

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 2023–March 2024**



**Trustees**

Dr Peter Bloomfield (Chair)  
Professor Dame Carrie MacEwen, DBE (Chair) – *resigned 23 November 2023*  
Mark Hampton (Treasurer) – *appointed 23 November 2023*  
Kalwant Grewal (Treasurer) – *resigned 11 April 2023*  
Susan Masters – *resigned 23 November 2023*  
Gillian Coverdale  
Janice Gabriel  
Rosemary Jarvis  
Dr Edward Morris – *appointed 24 November 2023, resigned 31 January 2024*

**Chief Executive:**

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

**Registered office:** 128 City Road, London EC1V 2NX

**Email:** [communications@hqip.org.uk](mailto:communications@hqip.org.uk)

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

**X:** [@HQIP](https://twitter.com/HQIP)

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

**Charity registration number:** 1127049

**Auditors:** Buzzacott LLP, 130 Wood Street, London EC2V 6DL

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

**Solicitors:** Camerons 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

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The [Healthcare Quality Improvement Partnership \(HQIP\)](#) is an independent, not-for-profit organisation led by the Academy of Medical Royal Colleges and the Royal College of Nursing. A long-term partner of NHS England, our primary aim is to support improved health outcomes for everyone through high-quality, evidence-informed, patient-centred healthcare. In other words, we enable robust quality improvement through clinical audit, registry data and other evidence, as well as a range of support and guidance to drive improvements in patient outcomes.

More specifically, HQIP runs two of the largest healthcare programmes of their kind. Firstly, we commission and manage the [National Clinical Audit and Patient Outcomes Programme \(NCAPOP\)](#) on behalf of NHS England, the Welsh Government and others. This programme covers the [National Clinical Audit Programme](#) and [Clinical Outcome Review Programmes](#) which comprise of 47 projects that collect and analyse healthcare data, in order to provide a national picture of care for a wide range of conditions from asthma to vascular health. We also host the [National Joint Registry \(NJR\)](#), which collects and analyses data relating to performance outcomes in joint replacement surgery, and currently holds around 3.7 million orthopaedic records.

Our work – and its value – goes far beyond data collection and managing clinical audits and registries. HQIP delivers a range of [reports](#), [resources](#), and [guidance](#) as well as [benchmarking](#) and other [services](#), to enable healthcare providers to translate evidence into quality improvement and, in turn, improved services and patient outcomes. We also pro-actively [engage patients, carers and their communities](#) to ensure that change is relevant and meaningful, and work with others across the sector to support them to do the same. In other words, our work contributes to saving and improving lives.

Critically, HQIP's unique position as an independent organisation working with a wide range of stakeholders – from NHS England, clinical audit professionals, and healthcare commissioners and providers through to patients, policy makers, research, charities and other national healthcare bodies – means that we are able to act as a 'hub' for the clinical audit community. As such, we are able to foster partnerships and leverage data to share knowledge and current best practice, driving continuous improvement in healthcare quality and outcomes. This is exemplified by [Clinical Audit Awareness Week](#) and the [Clinical Audit Heroes Awards](#), an annual national campaign which promotes and celebrates the benefits and impact of clinical audit and quality improvement work in healthcare.

**Further information about HQIP:** [www.hqip.org.uk](http://www.hqip.org.uk).

# Chair and CEO statement

**2023-24: Building bridges**  
**Working in partnership to deliver meaningful change**

We are proud to say that HQIP's work contributes to saving and improving lives. We know that's a bold statement, but we also know it to be true – especially because we have the support of many others including, importantly, patients themselves. Through ongoing engagement, we hear firsthand how valuable our work is to them. Their insights and experiences continuously inform our activities, ensuring that the quality improvements we influence have a positive impact on patient care and experience.

The data and insights that HQIP commissions help to deepen understanding of healthcare services. It shines a light on what is working well and what is not, enabling changes that also have a real impact on patient outcomes. But to get to that point, we need to collaborate effectively with a wide range of people and organisations across the health and care sector. For example, we work with the clinical audit and registry community, NHS England and others to measure care and produce data. Then, we publish reports and insights to enable that data to be translated into change by healthcare providers. We also co-create our programmes with patients, to ensure that any change is relevant and meaningful. But it doesn't end there. HQIP works with healthcare planners, policy makers, clinical effectiveness teams, clinicians, Royal Colleges, the research community, charities and more; the list goes on.

This rollcall of collaborators, and the resultant effect of connecting people and organisations, is where HQIP's true value lies. We are uniquely placed to build bridges between many key players in what is a large and complex system. In other words, our role goes much further than the provision of data and evidence. Our collaborations mean that we understand patients' needs, and can share

knowledge and current best practice, support innovation, and enhance the overall impact that clinical audits and registries have on patient care.

So, it is with great pleasure that we share our 2023-24 annual report, which details just some of the activities we delivered this year, from the perspective of our role as a 'bridge builder' across the sector. From the world-leading [NJR](#) and cross-disciplinary cancer audit [NATCAN](#) (which is, in itself, an exemplar of collaborative clinical audit) through to [Clinical Audit Awareness Week](#) (which is a collaboration with the local clinical audit community and beyond) and the myriad of projects involving patients, we are proud to share the impact of these collaborative projects.

Finally, we cannot overstate the significance of collaboration in delivering high-quality, evidence-based and patient-centred healthcare for all. We would like to extend our heartfelt thanks to everyone involved in making this possible – our trustees, staff, partners and especially our programmes and patient representatives – all of whose dedication and expertise have been instrumental in driving our collective success. We can only build the bridges we do, because there is someone else on the 'other side' helping to lay the foundations. Not only do we look forward to continuing these relationships, but also to building many more new ones in the future; fully exploiting our position as a 'hub' in the clinical audit community to deliver maximum benefit to patients.

Best regards,



**Chris Gush**  
CEO



**Dr Peter Bloomfield**  
Chair

# Our year in numbers

1 April 2023 to 31 March 2024

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



## National Joint Registry (NJR)

Data analysed:



## Tenders



## National Clinical Audit Benchmarking (NCAB) website\*



## Data access



### Patient and carer engagement

**57**

New Service User Network (SUN) members

**6**

Focus groups

**2**

Specification Development Meetings

**5**

User Panel sessions / Stakeholder meetings

**8**

Contract review meetings

### eLearning

Introduction to quality improvement for healthcare professionals

**744** Courses completed

**522** Self-certification completed

Introduction to quality improvement for patients and public

**184** Courses completed

**158** Self-certification completed



### Quality Improvement magazine CORNERSTONE\*

Webpage:

**1,308**

Users

**2,131**

Pageviews

Downloads and click-throughs:

**587**

2024 edition

**337**

2023 edition



### HQIP online\*

**67,197**

Website users

**293,804**

Website pageviews

**1,749**

YouTube views

**54,217**

Downloads (including resources)

### Stakeholder connections:

**28,102**

Mailing list contacts (at 31 March 2024)



**6,056**

X followers (at 31 March 2024)



**4,387**

LinkedIn followers (at 31 March 2024)



\* We estimate that all website statistics provided here are approximately 60-70% of the actual total, due to cookie permissions.



# Strategic report

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

## Strategic objectives

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

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



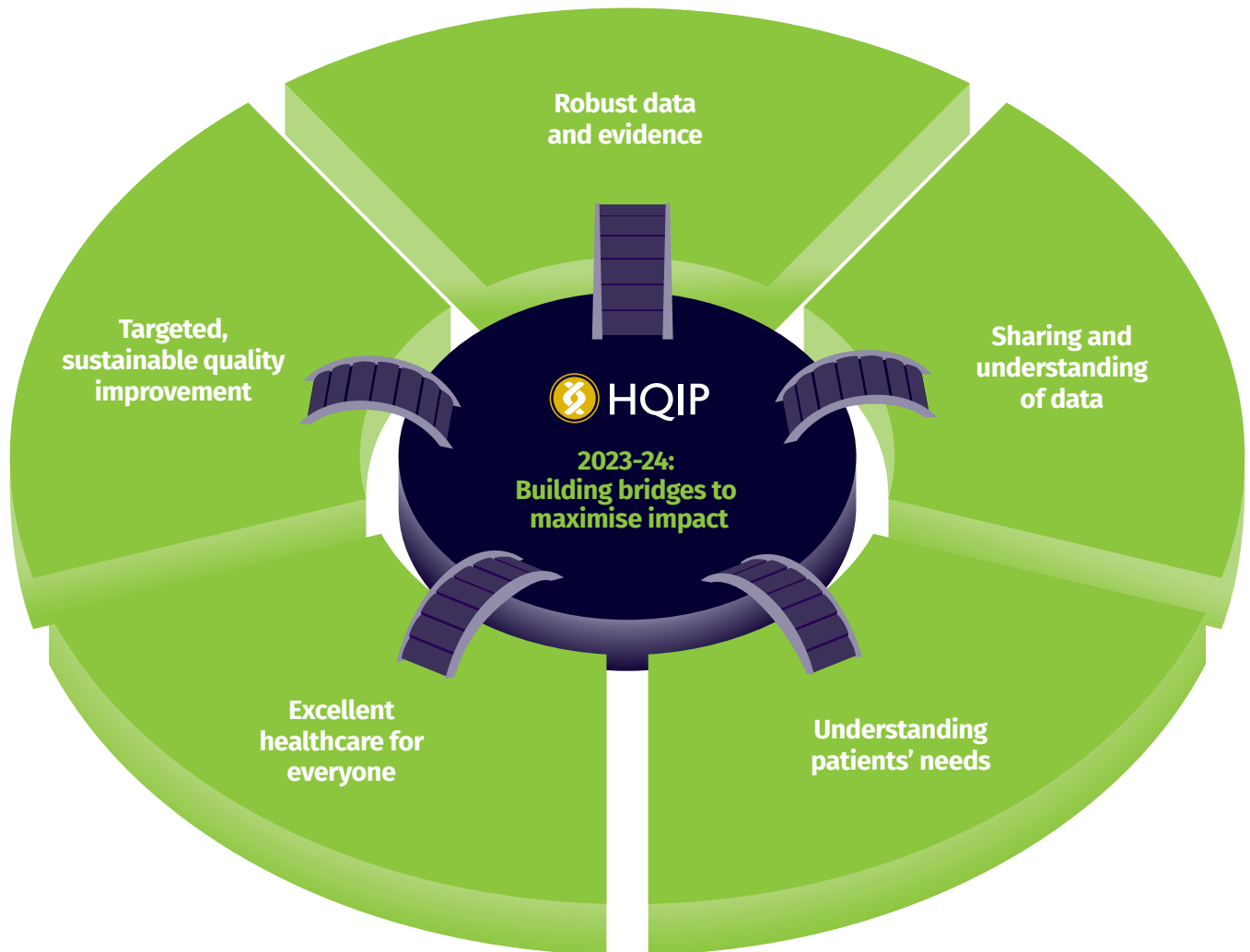


## Achievements and performance

### 2023-24: Building bridges to maximise impact



Working in partnership is central to HQIP's role in supporting the health and care system to achieve *evidence-informed, patient-centred improved services and health outcomes for everyone*. And this has never been truer than in this year, April 2023 to March 2024. Whether working with audit and service providers, who measure and deliver healthcare, or engaging patients to ensure those improvements meet their needs, we understand that our value lies in bringing the parts of the 'quality improvement jigsaw puzzle' together. Find out more below about how we have worked with a variety of stakeholders this year to not only measure our healthcare services, providing robust data and evidence, but also to support meaningful improvement.



## Building a bridge to... Robust data and evidence



Very much the cornerstone of HQIP's work, we continued to successfully commission and manage national programmes of quality improvement to produce robust results and actionable recommendations, including:

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

Commissioned on behalf of NHS England and other national healthcare bodies, the [NCAPOP](#) supports the collection and analysis of critical data on patient outcomes, enabling continuous improvement in clinical standards and patient care across the NHS and beyond. The largest programme of its kind in the UK, it ensures that healthcare providers are equipped with the necessary insights to drive quality improvements and achieve better health outcomes for patients.

This year, HQIP managed 47 audits and programmes across a multitude of clinical disciplines (ranging from asthma to vascular health), publishing 37 reports and 27 infographics, featuring 203 recommendations for improvement. We also recorded that 99 peer-reviewed publications featured HQIP-commissioned data, further underlining the importance of the data produced through this programme.



### Spotlight: National Cancer Audit Collaborating Centre (NATCAN)

By taking a cross-disciplinary, truly collaborative approach to clinical audit, [NATCAN](#) is an exemplar programme hosted at the Royal College of Surgeons of England that brings all the national cancer audits under one 'umbrella' organisation. As such, it supports multidisciplinary working, and the sharing of current best practice and clinical excellence.

The Centre aims to:

1. Support NHS services to identify reasons for variations in care, and
2. Stimulate improvements in cancer detection, treatment and outcomes for patients, including survival rates.

Highlights include:

- More frequent reporting of data, with online interactive dashboards and results at NHS Trust



level, providing regular, timely evidence to cancer services

- Annual State of the Nation reports covering England and Wales for each of the ten cancer audits
- The use of data from nationally mandated flows rather than additional 'bespoke' collections
- A move towards the use of a single resource of linked datasets for all cancer audits
- Analysis using rapid cancer registration data (RCRD) as well as gold-standard registration data
- Greater focus on quality improvement (QI) with local action plans, QI tools for local teams to identify best practice and areas of weakness, and a national programme of QI workshops / webinars.

**Further information:** HQIP [article on NATCAN](#) (page 19)

## National Joint Registry

Currently celebrating twenty years of success, the [National Joint Registry \(NJR\)](#) plays a crucial role in monitoring the performance of joint replacement surgeries and implants, contributing to patient safety and clinical effectiveness. In hosting the NJR, HQIP helps to ensure that this invaluable tool remains a robust resource for clinicians and researchers (as well as suppliers and, of course, patients), driving advancements in orthopaedic care and improving patient outcomes. This year alone, the NJR has analysed data on:

- 108,558 hips
- 116,845 knees
- 8,221 shoulders
- 1,078 ankle replacements
- 943 elbows.

**Further information:** [HQIP article on NJR](#) (page 24)



Professor Sir Stephen Powis, National Medical Director of NHS England, about the NJR: *“The jewel in the crown of patient safety initiatives”*

## Building a bridge to... Sharing and understanding of data



In addition to publishing an array of [reports, infographics, guidance and other resources](#), HQIP strives to share, and promote the use of, its data and evidence to support quality improvement across the healthcare and research sectors.

### Benchmarking

We work with the CQC to publish data from the [NCAPOP](#) and [NJR](#) on the [National Clinical Audit Benchmarking \(NCAB\)](#) platform, a public portal hosted by HQIP of benchmarked results that are searchable by project name, trust, hospital or unit. This year alone, we published ten datasets with over 7,000 users viewing over 50,000 pages on the NCAB website.

**Further information:** [HQIP article on benchmarking](#) (page 9)

### Access to HQIP data

HQIP-commissioned audits and outcome reviews collect, analyse and report data to help improve the quality and outcomes of healthcare, but we understand that there may be value in utilising this data for public benefit in other ways, such as research. To facilitate this, we operate a [Data Access Request Group \(DARG\)](#), processing over 50 requests for data from April 2023–March 2024.

## Spotlight: Public involvement in HQIP's data access process



HQIP was delighted to be awarded funding to explore best practice in enabling members of the public to be involved in our health data access process in October 2023. Part of a wider [UK Health Data Research Alliance initiative](#) aimed at helping organisations to improve transparency when sharing health data for public benefit, our project focused on how the public could be involved in an effective and sustainable way.

In practice, we recruited three [HQIP Service User Network \(SUN\)](#) members to the project team, who co-produced our recruitment and onboarding method. As part of this, they met with other organisations to learn about how others approach public involvement in their processes. Members of the SUN will be invited to join HQIP's Data Access Request Group later in 2024.

**Further information:** [International Journal of Population Data Science \(IIPDS\)](#)

*"We all started at the beginning together and learnt along the way, contributing equally, in a genuine and meaningful way"*  
Wendy Davis, public member of HQIP's DARG

## Local clinical audit

HQIP actively engages with the local clinical audit community through the [National Quality Improvement \(Incl. Clinical Audit\) Network \(N-QI-CAN\)](#), a network of over 1,000 professionals undertaking clinical audit and quality improvement across England. In addition to meeting regularly, and sharing resources, we collaborate on articles (for example, on [page 28 of HQIP's quality improvement publication, CORNERSTONE](#)) and campaigns such as [Clinical Audit Awareness Week](#).



*"It is imperative that we work collaboratively across our systems to implement sustainable improvements"*  
Vicky Patel, Chair, N-QI-CAN

## Building a bridge to... Understanding patients' needs



In order to make improvement meaningful and relevant to patients, it is imperative that we [engage](#) with them (and their carers and communities) in everything we do. From helping to develop programme specifications through to evaluating resources (and a wide range of other activities in between), patient co-creation and involvement is central to the success of our work.

### HQIP Service User Network (SUN)

HQIP's [Service User Network \(SUN\)](#) is an advisory group of patients, carers and others with lived experience of healthcare services who actively input into our work. Following a change to the structure of the SUN, which now takes a flexible approach to participation, we more than doubled the number of members in 2023-24. We now have over 100 actively engaged people working with us to improve the quality of healthcare services – and that number is still growing!

SUN members were involved in all the judging panels for the HQIP [Clinical Audit Heroes Awards](#) - part of [Clinical Audit Awareness Week](#) - and also participated in a focus group to review, and provide feedback to, infographics from our programme.

Other patient engagement activity this year includes involvement, by both patients and patient engagement experts, in conception through to delivery of the commissioning of programmes in the [National Clinical Audit and Patient Outcomes Programme \(NCAPOP\)](#):

- Providing input into the development of programme specifications eg [Mental Health Clinical Outcome Review Programme](#)

- Participating in focus groups eg to provide feedback on the [National Audit of Dementia \(NAD\)](#)
- Scoring and moderating bids during HQIP's process of tendering for audits and programmes eg [National Audit of Eating Disorders \(NAED\)](#)
- Joining Independent Advisory Groups for each of the [Clinical Outcome Review Programmes](#)
- Supporting the management of HQIP's programmes through attendance at contract review meetings
- Reviewing programme extension requests to ensure patient involvement
- Contributing to the [National Obesity Audit \(NOA\)](#), run by NHS England, through an HQIP-established User Panel that feeds into programme management via stakeholder meetings.

**Further information:** HQIP [article on patient engagement](#) (page 4)

HQIP  
**service**  
**user**  
**network**

## Spotlight: Webinar to support patient engagement



An important part of our work involves supporting other organisations to engage effectively with patients when delivering clinical audit and quality improvement work. This includes the organisations that run and manage the [programmes and audits we commission](#).

As part of this ongoing endeavour, we ran an online workshop for our 'data providers' in March 2024 to which members of HQIP's [Service User Network \(SUN\)](#) actively contributed –in both its preparation and delivery. In particular, they provided feedback and discussed 'what

makes a good infographic' from a patient perspective, covering topics such as problematic infographics and supporting outcomes such as a checklist to use when creating effective infographics.

*"The graphics allowed me to access a world I would not usually want to enter" patient participant in HQIP's patient engagement webinar*

## Building a bridge to... Excellent healthcare for everyone



Healthcare data plays a crucial role in addressing health inequalities. It enables a deeper understanding of the challenges, and informs the development of tailored solutions that can more effectively meet the needs of diverse populations. As the largest national clinical audit programme/registry in the UK, the [NCAPOP](#) and the [NJR](#) (commissioned/hosted by HQIP) are critical in the challenge to ensure that everyone receives excellent healthcare. As such, we are continuously reviewing how we can realise the potential of these invaluable resources to address healthcare inequalities, with activities including...

### Report: Improving Health Inequality Data in the NCAPOP

The result of a project to identify and explore the barriers to health inequality data being routinely reported within the [NCAPOP](#), this [report](#) was published in November 2023. It found that there were significant variations in the reporting, analysis and use of health inequality data, and identified recurring themes such as incomplete information, statistical validity when dealing with small numbers, and issues related to the calculation of social deprivation. HQIP continues to work with those planning and delivering care at national, regional and local levels to address these issues.

## Spotlight: Listening to marginalised voices in maternity care



In 2023 HQIP, funded by NHS England, asked ‘what matters’ to users of maternity services, with a focus on hearing from communities that can often be marginalised.

This project involved identifying and exploring the lived experiences of a diverse group of 73 recent users of maternity services, and involved a literature review, consultation with an advisory group, focus groups and interviews. The result was an exemplar of how to engage effectively with ‘less heard’ patients as well as a greater understanding of the antenatal, perinatal and postnatal maternity care that they have experienced and would like to receive.

*“I needed to know that I wasn’t alone. I needed answers...and I didn’t feel like I had access to those answers - thank you for this opportunity, it was great to feel heard”*  
project participant

## Guidance to support outlier analysis

In January 2024, we published [revised guidance in relation to outlier data](#). The result of extensive consultation with NHS England, the CQC and other stakeholders, it was developed to support outlier analysis in benchmarking and support deeper understanding when patient outcomes fall significantly outside of the norm of what is expected.

Healthcare Services Benchmark  
 Patient Outcomes Improve  
 Measure National  
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## Building a bridge to... Targeted, sustainable quality improvement



HQIP is committed to supporting a wide range of stakeholders - from audit professionals and clinicians through to policy makers and patients – to translate data and evidence into targeted, meaningful improvement. Find below details of just some of the activities we undertake to achieve this.

### Clinical Audit Awareness Week (Clinical Audit Heroes Awards)

In January 2024, HQIP announced the return of [Clinical Audit Awareness Week](#), featuring the [Clinical Audit Heroes Awards](#), from 24-28 June 2024. Run in collaboration with the clinical audit network, [N-QI-CAN](#), this annual event – which celebrates the value of clinical audit - looks set to be bigger and better than before with plans under way for:

- A live online conversation with Stella Vig, [National Medical Director](#) for Secondary Care and Quality, NHS England
- A joint webinar with the [NHS England IMPACT](#) team on quality improvement
- Daily Lunch & Learn events, featuring the award winners and [N-QI-CAN](#) as well as a range of speakers including the [Patient Safety](#), [NHS Horizons](#), [Making Data Count](#) and [Healthcare Inequalities](#) teams at NHS England
- A case study event from HQIP's flagship programme, the [National Cancer Audit Collaborating Centre \(NATCAN\)](#) who will discuss their collaborative approach to clinical audit

- A new [blog](#) from HQIP's Medical Director, Professor Danny Keenan, on using data to address healthcare inequalities
- A new [video](#) on effective public engagement, featuring members of [HQIP's Service User Network \(SUN\)](#)
- Daily signposting to resources to support quality improvement in healthcare on topics such as patient safety, patient engagement and sustainable change in healthcare.



## Spotlight: Quality improvement ‘magazine’



**CORNERSTONE** is HQIP’s magazine-style online publication, designed to support quality improvement in health and care. Aimed at those who are dedicated to improving patient outcomes through evidence-based service design, the [2024 edition](#) features short, easy-to-read articles on topics relating to quality improvement including patient engagement, sustainable change and benchmarking.



## Case studies

In addition to sharing [data, reports, infographics and other evidence-based resources](#), HQIP promotes current best practice through, for example, exemplar [case studies](#). Find below some of the case studies shared this year [from Clinical Audit Heroes Awards](#) winners:

- [Cambridgeshire Community Services](#): Peer-to-peer clinical auditing programme that supports meaningful change at senior management level
- [Cambridge University Hospitals](#): Benchmarking dashboard that supports clinicians’ access to results
- [Sandwell & West Birmingham NHS Trust](#) – Addressing healthcare inequalities through process changes including staff education, collaboration and resources.



## Future plans

### Planned activity for 2024-25

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

- Optimising Audit and Registry Programs for Local and National Impact
- Leadership in National Clinical Audits and Data Utilisation
- Strategic Partnerships for Broader Impact.

In order to achieve the above, the following will be applied:

- Staff Empowerment and Organisational Excellence
- Technological Advancement for Agile and Charitable Operations.

Some of the key activities planned for 2024-25 are:

- Further the reach and impact of the NCAPOP
- Align NCAPOP with the NHSE Long Term Plan
- Expand the NJR 'Accountability and Transparency' model
- Extend reach beyond the clinical audit community, communicating with a broader audience
- Completion of an Information Governance maturity audit
- Further develop and deliver the business development strategy.

### Risk management

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

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

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

The principal risks are considered to be:

#### **Risk 1: Dependency on one substantive contract**

Mitigation: Continued efforts to diversify income and reduce dependency led by Associate Director for Quality Improvement, supported by New Business Development Executive. Partnerships and procurement frameworks are both being actively pursued.

#### **Risk 2: Failure in Information Governance management**

Mitigation: Use of an external DPO and monitoring of information governance issues by Information Governance Executive, made up of senior staff with appropriate expertise.

#### **Risk 3: Failure in Procurement process**

Mitigation: Procurement Executive, made up of senior staff with appropriate expertise, in place to support decision making and manage procurement risks. Legal support sought as required.

# 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 2024. 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 (who are the directors of the charitable company for the purposes of company law) are responsible for preparing the trustees' report and the financial statements in accordance with applicable law and regulations.

Company law requires the trustees to prepare financial statements for each financial year. Under that law, the trustees have elected to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law). Under company law the trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the company and of the profit or loss of the company for that period.

In preparing these financial statements, the trustees are required to:

- observe the methods and principles in the Charities SORP;
- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in business.

The trustees are responsible for maintaining proper accounting records which disclose with reasonable accuracy at any time the financial position of the company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

In so far as the trustees are aware:

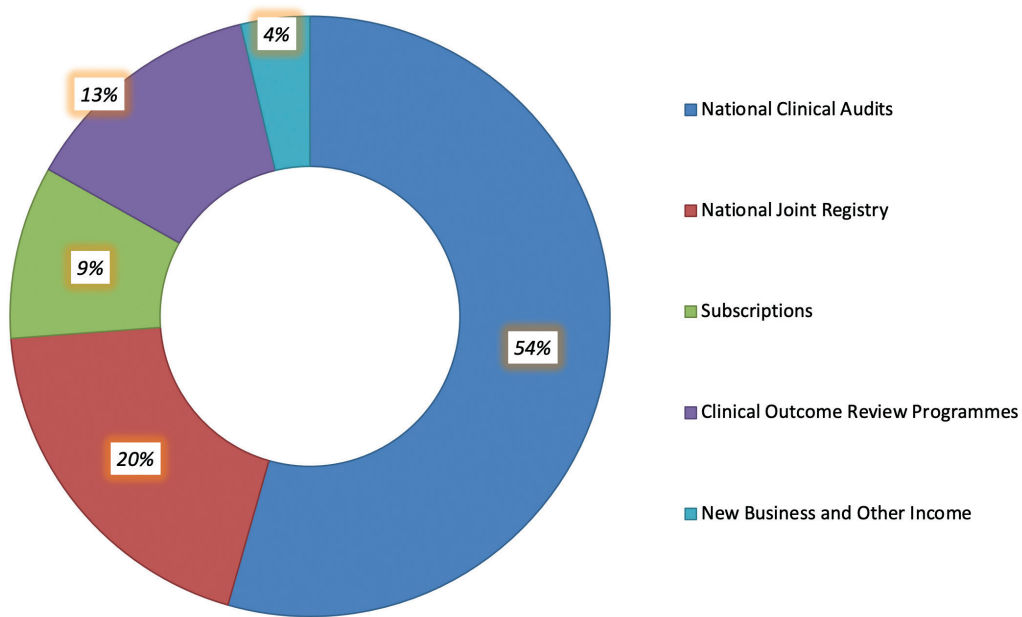
- There is no relevant audit information of which the charitable company's auditor is unaware; and
- The trustees have taken all the steps that they ought to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

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.

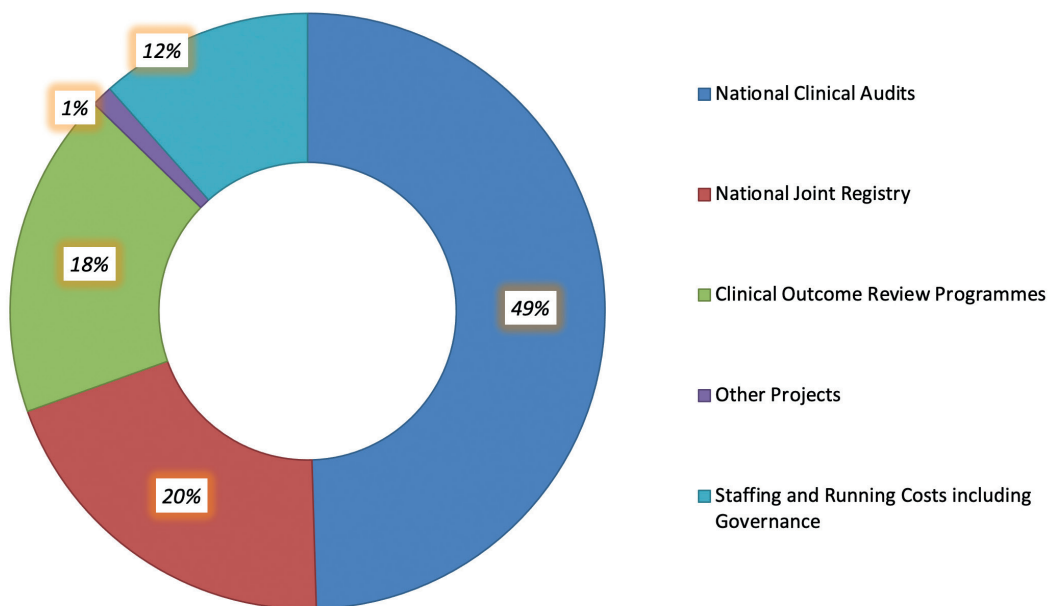
# Financial report

## Results for the year

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



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



During the year ended 31 March 2024, HQIP received income totalling £21,571,509 (2023: £21,633,878) of which £19,167,213 (2023: £20,049,827) was for restricted purposes, and £2,404,296 (2023: £1,584,051) was for the general purposes of the charity including management support fees of £1,999,455 (2023: £1,300,000).

Income included £9,541,966 (2023: £11,418,770) to finance national clinical audits. In addition, HQIP collected subscriptions of £1,989,900 (2023: £2,029,500) from NHS Trusts on behalf of NHS England to support national audits. The Scottish Government contributed £195,970 (2023: £179,216) to NCAPOP programmes.

In 2023-24, income for the Clinical Outcome Review Programmes totalling £2,833,541 (2023: £2,151,526) was collected from all UK Administrations. This included funding for the National Child Mortality Database. The Department of Health and Social Care project for development of a Perinatal Mortality Review Tool ended in the previous year and therefore income of £Nil (2023: £121,573) was recognised in 2023-24.

In 2023-24, the National Joint Registry (NJR) collected subscriptions totalling £3,311,343 (2023: £3,385,630). Other income of £877,336 (2023: £717,090) included supplier contributions, and data access fees. NJR funds are used solely to fund the work of the Registry.

Grants totalling £20,000 (2023: £Nil) were received from the Health Foundation and £10,668 (2023: £Nil) from Health Data Research UK. £72,000 (2023: Nil) was received from NHS England for a maternity project.

## Expenditure

In 2023-24, HQIP commissioned and managed national clinical audit contracts with a total value of £9,450,275 (2023: £11,986,379).

Expenditure on the Clinical Outcome Review Programmes, was £3,381,983 (2023: £2,991,412).

Expenditure on the management and development of the National Joint Registry was £3,817,187 (2023: £3,753,045).

Expenditure on National Clinical Audit Benchmarking was £6,870 (2023: £7,870). Expenditure on other Quality Improvement and Development activities was £21,796 (2023: £25,248).

Other direct charitable expenditure, including support costs, totalled £2,401,820 (2023: £2,224,474).

## Financial position

The balance sheet at 31 March 2024 shows total funds of £18,910,923 (2023: £16,419,345), including restricted funds totalling £15,584,335 (2023: £13,752,867) and unrestricted funds comprising general funds of £2,859,416 (2023: £2,200,913), tangible and intangible fixed assets of £20,733 (2023: £19,126) and designated funds of £446,439 (2023: £446,439).

At 31st March 2024, the charity retained free reserves of £2,859,416 (2023: £2,200,913).

## 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' operating commitments (forecast at £1,579,555 to £3,159,109 in 2024-2025). The actual free reserves of £2,859,416 at March 2024 were within this range.

There are, in addition, designated funds of £446,439 (see Note 18). The designated Stability fund is available to support business development activities, additional IT infrastructure costs and continuity of workstreams over the next 5 years. 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.

The Academy of Medical Royal Colleges and the Royal College of Nursing remain as member organisations. Each member organisation appoints representatives to act as directors and these individuals, together with the treasurer and any other independently appointed individuals, form the trustees of the organisation and the Board of directors. A process for induction of new trustees is in place and ongoing training for trustees is available as required.

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

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

Trustees' Report and Strategic Report approved by the trustees of Healthcare Quality Improvement Partnership company registration number 06498947 (England and Wales) and signed on their behalf by:

Trustee Dr Peter Bloomfield, Chair.

Approved on: 22 November 2024



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

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## Opinion

We have audited the financial statements of Healthcare Quality Improvement Partnership (the 'charitable company') for the year ended 31 March 2024 which comprise the statement of financial activities, the balance sheet, and statement of cash flows, the principal accounting policies and the notes to the financial statements. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 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 2024 and of 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, including the strategic report and trustees' report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. 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.

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 course of 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 this gives rise to a material misstatement in the financial statements themselves. 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 trustees' report, which is also the directors' report for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and trustees' report, which is also the directors' report for the purposes of company law, has 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 charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' report. We have nothing to report in respect of the following matters in relation to which 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, 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 the 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:

Our approach to identifying and assessing the risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, was as follows:

- the engagement partner ensured that the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with applicable laws and regulations;
- we identified the laws and regulations applicable to the company through discussions with management, and from our commercial knowledge and experience of the sector;
- the identified laws and regulations were communicated within the audit team regularly and the team remained alert to instances of non-compliance throughout the audit;
- we focused on specific laws and regulations which we considered may have a direct material effect on the accounts or the activities of the company. These included but were not limited to the Companies Act 2006, Charities Act 2011 and the Charities SORP; and
- we assessed the extent of compliance with the laws and regulations identified above through making enquiries of management, inspecting legal correspondence and reviewing trustee meeting minutes.

We assessed the susceptibility of the charitable company's financial statements to material misstatement, including obtaining an understanding of how fraud might occur, by:

- making enquiries of management and those charged with governance as to where they considered there was susceptibility to fraud, their knowledge of actual, suspected and alleged fraud; and
- considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations.

To address the risk of fraud through management bias and override of controls, we:

- performed analytical procedures to identify any unusual or unexpected relationships;
- tested journal entries to identify unusual transactions;
- tested the authorisation of expenditure as part of our substantive testing thereon;
- assessed whether judgements and assumptions made in determining the accounting estimates set out in the accounting policies were indicative of potential bias; and
- used data analytics to identify any significant or unusual transactions and identify the rationale for them.

In response to the risk of irregularities and non-compliance with laws and regulations, we designed procedures which included, but were not limited to:

- agreeing financial statement disclosures to underlying supporting documentation;
- reading the minutes of trustee meetings; and
- enquiring of management and those charged with governance as to actual and potential litigation and claims. There are inherent limitations in our audit procedures described above.

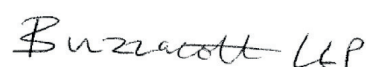
The more removed that laws and regulations are from financial transactions, the less likely it is that we would become aware of non-compliance. Auditing standards also limit the audit procedures required to identify non-compliance with laws and regulations to enquiry of the trustees and other management and the inspection of regulatory and legal correspondence, if any.

Material misstatements that arise due to fraud can be harder to detect than those that arise from error as they may involve deliberate concealment or collusion.

A further description of our responsibilities is available on the Financial Reporting Council's website at [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

## 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 charitable 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 anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.



Alison Pyle (Senior Statutory Auditor)

For and on behalf of Buzzacott LLP, Statutory Auditor  
130 Wood Street  
London  
EC2V 6DL

# Statement of financial activities for the year to 31 March 2024

		Unrestricted Funds	Restricted Funds	Total 2024	Total 2023
	Note	£	£	£	£
<b>Income</b>					
Income from Investments	2	64,251	314,489	378,740	55,901
Charitable Activities					
Management, development and promotion of Clinical Audit	3	2,277,085	18,852,724	21,129,809	21,534,844
Other income	4	62,960	-	62,960	43,133
<b>Total Income</b>		2,404,296	19,167,213	21,571,509	21,633,878
<b>Expenditure</b>					
Charitable activities					
Management, development and promotion of Clinical Audit	5	1,778,361	17,301,570	19,079,931	20,988,428
<b>Total Expenditure</b>		1,778,361	17,301,570	19,079,931	20,988,428
<b>Net Income</b>	7	625,935	1,865,643	2,491,578	645,450
Transfers between funds	16	34,175	(34,175)	-	-
<b>Net movement in funds</b>		660,110	1,831,468	2,491,578	645,450
Balances brought forward at 1 April 2023		2,666,478	13,752,867	16,419,345	15,773,895
<b>Balances carried forward at 31 March 2024</b>		3,326,588	15,584,335	18,910,923	16,419,345

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 2024

		2024	2024	2023	2023
	Notes	£	£	£	£
<b>Fixed assets</b>					
Intangible fixed assets	11		-		-
Tangible fixed assets	12		20,733		19,126
			20,733		19,126
<b>Current assets</b>					
Debtors due within one year	13	882,391		326,252	
Current asset investments	14	4,655,267		-	
Cash at bank and in hand		18,369,291		21,395,404	
		23,906,949		21,721,656	
<b>Creditors: amounts falling due within one year</b>	15	5,016,759		5,321,437	
<b>Net current assets</b>			18,890,190		16,400,219
<b>Total net assets</b>			18,910,923		16,419,345
<b>Funds and reserves</b>					
Restricted funds	16		15,584,335		13,752,867
Unrestricted funds					
General fund		2,859,416		2,200,913	
Tangible fixed assets fund	17	20,733		19,126	
Designated funds	18	446,439		446,439	
			3,326,588		2,666,478
			18,910,923		16,419,345

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



Trustee Dr Peter Bloomfield, Chair. Approved on: 22 November 2024

# Statement of cash flows for the year ended 31 March 2024

	2024	2023
	£	£
<b>Cashflow from operating activities</b>		
<b>Net cash provided by operating activities</b>	<b>1,263,280</b>	612,210
<b>Cashflows from investing activities</b>		
Investment income and interest received	378,740	55,901
(Increase) in current asset investments	(4,655,267)	-
Payments to acquire tangible fixed assets	(12,866)	(21,538)
	<b>(4,289,393)</b>	34,363
<b>Net (decrease)/increase in cash and cash equivalents</b>	<b>(3,026,113)</b>	646,573
Cash and cash equivalents at the beginning of the year	21,395,404	20,748,831
<b>Cash and cash equivalents at end of year</b>	<b>18,369,291</b>	21,395,404
<b>Reconciliation of net income to net cash flow from operating activities</b>		
<b>Net income including endowments</b>	<b>2,491,578</b>	645,450
<b>Adjustments for:</b>		
Depreciation charge	11,259	7,620
Loss on disposal of fixed assets	-	690
Interest receivable	(378,740)	(55,901)
(Increase)/Decrease in debtors	(556,139)	1,258,350
(Decrease) in creditors	(304,678)	(1,243,999)
<b>Net cash inflow from operating activities</b>	<b>1,263,280</b>	612,210

## Analysis of changes in net funds

	At 1 April 2023	Cash-flows	Other non cash changes	At 31 March 2024
	£	£	£	£
Cash and cash equivalents	21,395,404	(3,026,113)	-	<b>18,369,291</b>
Current asset investments	-	-	4,655,267	<b>4,655,267</b>
<b>Total net funds</b>	21,395,404	(3,026,113)	4,655,267	<b>23,024,558</b>

# Notes to the accounts 2023-24

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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 expended in a future accounting period. If the funder does not specify that the income must be expended in a future accounting period, the income is recognised when the other conditions of entitlement are satisfied. 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 has 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.

Investment income consists of bank interest receivable and is recognised when receivable and the amount can be measured reliably.





## d) Expenditure and the basis of apportioning costs

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

Expenditure comprises the following:

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

Such costs include:

- National Clinical Audit and Patient Outcomes Programme: amounts expended on the commissioning of national clinical audits
- Clinical Outcome Review Programmes: commissioning and managing enquiries and reviews
- National Joint Registry: expenditure relating to the management and development of the Registry
- Quality improvement and development activities: expenditure relating to the promotion and advancement of clinical audit as a means of improving the provision of healthcare.

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

## 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) Current asset investments

Current asset investments consists of short-term liquid investments with original maturities of between three and twelve months.

## g) 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.

## h) 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:

- Fixtures, fittings and equipment: 33% per annum based on costs.

## **i) 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.

## **j) Pension contributions**

The cost of the defined contribution 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) Redundancy and termination payments**

Redundancy and termination costs are recognised as an expense in the Statement of Financial Activities and a liability on the Balance Sheet immediately at the point the charity is demonstrably committed to either: terminate the employment of an employee or group of employees before normal retirement date; or provide termination benefits as a result of an offer made in order to encourage voluntary redundancy. The charity is considered to be demonstrably committed only when it has a detailed formal plan for the termination and is without realistic possibility of withdrawal from the plan.

## **m) 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 15 for the debtor and creditor notes.

## **n) Critical accounting estimates and areas of judgements**

The preparation of financial statements requires the use of certain accounting estimates. It also requires management to exercise its judgement in the process of applying accounting policies. In the application of the accounting policies, trustees are required to make judgements, estimates, and assumptions about the carrying value of assets and liabilities that are not readily apparent from other sources. The estimates and underlying 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 if the revision affects only that period, or in the period of the revision and future periods if the revision affected current and future periods.

In the view of the trustees, no assumptions concerning the future or estimation uncertainty affecting assets or liabilities at the balance sheet date are likely to result in a material adjustment to their carrying amounts in the next financial year.

The items in the financial statements where these judgements and estimates have been made include:

- the useful economic lives attributed to tangible fixed assets used to determine the annual depreciation charge;
- the basis of the allocation of staff and support costs across activities; and
- the estimate of future income and expenditure flows for the purposes of assessing the going concern status.

## 2. Interest receivable

	Unrestricted Funds	Restricted Funds	Total 2024
	£	£	£
Bank interest receivable	64,251	314,489	378,740
	Unrestricted Funds	Restricted Funds	Total 2023
	£	£	£
Bank interest receivable	9,379	46,522	55,901

## 3. Income from charitable activities

Income from contracts	Unrestricted Funds	Restricted Funds	Total 2024
	£	£	£
<b>NHS England &amp; Wales</b>			
Management Support Fee	1,999,455	-	1,999,455
NCAPOP Audits	-	9,541,966	9,541,966
NCAPOP Subscriptions	-	1,989,900	1,989,900
Subscriptions Admin Fees	20,100	-	20,100
<b>All UK Administrations and Crown Dependencies</b>			
CORP Programme Income	-	2,833,541	2,833,541
NCAPOP (Scottish Contributions)	-	195,970	195,970
Programme Management Fees	218,430	-	218,430
NJR Subscriptions Income	-	3,311,343	3,311,343
NJR Other Income	-	877,336	877,336
Health Foundation Grants	-	20,000	20,000
NHS England: Listening to marginalised voices in maternity	-	72,000	72,000
HDR UK Grants	-	10,668	10,668
Data Access Requests	32,500	-	32,500
Other New Business	6,600	-	6,600
<b>Total</b>	<b>2,277,085</b>	<b>18,852,724</b>	<b>21,129,809</b>

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

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

### 4. Other income

	Unrestricted Funds	Restricted Funds	Total 2024
	£	£	£
Miscellaneous income	62,960	-	<b>62,960</b>
	Unrestricted Funds	Restricted Funds	Total 2023
	£	£	£
Miscellaneous income	43,133	-	<b>43,133</b>

## 5. Charitable activities

	Unrestricted Funds As restated	Restricted Funds	Total 2024 As restated
	£	£	£
<b>Management, development and promotion of clinical audit</b>			
<b>National Clinical Audit &amp; Patient Outcomes Programme (NCAPOP)</b>			
NCAPOP Audits	-	9,450,275	<b>9,450,275</b>
<b>Clinical Outcome Review Programmes</b>			
Programme Costs	-	3,381,983	<b>3,381,983</b>
Staff Costs	714,890	437,335	<b>1,152,225</b>
Other Direct Costs	-	1,384	<b>1,384</b>
Support Costs	1,056,601	-	<b>1,056,601</b>
	1,771,491	13,270,977	<b>15,042,468</b>
<b>National Joint Registry (NJR)</b>			
NJR Programme Costs	-	2,788,982	<b>2,788,982</b>
Staff Costs	-	840,592	<b>840,592</b>
Support Costs	-	187,613	<b>187,613</b>
	-	3,817,187	<b>3,817,187</b>
<b>NCAB</b>			
National Clinical Audit Benchmarking	6,870	-	<b>6,870</b>
	6,870	-	<b>6,870</b>
<b>Quality Improvement and Development</b>			
Support to local audit	-	21,796	<b>21,796</b>
	-	21,796	<b>21,796</b>
<b>New Business Activities</b>			
Direct Costs	-	6,578	<b>6,578</b>
Staff Costs	-	185,032	<b>185,032</b>
	-	191,610	<b>191,610</b>
	1,778,361	17,301,570	<b>19,079,931</b>

## 5. Charitable activities (continued)

	Unrestricted Funds	Restricted Funds	Total 2023
	£	£	£
<b>Management, development and promotion of clinical audit</b>			
<b>National Clinical Audit &amp; Patient Outcomes Programme (NCAPOP)</b>			
NCAPOP Audits	-	11,986,379	<b>11,986,379</b>
<b>Clinical Outcome Review Programmes</b>			
Programme Costs	-	2,991,412	<b>2,991,412</b>
Staff Costs	543,655	438,477	<b>982,132</b>
Other Direct Costs	-	1,278	<b>1,278</b>
Support Costs	1,054,012	-	<b>1,054,012</b>
	1,597,667	15,417,546	<b>17,015,213</b>
<b>National Joint Registry (NJR)</b>			
NJR Programme Costs	-	2,793,159	<b>2,793,159</b>
Staff Costs	-	809,729	<b>809,729</b>
Support Costs	-	150,157	<b>150,157</b>
	-	3,753,045	<b>3,753,045</b>
<b>NCAB</b>			
National Clinical Audit Benchmarking	7,870	-	<b>7,870</b>
	7,870	-	<b>7,870</b>
<b>Quality Improvement and Development</b>			
Support to local audit	-	25,248	<b>25,248</b>
Education & Training	-	-	-
Staff Costs met from Health Foundation Grants	-	-	-
	-	25,248	<b>25,248</b>
<b>New Business Activities</b>			
Direct Costs	-	-	-
Staff Costs	-	187,052	<b>187,052</b>
	-	187,052	<b>187,052</b>
	1,605,537	19,382,891	<b>20,988,428</b>

## 6. Support costs

	Basis of allocation	Contract Mgt & Commissioning	National Joint Registry Per MOU	Stability Fund	Total 2024	Total 2023 Restated
		£	£	£	£	£
Staff costs (Core Team Apportioned)	Staff time	784,648	103,729	-	<b>888,377</b>	865,450
Other Staff Costs and Sundry Expenses	Headcount	4,564	1,245	-	<b>5,809</b>	2,715
Staff Training	Activity	17,159	-	-	<b>17,159</b>	6,475
Pension Advisory Services	Headcount	5,079	644	-	<b>5,723</b>	-
Recruitment	Activity	9,165	-	-	<b>9,165</b>	6,013
Financing & Bank Charges	Headcount	1,261	446	-	<b>1,707</b>	1,548
Working from Home Costs	Activity	1,837	-	-	<b>1,837</b>	2,444
Website Design and hosting	Activity	4,996	-	-	<b>4,996</b>	3,456
Marketing Automation	Activity	14,220	-	-	<b>14,220</b>	14,220
Computer Equipment & Software	Activity	22,524	5,836	-	<b>28,360</b>	28,993
IT Support	Headcount	26,845	31,571	-	<b>58,416</b>	92,531
Printing, Stationery & Office Supplies	Activity	7,025	-	-	<b>7,025</b>	4,320
Postage and Courier Costs	Activity	1,669	-	-	<b>1,669</b>	2,586
Telephone	Headcount	4,874	2,435	-	<b>7,309</b>	11,804
Travel, Subsistence & Accommodation	Activity	9,525	-	-	<b>9,525</b>	3,433
Service User Network and Patient & Carer Engagement Costs	Activity	1,070	-	-	<b>1,070</b>	184
Subscriptions	Activity	85	-	-	<b>85</b>	713
Communications	Activity	4,675	-	-	<b>4,675</b>	4,260
Other Meeting Costs inc. Catering	Activity	8,871	-	-	<b>8,871</b>	1,146
Facilitation Costs	Activity	5,200	-	-	<b>5,200</b>	-
New Business Costs	Activity	4,995	-	-	<b>4,995</b>	-
Insurance	Headcount	33,842	14,117	-	<b>47,959</b>	44,860



## 6. Support costs (continued)

	Contract Mgt & Commissioning	Contract Mgt & Commissioning	National Joint Registry Per MOU	Stability Fund	Total 2024	Total 2023 Restated
	£	£	£	£	£	£
Professional Fees - HR Consultancy	Headcount	7,106	369	-	<b>7,475</b>	7,831
Professional Fees - IT Consultancy	Headcount	950	750	-	<b>1,700</b>	6,063
Professional Fees - Data Protection Officer	Headcount	24,295	23,040	-	<b>47,335</b>	36,480
Depreciation	Activity	11,259	-	-	<b>11,259</b>	7,620
Loss on Disposals	Activity	-	-	-	-	690
<b>Governance:</b>						
<i>Audit Fees</i>	Income	16,069	3,431	-	<b>19,500</b>	19,715
<i>Corporation Tax Return Fees</i>	Activity	1,000	-	-	<b>1,000</b>	-
<i>Legal and other Governance Costs</i>	Activity	21,793	-	-	<b>21,793</b>	28,538
<i>Trustee expenses</i>	Activity	-	-	-	-	81
		1,056,601	187,613	-	<b>1,244,214</b>	1,204,169

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

	2024	2023 As restated
Commissioning and contract management of clinical audit	<b>1,056,601</b>	1,054,012
National Joint Registry	<b>187,613</b>	150,157
Stability Fund	-	-
	<b>1,244,214</b>	1,204,169

The allocation of prior year costs has been amended and comparatives restated to reflect this resulting in an increase in support costs of £163,592.

## 7. Net movement in funds

This is stated after charging:

	Unrestricted	Restricted	Total 2024
	£	£	£
<b>Auditor's remuneration</b>			
Statutory audit services	16,069	3,431	<b>19,500</b>
Depreciation	11,259	-	<b>11,259</b>

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

## 8. Employee and staff costs

	2024	2023 As restated
	£	£
Wages and Salaries	2,449,059	2,231,354
Social Security Costs	282,799	267,777
Pension Costs (Aegon Scottish Equitable)	135,494	127,231
Pension Advisory Services	5,723	2,006
Cost of Secondments	150,559	155,123
Cost of Agency Staff	48,315	60,872
	<b>3,071,949</b>	2,844,363

Staff costs have been allocated as follows:

	2024	2023 As restated
	£	£
Management, development and promotion of clinical audit	1,152,225	982,132
National Joint Registry	840,592	809,729
New Business Activities	185,032	187,052
Support Costs	894,100	865,450
	<b>3,071,949</b>	2,844,363

## 8. Employee and staff costs (continued)

The average number of employees during the period and the actual numbers at 31 March 2024 analysed by function, was as follows:

	2024	2024	2024	2023	2023	2023
	Av No.	Av No.	Actual	Av No.	Av No.	Actual
	Total	Full time equivalent	Full time equivalent	Total	Full time equivalent	Full time equivalent
<b>Charitable activities</b>						
Contract Management & Commissioning	14.9	13.7	14.1	15.7	13.8	13.7
NJR Team	13.0	10.9	9.9	13.7	11.8	9.9
Management and Core Services	14.4	13.3	13.4	14.3	12.8	13.6
<b>TOTAL</b>	<b>42.3</b>	<b>37.9</b>	<b>37.4</b>	<b>43.7</b>	<b>38.4</b>	<b>37.2</b>

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

	2024	2023
£60,000-70,000	3	3
£70,000-80,000	7	2
£80,000-90,000	5	3
£90,000-100,000	-	2
£100,000-110,000	2	1

Defined pension contributions in respect of the above higher-paid employees totalled £78,071 (2023: £52,367).

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 **£489,074** (2023: £433,323).

Included in staff costs is £13,005 (2023:£Nil) of termination payments.

## 9. Trustees' remuneration

None of the trustees received any remuneration in respect of their services during the period (2023: £Nil).

During the year out of pocket travelling expenses amounting to **£Nil** were reimbursed to no trustees (2023: £81 to one trustee).

The charity has purchased insurance to protect the charity from any loss arising from the neglect or defaults of its trustees, employees and agents and to indemnify the trustees or other officers against the consequences of any neglect or default on their part. The insurance premium paid by the charity during the period totalled **£47,959** 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
<b>Cost</b>	
At 1 April 2023 and 31 March 2024	61,089
<b>Amortisation</b>	
At 1 April 2023 and 31 March 2024	61,089
<b>Net Book Values</b>	
<b>At 31 March 2024</b>	-
At 31 March 2023	-

## 12. Tangible fixed assets

	Fixtures, fittings & equipment
<b>Cost</b>	
At 1 April 2023	50,636
Additions	12,866
Disposals	(20,905)
At 31 March 2024	42,597
<b>Depreciation</b>	
At 1 April 2023	31,510
On Disposals	(20,905)
Charge for the Year	11,259
At 31 March 2024	21,864
<b>Net Book Values</b>	
<b>At 31 March 2024</b>	<b>20,733</b>
At 31 March 2023	19,126

## 13. Debtors

	2024	2023
	£	£
Trade Debtors	<b>106,008</b>	176,150
VAT Refundable	<b>243,139</b>	-
Prepayments & Other Debtors	<b>56,661</b>	61,465
Accrued income	<b>476,583</b>	88,637
	<b>882,391</b>	326,252

## 14. Current asset investments

	2024	2023
	£	£
Cash equivalents on deposit	4,655,267	-

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

	2024	2023
	£	£
Trade Creditors	3,255,027	3,256,905
Other Creditors	29,779	32,576
Tax and social security	75,067	423,312
Accruals	1,421,951	1,460,644
Deferred income	234,935	148,000
	5,016,759	5,321,437

## Deferred income

	2024	2023
	£	£
Deferred income at 1 April 2023	148,000	69,984
Amounts released from previous year	(147,500)	(69,984)
Income deferred in the year	234,435	148,000
Deferred income at 31 March 2024	234,935	148,000

## 16. Restricted funds

	At 1 April 2023	Income	Expenditure	Transfers	At 31 March 2024
	£	£	£	£	£
NCAPOP Audits	7,524,274	9,720,477	(9,533,730)	1,137,251	<b>8,848,272</b>
NCAPOP Subscriptions	-	1,989,900	(438,719)	(1,551,181)	-
NCAPOP Scottish Extensions	-	195,970	-	(195,970)	-
NCAPOP Transition Costs	139,822	-	-	-	<b>139,822</b>
CORP Programme Costs	-	2,833,541	(3,381,983)	548,442	-
National Joint Registry	6,088,771	4,324,657	(3,817,187)	-	<b>6,596,241</b>
Health Foundation ICS-wide improvement enabled by clinical audit	-	20,000	(20,000)	-	-
NHS England: Listening to marginalised voices in maternity	-	72,000	(77,487)	5,487	-
HDR UK Public involvement in DARG	-	10,668	(10,668)	-	-
Support to local audit	-	-	(21,796)	21,796	-
	<b>13,752,867</b>	<b>19,167,213</b>	<b>(17,301,570)</b>	<b>(34,175)</b>	<b>15,584,335</b>

Significant transfers between funds relate to i) subscriptions collected which support the costs of the NCAPOP programme (including CORP programme costs), ii) contributions from Scotland relating to the NCAPOP programme, iii) NCAPOP support to N-QI-CAN.

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



## 16. Restricted funds (continued)

### **NCAPOP - National Clinical Audit and Patient Outcomes Programme**

Management of the National Clinical Audit and Patient Outcomes Programme (NCAPOP), servicing existing contracts and commissioning new audits according to priorities agreed by NHS England.

### **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.

### **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 ICS-wide improvement enabled by clinical audit**

Grant for a project which, supporting improvement in access/flow, inequalities and clinical outcomes, will develop a replicable best-practice method for National Clinical Audit-informed, collaborative Quality Improvement activity across an ICS footprint.

### **NHS England: Listening to marginalised voices in maternity**

Funding for a project which aimed to identify groups of maternity service users whose voices might be considered 'less heard', might experience disadvantage or may have specific needs. The resulting report will feed into a research project to develop a national Patient-Reported Experience Measure (PREM).

### **HDR UK Public involvement in DARG**

Grant to develop meaningful public involvement in HQIP's data access processes and Data Access Request Group (DARG).

### **Support to local audit**

To fund costs of the National Quality Improvement (Incl. Clinical Audit) Network (N-QI-CAN), a professional network of colleagues undertaking clinical audit and other improvement work across England.

## 17. Fixed assets fund

	At 1 April 2023	Additions	Depreciation/ Amortisation	Disposals	At 31 March 2024
	£	£	£	£	£
Fixtures, fittings, equipment	19,126	12,866	(11,259)	-	<b>20,733</b>
	19,126	12,866	(11,259)	-	<b>20,733</b>

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

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

## 18. 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 2023	New designations	Utilised/ released	At 31 March 2024
	£	£	£	£
Stability Fund	446,439	-	-	<b>446,439</b>
	446,439	-	-	<b>446,439</b>

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

The trustees designated a Stability Fund in 2018. The Stability fund is expected to be used to support business development activities, additional IT infrastructure costs and continuity of workstreams over the next 5 years.

## 19. Analysis of net assets between funds

	General Fund	Fixed assets Fund	Designated Funds	Restricted Funds	Total 2024
	£	£	£	£	£
<b>Fund balances at 31 March 2024 are represented by:</b>					
Tangible fixed assets	-	20,733	-	-	<b>20,733</b>
Current assets	3,104,814	-	446,439	20,355,696	<b>23,906,949</b>
Current liabilities	(245,398)	-	-	(4,771,361)	<b>(5,016,759)</b>
<b>Total Net Assets</b>	<b>2,859,416</b>	<b>20,733</b>	<b>446,439</b>	<b>15,584,335</b>	<b>18,910,923</b>

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



## 20. Contractual commitments

At 31 March 2024 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.

## 21. Contingent liabilities

During the year ended 31 March 2022, the charity conducted a VAT health check to ensure continuing compliance with latest VAT regulations. The health check identified an underpayment of output VAT which necessitated further investigation and liaison with the relevant funders. No provision was made in previous years due to the fact that the work was ongoing and the value of any liability could not be reliably quantified. This work was concluded during the year ended 31 March 2024 with all remaining amounts recovered from funders and paid over to HMRC.

## 22. Pension commitments

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

Total pension costs in the period were £135,494 (2023: £127,231) and £18,559 (2023: £19,504) were payable at 31 March 2024.

## 23. Related party transactions

There were no reportable related party transactions in 2024 or 2023.

## 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.



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