aware of any relevant audit information and to establish that the charitable company's auditors are aware of that information.

The trustees are responsible for the maintenance and integrity of 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.

**HQIP's vision and objectives**

HQIP aims to improve health outcomes for patients by empowering those who commission, deliver and receive healthcare to measure and improve our healthcare services.

**HQIP's vision and objectives (continued)**

***Strategic objectives***

- 1 HQIP commissions, manages, supports and promotes national and local programmes of quality improvement. This includes the National and Local clinical audit programmes, the Clinical Outcome Review Programmes and the National Joint Registry on behalf of NHS England and other healthcare departments and organisations. HQIP uses best management and procurement practice to ensure robust results and actionable recommendations.
- 2 HQIP ensures patients and carers remain at the heart of our work through continued, strategic involvement in all relevant processes and projects.
- 3 HQIP supports healthcare professionals to review and improve their practice by providing opportunities to share best practice, through education and training programmes, as part of promoting an integrated approach to quality improvement.
- 4 HQIP works to inform and influence national healthcare policy by effectively communicating its work and that of its partners.
- 5 HQIP encourages wide use of robust data for quality improvement of care, offering patient choice, promoting patient safety, supporting revalidation and service accreditation, commissioning, service redesign, and research.
- 6 HQIP is committed to be an efficient, well run organisation, which supports staff development and welfare.

Since April 2008 HQIP has been working under contract to the Department of Health in England and now NHS England in relation to the first of these aims. HQIP wishes to engage in other quality improvement activity subject to opportunity and funding, throughout the UK and beyond. HQIP works throughout the UK and forms funding relationships with all administrations.

The quality of the relationship between patient and clinician and the clinical team is at the heart of good care. At the national level, we believe that partnership between professional bodies and organisations that represent patients and service users is the key to clinical audit which will be the engine which drives improvement in practice. Also, only if healthcare professionals are at its centre, will clinical audit generate meaningful and complete information about outcomes and care processes for secondary purposes, including revalidation.

Our main business areas to achieve these aims in 2014-15 are summarised below.



### **Public Benefit**

When setting the objectives and planning the activities of the charity for the year, the trustees have given careful consideration to the Charity Commission's guidance on public benefit.

The activities undertaken by HQIP have been designed to improve and enhance clinical practice within the NHS and other publicly accessible care and treatment settings, and hence are in the public interest and for the benefit of the public.

In improving the quality of clinical services offered to patients, their lives are improved considerably. By promoting best practice in conducting reviews of whether treatment is offered in line with guidance, HQIP ensures that clinicians audit their work with the result that the quality of care is enhanced. In this way the public is assured that treatment is the best it could be, and clinicians test how well their work compares to the highest standards.

In our work to promote patient and public involvement in clinical audit, we further promote public benefit by ensuring they are sponsors and active within audit programmes.

HQIP does not use volunteers, but we do maintain a panel of patients and consumers of services who advise and quality assure our work on ensuring patient interests.



**STRATEGIC REPORT (continued)**

**Achievement and performance (continued)**

**Key activities (continued)**

Strategic objective	Description of work in 2014/15
<p>2 HQIP ensures patients and carers remain at the heart of our work through continued, strategic involvement in all relevant processes and projects. (continued)</p>	<ul style="list-style-type: none"> <li>◆ Examples of best practice in PPI showcased at Audit Awareness Week and the HQIP conference with local and national audit staff.</li> <li>◆ NHS Choices workshop with SUN – to develop the presentation of surgeon outcome data on this new and emerging national patient web site.</li> <li>◆ We continued to ensure our staff, Service User Network, and NJR Patient Network were consulted on all relevant communications outputs and play active roles in events such as the Annual Conference.</li> <li>◆ Patient concerns such as accessibility were correctly represented in outputs such as new HQIP Editorial Guide and new HQIP website.</li> <li>◆ Service users are represented on the Independent Advisory Groups which support the governance of each of the Clinical Outcome Review Programmes.</li> <li>◆ Service users and service user representative groups participated in the specification and development of all Programmes and have membership on the steering groups of all service providers, ensuring input throughout the delivery of the programmes, from programme design to production of the final reports and recommendations.</li> <li>◆ The NJR commenced development of a pilot to introduce patient implant cards to enable patients to review their NJR implant record and improve patient safety through the ability to facilitate patient recall in the event of a device alert.</li> </ul>
<p>3 HQIP supports healthcare professionals to review and improve their practice by providing opportunities to share best practice, through education and training programmes, as part of promoting an integrated approach to quality improvement.</p>	<p>In 2014/15 we provided three training packages:</p> <ul style="list-style-type: none"> <li>◆ Using Clinical Audit data for Assurance at board level; for NEDs and non-clinical executives</li> <li>◆ Root Cause Analysis in Clinical Audit; lead clinicians and senior audit staff</li> <li>◆ Train the Trainer; clinical audit support staff.</li> </ul>

## STRATEGIC REPORT (continued)

### Achievement and performance (continued)

#### Key activities (continued)

Strategic objective	Description of work in 2014/15
<p>3 HQIP supports healthcare professionals to review and improve their practice by providing opportunities to share best practice, through education and training programmes, as part of promoting an integrated approach to quality improvement. (continued)</p>	<p>To maximise the impact of this guidance we held regional events addressing a total audience of just under 400 local NHS staff who rated the events between good and very good with a high recommendation rate.</p> <p>International development work through an EU Funded engagement supporting the set up of clinical audit in Cyprus.</p> <p>NJR is the largest and most influential arthroplasty register in the world. The NJR continued to lead on international programmes of best orthopaedic practice including development of an international device component classification system.</p> <p>The NJR further developed the clinician feedback to enable individual surgeons to access their performance results and monitor their clinical practice.</p> <p>The NJR continued to support the Department of Health and Lord Carter Procurement review with development of a price benchmarking information system which uses NJR data on implant cost and performance to inform best practice in procurement of implants.</p> <p>Clinician support from Board and Medical Director has been key to ensuring outputs such as new HQIP website, Vision and Values work and Annual Conference reflect clinicians' wants and needs.</p> <p>The Medical and Surgical and Mental Health Clinical Outcome Review Programmes have developed electronic audit toolkits which are freely available to support clinicians and service providers audit their practice and service provision against report recommendations and facilitate the development of improvement plans.</p> <p>All commissioned national clinical audits included a quality improvement expectation in addition to the high quality data as before.</p>
<p>4 HQIP works to inform and influence national healthcare policy by effectively communicating its work and that of its partners.</p>	<p>We continued to support the National Quality Improvement and Clinical Audit Network (NQICAN) and act as a conduit between local healthcare providers and commissioners and national bodies with regards to QI and clinical audit initiatives and issues.</p> <p>We continued to act as secretariat and support the role of the National Advisory Group for Clinical Audit and Enquiries (NAGCAE).</p>

**STRATEGIC REPORT (continued)**

**Achievement and performance (continued)**

**Key activities (continued)**

Strategic objective	Description of work in 2014/15
<p>4 HQIP works to inform and influence national healthcare policy by effectively communicating its work and that of its partners. (continued)</p>	<p>We continued to support the work of the NJR Steering Committee and its eight sub committees including establishing two new committees: an Executive Committee and Medical Advisory Committee to facilitate strategic plan development and inclusion of and collaboration with the orthopaedic specialist societies.</p> <p>HQIP successfully renewed our Information Standard accreditation having passed the assessment for the 4th year and under a new system.</p> <p>We ran a successful national conference with 320 delegates and 96% rated it excellent or good.</p> <p>HQIP provided full communications support for all relevant NCAPOP outputs at each stage, from promoting audit launches, to data collection cycles, to helping shape media and communications messaging via consultations and ultimately via HQIP promotions: each was promoted via news pages, our eBulletin and on social media. High profile media coverage was secured in the majority of cases for annual reports.</p>
<p>5 HQIP encourages wide use of the data from the programmes we manage for purposes such as patient choice, patient safety, revalidation, professional accreditation, commissioning, service redesign and research.</p>	<p>We have engaged with Commissioners, Public Health England, CQC, NHS CHOICES, GMC, Specialist societies and the research community to promote the use of local and national clinical audit data.</p> <p>The Medical &amp; Surgical and Mental Health Clinical Outcome Review Programmes have produced 'Impact Reports' which highlight the influence which their report recommendations have had on service redesign and commissioning, the development of NICE guidance, and the implementation of patient safety alerts. All CORP Programmes continue to evaluate and strive to improve the use of their outputs in supporting the delivery of safer care and improved outcomes for patients.</p> <p>All CORP Programmes are represented on the Domain 5 Patient Safety Boards at NHSE to ensure their outputs feed directly into national patient safety strategy. The Mental Health Programme continued to work collaboratively with the Mental Health Patient Safety Board to develop their work on a mental health safety 'scorecard' for use in provider services.</p>

**STRATEGIC REPORT (continued)**

**Achievement and performance (continued)**

**Key activities (continued)**

Strategic objective	Description of work in 2014/15
<p>5 HQIP encourages wide use of the data from the programmes we manage for purposes such as patient choice, patient safety, revalidation, professional accreditation, commissioning, service redesign and research. (continued)</p>	<p>Established an information governance advisory group to support effective appropriate data sharing agreements with, for example, the health service research community whilst respecting patient confidentiality.</p> <p>The NJR developed dashboards to facilitate unit level outcome publication on both the NJR and NHS Choices web sites. It published its Research Strategy and associated governance arrangements to promote the use of data from the largest arthroplasty register in the world supported by initiation of the development of a research data portal for improved and secure data access.</p> <p>We supported the NHSE Getting it Right First Time project with provision of NJR data.</p> <p>NJR continued an active programme of monitoring implant performance collaborating with the MHRA, with notification and provision supporting data on poorly performing devices.</p> <p>The NJR further developed electronic Supplier Feedback allowing device manufacturers access to NJR data for the purpose of implant performance monitoring and device regulation.</p> <p>16 audits are now providing data to NHS Choices and MyNHS at a mixture of individual consultant level and team level.</p>
<p>6 HQIP is committed to ensure an efficient, well run organisation, which supports staff development and welfare and effectively communicates its work and that of its partners.</p>	<p>We continued the development of an organisational scorecard in order to support this commitment. It will be fully implemented in 2015/16 to allow the Board to :</p> <ul style="list-style-type: none"> <li>◆ provide a high level of scrutiny of the work of the charity and give oversight that the strategic aims of the organisation are understood and are being met through regular meetings and timely information.</li> <li>◆ ensure robust HR systems that deliver good recruitment procedures, adequate resourcing, high levels of staff engagement and well trained staff . Staff will be developed in line with annual appraisal and learning and development reviews.</li> </ul> <p>We ensured our internal and external communications strategies were appropriate, reached the right audiences in a timely fashion and with a suitable organisational voice.</p> <p>We identified suitable networking events for our Board and staff to raise awareness of HQIP's work.</p>

## STRATEGIC REPORT (continued)

### Achievement and performance (continued)

#### *Key activities (continued)*

Strategic objective	Description of work in 2014/15
6 HQIP is committed to ensure an efficient, well run organisation, which supports staff development and welfare and effectively communicates its work and that of its partners. (continued)	<p>We maintained high levels of financial control ensuring the stability and longevity of the organisation.</p> <ul style="list-style-type: none"><li>◆ Future funding will be considered by the Board and senior management as part of the annual cycle of planning.</li><li>◆ We began procurement of a new website and new CRM system.</li></ul> <p>The NJR team continued to work with NHSE and the DH Appointments team to ensure the appointment and appraisal of NJR Steering Committee members and undertake continued recruitment to the NJR Regional Clinical Coordinators network.</p>

The Trustees of HQIP, CEO and Medical Director would like to take this opportunity to publically thank the professional and dedicated staff body of HQIP for all their exceptional work in 2014/15. HQIP's output and reputation is only as good as its greatest asset, its staff.

#### **2014/15 Team**

##### *Senior Management:*

Kate Godfrey, Teresa Hoey, Jenny Mooney, Joan Shearman, James Thornton, Elaine Young

##### *Associate Directors:*

Zohreh Ajdari, Yvonne Silove, Martina Strack

##### *Programme delivery and support staff:*

Rebecca Beaumont, Alexander Bird, Paul Brown, Daniel Devitt, Alexandra Fletcher, Anna Kisieleska, Nicholas Holmes, Sheila Jivraj, Amanda MacDonald, Simon Marrow, Samantha McIntyre, David McKinlay, Sharon Medhurst, Priya Oomahdat, Carol Pilcher, Lorna Pridmore, Kim Rezel, Eve Riley, Vivien Seagrove, Liz Smith, Mandy Smith, Sarah Thomson, Yvonne Tse.

Additionally we would like to thank:

- ◆ all the Clinical teams and Trust staff who participate in the work programmes managed by HQIP and who place high quality patient care at the heart of their roles.
- ◆ HQIP service user network members.

**STRATEGIC REPORT (continued)**

**Achievement and performance (continued)**

***Plans for 2015/16***

Strategic objective	Description of work
<p>1 HQIP commissions, manages, supports and promotes national and local programmes of quality improvement. This includes the National and Local clinical audit programmes, the Clinical Outcome Review Programmes and the National Joint Registry on behalf of NHS England and other healthcare departments and organisations. HQIP uses best management and procurement practice to ensure robust results and actionable recommendations.</p>	<p>HQIP 's role with NCAPOP will:</p> <ul style="list-style-type: none"> <li>◆ continue to contract, manage and support the delivery of high quality outputs for 27 Audits and 6 Clinical Outcome Review Programmes.</li> <li>◆ support the commissioning of 6 audits, 1 scoping study and 1 National Mortality Review Programme.</li> <li>◆ plan and manage the prioritisation process for existing audits in conjunction with NHSE and the Welsh Government.</li> <li>◆ plan and manage a new topic proposal process in conjunction with NHSE and the Welsh Government.</li> <li>◆ plan and manage a step down process for non prioritised audits in conjunction with NHSE and the Welsh Government.</li> <li>◆ develop ways in which the team can manage the flow of non NCAPOP work requested by NHSE.</li> <li>◆ continue to improve our internal systems and processes to support our delivery of the contract as efficiently as possible.</li> <li>◆ improve delivery of the programme information governance through increasing capacity in this area and collaborative working relationships with the HSCIC.</li> </ul> <p>NJR will provide services and develop process that contribute directly to improvements in patient safety and outcomes:</p> <ul style="list-style-type: none"> <li>◆ continue to protect patient safety through robust outlier monitoring, development of continuous monitoring as well as support initiatives to ensure effective post-market surveillance of devices and evolution of risk-adjustment for outcomes monitoring.</li> <li>◆ extend the range of PROMs measures collected, reported and analysed including completion of 5-year follow-up for hip and knee and 3-year follow-up for shoulder NJR-funded projects.</li> <li>◆ significantly upgrade and improve its component and database and classification to ensure UDI readiness and alignment to a global understanding of device safety and monitoring.</li> </ul>



## STRATEGIC REPORT (continued)

### Achievement and performance (continued)

#### Plans for 2015/16 (continued)

Strategic objective	Description of work
<p>1 HQIP commissions, manages, supports and promotes national and local programmes of quality improvement. This includes the National and Local clinical audit programmes, the Clinical Outcome Review Programmes and the National Joint Registry on behalf of NHS England and other healthcare departments and organisations. HQIP uses best management and procurement practice to ensure robust results and actionable recommendations. (continued)</p>	<ul style="list-style-type: none"> <li>◆ extend data linkage and extend services across joints and geographies where appropriate to do so to bring benefits to a wider group of stakeholders. The Isle of Man is anticipated to join NJR in 2015/16.</li> <li>◆ continued improvement of information governance protocols and data collection processes.</li> </ul>
<p>2 HQIP ensures patients and carers remain at the heart of our work through continued, strategic involvement in all relevant processes and projects.</p>	<ul style="list-style-type: none"> <li>◆ Publish Patient &amp; Public Involvement (PPI) in Quality Improvement: update.</li> <li>◆ Publish A guide to developing a Patient Panel for Quality Improvement: update.</li> <li>◆ Work to implement the revised HQIP PPI Strategy.</li> <li>◆ National Voices Joint Working: Workshops for National Voices members on how to get involved in QI locally; how to use publicly available information to make informed choices about care provision.</li> <li>◆ Use the HQIP Service User Network to keep the patient at the heart of HQIP.</li> <li>◆ Work to improve how service users engage with and contribute to the NCAPOP along the entire commissioning pathway.</li> <li>◆ Continue to develop and publish the NJR public and patient guides with the NJR Patient Network to support awareness, shared decision-making and</li> <li>◆ continue to review materials to support a valid patient consent process in joint replacement.</li> </ul>
<p>3 HQIP supports healthcare professionals to review and improve their practice by providing opportunities to share best practice, through education and training programmes, as part of promoting an integrated approach to quality improvement.</p>	<ul style="list-style-type: none"> <li>◆ Publish a Commissioners Guide: a new guide for publication and promotion of guidance for Commissioners of NHS services on utilising national and local clinical audit data.</li> <li>◆ Publish Junior Doctor &amp; Audit Lead Guides: update.</li> <li>◆ Publish Root Cause Analysis Guidebook: a new guide for the application of method to clinical audit.</li> <li>◆ Work with the Academy of Medical Royal Colleges – Updating guidance for the use of audit in re-validation.</li> </ul>

## STRATEGIC REPORT (continued)

### Achievement and performance (continued)

#### Plans for 2015/16 (continued)

Strategic objective	Description of work
<p>3 HQIP supports healthcare professionals to review and improve their practice by providing opportunities to share best practice, through education and training programmes, as part of promoting an integrated approach to quality improvement. (continued)</p>	<ul style="list-style-type: none"> <li>◆ Care Audit Manuals: new guides, covering application of clinical audit in a social care setting (includes evidence of 1st national pilot by HQIP).</li> <li>◆ Learning to make a difference (LTMAD): Pilot: enable doctors to use NCAPOP data to implement change by providing tools and training to do so supported by the LTMAD programme.</li> <li>◆ Junior doctor clinical audit quality improvement awards: Junior Doctor Conference (linked to awards) in partnership with CASC and in discussion with LTMD programme lead regarding input.</li> <li>◆ Faculty of Medical Leadership &amp; Management workshop on the role of national audit.</li> </ul> <p>Support the delivery of NCAPOP reports and outputs which contain:</p> <ul style="list-style-type: none"> <li>◆ benchmarked unit level data</li> <li>◆ clearly targeted recommendations</li> <li>◆ examples of best practice</li> <li>◆ use social media to disseminate key findings and recommendations</li> <li>◆ use webexes, podcasts, workshops to support training.</li> </ul> <p>Facilitate the use of NJR data in high quality research:</p> <ul style="list-style-type: none"> <li>◆ implement its research strategy growing orthopaedic research collaboration and ensuring an efficient and expanded research function.</li> <li>◆ specifically, this will include an annual build of a Research-Ready NJR Dataset and a new Data Access Portal to ensure governance and improved yet secure access.</li> </ul> <p>Ensure that NJR data quality reflects the mandatory status of the registry and requirements for robust analysis:</p> <ul style="list-style-type: none"> <li>◆ implement its data quality strategy and roll-out a national programme of data completeness and quality audits to inform data quality measurement and reporting.</li> <li>◆ implement a NJR Quality Data provider certification scheme for providers to highlight best practice and required standards for data provision.</li> </ul>

**STRATEGIC REPORT (continued)**

**Achievement and performance (continued)**

***Plans for 2015/16 (continued)***

Strategic objective	Description of work
<p>4 HQIP works to inform and influence national healthcare policy by effectively communicating its work and that of its partners.</p>	<ul style="list-style-type: none"> <li>◆ Develop and publish Information Governance Guide &amp; Patient Information: new guide aimed at local organisations.</li> </ul> <p>Maximise opportunities to disseminate the work of HQIP and that of the service providers through:</p> <ul style="list-style-type: none"> <li>◆ social media</li> <li>◆ enhanced website</li> <li>◆ bi-annual NCAPOP seminars</li> <li>◆ events throughout National Clinical Audit Awareness Week</li> <li>◆ submission of abstracts and availing of presentation opportunities</li> <li>◆ implementation of the NJR Communications strategy and development of a plan for the improvement of the NJR website.</li> </ul>
<p>5 HQIP encourages wide use of the data from the programmes we manage for purposes such as patient choice, patient safety, revalidation, professional accreditation, commissioning, service redesign and research.</p>	<ul style="list-style-type: none"> <li>◆ Publish Quality Improvement Methods Guide: a new guide with summary of generic QI methods including clinical audit.</li> <li>◆ Update How to analyse and present your data.</li> <li>◆ Update Clinical Audit Programme Guidance Tools.</li> <li>◆ Update Template for Clinical Audit Policy.</li> <li>◆ Update Template for Clinical Audit Strategy.</li> <li>◆ Update Template for Clinical Audit Report.</li> <li>◆ Publish Criteria and Indicators of Best Practice in Clinical Audit &amp; tools.</li> <li>◆ Statutory &amp; mandatory requirements for clinical audit.</li> <li>◆ NQICAN: support their Clinical audit network events.</li> <li>◆ Establish further ways in which NCAPOP outputs can support service providers and Trusts to stimulate quality improvement (next steps Audit of Audits/CQC work/ Reporting for Impact/ Virtual networking portal/ Collaboration with HF/Quality Watch).</li> <li>◆ review the focus of clinical audit questions addressed by each of the audits.</li> </ul>

**STRATEGIC REPORT (continued)**

**Achievement and performance (continued)**

*Plans for 2015/16 (continued)*

Strategic objective	Description of work
<p>5 HQIP encourages wide use of the data from the programmes we manage for purposes such as patient choice, patient safety, revalidation, professional accreditation, commissioning, service redesign and research. (continued)</p>	<ul style="list-style-type: none"> <li>◆ establish relationships with primary care organisations to establish how we can develop a programme that meets the needs of primary care.</li> </ul> <p>Increase NJR information availability and access through:</p> <ul style="list-style-type: none"> <li>◆ provision of information for patients and the public through Consultant Outcomes Publication and development of <a href="http://www.njrurgeonhospitalprofile.org.uk">www.njrurgeonhospitalprofile.org.uk</a>. This includes development of complementary, extended hospital-level outcomes and improvement measures in the form of 'dashboards'.</li> <li>◆ development of information for stakeholders through NJR Clinician Feedback, NJR Management Feedback and NJR Supplier Feedback.</li> <li>◆ development of data and presentation through an Annual Report with digital and interactive development at <a href="http://www.njrreports.org.uk">www.njrreports.org.uk</a></li> <li>◆ provision of data to support the Best Practice Tariff and commissioners.</li> <li>◆ provision of data to support value for money, ensuring national up-take and engagement in the Implant price-benchmarking services, specifically 'EMBED' to support the NJR's economic model but also to dovetail into the DH Lord Carter's procurement initiative and other national reviews including Getting It Right First Time.</li> </ul>
<p>6 HQIP is committed to ensure an efficient, well run organisation, which supports staff development and welfare and effectively communicates its work and that of its partners.</p>	<p>We will undertake:</p> <ul style="list-style-type: none"> <li>◆ A Job Levelling, Competency &amp; Pay benchmarking exercise.</li> <li>◆ Appraisal System PPDR: transition to annual cycle April – April.</li> <li>◆ Develop and Implement a Learning &amp; Development Policy.</li> <li>◆ Update our Data Protection Policy.</li> </ul> <p>We Evolve the HQIP Board KPIs.</p> <ul style="list-style-type: none"> <li>◆ Launch a new website.</li> <li>◆ Procure and launch a market automation platform with integrated CRM system.</li> </ul>

## STRATEGIC REPORT (continued)

### Achievement and performance (continued)

#### *Plans for 2015/16 (continued)*

Strategic objective	Description of work
<p>6 HQIP is committed to ensure an efficient, well run organisation, which supports staff development and welfare and effectively communicates its work and that of its partners. (continued)</p>	<ul style="list-style-type: none"> <li>◆ Regularly thank and praise staff for their input and celebrate success, discuss and share project related concerns, share learning, and set 30 day objectives.</li> <li>◆ Ensure staff are supported through appropriate use of mentoring, coaching, and supporting individual learning and development plans.</li> <li>◆ Undertake recruitment, development, training and succession planning.</li> <li>◆ Ensure staff structures and resources to enable delivery of the strategic work programme.</li> <li>◆ Ongoing and development of professional relationships with all relevant stakeholders, peers and partners.</li> </ul>

### Finance report for the year

#### *Results for the year*

##### *Income*

During the year ended 31 March 2015, HQIP received income totalling £20,068,814 (2014: £19,445,280) of which £18,024,412 (2014: £17,407,428) was for restricted purposes, and £2,044,402 (2014: £2,037,852) was for the general purposes of the charity including management fees of £1,982,809 (2014: £1,963,325).

Income included £10,173,897 (2014: £8,682,732) to finance 29 (2014: 29) national clinical audits. In addition, HQIP collected subscriptions totalling £2,447,030 (2014: £2,301,897), from NHS Trusts to support the NCAPOP programme. Other income for programmes included £17,831 (2014: £20,000) to extend two audit projects to Scotland and £22,450 (2014: £427,529) for the Dementia Care Audit Pilot Project which ended in 2014.

In 2014-15, income for the Clinical Outcome Review Programmes totalling £2,528,055 (2014: £2,474,842) was collected from all UK Administrations. In 2015, NHS England released £1.3 million to finance a Learning Disabilities Mortality Review, of which £75,047 was recognised in 2014-15, the balance of £1,224,953 was deferred for expenditure in 2015-16.

**STRATEGIC REPORT** (continued)

**Finance report for the year** (continued)

*Results for the year* (continued)

*Income* (continued)

In 2014-15, the National Joint Registry (NJR) adopted a subscription based funding model which replaced the levy on surgical implants collected previously. During 2014-15 HQIP collected subscriptions totalling £2,231,191 compared to levies of (2014: £3,378,841). The new funding model has reduced costs to the NHS. Other income of £453,184 (2014: £41,826), comprised supplier contributions and income for a price bench marking service. NJR income is held in a separate bank account to be used solely to fund the work of the Registry.

*Expenditure*

HQIP commissioned and managed 29 national clinical audit contracts with a total value of £9,724,548 (2014: £10,185,591) during the 2014-15 accounting period. Support to programme methodology was £120,000 (2014: £155,000).

Expenditure on the Clinical Outcome Review Programmes was £2,729,038 (2014: £2,631,877) including governance costs of £13,709 (2014: £11,730). Work began to commission the Learning Disabilities Mortality Review incurring total costs of £75,047 (2014: £nil).

Expenditure on the National Review of Asthma Deaths was £60,795 (2014: £203,805).

Expenditure on the management and development of the National Joint Registry was £3,351,502 (2014: £3,029,494).

Funding of £26,675 (2014: £31,712) was provided to regional and multi-site audit projects, and £23,997 (2014: £54,159) to support registers and databases.

A project to improve the pathological diagnosis of lung cancer came to an end in 2014 and expenditure on this was £nil (2014: £15,000).

HQIP spent £713,783 (2014: £680,525) on the reinvigoration of clinical audit including £77,931 (2014: £83,231) on related events. A project piloting the use of clinical audit methodologies for use in social care settings came to an end in 2014, expenditure on this was £71,828 (2014: £453,219).

Expenditure on Consultant Outcomes Publication was £354,980 (2014: £325,342).

Other direct charitable expenditure, including support costs, totalled £1,069,396 (2014: £879,585) and governance costs were £25,758 (2014: £21,163).

**STRATEGIC REPORT (continued)**

**Finance report for the year (continued)**

***Results for the year (continued)***

***Financial position***

The balance sheet at 31 March 2015 shows total funds of £11,302,597(2014: £9,647,905) including restricted funds totalling £10,245,829 (2014: £8,725,265) and unrestricted funds comprising general funds of £984,165 (2014: £887,801); tangible fixed asset funds of £35,388 (2014: £8,997) and designated funds of £37,215 (2014: £25,842).

At 31 March 2015, the charity retained free reserves of £984,165 (2014: £887,801).

***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 (£463,850 to £927,700). The actual free reserves of £984,165 are slightly above this range.

***Investments***

The trustees have agreed an investment policy whereby there must be minimal risk to capital, and investment products must meet high ethical standards. The performance of investments is reviewed at each board meeting. Investment income accruing to restricted monies is applied to the relevant restricted funds.

***Risk management***

A system for management of risk is in place and has been ratified by the trustees. Risks are minimised by internal quality control procedures and rigorous financial controls. The trustees believe that by monitoring reserves levels, by ensuring controls exist over key financial systems, and by examining the operational and business risks faced by the charity, they have established effective systems to mitigate those risks.

Strategic report approved by and signed on behalf of the trustees:

Trustee



Approved on: 22 October 2016

## Trustees' report Year to 31 March 2015

### **National Audits funded in 2014-15**

Adult Cardiac Intervention  
Bowel Cancer  
Cardiac Ambulance and Myocardial Ischaemia  
Cardiac Rhythm Management  
Chronic Kidney Disease  
Chronic Obstructive Pulmonary Disorder  
Congenital Heart Disease  
Dementia Care  
Diabetes (in adults)  
Emergency Laparotomy  
End of Life Care  
Epilepsy  
Falls and Fragility Fracture  
Head and Neck Cancer  
Heart Failure  
Inflammatory Bowel Disease  
Lung Cancer  
National Ophthalmology Database  
National Vascular Registry  
Neonatal care  
Oesophageal Gastric Cancer  
Paediatric Diabetes  
Paediatric Intensive Care  
Prostate Cancer  
Rheumatoid and Early Inflammatory Arthritis  
Schizophrenia  
Sentinel Stroke  
STI Management with Healthcare for Adults with HIV

### **Clinical Outcome Review Programmes 2014-15**

Child Health Review  
Children's Head Injury Project  
Learning Disabilities Mortality Review  
Maternal, Newborn and Infant Programme  
National Confidential Enquiry into Patient Outcome and Death  
National Confidential Enquiry into Suicide and Homicide by People with Mental Illness  
National Review of Asthma Deaths



**Trustees' report Year to 31 March 2015**

**Multi-Site Audits 2014-15**

Autoimmune Hepatitis  
Chronic Urticaria  
Juvenile Idiopathic Arthritis

**Registers 2014-15**

Idiopathic Intracranial Hypertension Database  
North of England Collaborative Cerebral Palsy Survey  
Vasculitis Register

Approved by the trustees and signed on their behalf by:



Trustee

Approved by the trustees on: 22 October 2016

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

We have audited the financial statements of Healthcare Quality Improvement Partnership for the year ended 31 March 2015 which comprise the statement of financial activities, the balance sheet, the principal accounting policies and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charity'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 charity'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 charity and the charity's members as a body, for our audit work, for this report, or for the opinions we have formed.

**Respective responsibilities of trustees and auditor**

The trustees are also the directors of the charitable company for the purposes of company law. As explained more fully in the Trustees' Responsibilities Statement set out in the Trustees' Annual Report, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's (APB's) Ethical Standards for Auditors.

**Scope of the audit of the financial statements**

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the charitable company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the trustees; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

**Opinion on financial statements**

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 2015 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- ◆ have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- ◆ have been prepared in accordance with the requirements of the Companies Act 2006.

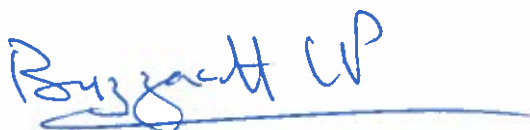
**Opinion on other matter prescribed by the Companies Act 2006**

In our opinion the information given in the Trustees' Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

**Matters on which we are required to report by exception**

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

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



Avnish Savjani, Senior Statutory Auditor  
for and on behalf of Buzzacott LLP, Statutory Auditor  
130 Wood Street  
London  
EC2V 6DL

28 October 2015

Statement of financial activities Year to 31 March 2015

	Notes	Unrestricted funds £	Restricted funds £	Total 2015 £	Total 2014 £
<b>Income and expenditure</b>					
<b>Incoming resources</b>					
Incoming resources from generated funds					
. Voluntary income	1	—	62,160	62,160	62,160
. Interest receivable	2	2,726	2,726	5,452	39,614
Incoming resources from charitable activities					
. Management, development and promotion of clinical audit	3	2,008,744	17,959,526	19,968,270	19,313,664
Other income					
. Miscellaneous income		32,932	—	32,932	29,842
<b>Total incoming resources</b>		<b>2,044,402</b>	<b>18,024,412</b>	<b>20,068,814</b>	<b>19,445,280</b>
<b>Resources expended</b>					
Charitable activities					
. Management, development and promotion of clinical audit	4	1,889,244	16,499,120	18,388,364	18,820,745
Governance costs	6	22,678	3,080	25,758	21,163
<b>Total resources expended</b>		<b>1,911,922</b>	<b>16,502,200</b>	<b>18,414,122</b>	<b>18,841,908</b>
<b>Net incoming resources before transfers</b>	7	<b>132,480</b>	<b>1,522,212</b>	<b>1,654,692</b>	<b>603,372</b>
<b>Transfers between funds</b>		<b>1,648</b>	<b>(1,648)</b>	<b>—</b>	<b>—</b>
<b>Net movement in funds</b>		<b>134,128</b>	<b>1,520,564</b>	<b>1,654,692</b>	<b>603,372</b>
Balances brought forward at 1 April 2014		922,640	8,725,265	9,647,905	9,044,533
<b>Balances carried forward at 31 March 2015</b>		<b>1,056,768</b>	<b>10,245,289</b>	<b>11,302,597</b>	<b>9,647,905</b>

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

Balance sheet 31 March 2015

	Notes	2015 £	2015 £	2014 £	2014 £
<b>Fixed assets</b>					
Tangible fixed assets	11		35,388		8,997
<b>Current assets</b>					
Debtors	12	5,946,289		5,842,971	
Cash at bank and in hand		10,807,738		9,764,613	
		<u>16,754,027</u>		<u>15,607,584</u>	
Creditors: amounts falling due within one year	13	5,486,818		5,968,676	
<b>Net current assets</b>			<b>11,267,209</b>		<b>9,638,908</b>
<b>Total net assets</b>			<b><u>11,302,597</u></b>		<b><u>9,647,905</u></b>
<b>Represented by:</b>					
<b>Funds and reserves</b>					
<i>Income funds:</i>					
Restricted funds	14		10,245,829		8,725,265
Unrestricted funds					
General fund		984,165		887,801	
Tangible fixed assets fund	15	35,388		8,997	
Designated funds	16	<u>37,215</u>		<u>25,842</u>	
			<u>1,056,768</u>		<u>922,640</u>
			<b><u>11,302,597</u></b>		<b><u>9,647,905</u></b>

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

Trustee

Approved on:

## Cash flow statement Year to 31 March 2015

	Notes	2015 £	2014 £
Cash inflow from operating activities	A	1,079,347	1,428,816
Returns on investments and servicing of finance	B	5,452	39,614
Capital expenditure and financing investments	C	(41,674)	(2,034)
<b>Increase in cash</b>		<b>1,043,125</b>	<b>1,466,396</b>

Notes to the cash flow statement for the year to 31 March 2015

### A Adjustment of net incoming resources to net cash inflow from operating activities

	2015 £	2014 £
Net incoming resources	1,654,692	603,372
Depreciation charge	15,283	7,617
Interest receivable	(5,452)	(39,614)
(Increase) decrease in debtors	(103,318)	787,162
(Decrease) increase in creditors	(481,858)	70,279
<b>Net cash inflow from operating activities</b>	<b>1,079,347</b>	<b>1,428,816</b>

### B Gross cash flows

	2015 £	2014 £
Returns on investments and servicing of finance		
Interest received	5,452	39,614

### C Capital expenditure and financial investment

	2015 £	2014 £
Payments to acquire tangible fixed assets	(41,674)	(2,034)

### Analysis of changes in net funds

	At 1 April 2014 £	Cash flows £	At 31 March 2015 £
Cash at bank and in hand	9,764,613	1,043,125	10,807,738

#### **Basis of accounting**

The financial statements have been prepared under the historical cost convention and in accordance with the requirements of the Companies Act 2006. The principles set out in applicable United Kingdom accounting standards (United Kingdom Generally Accepted Accounting Practice) and those contained within the Statement of Recommended Practice "Accounting and Reporting by Charities" (SORP 2005) have been followed in these financial statements.

#### **Incoming resources**

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

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

#### **Resources expended and the basis of apportioning costs**

Expenditure is included in the statement of financial activities when incurred and excludes attributable VAT where it can be recovered.

Resources expended comprise the following:

- a. The costs of activities in furtherance of the charity's objects comprise expenditure on the charity's primary charitable purposes as described in the trustees' report. Such costs include:
  - ◆ National Clinical Audit and Patient Outcomes Programme: amounts expended on the commissioning of national clinical audits
  - ◆ NAGCAE (National Advisory Group on Clinical Audit and Enquiries): members' expenses and cost of meetings
  - ◆ Clinical Outcome Review Programmes: commissioning and managing enquiries
  - ◆ Consultant Outcomes Publication
  - ◆ National Joint Registry: expenditure relating to the management and development of the Registry

**Resources expended and the basis of apportioning costs (continued)**

- ◆ Reinvigoration of audit and events:
  - ◇ Reinvigoration: expenditure relating to the promotion and advancement of clinical audit as a means of improving the provision of healthcare
  - ◇ Events: the hosting of local and national events for audit practitioners, including seminars and conferences for local audit specialists
- b. Support costs represent indirect charitable expenditure. In order to carry out the primary purposes of the charity it is necessary to provide support in the form of personnel development, financial procedures, provision of office services and equipment and a suitable working environment. Such costs are allocated across the activities of the charity based on an estimate of staff time.
- c. Governance costs are the costs of governance arrangements which relate to the general running of the charity and include audit fees, any legal advice for trustees and costs associated with constitutional and statutory requirements e.g. the cost of trustees' meetings and preparing statutory financial statements.

**Tangible fixed assets**

All assets costing more than £500 and with an expected useful life exceeding one year are capitalised.

Depreciation is provided at the following annual rates in order to write each asset off over its estimated useful life:

- ◆ Computer and similar equipment 33% per annum based on cost
- ◆ Furniture and general office equipment 20% per annum based on cost

**Fund accounting**

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

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

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



**Fund accounting (continued)**

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

**Leased assets**

Rentals applicable to operating leases where substantially all of the benefits and risks of ownership remain with the lessor are charged on a straight-line basis over the lease term.

**Pension costs**

a. NHS scheme:

It is not possible for HQIP to identify its share of the underlying scheme liabilities in relation to the NHS final salary pension scheme, consequently the scheme is accounted for as a defined contribution scheme and the cost of the scheme is equal to the contributions payable to the scheme for the accounting period. Those employers contributing under Direction status have their pension cost contributions charged to operating expenses as and when they become due.

b. Defined contribution scheme:

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

Notes to the accounts 31 March 2015

**1 Voluntary income**

	Unrestricted funds £	Restricted funds £	Total 2015 £	Total 2014 £
Government Grants	—	62,160	62,160	62,160

**2 Interest receivable**

	Unrestricted funds £	Restricted funds £	Total 2015 £	Total 2014 £
Bank interest receivable	2,726	2,726	5,452	39,614

**3 Incoming resources from charitable activities**

	Unrestricted funds £	Restricted funds £	Total 2015 £	Total 2014 £
<b>Income from Contracts</b>				
Department of Health England				
. Management support fee	1,982,809	—	1,982,809	1,963,325
. NCAPOP National Audits	—	10,173,897	10,173,897	8,682,732
. NCAPOP Subscriptions	—	2,447,030	2,447,030	2,301,897
. NCAPOP administration fees	25,935	—	25,935	22,672
. Learning Disabilities Mortality Review	—	75,047	75,047	—
. Dementia Care Audit Pilot Project	—	22,450	22,450	427,529
	<u>2,008,744</u>	<u>12,718,424</u>	<u>14,727,168</u>	<u>13,398,155</u>
All UK Administrations				
. CORP Programme income	—	2,528,055	2,528,055	2,474,842
. NCAPOP (Scottish Contribution)	—	17,831	17,831	20,000
Other				
. NJR Levy income	—	2,231,191	2,231,191	3,378,841
. NJR other income	—	453,184	453,184	41,826
European Commission	—	10,841	10,841	—
	<u>—</u>	<u>5,241,102</u>	<u>5,241,102</u>	<u>5,915,509</u>
	<u>2,008,744</u>	<u>17,959,526</u>	<u>19,968,270</u>	<u>19,313,664</u>

## 4 Charitable activities

	Unrestricted funds £	Restricted funds £	Total 2015 £	Total 2014 £
<b>Management, development and promotion of clinical audit</b>				
<b>National Clinical Audit and Patient Outcomes Programme (NCAPOP)</b>				
. NCAPOP national audits	—	9,724,548	9,724,548	10,185,591
. Grant to BOA	—	—	—	100,000
. NCAPOP retendering	—	74,648	74,648	44,455
. Methodological Support	120,000	—	120,000	155,000
. Transition costs	—	9,174	9,174	28,347
. Regional and multi-site audits	—	26,675	26,675	31,712
. Bad debts	—	—	—	(45,000)
<b>Clinical Outcomes Review Programmes (CORP) – Confidential Enquiries</b>				
. Programme costs	—	2,715,329	2,715,329	2,620,147
. Learning Disabilities Mortality Review	—	58,000	58,000	—
. National Review of Asthma Deaths	—	60,795	60,795	203,805
. Head Injuries project	—	—	—	38,541
. Governance	13,709	—	13,709	11,730
Staff costs	657,534	17,047	674,581	545,385
Support costs	359,300	—	359,300	314,160
NAGCAE meeting costs & members expenses	24,918	—	24,918	20,040
	<u>1,175,461</u>	<u>12,686,216</u>	<u>13,861,677</u>	<u>14,253,913</u>
<b>National Joint Registry (NJR)</b>				
. NJR programme costs	—	2,923,450	2,923,450	2,640,306
. Staff costs	—	275,744	275,744	232,953
. Support costs	—	152,308	152,308	156,235
	<u>—</u>	<u>3,351,502</u>	<u>3,351,502</u>	<u>3,029,494</u>
<b>Surgeon Outcomes Publication</b>				
. Surgeon Outcomes Publication	—	245,856	245,856	191,083
. Staff costs	—	59,124	59,124	134,259
. Support costs	—	50,000	50,000	—
	<u>—</u>	<u>354,980</u>	<u>354,980</u>	<u>325,342</u>
<b>Other Registers and Databases</b>		<u>23,997</u>	<u>23,997</u>	<u>54,159</u>
<b>Cyprus Project</b>	<u>—</u>	<u>10,597</u>	<u>10,597</u>	<u>—</u>
<b>Diagnosis of Lung Cancer Project</b>	<u>—</u>	<u>—</u>	<u>—</u>	<u>15,000</u>
<b>Reinvigoration of Clinical Audit</b>				
. Reinvigoration of Clinical Audit	85,857	—	85,857	38,787
. Education and training	44,564	—	44,564	27,798
. Events	77,931	—	77,931	83,231
. Staff costs	301,585	—	301,585	344,153
. Support costs	203,846	—	203,846	186,556
	<u>713,783</u>	<u>—</u>	<u>713,783</u>	<u>680,525</u>
Carried forward	<u>1,889,244</u>	<u>16,427,292</u>	<u>18,316,536</u>	<u>18,358,433</u>

Notes to the accounts 31 March 2015

**4 Charitable activities (continued)**

	Unrestricted funds £	Restricted funds £	Total 2015 £	Total 2014 £
Brought forward	1,889,244	16,427,292	18,316,536	18,358,433
<b>Audit and Social Care</b>				
. Dementia Care Audit Pilot Project	—	24,316	24,316	378,486
. Staff costs	—	47,512	47,512	74,733
	—	71,828	71,828	453,219
Development of Clinical Service Accreditation	—	—	—	9,093
	1,889,244	16,499,120	18,388,364	18,820,745

**5 Support costs**

	Total 2015 £	Total 2014 £
Staff costs	325,998	231,600
Other staff costs (inc severance pay)	33,739	2,250
Staff training	7,705	7,447
Staff recruitment	25,071	12,687
Advertising and publicity	32,219	31,506
Financing and bank charges	953	1,198
Hire of office equipment	3,297	—
Communications resources	22,579	2,175
Relocation costs	9,948	—
Premises costs (rent and facilities charges)	167,926	202,589
Computer equipment and software	2,829	8,332
IT support	17,667	24,141
Printing and stationery	10,912	27,391
Postage	1,839	1,114
Telephone	14,591	9,586
Other accommodation costs and room hire	7,042	5,840
Travel, subsistence and accommodation	14,460	6,937
Catering	7,388	7,568
Subscriptions	1,643	2,212
Communications	18,457	2,233
Other meeting and premises costs	446	4,172
Insurance	16,715	16,905
Professional Fees – HR consultancy	6,747	41,450
Depreciation	15,283	7,618
	<b>765,454</b>	<b>656,951</b>

**5 Support costs (continued)**

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

	Total 2015 £	Total 2014 £
Management, development and promotion of clinical audit	359,300	314,160
National Joint Registry	152,308	156,235
Surgeon Outcomes Publication	50,000	—
Reinvigoration of Clinical Audit	203,846	186,556
	<b>765,454</b>	<b>656,951</b>

**6 Governance costs**

	Unrestricted funds £	Restricted funds £	Total 2015 £	Total 2014 £
Audit fees	12,320	3,080	15,400	15,400
Legal and professional fees	9,322	—	9,322	5,191
Trustee expenses	1,036	—	1,036	572
	<b>22,678</b>	<b>3,080</b>	<b>25,758</b>	<b>21,163</b>

**7 Net movement in funds**

This is stated after charging:

	Unrestricted funds £	Restricted funds £	Total 2015 £	Total 2014 £
Staff costs (note 8)	1,310,389	383,010	1,693,399	1,563,083
Auditors' remuneration				
· Statutory audit services	12,320	3,080	15,400	15,400
· Other services	2,075	—	2,075	1,375
Depreciation	15,283	—	15,283	7,617
Operating lease rentals	150,000	—	150,000	174,000

## 8 Employees and staff costs

Staff costs during the period were as follows:

	2015 £	2014 £
Wages and salaries	1,172,698	1,029,881
Social security costs	133,077	114,676
Pension costs (Scottish Equitable)	54,025	50,074
Pension costs (NHS)	23,737	22,915
	<b>1,383,537</b>	<b>1,217,546</b>
Pensions admin fees and income protection insurance	1,550	1,550
Cost of secondments	114,041	262,475
Cost of agency staff	194,271	81,512
	<b>1,693,399</b>	<b>1,563,083</b>

Staff costs have been allocated as follows:

	2015 £	2014 £
Management, development and promotion of clinical audit	657,534	545,385
National Joint Registry	275,744	232,953
Reinvigoration of Clinical Audit	301,585	344,153
Audit & Social Care	47,512	74,733
Learning Disabilities Mortality Review	17,047	—
Surgeon Outcomes Publication	59,124	134,259
Cyprus project	8,855	—
Support costs	325,998	231,600
	<b>1,693,399</b>	<b>1,563,083</b>

The average number of employees during the period and the actual numbers at 31 March 2015, calculated on a full time equivalent basis, analysed by function, was as follows:

	2015 Average Number	Actual number at 31 March 2015	2014 Average Number	Actual number at 31 March 2014
Charitable activities				
· Contract Management and Commissioning	9.7	14	6.6	10
· NJR & National Development Team	3.3	4	4.2	6
· Reinvigoration of Audit & Events	4.6	5	5.0	5
· Support	1.2	2	3.7	4
· Management and administration	3.8	5	2.3	5
	<b>22.6</b>	<b>30</b>	<b>21.8</b>	<b>30</b>

**8 Employees and staff costs (continued)**

The number of employees earning more than £60,000 per annum or more (including taxable benefits but excluding employer pension contributions) during the period was as follows:

	2015 £	2014 £
£60,000 - 70,000	1	2
£70,001 - 80,000	2	2
£90,001 - 100,000	1	—
	4	4

HQIP made contributions to defined contribution pension schemes totalling £25,170 (2014: £17,700) in respect of these employees.

**9 Trustees' remuneration**

None of the trustees received any remuneration in respect of their services during the period (2014: £nil). During the year out of pocket travelling expenses amounting to £1,036 were reimbursed to three trustees (2014: £572 to one trustee).

The charity has purchased insurance to protect the charity from any loss arising from the neglect or defaults of its trustees, employees and agents and to indemnify the trustees or other officers against the consequences of any neglect or default on their part. The insurance premium paid by the charity during the period totalled £10,918 (2014: £7,420) and provides cover of up to a maximum of £10 million (any one claim or the aggregate during one period of insurance – being 12 months).

**10 Taxation**

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

**11 Tangible fixed assets**

	Fixtures, fittings & equipment £
<b>Cost</b>	
At 1 April 2014	54,427
Additions	41,674
Disposals	(14,533)
At 31 March 2015	81,568
<b>Depreciation</b>	
At 1 April 2014	45,430
Charge for year	15,283
Eliminated on disposal	(14,533)
At 31 March 2015	46,180
<b>Net book values</b>	
At 31 March 2015	35,388
At 31 March 2014	8,997

## 12 Debtors

	2015 £	2014 £
Trade debtors	4,964,116	3,575,692
Prepayments and other debtors	498,897	489,235
Accrued income	483,276	1,778,044
	<u>5,946,289</u>	<u>5,842,971</u>

## 13 Creditors: amounts falling due within one year

	2015 £	2014 £
Trade creditors	3,462,723	4,514,056
Other creditors	53,432	45,360
VAT payable	659,489	257,210
Accruals	1,101,706	1,152,050
Deferred income	209,468	—
	<u>5,486,818</u>	<u>5,968,676</u>

## 14 Restricted funds

The income funds of the charity include restricted funds comprising the following unexpended balances of grants held on trust to be applied for specific purposes:

	At 1 April 2014 £	Incoming resources £	Expenditure £	Transfers £	At 31 March 2015 £
NCAPOP	4,154,041	10,173,897	(9,724,548)	1,929,751	6,533,141
NCAPOP Subscriptions	—	2,447,030	—	(2,447,030)	—
Outcomes Publication (Surgeon Level Data)	—	—	(354,980)	355,545	565
NCAPOP Scottish extensions	—	17,831	—	—	17,831
NCAPOP transition costs	47,567	—	(9,174)	—	38,393
NCAPOP Retendering	—	—	(74,648)	74,648	—
Multi-site/Regional audits	151,325	—	(26,675)	—	124,650
National Review of Asthma Deaths (NRAD)	70,975	—	(60,795)	—	10,180
CORP Programme costs	305,911	2,590,215	(2,715,329)	87,086	267,883
Learning Disabilities Mortality Review	—	75,047	(75,047)	—	—
Head Injuries Project	9,000	—	—	—	9,000
Dementia Care Audit Pilot Project	49,346	22,450	(71,828)	32	—
National Joint Registry	3,878,318	2,687,101	(3,354,582)	—	3,210,837
Other Registers and Databases	57,346	—	(23,997)	—	33,349
Diagnosis of Lung Cancer Project	1,436	—	—	(1,436)	—
European Commission Cyprus Project	—	10,841	(10,597)	(244)	—
	<u>8,725,265</u>	<u>18,024,412</u>	<u>(16,502,200)</u>	<u>(1,648)</u>	<u>10,245,829</u>



**14 Restricted funds (continued)**

The specific purposes for which the funds are to be applied are as follows:

- ◆ **NCAPOP – National Clinical Audit and Patient Outcomes Programme**  
Management of the National Clinical Audit and Patient Outcomes Programme (NCAPOP), servicing existing contracts and commissioning new audits according to priorities set by the National Advisory Group on Clinical Audit and Enquiries (NAGCAE).

Funds for multi-site and regional audit projects are shown separately.

- ◆ **NJR - National Joint Registry**  
To fund work to ensure that patients obtain the best clinical care during and following their joint replacement operation. To provide patients, clinicians, healthcare purchasers, commissioners, regulators and implant suppliers with evidence as to which are the best performing implants, ensuring that NHS and other healthcare resources are best used. NJR funds are held in a separate bank account.
- ◆ **NRAD – National Review of Asthma Deaths**  
A three-year study bringing together medical professionals, patient organisations and families to collect details of deaths from asthma in hospitals and in the community across the UK, with the aim of improving care and reducing mortality.
- ◆ **CORP – Clinical Outcome Review Programmes**  
Comprises confidential enquiries designed to stimulate improvements in safety and effectiveness by enabling clinicians, managers and policy makers to learn from adverse events and other relevant data. Coverage is UK-wide, and the programme includes four studies: deaths following medical and surgical intervention; suicides and homicide among people with mental illness; a child health review, and maternal, infant and perinatal mortality.
- ◆ **Registers**  
Funds disbursed to other condition specific registers and databases.
- ◆ **Head injuries project**  
Data on approximately 6,000 children who attended hospital with a head injury is being reviewed to determine how the early management of head injury in children affects health outcomes, identifying factors associated with adverse outcomes.

### 15 Tangible fixed assets fund

	At 1 April 2014 £	Additions £	Depreciation and disposals £	At 31 March 2015 £
Fixtures, fittings and equipment	8,997	41,674	(15,283)	35,388

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

### 16 Designated funds

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

	At 1 April 2014 £	New designations £	Utilised/ released £	Transfers £	At 31 March 2015 £
CORP Governance	8,270	20,000	(13,709)	—	14,561
NAGCAE	10,090	30,000	(24,918)	—	15,172
Audit Methodology	7,482	120,000	(120,000)	—	7,482
	25,842	170,000	(158,627)	—	37,215

The above funds have been set aside for CORP (Clinical Outcome Review Programme) governance, NAGCAE (National Advisory Group on Clinical Audit and Enquiries) and the review of audit methodology.

### 17 Analysis of net assets between funds

	General fund £	Tangible fixed assets fund £	Designated funds £	Restricted funds £	Total 2015 £
<b>Fund balances at 31 March 2015 are represented by:</b>					
Tangible fixed assets	—	35,388	—	—	35,388
Current assets	1,766,238	—	79,579	14,908,210	16,754,027
Creditors: amounts falling due within one year	(782,073)	—	(42,364)	(4,662,381)	(5,486,818)
<b>Total net assets</b>	<b>984,165</b>	<b>35,388</b>	<b>37,215</b>	<b>10,245,829</b>	<b>11,302,597</b>

### 18 Contractual commitments

At 31 March 2015 the charity had no commitments in respect of contract payments approved for national clinical audits and which had not been accrued due to necessary milestones not being achieved by the providers at the year end.

## 19 Leasing commitments

### *Operating leases*

At 31 March 2015 the charity had annual commitments under non-cancellable operating leases as follows:

	Land and buildings	
	2015	2014
	£	£
Operating leases which expire:		
Within one year	—	—
Within two to five years	162,000	162,000
	162,000	162,000

## 20 Pension commitments

HQIP operates a money purchase pension scheme for most employees however three staff were eligible for Direction status and HQIP therefore contributed to the NHS pension scheme for these employees.

The NHS Pension Scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. As a consequence it is not possible for HQIP to identify its share of the underlying scheme liabilities. The scheme is accounted for as a defined contribution scheme and the cost of the scheme is equal to the contributions payable to the scheme for the accounting period.

Employers contributing under Direction status have their pension cost contributions charged to operating expenses as and when they become due. Employer contribution rates are reviewed every four years (previously five years) following an actuarial investigation carried out by the scheme actuary. On advice from the actuary the contribution rate may be varied from time to time to reflect changes in the scheme's liabilities. At the last actuarial investigation on which contribution rates were based (31 March 2004) employer contribution rates were set at 14% of pensionable pay.

A copy of the actuarial investigation and latest resource accounts can be viewed on the NHS Business Services Authority website  
<http://www.nhsbsa.nhs.uk/Pensions/Valuation.aspx>

Total pension costs in the period were £77,762 (2014: £72,989) and £11,951 (2014: £10,722) were payable at 31 March 2015.

**21 Related party transactions**

HQIP has provided funding to the Royal College of Physicians (the RCP) relating to national clinical audit projects, NRAD (National Review of Asthma Deaths) amounting to £2,870,479 (2014: £2,718,310) with £871,331 (2014: £868,444) payable at the period end. Dr Kevin Stewart, who was a trustee/director of HQIP up until 26 March 2015, is also Clinical Director of the RCP's Clinical Effectiveness and Evaluation Unit. Dr Stewart took no part in the decision-making process through which contracts were awarded.

**22 Liability of members**

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