HQIP
Healthcare Quality Improvement Partnership

HQIP Trustees' Report and Accounts

April 2022–March 2023

www.hqip.org.uk

HQIP Healthcare Quality Improvement Partnership

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

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

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Email: communications@hqip.org.uk
Website: www.hqip.org.uk
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Company registration number: 6498947 (England and Wales)
Charity registration number: 1127049

Auditors: Moore Kingston Smith LLP, 9 Appold Street, London EC2A 2AP
Bankers: Lloyds Bank Plc, 39 Threadneedle Street, London EC2R 8AU
Solicitors: Cameron's Solicitors LLP, 27A Harley Place, London W1G 8LZ
VWV Solicitors, Narrow Quay House, Narrow Quay, Bristol, BS1 4QA

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HQIP and our vision

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

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

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

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

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

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

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

HQIP Chief Executive Officer (CEO)

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

Chair and CEO statement

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

This was a year in which we, along with everyone else in healthcare, were able - albeit tentatively - to turn our attention back to the future. While COVID-19 continued in its various guises (one in 13 people in the UK were reported to have the virus at the end of March 2022[1]), it was clear that the sector needed to plan for recovery. But what did this mean in practice, and what was feasible, in an already overstretched service?

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

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

So, the value of audit and clinical outcome data was never greater than in 2022-23. Taking an evidence-informed approach to improvement would help to reduce burden and support a 'smart' approach to healthcare design – and this was exemplified by changes introduced to the National Clinical Audit and Patient Outcomes Programme (NCAPOP), which we commission on behalf of NHS England. With over 40 programmes and audits, there was a wealth of healthcare data available, but the real challenge was to translate it into positive actions that target change where needed. That is why we introduced new measures to reduce the number of metrics, make reports and other outputs more succinct, and improve the timeliness of data. In October 2022, we were also delighted to take a new approach to commissioning. The National Cancer Audit Collaborating Centre encompasses multiple cancer audits, and offers efficiencies as well as opportunities for greater knowledge and best-practice sharing.

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

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

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

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

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

On a personal note, we each have some news to share. We are proud to say that Carrie (HQIP's Chair of the Board of Trustees) was appointed as the Chair of the General Medical Council (GMC) in May 2022, becoming only the second woman to hold the post since the GMC was established. Then, after ten years at the helm at HQIP, Jane has decided to retire in the summer of 2023. We are delighted that Chris Gush, Executive Director of the veterinary charity RCVS Knowledge, has been appointed as HQIP's CEO from 1 August 2023. He is committed to building on Jane's work, and to collaborating with stakeholders to deliver quality improvement and improve patient outcomes.

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

Best regards,

Carrie MacEwen, DBE LLD FRSE MD FRCOPhth FRCS
Chair

Jane Ingham,
CEO

Our year in numbers

1 April 2022 to 31 March 2023

National Clinical Audit and Patient Outcome Programme outputs

64 Reports published

368 Recommendations

44 Infographics

25 Impact reports

40 Peer-reviewed publications featuring HQIP-commissioned data

National Joint Registry (NJR)

Data analysed:

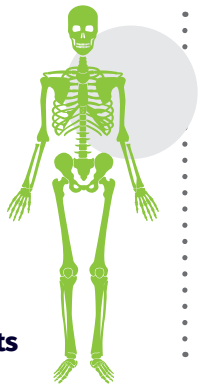
99,043 Hips

98,469 Knees

6,780 Shoulders

817 Elbows

880 Ankle replacements



13 Peer-reviewed journal articles on research using NJR data

Tenders

11 New NCAPOP contracts awarded

5 NCAPOP contract extensions

4 HQIP supplier contracts awarded

Data access

41 Applications received

eLearning

Introduction to quality improvement for healthcare professionals

2,028 Completed sessions

978 Self-certification completed

Introduction to quality improvement for patients and public

1,292 Completed sessions

521 Self-certification completed

Patient and carer engagement

3 Focus groups

3 Feedback presented at Specification Development Meetings

9 Involvement in scoring and evaluation of tenders

6 Richard Driscoll Memorial Award 2022 case studies

National Clinical Audit Benchmarking (NCAB) website

14 Datasets added

11,197 Users

15,507 Sessions

49,605 Pageviews

2,136 Downloads (csv and pdf files)

HQIP on social media

5,998 Twitter (X as of 2023) followers (at 31 March 2023)

4,260 LinkedIn followers (at 31 March 2023)

Mailing list

992 New subscribers

30,334 Total active contacts (31 March 2023)

HQIP website

133,740 Users

206,681 Sessions

767,655 Pageviews

278,013 Resource pageviews

Strategic report

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

Strategic objectives

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

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

Achievements and performance

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

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

Spotlight: National Cancer Audit Collaborating Centre (NATCAN)

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

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

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

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

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

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

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

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

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

HQIP Carbon Reduction Plan: Net zero by 2050

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

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

Spotlight: Patient and Public Involvement in mental health

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

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

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

✓ Ensured representative patient and carer engagement in the National Obesity Audit, by establishing a user panel comprising a diverse group of people from all over England with lived experience of using a variety of services. We created a flyer which we shared with relevant networks and charities and on social media. The panel first met in May 2022 and their feedback was fed into the early stages of the audit, guiding the development of metrics and outputs such as a webpage on the HQIP website and a dashboard.

✓ Ran the 2022 Richard Driscoll Memorial Award, to celebrate excellent public and patient involvement in the National Clinical Audit and Patient Outcomes Programme (NCAPOP). The winning entry was Epilepsy12, in recognition of exceptional collaboration with young people and families, its embedded approach to engagement, and the flexible, inclusive nature of the Youth Advocates group. In addition, the judges (which included members of our Service User Network) selected two commended entries: the National Child Mortality Database (NCMD) and the National Audit of Breast Cancer in Older Patients (NABCOP). Case studies on the winning and commended projects, as well as a number of other entries, were developed and shared on the HQIP website.

✓ Enabled healthcare providers to benchmark their performance against national data in an increased number of clinical areas, with the verification and publication of 14 new datasets on the National Clinical Audit Benchmarking (NCAB) platform. These span a range of clinical disciplines, including paediatric diabetes and intensive care as well as prostate and breast cancer.

✓ In collaboration with NCAPOP data providers, the Care Quality Commission (CQC), the NHS Model Health System and key Trust colleagues, we held a National Clinical Audit Benchmarking (NCAB) Future Forum in November 2022, to assess options for modernising and streamlining data processing. As a result, a set of success criteria for modernised consolidated reporting, and key themes for future development to improve data processing, were agreed.

✓ Supported local audit and quality improvement in NHS Trusts across the country by working with the National Quality Improvement (incl. Clinical Audit) Network (N-QI-CAN). We presented at all of N-QI-CAN's national meetings, and responded to questions and feedback from participants, bringing the local audit perspective into our commissioning work, and disseminating national developments and findings.

Spotlight: Clinical Audit Awareness Week

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

The campaign included the 2022 Clinical Audit Heroes Awards, which recognised – and shared best practice from - five categories:

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

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

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

✓ Held a final workshop in a series of four on health inequalities, with presentations from Bola Owolabi, Director of Health Inequalities at NHS England and Improvement, as well as members of HQIP's Service User Network. The findings from our workshops were shared with key stakeholders, with the aim of improving the data available in this important area.

✓ Supported NHS England in developing the Quality Accounts List 2023/24, facilitating a scoping process and preparing recommendations for review. Trusts use this List to plan clinical audit activity for the upcoming financial year, as well as to support the development of retrospective annual Quality Account reports. The List, which was published in early 2023, comprises national audits, clinical outcome review programmes and other quality improvement projects that NHS England advises Trusts to prioritise for participation.

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

Spotlight: NEW Quality Improvement (QI) publication

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

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

✓ Enabled access to HQIP-managed data by processing 41 data access requests.

✓ In collaboration with the Health Foundation, NIHR and the MRC, we developed a recorded presentation and supporting leaflet to provide an overview of our datasets and our data access process, as well as highlight top tips and common pitfalls in applying for data.

✓ Continued with a series of insightful blog articles, to support clinical audit and Quality Improvement, including *Taking the long view: Future-proofing healthcare and Collecting data is just the start*, which was written for the BMJ Leader series.

✓ Raised awareness of the impact of National Data Opt-out (NDO), which enables people to remove their identifiable data from uses beyond their own healthcare, through a single register. We also communicated the importance of striking a balance between respecting the rights of individuals and promoting the importance of complete and unbiased data. We worked intensively with national bodies developing the NDO exemption process and, wherever there were demonstrable impacts, we supported our projects in gaining exemption.

✓ Our New Business Development (NBD) strategy was reviewed and significantly updated to reflect a broader and more ambitious approach. The revised strategy set out an impact-orientated and values-driven approach to building a wider portfolio of HQIP work, with a focus on Quality Improvement (QI), thought leadership, and capacity building and partnership development.

✓ We secured commissioned projects for delivery in 2023-24, including a Maternity project on behalf of NHS England that will look at 'Understanding what matters to users of Maternity services in England: Listening to unheard voices'.

✓ Continued our focus on Equity, Diversity and Inclusion (EDI) with regular working group meetings, which resulted in improvements (such as the addition of an accessibility statement on the HQIP website) for both staff and our wider stakeholder groups.

Future plans

Planned activity for 2023-24

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

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

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

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

Trustees' report

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

Statement of Trustees' responsibilities

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

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

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

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

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

In so far as the Trustees are aware:

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

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

Financial report

Results for the year

Fig 1: Where our funding comes from

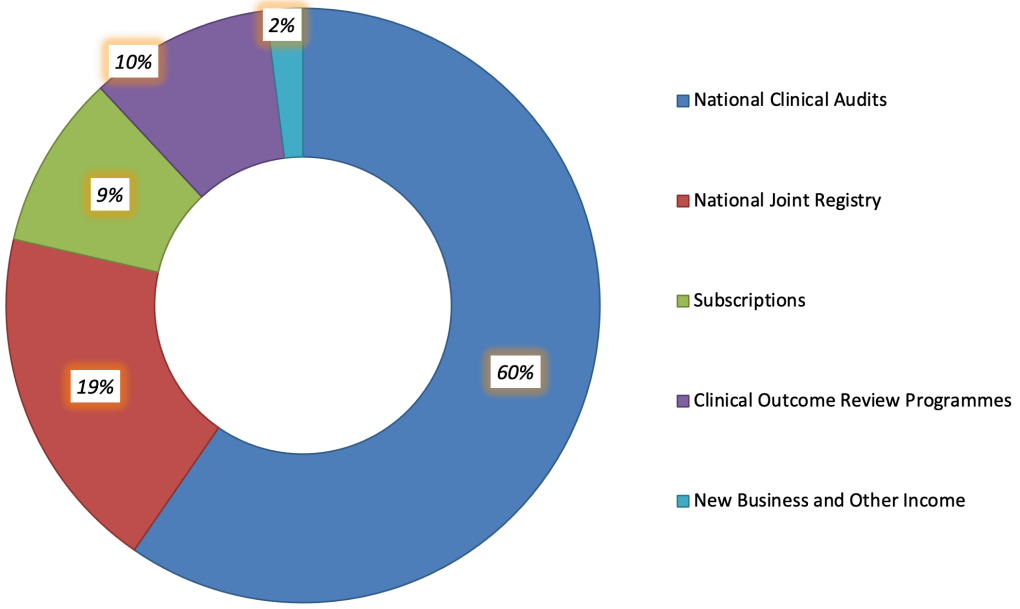
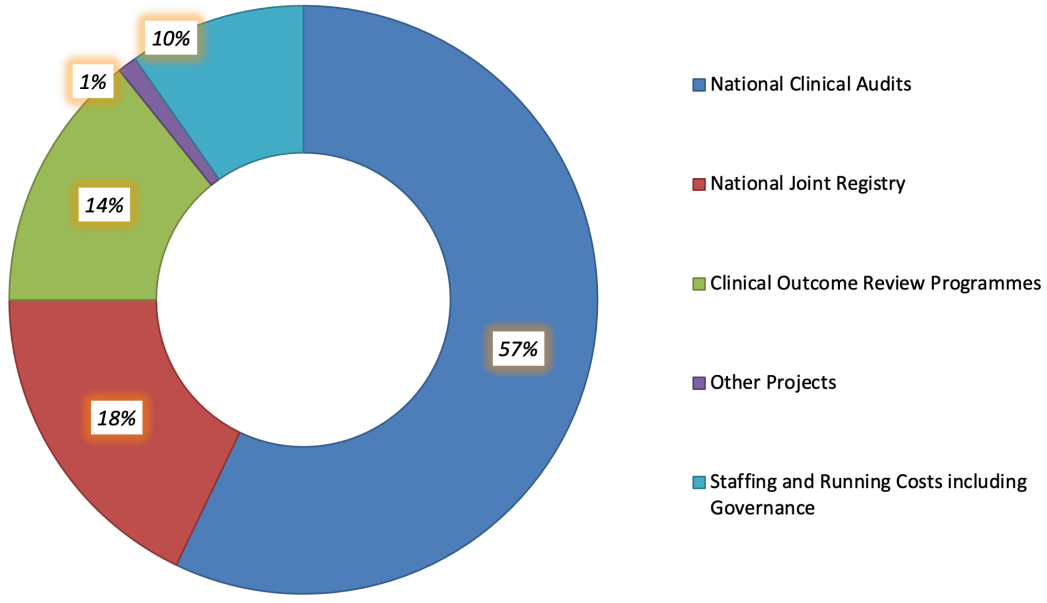


Fig 2: How we spend our money



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

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

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

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

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

Expenditure

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

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

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

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

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

Financial position

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

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

Reserves policy

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

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

Structure, governance and management

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

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

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

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

Risk management

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

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

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

The principal risks are considered to be:

Risk 1: Dependency on one substantive contract

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

Risk 2: Failure in Information Governance management

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

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

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

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

Opinion

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

In our opinion the financial statements:

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

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other information

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

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

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

Matters on which we are required to report by exception

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

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

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

Responsibilities of trustees

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charitable company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charitable company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charitable company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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

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

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

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

Our approach was as follows:

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

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

Use of our report

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

Moore Kingston Smith LLP

Neil Finlayson (Senior Statutory Auditor)

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

Date: 27 November 2023

Statement of financial activities for the year to 31 March 2023

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

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

Balance sheet 31 March 2023

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

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

Trustee Carrie MacEwen. Approved on: 23 November 2023

Statement of cash flows for the year ended 31 March 2023

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

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

Notes to the accounts 2022-23

1. Accounting policies

a) Basis of accounting

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

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

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

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

b) Going concern

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

c) Income

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

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

d) Expenditure and the basis of apportioning costs

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

Expenditure comprises the following:

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

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

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

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

e) Cash and cash equivalents

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

f) Fund accounting

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

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

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

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

g) Tangible fixed assets

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

- Computer and similar equipment: 33% per annum based on costs
- Furniture and general office equipment: 20% per annum based on costs

h) Intangible fixed assets

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

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

i) Operating lease

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

j) Pension contributions

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

k) Employee benefits

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

l) Financial instruments

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

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

m) Judgements and key sources of estimation uncertainty

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

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

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

2. Interest receivable

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

3. Income from charitable activities

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

3. Income from charitable activities (continued)

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

4. Other income

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

5. Charitable activities

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

5. Charitable activities (continued)

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

6. Support costs

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

6. Support costs (continued)

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

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

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

7. Net movement in funds

This is stated after charging:

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

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

8. Employee and staff costs

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

Staff costs have been allocated as follows:

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

8. Employee and staff costs (continued)

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

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

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

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

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

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

9. Trustees' remuneration

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

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

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

10. Taxation

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

11. Intangible fixed assets

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

12. Tangible fixed assets

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

13. Debtors

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

14. Creditors: Amounts falling due within one year

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

15. Restricted funds

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

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

15. Restricted funds (continued)

NCAPOP - National Clinical Audit and Patient Outcomes Programme

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

Development of Clinical Service Accreditation

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

NJR - National Joint Registry

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

CORP - Clinical Outcome Review Programmes

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

Health Foundation Grant for QI Clinical Fellow

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

Independent Sector Pilot Project

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

Understanding Health Data Access

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

Health Data Research UK - Metadata Onboarding and Process Improvement Grant

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

16. Fixed assets fund

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

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

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

17. Designated funds

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

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

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

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

18. Analysis of net assets between funds

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

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

19. Contractual commitments

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

20. Contingent liabilities

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

21. Leasing commitments

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

22. Pension commitments

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

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

23. Related party transactions

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

24. Liability of members

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

APPENDIX: HQIP programmes and audits, 2022-23

National Clinical Audits

Adult Diabetes:

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

Breast Cancer in Older Patients

Cardiovascular Disease Prevention Audit, CVDPREVENT

Care at the End of Life

National Respiratory Audit Programme:

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

National Audit of Dementia

National Early Inflammatory Arthritis Audit

National Emergency Laparotomy Audit

Falls and Fragility Fracture:

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

Lung Cancer

National Maternal and Perinatal Audit

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

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

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

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

National Gastro-intestinal Cancer Audit:

- Bowel Cancer Audit
- Oesophago-Gastric Cancer Audit

National Joint Registry

National Vascular Registry

National Neonatal Audit Programme

National Obesity Audit

National Paediatric Diabetes Audit

Paediatric Intensive Care Audit

Prostate Cancer Audit

National Clinical Audit of Psychosis

Seizures and Epilepsy in Children and Young People

Sentinel Stroke Audit Programme

Clinical Outcome Review Programmes

Mental Health

Child Health

Medical and Surgical

Maternal and Newborn Infant

Mortality Review Programmes

National Child Mortality Database

Non-NCAPOP Commissions

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

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