

Health Healthcare Services Benchmark  
Patient Outcomes Improve  
Measure National  
Audit Improve Measure  
Evaluate National Quality Improvement Evaluate  
Clinical Effectiveness Health  
Impact Patient Outcomes Benchmark

# **HQIP Trustees Report and Accounts**

1 April 2020-31 March 2021



#### **Trustees**

Professor Dame Carrie MacEwen, DBE (Chair) – *effective from 18 November 2020*

Professor Dame Donna Kinnair, DBE (Chair) – *resigned 17 November 2020*

Alastair Henderson (Vice-chair)

Philip Grimshaw Baker

Michael Chapman

Sarah Dunnett (Treasurer)

Dr Sheila Marriott – *resigned 25 March 2021*

Susan Masters

Dr Linda Patterson, OBE – *resigned 17 November 2020*

Miles Sibley

Dr Victoria Tzortziou Brown

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**Twitter:** @HQIP

**Company registration number:** 6498947 (England and Wales)

**Charity registration number:** 1127049

**Auditors:** Moore Kingston Smith LLP, Devonshire House, 60 Goswell Road, London EC2 8AU

**Bankers:** Lloyds Bank Plc, 39 Threadneedle Street, London EC2R 8AU

**Solicitors:** Cameron's Solicitors LLP, 27A Harley Place, London W1G 8LZ

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# HQIP and our vision

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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 improvement through clinical audit, confidential enquiries and registries. An independent organisation led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices.

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 comprises of around 40 projects that collect and analyse data supplied by local clinicians, in order to provide a national picture of care standards for a range of conditions. In addition, we 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.

We co-ordinate and share the outcomes from these projects, offering a suite of reports, tools and guidance to help healthcare professionals to understand local and clinical need, and to deliver effective and safe services. On a local level, the outcomes support trusts to benchmark their compliance and performance, helping them to identify necessary improvements for patients. More information is available online:

- [National Clinical Audit and Patient Outcomes Programme \(NCAPOP\)](#)
- [National Joint Registry \(NJR\)](#).

Our work – and its value – goes far beyond managing clinical audits. We provide highly-specialised advisory and knowledge transfer services to support effective quality improvement. 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 raft of activities in between); everything we do aims to share our

knowledge and maximise the impact of the data collected. But 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, funding, health service provision and research. Critically, we also proactively reach out to those who receive healthcare services. As part of our work to improve patient care and experience, we create opportunities for meaningful two-way engagement with patients and users of services, their families and representatives. Central to this commitment 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, patient representatives and carers in all areas of our work.

Our work is aligned with other national bodies and their relevant quality improvement programmes. As such, we interact with a broad spectrum of professional leadership bodies and organisations including the Care Quality Commission (CQC), National Institute for Health and Care Excellence (NICE), NHS England/NHS Improvement, Public Health England, NHS Digital, Health Data Research UK, the Health Foundation, the Independent Healthcare Providers Network and the Private Healthcare Information Network, among others.

For more information about us, our programme of work and our outputs, go to [www.hqip.org.uk](http://www.hqip.org.uk).

# Chair and CEO statement

“ March 2020 – and the subsequent year, which this report covers – was extraordinary in so many ways. Of course, it was remarkable because that was when the whole world realised we were in the grip of a global pandemic and when the UK went into its first national lockdown. But for the healthcare sector, it was a time not only to exhibit exceptional resilience, but also to undergo a period of unprecedented change. That change brought challenges but also demonstrated the capacity of healthcare professionals to react at pace and continue in the face of enormous adversity as well as plan for the future. And that’s where HQIP, and the work we commission, has been able to play an important role...

We must first begin by extending our heartfelt gratitude to everyone who has been involved in planning and delivering healthcare services over this past year. Much recognition of the dedication shown has been voiced by many – and it’s hard to know how we can add to this out-pouring of appreciation. So perhaps we’ll take a straightforward approach, and simply say ‘thank you’. Thank you to everyone who has played a part in any way. From porters and cleaners to commissioners and policy makers (and everyone in-between), we are all truly indebted to you.

So, what has April 2020 to March 2021 brought for HQIP, and how have we been able to support the healthcare service to deliver during - as well as move beyond - this pandemic? Learning from high quality data and translating that knowledge into improvement is HQIP’s *raison d’être*; and that was never more important than during this period. In collaboration with the improvement community and the programmes we commission, we were able to reprioritise our efforts to where they were needed most.

While many of our audits were temporarily paused throughout this period, in order to refocus healthcare resources towards COVID-19, it quickly became apparent that the data we collect would be significant in the national response to the pandemic. Some programmes moved to live surveillance, providing real-time data to the NHS England, Public Health England, the Government’s Scientific Advisory Group for Emergencies (SAGE) and other national agencies. This swift change proved to be a critical tool in the nation’s response to COVID-19; more on this can be found later in this report.

We did commission one new programme in this year – the Cardiovascular Disease Prevention Audit (CVDPREVENT) – though this is an order of magnitude less than in previous years. As such, this report makes for a rather different read to previous annual reports, demonstrating instead our ability to react at pace and reprioritise in the face of enormous challenges; of which we are extremely proud.

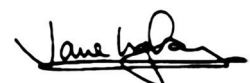
This temporary cessation in business as usual was quickly put to use in other ways. Our role as a bridge between the providers and users of healthcare data, coupled with our extensive knowledge of the sector, meant that we were uniquely placed to support robust planning for the future. This included projects as wide-reaching as supporting the sharing of patient data beyond the provision of healthcare (our Understanding Health Data Access project) and the establishment of a review of the metrics used in audits (our Methodology Advisory Group). You can read more about these, and our other activities throughout the year, later in this report.

No update of activities in 2020-21 would be complete without mention of Britain’s withdrawal from the European Union; and this report is no different. This change presented us with some challenges, though we are pleased to report that HQIP adapted without issue, meeting all obligations and continuing to deliver as usual.

Finally, we must say thank you to the improvement community and the HQIP team for their resilience and dedication during the most trying of times. Together, and with our combined knowledge and skills, we are sure that we will not only support a sustainable recovery for healthcare services from the COVID-19 pandemic, but also emerge stronger for it. And, for our part, we very much look forward to dedicating our continued efforts to building the foundations for a healthcare service that is even more resilient in the future.



**Carrie MacEwen, DBE,  
Chair**



**Jane Ingham,  
CEO**



# Our year in numbers

This year was very different for HQIP, as it has been for all. Here we present a broad view of the numbers related to our activity and output, concentrating on activities that have been a focus for this year, 1 April 2020 to 31 March 2021.

## Programme outputs

**69** Reports published  
of which **9** were related to COVID-19

**1** Newly commissioned project  
(Cardiovascular Disease Prevention Audit, CVDPREVENT)

**8** Case studies

## eLearning

Introduction to quality improvement of patients and public [course](#)

**628** Online courses completed

**505** Self-certification completed



## Resources

**COVID-19 and HQIP's fellowship** [podcast](#)

**36** views on SoundCloud  
(published June 2020)

**Planning a Health Data Application: Questions and Information Sources** [guide](#) (Understanding Health Data Access, UHDA project):

**64** downloads from HQIP's website  
(published March 2021)

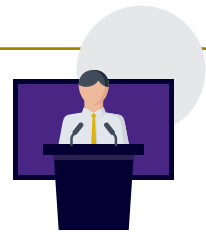
**Introduction to developing good data applications (UHDA)** [video](#):

**731** views on YouTube  
(published March 2021)

**The duty of confidentiality (UHDA)** [video](#):

**833** views on YouTube  
(published March 2021)





## Event attendees

### Methodology Advisory Group meetings:

**35** A collaborative approach to metrics – getting started 27 Aug 2020

**40** Focusing on patient reported outcomes and experience 5 Nov 2020

**40** How can we improve the timeliness of reporting for providers? 1 Oct 2020

**25** Making the most of the National Clinical Audit Benchmarking (NCAB) project 18 Nov 2020



**Data data data** training course for healthcare leaders and Chief Residents (by invitation only):

**9**  
September 2020

**12**  
March 2021

## Award entries



**234** Audit Heroes 2020

**30** Clinical Audit Professional

**106** Team of the Year

**57** Clinical Practitioner of the Year

**9** Student of the Year

**10** Volunteer of the Year

**22** Florence Nightingale Award

**7** Richard Driscoll Memorial Award 2020



## HQIP website

**106,657**  
Downloads

**329,000**  
Unique page views

## HQIP on Twitter

**143** Tweets

**440** Retweets

**800** Likes

**678** New followers

**Survey 1,375** Responses to HQIP's Business Intelligence Survey (April 2020)





# Strategic report

In shaping our objectives and planning our activities, the Trustees have considered the Charity Commission's guidance on public benefit, including the guidance *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

*You are a standard bearer for all things quality improvement*

Respondent to HQIP's Business Intelligence survey, April 2020

In order to deliver our vision of improving health outcomes, a set of strategic objectives has been developed to inform 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 programmes, local audit support resources and the National Joint Registry (NJR) on behalf of NHS England and other healthcare departments and organisations.
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 2020 to 31 March 2021.

Short vignettes have also been included in order to illustrate our impact in relation to specific activities.

However, further information on all of our outputs and projects, can be found on our website: [www.hqip.org.uk](http://www.hqip.org.uk).

### In summary, this year we have:

- ✓ Actively supported a move to real-time data for some projects in part to contribute to the national COVID-19 response, rapidly introducing Information Governance (IG) measures to enable providers to respond swiftly and beyond their original scope.
- ✓ Continued with the delivery of an ongoing programme of activity while adjusting to a required suspension of data collection, publishing 69 reports across a multitude of clinical disciplines ranging from mental health to diabetes – nine of which were additional deliverables in direct response to the COVID-19 pandemic.
- ✓ Commissioned a new audit (Cardiovascular Disease Prevention Audit, CVDPREVENT) under pandemic conditions alongside continuing to host the National Joint Registry (NJR), monitoring and reviewing a reduction in their subscriptions due to reduced operations under COVID-19.
- ✓ Taken on two new significant grant-funded data projects for Health Data Research UK (*Enabling health data-informed research*) and The Health Foundation (*Understanding Health Data Access, UHDA*), in spite of challenges with business development due to the COVID-19 pandemic. For UHDA, we produced three extremely well-received innovative online resources.
- ✓ Undertaken a comprehensive qualitative business intelligence survey to better understand the needs of our customers, surveying 21,000 online subscribers in March-April 2020 and receiving 1,375 responses.
- ✓ Produced a thematic report on health inequalities (*Addressing health equality in the National Clinical Audit and Patient Outcome Programme audits*) to extrapolate learning across audits and draw out key messages and recommendations for healthcare policy makers.
- ✓ Delivered quality improvement and clinical effectiveness support to Senior Registrars and Chief Residents of the Wessex Deanery via a new 'Data data data' training course.
- ✓ Demonstrated increased engagement through a comprehensive programme of Patient and Public Involvement activities embedded throughout our work. This included the successful delivery of Clinical Audit Awareness Week, 2020 (which saw an increase in the number of nominations for the Audit Heroes Awards as well as increased engagement on social media). Statistics around those using our online resources, website and social media generally also saw increases [across the board](#).
- ✓ Transformed the way we work in light of the COVID-19 pandemic, adopting 'working from home' for all staff, reviewing our Procurement processes, and meeting all obligations relating to Britain's withdrawal from the European Union.
- ✓ Begun to lay the foundations to support future healthcare by, for example, setting up a Methodology Advisory Group to review the metrics used in audits, and embarking on a project to support data-informed health research.



## The challenge: A year of unprecedented change

### COVID-19: Suspension of clinical audit

March 2020 brought the news that NHS England had declared a level four incident, followed by notifications on 17 and 28 March that national clinical audit activity could be suspended, in order to reduce the burden on and release frontline clinical capacity:

*“All national clinical audit, confidential enquiries and national joint registry data collection, including for national VTE risk assessment, can be suspended. Analysis and preparation of current reports can continue at the discretion of the audit provider, where it does not impact front line clinical capacity.”*

Amanda Pritchard, then Deputy CEO, NHS England & NHS Improvement

More specifically, NHS England outlined an intention to:

- Free-up the maximum possible inpatient and critical care capacity
- Prepare for, and respond to, the anticipated large numbers of COVID-19 patients needing respiratory support
- Support clinical staff and maximise their availability, and
- Remove routine burden.

The notices received from NHS England can be read in full online: [17 March 2020](#) and [28 March 2020](#).

These updates, in addition to the nationwide lockdown and an increase in cases of the virus, would then have an unprecedented effect on the audit community and HQIP from that point on.

### Business intelligence survey, 2020

In order to better understand the needs of our customers, we surveyed our then-21,000 online subscribers in April 2020. Designed to determine how HQIP is perceived among stakeholders, the findings from this qualitative study will be used to inform future planning going forward.

We received 1,375 responses, find below a summary of the key findings:

- The professional groups that engage with HQIP are broad-ranging with particularly strong engagement with clinical and QI professionals.
- HQIP resources across categories were well used, with National Clinical Audit reports/guidance and outcomes from the National Clinical Audit Benchmarking (NCAB) project being the most popular.
- More than two-thirds of respondents (68%) agreed that we help to reduce variation in care, with more than three-quarters of respondents (76%) citing benchmarking.
- 81% of respondents believed that HQIP helps to improve patient care.
- Aspects for improvement was communication, engagement and outreach.

## Business development

The effect of the COVID-19 pandemic and the resultant refocus on frontline healthcare, combined with a lack of face-to-face events and meetings, transformed our aspirations for business development. While our overall bottom line remained stable, the mix of activities undertaken reflects the needs of the sector at this time. As such, rather than diversify our customer base as much as had been anticipated, we were called upon to deliver more for our largest single customer, NHS England/Improvement. Our in-house expertise and resources successfully secured two new significant grant-funded data projects for The Health Foundation and Health Data Research UK (these will continue into 2021-22). We look forward to continuing our aim to further diversify as current commitments and our ability to develop new partnerships allow.

## HQIP embraces change

The COVID-19 pandemic acted as a catalyst for change within HQIP too; prompting us to find new and improved ways of working to ensure that there was no immediate impact on our ability to deliver during this period. Like many, we moved to online meetings and events, and this proved to be an efficient and effective way of staying connected, including with external stakeholders. With practical policies and staff wellbeing support, feedback from staff and stakeholders has been positive. We continue to monitor our set-up as COVID-19 restrictions change.

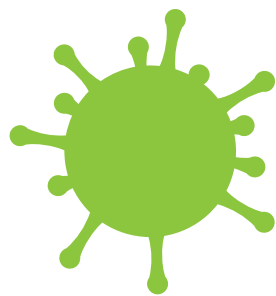
This period of change also prompted us to consider and review some of our staff policies. Of particular note is the establishment of an Equality and Diversity working group, following training for all staff on Unconscious Bias. We look forward to implementing the outcomes from this group.

A further area of the business that benefitted from change during this period was our Procurement function. An external expert conducted an independent review in August 2020 and found some areas for improvement including mitigation of capacity risks and improvement of internal communications – and we are now working to resolve them. In addition, the UK’s withdrawal from the European Union (‘Brexit’) meant that all new procurements commenced after 1 January 2021 were required to be advertised on the Find a Tender system. We are pleased to report that HQIP adapted to this new approach without issue. Going forward, we are watching the progress of the Government’s Procurement Bill to streamline and simplify public procurement, and will take action as needed.

## Welcome to our new Chair

We are delighted that Professor Dame Carrie MacEwen joined us as Chair of our Board of Trustees in November 2020. A consultant ophthalmologist, Carrie brings a wealth of experience in healthcare system change and leadership, holding many roles within the sector including Acting Chair of the GMC, adviser to the Chief Medical Officer & Scottish Government, and clinical co-lead for ophthalmology for Getting It Right First Time (GIRFT), among many others. We look forward to working under Carrie’s leadership at this time, when our work has never been more crucial.

We also wish to thank Professor Dame Donna Kinnair, who expertly guided HQIP over the previous three years, and stepped down as Chair to concentrate on leading the nursing profession through the COVID-19 pandemic.





## The immediate response

### Real-time data

A key to modern healthcare improvement is the collection of data using agreed metrics to review and compare performance objectively. However, it is equally important to use these data to effect change, adapting as needed – and this was never more true than during the COVID-19 pandemic.

*“ Child death database, PICANET and MBRRACE-UK perinatal surveillance will be required for current clinical management and should continue ”*

NHS England, March 2020

The biggest challenge was – and still is – a need to provide access to, and reporting on, routinely collected current data, so that we can react and plan at speed. We therefore supported a number of critical programmes to establish surveillance systems, providing ‘real time’ data to NHS England, the Government’s Scientific Advisory Group for Emergencies (SAGE) and others involved in determining the national policy response to COVID-19:

- The Paediatric Intensive Care Audit Network (PICANet)
- Maternal, Newborn and Infant Clinical Outcome Review Programme (MNICORP)
- The National Child Mortality Database (NCMD)
- The National Cardiac Audit Programme (NCAP), and
- Sentinel Stroke National Audit Programme (SSNAP).

These programmes quickly reprioritised their workload and established new processes to provide real-time data, in order to understand the effects of COVID-19 and support clinical management and policy making.

## Spotlight: Setting up a national surveillance system National Child Mortality Database (NCMD)



The only system of its kind globally, the NCMD established a process in 2020 for enabling a rapid review of all child deaths and providing immediate feedback to NHS England. As such, it helped to guide the national response to the COVID-19 pandemic; identifying the key features of direct and indirect effects of the virus, and guiding policy.

Here are the key steps taken to set up this rapid surveillance system:

1. Notification of all child deaths in England collected by regional Child Death Overview Panels (CDOPs)
2. Data provided to the NCMD within 48 hours of death occurring
3. Daily coding by clinical and Child Death Review (CDR) expert panel
4. Data linked with Public Health England national virology results
5. Information added to NCMD monitoring report
6. Data provided on a regular basis to NHS England (initially on a daily basis, and then less frequently).

## Information Governance and Data Access Request Group (DARG)

During this period of change, HQIP acted rapidly to modify information governance (IG) measures that enabled the NCAPOP data providers to respond swiftly to the COVID-19 pandemic. This included:

- An adapted ‘Information Sharing Request’ process to minimise delay
- A fast track process, with streamlined application form, to support urgent data requests
- Working with NHS Digital to implement urgent Data Provision Notices, to enable the provision of data without detailed data sharing agreements
- Liaising with NHS England/Improvement, NHS X and the NCAPOP providers to seek an appropriate and rapid legal basis to provide data to funders or amend data collection, and
- Supporting providers to find and approve a way to ensure continued access to data, in spite of restrictions during the national lockdown.

## Business as usual

In spite of the challenges we continued to deliver many of our existing – and some new – commitments during this period...

## National Clinical Audit and Patient Outcomes Programme (NCAPOP)

During the COVID-19 pandemic, it was more important than ever that we act as a bridge between those who have access to clinical data and those who can use it to best effect. However, over 2020-21, we had to make use of the Public Contracts Regulations 2015 (section 72) to manage the lack of clinical availability to engage with NCAPOP commissioning. While this will create a bottleneck of work for 2021-22 and beyond, we were able to deliver a number of significant outputs in this period, including 69 reports covering data as wide-reaching as diabetes, breast cancer and hip fractures.

This includes nine additional COVID-related reports:

- Paediatric Intensive Care Audit (PICANet): [COVID-19 confirmed cases admitted to paediatric intensive care](#), June 2020
- National Child Mortality Database: [Child suicide rates during the COVID-19 pandemic in England \(real-time surveillance\)](#), July 2020
- Maternal, Newborn and Infant Clinical Outcome Review Programme: [Learning from SARS-COV-2-related and associated maternal deaths in the UK](#), August 2020
- National Cardiac Audit Programme (NICOR): [Rapid Cardiovascular Data](#), September 2020
- National Dementia Audit (NAD): [Impact of the COVID-19 pandemic on hospital care for people with dementia](#), October 2020
- Paediatric Intensive Care Audit (PICANet): [COVID-19 confirmed cases admitted to paediatric intensive care](#), November 2020
- Sentinel Stroke (SSNAP): [COVID-19 Portfolio for 01 July - 30 July 2020 admissions](#), November 2020
- National Vascular Registry (NVR): [Short Report on COVID-19](#), November 2020
- National Emergency Laparotomy Audit (NELA): [The Impact of COVID-19 on Emergency Laparotomy – An Interim Report](#), March 2021.

*“The information published by HQIP is really helpful for commissioners, as an evidence base for improvements”*

Respondent to HQIP’s Business Intelligence survey, April 2020



## Spotlight: Themed report: Health inequalities

While we publish a large number of outputs that relate to specific clinical conditions, we understand the need to extrapolate trends and thematic learning across audits, drawing out key messages and recommendations for healthcare policy makers. With this in mind, we are particularly proud of our report on health inequalities which was published in November 2020. ‘Addressing

health equality in the National Clinical Audit and Patient Outcome Programme audits’ finds that there are differences in health outcomes between different population groups, however it also shows that there are gaps in the data collected as well as issues around meaningful analysis.

Addressing health equality in the National Clinical Audit and Patient Outcome Programme audits can be read in full [online](#).



### New cardiovascular audit: CVDPREVENT

The Cardiovascular Disease Prevention Audit (CVDPREVENT) is a new three-year commission from February 2020. It is a national primary care audit that extracts data covering diagnosis and management of six high risk conditions that cause stroke, heart attack and dementia. This audit will provide a foundation for professionally-led quality improvement in GP practices and will support primary care in understanding cardiovascular disease, identifying inequalities and opportunities for improvement.

A full list of HQIP’s 40 plus programmes and audits for this period are listed in the [Appendix](#) at the end of this report.

### The National Joint Registry

We continue to host the [National Joint Registry \(NJR\)](#) which collects information on joint replacement operations, and monitors the performance of implants, hospitals and surgeons. However, as NJR subscriptions are based on the number of operations taking place in the preceding year, it should be noted that the impact of COVID-19 on hospital procedures over 2020-21 will be reflected in a future drop in income to the National Joint Registry (NJR). We are keeping activity levels under constant review.

### Show AND tell

HQIP actively support audits and programmes to consider ways in which their data can be shared effectively and as widely as possible. As such, we have encouraged them to include overview summaries and infographics in their reports, something we saw an

enormous increase in between April 2020 and March 2021.

The infographics sit alongside the each individual report, which can be found in the [Resources section of our website](#).



## Understanding Health Data Access

Understanding Health Data Access (UHDA) is a project funded by The Health Foundation which aims to demystify the rules on sharing patient data beyond the direct provision of healthcare. This year saw much effort go into the development and publication of three extremely well-received resources:

- *An Introduction to Developing Good Data Applications* ([video resource](#)): Introducing the principles that data custodians work within to ensure that data is shared safely, legally, fairly and with public benefit.
- *The Duty of Confidentiality* ([video resource](#)): Explains how the duty of confidentiality arises, how it can be met, and how this applies to health data applications.
- *Planning a Health Data Application* ([online guide](#)): Illustrates the key steps in planning an application, and provides collated guidance and information across the research and data sharing pathway.

### Spotlight: UHDA: By those who know it best

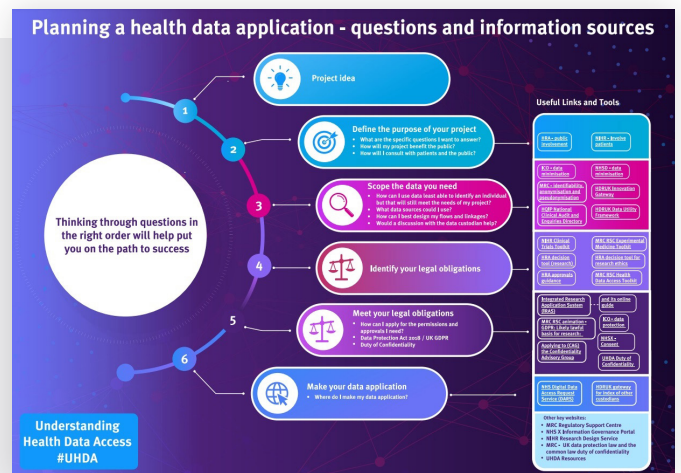
You can find out more about this project by reading the following two blogs, which share the story of its delivery from the personal perspective of those involved:

- [Understanding Health Data Access – a challenge and a half!](#) (Yvonne Silove, Associate Director, HQIP)
- [Working with patients & the public to explain access to health data](#) (Kim Rezel, Patient and Public Involvement Lead, HQIP).

“ Thank you- this is an amazing resource! The videos are very well done. ”

UHDA survey respondent

Following the publication of these resources, we undertook a survey to measure their effectiveness among target audiences. 26 people, of whom 30% were data applicants and another 30% were Data Protection Officers (DPOs) / Information Governance (IG) experts. The feedback was universally positive with, for example, 100% of respondents saying they would be likely to recommend the *The Duty of Confidentiality* film to a colleague.







## Faculty of Medical Leadership and Management (FMLM)

The National Medical Director’s Clinical Fellow Scheme provides doctors in training with the opportunity to spend one year out of a clinical setting in order to develop skills in leadership, management and health policy. We were delighted to welcome Dr Hannah Wright from University College London Hospitals as our 2020-21 Clinical Fellow in the summer of 2020. Since taking this post, Dr Wright has been involved in many cross-disciplinary activities but, of note, are the following two projects:

- Engaging trainee doctors in clinical audit: Looking at how the audit community can best reach this important audience, and support them to engage with the information available.

- Early years: Drawing together findings from across a number of audits related to early years practice.

The outcomes from Dr Wright’s work will be available in 2021. In the interim, her webinar on how audits offer an opportunity for trainee doctors to better understand clinical disciplines can be found [here](#).

We also wish to thank our out-going Clinical Fellow, Dr Sam Bartlett-Pestell. To find out more about his work and the benefits of pursuing a National Medical Director Fellowship, you can listen to this [online podcast](#), where he takes part in a Q&A with HQIP’s Medical Director, Professor Danny Keenan.

## Spotlight: Training future healthcare leaders

We supported the Faculty of Medical Leadership and Management (FMLM) to deliver a new training module for the Senior Registrars and Chief Residents of Wessex Deanery, which focuses on using data for improvement.

‘Data data data’ is a one-day interactive online training course which aims to support clinicians to find the data they need, how to use it in the right way to measure

change, and understand the human elements of using data to achieve improved patient outcomes through building consensus. We held two successful training events which were extremely well received, with positive feedback from the healthcare leaders who attended:

*“I found the examples of uses of data and its interpretation really helpful. Excellent facilitators. Very helpful course.”*

**Chief Resident attendee**



## Clinical Audit Awareness Week

Given the success of CAAW in 2019, HQIP continued with the same approach in 2020. A small number of enhancements were introduced, including a resource toolkit with social media graphics, posters and a template press release as well as a new award to mark International Year of the Nurse and Midwife 2020 – the Florence Nightingale Award.

We were delighted with the increased engagement with CAAW 2020, which was particularly evident on Twitter (the following table shows engagement during the nine days that the campaign was running; 2019 compared to 2020):

Dates	Twitter impressions	% Increase / decrease on previous year
2019 (24 Nov-2 Dec)	93,100	216% increase
2020 (22-30 Nov)	150,800	62% increase

## Audit Heroes Awards

The Audit Heroes Awards are an important part of CAAW and, here too, we saw evidence of much increased engagement:

Award	No. of entries 2019	No. of entries 2020
Clinical Audit Professional	46	30
Team of the Year	55	106
Clinical Practitioner of the Year	47	57
Student of the Year	6	9
Volunteer of the Year	4	10
Florence Nightingale Award	N/A	22
<b>Total</b>	<b>158</b>	<b>234</b>

We wish to extend our congratulations to all our Audit Heroes for 2020, and thank them for their continued dedication to improving healthcare through clinical audit. Details of all the winners can be found [online](#).



“ A great example of how people with lived experience can help staff understand what matters to service users ”

Audit Heroes judging panel, in relation to Ceredigion Total Communication Auditors, joint local winner, Volunteer of the Year

## The Richard Driscoll Memorial Award

The 2020 Richard Driscoll Memorial Award for outstanding work in patient and public involvement was awarded to the National Early Inflammatory Arthritis Audit (NEIAA), which captures information about care quality in NHS rheumatology outpatient services. During a challenging year in the healthcare sector, the judging panel recognised the audit’s excellent patient-led approach to their work, which continued throughout the COVID-19 pandemic.

The award was presented at our Annual General Meeting – the first to be held virtually – on 17 November 2020. The winners gave a presentation to an audience comprising HQIP staff, our Service User Network (SUN) members and the HQIP Trustees. More information about the winning audit can be found [here](#).

## Patient voice

*We have welcomed the opportunity to work with HQIP to promote the value of clinical audit by identifying improvements in patient outcomes to both clinicians and patients/carer representatives.*

Adrian Hardy, Chair,  
Service User Network (SUN)

## Spotlight: Falls and Fragility Fracture Audit Programme (FFFAP)

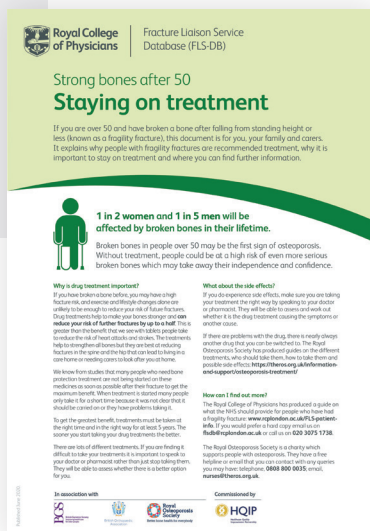
FFFAP provides an excellent example of the types of meaningful outputs from our programme that are developed in partnership with those receiving healthcare services.

The audit’s [Patient and Carer panel](#) informed the design of a patient focused ‘one-stop-shop’ [platform](#) to share improvement stories and provide links to relevant resources across the sector. They also supported the development of their own resources including the [Strong bones after 50 guide](#), which supports patients to stick with their treatment, as well as a lay-friendly video and some infographics to communicate key points ‘at a glance’. Find out more [here](#).



The experience of patients and their families is at the heart of everything we do. This is underpinned by our Service User Network (SUN), an advisory group of patients, patient representatives and carers, whose experiences inform our processes, decision-making and outputs.

We would like to give credit to all our audits for their continued dedication to patient and public involvement (PPI) throughout the COVID-19 pandemic, often using tenacity and ingenuity to make this a reality. One such programme is the National Neonatal Audit Programme (NNAP) who, in response to COVID-19, switched to holding all meetings online from March 2020. This was a big change for the project as they usually have regular in-person meetings with external partners in attendance. However, it had an unforeseen positive consequence with the NNAP reporting that “attendance has never been higher” for PPI meetings!



## Foundations for future healthcare

### Methodology Advisory Group

Our Methodology Advisory Group (MAG) was reinvigorated in 2020-21 to bring together methodologists and other interested parties to take part in a series of online webinars to carry out a review of the metrics in the National Clinical Audit and Patients Outcome Programme (NCAPOP). The aim was to address points such as how to support best practice and benchmarking, taking into consideration a drive towards real-time data and digital integration. So far, four webinars have taken place:

- August 2020 (35 participants): A collaborative approach to metrics – getting started
- October 2020 (40 participants): How can we improve the timeliness of reporting for providers?
- November 2020 (40 participants): Focusing on patient reported outcomes and experience
- November 2020 (25 participants): Making the most of the National Clinical Audit Benchmarking (NCAB) project.

*“Wide range of stakeholders contributing - will make ideas on how to move forward more robust and likely to succeed”*

Methodology Advisory Group participant

These sessions were extremely useful with an array of detailed findings to support us in designing a programme that is fit-for-purpose, for both data providers and data users, in the future. Outcomes include:

- A Methodology Manual for data providers
- A MAG Community of Practice (to support the sharing of and learning from QI-related topics), and
- A review of outlier policy and guidance.

## Enabling data-informed health research

We are proud to support Health Data Research UK (HDR UK) to populate their [Innovation Gateway](#), an application that will support researchers and innovators to discover and access data from the UK Health Data Research Alliance in a safe and responsible manner. They are working with multiple healthcare and research organisations, and specifically identified HQIP as a data custodian of a large number of datasets that are of interest and value to their audiences. As such, HQIP has been uploading metadata onto the Gateway from circa 70 NCAPOP datasets throughout 2020-21. This project will carry on into 2021-22.

HQIP's data assets and processes were highlighted in a national collaborative event hosted the National Institute for Health Research (NIHR) in March 2021. In our presentation to over 250 healthcare researchers, we outlined our datasets available to researchers, and summarised how HQIP and Health Data Research UK (HDR UK) are working together to ensure that information about those datasets is accessible via HDR UK's Innovation Gateway.

Sessions at the event were recorded, and can be viewed online through [NHS Digital](#).

## Programme scoping

It is important that we review the scope of our programmes, consulting with sector audiences to ensure that they continue to meet their needs. As such, we plan to run an engagement exercise aimed at service users, carers, professionals, charities, and other communities and national organisations to gather feedback on the National Diabetes Audit (NDA), which is currently commissioned until June 2022.

The feedback will be considered, together with NHS England, and appropriate amendments will be made to the NDA specification (which will describe how the NDA will be delivered, what it will do and what it will produce going forward).



## The future

### Lessons learned

The lessons learned during the COVID-19 pandemic have helped to inform much improved ways of working, providing:

- Rapid mobilisation of the NCAPOP providers with skilled expertise on tap
- Increased flexibility and responsiveness
- A dynamic and agile way of working
- Proof that a focused and unified drive for targeted COVID-19 information across a complex healthcare landscape is possible
- Vital contemporaneous information to government, the NHS and hospitals across the country
- Rapid ability to gather and analyse data
- Timely reporting, and
- Transformation of information governance.

### Planned activity for 2021-22

The gains from the COVID-19 response should not be lost and should now be embedded and sustained in future ways of working, both within HQIP and in relation to our work in the sector.

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 (from data to meaningful information).

# Trustees' report

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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 2021. 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 issued in July 2014.

## 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, including 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:

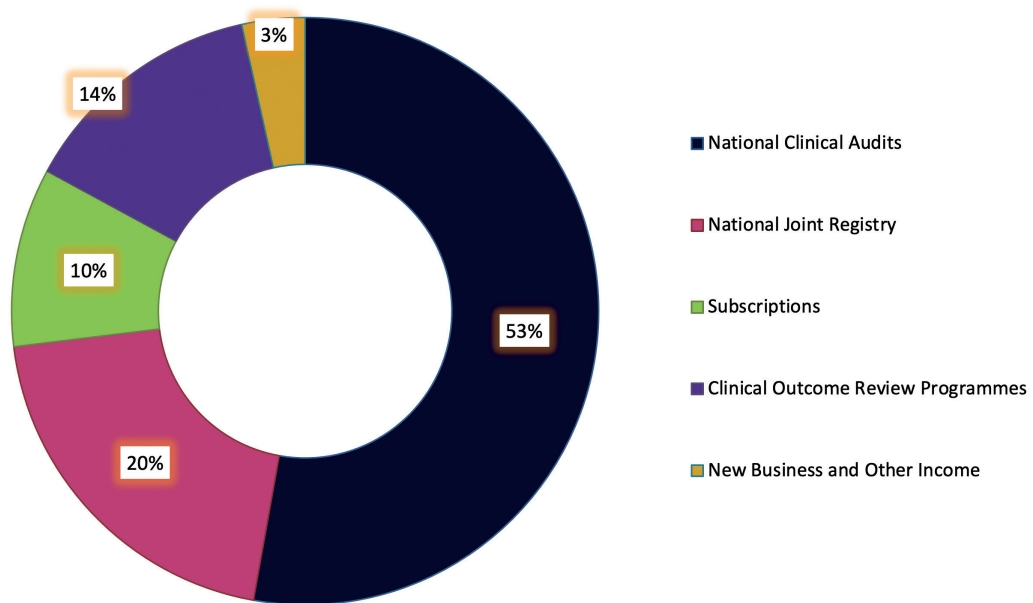
- There is no relevant audit information of which the charitable company's auditor is unaware; and
- The Trustees have taken all the steps that they ought to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information

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.

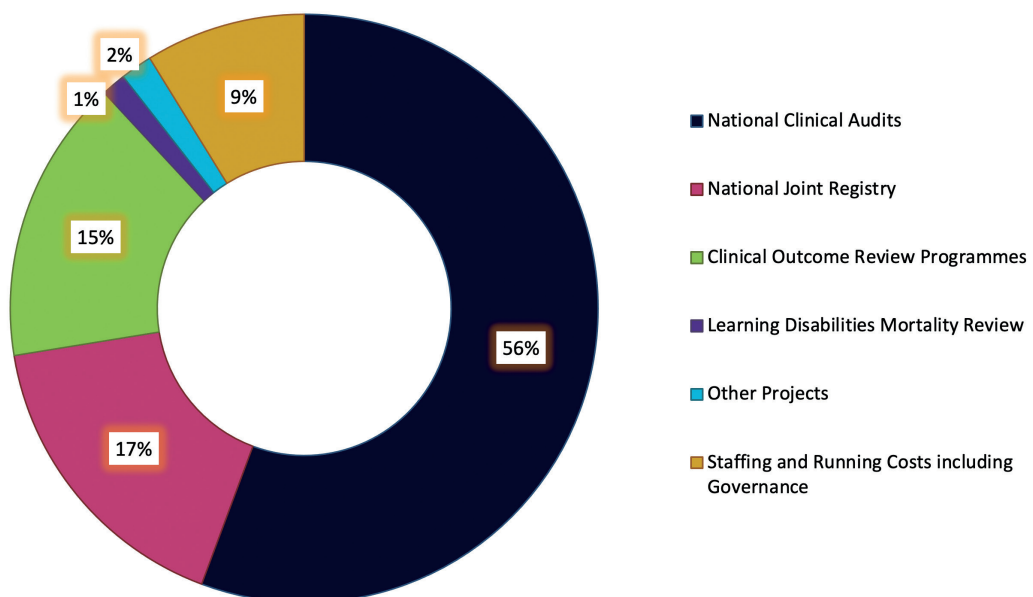
# Financial report

## Results for the year

**Fig 1: Where our funding comes from**



**Fig 2: How we spend our money**





## Income

During the year ended 31 March 2021, HQIP received income totaling £20,719,346 (2020: £17,224,683) of which £19,136,113 (2020: £15,705,725) was for restricted purposes, and £1,583,233 (2020: £1,518,958) was for the general purposes of the charity including management support fees of £1,300,000 (2020: £1,300,000).

Income included £9,331,515 (2020: £7,334,052) to finance national clinical audits. In addition, HQIP collected subscriptions of £2,019,500 (2020: £2,081,500) from NHS Trusts to support national audits. The Scottish Government contributed £311,089 (2020: £465,811) to NCAPOP programmes.

In 2020-21, income for the Clinical Outcome Review Programmes totalling £2,821,352 (2020: £1,637,796) was collected from all UK Administrations. This included funding for the National Child Mortality Database. The Department of Health and Social Care provided £185,783 (2020: £30,964) for development of a Perinatal Mortality Review Tool.

In 2020-21, the National Joint Registry (NJR) collected subscriptions totalling £3,423,026 (2020: £3,236,330). Other income of £773,045 (2020: £703,912) 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 £54,779 (2020: £47,904) were received from the Health Foundation. Income of £53,023 (2020: £42,080) was received for a pilot project with independent sector healthcare providers.

## Expenditure

In 2020-21, HQIP commissioned and managed national clinical audit contracts with a total value of £11,336,342 (2020: £10,656,230).

Expenditure on the Clinical Outcome Review Programmes, was £3,188,411 (2020: £3,360,769). Expenditure on the Learning Disabilities Mortality Review was £275,674 (2020: £802,763).

Expenditure on the management and development of the National Joint Registry was £3,414,078 (2020: £3,775,741).

Expenditure on Clinical Outcomes Publication was £38,860 (2020: £127,950) including National Clinical Audit Benchmarking.

In 2020-21, HQIP spent a total of £131,428 (2020: £85,930) on Quality Improvement and Development work.

Expenditure on the development of Clinical Service Accreditation was £0 (2020: £46,379).

Other direct charitable expenditure, including support costs, totalled £1,978,980 (2020: £1,929,226).

## Financial position

The balance sheet at 31 March 2021 shows total funds of £14,107,216 (2020: £13,751,064), including restricted funds totalling £11,833,219 (2020: £11,637,690) and unrestricted funds comprising general funds of £1,689,597 (2020: £1,501,388), tangible and intangible fixed assets of £17,710 (2020: £31,297) and designated funds of £566,689 (2020: £580,689).

At 31st March 2021, the charity retained free reserves of £1,689,597 (2020: £1,501,388).

## 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' staffing and lease commitments (forecast at £1,306,091 to £1,959,136 in 2021-22). The actual free reserves of £1,689,597 at March 2021 were within this range.

There are, in addition, designated funds of £566,689 (see Note 17). Trustees keep this position under regular review.

## Risk management

The Board of Trustees maintains a comprehensive Risk Register which is reviewed and discussed at every Board Meeting. Risks fall into 4 categories:

- Governance and legal
- People, leadership and management
- Delivery and impact
- Finance.

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

### Risk 1: Impact of COVID on

- HQIP's ability to commission
- The service's ability to participate in NCAPOP
- Management of Outliers from the NCAPOP.

Mitigation: Emergency regulation 72 C-19 procurement notices put in place; legal advice sought; approach agreed and signed off by NHS England; approach to management of outliers discussed and agreed with NHSE and CQC; additional procurement resources brought in to manage workload.

### Risk 2: Trustee skills gaps

Mitigation: Handover from chair to chair plus CEO to have induction sessions and identify further requirement; selection process for Trustees from parent group proposals; Trustee Induction programme for new Board members; availability of Trustee development courses through Auditors; annual reviews with Chair of Trustees; phased approach to Trustee recruitment where possible to ensure effective Board operations; skills audit of Trustees completed and used, with diversity considerations, to target future recruitments.

### Risk 3: Dependency on one substantive contract

Mitigation: Role of Director of Operations for Business Development appointed to lead efforts in diversifying income and reducing dependency; strategy and implementation plan adopted to support a move to multiple income streams and HQIP onto a more sustainable footing; Board of Trustees away day revisited ambition and risks with output included in HQIP's 2020-21 operational plan.

### Risk 4: National opt out impact on integrity of robust national data

Mitigation: Close discussions with NHSE and DHSC to understand and raise awareness of implications; further extension of compliance deadline to September 2021.

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: 18 November 2021

# 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 2021 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including 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 2021 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 21, 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.

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.

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

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.

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.



## 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

Devonshire House  
60 Goswell Road  
London  
EC1M 7AD

Date: 18 November 2021

# Statement of financial activities for the year to 31 March 2021

		Unrestricted Funds	Restricted Funds	Total 2021	Total 2020
	Note	£	£	£	£
INCOME AND EXPENDITURE					
<b>Income</b>					
Income from Investments	2	3,000	3,000	6,000	56,218
Charitable Activities					
Management, development and promotion of Clinical Audit	3	1,564,833	19,133,113	20,697,946	17,158,678
Other income	4	15,400	-	15,400	9,788
<b>Total Income</b>		1,583,233	19,136,113	20,719,346	17,224,683
<b>Expenditure</b>					
Charitable activities					
Management, development and promotion of Clinical Audit	5	1,459,163	18,904,031	20,363,194	20,785,008
<b>Total Expenditure</b>		1,459,163	18,904,031	20,363,194	20,785,008
<b>Net Income/ (Expenditure)</b>	7	124,070	232,082	356,152	(3,560,325)
Transfers between funds		36,552	(36,552)		
<b>Net movement in funds</b>		160,622	195,530	356,152	(3,560,325)
Balances brought forward at 1 April 2020		2,113,374	11,637,689	13,751,064	17,311,389
<b>Balances carried forward at 31 March 2021</b>		2,273,996	11,833,219	14,107,215	13,751,064

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 2021

		2021	2021	2020	2020
	Notes	£	£	£	£
<b>Fixed assets</b>					
Intangible fixed assets	11		-		-
Tangible fixed assets	12		17,710		31,297
			17,710		31,297
<b>Current assets</b>					
Debtors due within one year	13	891,781		1,813,656	
Cash at bank and in hand		18,148,690		18,047,936	
		19,040,471		19,861,592	
<b>Creditors: amounts falling due within one year</b>	14	4,950,965		6,141,825	
<b>Net current assets</b>			14,089,506		13,719,766
<b>Total net assets</b>			14,107,216		13,751,064
<b>Funds and reserves</b>					
Restricted funds	15		11,833,219		11,637,690
Unrestricted funds					
General fund		1,689,597		1,501,388	
Tangible fixed assets fund	16	17,710		31,297	
Designated funds	17	566,689		580,689	
			2,273,996		2,113,374
			14,107,216		13,751,064

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: 18 November 2021

# Statement of cash flows for the year ended 31 March 2021

	2021	2020
	£	£
<b>Cashflow from operating activities</b>		
<b>Net cash (used in) / provided by operating activities</b>	<b>96,689</b>	<b>(1,765,895)</b>
<b>Cashflows from investing activities</b>		
Investment income and interest received	6,000	56,218
Payments to acquire tangible fixed assets	(1,936)	(12,584)
	4,064	43,634
<b>Net (decrease) / increase in cash and cash equivalents</b>	<b>100,754</b>	<b>(1,722,261)</b>
Cash and cash equivalents at the beginning of the year	18,047,936	19,770,197
<b>Cash and cash equivalents at end of year</b>	<b>18,148,690</b>	<b>18,047,936</b>
<b>Reconciliation of net income to net cash flow from operating activities</b>		
<b>Net income / (expenditure) including endowments</b>	<b>356,152</b>	<b>(3,560,325)</b>
<b>Adjustments for:</b>		
Depreciation charge	15,523	13,031
Amortisation charge	0	0
Disposals	0	0
Interest receivable	(6,000)	(56,218)
Increase in debtors	921,874	3,412,790
(Decrease) in creditors	(1,190,860)	(1,575,173)
<b>Net cash inflow / (outflow) from operating activities</b>	<b>96,689</b>	<b>(1,765,895)</b>



# Notes to the accounts 2020-21

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## 1. Accounting policies

### a) Basis of accounting

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

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

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

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

### b) Going concern

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

### c) Income

Income is recognised net of VAT in the period in which the charity is entitled to receipt and the amount can be measured with reasonable certainty. Income is deferred only when the charity has to fulfil conditions before becoming entitled to it or where the donor or funder has specified that the income is to be extended 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
- Clinical Outcomes Publication
- 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 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) 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.

ii) 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 2021
	£	£	£
Bank interest receivable	3,000	3,000	6,000
	Unrestricted Funds	Restricted Funds	Total 2020
	£	£	£
Bank interest receivable	28,109	28,109	56,218

### 3. Income from charitable activities

Income from contracts	Unrestricted Funds	Restricted Funds	Total 2021
	£	£	£
<b>NHS England &amp; Wales</b>			
Management Support Fee	1,300,000	-	<b>1,300,000</b>
NCAPOP Audits	-	9,331,515	<b>9,331,515</b>
NCAPOP Subscriptions	-	2,019,500	<b>2,019,500</b>
Subscriptions Admin Fees	20,500	-	<b>20,500</b>
<b>All UK Administrations and Crown Dependencies</b>			
CORP Programme Income	-	2,821,352	<b>2,821,352</b>
NCAPOP (Scottish Contributions)	-	311,089	<b>311,089</b>
Programme Management Fees	213,208	-	<b>213,208</b>
Department of Health & Social Care		185,783	<b>185,783</b>
NJR Subscriptions Income	-	3,423,026	<b>3,423,026</b>
NJR Other Income	-	773,045	<b>773,045</b>
Health Foundation Grants		54,779	<b>54,779</b>
Data Access Requests	25,125		<b>25,125</b>
Other New Business	6,000	213,023	<b>219,023</b>
<b>Total</b>	<b>1,564,833</b>	<b>19,133,113</b>	<b>20,697,946</b>



### 3. Income from charitable activities (continued)

Income from contracts	Unrestricted Funds	Restricted Funds	Total 2020
	£	£	£
<b>NHS England &amp; Wales</b>			
Management Support Fee	1,300,000	-	<b>1,300,000</b>
NCAPOP Audits	-	7,334,052	<b>7,334,052</b>
NCAPOP Subscriptions	-	2,081,500	<b>2,081,500</b>
Subscriptions Admin Fees	18,500	-	<b>18,500</b>
Surgical mesh data requirements	-	47,412	<b>47,412</b>
<b>All UK Administrations and Crown Dependencies</b>			
CORP Programme Income	-	1,606,832	<b>1,606,832</b>
NCAPOP (Scottish Contributions)	-	465,811	<b>465,811</b>
Programme Management Fees	154,562	-	<b>154,562</b>
Department of Health & Social Care		30,964	<b>30,964</b>
NJR Subscriptions Income	-	3,236,330	<b>3,236,330</b>
NJR Other Income	-	703,912	<b>703,912</b>
Health Foundation Grants		47,904	<b>47,904</b>
Accreditation work		36,000	<b>36,000</b>
Data Access Requests	8,000		<b>8,000</b>
New Business		86,899	<b>86,899</b>
<b>Total</b>	<b>1,481,062</b>	<b>15,677,616</b>	<b>17,158,678</b>

### 4. Other income

	Unrestricted Funds	Restricted Funds	Total 2021
	£	£	£
Miscellaneous income	15,400	-	<b>15,400</b>
	Unrestricted Funds	Restricted Funds	Total 2020
	£	£	£
Miscellaneous income	9,788	-	<b>9,788</b>



## 5. Charitable activities

	Unrestricted Funds	Restricted Funds	Total 2021
	£	£	£
<b>Management, development and promotion of clinical audit</b>			
<b>National Clinical Audit &amp; Patient Outcomes Programme (NCAPOP)</b>			
NCAPOP Audits	-	11,336,342	<b>11,336,342</b>
NCAPOP Retendering & Support Costs	-	1,917	<b>1,917</b>
<b>Clinical Outcome Review Programmes</b>			
Programme Costs	-	3,188,411	<b>3,188,411</b>
Learning Disabilities Mortality Review	-	275,674	<b>275,674</b>
Governance	-	-	-
Staff Costs	636,307	356,085	<b>992,392</b>
Support Costs	800,823	-	<b>800,823</b>
	<b>1,437,130</b>	<b>15,158,429</b>	<b>16,595,559</b>
<b>National Joint Registry (NJR)</b>			
NJR Programme Costs	-	2,549,891	<b>2,549,891</b>
Staff Costs	-	616,698	<b>616,698</b>
Support Costs	-	247,489	<b>247,489</b>
	-	<b>3,414,078</b>	<b>3,414,078</b>



## 5. Charitable activities (continued)

	Unrestricted Funds	Restricted Funds	Total 2021
	£	£	£
<b>Clinical Outcomes Publication</b>			
Clinical Outcomes Publication	-	31,350	<b>31,350</b>
National Clinical Audit Benchmarking	7,510	-	<b>7,510</b>
Staff Costs	-	-	-
Support Costs	-	-	-
	7,510	31,350	<b>38,860</b>
<b>Quality Improvement and Development</b>			
Support to local audit	5,000	15,654	<b>20,654</b>
Education & Training	9,523	-	<b>9,523</b>
Staff Costs met from Health Foundation Grants	-	101,251	<b>101,251</b>
Support Costs	-	-	-
	14,523	116,905	<b>131,428</b>
<b>Development of Clinical Service Accreditation</b>			
Direct Costs	-	-	-
Staff Costs	-	-	-
	-	-	-
<b>New Business Activities</b>			
Direct Costs	-	56,061	<b>56,061</b>
Staff Costs	-	127,208	<b>127,208</b>
	-	183,269	<b>183,269</b>
	1,459,163	18,904,031	<b>20,363,194</b>

## 5. Charitable activities (continued)

	Unrestricted Funds	Restricted Funds	Total 2020
	£	£	£
<b>Management, development and promotion of clinical audit</b>			
<b>National Clinical Audit &amp; Patient Outcomes Programme (NCAPOP)</b>			
NCAPOP Audits	-	10,656,230	<b>10,656,230</b>
NCAPOP Retendering & Support Costs	-	9,505	<b>9,505</b>
Data Access Requests	2,397	-	<b>2,397</b>
<b>Clinical Outcome Review Programmes</b>			
Programme Costs	-	3,360,769	<b>3,360,769</b>
Learning Disabilities Mortality Review	-	802,763	<b>802,763</b>
Governance	-	8,733	<b>8,733</b>
Staff Costs	626,024	428,366	<b>1,054,391</b>
Support Costs	700,626	-	<b>700,626</b>
	<b>1,329,047</b>	<b>15,266,366</b>	<b>16,595,413</b>
<b>National Joint Registry (NJR)</b>			
NJR Programme Costs	-	2,991,566	<b>2,991,566</b>
Staff Costs	-	547,749	<b>547,749</b>
Support Costs	-	236,426	<b>236,426</b>
	-	<b>3,775,741</b>	<b>3,775,741</b>

## 5. Charitable activities (continued)

	Unrestricted Funds	Restricted Funds	Total 2020
	£	£	£
<b>Clinical Outcomes Publication</b>			
Clinical Outcomes Publication	-	46,350	<b>46,350</b>
National Clinical Audit Benchmarking	4,596	25,504	<b>30,100</b>
Staff Costs	-	36,500	<b>36,500</b>
Support Costs	-	15,000	<b>15,000</b>
	4,596	123,354	<b>127,950</b>
<b>Quality Improvement and Development</b>			
Support to local audit	5,000	11,455	<b>16,455</b>
Education & Training	7,155	-	<b>7,155</b>
Staff Costs met from Health Foundation Grants	-	62,320	<b>62,320</b>
Support Costs	-	-	-
	12,155	73,775	<b>85,930</b>
<b>Development of Clinical Service Accreditation</b>			
Direct Costs	-	29,057	<b>29,057</b>
Staff Costs	-	17,322	<b>17,322</b>
	-	46,379	<b>46,379</b>
<b>New Business Activities</b>			
Direct Costs	8,800	451	<b>9,251</b>
Staff Costs	76,886	67,459	<b>144,345</b>
	85,686	67,910	<b>153,596</b>
	1,431,484	19,353,524	<b>20,785,008</b>

## 6. Support costs

	Contract Mgt & Commissioning	National Joint Registry Per MOU	Stability Fund	Total 2021	Total 2020
Staff costs (Core Team Apportioned)	464,048	112,390		<b>576,438</b>	504,141
Procurement Consultancy	44,722	2,678	14,000	<b>61,400</b>	-
Other Staff Costs and Sundry Expenses	897			<b>897</b>	1,184
Staff Training	5,014			<b>5,014</b>	6,805
Staff Recruitment	4,020			<b>4,020</b>	17,199
Advertising & Publicity	400			<b>400</b>	6,403
Financing & Bank Charges	672	384		<b>1,056</b>	1,364
Hire of Office Equipment	297	170		<b>467</b>	1,101
Working from Home Costs	758	433		<b>1,191</b>	-
Website Design and hosting	2,620			<b>2,620</b>	13,177
Marketing Automation	20,768			<b>20,768</b>	13,914
Premises Costs (Rent & Facilities Charges)	123,195	70,397		<b>193,592</b>	189,653
Computer Equipment & Software	17,448	9,970		<b>27,418</b>	28,762
IT Support	29,080	16,617		<b>45,697</b>	48,394
Printing, Stationery & Office Supplies	1,754	1,002		<b>2,756</b>	3,823
Postage	804	459		<b>1,263</b>	1,202
Telephone	8,198	4,684		<b>12,882</b>	11,248
Other Accommodation Costs and Room Hire	802	458		<b>1,260</b>	3,089
Travel, Subsistence & Accommodation	92			<b>92</b>	10,711
Service User Network	25			<b>25</b>	1,825
Subscriptions	386			<b>386</b>	601
Communications	2,701			<b>2,701</b>	1,016
Other Meeting Costs inc. Catering	69			<b>69</b>	1,460
Insurance	26,861	15,349		<b>42,210</b>	40,908



## 6. Support costs (continued)

	Contract Mgt & Commissioning	National Joint Registry Per MOU	Stability Fund	Total 2021	Total 2020
Professional Fees - HR Consultancy	1,731	989		<b>2,721</b>	9,703
Job Levelling Exercise					480
Depreciation	9,878	5,645		<b>15,523</b>	13,031
Amortisation	-			-	-
Loss on Disposals				-	-
<b>Governance:</b>	-				
<i>Audit Fees</i>	11,074	4,746		<b>15,820</b>	14,390
<i>Other auditor's remuneration</i>	2,605	1,117		<b>3,722</b>	270
<i>Legal and other Governance Costs</i>	5,904			<b>5,904</b>	12,601
<i>Trustee expenses</i>	-			-	2,397
	<b>786,823</b>	<b>247,489</b>	<b>14,000</b>	<b>1,048,312</b>	<b>960,852</b>

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

	2021	2020
Commissioning and contract management of clinical audit	<b>786,823</b>	700,626
National Joint Registry	<b>247,489</b>	236,426
New Business Development	-	8,800
Consultant Outcomes Publication	-	15,000
Stability Fund	<b>14,000</b>	-
	<b>1,048,312</b>	<b>960,852</b>

## 7. Net movement in funds

This is stated after charging:

	Unrestricted	Restricted	2021 Total
<b>Auditor's remuneration</b>			
Statutory audit services	11,074	4,746	<b>15,820</b>
Other services	2,605	1,117	<b>3,722</b>
Depreciation	15,523	-	<b>15,523</b>
Operating Lease Rentals	179,760	-	<b>179,760</b>

	Unrestricted	Restricted	2020 Total
<b>Auditor's remuneration</b>			
Statutory audit services	10,073	4,317	14,390
Other services	189	81	270
Depreciation	13,031	-	13,031
Operating Lease Rentals	176,765	-	176,765



## 8. Employee and staff costs

	2021	2020
	£	£
Wages and Salaries	1,873,106	1,660,213
Social Security Costs	214,737	192,558
Pension Costs (Aegon Scottish Equitable)	96,307	82,262
Pension Costs (NHS)	11,104	11,945
Pension Admin Charges	1,900	2,259
Cost of Secondments	87,503	261,323
Cost of Agency Staff	129,329	156,207
	<b>2,413,986</b>	<b>2,366,768</b>

Staff costs have been allocated as follows:

	2021	2020
	£	£
Management, development and promotion of clinical audit	992,392	1,054,391
Clinical Outcomes Publication	0	36,500
National Joint Registry	616,698	547,749
Quality Improvement and Development	101,251	62,320
Accreditation	0	17,322
New Business Activities	127,208	144,345
Support Costs	576,438	504,141
	<b>2,413,986</b>	<b>2,366,767</b>



## 8. Employee and staff costs (continued)

The average number of employees during the period and the actual numbers at 31 March 2021 calculated on a full time equivalent basis, analysed by function, was as follows:

	2021	2021	2020	2020
	Av No.	Actual	Av No.	Actual
<b>Charitable activities</b>				
Contract Management & Commissioning	11.2	13	14.0	16
NJR Team	9.1	11	7.8	11
Management and Core Services	9.2	11	7.1	9
<b>TOTAL</b>	<b>29.5</b>	<b>35</b>	<b>28.8</b>	<b>36</b>

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

	2021	2020
£60,000-70,000	3	4
£70,000-80,000	4	3
£80,000-90,000	4	3
£90,000-100,000	0	1
£100,000-110,000	1	0
£110,000-120,000	1	1

HQIP made contributions to defined contribution schemes totalling **£11,104** (2020: £11,945).

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 **£452,527** (2020: £431,264).



## 9. Trustees' remuneration

None of the Trustees received any remuneration in respect of their services during the period (2020: £Nil).

During the year out of pocket travelling expenses amounting to **£Nil** were reimbursed to Trustees (2020: £2,397 to five trustees).

The charity has purchased insurance to protect the charity from any loss arising from the neglect or defaults of its trustees, employees and agents and to indemnify the trustees or other officers against the consequences of any neglect or default on their part. The insurance premium paid by the charity during the period totalled **£42,210** and provides cover up to a maximum of **£10,000,000.00** (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

	Fixtures, fittings & equipment
<b>Cost</b>	<b>£</b>
At 1 April 2020 and 31 March 2021	61,089
	61,089
<b>Amortisation</b>	
At April 2020	61,089
Charge for the Year	0
At March 2021	61,089
<b>Net Book Values</b>	
<b>At March 2021</b>	-
At March 2020	0

## 12. Tangible fixed assets

	Fixtures, fittings & equipment
<b>Cost</b>	<b>£</b>
At 1 April 2020	90,107
Additions	1,936
Disposals	-
	92,043
<b>Depreciation</b>	
At April 2020	58,809
On Disposals	-
Charge for the Year	15,523
At March 2021	74,332
<b>Net Book Values</b>	
<b>At March 2021</b>	17,711
At March 2020	31,297



## 13. Debtors

	Unrestricted 2021	Restricted 2021	2021 £	2020 £
Trade Debtors	17,100	396,537	<b>413,637</b>	481,815
VAT Refundable	193,169	-	<b>193,169</b>	549,056
Prepayments & Other Debtors	63,528	24,814	<b>88,342</b>	580,282
Accrued income	1,141	195,493	<b>196,634</b>	202,502
	274,938	616,844	<b>891,781</b>	1,813,656
	Unrestricted	Designated	Restricted	
Analysis	2021	2021	2021	
Trade Debtors	17,100	-	<b>396,537</b>	
VAT Refundable	193,169	-	-	
Prepayments & Other Debtors	63,528	-	<b>24,814</b>	
Accrued income	1,141	195,493	<b>196,634</b>	
	273,797	195,493	<b>617,985</b>	

## 14. Creditors: Amounts falling due within one year

	2021 £	2020 £		
Expense creditors				
Trade Creditors	3,250,819	4,514,472		
Other Creditors	33,283	30,593		
Tax and social security	59,789	51,045		
Accruals	1,372,764	957,269		
Deferred income	234,310	588,446		
	4,950,965	6,141,825		
		<b>Restricted</b>	<b>Unrestricted</b>	<b>Designated</b>
Analysis				
Trade Creditors		3,217,391	33,428	-
Other Creditors		18,519	14,764	-
Tax and social security		26,408	33,381	-
Accruals		1,361,601	11,163	-
Deferred Income		215,610	18,700	-
		4,839,529	111,436	-



## 15. Restricted funds

	At 1 April 2020	Income	Expenditure	Transfers	At 31 Mar 2021
NCAPOP Audits	6,878,596	9,205,461	(11,384,342)	1,843,786	<b>6,543,502</b>
NCAPOP Subscriptions	-	2,019,500	(356,288)	(1,663,212)	<b>0</b>
Consultant Outcomes Publication	-	-	(31,350)	31,350	-
NCAPOP Scottish Extensions	-	311,089		(311,089)	-
NCAPOP Transition Costs	139,822	-	-		<b>139,822</b>
NCAPOP Retendering	-	-	(1,917)	1,917	-
Development of Clinical Service Accreditation	22,887	-	-		<b>22,887</b>
CORP Programme Costs including PMRT	3,688	3,133,190	(3,188,411)	51,533	<b>(0)</b>
Learning Disabilities Mortality Review	275,673	-	(275,674)		<b>(0)</b>
National Joint Registry	4,225,490	4,199,071	(3,414,078)	7,227	<b>5,017,710</b>
Support to local audit	-		(15,654)	15,654	<b>(0)</b>
Health Foundation Grant QI Fellow	24,597	-	(39,083)	4,560	<b>(9,926)</b>
Surgical mesh data requirements	11,051	-	-	(11,051)	-
Independent Sector Pilot Project	16,549	53,023	(10,500)		<b>59,072</b>
Health Foundation - Understanding Data Access	39,336	54,779	(88,347)	(3,627)	<b>2,141</b>
HDR UK Metadata Onboarding	-	160,000	(98,388)	(3,600)	<b>58,012</b>
	<b>11,637,690</b>	<b>19,136,113</b>	<b>(18,904,031)</b>	<b>(36,552)</b>	<b>11,833,219</b>

## 15. Restricted funds (continued)

	At 1 April 2019	Income	Expenditure	Transfers	At 31 Mar 2020
NCAPOP Audits	9,208,355	7,133,381	(10,656,230)	1,193,090	6,878,596
NCAPOP Subscriptions	-	2,081,500	(428,366)	(1,653,134)	(0)
Consultant Outcomes Publication	-	-	(101,625)	101,625	-
NCAPOP Scottish Extensions	-	465,811		(465,811)	0
NCAPOP Transition Costs	139,822	-	-	-	139,822
NCAPOP Retendering	-	-	(9,505)	9,505	-
Development of Clinical Service Accreditation	33,266	36,000	(46,379)	-	22,887
CORP Programme Costs including NMCRR & PMRT	731,453	1,838,467	(3,369,502)	803,270	3,688
Learning Disabilities Mortality Review	1,078,436	-	(802,763)	-	275,673
National Joint Registry	4,032,880	3,968,351	(3,775,741)	-	4,225,490
Support to local audit	-		(11,455)	11,455	-
Clinical Service Quality Measures	9,059	-	-	(9,059)	-
Health Foundation Grant QI Fellow	29,127	45,000	(49,530)	-	24,597
Health Foundation Grant Speed Data-ing	26,133	2,904	(29,036)	-	0
Surgical mesh data requirements	6,018	47,412	(42,379)	-	11,051
Independent Sector Pilot Project	-	42,080	(25,531)	-	16,549
Health Foundation - Understanding Data Access	-	44,819	(5,483)	-	39,336
	15,294,548	15,705,725	(19,353,525)	(9,059)	11,637,690

### 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 2020-21 appears in the Appendix.

#### Clinical Outcomes Publication

Clinical Outcomes Publication is an NHS England initiative managed by HQIP, to publish quality measures at individual consultant, team and unit level using national clinical audit and administrative data.

### 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.

## 15. Restricted funds (continued)

### **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. Two further programmes have been commissioned – a review of factors contributing to excess premature mortality for people with learning disabilities; and 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.

### **Mesh Registries**

HQIP was commissioned by the Department of Health and Social Care (DHCS) to undertake a feasibility study to investigate urogynaecological surgical mesh data requirements.

### **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 data providers 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 2020	Additions	Depreciation/ Amortisation	Disposals	At 31 March 2021
	£	£	£	£	£
Fixtures, fittings, equipment	31,297	1,936	(15,523)	-	17,710
	31,297	1,936	(15,523)	-	17,710

	At 1 April 2019	Additions	Depreciation/ Amortisation	Disposals	At 31 March 2020
	£	£	£	£	£
Fixtures, fittings, equipment	31,744	12,584	(13,031)	-	31,297
	31,744	12,584	(13,031)	-	31,297

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 2020	New designations	Utilised/ released	At 31 Mar 2021
	£	£	£	£
Stability Fund	580,689	-	(14,000)	566,689
	580,689	-	(14,000)	566,689

	At 1 April 2019	New designations	Utilised/ released	At 31 Mar 2020
	£	£	£	£
Stability Fund	666,375	-	(85,686)	580,689
	666,375	0	(85,686)	580,689

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 2021
<b>Fund balances at 31 March 2021 are represented by:</b>					
Tangible fixed assets	-	17,710	-	-	<b>17,710</b>
Current assets	1,801,034	-	566,689	16,672,748	<b>19,040,471</b>
Current liabilities	(111,436)	-	-	(4,839,529)	<b>(4,950,965)</b>
<b>Total Net Assets</b>	<b>1,689,598</b>	<b>17,710</b>	<b>566,689</b>	<b>11,833,219</b>	<b>14,107,216</b>

	General Fund	Fixed assets Fund	Designated Funds	Restricted Funds	Total 2020
<b>Fund balances at 31 March 2020 are represented by:</b>					
Tangible fixed assets	-	31,297	-	-	31,297
Current assets	1,615,741	-	586,592	17,659,260	19,861,592
Current liabilities	(114,353)	-	(5,903)	(6,021,570)	(6,141,825)
<b>Total Net Assets</b>	<b>1,501,388</b>	<b>31,297</b>	<b>580,689</b>	<b>11,637,690</b>	<b>13,751,064</b>

## 19. Contractual commitments

At 31 March 2021 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. Leasing commitments

At 31 March 2021 the charity had total commitments under non-cancellable leases falling due as follows:

	2021	2020
Under 1 year	<b>15,000</b>	179,760
2-5 years	-	15,000
	<b>15,000</b>	194,760

## 21. Pension commitments

HQIP operates a money purchase pension scheme for most employees however one member of staff was eligible for Direction status and HQIP therefore contributed to the NHS Pension Scheme for this employee.

The NHS Pension Scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the 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 contributions 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?Valuations.aspx>

Total pension costs in the period were £107,411 (2020: £94,207) and £21,240 (2020: £19,255) were payable at March 2021.

## 22. Related party transactions

HQIP commissioned the Royal College of Nursing HR Department to provide advice concerning the charity's HR policies. The total cost was £0 (2020: £5,703).

## 23. 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, 2020-21

## National Clinical Audits

Adult Diabetes:

- National Diabetes Foot Care Audit
- National Diabetes Inpatient Audit
- National Diabetes Transition
- National Pregnancy in Diabetes
- National Core Diabetes Audit

Anxiety and Depression – decommissioned in July 2020

Breast Cancer in Older Patients

Cardiovascular Disease Prevention Audit, CVDPREVENT – commissioned Feb 2021

Care at the End of Life

Chronic Obstructive Pulmonary Disease with Asthma:

- COPD secondary care
- Pulmonary rehabilitation
- Adult asthma
- Paediatric asthma
- Primary care (Wales only)

Dementia: Care in General Hospitals

Emergency Laparotomy

Falls and Fragility Fracture:

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

Lung Cancer

Maternal and Perinatal

National Cardiac Audit Programme:

- Adult Cardiac Surgery
- Congenital Heart Disease Audit
- Heart Failure Audit

- Heart Rhythm Management Audit
- Myocardial Ischemia Audit Programme
- Percutaneous Cardiac Intervention Audit

National Gastro-intestinal Cancer Audit:

- Bowel Cancer Audit
- Oesophago-Gastric Cancer Audit

National Joint Registry

National Vascular Registry

National Neonatal Audit Programme

Paediatric Diabetes

Paediatric Intensive Care Audit

Prostate Cancer Audit

Psychosis Audit

Early Inflammatory Arthritis Audit

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

Learning Disability – decommissioned in May 2020

National Child Mortality Database

## Non-NCAPOP Commissions

Perinatal Mortality Review Tool



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