



HQIP Trustees Report and Accounts

2019/20

31 March 2020



Trustees

Dame Professor Donna Kinnair, DBE (Chair)

Alastair Henderson (vice-chair)

Philip Grimshaw Baker

Michael Chapman

Sarah Dunnett (Treasurer)

Robert Johnstone *resigned 14 November 2019*

Dr Sheila Marriott

Susan Masters *effective from 14 November 2019*

Dr Linda Patterson, OBE

Miles Sibley *effective from 14 November 2019*

Dr Victoria Tzortziou Brown, OBE

Chief executive: Jane Ingham

Registered office: 70 Wimpole Street, London W1G 8AX

Principal office: Dawson House, 5 Jewry Street, London EC3N 2EX

Telephone: 020 3857 5030

Website: www.hqip.org.uk

Email: communications@hqip.org.uk

Company registration number: 6498947 (England and Wales)

Charity registration number: 1127049

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

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

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

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Healthcare Quality Improvement Partnership

The aim of our work is to increase the impact that clinical audit has on healthcare quality improvement. To do this, we invest in valuable relationships spanning national and local levels with policy makers, funders, health service providers and those who receive those services.

We support those who provide and commission health services with a suite of resources and guidance documents on subjects related to clinical audit and quality improvement to help them understand local needs and deliver effective and safe services for their patients.

We are committed to meaningful engagement with patients and users of services, and their families and representatives, as part of our work to improve patient care and experience. Central to this commitment is our service user network (SUN), an advisory group of patients and carers who have an active input into relevant HQIP work.

We are the UK's largest national clinical audit commissioner. We commission, manage and develop the national clinical audit and patient outcomes programme on behalf of the NHS in England and Wales and where required, we additionally support the participation of other devolved administrations and crown dependencies in the national clinical audit programme.

We host the National Joint Registry, which collects and reports on data for hip, knee, ankle, elbow and shoulder joint replacement procedures. The largest register of its kind in the

world, it covers England, Wales, Northern Ireland, the Isle of Man and the States of Guernsey.

We provide highly-specialist advisory and knowledge transfer services. This includes detailed knowledge and experience of evaluating and improving health outcomes through the use of data. We apply careful and thoughtful approaches ensuring appropriate information governance. We pride ourselves on our open and adaptable approach to involving patients, patient representatives and carers in all our work.

We actively seek to align our work with other national bodies and their quality improvement programmes to improve patient care. We work collaboratively with a broad spectrum of professional leadership bodies, patients and their representatives, and organisations such as Care Quality Commission (CQC), NICE, NHS England/NHS Improvement, Public Health England and NHS Digital.

We are an independent organisation led by the Academy of Medical Royal Colleges, The Royal College of Nursing and National Voices.

The aim of our work is to increase the impact that clinical audit has on healthcare quality improvement.

Chair and CEO statement

As we prepare this annual report, we find ourselves in the midst of the Covid-19 global pandemic. While the period under review in this report was not affected, the pandemic has had some impact on us as a workforce and as commissioners of the national clinical audit programme. Next year's annual review will focus in detail on impact and mitigations; however, it would be impossible to present this report without paying tribute to the selfless professionalism of the HQIP team in responding to the challenges presented in 2020.

We also faced some uncertainty as events relating to Britain's withdrawal from the European Union unfolded. As the likelihood of a no-deal Brexit scenario increased, we needed to consider the implications on our procurement function and looked to government experts for advice on what measures we might need to put in place in preparation for a full withdrawal in 2021.

For the purposes of this report however, we return to 2019/20, a year where we continued to deliver the most comprehensive programme of clinical audit in the world. This year alone, we published 67 audit and outcome review reports.

This year was notable for the adoption of our new business development strategy that heralds a diversifying of our work activity and customer base. Our largest single customer is NHS England/Improvement; examining our future financial sustainability has required us to look beyond our dependence on this contract to take stock of our considerable in-house expertise and resources as well as the strength of our relationships and collaborations across the health and social care economy.

The application of this specialist expertise saw us leading on two highly significant reports that influenced the 2020 Cumberlege Review report *First Do No Harm*:

- a urogynaecological surgical mesh database feasibility report submitted to the Department of Health and Social Care

- leadership of a think tank of industry experts leading to the publication of proposals for a national medical devices registry.

We also supported an NHS Trust service reconfiguration as an expert critical friend to review plans for operationalising a clinical strategy, ensuring plans for investment and service design were aligned to the best practice evidence.

You can find out more about these activities later in the report.

In delivering the NCAPOP programme and applying our expertise in other projects and programmes, we always strive to keep the experience of the patient at the very heart of our work. We are indebted to our service user network (SUN), an advisory group of patients, patient representatives and carers, who give generously of their time and experiences to influence and inform our decision-making processes. We wish to congratulate SUN member Bren McInerney on being awarded a British Empire Medal for services to volunteering, public services and the community. Bren has been a SUN member for nearly a decade and has contributed to dementia, emergency laparotomy and stroke audits.

We thank the [National Quality Improvement \(including Clinical Audit\) Network](#) (NQICAN) which brings together the 13 regional clinical audit/effectiveness networks from across England. NQICAN provides a vital platform bridging local and national audit and promoting the benefits of sharing best practice, networking and training. In 2019, we worked

more closely than ever before with NQICAN in delivering our flagship Clinical Audit Awareness Week and Audit Heroes awards; not only did we see a significant increase in participation across the UK, our work was deemed award-winning by experts in the communications and employee engagement sector.

Our thanks go to the providers of the national clinical audit and patient outcomes programme. Each and every provider across the NCAPOP programme is committed to using data to achieve positive change. We value their contribution to the national understanding of NHS performance and their commitment to stimulating improvement at local level.

And finally, we would like to thank our employees at HQIP for the energy and enthusiasm they bring to their roles and the good-natured resilience they have demonstrated during the Covid-19 pandemic. We are proud to lead an organisation with such a strong commitment to making health services better for everyone.



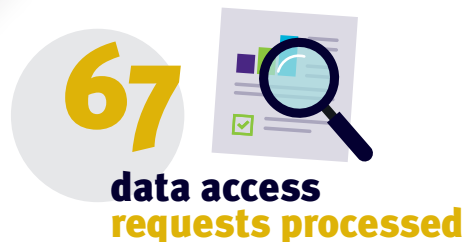
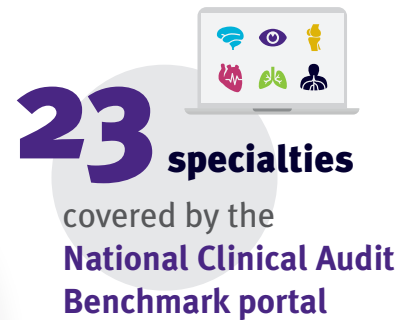
Donna Kinnair,
Chair



Jane Ingham,
CEO



152 nominations for our
Audit Heroes awards



Vision and Objectives

OUR VISION

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We aim to improve health outcomes by enabling those who commission, deliver and receive healthcare to measure and improve healthcare services.

OUR VALUES

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We are an independent organisation working in partnership with patients and healthcare professionals to influence and improve healthcare practice at all levels. We are committed to being open and accountable, and to listen, learn and respond swiftly and appropriately as part of our ongoing cycle of improvement.

OUR WORK AND HOW IT ACHIEVES OUR VISION AND VALUES:

-
- We commission, manage, support and promote national and local programmes of quality improvement. This includes the national clinical audit programmes, local audit support resources and the National Joint Registry (NJR) on behalf of NHS England and other healthcare departments and organisations. We use best management and procurement practice to ensure robust results and actionable recommendations.
 - We ensure patients and carers remain at the heart of our work through continued, strategic involvement in all relevant processes and projects.
 - We support healthcare professionals to review and improve their practice by providing education and training programmes, and opportunities to share best practice as part of promoting an integrated approach to quality improvement.
 - We work to inform and influence national healthcare policy by effectively communicating our work and that of our partners.
 - We 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.
 - We are committed to be an efficient, sustainable, well run organisation, which supports staff development and welfare.

Strategic Report

PUBLIC BENEFIT

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.

ACHIEVEMENTS AND PERFORMANCE: ACTIVITY AND IMPACT

Spotlight: supporting safe data access

We joined the UK Health Data Research Alliance to accelerate progress in medicine and health through better access to health data.

Together, we are an alliance of leading health, care and research organisations united to establish best practice around the ethical use of UK health data for research and innovation at scale.

"This is a very exciting development for the health research community and we're delighted to add our unique perspective as the organisation responsible for the largest programme of clinical audit in the UK. The Alliance mirrors our commitment to the use of data to measure and improve health services and the patient experience. We look forward to working with Alliance members to support those who use data for improvement and to strengthen data-sharing guidance and protocols."

Jane Ingham, HQIP chief executive



ACTIVITY

This year we have:

- Managed the publication of 67 national reports and widely disseminated and communicated the findings – all aimed at improving patient outcomes.
- Continued, through the National Joint Registry (NJR), to assure patient safety of replacement joints by post-market surveillance and evolving risk adjustment methodology used for outlier monitoring.
- Developed a new online platform for the National Clinical Audit Benchmarking (NCAB) with improved functionality and additional features. We continued to expand on the number of participating audits on the platform; there were 23 participating audits by March 2020 and we will continue to add new audits to improve the coverage of the benchmarking programme.
- Led Clinical Audit Awareness Week, our annual campaign promoting and celebrating the impact of clinical audit and quality improvement. We received over 150 nominations for the accompanying national Audit Heroes campaign. Our campaign won a Chartered Institute of Public Relations (CIPR) employee engagement award and was a finalist in the Leading Healthcare Awards category for excellence in communications.

- Processed 67 requests for data. Our data access request service ensures that data from programmes we commission and host is available for research and evidence-based decision making while ensuring the necessary legal, confidentiality, ethical permissions and data security arrangements are in place.
- Published a Memorandum of Understanding to encourage the use of independent assessment of clinical services in the UK health sector. We were co-signatories along with BSI, Royal College of Anaesthetists, Royal

College of Nursing, Royal College of Physicians, and the United Kingdom Accreditation Service (UKAS).

- Achieved high performance against all the key performance indicators (KPIs) set as part of the operational planning process for 2019/20. KPIs demonstrate how effectively we are achieving key business objectives. They include: legal compliance; financial management; contract management; and performance in human resources, communications and patient & public involvement.

HQIP AND COVID-19

By 2020, HQIP had an embedded culture of remote working, with most staff adopting a mix of working from home and office-based work. Both our workforce and our service user network (SUN) volunteers had experience of using video conferencing software and early in the year, we had switched to a cloud-based server for our IT needs.

When Covid-19 stuck, we were well placed to move swiftly and efficiently to a working-from-home-only model, supporting our employees to find flexible solutions to any challenges presented by working from home. There was no adverse effect on our income and we did not need to apply for any government support measures.

At the time of writing this report, the long-term impact of the pandemic on the collection and analysis of routine clinical audit data is not yet fully known. While some routine audit work paused to allow organisations to focus their efforts on responding to Covid-19, there were also adaptations towards real-time data models to support the management of patients and service recovery. Next year’s annual report and accounts will focus on this in much greater detail.

“You are a standard bearer for all things quality improvement.”
Business Intelligence Survey 2020 respondent

Spotlight: working with the independent health sector

We launched a pilot study to explore the feasibility of independent healthcare providers in England contributing to national clinical audits. Working with the Independent Healthcare Providers Network (IHPN), the pilot project focuses on procedures relating to breast cancer in older people and cataract surgery.

While independent providers are able to contribute to a small number of programmes to improve clinical standards, including the National Joint Registry,

independently-funded care is not currently included within the scope of the NCAPOP programme.

“We believe there are substantial benefits to involving independent providers in the national programme; as well as giving us a more comprehensive and reliable picture of the quality of care in the English health system, it builds on the work already undertaken by the IHPN to support their members within their own regulatory framework which sees over 78% of independent sector hospitals rated good or outstanding by the Care Quality Commission.”

Prof Danny Keenan, HQIP Medical Director



OUR IMPACT

Spotlight: medical devices and implants

In 2020, a landmark review concluded that hundreds of women suffered avoidable, life-changing harm as a result of the use of unsafe implants and devices. The Cumberlege report, *First Do No Harm*, called for widespread changes to the regulation of medical devices.

We were invited to give evidence to the review and both NCAPOP and the National Joint Registry (NJR) presented.

We led on two influential pieces of work in 2019 that were cited in the review report:

- We were commissioned by the Department for Health and Social Care (DHSC) to facilitate discussions amongst experts on how to develop a single data solution that could capture data and eventually report outcomes on surgical mesh implant procedures. Urogynaecological surgical mesh is used to treat stress urinary incontinence (SUI) and pelvic organ prolapse (POP).

Our report made 10 recommendations for the establishment of an interim database pending the creation of a full clinical national registry. These

focused on data collection and sharing, data reporting and governance. The report recommended that further patient engagement would be required to ensure the information collected takes important patient outcomes into consideration.

- In June 2019, we held a think-tank meeting of industry experts to explore the need for a national devices registry. The subsequent report made 33 recommendations in support of the development and implementation of a national implantable medical devices registry, alongside 10 guiding principles which included the need for patient involvement in its development.

We are proud to have lent our expertise to the Cumberlege review and hope our contribution will help in some way to achieving safer care for patients. We continue to make our expertise available to help implement the recommendations and actions.

This work is indicative of our experience in convening groups of multi-professional experts across fields and disciplines to work through challenges and arrive at consensus decisions that lead to improved patient care.



“The clinical audits give evidence of where there are gaps and weaknesses in provision by geography and this encourages areas to raise their game. Audits can also be used to challenge local areas by patient groups. If something is not meeting guidelines and is evidenced in audit, it gives more power to challenge for change.”

Business Intelligence Survey 2020 respondent

Highlights of our impact during the year

- Successfully led the national clinical audit and patient outcomes programme (NCAPOP) on behalf of NHS England, the Welsh Government and other devolved administrations, supporting health systems to measure and evaluate their services at national, regional and local levels.
- To enhance the NCAPOP impact on frontline improvement on patient care and outcomes, we delivered a project with support from the Health Foundation. This saw an HQIP senior clinical fellow in quality improvement supporting audit providers so they can better stimulate local improvement in the context of the NCAPOP.
- Patient and public involvement (PPI) in our commissioning process was further strengthened as patient and carer partners fed into our specification development process (SDM) and scored and attended moderation meetings. Our PPI lead worked with a number of relevant charities for each audit topic – such as the Roy Castle Lung Cancer Foundation – as well as our own service user network (SUN) members.
Our SDM process now includes separate patient-focused meetings and protected time. As a result of PPI in the commissioning process, the new dementia national clinical audit has a paid expert by experience role on their team and a commitment to work with the Race Equality Foundation to ensure they have Black, Asian and minority ethnic representation.
- We developed and tested induction training for NHS Trust senior managers, directors and groups on the NCAPOP programme. The intensive sessions were delivered by our expert team ensuring broad learning and insight into national clinical audit.

- Reports published this year included national audits, clinical outcome publications and confidential enquiries with recommendations for improvement across the health system – from individual NHS Trusts and commissioners to national policy makers and regulators. They spanned the following services:
 - acute bowel obstruction
 - asthma
 - bowel cancer
 - breast cancer in older people
 - cardiac services
 - chronic obstructive pulmonary disease
 - diabetes
 - dementia
 - early inflammatory arthritis
 - emergency laparotomy
 - end of life care
 - fracture liaison service
 - hip fracture
 - in-patient falls
 - learning disability mortality
 - lung cancer
 - maternal, newborn and infant
 - maternity and perinatal care
 - mental health
 - mental health in young people and young adults
 - national vascular registry
 - oesophago-gastric cancer
 - ophthalmology
 - paediatric diabetes
 - paediatric intensive care
 - pregnancy in diabetes
 - prostate cancer
 - pulmonary embolism
 - stroke



- Every project in the NCAPOP has been established to address a clinical area (or areas) where healthcare improvement is required, each with the common aim of supporting improvement of patient care. This year we published our Impact Report, a summary of across four categories:
 - National: evidence of national improvements in the quality and outcomes of care
 - System: how the project supports policy development & management of the system
 - Local: how the project stimulates quality improvement
 - Public: how the project is used by the public and the demand for it



“ This approach provides excellent information with a very engaging style. ”

Reader feedback

Spotlight: the patient voice

The National Clinical Audit of Anxiety and Depression (NCAAD) scooped our 2019 Richard Driscoll Memorial Award for demonstrating excellence in patient and public involvement. The winning entry impressed with their responsiveness and flexibility; they made changes to the involvement structure at the request of the service user and carer reference group and adopted a new co-produced reporting model to increase the accessibility of published reports for lay people.

NCAAD was set up to measure and improve the quality of NHS-funded care and treatment of service users with a primary diagnosis of anxiety and/or depressive disorder within secondary care services.



“This is a profoundly important piece of work involving a patient group that often does not benefit from the contact and engagement it needs. The award entry demonstrated impact beyond the original scope of the project.”

Phil Baker, HQIP Trustee and a member of the judging panel

“The ability of healthcare providers to compare the quality of their own delivery forces improvements to care. Re-audit on a national scale means that providers know that the standard will rise; they must improve just to stay in the same place in relation to others.”

Business Intelligence Survey 2020 respondent

FUTURE WORK: ACTIVITY PLANNED FOR 2020/21

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

- Increasing our impact (including new business development)
- National clinical data for local quality improvement
- Data quality
- Maximising the use of technology and routine data
- Intelligent transparency

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 2020. The Trustees have adopted the provisions of the Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland issued in July 2014 including Update Bulletin 2.

STATEMENT OF TRUSTEES' RESPONSIBILITIES

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

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

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

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

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

In so far as the Trustees are aware:

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

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

Finance Report for the Year

RESULTS FOR THE YEAR

Fig 1: Where our funding comes from

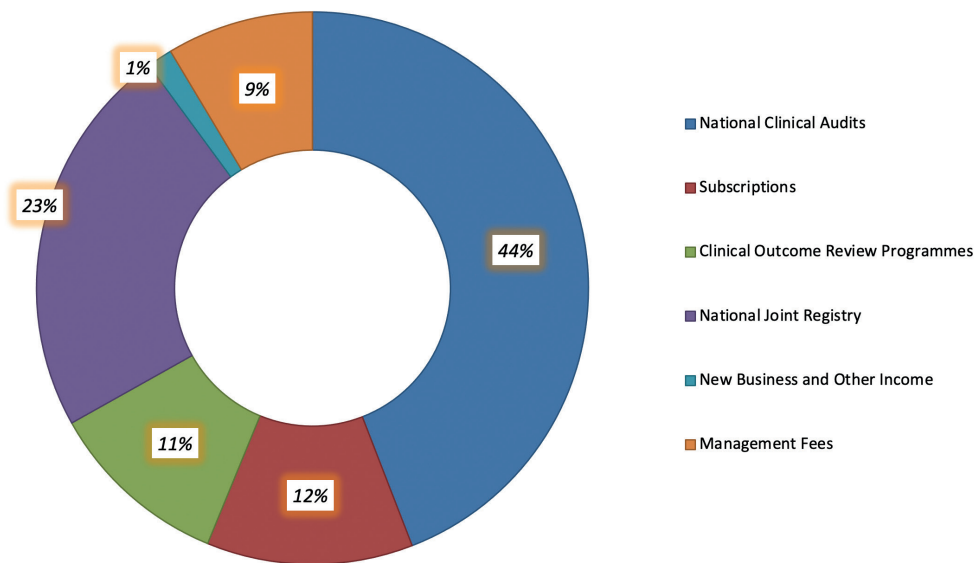
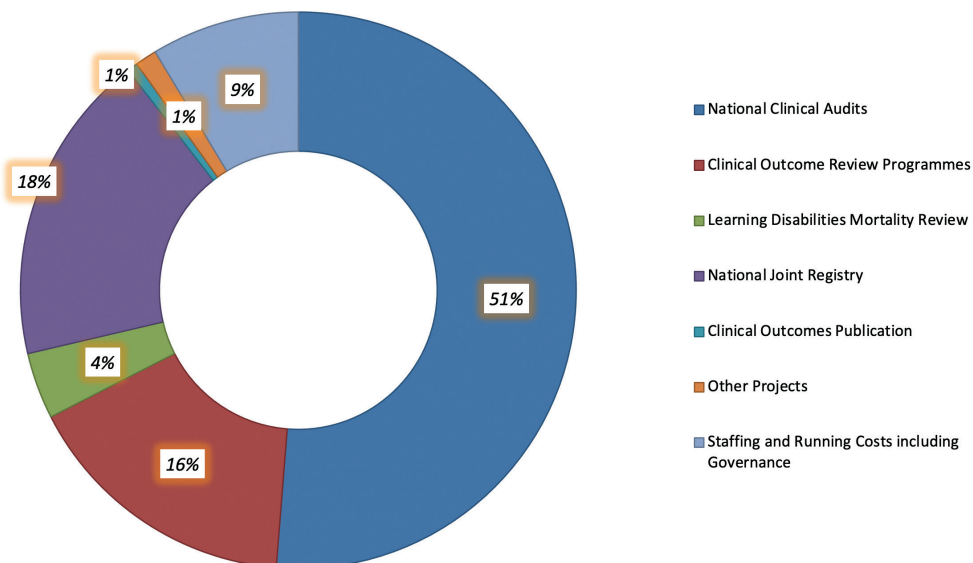


Fig 2: How we spend our money



Income

During the year ended 31 March 2020, HQIP received income totaling £17,224,683 (2019: £21,090,243) of which £15,705,725 (2019: £19,576,791) was for restricted purposes, and £1,518,958 (2019: £1,513,451) was for the general purposes of the charity including management support fees of £1,300,000 (2019: £1,300,000).

Income included £7,334,052 (2019: £10,228,261) to finance national clinical audits. In addition, HQIP collected subscriptions of £2,081,500 (2019: £2,089,315) from NHS Trusts to support national audits. The Scottish Government contributed £465,811 (2019: £291,852) to NCAPOP programmes.

In 2019-20, income for the Clinical Outcome Review Programmes totalling £1,606,832 (2019: £2,633,393) was collected from all UK Administrations. This included funding for the National Child Mortality Database. The Department of Health and Social Care provided £30,964 (2019: £142,500) for development of a Perinatal Mortality Review Tool. Funding of £47,412 (2019: £30,685) was received from NHS England to draft a specification for surgical mesh data requirements.

In 2019-20, the National Joint Registry (NJR) collected subscriptions totalling £3,236,330 (2019: £3,376,379). Other income of £703,912 (2019: £687,320) 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 £47,904 (2019: £70,983) were received from the Health Foundation. Income of £42,080 (2019: nil) was received for a pilot project with independent sector healthcare providers.

Expenditure

In 2019-20, HQIP commissioned and managed national clinical audit contracts with a total value of £10,656,230 (2019: £11,357,300). Retendering and support costs were £9,505 (2019: £10,650).

Expenditure on the Clinical Outcome Review Programmes, was £3,360,769 (2019: £3,684,858). Governance costs were £8,733 (2019: £14,360). Expenditure on the Learning Disabilities Mortality Review was £802,763 (2019: £918,425).

Expenditure on the management and development of the National Joint Registry was £3,775,741 (2019: £3,676,664).

Expenditure on Clinical Outcomes Publication was £127,950 (2019: £153,751) including National Clinical Audit Benchmarking.

In 2019-20, HQIP spent a total of £85,930 (2019: £34,977) on Quality Improvement and Development work.

Expenditure on the development of Clinical Service Accreditation was £46,379 (2019: £52,886).

Other direct charitable expenditure, including support costs, totalled £1,911,008 (2019: £1,981,964).

Financial position

The balance sheet at 31 March 2020 shows total funds of £13,751,064 (2019: £17,311,389), including restricted funds totalling £11,637,690 (2019: £15,294,548) and unrestricted funds comprising general funds of £1,501,388 (2019: £1,318,722), tangible and intangible fixed assets of £31,297 (2019: £31,744) and designated funds of £580,689 (2019: £666,375).

At 31st March 2020, the charity retained free reserves of £1,501,388 (2019: £1,318,722).

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 three to six months' staffing and lease commitments (forecast at £604,564 to £1,209,127 in 2020-21). The actual free reserves of £1,501,388 at March 2020 were above this range.

There are, in addition, designated funds of £580,689 (see Note 17). Trustees keep this position under regular review.

Risk Management

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

- governance and legal
- people, leadership and management
- delivery and impact
- finance

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

Risks assessed as potentially having the greatest impact in 2019-20 were:

1. Risk: Impact of COVID on:

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

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

2. Risk: Failure in information management

Mitigation: Internal IG policies in development and system level security policy in place; independent information governance advisory group established; fixed term contract IG support staff member now in place to establish compliant processes; generic data protection act training to all staff on an annual cycle in place; revised terms and conditions explicit regarding data security and actions in event of breach; IG executive exploring need for Caldicott Guardian.

3. Risk: Dependency on one substantive contract

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

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

Trustee 

Donna Kinnair, Chair.

Approved on:

17 November 2020

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

We have audited the financial statements of Healthcare Quality Improvement Partnership for the year ended 31 March 2020 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice) including FRS 102 'The Financial Reporting Standard Applicable in the UK and Ireland'.

This report is made solely to the charity's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charity's members those matters we are required to state to them in an auditor's report and for

no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's members as a body, for our audit work, for this report, or for the opinions we have formed.

RESPECTIVE RESPONSIBILITIES OF TRUSTEES AND AUDITOR

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

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

SCOPE OF THE AUDIT OF THE FINANCIAL STATEMENTS

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An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the charitable company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Trustees; and the overall

presentation of the financial statements. In addition, we read all the financial and non- financial information in the annual report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

OPINION ON FINANCIAL STATEMENTS

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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 2020 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;

- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- Have been prepared in accordance with the requirements of the Companies Act 2006

OPINION ON OTHER MATTER PRESCRIBED BY THE COMPANIES ACT 2006

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

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

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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

Moore Kingston Smith LLP

.....
Neil Finlayson, Senior Statutory Auditor
For and on behalf of Moore Kingston Smith LLP,
Statutory Auditor
Devonshire House
60 Goswell Road
London EC1M 7AD

Date: 19 November 2020

Statement of financial activities

year to 31 March 2020

		Unrestricted Funds	Restricted Funds	Total 2020	Total 2019
	Note	£	£	£	£
INCOME AND EXPENDITURE					
Income					
Income from Investments	2	28,109	28,109	56,218	52,206
Charitable Activities					
Management, development and promotion of Clinical Audit	3	1,481,062	15,677,616	17,158,678	21,026,239
Other income	4	9,788	-	9,788	11,798
Total Income		1,518,958	15,705,725	17,224,683	21,090,243
Expenditure					
Charitable activities					
Management, development and promotion of Clinical Audit	5	1,431,484	19,353,524	20,785,008	21,877,118
Total Expenditure		1,431,484	19,353,524	20,785,008	21,877,118
Net Income/ (Expenditure)	7	87,474	(3,647,800)	(3,560,325)	(786,876)
Transfers between funds		9,059	(9,059)		
Net movement in funds		96,533	(3,656,859)	(3,560,325)	(786,876)
Balances brought forward at 1 April 2019		2,016,841	15,294,548	17,311,389	18,298,066
Balances carried forward at 31 March 2020		2,113,374	11,637,689	13,751,064	17,311,389

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 2020

		2020	2020	2019	2019
	Notes	£	£	£	£
Fixed assets					
Intangible fixed assets	11		-		-
Tangible fixed assets	12		31,297		31,744
			31,297		31,744
Current assets					
Debtors due within one year	13	1,813,656		5,226,446	
Cash at bank and in hand		18,047,936		19,770,197	
		19,861,592		24,996,643	
Creditors: amounts falling due within one year	14	6,141,825		7,716,998	
Net current assets			13,719,766		17,279,645
Total net assets			13,751,064		17,311,389
Funds and reserves					
Restricted funds	15		11,637,690		15,294,548
Unrestricted funds					
General fund		1,501,388		1,318,722	
Tangible fixed assets fund	16	31,297		31,744	
Designated funds	17	580,689		666,375	
			2,113,374		2,016,841
			13,751,064		17,311,389

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

Trustee



Donna Kinnair, Chair

Approved on:

17 November 2020

Statement of cash flows for the year ended 31 March 2020

	2020	2019
	£	£
Cashflow from operating activities		
Net cash (used in) / provided by operating activities	(1,765,895)	906,562
Cashflows from investing activities		
Investment income and interest received	56,218	52,206
Payments to acquire tangible fixed assets	(12,584)	(34,238)
	43,634	17,968
Net (decrease) / increase in cash and cash equivalents	(1,722,261)	924,530
Cash and cash equivalents at the beginning of the year	19,770,197	18,845,668
Cash and cash equivalents at end of year	18,047,936	19,770,197
Reconciliation of net income to net cash flow from operating activities		
Net expenditure including endowments	(3,560,325)	(786,876)
Adjustments for:		
Depreciation charge	13,031	3,809
Amortisation charge	0	16,977
Disposals	0	1,673
Interest receivable	(56,218)	(52,206)
Decrease / (Increase) in debtors	3,412,790	290,498
(Decrease)/Increase in creditors	(1,575,173)	1,432,687
Net cash (outflow)/inflow from operating activities	(1,765,895)	906,562

Notes to the accounts 2019-20

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 financial statements are prepared on a going concern basis which assumes the charity will continue in operational existence for the foreseeable future.

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 effect of Covid-19, reviewing the organisation's ongoing forecasts and projections to ensure that the organisation remains financially viable.

The trustees have considered that the global pandemic has not adversely affected HQIP's income, nor the delivery of HQIP's existing contracts and operational plan; they have concluded that there is a reasonable expectation that the charity has adequate resources meet its liabilities as they fall due for a period of at least twelve months from the date of approval of these financial statements. The charity therefore continues to adopt the going concern basis in preparing its financial statements.

c) Income

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

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

1. ACCOUNTING POLICIES CONTINUED

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.

1. ACCOUNTING POLICIES CONTINUED

f) Fund accounting

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

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

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

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

g) Tangible fixed assets

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

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

h) Intangible fixed assets

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

- Website development costs
33% per annum based on costs

i) Operating lease

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

j) Pension contributions

i) NHS Scheme:

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

ii) Defined contribution scheme

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

1. ACCOUNTING POLICIES CONTINUED

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 2020
	£	£	£
Bank interest receivable	28,109	28,109	56,218
	Unrestricted Funds	Restricted Funds	Total 2019
	£	£	£
Bank interest receivable	26,013	26,103	52,206

3. INCOME FROM CHARITABLE ACTIVITIES

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

3. INCOME FROM CHARITABLE ACTIVITIES CONTINUED

Income from contracts	Unrestricted Funds	Restricted Funds	Total 2019
	£	£	£
NHS England & Wales			
Management Support Fee	1,300,000	-	1,300,000
NCAPOP Audits	-	10,228,261	10,228,261
NCAPOP Subscriptions	-	2,089,315	2,089,315
Administration Fees	21,038	-	21,038
All UK Administrations and crown dependencies			
CORP Programme Income	-	2,633,393	2,633,393
NCAPOP (Scottish Contributions)	-	291,852	291,852
Programme Management Fees	154,513	-	154,513
Department of Health		173,185	173,185
NJR Subscriptions Income	-	3,376,379	3,376,379
NJR Other Income	-	687,320	687,320
Health Foundation Grants		70,983	70,983
Total	1,475,551	19,550,689	21,026,239

4. OTHER INCOME

	Unrestricted Funds	Restricted Funds	Total 2020
	£	£	£
Miscellaneous income	9,788	-	9,788
	Unrestricted Funds	Restricted Funds	Total 2019
	£	£	£
Miscellaneous income	11,798	-	11,798

5. CHARITABLE ACTIVITIES

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

5. CHARITABLE ACTIVITIES CONTINUED

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

5. CHARITABLE ACTIVITIES CONTINUED

	Unrestricted Funds	Restricted Funds	Total 2019
	£	£	£
Management, development and promotion of clinical audit			
National Clinical Audit and Patient Outcomes Programme (NCAPOP)			
NCAPOP Audits	-	11,357,300	11,357,300
NCAPOP Retendering & Support Costs	-	10,650	10,650
Methodological Support	-	1,591	1,591
Registries - Mesh	-	5,582	5,582
Clinical Outcome Review Programmes			
Programme Costs incl NMCRR	-	3,684,858	3,684,858
Learning Disabilities Mortality Review	-	918,425	918,425
Governance	-	14,360	14,360
Staff Costs	629,269	395,022	1,024,291
Support Costs	908,159	-	908,159
	1,537,428	16,387,787	17,925,215
National Joint Registry (NJR)			
NJR Programme Costs	-	3,022,827	3,022,827
Staff Costs	-	447,839	447,839
Support Costs	-	205,998	205,998
	-	3,676,664	3,676,664

5. CHARITABLE ACTIVITIES CONTINUED

	Unrestricted Funds	Restricted Funds	Total 2019
	£	£	£
Clinical Outcomes Publication			
Clinical Outcomes Publication	-	76,050	76,050
National Clinical Audit Benchmarking	8,718	-	8,718
Staff Costs	-	53,984	53,984
Support Costs	-	15,000	15,000
	8,718	145,034	153,751
Quality Improvement and Development			
Support to Local Audit	5,000	14,029	19,029
Education & Training	-	-	-
National Events	225	-	225
Staff Costs	-	15,724	15,724
Support Costs	-	-	-
	5,225	29,752	34,977
Development of Clinical Service Accreditation			
Staff Costs	-	24,529	24,529
	-	52,886	52,886
Other			
New Business Development	24,321	-	24,321
Relocation	9,304	-	9,304
	33,625	-	33,625
	1,584,996	20,292,122	21,877,118

6. SUPPORT COSTS

	Total 2020	Total 2019
Staff costs (Core Team Apportioned)	504,141	545,947
Consultancy to NCAPOP and IG Support	-	11,330
Other Staff Costs and Sundry Expenses	1,184	10,055
Staff Training	6,805	11,369
Staff Recruitment	17,199	8,219
Advertising & Publicity	6,403	13,945
Financing & Bank Charges	1,364	1,191
Hire of Office Equipment	1,101	2,335
Website Design and hosting	13,177	20,729
Marketing Automation	13,914	17,081
Relocation Costs	-	14,620
Bad Debt	-	35,070
Premises Costs (Rent & Facilities Charges)	189,653	243,356
Computer Equipment & Software	28,762	24,866
IT Support	48,394	28,333
Printing, Stationery & Office Supplies	3,823	5,906
Postage	1,202	520
Telephone	11,248	16,707
Other Accommodation Costs and Room Hire	3,089	6,284
Travel, Subsistence & Accommodation	10,711	17,675
Service User Network	1,825	1,847
Subscriptions	601	3,692
Communications	1,016	13,125
Other Meeting Costs inc. Catering	1,460	5,731
Insurance	40,908	17,065
Professional Fees - HR Consultancy	9,703	3,899
Job Levelling Exercise	480	3,760
Depreciation	13,031	3,809
Amortisation	-	16,977
Loss on Disposals	-	1,573

6. SUPPORT COSTS CONTINUED

	Total 2020	Total 2019
Governance:		
<i>Audit Fees</i>	14,390	13,975
<i>Other auditor's remuneration</i>	270	-
<i>Legal and other Governance Costs</i>	12,601	15,864
<i>Trustee expenses</i>	2,397	1,608
	960,852	1,138,461

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

	2020	2019
Commissioning and contract management of clinical audit	700,626	908,159
National Joint Registry	236,426	205,998
New Business Development	8,800	9,304
Consultant Outcomes Publication	15,000	15,000
	960,852	1,138,461

7. NET MOVEMENT IN FUNDS

This is stated after charging :

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

	Unrestricted	Restricted	2019 Total
Auditor's remuneration			
Statutory audit services	9,836	4,139	13,975
Depreciation	3,809	-	3,809
Amortisation	16,977	-	16,977
Operating Lease Rentals	226,106	-	226,106

8. EMPLOYEES AND STAFF COSTS

	2020	2019
	£	£
Wages and Salaries	1,660,213	1,486,487
Social Security Costs	192,558	173,177
Pension Costs (Aegon Scottish Equitable)	82,262	71,008
Pension Costs (NHS)	11,945	11,493
Pension Admin Charges	2,259	1,242
Cost of Secondments	261,323	198,716
Cost of Agency Staff	156,207	198,339
	2,366,768	2,140,462

Staff costs have been allocated as follows:

	2020	2019
	£	£
Management, development and promotion of clinical audit	1,054,391	1,024,291
Clinical Outcomes Publication	36,500	53,984
National Joint Registry	547,749	447,839
Quality Improvement and Development	62,320	15,724
Accreditation	17,322	28,357
New Business Activities	144,345	24,321
Support Costs	504,141	545,947
	2,366,767	2,140,462

8. EMPLOYEES AND STAFF COSTS CONTINUED

The average number of employees during the period and the actual numbers at 31 March 2020 calculated on a full time equivalent basis, analysed by function, was as follows:

	2020	2020	2019	2019
	Av No.	Actual	Av No.	Actual
Charitable activities				
Contract Management & Commissioning	14.0	16	13.4	18
NJR Team	7.8	11	4.2	7
Management and Core Services	7.1	9	9.4	11
TOTAL	28.8	36	27.0	36

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

	2020	2019
£60,000-70,000	4	2
£70,000-80,000	3	2
£80,000-90,000	3	3
£90,000-100,000	1	0
£100,000-110,000	0	1
£110,000-120,000	1	0

HQIP made contributions to defined contribution schemes totalling **£11,945** (2019: £11,492).

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 **£431,264** (2019: £332,640).

Two key management personnel were seconded and therefore not paid through payroll.

9. TRUSTEES' REMUNERATION

None of the Trustees received any remuneration in respect of their services during the period (2019: £Nil).

During the year out of pocket travelling expenses amounting to **£2,397** were reimbursed to 5 Trustees (2019: £1,608 to four trustees).

The charity has purchased insurance to protect the charity from any loss arising from the neglect or defaults of its trustees, employees and agents and to indemnify the trustees or other officers against the consequences of any neglect or default on their part. The insurance premium paid by the charity during the period totalled **£40,908** and provides cover up to a maximum of **£10,000,000.00** (any one claim or the aggregate during one period of insurance - being 12 months).

10. TAXATION

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

11. INTANGIBLE FIXED ASSETS

	Fixtures, fittings & equipment
Cost	£
At 1 April 2019 and 31 March 2020	61,089
	61,089
Amortisation	
At April 2019	61,089
Charge for the Year	0
At March 2020	61,089
Net Book Values	
At March 2020	-
At March 2019	0

12. TANGIBLE FIXED ASSETS

	Fixtures, fittings & equipment
Cost	£
At 1 April 2019	110,872
Additions	12,584
Disposals	(33,349)
	90,107
Depreciation	
At April 2019	79,128
On Disposals	(33,349)
Charge for the Year	13,031
At March 2020	58,809
Net Book Values	
At March 2020	31,297
At March 2019	31,744

13. DEBTORS

	Unrestricted 2020	Restricted 2020	2020 £	2019 £
Trade Debtors	6,364	475,451	481,815	3,737,167
VAT Refundable	549,056	-	549,056	425,571
Prepayments & Other Debtors	76,861	503,422	580,282	581,562
Accrued income	410	202,502	202,502	482,146
	632,690	1,181,375	1,813,656	5,226,446

14. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2020	2019
	£	£
Expense creditors		
Trade Creditors	4,514,472	5,438,251
Other Creditors	30,593	34,945
Tax and social security	51,045	50,062
Accruals	957,269	1,827,074
Deferred income	588,446	366,666
	6,141,825	7,716,998

15. RESTRICTED FUNDS

	£
Creditors after one year	0

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

15. RESTRICTED FUNDS CONTINUED

	At 1 April 2018	Income	Expenditure	Transfers	At 31 Mar 2019
	£	£	£	£	£
NCAPOP Audits	8,517,827	10,228,261	(11,357,300)	1,819,567	9,208,355
NCAPOP Subscriptions	0	2,089,315	(405,917)	(1,683,398)	0
Clinical Outcomes Publication	0	0	(145,034)	145,034	0
NCAPOP Scottish Extensions	0	291,852	-	(291,852)	0
NCAPOP Transition Costs	139,822	0	-	-	139,822
NCAPOP Retendering	0	0	(10,650)	10,650	0
Development of Clinical Service Accreditation	86,152	0	(52,886)	-	33,266
CORP Programme Costs including NMCRR & PMRT	1,640,417	2,775,893	(3,684,858)	-	731,453
Learning Disabilities Mortality Review	1,996,861	0	(918,425)	-	1,078,436
National Joint Registry	3,619,742	4,089,802	(3,676,664)	-	4,032,880
Clinical Service Quality Measures	9,059	0	-	-	9,059
Health Foundation Grant QI Fellow	0	44,850	(15,724)	-	29,127
Health Foundation Grant Speed Data-ing	0	26,133	-	-	26,133
DH for Mesh Registries	0	30,685	(24,667)	-	6,018
	16,009,880	19,576,791	(20,292,124)	-	15,294,548

15. RESTRICTED FUNDS CONTINUED

NCAPOP - National Clinical Audit and Patient Outcomes Programme

Management of the National Clinical Audit and Patient Outcomes Programme (NCAPOP), servicing existing contracts and commissioning new audits according to priorities agreed by NHS England. A list of NCAPOP audits supported in 2019-20 appears on page 48.

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.

CORP - Clinical Outcome Review Programmes

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

Health Foundation Grant for QI Clinical Fellow

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

Health Foundation Grant for Speed Data-ing

This grant is for the development of HQIP's National Clinical Audit Benchmarking programme. We have used the funds to develop the website and provide improved functionality for users.

Mesh Registries

HQIP was commissioned by the Department of Health and Social Care (DHSC) 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 is 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.

16. FIXED ASSETS FUND

	At 1 April 2019	Additions	Depreciation/ Amortisation	Disposals	At 31 Mar 2020
	£	£	£	£	£
Fixtures, fittings, equipment	31,744	12,584	(13,031)	-	31,297
Website	0	-	-	-	-
	31,744	12,584	(13,031)	-	31,297

	At 1 April 2018	Additions	Depreciation/ Amortisation	Disposals	At 31 Mar 2019
	£	£	£	£	£
Fixtures, fittings, equipment	2,988	34,328	(3,809)	-	31,744
Website	16,977	-	(16,977)	-	0
	19,965	34,328	(20,786)	-	31,744

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

	At 1 April 2018	New designations	Utilised/ released	At 31 Mar 2019
	£	£	£	£
CORP Governance	6,666	-	(6,666)	0
Commissioning Support Group	20,867	-	(20,867)	0
Audit Methodology	46,705	-	(46,705)	0
Stability Fund	700,000	-	(33,625)	666,375
	774,238	0	(107,863)	666,375

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

	General Fund	Fixed assets Fund	Designated Funds	Restricted Funds	Total 2019
Fund balances at 31 March 2019 are represented by:					
Tangible fixed assets	-	31,744	-	-	31,744
Current assets	1,488,383	-	674,230	22,834,030	24,996,643
Current liabilities	(118,431)	-	(7,855)	(7,539,482)	(7,716,998)
Total Net Assets	1,369,952	31,744	666,375	15,294,548	17,311,389

19. CONTRACTUAL COMMITMENTS

At 31 March 2020 the charity had no commitments in respect of contract payments approved for national clinical audits and which had not been accrued due to necessary milestones not being achieved by providers at the year end.

20. LEASING COMMITMENTS

At 31 March 2020 the charity had total commitments under non-cancellable leases falling due as follows:

	2020	2019
Under 1 year	179,760	176,760
2-5 years	15,000	194,760
	194,760	371,520

21. PENSION COMMITMENTS

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

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

Employers contributing under Direction status have their pension cost contributions charged to operating expenses as

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

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

Total pension costs in the period were **£94,207** (2019: £82,501) and **£19,255** (2019: £17,659) were payable at March 2020.

22. RELATED PARTY TRANSACTIONS

HQIP commissioned the Royal College of Nursing HR Department to provide advice concerning the charity's HR policies. The total cost was **£5,703** (2019: £3,899).

23. LIABILITY OF MEMBERS

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

HQIP commissions in 2019/20¹

National Clinical Audits

- Adult Diabetes:
 - National Diabetes Foot Care Audit
 - National Diabetes Inpatient Audit
 - National Diabetes Transition
 - National Pregnancy in Diabetes
 - National Core Diabetes Audit
- Anxiety and Depression
- Breast Cancer in Older Patients
- Care at the End of Life
- Chronic Obstructive Pulmonary Disease with Asthma:
 - COPD secondary care
 - Pulmonary rehabilitation
 - Adult asthma
 - Paediatric asthma
 - Primary care (Wales only)
- Dementia: Care in General Hospitals
- Emergency Laparotomy
- Falls and Fragility Fracture:
 - Fracture Liaison Service Database
 - Inpatient Falls
 - National Hip Fracture Database
- Lung Cancer
- Maternal and Perinatal
- National Cardiac Audit Programme:
 - Adult Cardiac Surgery
 - Congenital Heart Disease Audit
 - Heart Failure Audit
 - Heart Rhythm Management Audit
 - Myocardial Ischemia Audit Programme
 - Percutaneous Cardiac Intervention Audit
- National Gastro-intestinal Cancer Audit:
 - Bowel Cancer Audit
 - Oesophago-Gastric Cancer Audit
- National Joint Registry
- National Vascular Registry
- National Neonatal Audit Programme
- Ophthalmology*
- Paediatric Diabetes
- Paediatric Intensive Care Audit
- Prostate Cancer Audit
- Psychosis Audit
- Early Inflammatory Arthritis Audit
- Seizures and Epilepsy in Children and Young People
- Sentinel Stroke Audit Programme

Clinical Outcome Review Programmes

- Mental Health
- Child Health
- Medical and Surgical
- Maternal and Newborn Infant

Mortality Review Programmes

- Learning Disability
- National Child Mortality Database

Non-NCAPOP Commissions

- Perinatal Mortality Review Tool
- National Mortality Case Record Review*

¹ Procured, awarded and managed
 * Programme was no longer commissioned by HQIP by the end of March 2020



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