

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

April 2021–March 2022



Trustees

Professor Dame Carrie MacEwen, DBE (Chair)

Alastair Henderson (Vice-chair)

Philip Grimshaw Baker

Michael Chapman – *resigned 4 August 2021*

Sarah Dunnett (Treasurer) – *resigned 24 March 2022*

Kalwant Grewal (Treasurer) – *appointed 22 March 2022*

Susan Masters

Miles Sibley - *resigned 3 February 2022*

Dr Victoria Tzortziou Brown, OBE

Gillian Coverdale – *appointed 18 November 2021*

Janice Gabriel – *appointed 18 November 2021*

Peter Bloomfield – *appointed 18 November 2021*

Chief Executive: Jane Ingham

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Company registration number: 6498947 (England and Wales)

Charity registration number: 1127049

Auditors: Moore Kingston Smith LLP, 9 Appold Street, London EC2A 2AP

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

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

VWV Solicitors, Narrow Quay House, Narrow Quay, Bristol, BS1 4QA

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HQIP and our vision

An independent organisation led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices, our primary aim is to improve health outcomes by enabling those who commission, deliver and receive healthcare to measure and improve the services provided. We achieve this by supporting robust quality improvement through national programmes of clinical audit, confidential enquiries and registries.

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 some cases, other devolved administrations and crown dependencies. This programme is comprised of circa 40 projects that collect and analyse data supplied by local clinical teams, in order to provide a national benchmarked picture of care standards for a wide range of conditions. We also host the National Joint Registry (NJR), who collect, analyse and report on data for hip, knee, ankle, elbow and shoulder joint replacement procedures. Described as a global exemplar of an implantable medical device registry, the NJR, which covers England, Wales, Northern Ireland, the Isle of Man and Guernsey continues to be the largest orthopaedic registry in the world, with an international reputation and now with around 3.7 million procedure records submitted.

Our work – and its value – goes far beyond data collection and managing clinical audits and registries- it supports evidence-based best practice. We publish a wide range of [reports and infographics](#) and host a dedicated benchmarking website, [National Clinical Audit Benchmarking \(NCAB\)](#), which provides a visual snapshot of individual Trust data alongside national benchmarks. We also offer a range of [resources and tools](#), including guidance and online learning as well as videos, case studies and themed 'signpost' updates. All of which aim to help healthcare professionals to understand local and clinical improvement need, and deliver effective and safe services. This support is further enhanced by our highly-specialised advisory and knowledge transfer services.

HQIP seeks to promote and celebrate the benefits and impact of clinical audit and quality improvement work in healthcare, hosting Clinical Audit Awareness Week (with awards for local 'clinical audit heroes'). 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. We instigate and develop relationships at national and local levels, including those involved in policy, health service planning and delivery, and research. Our work is aligned with other national bodies and their quality improvement programmes. As such, we interact with a broad spectrum of professional leadership bodies and organisations, including: NHS England and NHS Digital; the Department for Health and Social Care (DHSC); the governments of the devolved nations and crown dependencies (Scotland, Wales, Northern Ireland, Jersey, Guernsey and Isle of Man); the Care Quality Commission (CQC); The National Institute for Health and Care Excellence (NICE); the Faculty of Medical Leadership and Management (FMLM); the National Quality Improvement (Incl. Clinical Audit) Network (N-QI-CAN); Health Data Research UK; the Health Foundation; the Independent Healthcare Providers Network; and the Private Healthcare Information Network, among others.

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

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

Chair and CEO statement

We wish to begin by offering our thanks, and paying our respects, to everyone involved in managing, and affected by, COVID-19. When we look back on the remarkable events of the height of the pandemic, it is with astonishment. Not only because of the devastation it wreaked on so many lives, but also because of the response of everyone working in healthcare. Thanks to you all, we can now begin to look forward, and with hope.

That hope, however, is not a baseless expectation or desire for recovery. It is built on a tangible foundation that can lead to change, supporting robust and effective services - namely data. And that's where HQIP, and the work we commission, has been able to play an important role this year. Throughout much of the pandemic, the majority of our audits and programmes continued to collect data and generate evidence for meaningful improvement. In some cases we even saw a 'COVID-influenced' acceleration, with a move to live surveillance, providing real-time data to NHS England and other national agencies to support the nation's response to the virus.

Data is very much at the forefront of not only HQIP's thoughts but also the wider healthcare sector at this time. Knowing where to allocate our resources for maximum impact is now more important than ever. We are proud to manage circa 40 clinical programmes that have produced 70 reports, with almost 400 recommendations in 2021/22. We are also aware of the need to support expedient, as well as robust, planning for the future. 2022 saw the implementation of a number of changes to the National Clinical Audit and Patient Outcomes Programme (NCAPOP) which will ensure that it is fit-for-purpose for our increasingly digital era. These changes can be summarised as 'less is more' but are the result of a huge amount of painstaking thinking and consultation. If you would like to know more, HQIP's Medical Director, Professor Danny Keenan, explains all in a concise [blog](#) article.

We would like to tell you about a few other developments for 2022. We are delighted that [Clinical Audit Awareness Week](#) – complete with the Audit Heroes Awards – took place again in June 2022, in collaboration with the National Quality Improvement (Incl. Clinical Audit) Network (N-QI-CAN). We are also making the most of our role as a bridge between the providers and users of healthcare data to make two new publications available. Firstly, a new series of themed 'one-stop shop' newsletters to signpost to key quality improvement reports and resources (the first edition, out in March 2022, was about [maternity and newborn care](#)). And we are planning to launch a new '[quality improvement magazine](#)' in the autumn of 2022. Designed to supplement this annual report, it will be an 'easy-read' around the issues relating to data-informed quality improvement and aims to engage the wider healthcare sector.

More information on our projects can be found on the [HQIP website](#). We are excited to see them (together with the resultant reports and outcomes) come to fruition, and hope that you will join us in our enthusiasm by sharing details of these [resources](#) with your colleagues. Finally, we wish to thank our multitude of collaborators and supporters – which spans a range of local and national organisations and data providers through to healthcare professionals, policy makers and patients. Together, and with the appropriate 'foundations', we feel sure that we can continue to meet the needs of – and demonstrate improved outcomes for – patients, both now and in the future.

Best regards,

**Carrie MacEwen, DBE,
Chair**

**Jane Ingham,
CEO**

Our year in numbers

1 April 2021 to 31 March 2022

Programme outputs

70

Programme reports published

396

Recommendations

29

Infographics

4

In-focus reports

National Joint Registry (NJR)

Data analysed:

84,998

Hips

77,830

Knees

5,529

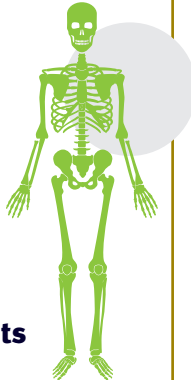
Shoulders

760

Elbows

710

Ankle replacements



20 Peer-reviewed journal articles featuring NJR data

National Clinical Audit Benchmarking (NCAB) website

4,987 Users

8,292 Sessions

1,221 Document (PDF) downloads

429 File (CSV) downloads

14 Audits added

Data access

80

Requests processed

Events

3 Health inequality webinars

75 Health inequality webinar attendees (average)

3 Community of practice sessions

21 Community of practice session attendees (average)

40 Online NCAPOP seminar attendees



Tenders

2 COVID-related extensions agreed

7 New contracts awarded

4 Tenders commenced



eLearning completed

55 Trainee doctors: How do we know we are doing a good job? : **778** Introduction to quality improvement for healthcare professionals : **670** Introduction to quality improvement for patients and public

Training

10 Data, data, data, for NHS executive/board trainees
11 Measuring for improvement, for registrar trainees

Resource views

Introduction to developing good data applications (Understanding Health Data Access) [video](#) : The duty of confidentiality (Understanding Health Data Access) [video](#)

767

2,107

An introduction to applying for HQIP datasets [video](#) : Professor Danny Keenan in conversation with Sam Bartlett-Pestel [podcast](#)

54



65

Patient and carer engagement

18 Involvement in commissioning (projects)
 Including: **5** Focus groups
10 Feedback presented at Specification Development Meetings
5 Involvement in scoring and evaluation of tenders
4 Richard Driscoll Memorial Award 2021 case studies

Mailing list subscribers

2,367

New subscribers

26,020

Total subscribers (31 March 2022)



HQIP website

316,771

Homepage unique page visits

108,594

Downloads

4

Blog articles

HQIP on Twitter

166

Tweets

1,490

Mentions

198,547

Impressions

512

New followers

5,528

Total followers (31 March 22)



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

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

Achievements and performance

This section provides an overview of HQIP's performance over the period from 1 April 2021 to 31 March 2022. In addition, short vignettes have been included in order to illustrate our impact in relation to specific activities and, where relevant, online links have been provided. Further information about HQIP generally can be found on our website: www.hqip.org.uk. Our key achievements this year include:

- ✓ Continued with - and in some cases restarted (following suspension due to the COVID-19 pandemic) - delivery of an on-going programme of activity, publishing 70 reports and 29 infographics across a multitude of clinical disciplines ranging from asthma to vascular health. 46 of these reports included recommendations, of which there were 396 in total. www.hqip.org.uk/national-programmes

Spotlight: The National Child Mortality Database (NCMD)



Of particular note was the work – and growing influence – of the NCMD in understanding child mortality. This data was used:

- To link with Public Health England (PHE) – and subsequently UK Health Security Agency – SARS-CoV2 (COVID-19) virology test results on a weekly basis
- To inform the Joint Committee on Vaccination and Immunisation (JCVI) and the Scientific Advisory Group for Emergencies (SAGE) to inform the UK’s response to COVID19
- By the Chief Medical Officer at Education Select Committee meetings
- For the Systems-wide Paediatric Observations Tracking (SPOT) programme
- To support the work of the Children and Young People’s Mental Health (CYPMH) team within NHS England, in relation to support for mental health conditions, eating disorders and suicide
- To share knowledge with the National Asthma Audit
- By the Child Death sub-group of the National Police Homicide Working Group to inform their work in relation to suicides and homicides
- To support decisions by the National Blind Cord focus group in response to deaths from blind cord strangulation
- For awareness-raising of safety-related alerts including suffocation with nappy sacks and drowning deaths, by the National Home Safety Committee
- To inform the work of the Integrated Care Partnership Development Programme.

[More information about NCMD](#)

- ✓ Awarded seven new contracts including the National Lung Cancer Audit, National Paediatric Critical Care and Diabetes Audits as well as audits on neonatal care and seizures/epilepsies in children. We also agreed two COVID-related extensions: Maternal, Newborn and Infant Clinical Outcome Review Programme (MNI-CORP), and the Perinatal Mortality Review Tool (PMRT).
- ✓ Commenced four new tenders: National Clinical Audit of Psychosis; Maternal, Newborn and Infant Clinical Outcome Review Programme; National Vascular Registry; and notably the UK’s first National Cancer Audit Collaborating Centre, which will cover nine clinical audit cancer topics.

Spotlight: Increasing the impact of the National Clinical Audit and Patient Outcomes Programme (NCAPOP)



In order to increase the impact of the NCAPOP we introduced a number of changes to revise and refresh the outputs for *new contracts going forward*, including:

- Replacing the annual report with an easy-to-read annual state of the nation summary
- Replacing local recommendations with online improvement resources
- Limiting the number of performance metrics per audit workstream to no more than ten
- Making audit performance metric results available in an interactive format online to all users, and
- Refreshing audit performance metric results at least quarterly in year two, then monthly thereafter.

- ✓ Hosted the National Joint Registry (NJR), successfully retendering two service delivery contracts and analysing data on 84,998 hips, 77,830 knees, 5,529 shoulders, 760 elbows and 710 ankle replacements surgery. The NJR Strategic Plan 2022-25 was developed, 20 peer-reviewed journal articles featuring NJR data were published, and a new NJR website and dynamic reporting portal (NJR Connect - Data Services) were launched - all alongside appointing a new Chair, Professor Sir Paul Curran.

[More information about NJR](#)

- ✓ Enabled healthcare providers to benchmark their performance against national data in an increased number of clinical areas, with the verification and publication of 14 new datasets on the National Clinical Audit Benchmarking (NCAB) website. [NCAB online](#)
- ✓ Enabled access to HQIP-managed data by processing 80 data access requests.
- ✓ Hosted a wide-ranging and well-utilised suite of online resources, including guidance, case studies, videos and eLearning – with over 1,500 online courses completed in this period alone.

“ I thought the course was excellent. I am very new to the role of Clinical Audit and it was really informative. ”

HQIP eLearning course (Introduction to QA) participant, 2022

- ✓ Delivered key training sessions for both NHS executive/ board level and registrar trainees to support them in understanding how to make the best use of data for continued improvement.
- ✓ Ran a wide variety of events, including ‘community of practice’ sessions, online seminars for data providers and a series of webinars on using data to address health inequalities.

Spotlight: Health inequalities webinar series



We were delighted to host a series of online workshops with our audits and data providers, as well as other guests from HQIP Service User Network (SUN), NHS England, NQICAN, CQC, NICE and NHS Digital, focusing on health inequalities in the spring of 2022. The aim of these events was to explore collaboratively how we can use the NCAPOP projects to identify, measure and address health inequalities, with seven key themes emerging:

1. There is plenty of opportunity for impact
2. There is widespread support for the work
3. Addressing health inequalities is a broad challenge
4. We need to tackle the challenge of missing data
5. Data quality could be improved
6. Obtaining and using routine data presents challenges
7. We need to support the use of outputs by healthcare services.

The workshops were an excellent opportunity to hear from project leads, providers of data and patients about how we can all work together to tackle known health inequalities. As a result, we committed to ensuring that the NCAPOP supports NHS England's [Core20PLUS5](#) approach to reducing health inequalities, and work on this continues.

- ✓ Considered independent sector participation in the NCAPOP through a feasibility project, which culminated in the production of a report for the Independent Health Providers Network (IHPN). They will share the findings and recommendations from this report with their networks going forward.
- ✓ Undertook preparations for the creation of [four new in-focus reports, as part of our annual impact report](#). These looked in greater detail at the National Emergency Laparotomy Audit (NELA), the Maternity and Perinatal Audit (NMPA), the National Bowel Cancer Audit (NBOCA), and the National Oesophago-Gastric Cancer Audit (NOGCA).
- ✓ Used the data from our programmes to produce an evidence-based report in December 2021 on concerning themes relating to the care of patients with epilepsy. [Read the report online](#)
- ✓ Demonstrated increased engagement with those who use healthcare services through a comprehensive programme of Patient and Carer Engagement activities embedded at all stages of our work. In particular this year, we established a process to routinely engage patients, carers and charities in the commissioning of programmes and audits (18 commissioning projects in 2021-22). The methods of engagement used varied from questionnaires and 1:1 video calls through to charity-led consultations and focus groups (we held the latter for Early Inflammatory Arthritis, Emergency Laparotomy, Falls and Fragility Fractures, and Maternity and Perinatal and Eating Disorders). This approach ensured robust engagement with a wide variety of people with lived experience. www.hqip.org.uk/involving-patients



Spotlight: Patient and carer focus group in action



Through [BEAT](#), [SEED](#) and [The SUNNetwork – Cambridgeshire](#) we invited ten service users and carers to share their experiences of using Eating Disorder Services in a 90 minute focus group. We asked them about their main areas of concern, what provided the greatest benefit and about where they would like to see improvements. We also focused on what resources they might find useful as audit outputs. Attendees were honest and open about their experiences and raised the following key points:

- Services often have a maximum BMI to receive treatment so many people said they had to lower their weight to access services.
- There are long waiting times to start treatment; having to wait many months can make recovery harder as people said they get more 'wrapped up' in the disorder during the time of waiting.
- There is variation in care – after receiving support in one place, and then moving and not being able to get any support can be frightening and cause relapses (one participant relayed this as “falling off a cliff edge”).

- One successful approach to treatment was having the option of structured daily access to services as opposed to being in a hospital (i.e. without the uncertainty of being an outpatient with irregular appointments).

We received lots of similar useful information about what types of resources would be most useful to service users and this included: regional statistics; information about typical treatment pathways and length of service; signposting; and information about service user involvement. Focus groups have proved to be a successful way of learning from people with lived experience. They are often open and bond over their shared experiences.

“ Thank you for including us...
It's great to know that service
user voices are being heard and
involved from the beginning. ”

Focus group participant, 2022

- ✓ Ran the Richard Driscoll Memorial Awards (RDMA) in the autumn of 2021, to celebrate excellence in patient and carer engagement in the national clinical audit and patient outcomes programme (NCAPOP). The winner was the National Asthma and COPD Audit Programme (NACAP), which was recognised for their work to involve those who use asthma services at all ages. The judges were particularly impressed by the audit’s commitment to fostering two-way communication by going into the community to host ‘clinic chats’. [Find out more about RDMA](#)
- ✓ Launched Clinical Audit Awareness Week 2022 (which includes the Audit Heroes Awards) in collaboration with N-QI-CAN in March 2022. The online launch event on 24 March 2022 was hosted by HQIP Medical Director, Professor Danny Keenan, and was accompanied by the

production of a suite of tools and resources to support engagement in the event (held 13-17 June 2022). www.hqip.org.uk/clinical-audit-awareness-week

- ✓ Published a number of opinion-piece blog articles to engage and inform the healthcare sector in the value of clinical audit. Key articles include: *The Future for National Clinical Audit* (by Medical Director, Professor Danny Keenan) and *Collecting Data is Just the Start* (by Clinical Fellow, Josie O’Henehy). www.hqip.org.uk/blog
- ✓ Launched a new series of themed ‘one-stop shop’ newsletters to signpost to key quality improvement reports and resources, starting with an edition dedicated to maternity and newborn care. Further editions are planned every quarter going forward. [Read the maternity and newborn newsletter](#)

Future plans

Planned activity for 2022-23

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).

Some of the key activities planned for 2022-23 are:

- Operationalisation and implementation of new NCAPOP outputs particularly those focused on moving away from large annual reports to dynamic reporting of regularly refreshed metrics and quality improvement resources
- Introduction of new data quality provider award criteria to encourage higher levels of compliance across the NJR
- Review of Terms and Reference and governance of the Service User Network (SUN)
- Transition of IT to a new platform.



Trustees' report

The Trustees, who are also directors of the charity for the purposes of the Companies Act 2006, present their report with the financial statements of the charity for the year ended 31 March 2022. The Trustees have adopted the provisions of the Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (The FRS 102 Charities SORP including Update Bulletin 2).

Statement of Trustees' responsibilities

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

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

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

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

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

In so far as the Trustees are aware:

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

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

Financial report

Results for the year

Fig 1: Where our funding comes from

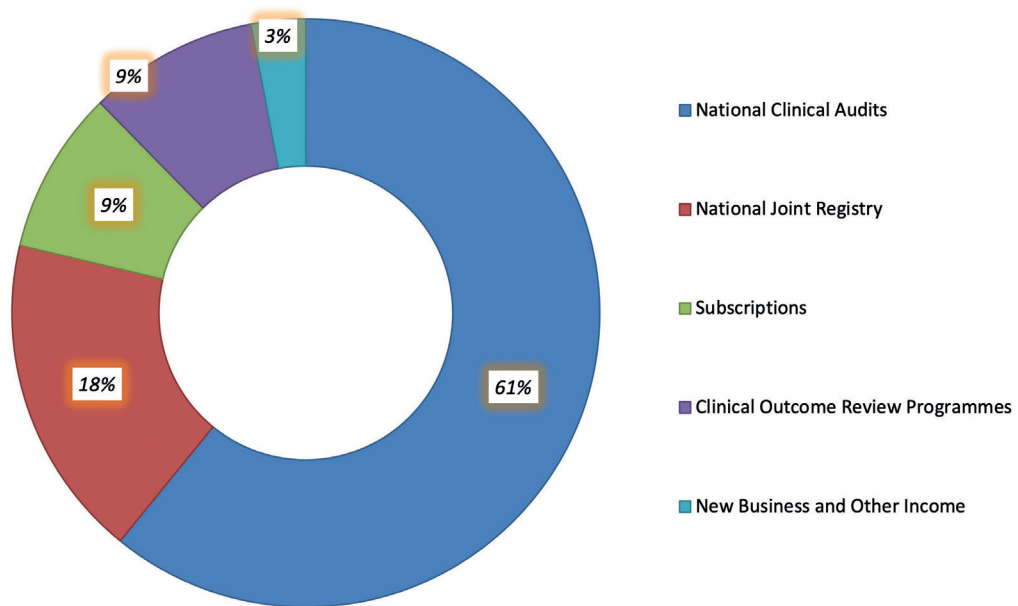
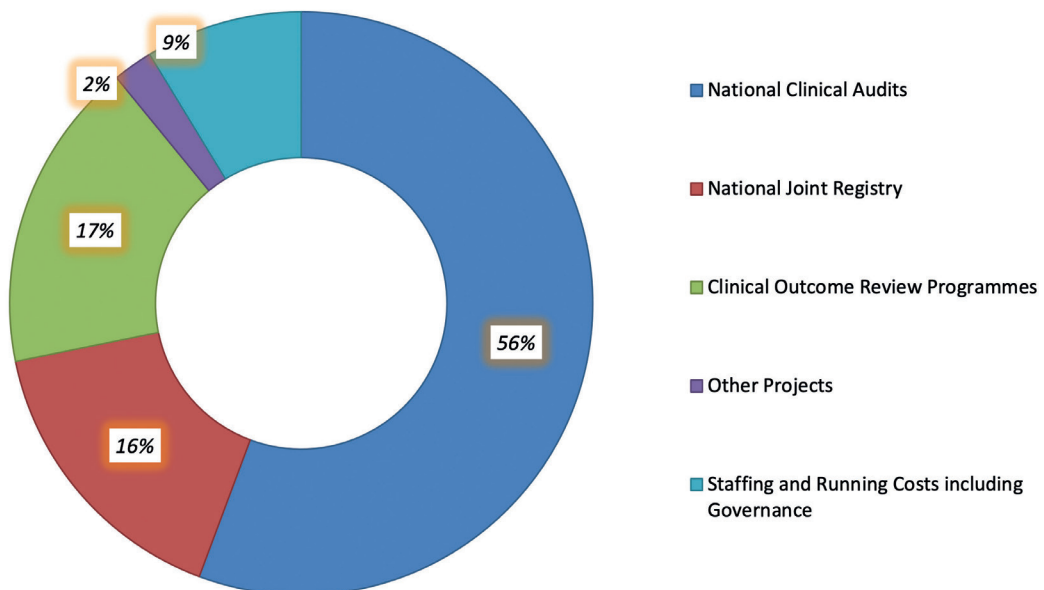


Fig 2: How we spend our money





During the year ended 31 March 2022, HQIP received income totalling £22,641,017 (2021: £20,719,346) of which £20,872,786 (2021: £19,136,113) was for restricted purposes, and £1,768,231 (2021: £1,583,233) was for the general purposes of the charity including management support fees of £1,300,000 (2021: £1,300,000).

Income included £12,334,657 (2021: £9,331,515) to finance national clinical audits. In addition, HQIP collected subscriptions of £2,009,700 (2021: £2,019,500) from NHS Trusts on behalf of NHS England to support national audits. The Scottish Government contributed £139,162 (2021: £311,089) to NCAPOP programmes.

In 2021-22, income for the Clinical Outcome Review Programmes totalling £2,112,717 (2021: £2,821,353) was collected from all UK Administrations. This included funding for the National Child Mortality Database. The Department of Health and Social Care provided £206,020 (2021: £185,783) for development of a Perinatal Mortality Review Tool.

In 2021-22, the National Joint Registry (NJR) collected subscriptions totalling £3,246,010 (2021: £3,423,026). Other income of £782,863 (2021: £773,045) 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 £10,052 (2021: £54,779) were received from the Health Foundation. Income of £30,410 (2021: £53,023) was received for a pilot project with the Independent Healthcare Providers Network.

Expenditure

In 2021-22, HQIP commissioned and managed national clinical audit contracts with a total value of £11,499,456 (2021: £11,336,342).

Expenditure on the Clinical Outcome Review Programmes, was £3,567,936 (2021: £3,483,561 after prior year adjustment). Expenditure on the Learning Disabilities Mortality Review was £Nil (2021: £275,674).

Expenditure on the management and development of the National Joint Registry was £3,329,365 (2021: £3,414,077).

Expenditure on National Clinical Audit Benchmarking was £8,720 (2021: £7,510). Expenditure on other Quality Improvement and Development activities was £21,120 (2021: £131,428).

Other direct charitable expenditure, including support costs, totalled £2,224,243 (2021: £2,038,100 after prior year adjustment).

Financial position

The balance sheet at 31 March 2022 shows total funds of £15,773,895 (2021: £13,783,718 after prior year adjustment), including restricted funds totalling £13,085,931 (2021: £11,509,723 after prior year adjustment) and unrestricted funds comprising general funds of £2,235,627 (2021: £1,689,596), tangible and intangible fixed assets of £5,898 (2021: £17,710) and designated funds of £446,439 (2021: £566,689).

At 31st March 2022, the charity retained free reserves of £2,235,627 (2021: £1,689,596).

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 twelve months' staffing commitments (forecast at £1,031,768 to £2,063,536 in 2022-23). The actual free reserves of £2,235,627 at March 2022 were slightly above this range but the Trustees consider this acceptable in the context of the current environment.

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

Structure, governance and management

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

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

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

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

Risk management

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

The principal risks are considered to be:

Risk 1: 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 for 2019-2023 adopted to support a move to multiple income streams and HQIP onto a more sustainable footing. New strategic framework for 2023-2026 under development with refined aims and objectives based on learning during previous period. In addition, more senior and QI focused resources will be recruited into HQIP to build on areas of success.

Risk 2: 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 July 2022.

Risk 3: Impact of Covid

Mitigation: Additional procurement resource was taken on to manage the peak of procurements occurring during 2021-22 as a result of the bottleneck created by Covid.

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: 17 November 2022



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 2022 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 2022 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 14, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

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

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.



- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charitable company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charitable company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charitable company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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

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

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

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

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the charitable company and considered that the most significant are the Companies Act 2006, the Charities Act 2011, the Charity SORP, and UK financial reporting standards as issued by the Financial Reporting Council.
- We obtained an understanding of how the charitable company complies with these requirements by discussions with management and those charged with governance.

- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.
- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

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

Use of our report

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

Moore Kingston Smith LLP

Neil Finlayson (Senior Statutory Auditor)

for and on behalf of Moore Kingston Smith LLP,
Statutory Auditor
6th Floor
9 Appold Street
London
EC2A 2AP
Date: 18 November 2022

Statement of financial activities for the year to 31 March 2022

		Unrestricted Funds	Restricted Funds	Total 2022	Total 2021 As restated
	Note	£	£	£	£
INCOME AND EXPENDITURE					
Income					
Income from Investments	2	1,096	1,095	2,191	6,000
Charitable Activities					
Management, development and promotion of Clinical Audit	3	1,752,080	20,871,691	22,623,771	20,697,946
Other income	4	15,055	-	15,055	15,400
Total Income		1,768,231	20,872,786	22,641,017	20,719,346
Expenditure					
Charitable activities					
Management, development and promotion of Clinical Audit	5	1,375,980	19,274,860	20,650,840	20,686,692
Total Expenditure		1,375,980	19,274,860	20,650,840	20,686,692
Net Income	7	392,251	1,597,926	1,990,177	32,654
Transfers between funds		21,718	(21,718)	-	-
Net movement in funds		413,969	1,576,208	1,990,177	32,654
Balances brought forward at 1 April 2021		2,273,995	11,509,723	13,783,718	13,751,064
Balances carried forward at 31 March 2022		2,687,964	13,085,931	15,773,895	13,783,718

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 2022

		2022	2022	2021	2021
	Notes	£	£	£	£
				As restated	As restated
Fixed assets					
Intangible fixed assets	11		-		-
Tangible fixed assets	12		5,898		17,710
			5,898		17,710
Current assets					
Debtors due within one year	13	1,584,602		891,781	
Cash at bank and in hand		20,748,831		18,148,690	
		22,333,433		19,040,471	
Creditors: amounts falling due within one year	14	6,565,436		5,274,463	
Net current assets			15,767,997		13,766,008
Total net assets			15,773,895		13,783,718
Funds and reserves					
Restricted funds	15		13,085,931		11,509,723
Unrestricted funds					
General fund		2,235,627		1,689,596	
Tangible fixed assets fund	16	5,898		17,710	
Designated funds	17	446,439		566,689	
			2,687,964		2,273,995
			15,773,895		13,783,718

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: 17 November 2022



Statement of cash flows for the year ended 31 March 2022

	2022	2021
	£	£ As restated
Cashflow from operating activities		
Net cash provided by operating activities	2,600,612	96,690
Cashflows from investing activities		
Investment income and interest received	2,191	6,000
Proceeds from sale of tangible fixed assets	1,570	-
Payments to acquire tangible fixed assets	(4,232)	(1,936)
	(471)	4,064
Net increase in cash and cash equivalents	2,600,141	100,754
Cash and cash equivalents at the beginning of the year	18,148,690	18,047,936
Cash and cash equivalents at end of year	20,748,831	18,148,690
Reconciliation of net income to net cash flow from operating activities		
Net income / (expenditure) including endowments	1,990,177	32,654
Adjustments for:		
Depreciation charge	14,437	15,523
Loss on disposal of fixed assets	37	-
Interest receivable	(2,191)	(6,000)
(Increase)/Decrease in debtors	(692,821)	921,875
Increase/(Decrease) in creditors	1,290,973	(867,362)
Net cash inflow / (outflow) from operating activities	2,600,612	96,690

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

Notes to the accounts 2021-22

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 expended in a future accounting period. Income is only recognised for amounts that are probable at the date of preparation of the accounts. Any further amounts received after this date are recognised in subsequent periods.

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

d) Expenditure and the basis of apportioning costs

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

Expenditure comprises the following:

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

- National Clinical Audit and Patient Outcomes Programme: amounts expended on the commissioning of national clinical audits
- Clinical Outcome Review Programmes: commissioning and managing enquiries and reviews
- 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 the charity's fixed assets, the existence of which is fundamental to the charity being able to perform its charitable work and thereby achieve its charitable objectives. The value represented by such assets should not be regarded, therefore, as realisable.

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

g) Tangible fixed assets

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

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

h) Intangible fixed assets

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

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

i) Operating lease

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

j) Pension contributions

i) 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 2022
	£	£	£
Bank interest receivable	1,096	1,095	2,191
	Unrestricted Funds	Restricted Funds	Total 2021
	£	£	£
Bank interest receivable	3,000	3,000	6,000



3. Income from charitable activities

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

3. Income from charitable activities (continued)

Income from contracts	Unrestricted Funds	Restricted Funds	Total 2021
	£	£	£
NHS England & Wales			
Management Support Fee	1,300,000	-	1,300,000
NCAPOP Audits	-	9,331,515	9,331,515
NCAPOP Subscriptions	-	2,019,500	2,019,500
Subscriptions Admin Fees	20,500	-	20,500
All UK Administrations and Crown Dependencies			
CORP Programme Income	-	2,821,353	2,821,353
NCAPOP (Scottish Contributions)	-	311,089	311,089
Programme Management Fees	213,208	-	213,208
Department of Health & Social Care	-	185,783	185,783
NJR Subscriptions Income	-	3,423,026	3,423,026
NJR Other Income	-	773,045	773,045
Health Foundation Grants	-	54,779	54,779
Data Access Requests	25,125	-	25,125
Other New Business	6,000	213,023	219,023
Total	1,564,833	19,133,113	20,697,946

4. Other income

	Unrestricted Funds	Restricted Funds	Total 2022
	£	£	£
Miscellaneous income	15,055	-	15,055
	Unrestricted Funds	Restricted Funds	Total 2021
	£	£	£
Miscellaneous income	15,400	-	15,400

5. Charitable activities

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

5. Charitable activities (continued)

	Unrestricted Funds	Restricted Funds	Total 2021
	£	£ As restated	£ As restated
Management, development and promotion of clinical audit			
National Clinical Audit & Patient Outcomes Programme (NCAPOP)			
NCAPOP Audits	-	11,336,342	11,336,342
NCAPOP Retendering & Support Costs	-	1,917	1,917
Clinical Outcome Review Programmes			
Programme Costs	-	3,483,561	3,483,561
Learning Disabilities Mortality Review	-	275,674	275,674
Staff Costs	636,306	384,433	1,020,739
Support Costs	800,825	-	800,825
	1,437,131	15,481,927	16,919,058
National Joint Registry (NJR)			
NJR Programme Costs	-	2,549,891	2,549,891
Staff Costs	-	616,697	616,697
Support Costs	-	247,489	247,489
	-	3,414,077	3,414,077
Clinical Outcomes Publication			
Clinical Outcomes Publication	-	31,350	31,350
National Clinical Audit Benchmarking	7,510	-	7,510
	7,510	31,350	38,860
Quality Improvement and Development			
Support to local audit	5,000	15,654	20,654
Education & Training	9,523	-	9,523
Staff Costs met from Health Foundation Grants	-	101,251	101,251
	14,523	116,905	131,428
New Business Activities			
Direct Costs	-	56,061	56,061
Staff Costs	-	127,208	127,208
	-	183,269	183,269
	1,459,164	19,227,528	20,686,692



6. Support costs

	Contract Mgt & Commissioning	National Joint Registry Per MOU	Stability Fund	Total 2022	Total 2021
	£	£	£	£	£
Staff costs (Core Team Apportioned)	527,911	132,071	-	659,982	576,438
Procurement Consultancy	-	-	120,250	120,250	61,400
Finance Consultancy	11,870	-	-	11,870	-
Other Staff Costs and Sundry Expenses	2,115	-	-	2,115	897
Staff Training	2,303	-	-	2,303	5,014
Staff Recruitment	24,315	-	-	24,315	4,020
Advertising & Publicity	-	-	-	-	400
Financing & Bank Charges	945	393	-	1,338	1,058
Hire of Office Equipment	-	-	-	-	467
Working from Home Costs	83	-	-	83	1,191
Website Design and hosting	2,490	-	-	2,490	2,620
Marketing Automation	13,035	-	-	13,035	20,768
Premises Costs (Rent & Facilities Charges)	12,092	4,927	-	17,019	193,592
Computer Equipment & Software	20,343	8,159	-	28,502	27,418
IT Support	32,908	13,037	-	45,945	45,697
Printing, Stationery & Office Supplies	7,308	-	-	7,308	2,756
Postage and Courier Costs	4,547	-	-	4,547	1,263
Telephone	9,608	4,986	-	14,594	12,882
Other Accommodation Costs and Room Hire	198	-	-	198	1,260
Travel, Subsistence & Accommodation	431	-	-	431	92
Service User Network	18	-	-	18	25
Subscriptions	508	-	-	508	386
Communications	3,580	-	-	3,580	2,701
Other Meeting Costs inc. Catering	-	-	-	-	69

6. Support costs (continued)

	Contract Mgt & Commissioning	National Joint Registry Per MOU	Stability Fund	Total 2022	Total 2021
	£	£	£	£	£
Insurance	33,622	14,225	-	47,847	42,210
Professional Fees - HR Consultancy	2,643	3,820	-	6,463	2,721
Professional Fees - IT Consultancy	6,816	1,528	-	8,344	-
Depreciation	14,437	-	-	14,437	15,523
Loss on Disposals	37	-	-	37	-
Governance:					
<i>Audit Fees</i>	11,802	4,563	-	16,365	15,820
<i>Other auditor's remuneration</i>	-	-	-	-	3,722
<i>Legal and other Governance Costs</i>	11,117	1,027	-	12,144	5,904
	757,082	188,736	120,250	1,066,068	1,048,314

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

	2022	2021
Commissioning and contract management of clinical audit	757,082	786,825
National Joint Registry	188,736	247,489
Stability Fund	120,250	14,000
	1,066,068	1,048,314



7. Net movement in funds

This is stated after charging:

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

	Unrestricted	Restricted	Total 2021
	£	£	£
Auditor's remuneration			
Statutory audit services	11,074	4,746	15,820
Other services	2,605	1,117	3,722
Depreciation	15,253	-	15,253
Operating Lease Rentals	179,760	-	179,760

8. Employee and staff costs

	2022	2021
	£	£ As restated
Wages and Salaries	2,108,113	1,873,106
Social Security Costs	242,255	214,737
Pension Costs (Aegon Scottish Equitable)	114,217	96,307
Pension Costs (NHS)	-	11,104
Pension Admin Charges	2,080	1,900
Cost of Secondments	155,506	115,850
Cost of Agency Staff	24,146	129,329
	2,646,317	2,442,333

Staff costs have been allocated as follows:

	2022	2021
	£	£ As restated
Management, development and promotion of clinical audit	920,238	1,020,739
National Joint Registry	713,514	616,697
Quality Improvement and Development	126	101,251
New Business Activities	352,457	127,208
Support Costs	659,982	576,438
	2,646,317	2,442,333



8. Employee and staff costs (continued)

The average number of employees during the period and the actual numbers at 31 March 2022 calculated on a full time equivalent basis, analysed by function, was as follows:

	2022	2022	2021	2021
	Av No.	Actual	Av No.	Actual
Charitable activities				
Contract Management & Commissioning	13.1	12.4	11.2	13
NJR Team	11.0	11.0	9.1	11
Management and Core Services	11.4	13.1	9.2	11
TOTAL	35.5	36.5	29.5	35

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

	2022	2021
£60,000-70,000	2	3
£70,000-80,000	5	4
£80,000-90,000	2	4
£90,000-100,000	4	-
£100,000-110,000	-	1
£110,000-120,000	-	1

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 **£436,348** (2021: £452,527).

9. Trustees' remuneration

None of the Trustees received any remuneration in respect of their services during the period (2021: £Nil).

During the year out of pocket travelling expenses amounting to **£Nil** were reimbursed to Trustees (2021: £Nil).

The charity has purchased insurance to protect the charity from any loss arising from the neglect or defaults of its trustees, employees and agents and to indemnify the trustees or other officers against the consequences of any neglect or default on their part. The insurance premium paid by the charity during the period totalled **£47,847** and provides cover up to a maximum of **£10,000,000** (any one claim or the aggregate during one period of insurance - being 12 months).

10. Taxation

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

11. Intangible fixed assets

	Website development costs
Cost	£
At 1 April 2021 and 31 March 2022	61,089
Amortisation	
At 1 April 2021 and 31 March 2022	61,089
Net Book Values	
At 31 March 2022	-
At 31 March 2021	-



12. Tangible fixed assets

	Fixtures, fittings & equipment
Cost	£
At 1 April 2021	92,042
Additions	4,232
Disposals	(50,809)
At 31 March 2022	45,465
Depreciation	
At 1 April 2021	74,332
On Disposals	(49,202)
Charge for the Year	14,437
At 31 March 2022	39,567
Net Book Values	
At 31 March 2022	5,898
At 31 March 2021	17,710

13. Debtors

	Unrestricted 2022	Restricted 2022	Total 2022	2021
			£	£
Trade Debtors	-	528,634	528,634	413,637
VAT Refundable	-	-	-	193,169
Prepayments & Other Debtors	30,230	872,478	902,708	88,341
Accrued income	-	153,260	153,260	196,634
	30,230	1,554,372	1,584,602	891,781

14. Creditors: Amounts falling due within one year

	2022	2021
		£ As restated
Trade Creditors	4,370,131	3,250,819
Other Creditors	47,175	33,283
Tax and social security	450,374	59,790
Accruals	1,627,772	1,696,261
Deferred income	69,984	234,310
	6,565,436	5,274,463



15. Restricted funds

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

15. Restricted funds (continued)

	At 1 April 2020	Income	Expenditure	Transfers	At 31 March 2021
	£	£	£ As restated	£ As restated	£ As restated
NCAPOP Audits	6,878,596	9,205,461	(11,384,342)	1,520,289	6,220,004
NCAPOP Subscriptions	-	2,019,500	(384,635)	(1,634,865)	-
Consultant Outcomes Publication	-	-	(31,350)	31,350	-
NCAPOP Scottish Extensions	-	311,089	-	(311,089)	-
NCAPOP Transition Costs	139,822	-	-	-	139,822
NCAPOP Retendering	-	-	(1,917)	1,917	-
Development of Clinical Service Accreditation	22,887	-	-	-	22,887
CORP Programme Costs including NMCRR & PMRT	3,688	3,133,190	(3,483,561)	346,683	-
Learning Disabilities Mortality Review	275,674	-	(275,674)	-	-
National Joint Registry	4,225,490	4,199,071	(3,414,077)	7,227	5,017,711
Support to local audit	-	-	(15,654)	15,654	-
Health Foundation Grant QI Fellow	24,597	-	(39,083)	4,560	(9,926)
Surgical mesh data requirements	11,051	-	-	(11,051)	-
Independent Sector Pilot Project	16,549	53,023	(10,500)	-	59,072
Health Foundation - Understanding Data Access	39,336	54,779	(88,347)	(3,627)	2,141
HDR UK Metadata Onboarding	-	160,000	(98,388)	(3,600)	58,012
	11,637,690	19,136,113	(19,227,528)	(36,552)	11,509,723

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 2021-22 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. One further programme has been commissioned – a national child mortality database.

Health Foundation Grant for QI Clinical Fellow

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

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 dataproviders to develop the information required to list our datasets on the HDR UK Innovation Gateway as well as contributing to a variety of other Alliance initiatives to enhance the use of health data for research and innovation.

16. Fixed assets fund

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

	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

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

	At 1 April 2020	New designations	Utilised/ released	At 31 March 2021
	£	£	£	£
Stability Fund	580,689	-	(14,000)	566,689
	580,689	-	(14,000)	566,689

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

	General Fund	Fixed assets Fund	Designated Funds	Restricted Funds	Total 2021
	£	£	£	£ As restated	£ As restated
Fund balances at 31 March 2021 are represented by:					
Tangible fixed assets	-	17,710	-	-	17,710
Current assets	1,801,032	-	566,689	16,672,750	19,040,471
Current liabilities	(111,436)	-	-	(5,163,027)	(5,274,463)
Total Net Assets	1,689,596	17,710	566,689	11,509,723	13,783,718

19. Contractual commitments

At 31 March 2022 the charity had no commitments in respect of contract payments approved for national clinical audits and which had not been accrued due to necessary milestones not being achieved by providers at the year end.

20. Contingent liabilities

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

21. Leasing commitments

At 31 March 2022 the charity had total commitments under non-cancellable leases falling due as follows:

	2022	2021
	£	£
Under 1 year	-	15,000
	-	15,000

22. Pension commitments

HQIP operates a money purchase pension scheme for most employees. In the previous year 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 2016) employer contributions were set at 20.6% 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 £114,217 (2021: £107,411) and £20,087 (2021: £21,240) were payable at 31 March 2022.

23. Related party transactions

There were no reportable related party transactions in 2022 or 2021.

24. Liability of members

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



25. Prior year adjustment

A prior year adjustment has been made in connection with costs relating to 2020-2021 that were not accrued.

The effect of this adjustment on the results is shown below:

	At 31 March 2021		
	As previously reported £	Adjustment £	As restated £
Changes to the Balance Sheet			
Creditors	(4,950,966)	(323,497)	(5,274,463)
Net current assets	14,089,505	(323,497)	13,766,008
Restricted funds	11,833,220	(323,497)	11,509,723
Total funds	14,107,215	(323,497)	13,783,718
Changes to the Statement of Financial Activities			
Charitable activities expenditure	20,363,195	323,497	20,686,692
Net income/(expenditure)	356,151	(323,497)	32,654

There was no impact on funds as at 1 April 2020.

APPENDIX: HQIP programmes and audits, 2021-22

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

Breast Cancer in Older Patients

Cardiovascular Disease Prevention Audit, CVDPREVENT

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

Early Inflammatory Arthritis Audit

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 (*transitioned to Argent and GEN Commissioning Support Unit June 2022*)

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

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

National Gastro-intestinal Cancer Audit:

- Bowel Cancer Audit
- Oesophago-Gastric Cancer Audit

National Joint Registry

National Vascular Registry

National Neonatal Audit Programme

Obesity (*commissioned April 2021*)

Paediatric Diabetes

Paediatric Intensive Care Audit

Prostate Cancer Audit

Psychosis 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

National Child Mortality Database

Non-NCAPOP Commissions

Perinatal Mortality Review Tool



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