



**Appointments  
Commission**

*Adding value to public appointments*

# Report and Accounts

For the seven months ended 31 October 2012



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**For the seven months ended 31 October 2012**

**Presented to Parliament pursuant to Section 22(4), Schedule 4 of the Health Act 2006.**

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## Joint message from the Chair and Chief Executive

Secretary of State  
Richmond House  
79 Whitehall  
London  
SW1A 2NS

Dear Secretary of State

After more than nine years of operation, following a review of arm's length bodies by the Department of Health, in 2010 it was announced that the Appointments Commission would be abolished. Our final day of operation was 31 October 2012.

Over the course of the Commission's last seven months, the focus was on two distinct tasks. We continued to deliver our core service and made 213 appointments and reappointments, provided induction training to 60 new appointees and continued to offer support and advice to those with whom we worked. We also began to build close working relationships with the NHS Trust Development Authority; a newly established body with responsibility for the foundation trust pipeline. From 1 October 2012, as part of this work, it took over the important function of managing and making appointments to local NHS trusts.

Alongside this, we prepared for closure. Preserving the legacy of the Commission and finding ways to share our extensive knowledge of making and managing public appointments was of immense importance to us. Building on the work of the previous year, we continued to engage with those who have an interest in public appointments and to document best practice and share our expertise. Additionally, there were the very practical aspects of closure to work through in a way that would not compromise our high standards of service delivery. This work included keeping our stakeholders informed, managing our information governance responsibilities and closing down the office and associated contracts. We also remained committed to our staff - we maintained a high level of communication and provided support to individuals as they prepared for the future.

It has been a prolonged and, on occasions, a challenging transition period for those involved with the Commission. The efforts made by all our staff, Appointments Commissioners and board members must not go unmentioned; their continued professionalism and commitment to deliver excellent service whilst adapting to our closure, often in difficult personal circumstances, has been admirable. We would like to thank each and every one for their contribution.

We believe passionately that an independent and transparent appointments process is vital to good governance and hope that the legacy of the Appointments Commission will continue to benefit the public for many years to come.



**Anne Watts CBE**  
Chair



**Janice Scanlan**  
Chief Executive and Accounting Officer

## About the Appointments Commission

The Appointments Commission was established originally as the NHS Appointments Commission in 2001 to provide an independent and transparent appointment process for public appointments, based on the principle of selection on merit. As an executive non-departmental body of the Department of Health, the Commission originally focused on the appointment of chairs and non-executives to local NHS boards. The Commission was also responsible for ensuring that the chairs and non-executives it appointed received annual performance appraisals, were offered proper training and fully supported in their work.

Within two years Ministers extended the Commission's remit to include appointments to all bodies in the health and social care sector. In October 2006, with a change of name to the Appointments Commission, it was given new powers to provide recruitment and selection services for all government departments and NHS foundation trusts.

In July 2010 the Government's Health White Paper *Equity and excellence: Liberating the NHS* was published, setting out proposals for the abolition of all strategic health authorities, primary care trusts and NHS trusts. As a consequence, a review of the Department of Health's Arms Length Bodies concluded that there would be no future role for the Appointments Commission as a consequence of the changes set out in the White Paper.

The proposals set out in *Equity and excellence: Liberating the NHS* were subsequently included in the Health and Social Care Act, which received Royal Assent in March 2012. The Appointments Commission closed on 31 October 2012.

### Transfer of Appointments Commission functions

Date	Action
January 2012	Secretary of State took back authority to appoint to majority of national bodies and committees
1 April 2012	Department of Health (Public Appointments team) assumed responsibility for remaining national appointments
1 July 2012	Privy Council took back responsibility for appointments to healthcare professions regulatory bodies
1 October 2012	NHS Trust Development Authority assumed responsibility for making appointments to NHS trusts and charity trustees and providing oversight of appointments to strategic health authorities and primary care trusts
31 October 2012	Appointments Commission closed

## Review of the Period

### Managing and making public appointments

#### Recruitment and selection service delivery

For the period April to September, the Appointments Commission appointed or reappointed 213 chairs and non-executives within the health and social care sector. Strong working relationships were maintained, enabling a flexible and responsive service to be delivered.

The Commission continued to see an increase in the number of interim appointments required in response to the reforms set out in the Health and Social Care Act. A close working relationship with the Commissioner for Public Appointments was maintained to ensure that regulated appointments were made in accordance with the Commissioner's Code of Practice, with pre-agreed flexibilities applied where needed.

#### Supporting Regulators

The Health and Social Care Act 2012 enabled the Privy Council to make arrangements with the regulatory bodies and the Professional Standards Authority for Health and Social Care (known as 'The Authority' and formerly the Council for Healthcare Regulatory Excellence) about the management of appointments to the healthcare profession regulatory bodies. From 1 July 2012, the new arrangements meant that the regulatory bodies themselves became responsible for all of the processes related to the appointment of their Chair and Council members. The Authority now provides advice to the Privy Council about those processes.

#### Supporting the local NHS

As part of the Government's requirement for all remaining NHS trusts to achieve foundation trust status (or a viable alternative), there was a higher than anticipated level of recruitment activity. Increased pressures on appointees as their organisations prepared for the foundation trust application process resulted in above average numbers of mid-term resignations from NHS trust non-executive directors, which in turn required new campaigns to fill the roles.

#### Transfer of functions

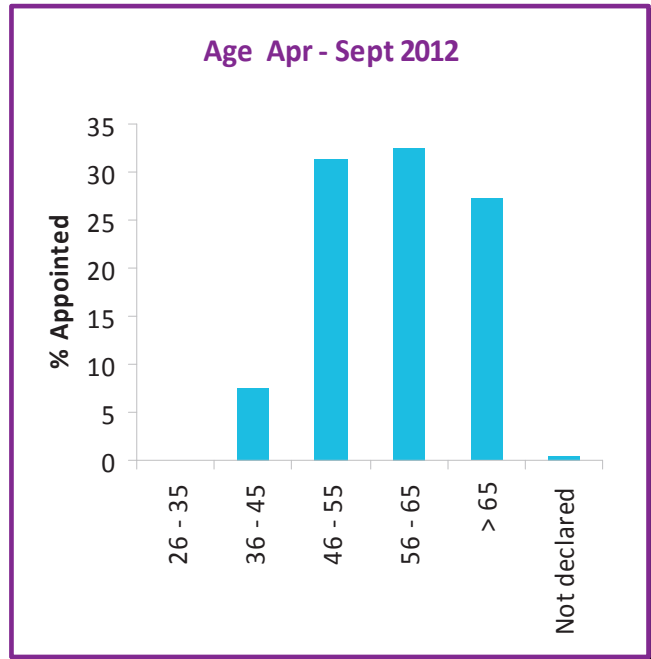
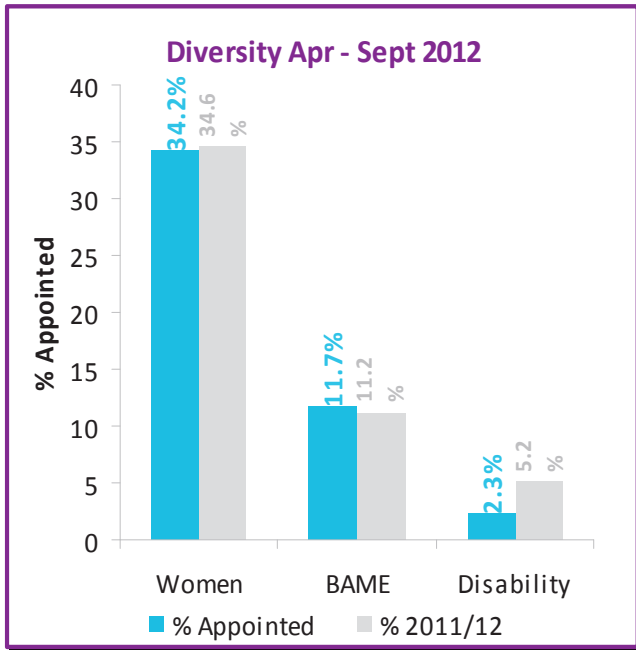
Responsibility for appointments to the healthcare profession regulatory bodies transferred to the Privy Council on 1 July 2012.

Responsibility for appointments to NHS trusts and NHS charities transferred to the NHS Trust Development Authority (NHS TDA) on 1 October 2012. Oversight of residual appointments to strategic health authorities and primary care trusts also transferred to the NHS TDA at this time.

The Commission worked closely with the Department of Health, individual regulators and the NHS TDA to ensure that all necessary information was transferred in a timely and secure manner.

## Monitoring the diversity of public appointments

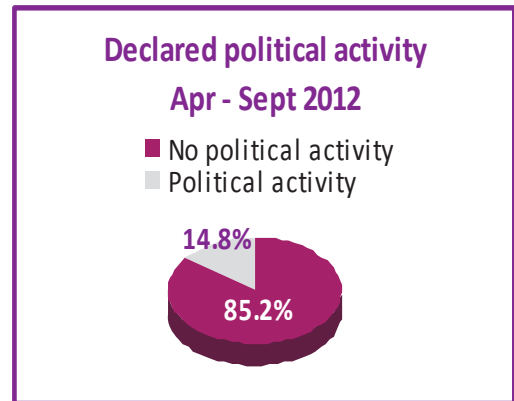
For the period up to its closure, the Appointments Commission monitored the diversity of appointments made using delegated authority from the Secretary of State for Health. The aspiration of the government is that by 2015, 50% of those appointed will be women.



## Declaration of political activity

The Commissioner for Public Appointments required political activity information to be collected as part of the application process.

For the period April – September 2012, 85.2% of those appointed declared that they have not undertaken any political activity in the last year. This figure has decreased from 91.7% last year.



## Complaints

The Commission received three complaints during the period, representing 0.22 % of applications received (against an agreed target of 0.25%). Last year we received 19 complaints, accounting for 0.26% of applications received. Of this year’s complaints, none were upheld. No complainants referred their cases to the Commissioner for Public Appointments. All complainants received a substantive response within our 20-day deadline.

The issues of ‘merit’ and ‘openness and transparency’ generated the three complaints that were received. The complaint relating to ‘merit’ was from an applicant disappointed at the shortlisting stage. Those relating to ‘openness and transparency’ contained general criticisms of the appointments process.



## **Training and development**

During 2012 the Commission continued to provide its induction programme for newly appointed chairs and non-executive directors. This combination of recommended reading materials, case study work, training events and e-learning, which was delivered over a six-month period, provided new appointees with the knowledge and tools needed to perform as effectively as possible in their new roles.

Five events were delivered to 60 chairs and non-executive directors. The feedback for all events was consistently positive, with all delegate evaluations rating events as 'good', 'very good' or 'excellent'.

## **Managing Transition**

Following the announcement of its abolition, the Appointments Commission had to negotiate a fine balance between maintaining business as usual services and preparing for its closure.

After the transfer of some key functions to the Department of Health in April 2012, the Commission and its workforce reduced to fewer than 20 staff. This made it necessary to use limited resources effectively and flexibly. A Transfer and Closure Plan was agreed with the Department to ensure that remaining function transfer and closedown activity was well-managed. The execution of the plan was monitored through regular meetings between Commission and Department staff to ensure progress was maintained.

Staff at the Commission were kept fully updated throughout the year by a range of regular and open communications. These included function and team-based staff meetings, briefings and weekly updates by email. In addition, staff not transferring to a new employer received a comprehensive programme of outplacement support to optimise their chances of gaining new roles elsewhere.

## **Appointments Commission legacy**

In the closing months of the Commission, efforts were stepped up to ensure that the knowledge, experience and best practice gained over the years was not lost.

The attention was focused in two areas. The first was the Commission's work with the Cabinet Office to support the establishment of the Centre for Public Appointments, including developing a number of toolkits across a range of public appointment related topics.

The second was preparing for the transfer of the local NHS appointment function to the NHS Trust Development Authority (NHS TDA) on 1 October. Seven staff transferred to the TDA with the function at that time, and another followed at the end of the month. The team took with it over 60 years of combined experience of managing and making public appointments, most of which was gained with the Appointments Commission. This will be built upon to provide excellent support to the NHS trust chair and non-executive community in the future.

## Management Commentary

The accounts for the seven months ended 31 October 2012 have been prepared in accordance with the direction given by the Secretary of State in accordance with Section 22(2) schedule 4 of the Health Act 2006 dated 14 June 2007 and in a format as instructed by the Department of Health with the approval of the Treasury.

### Background

The NHS Appointments Commission was established in 2001 with the purpose of making appointments of chairs and non-executives to the boards of NHS trusts and Health Authorities in England. On 1 October 2006 it was replaced by the Appointments Commission. As a non-departmental public body the Commission has had greater freedoms and a wider remit to support other government departments and foundation trusts.

During 2010/11 the planned abolition of the Commission was announced; this happened on 31 October 2012. The Commission revised its Business Plan to ensure that it supported the ongoing appointments work required until the point of abolition, whilst also allowing for the work associated with the organisation's abolition and preserving the Commission's legacy. The Department of Health confirmed the necessary funding for the Commission to continue its activities in 2012. Operational activities previously carried out by the Commission which were still required by the Department of Health have been transferred to other organisations over the last year. The remaining corporate support services were decommissioned as part of the closure of the Commission. For the seven month period to 31 October the accounts have been prepared on the basis of closure (i.e. not a going concern) The Statement of Financial position at 31 October 2012 represents the residual balances transferred to the Department of Health on closure. The preparation of the financial statements on a basis other than going concern does not affect the valuation or classification of these balances

### Review of activities

During the year the Commission had a total expenditure of £790,000 (2011/12: £3,521,000) and fee income of £226,000 (2011/12: £1,419,000).

The largest area of expenditure covered the recruitment and appointment activities that the Commission carried out for NHS and Department of Health (DH) clients for whom the Commission was responsible for making appointments. This work was funded by grant in aid and by fees charged to DH clients. The Commission also provided policy and governance advice to the Department of Health. Support and assistance has also been given to the NHS Trust Development Agency as it has prepared to take over the statutory appointment responsibilities from the Commission on 30 September 2012.

Recruitment activities were undertaken for other government departments who chose to use the Commission to recruit for them although the final appointments to these posts were not made by the Commission. This work was funded by fees charged to these clients. The Commission also carried out activities to help appointees work effectively. These activities included induction, training, and networking events for appointees and were paid for by fees charged. Note 2 to the accounts gives details of the relative costs and fees charged for these areas of work. All areas of work have been reduced significantly in the period as work has reduced and transferred elsewhere.

Provisions were set up during 2010/11 to cover the expected costs of abolition, which mainly consisted of staff redundancy costs and the cost to completion date of non-cancellable contracts. The inclusion of these provisions put the Commission into a position of net liabilities.

The Commission had a funding limit of £596,000 (2011/12: £2,547,000) from the Department of Health against which there was a balanced position at the end of the period.

## **Staff**

The Commission had an average of seventeen whole time equivalent staff over the period. From April to September 18 staff were employed, of whom seven transferred to the NHS Trust Development Authority at the end of September, four transferred at the end of October ( one to the NHS Trust Development Authority and three to the NHS Commissioning Board), six were made redundant and one found suitable alternative employment.

During the period, an average of 13.8 working days per employee were lost through sickness, although if two long term periods of absence are excluded the average for the remaining staff is 1.7 days in seven months. (2011/12: 9.6 days)

## **Social and community issues**

The Commission recognised the importance of a good work life balance and had a range of flexible working options in place to support this. A childcare voucher scheme was in operation so that staff could save money on child care costs. The Commission encouraged and supported staff participation in the wider community through activities such as charity fundraising events.

## **Environmental matters**

As a small organisation the Commission took appropriate steps to minimise its environmental impact. These included encouraging the use of public transport, using recycled materials where possible and maximising the amount of office material that was reused or recycled. Due to its relatively small size the Commission is exempt from sustainability reporting requirements.

## **Other information**

Details of Commissioners, Board members and Audit Committee members can be found in Appendix 1 on page 40. Details of remuneration for Commissioners and Board members are given in the Remuneration Report on page 8. This report also shows attendance records for Board and Committee meetings. Details of the pension scheme can be found in note 1.7 to the accounts.

I am not aware of any incidents during the year related to loss or unauthorised disclosure of protected personal data.

The Commission's performance under the Better Payments Code can be found in note 4 to the accounts.

## **Auditors**

The accounts have been audited by the Comptroller and Auditor General in accordance with the Health Act 2006. The audit certificate is on page 17. The cost of the audit was £19,000.

So far as I am aware, there is no relevant information of which the Appointment Commission's external auditors are unaware. I have also taken steps to make myself aware of any information relevant to the audit and to ensure that the auditors have been informed accordingly.

## Remuneration Report

This report provides information about the remuneration of senior managers in the Appointments Commission, who were defined as those who had authority for directing or controlling the major activities of the Commission. For the Appointments Commission this group comprised the Chair, Non-executive Directors, Executive Board members and Commissioners.

### Remuneration policy

The Chair, Non-executives and Commissioners were remunerated at an annual rate set by the Secretary of State for Health. In addition, payment was occasionally made to Commissioners for their participation in work that was additional to the work expected within their role, for which they were remunerated within the annual rate. In the details of remuneration this additional work is reported in the 'other remuneration' column.

The Remuneration Committee reviewed the remuneration of the Chief Executive and Executive Directors each year.

### Appointment terms

The Chair, Non-executives and Commissioners were appointed by the Secretary of State for Health for fixed terms - details of their final appointment terms were as follows:

	From	To	Notes
<b>Chair</b>			
Ms A Watts	1/04/11	31/10/12	(a)
<b>Commissioner, Non-executive Director and Vice Chair</b>			
Mrs M Scott	1/04/11	31/10/12	(a)
<b>Non-executive Directors</b>			
Mr D Cain	1/04/10	31/10/12	(b)
Mrs J Robertson	1/10/08	31/10/12	(c)
<b>Commissioners</b>			
Mrs P Bennett	1/04/10	31/10/12	(b)
Dr M Hughes	30/04/10	31/10/12	(b)
Mr G Hadley	30/04/11	31/10/12	(a)

- (a) The terms of appointment of Ms Watts, Mrs Scott and Mr Hadley were due to end on 31 March 2012 but were extended until the abolition of Appointments Commission on 31 October 2012.
- (b) Mr Cain, Mrs Bennett and Dr Hughes had appointment terms which lasted past the date of abolition of the Commission. The abolition of the Commission effectively terminated these appointments.
- (c) Mrs Robertson's term of appointment was due to end on 30 September 2012 but she was reappointed until the abolition of Appointments Commission on 31 October 2012.

For the Chair, Non-executive Directors and Commissioners there was no provision for compensation for early termination and no formal notice period. All executive staff had permanent contracts, which required six months notice, except for the Finance Manager whose contract required three months notice.

### Remuneration Committee

The Remuneration Committee comprised the Chair and Non-executive Directors who determined the remuneration of the Chief Executive and other Executive Directors who were on Very Senior Manager contracts, taking into account relevant guidance issued by the Department of Health. The Commission did not have any performance related remuneration arrangements.

### Remuneration for the seven months ended 31 October 2012

The following tables show the remuneration and pension benefits for the seven months ended 31 October 2012 and are subject to audit:

	Seven months to 31/10/12			Year ended 31/3/12	
	Salary in £5k bands	Redundancy	Other remuneration in £5k bands	Salary in £5k bands	Other remuneration in £5k bands
Name and title	£000	£000	£000	£000	£000
Ms A Watts (Chair)	25 - 30	0	0	45 - 50	0
Mrs P Bennett (Commissioner)	15 - 20	0	0	30 - 35	5 - 10
Mr D Cain (Non-executive and Audit Committee Chair)	5 - 10	0	0	10 - 15	0
Mr G Hadley (Commissioner)	15 - 20	0	0	30 - 35	0
Dr M Hughes (Commissioner)	15 - 20	0	0	30 - 35	0
Mrs J Robertson (Non-executive)	0 - 5	0	0	5 - 10	0
Mrs M Scott (Non-executive & Commissioner)	15 - 20	0	0	30 - 35	0 - 5
Ms A Sutcliffe (Chief Executive) (a)	0 - 5	0	0	130 - 135	0
Mrs J Scanlan (Director of Operations and Acting Chief Executive) (b)	55 - 60	0	0	90 - 95	0
Ms R Smith (Commercial Director) (c)	0	0	0	70 - 75	0
Ms L Shadford (Finance Manager) (d)	30 - 35	110-115	0	55 - 60	0
Ms A Lloyd (Commissioner) (e)	0	0	0	5 - 10	0
Mrs B Thayer (Non-executive) (f)	0	0	0	0 - 5	0

(a) Ms Sutcliffe resigned with effect from 9 April 2012

(b) Mrs Scanlan was appointed as Acting Chief Executive with effect from 10 April 2012

(c) Ms Smith was transferred to the Department of Health on 1 April 2012. She worked on a part time basis, for four full days per week

(d) Ms L Shadford was made redundant on the 31 October 2012 and took early retirement. The redundancy payment she received was taken as part of her pension package.

(e) Ms Lloyd resigned with effect from 31 May 2011

(f) Mrs Thayer resigned with effect from 31 May 2011

Where Commissioners received other remuneration this has been for work carried out that is over and above their Commissioner duties. This additional work related to campaigns or services for which the Appointments Commission charged fees to clients.

None of the individuals above, except Mrs Scanlan, received any increase in salary over the 2011/12 amounts, neither did any of them receive any benefits in kind in the period. Mrs Scanlan received an increase in salary when she was appointed as Acting Chief Executive in April 2012.

Public sector bodies are required to disclose the multiple between highest pay and median pay. This compares the midpoint of the banded remuneration of the highest paid director, which in the Commission's case is the Acting Chief Executive (2011/12: Chief Executive), and the median salary of all of the other staff. The median used is the remuneration of the member of staff lying in the mid-point of an ordered list of salaries of staff in post at 30 September 2012. This date has been used, rather than 31 October, as it was the last date before a group of staff transferred out of the Commission.

For clarity in the multiple pay disclosure salaries at their full annual rate have been considered, although the staff were only in post for part of the year. Remuneration for part time staff is converted to a full time equivalent rate for this exercise.

The banded remuneration of the highest paid director in the Appointments Commission in the seven months to 31 October 2012 was at an annual rate of £95,000 - £100,000 (2011/12, £130,000 - £135,000). The midpoint of this band is 3.4 times (2011/12, 4.7 times) the median remuneration of the workforce, which was £28,593 (2011/12, £28,047). No employee in either year received remuneration in excess of the highest-paid director. Total remuneration includes salary, but does not include employer pension contributions or the cash equivalent transfer value of pensions. The highest paid director changed in April 2012 when the previous Chief Executive resigned. At this time an existing director became the highest paid director, and following her appointment as Acting Chief Executive she was given an increase in salary to reflect the additional responsibilities involved. As the previous Chief Executive was only in post till 9 April her salary is not included in this disclosure.

	Period to 31/10/12	Year ended 31/3/12
Band of highest paid director's total remuneration (annual rate)	£95,000 - £100,000	£130,000 - £135,000
Median total remuneration (annual rate)	£28,593	£28,047
Ratio	3.4	4.7

### Pension benefits

The Chair, Non-executive Directors and Commissioners were non-executive members and as such their remuneration was not pensionable. Executive staff were members of the standard NHS pension scheme and details are shown below:

Name and title	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at age 60 (bands of £2,500)	Total accrued pension at age 60 at 31 October 2012 (bands of £5,000)	Lump sum at age 60 related to accrued pensions at 31 October 2012 (bands of £5,000)	Cash Equivalent Transfer value at 31 October 2012	Cash Equivalent Transfer value at 31 March 2012	Real increase in Cash Equivalent Transfer value (full year)	Employers contribution to growth in CETV
	£000	£000	£000	£000	£000	£000	£000	£000
Mrs J Scanlan	0 – 2.5	2.5 - 5	35-40	105 -110	687	640	31	21
Ms L Shadford	0 – 2.5	0 – 2.5	10 - 15	35 - 40	239	232	1	1

Further details of the pension scheme can be found in note 1.7 to the accounts.

The Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a specific date. The benefits valued are the member's accrued benefits and any partner's benefit payable by the scheme. A CETV represents the payment that would be made by the pension scheme to another scheme or arrangement if the member leaves the current scheme and chooses to transfer their accrued benefit to another scheme. The values shown relate to benefits that have accrued throughout an individual's total membership of the scheme, not just the period of this report or their period of service in this particular post. They may include benefits from a different pension scheme that have been transferred into the NHS scheme at some point.

They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries and are provided to the Commission by NHS Pensions.

The real increase in CETV reflects the increase in CETV effectively funded by the Commission as employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

**Una O'Brien**

Principal Accounting Officer, Department of Health

Date: 29 January 2013

## Statement of Accounting Officer's Responsibilities

Under the Health Act 2006 and directions made thereunder by the Secretary of State with the approval of Treasury, the Appointments Commission is required to prepare a statement of accounts for each financial year in the form and on the basis determined by the Secretary of State, with the approval of Treasury. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Appointments Commission and of its net expenditure, changes in taxpayers' equity, and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the *Government Financial Reporting Manual* and in particular to:

- observe the Accounts Direction issued by the Secretary of State, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis; and
- state whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the financial statements.

The abolition of the Appointments Commission was announced in the summer of 2010 and this has been formalised in the Health and Social Care Act, with an abolition date of 31 October 2012. The Department of Health has confirmed the funding required by the Commission in order to continue its activities through to October 2012. Many of the operational activities of the Commission are continuing and have been transferred to other organisations before the date of the Commission's closure. At 31 October as only the corporate operations of the Commission remain then the decision was made that the accounts should be prepared on a closure rather than going concern basis.

The Secretary of State has appointed the Chief Executive as Accounting Officer of the Appointments Commission. The responsibilities of an Accounting Officer, including responsibility for the propriety and regularity of the public finances for which the Accounting Officer is answerable, for keeping proper records, and for safeguarding the Commission's assets, are set out in the Non-Departmental Public Bodies Accounting Officer's Memorandum published by the Department of Health.



## **Governance Statement**

### **Scope of responsibility**

This statement outlines how responsibility for the management and control of the Appointment Commission's resources have been discharged during the seven months to 31 October 2012. Andrea Sutcliffe was the Chief Executive and Accounting Officer prior to her departure on 9 April 2012. After a thorough handover process, which included the provision of a range of formal assurances, Janice Scanlan took on the roles of Chief Executive and Accounting Officer on 10 April 2012 until 31 October 2012.

As Principal Accounting Officer for the Department of Health, I have responsibility for maintaining a sound system of internal control that supports the achievement of the Appointment Commission's policies, aims and objectives whilst safeguarding public funds and the Appointment Commission's assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I have relied upon the information and assurances Janice has provided in the following statement:

The Appointments Commission will be abolished on 31 October 2012 and I (Janice Scanlan) am preparing this statement as part of the assurances required by the Department of Health as I hand over to them the responsibility for finalising the affairs of the Commission and producing the final report and accounts following the Commission's closure.

As Accounting Officer I have had responsibility for maintaining a sound system of internal control that supports the achievement of the Commission's policies, aims and objectives, whilst safeguarding the public funds and assets, including information, for which I am personally responsible. This is in accordance with the responsibilities assigned to me in the Accounting Officer's Memorandum and in Managing Public Money and in accordance with guidance issued concerning information governance.

I have had a dual accountability both to the Board of the Commission and also to Parliament for the performance of the Commission's functions, meeting its statutory duties and for the stewardship of resources provided to the Commission. The Commission has worked closely with its sponsor branch at the Department of Health and there have been arrangements in place with them for regular performance monitoring and review. We have also worked closely with them to ensure an efficient closure process for the Commission.

### **The governance framework of the organisation**

During the seven months to 31 October 2012, and following the departure of Andrea Sutcliffe on 9 April 2012 and the transfer of another executive member to the Department of Health on 1 April 2012, the Appointments Commission had a Board comprising the Chair, three Non-executive Directors, the Chief Executive and one other senior manager. The Board holds the executive team to account through regular performance management reports and review of plans and progress against them.

The Commission's main function has been that of making public appointments within the health and social care sector. Responsibility for performing this function is delegated to the Health and Social Care Appointments Committee which comprises the Commission's Chair, Chief Executive and four Health and Social Care Appointments Commissioners.

The Appointments Commission has also had separate Audit and Remuneration Committees. Possible and actual attendance records for the members of the Board and the various committees are shown below.

Board	Possible	Actual
Anne Watts	4	4
David Cain	4	4
Jill Robertson	4	4
Margaret Scott	4	4
Janice Scanlan	4	4
Lynn Shadford	4	4

Audit Committee	Possible	Actual
David Cain	4	4
Jill Robertson	4	4

Remuneration Committee	Possible	Actual
Anne Watts	1	1
David Cain	1	1
Jill Robertson	1	1
Margaret Scott	1	1

Health & Social Care Appointments Committee	Possible	Actual
Anne Watts	15	15
Janice Scanlan	15	13
Margaret Scott	15	15
Miranda Hughes	15	11
Gareth Hadley	15	14
Penny Bennett	15	13

Following the changes to executive staff in April 2012 the composition of the Board has changed. Although the organisation has been preparing for abolition, the need for an effective Board has been vital to continued good governance. The non-executive board members have provided a valuable source of constructive challenge and advice to the executive team during the transition period.

As part of the Board's review of its own performance, an evaluation tool was used to assess effectiveness in various areas. Given the context of an organisation that is closing down, the assessment was mainly positive. A summary report of the findings was presented to the Board at its meeting in mid-May 2012, which identified a small number of areas that present an opportunity for improvement before October. This includes the presentation of information where it was felt that key issues within the Board papers could be highlighted more clearly.

I have reviewed the Commission's corporate governance arrangements against the requirements of the Code of Good Practice for Corporate Governance in Central Government Departments. I am satisfied that, in as far as it is possible and proportionate to apply the Code to an organisation of our relatively small size, the relevant principles and provisions have been applied and there are no material departures to report.

### Risk assessment

The Commission maintained a risk register which has been reviewed as a standard item at the weekly senior team meetings, together with a review of current issues and incidents, and formally fully updated by the senior team each month. The full register has also been considered at each Board meeting and Audit Committee, or more frequently if required. The risk register is accessible to all staff. A copy has been regularly provided to the

Commission's sponsor team at the Department of Health and discussed at review meetings. Managers have been required to consider risk as part of the preparation of the business plan and during development of operational plans.

The additions and majority of changes to the Commission's risk register during the period have related to the abolition of the Commission itself and the volume of change and uncertainty in the wider NHS relating to the reforms set out in the Health and Social Care Act. This has had an impact across all areas of the Commission's activity, not least because we have been preparing to close down the organisation and transfer some functions and staff to other employers. Newly identified risks have included:

- The redundancy process and the Commission's duty of care to the staff involved.
- Delays in confirming the details of the transfer process for local appointments work and associated staff.

### **The risk and control framework**

The core business of the Commission has been making public appointments in the health and social care sector. It has had standardised procedures designed to make appointments in an open and transparent way and to manage the risk associated with the process. These procedures comply with the Code of Practice for Ministerial Appointments issued by the Commissioner for Public Appointments and have been subject to audit carried out on behalf of the Commissioner. I have been required to complete an annual compliance statement to the Commissioner for Public Appointments to confirm that all regulated appointments have been made in a way that complied with the requirements of the Code.

In addition, procedures are regularly updated in the light of suggested improvements, issues or complaints and/or as a result of audit recommendations. During 2011/12, in response to the significant organisational changes within the NHS, the Commissioner for Public Appointments agreed that the Code could continue to be applied flexibly in relation to certain appointments in specified circumstances. The Commission provides quarterly reports on the use of these flexibilities to the Commissioner.

For each Board meeting a Chief Executive's report has been produced which highlights key issues for the Commission and a Performance Management Report that summarises progress across the entirety of the Commission's operations. A confidential 'Part 2' report has also been provided for the Board outlining any critical incidents – for example, ongoing correspondence with complainants, suspensions and potential litigation. I also circulated a weekly update on emerging issues to staff, Commissioners and Board members.

In July 2010, the Government published the Health White Paper *Equity and excellence: Liberating the NHS* which heralded wholesale structural change to the NHS, including the abolition of the Appointments Commission, which was finally confirmed to take place on 31 October 2012. A Transfer and Closure Plan was developed as our Business Plan for the period through to abolition. The Board was involved in the development and approval of this plan and the final version of it was approved by the Department of Health on 30 March 2012, along with confirmation of the required funding.

Following the transfer of seventeen staff to the Department of Health on 1 April 2012 a new organisational structure was put in place for the remaining months to 31 October 2012 to manage the reduced number of staff and the progress towards abolition. From April to September eighteen staff were employed, of whom seven transferred to the NHS Trust Development Authority at the end of September, four transferred at the end of October (one to the NHS Trust Development Authority and three to the NHS Commissioning Board), six were made redundant and one found suitable alternative employment. I have ensured that suitable processes and governance has been in place to ensure that these transfers and redundancies have been dealt with appropriately. This includes an Internal Audit review of the process and approval from the Department of Health's Governance and Assurance Committee.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures have been in place to ensure all employer obligations contained within the Scheme regulations were complied with. This includes ensuring that deductions from salary, employer contributions and payments into the Scheme were in accordance with Scheme rules, and that member pension scheme records have been accurately updated in accordance with the timescales detailed in regulations.

### **Review of the effectiveness of risk management and internal control**

As Accounting Officer, I am responsible for reviewing the effectiveness of the system of internal control. In fulfilling this responsibility, I have been informed by the work of the internal auditors and managers within the Commission who have had responsibility for the development and maintenance of the internal control framework, and comments made by the external auditors within their reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and the senior management team, and a plan to address weaknesses and ensure continuous improvement of the system has been in place.

The Commission's internal audit service has been provided by Deloitte, and in previous years their Head of Internal Audit has provided me with an opinion on the overall arrangements for gaining assurance and on the controls reviewed as part of the internal audit work. Given the abolition of the Commission there was not sufficient internal audit work carried out to support the provision of a Head of Internal Audit report. Specific pieces of work were commissioned to deal with identified risks, namely the redundancy process, and with areas over which the external auditors could not gain their own assurance, which were the internal controls operating at the finance agency. All pieces of work carried out by Deloitte gave satisfactory results, with no indication of problems. The report covering key financial controls in operation at the financial services agency concluded that substantial assurance could be placed on their internal controls. I consider that the work carried out by Deloitte, together with assurances I have obtained from other sources, is sufficient given the Commission's reduced activity and closedown.

My review is also informed by reports made by our external auditors and by the reviews and reports from the auditor for the Commissioner for Public Appointments. As a relatively small organisation I have had a high degree of contact with staff and clients and have been aware through informal systems as well as via the formal reporting structures of particular issues that may have arisen. Under our complaints procedure I have had personal involvement in the response to all complaints so have been aware of any issues arising from them. Due to the size of the Commission, we have been able to react to events and changes to internal controls without delay as necessary and therefore I have assurance that issues have been addressed effectively.

There have been no significant internal control issues at the Commission during the year. I am not aware of any incidents during the year related to loss or unauthorised disclosure of protected personal data.

The Health and Social Care Act 2012 abolished the Appointments Commission and transferred the responsibility for preparation of a final annual report and accounts and making the necessary arrangements to allow the Secretary of State to lay them before Parliament to the Department of Health.

I, Una O'Brien as Principal Accounting Officer for the Department of Health, have accepted these responsibilities and have signed this governance statement.

**Una O'Brien**

Principal Accounting Officer, Department of Health

Date: 29 January 2013

## **The Certificate and Report of the Comptroller and Auditor General to the Houses of Parliament**

I certify that I have audited the financial statements of the Appointments Commission for the period ended 31 October 2012 under the Health Act 2006. The financial statements comprise: the Statements of Comprehensive Net Expenditure, Financial Position, Cash Flows, Changes in Taxpayers' Equity; and the related notes. These financial statements have been prepared under the accounting policies set out within them. I have also audited the information in the Remuneration Report that is described in that report as having been audited.

### **Respective responsibilities of the Board, Accounting Officer and auditor**

As explained more fully in the Statement of Accounting Officer's Responsibilities, the Board and the Accounting Officer are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. My responsibility is to audit, certify and report on the financial statements in accordance with the Health Act 2006. I conducted my audit in accordance with International Standards on Auditing (UK and Ireland). Those standards require me and my staff to comply with the Auditing Practices Board's Ethical Standards for Auditors.

### **Scope of the audit of the financial statements**

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 Appointments Commission's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by Appointments Commission; and the overall presentation of the financial statements. In addition I read all the financial and non-financial information in the Annual Report to identify material inconsistencies with the audited financial statements. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my certificate and report.

I am required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions recorded in the financial statements conform to the authorities which govern them.

### **Opinion on regularity**

In my opinion, in all material respects the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions recorded in the financial statements conform to the authorities which govern them.

### **Opinion on financial statements**

In my opinion:

- the financial statements give a true and fair view of the state of the Appointments Commission's affairs as at 31 October 2012 and of the net expenditure for the period then ended; and
- the financial statements have been properly prepared in accordance with the Health Act 2006 and Secretary of State directions issued thereunder.

### **Emphasis of matter – financial statements prepared on a basis other than going concern**

Without qualifying my opinion, I draw attention to Note 1 of the financial statements. On 31 October 2012 the Appointments Commission was abolished. As a consequence the Accounting Officer does not consider the Appointments Commission to be a going concern and the financial statements have been prepared on a basis other than going concern. Details of the impact of this on the financial statements are provided in Note 1 of the financial statements.

### **Opinion on other matters**

In my opinion:

- the part of the Remuneration Report to be audited has been properly prepared in accordance with Secretary of State directions made under the Health Act 2006; and
- the information given in the Management Commentary for the financial period for which the financial statements are prepared is consistent with the financial statements.

### **Matters on which I report by exception**

I have nothing to report in respect of the following matters which I report to you if, in my opinion:

- adequate accounting records have not been kept or returns adequate for my audit have not been received from branches not visited by my staff; or
- the financial statements and the part of the Remuneration Report to be audited are not in agreement with the accounting records and returns; or
- I have not received all of the information and explanations I require for my audit; or
- the Governance Statement does not reflect compliance with HM Treasury's guidance.

**Amyas C E Morse**  
**Comptroller and Auditor General**  
National Audit Office  
157-197 Buckingham Palace Road  
Victoria  
London  
SW1W 9SP

Date : 6 February 2013

# **Financial Statements**

**2012/13**

## Statement of Comprehensive Net Expenditure for the seven months ended 31 October 2012

	Notes	Seven months to 31 October 2012 £000	Year Ended 31 March 2012 £000
<b>Expenditure</b>			
Staff costs	3	460	1,652
Depreciation	4	0	306
Other Expenditures	4	330	1,563
		<u>790</u>	<u>3,521</u>
<b>Income from activities</b>	6	<u>(226)</u>	<u>(1,419)</u>
<b>Net expenditure</b>		<u>564</u>	<u>2,102</u>

*The notes on pages 24-39 form part of these accounts*



## Statement of Financial Position as at 31 October 2012

	Notes	31 October 2012 €000	31 March 2012 €000
<b>Non-current assets</b>			
Property, plant and equipment	7.1	0	0
Intangible assets	7.2	0	0
<b>Total non-current assets</b>		<b>0</b>	<b>0</b>
<b>Current assets:</b>			
Trade and other receivables	9	155	597
Cash and cash equivalents	10	77	365
<b>Total current assets</b>		<b>232</b>	<b>962</b>
<b>Total assets</b>		<b>232</b>	<b>962</b>
<b>Current Liabilities</b>			
Trade and other payables	11	(154)	(376)
Provisions	12	(350)	(1,002)
<b>Total current liabilities</b>		<b>(504)</b>	<b>(1,378)</b>
<b>Non-current assets plus net current assets</b>		<b>(272)</b>	<b>(416)</b>
<b>Non-current liabilities</b>			
Provisions	12	0	(417)
<b>Total non-current liabilities</b>		<b>0</b>	<b>(417)</b>
<b>Assets less liabilities</b>		<b>(272)</b>	<b>(833)</b>
<b>Taxpayers equity</b>			
General reserve		(285)	(846)
Revaluation reserve		13	13
		<b>(272)</b>	<b>(833)</b>

The notes on pages 24-39 form part of these accounts

**Una O'Brien**

Principal Accounting Officer, Department of Health

Date : 29 January 2013

## Statement of Cash Flows for the seven months ended 31 October 2012

	Notes	Seven months ended 31 October 2012 £000	Year ended 31 March 2012 £000
<b>Cash flows from operating activities</b>			
Net operating costs		(564)	(2,102)
Adjustment for depreciation		0	306
Decrease in trade and other receivables		442	38
(Decrease) in trade and other payables		(222)	(142)
(Decrease)/Increase in provisions		(1069)	(95)
Provisions and accruals transferred to other organisations		475	0
<b>Net cash flows from operating activities</b>		<b>(938)</b>	<b>(1,995)</b>
<b>Cash flows from investing activities</b>			
Purchase of property, plant and equipment		0	0
Purchase of intangible assets		0	0
<b>Net cash inflow/(outflow) from investing activities</b>		<b>0</b>	<b>0</b>
<b>Cash flows from financing activities</b>			
Grants from Department of Health		650	2,267
<b>Increase/(decrease) in cash and cash equivalents in the year</b>		<b>(288)</b>	<b>272</b>
<b>Cash and cash equivalents at the start of period</b>		<b>365</b>	<b>93</b>
<b>Cash and cash equivalents at the end of the period</b>	10	<b>77</b>	<b>365</b>

The notes on pages 24-39 form part of these accounts

## Statement of Changes in Taxpayers' Equity for the seven months ended 31 October 2012

	General Fund £000	Revaluation Reserve £000	Total £000
Balance at 31 March 2011	(1,011)	13	(998)
<b>Changes in taxpayers' equity for 2011/12</b>			
Net operating costs for the year	(2,102)	0	(2,102)
Net Parliamentary funding from Dept of Health	<u>2,267</u>	<u>0</u>	<u>2,267</u>
<b>Balance at 31 March 2012</b>	<b>(846)</b>	<b>13</b>	<b>(833)</b>
<b>Changes in taxpayers' equity for 2012/13</b>			
Net operating costs for the year	(564)	0	(564)
Transfer of accruals and provisions (see note 12)	475	0	475
Net Parliamentary funding from Dept of Health	<u>650</u>	<u>0</u>	<u>650</u>
<b>Balance at 31 October 2012</b>	<b>(285)</b>	<b>13</b>	<b>(272)</b>

*The notes on pages 24-39 form part of these accounts*

# Notes to the Accounts

## 1. Accounting policies

The financial statements have been prepared in accordance with International Financial Reporting Standards (IFRS) as adopted and interpreted in the Government Financial Reporting Manual (FReM) issued by HM Treasury. The accounting policies contained in the FReM comply with IFRS as adapted or interpreted for the public sector. The accounting policies adopted by the Commission are described below. They have been consistently applied in dealing with items considered material in relation to the accounts.

The Commission was abolished on 31 October 2012 and as a consequence accounting policies and assumptions have been reviewed to reflect the consequences of the abolition. For the seven month period to 31 October the accounts have been prepared on the basis of closure (i.e. not a going concern) Further details are provided in note 1.13 and note 13.

### 1.1 Accounting conventions

These accounts have been prepared under the historical cost convention, modified to account for the revaluation of property, plant and equipment. The accounts are presented in sterling and have been rounded to the nearest thousand unless otherwise stated.

### 1.2 Income

The main source of funding for the Commission is grant-in-aid from the Department of Health within an approved cash limit, which is credited to the general fund. Grant-in-aid funding is recognised in the financial period in which it is received. Other income is accounted for applying the accruals convention.

Income from activities principally comprises fees and charges for services provided to external customers. These include appointment campaigns run for external bodies and charges to NHS organisations to support the Commission's development programme for non-executives. As a result of changes proposed by the Health and Social Care Bill the Commission took on some additional chargeable work in 2011/12. Support was provided to the Department of Health under the terms of a memorandum of understanding to help establish the NHS Commissioning Board structures. Following an agreement with the Department of Health in March 2011, the Appointments Commission retained staff who would otherwise have been made redundant at 31 March 2011 and formed a team to support the transition of staff between organisations in the restructuring of the health sector. Both of these activities ceased at 31 March 2012.

### 1.3 Taxation

The Commission is not liable to pay corporation tax. Expenditure is shown net of recoverable VAT. Irrecoverable VAT is charged to the most appropriate expenditure heading or capitalised if it relates to an asset.

### 1.4 Property, plant & equipment

Expenditure on property, plant and equipment of £5,000 or more is capitalised. Initially assets are measured at cost, including any directly attributable costs of bringing them to working condition. Items are reviewed annually for impairment and carried at fair value.

These assets are depreciated at rates calculated to write them down to their estimated residual value over their estimated useful lives.

The Commission has previously used the following asset lives in calculating depreciation:

Computer hardware	5 years
Furniture, fixtures and fittings	10 years

In light of the abolition of the Commission, and with no prospective user found to take over the assets, it has been necessary to revise the estimated useful lives so that all assets are fully written down sooner. As assets have been bought at different times, assigning them all the same end of life means that they have different effective asset lives.

## **1.5 Intangible assets**

Expenditure on intangible assets (software) of £5,000 or more is capitalised. Initially assets are measured at cost, including any directly attributable implementation costs. Items are reviewed annually for impairment and carried at fair value.

Software has previously been amortised on a straight line basis over the estimated useful economic life of five years. Development costs of the e-recruitment software have been amortised from the point of the acquisition of the original off-the-shelf product as they are judged to be enhancements of the initial purchase, this effectively treats the project as a single asset.

In light of the abolition of the Commission, and with no prospective user found to take over the software, it has been necessary to reduce its estimated useful life.

## **1.6 Losses and special payments**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the Commission or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures.

Losses and special payments are charged to the relevant functional headings in the expenditure account on an accruals basis. However, Note 18 is compiled directly from the losses and compensations register which is prepared on a cash basis.

## **1.7 Pension costs**

Past and present employees are covered by the provisions of the NHS Pension Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions).

The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the Commission of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

Employer contributions are paid at the rate of 14% of pensionable pay and employee contributions are made on a tiered scale from 5% up to 8.5% of their pensionable pay depending on total earnings. On advice from the scheme actuary, scheme contributions may be varied from time to time to reflect changes in the scheme's liabilities.

## **1.8 Provisions**

The Commission provides for legal or constructive obligations that are of uncertain timing or amount at the end of the reporting period on the basis of the best estimate of the expenditure required to settle the obligation. As a result of the announcement of the Commission's abolition during 2012 it has been necessary to set up provisions to cover closure costs. These primarily cover the cost of the redundancies that will be required and the cost of paying for non-cancellable contracts that extend past the date of abolition.

During the period some provisions have been transferred to other organisations along with staff who have moved with time limited pieces of work. The provisions will cover their redundancy costs when their projects are completed.

## **1.9 Operating leases**

Rentals under operating leases are charged to the expenditure account over the term of the lease.

## 1.10 Staff costs

All staff costs must be recorded as an expense as soon as the Commission is obligated to pay them. This usually includes the cost of untaken leave at the year end, for which accruals have been made at previous year ends, but at 31 October 2012 there is no accrual required.

## 1.11 Financial Instruments

IFRS7, Financial Instruments Disclosures, requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities. Because of the way arm's length bodies are financed, the Commission is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies to which IFRS 7 mainly applies. The Commission has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks faced in undertaking its activities.

### Liquidity risk

The net operating assets are financed from resources voted annually by Parliament. The Commission finances its capital expenditure from funds made available from Government under an agreed limit. The Commission is therefore not exposed to any significant liquidity risks.

### Interest rate risk

All of the financial assets and liabilities carry nil rates of interest. The Commission is therefore not exposed to any interest rate risk.

### Foreign currency risk

There is no exposure to foreign currency risk.

## 1.12 International Financial Reporting Standards

All IFRS standards, interpretations and amendments to published standards effective at 31 October 2012 have been adopted in these financial statements, taking into account the specific interpretations and adaptations included within the FReM.

## 1.13 Closure (non going concern)

In July 2010 the Department of Health published the outcome of its review of its ALBs. This followed the publication earlier in the month of the Government's Health White Paper *Equity and excellence: Liberating the NHS*, in which a number of reforms were set out. These included the abolition of all strategic health authorities, primary care trusts and NHS trusts. The ALB review concluded that as a result of significant changes proposed within the health and social care sector there would be no future role for the Appointments Commission.

The proposals set out in *Equity and excellence: Liberating the NHS* were subsequently included in the Health and Social Care Act, which received Royal Assent in March 2012. The Appointments Commission closed on 31 October 2012.

Operational activities previously carried out by the Commission which were still required by the Department of Health have been transferred to other organisations over the last year. The remaining corporate support services were decommissioned as part of the closure of the Commission. The Statement of Financial position at 31 October 2012 represents the residual balances transferred to the Department of Health on closure. The preparation of the financial statements on a basis other than going concern does not affect the valuation or classification of these balances.

## 2. Analysis of net expenditure by segment

	Total expenditure £000	Income £000	Net expenditure £000
<b>Seven months ended 31 October 2012</b>			
Promoting appointments, providing a recruitment service to statutory and fee paying and statutory appointments functions	946	65	881
Equipping appointees to work effectively	73	112	(39)
Staff seconded to NHS Commissioning Board	49	49	0
Abolition of the Commission – reversal of provisions made and not required.	(278)	0	(278)
	<u>790</u>	<u>226</u>	<u>564</u>

Due to the significantly reduced scale of activities in the final months of operations the previous method of allocation of costs to the various work segments was no longer appropriate and a less detailed segmental analysis has been presented for the final period.

Promoting appointments, providing a recruitment service to fee paying clients	792	793	(1)
Policy work and statutory appointments functions	587	0	587
Equipping appointees to work effectively	154	166	(12)
Outplacement services	191	0	191
Transition Resourcing services	302	310	(8)
Support to Department of Health	138	139	(1)
Abolition of the Commission	71	0	71
Other income	0	11	(11)
	<u>3,521</u>	<u>1,419</u>	<u>2,102</u>

Business segments are defined in relation to the Commission's main operational activities.

The Commission provides recruitment services to both statutory and fee paying clients and the costs of these, and associated allocated overheads are shown as the first two segments above. Services to statutory NHS clients are funded by the grant in aid allocation.

In addition, the Commission makes appointments for statutory NHS and some Department of Health bodies. The costs of these appointment functions are shown as a separate activity segment. Costs included under this heading also include the policy and governance support and advice provided to the Department of Health.

Activities carried out to support appointees to work effectively, both in terms of induction and then ongoing support, are shown as the fourth segment of the Commission's work. Induction of new appointees is funded by a fee charged to organisations, primarily NHS trusts. Ongoing support for appointees, including appraisal, is funded by the grant in aid.

New services were provided by the Commission during 2011/12 in response to changes within the health sector. The provision of outplacement support services to other health sector arm's length bodies affected by change was funded through the grant in aid allocation. A Transition Resourcing service was established for the Department of Health to help manage the process of redeploying staff to the new organisations being established by the reforms in the health sector. Support was provided to the Department of Health to establish the NHS Commissioning Board as a Special Health Authority. These two services were both funded through recharges to the Department. These services either ceased at 31 March 2012 or transferred to the Department of Health on 1 April 2012.

The abolition of the Commission was announced during 2010/11 and the costs of this are shown as a separate segment. This includes those costs actually incurred as well as items provided for at 31 March 2011, and subsequent usage and adjustment of provisions up to 31 October 2012. See note 13 for further details.

### 3. Staff numbers and related costs

#### 3.1 Staff costs

	Seven months to 31 October 2012 Total £000	Permanently employed staff £000	Other £000	Year ended 31 March 2012 Total £000
Salaries and wages	350	350	0	1,353
Social security costs	40	40	0	140
Other pension costs	45	45	0	159
Redundancy and other exit costs	194	194	0	26
Less: use of existing redundancy provision	(194)	(194)	0	(26)
Agency Staff	25	0	25	0
<b>Sub Total</b>	<b>460</b>	<b>435</b>	<b>25</b>	<b>1,652</b>
Recoveries in respect of outward secondments	(49)	(49)	0	(42)
<b>Total net costs</b>	<b>411</b>	<b>386</b>	<b>25</b>	<b>1,610</b>

Eligible employees are members of the NHS Pension Scheme, unless they have chosen to opt out of membership. Details of the scheme can be found in note 1.7.



### 3.2 The average number of whole time equivalent employees during the period

	Seven months to 31 October 2012 Total	Permanently employed staff	Other	Year Ended 31 March 2012 Total
Total	17	16	1	38

### 3.3 Exit cost detail

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<b>Seven months to 31 October 2012</b>			
<£10,000	*	-	*
£10,000 - £25,000	*	-	*
£25,000 - £50,000	*	-	*
£100,000 - £150,000	*	-	*
<b>Total number of exit packages by type (See note below)</b>	6	-	6
<b>Total resource cost</b>	<b>£194,043</b>	-	<b>£194,043</b>
<b>2011/12</b>			
<£10,000	*	-	*
£10,000 - £25,000	*	-	*
<b>Total number of exit packages by type (See note below)</b>	*	-	*
<b>Total resource cost</b>	<b>£25,814</b>	-	<b>£25,814</b>

Due to the small numbers of staff involved, and in order to comply with the Data Protection Act, the numbers of staff in each category are represented by '\*'. None of these payments include any element of special payment. The amounts shown were paid during the periods indicated but were provided for in the 2010/11 accounts as part of the costs of closure of the Commission.

Redundancy costs have been paid in accordance with the provisions of the NHS Agenda for Change standard terms and conditions. Redundancy costs over £100,000 have been agreed by the Department of Health's Governance and Assurance Committee. Where staff who were being made redundant were eligible for early retirement, the additional costs have been met by the Commission and not by the NHS pension scheme. Where staff were eligible for early retirement on the grounds of redundancy the exit cost shown above represents the payment that has been made to NHS Pensions to cover the costs of their pension.

#### Retirements due to ill-health

During the year there were no early retirements from the Commission on the grounds of ill-health (2011/12: none).

## 4. Other expenditure

	Notes	Seven months to 31 October 2012 £000	Year Ended 31 March 2012 £000
Advertising & promotion of vacancies (see below)		32	393
Establishment expenses		46	253
Outsourced support services		118	231
Commissioner and non-executive remuneration		115	204
Costs of interviews		80	164
Rentals under operating leases		68	117
Training and Induction events		45	73
External contractors		38	76
Premises and fixed plant		46	93
Auditor's remuneration: Audit fees *		18	28
Non cash items			
Provisions - redundancy costs		(14)	(58)
Provisions - other		(264)	(11)
Impairment of debtors		2	0
		<u>330</u>	<u>1,563</u>
Non cash items			
Depreciation and amortisation	7.1, 7.2	0	306
		<u>330</u>	<u>1,869</u>

\*The quoted audit fee for the period is £19,000, which is offset by an over accrual reversed from year ended 31 March 2012 where the final charge received was £26,500, compared to estimate of £28,000. The Commission did not make any payments to Auditors for non audit work.

### Payment of suppliers

The Commission aims to pay invoices within 30 days. Performance against this target was as follows:

	Number	£000
Total bills paid in seven months to 31 October 2012	348	£724
Total bills paid within target	328	£689
<b>Percentage of bills paid within target</b>	<b>94.3%</b>	<b>95.2%</b>
Total bills paid in year to 31 March 2012	661	1,450
Total bills paid within target	600	1,341
<b>Percentage of bills paid within target</b>	<b>90.8%</b>	<b>92.5%</b>

No interest was paid under the Late Payment of Commercial Debts (Interest) Act 1998 legislation.

## 5. Financing

### Reconciliation of net expenditure to finance received from the Department of Health

	Seven months to 31 October 2012 £000	31 March 2012 £000
Net expenditure	563	2,102
Financing limit from Department of Health	<u>596</u>	<u>2,547</u>
Underspend against revenue resource limit	<u>33</u>	<u>445</u>

## 6. Income from activities

Operating income analysed by classification and activity is as follows:

	Seven months to 31 October 2012 £000	31 March 2012 £000
Income from recruitment and selection activities	65	793
Income from induction activities	112	166
Income for Transition Resourcing Team	0	310
Income for development work - NHS Commissioning Board	0	97
Income for seconded staff	49	42
Other income	<u>0</u>	<u>11</u>
<b>Total</b>	<u>226</u>	<u>1,419</u>

## 7. Non-current assets

### 7.1 Plant and equipment

	Information technology £000	Furniture & fittings £000	Total £000
Cost or Valuation at 31 March 2011	385	144	529
Additions/Disposals	0	0	0
<b>Gross cost at 31 March 2012</b>	<b>385</b>	<b>144</b>	<b>529</b>
Accumulated depreciation at 31 March 2011	242	125	367
Charged during the period	143	19	162
<b>Accumulated depreciation at 31 March 2012</b>	<b>385</b>	<b>144</b>	<b>529</b>
<b>Net book value: Total at 31 March 2012</b>	<b>0</b>	<b>0</b>	<b>0</b>
Cost or Valuation at 31 March 2012	385	144	529
Disposals	247	0	247
<b>Gross cost at 31 October 2012</b>	<b>138</b>	<b>144</b>	<b>282</b>
Accumulated depreciation at 31 March 2012	385	144	529
Charged during the period	0	0	0
Disposals	247	0	247
<b>Accumulated depreciation at 31 October 2012</b>	<b>138</b>	<b>144</b>	<b>282</b>
<b>Net book value: Total at 31 October 2012</b>	<b>0</b>	<b>0</b>	<b>0</b>

There are no assets held under finance leases or PFI contracts and therefore there has been no depreciation charged for such assets.

Assets remaining at 31 October 2012 comprising desktop computers and office furniture, all with net book values of zero, have been transferred to the ownership of the Department of Health.

## 7.2 Intangible assets

	Information technology £000	Total £000
Gross cost at 31 March 2011	360	360
Additions - purchased	0	0
Disposals	0	0
<b>Gross cost at 31 March 2012</b>	<b>360</b>	<b>360</b>
Accumulated amortisation at 31 March 2011	216	216
Charged during the period	144	144
<b>Accumulated amortisation at 31 March 2012</b>	<b>360</b>	<b>360</b>
<b>Net book value: Total at 31 March 2012</b>	<b>0</b>	<b>0</b>
Gross cost at 31 March 2012	360	360
Disposals	360	360
<b>Gross cost at 31 October 2012</b>	<b>0</b>	<b>0</b>
Accumulated amortisation at 31 March 2012	360	360
Charged during the period	0	0
Disposals	360	360
<b>Accumulated amortisation at 31 October 2012</b>	<b>0</b>	<b>0</b>
<b>Net book value: Total at 31 October 2012</b>	<b>0</b>	<b>0</b>

## 8. Financial instruments

The Commission's resources are met through Grant in Aid provided by the Department of Health and from income for work carried out for the NHS, Department of Health and other government bodies.

The Commission has no powers to borrow money or to invest surplus funds. Other than financial assets and liabilities which are generated by day-to-day operational activities the Commission holds no financial instruments. The Commission is therefore exposed to little credit, liquidity or market risk.

## 9. Trade receivables and other current assets

Amounts falling due within one year

	31 October 2012 £000	31 March 2012 £000
Trade receivables	93	433
VAT	37	0
Prepayments	0	66
Rental paid in advance (*)	25	0
Accrued income	0	118
	<b>155</b>	<b>617</b>
Provision for impairment of receivables	0	(20)
	<b>155</b>	<b>597</b>

\* The quarterly office lease for the period October to December 2012 was paid in advance, in accordance with the terms of the contract. The Department of Health are taking over the Commission's office space and so the benefit of the payment made for November and December 2012 will be taken by them, and will be reflected in their accounts when they assume the assets and liabilities of the Commission on 1 November.

Accrued income relates to campaigns carried out by the Commission which were in progress at the year end. These campaigns were charged to clients upon completion.

The Commission had no receivables due after more than one year (31 March 2012: none).

## 10. Cash and cash equivalents

	<b>2012</b>	<b>2011/12</b>
	<b>£000</b>	<b>£000</b>
Balance at 1 April	<b>365</b>	93
Net change in cash balances	<b>(288)</b>	272
Balance at period end	<b><u>77</u></b>	<u>365</u>

## 11. Trade payable and other current liabilities

Amounts falling due within one year

	<b>31 October</b>	<b>31 March 2012</b>
	<b>2012</b>	<b>£000</b>
	<b>£000</b>	<b>£000</b>
Trade payables	<b>0</b>	73
Tax and social security	<b>0</b>	43
VAT	<b>0</b>	39
Accruals & Deferred income	<b>154</b>	221
	<b><u>154</u></b>	<u>376</u>

## 12. Provision for liabilities and charges

	Abolition costs	Office Refurbishment	Total
	£000	£000	£000
At 31 March 2011	1,436	78	1,514
Arising during the year	0	0	0
Utilised during the year	(26)	0	(26)
Reversed unused	(69)	0	(69)
<b>At 31 March 2012</b>	<b>1,341</b>	<b>78</b>	<b>1,419</b>
Arising during the period	0	0	0
Utilised during the period	(320)	0	(320)
Transferred to other organisations	(471)	0	(471)
Reversed unused	(278)	0	(278)
<b>At 31 October 2012</b>	<b>272</b>	<b>78</b>	<b>350</b>

The timing of the payment of these provisions is out of the hands of the Commission, as they are being passed to other organisations for settlement. Current information would suggest that all amounts will be paid within five years

Due to the planned abolition of the Commission provisions for the closure costs were first set up during 2010/11. These covered the costs of making staff redundant and the costs of paying for completion of non-cancellable contracts. More details can be found in note 13. Some of the provision was utilised during 2011/12 for planned redundancies and a further amount was reversed to reflect changes in staff remaining in post at 31 March 2012 and revised contract completion costs. During the seven months to 31 October provisions have been used for redundancies and contract completion. The provision for redundancy costs for staff who have moved with ongoing operational work to other organisations during the period has been transferred with them. Provisions remaining at 31 October are for staff who transfer to other organisations on 1 November and office refurbishment costs and these will all be moved to the appropriate organisations for utilisation.

The office refurbishment provision is based on the periodical repair and decoration work required under the terms of the lease of the Commission's office. The figure was reviewed in 2011/12 to take account of the cost of returning the office to its original state when the Commission is abolished. Following the abolition of the Commission this amount will be transferred to the Department of Health as they are taking over the remainder of the lease term and so will be responsible for carrying out the required work.

## 13. Abolition of the Appointments Commission

### 13.1. Going concern

The abolition of the Appointments Commission was announced in the summer of 2010 and this has been formalised in the Health and Social Care Act, with an abolition date of 31 October 2012. The Department of Health has confirmed the funding required by the Commission in order to continue its activities through to October 2012. Many of the operational activities of the Commission are continuing and have been transferred to other organisations before the date of the Commission's closure. At 31 October as only the corporate operations of the Commission remained then the decision was made that the accounts should be prepared on a closure rather than going concern basis.

### **13.2. Significant judgements**

The Commission has had formal plans for its abolition, including details of actions, timings and expenditure required. The implementation of the plan commenced during 2010/11 and has continued until abolition. For the basis of preparing the accounts it has been assumed that provisions in accordance with IAS 37 have been required for the various identified costs of abolition.

A provision was made in 2010/11 for the redundancy costs of all staff except for the three staff who were expected to transfer to the Department of Health on a permanent basis to provide ongoing appointments work for Department of Health bodies. The transfer of these three staff was subsequently confirmed and took place in April 2012.

Six staff were made redundant in the seven months to 31 October 2012 and two staff were made redundant during 2011/12, utilising some of the existing provision. The redundancy provision was adjusted at 31 March 2012 to reflect the remaining staff, and since then it has either been used to make redundancy payments or transferred to alternative employers where staff are being transferred on a time limited basis to complete current pieces of work. Any amounts not required have been reversed. The provision remaining at 31 October 2012 will be transferred with the four staff who are transferring employment with effect from 1 November 2012.

The Commission had a non-cancellable contract lasting until 2014 for the support of its IT system and a provision was set up in 2010/11 to cover the full costs to completion of this contract. A negotiated settlement was reached with the supplier and paid in October 2012, and as a result an amount of £264,000 was reversed unused.

The Commission's non-current assets, which mainly consist of the IT equipment and the e-recruitment system software, were being depreciated over an expected useful economic life of five years which would have taken until 2013/14. There is no potential use of these assets after the Commission is abolished and no potential residual value. Therefore, a decision was made in 2010/11 to accelerate their depreciation to nil value by the expected abolition date, which at that time was 31 March 2012. This decision has been reviewed in 2011/12 and in light of the impending closure of the Commission the assets have reached the end of their useful life and so the accelerated depreciation rate was maintained rather than being revised again.

The Department of Health has confirmed that it will take responsibility for the payment of costs for the Commission's office which has a lease which lasts until 2014. Consequently no provision has been made for these costs. An existing provision for the costs of refurbishment to the office will be passed to the Department of Health for use when the lease ends.

### **14. Contingent liabilities**

During 2009/10 the Cabinet Secretary agreed that government departments should provide indemnity cover to Independent Public Appointment Assessors (IPAA) involved in the public appointments process. The Appointments Commission now provides this indemnity for all IPAAAs involved in its delegated appointments. There are no known financial implications of this indemnity.

### **15. Capital commitments**

At 31 October 2012 there were no capital commitments (31 March 2012: none).



## 16. Commitments under leases

Expenses of the Commission include the following in respect of hire and operating lease rentals

	31 October 2012 £000	31 March 2012 £000
Hire of plant and machinery	3	6
Other operating leases	54	93
	<u>57</u>	<u>99</u>

Total future minimum lease payments under non-cancellable operating leases are given in the table below. The ongoing responsibility for the building lease after 31 October 2012 has been taken over by the Department of Health and other leases have been cancelled, so there are no future payments to be made by the Commission.

	31 October 2012 £000	31 March 2012 £000
<b>Buildings</b>		
Not later than one year	0	93
Later than one year and not later than five years	0	116
	<u>0</u>	<u>209</u>
<b>Other</b>		
Not later than one year	0	3
Later than one year and not later than five years	0	3
	<u>0</u>	<u>6</u>

The Commission has no expenditure or commitments under finance leases.

## 17. Other financial commitments

The Commission had entered into non-cancellable contracts (which were not operating leases or PFI contracts) for the provision of support services. These have either expired or been settled at 31 October 2012 so that no further liability remains. The annual commitments, analysed by the period during which the commitment expires are as follows:

	At 31 October 2012 £000	At 31 March 2012 £000
Not later than one year	0	24
Later than one year, not later than five years	0	134

## 18. Losses and special payments

There have been no losses or special payments during the period. (year ended 31 March 2012: none).

## 19. Related parties

The Commission is a body corporate established by order of the Secretary of State for Health.

The Department of Health is regarded as a controlling related party. During the year the Commission has had the following material transactions with the Department.

The Commission has carried out recruitment campaigns for national bodies on behalf of the Department of Health and other DH bodies during the year. The costs associated with these campaigns are recharged upon completion of the campaign and totalled £28,000 for the period (2011/12: £177,000).

The Appointments Commission provided support to the Department of Health in establishing the NHS Commissioning Board structures during 2011/12. Under the terms of a memorandum of understanding the Department of Health was charged £96,500 for this work over the full year of 2011/12. This work ceased on 31 March 2012 and no further charges were made in the current period.

One member of staff has been on secondment since April 2011 and a second person has been on secondment since January 2012, both working with the Department of Health on the establishment of the NHS Commissioning Board. The total charge to the Department for the staff costs of these two people in the year 2011/12 was £41,845. A third person was on secondment from June to September 2012. Since April 2012 the charge for all these staff has gone direct to the NHS Commissioning Board and the total for the period to 31 October 2012 was £50,720.

Following an agreement with the Department of Health in March 2011, the Appointments Commission retained staff who would otherwise have been made redundant at 31 March 2011 and formed a team to support the transition of staff between organisations in the restructuring of the NHS. The Department agreed to reimburse the cost of these staff and other associated direct project costs and a total of £310,000 was charged for this work during the year 2011/12. The service and the staff delivering it were transferred to the Department of Health on 1 April 2012 and so no income was received for this work in the current period. Redundancy provisions that had been made previously by the Appointments Commission totalling £276,000 were transferred to the Department to cover the redundancy costs of these staff in March 2013.

Invoiced amounts totalling £14,870 were receivable from the Department of Health at 31 October 2012 (31 March 2012: £209,277)

## **20. Events after the reporting period**

The Commission was abolished on 31 October 2012 and on 1 November all remaining assets and liabilities were transferred to the Department of Health. There were no other events to report as of the date of authorisation of the accounts. This is interpreted as the date of the Certificate and Report of the Comptroller and Auditor General. (31 March 2012: None).

## 21. Inter-government balances

	Receivables: Amounts falling due within one year £000	Payables: Amounts falling due within one year £000
<b>31 October 2012</b>		
Balances with other central government bodies	37	1
Balances with NHS Trusts & Dept of Health	92	121
Balances with bodies external to government	26	32
	<u>155</u>	<u>154</u>
<b>31 March 2012</b>		
Balances with other central government bodies	107	43
Balances with NHS Trusts & Dept of Health	423	166
Balances with bodies external to government	67	167
	<u>597</u>	<u>376</u>

# **Appendix 1**

## **The Board and Appointments Commissioners**

## The Board and Health and Social Care Commissioners

### The Board of the Appointments Commission as at 31 October 2012

Chair	Anne Watts CBE
Acting Chief Executive	Janice Scanlan
Non-executive Director	David Cain
Non-executive Director	Jill Robertson
Non-executive Director	Margaret Scott
Head of Finance	Lynn Shadford

### Health and Social Care Commissioners as at 31 October 2012

South West and West Midlands	Penny Bennett
East of England, East Midlands and London	Gareth Hadley
North East, North West and Yorkshire & the Humber	Miranda Hughes
South Central and South East Coast	Margaret Scott

#### Chair – Anne Watts CBE

Anne joined the Appointments Commission as Chair in April 2007. Anne is a leading figure in diversity, recruitment and workplace development issues and has a strong track record across the private, public and voluntary sectors. This has included executive roles relating to workforce and diversity in Business in the Community, HSBC and NatWest. Alongside her role as Chair for the Appointments Commission, Anne is a member of the Department of Health Equality and Diversity Council (a subcommittee of the NHS Management Board) and also serves on the boards of Greater London Enterprise, Opportunity Now, Race for Opportunity, University of Surrey and the Commission on the Future of Women's Sport. Anne holds a ministerial appointment as a member of the School Teachers Review Body, is a trustee of The Eve Appeal for gynaecological cancer and is a member of the Public Chairs Forum. Anne has declared that she is not politically active.

#### Acting Chief Executive – Janice Scanlan

Janice had a long career in the civil service and following many years working with the Department of Health was instrumental in setting up the Appointments Commission in 2001. Janice is highly regarded as an expert in public appointments, particularly the legislation surrounding them, and leads the Commission's recruitment and selection teams ensuring they deliver a professional and expert service. Janice was appointed to the additional role of Deputy Chief Executive in 2007. In April 2012, following the departure of our Chief Executive, Janice was appointed as Acting Chief Executive.

#### Non-executive Director and Audit Committee Chair – David Cain

Following an extensive career in finance, David joined the Appointments Commission as a Non-executive Director and Audit Committee Chair in 2007. A chartered accountant, David has held roles within both the private and public sectors, including Deloitte and Touche and the now dissolved Forest Healthcare NHS Trust. David continues to work as a partner at DAP Consulting, his own firm. David has declared that he is not politically active.

### **Non-executive Director and Audit Committee Member – Jill Robertson**

Jill joined the Board as a Non-executive Director in October 2008. Jill has held a number of corporate roles within the private sector, most recently as Chief Executive of three businesses within the Barkers Norman Broadbent Group. Past roles have included that of Managing Director of Healthcare Recruitment for Select Plc and Strategic Marketing Director with Adecco UK Ltd. Jill currently provides business consultancy in the areas of strategy, marketing and management coaching. She is also a Non-executive Director of NHS Professionals. Jill has declared that she is not politically active.

### **Non-executive Director and Commissioner for South Central and South East Coast – Margaret Scott**

Margaret joined the Appointments Commission in 2007 as an Appointments Commissioner for the South Central and South East Coast regions. In addition, Margaret holds the roles of Vice Chair and Non-executive Director on the Board of the Commission. Prior to joining the Appointments Commission Margaret had an extensive career in the IT industry followed by a number of years as a public appointee within the NHS, serving as Chair for Hampshire Ambulance Service NHS Trust, Portsmouth Healthcare NHS Trust and East Hampshire Primary Care Trust. In addition to her roles within the Commission, Margaret is the Chair of Drum Housing Association (a member of the Radian Group) and is a school governor. She was appointed as a Public Appointments Assessor in April 2012 by the Commissioner for Public Appointments. Margaret has declared that she is not politically active.

### **Head of Finance – Lynn Shadford**

Lynn worked as a private sector accountant for a number of years before going on to work within the audit and examination training departments of a large accountancy firm. Prior to joining the Appointments Commission in 2002, Lynn had worked in accountancy for a local Family Health Services Authority, Health Authority and Primary Care Trust.

### **Commissioner for the South West and West Midlands – Penny Bennett**

Penny joined the Commission in 2003 following a professional career as a solicitor in the private sector. Penny has experience of the health sector following Chair and Non-executive Director roles for the East Gloucestershire NHS Trust and the Avon, Gloucestershire and Wiltshire Strategic Health Authority. Alongside her role as Commissioner, Penny served on the board of the Hanover Housing Association where she was Chair of their Audit Committee and Remuneration Committee. Penny has declared that she is not politically active.

### **Commissioner for the East of England, East Midlands and London – Gareth Hadley**

Gareth is a well respected industry leader in the HR profession, recently specialising in the corrections sector. He has held board level positions with Her Majesty's Prison Service, the National Offender Management Service and was a Non-executive Director for Skills for Justice. Prior to this, Gareth spent much of his career in senior managerial positions with British Rail, where he was Employee Relations Director, and in London local government. Alongside his role as Commissioner, Gareth is a Visiting Fellow of Kingston University and a Member of the External Advisory Board of the Centre for Better Managed Health and Social Care at the Cass Business School of City University. He continues to act as a consultant specialising in employee relations and HR. Gareth has declared that he is not politically active.

## **Commissioner for the North East, North West and Yorkshire & the Humber – Miranda Hughes**

A chartered psychologist by profession, Miranda has held a range of public appointments in the education, health and criminal justice sectors. These include Chair for the West Yorkshire Probation Board, Chair for Connexions West Yorkshire and Non-executive Director at Leeds East Primary Care Trust. Following a career in management, Miranda established her own consultancy company. Alongside her role as Commissioner, Miranda is an independent Chair for judicial appointment panels for the Judicial Appointments Commission. Miranda has declared that she is not politically active.

## **Register of Interests**

The Commission has maintained a Register of Interests. After the Commission's abolition this will be available from the Department of Health.



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