



Appointments
Commission

Annual Report & Accounts 2008-2009



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A message from the Chair

Secretary of State for Health
Richmond House
79 Whitehall
London
SW1A 2NS

Dear Secretary of State

I am writing to you to account for the eighth year of operation of the Appointments Commission and my second full year as Chair.

The past year must surely have demonstrated how important effective governance is in the health service. Concerns about quality of care, patient safety and the current economic situation have seen the spotlight focus on Chairs and non-executive directors and their crucial role of oversight and scrutiny. These are difficult roles in challenging times and I would like to pay tribute to them all for the significant contribution they make to the communities they serve.

Dealing with the issues of the day has not, however, distracted us from ensuring that we support the Chairs and non-executives of tomorrow. We have put in place a new year-long induction programme that ensures that quality and patient safety are at the top of the agenda.

By appointing and supporting Chairs and the non-executive members of NHS boards, we are making a very real contribution to ensuring that the NHS is able to deliver the commitments set out in "Our NHS, our future: High Quality Care for All".

To ensure that we are able to support these and other key initiatives we have been through a period of major development in the last year. We continue to work towards our strategic objective of becoming the organisation of choice in the recruitment of public appointments. Our review in 2007 taught us an important lesson; that we work better when we work in partnership with others. Over this last year we have consulted with and involved a wide range of stakeholders in our work and we will continue to do so. The Chairs Conference in January 2009, when you kindly gave the keynote address, was a shining example of this. I am grateful for the support of the Department of Health, Monitor, the NHS Institute for Innovation and Improvement, Strategic Health Authorities and the NHS Confederation who all helped us to organise such an excellent event.

One of our new partner organisations in the health and social care community is the Care Quality Commission (CQC). For the first time quality and accountability in both health and adult social care will be regulated under the same rules and the same high standards, with extra enforcement powers to further drive up quality at a local level. We look forward to developing our relationship with the CQC team.


The establishment of the National Leadership Council demonstrates the commitment to improving standards of leadership across the health service. We can count on the Council to promote and support excellence in leadership across both executive and non-executive communities. We are already working with Elisabeth Buggins, Chair of the West Midlands SHA, in her role on the Council with particular responsibility for board development and we look forward to developing this further in the months ahead.

Promoting effective leadership through the non-executive community is certainly a priority. At the same time, ensuring that the non-executive community is as diverse as the wider community they serve is just as pressing. Increasing the diversity of applicants for public appointments continues to be a significant challenge and a high priority for us, particularly within major cities where a large proportion of the population are from the black and minority ethnic communities. Attracting disabled applicants remains difficult. We are also concerned that the number of women serving on boards, as well as applications from women, continues to fall and it is in this area that we are focussing particular attention this year. We have made a strong start and next year we expect to see the shoots of improvement growing from the initiatives launched in 2007/08.

As an organisation we have started to build the firm foundations that will enable us to step up to the challenge of delivering and promoting diversity in 2009/10 and beyond. Our Equality and Diversity Advisory Group played a significant role in the preparation of our Single Equality Scheme, which we published in September last year. With the Government's new diversity targets and with the support of many of our partners we are driving forward an ambitious and innovative diversity agenda through a combination of research and practical action.

Having reflected on the last year, I must record my personal thanks to our Chief Executive, Andrea Sutcliffe. With her seemingly boundless energy and unswerving commitment to the Commission, she has led a period of significant growth and development for the organisation. I am sure that she would be the first to admit that she would not have been able to achieve so much in so little time without the outstanding contribution of our board, our staff and the team of Regional Commissioners. My thanks go to them all for their hard work and dedication.

I commend this report to you.



Anne Watts CBE
Chair

Introduction from the Chief Executive

Now mid-way through my second year in post as Chief Executive at the Appointments Commission, I am happy to say that we have come a long way in achieving the objectives I set out in the last annual report:

- to improve the way the Commission works;
- to transform the way in which our stakeholders see us.

Building on the recommendations from the stakeholder review I believe we are now the proactive, focussed and responsive organisation that 12 months ago I said we aspired to be.

It has been an interesting journey. We started the year by securing an increase in our budget from the Department of Health that allowed us to strengthen the team and implement a host of new initiatives designed to improve the service we offer. We have renewed our focus on candidate development so that we can attract the best possible people for these very important roles in public life. We have delivered many hundreds of appointments for the local NHS, national health bodies, Foundation Trusts, regulatory bodies and other government departments. We have implemented a new year-long induction programme, which has been consistently rated highly by participants. In January we organised with our partners another successful Chairs Conference and throughout the year we have provided advice and support to Chairs and non-executive directors on a range of policy and governance issues.

We continue to expand our work with Foundation Trusts and with departments across government. We have been successful in achieving 'preferred supplier' status with the Home Office and for the eight pay review bodies and have won work for the first time from, amongst others, the Department for Children, Schools and Families. I strongly believe that our work in this area will continue to expand as new clients recognise the expertise that we bring and our excellent service delivery.

As an organisation, we have also developed. We have re-organised our recruitment and selection teams to improve consistency across all our activity and to focus more on delivering an expert and responsive service to all our customers. We have recruited a Commercial Director to develop and extend our client base. We have also strengthened our corporate services infrastructure to improve our internal systems and to increase our ability to take the lead on important governance and policy issues and develop more effective communications with our key stakeholders.

The last year has seen great change, and while we have had many successes we will not allow ourselves to become complacent as we develop.

I continue to be impressed by the calibre of staff and Regional Commissioners within the Commission; I am fortunate to work with a team that strives for continual development and is focussed on improvement and excellence. Each member of staff recognises the challenges ahead of us as an organisation and is motivated by the opportunities this will present along the way. I thank them wholeheartedly for their commitment to the Appointments Commission.

The year has of course ended with the challenges presented by the current economic climate and a heightened understanding of the importance of good governance in public service, not least in ensuring patient safety in the NHS. We can also see challenges on the horizon with, for example, stretching new diversity targets for public appointments published by the Government.

As a public sector organisation, focused on delivering excellent services that represent value for money, the Appointments Commission will play its part in making the best use of public resources in the NHS and for our other clients. We are committed to strengthening governance through attracting great candidates, appointing the best possible people and providing them with an excellent start through our induction programme. We will work with others to update the guidance underpinning the governance of the NHS.

There is much to be done but I know I am leading a team at the Appointments Commission that is dedicated to meeting these challenges and is capable of doing so.



Andrea Sutcliffe
Chief Executive



About the Commission

Our vision:

To be the provider of choice for public appointments

We will do this by:

- *Finding and supporting the leaders the public service needs to achieve the best possible outcomes for service users, staff and communities*
- *Championing public service values and good governance*
- *Promoting diversity*
- *Ensuring public appointments are based on merit*

Who we are

The Appointments Commission is the independent organisation responsible on behalf of ministers for appointing Chairs and non-executives to Strategic Health Authorities, Primary Care Trusts, NHS trusts and the Department of Health's arms length bodies. We also provide non-executive recruitment services for Foundation Trusts and to the boards of public bodies across central government.

What we do for the health service

- We manage the recruitment, selection and appointment of Chairs and non-executive directors
- We provide year-long induction training for Chairs and non-executives, ensuring the best possible start for new appointees
- We facilitate an effective, flexible appraisal process, setting minimum standards and providing guidance and advice for development
- We promote board effectiveness and good governance through advice, guidance and policy development
- Our regionally based Commissioners are available to provide support and advice to the Chairs in their area

How we work

Our aim is to provide all our customers with an excellent standard of service and to exceed their expectations. To achieve this we will be:

- **Expert:** *making the best use of our expertise and knowledge to provide a high-quality, flexible service to our customers*
- **Professional:** *with a focus on quality and upholding public sector values*
- **Innovative:** *finding new and different ways to ensure we provide the best possible service and attract high-calibre candidates*
- **Proactive:** *working with boards to keep their needs under review, actively seeking out and encourage talent from a diverse range of potential candidates and ensuring that all public appointees are supported to succeed*
- **Responsive:** *listening and acting upon feedback*
- **Inclusive:** *engaging with our candidates and clients throughout the recruitment process to meet their needs effectively and efficiently*
- **Accountable:** *to ministers and Parliament for the effective use of public money and delivery of objectives; to the Commissioner for Public Appointments for compliance with her Code; and to our clients, customers and candidates for excellent customer service*
- **Cost effective:** *ensuring we demonstrate value for money with the best possible outcomes*

Accountability

... to the Secretary of State and Parliament

We are accountable to the Secretary of State for Health, and subsequently Parliament, for the delivery of our objectives and the money we spend.

We maintain a good working relationship with MPs who have a keen and legitimate interest in public appointments both nationally and in their constituencies. We keep them informed about vacancies and new appointments to boards within their area, and three times a year we produce 'Westminster'; a newsletter designed to inform them of news, events and the key appointments we are involved with.

... to the Commissioner for Public Appointments

We are regulated by and work closely with the Commissioner for Public Appointments and her office. We have extensive knowledge of the Commissioner's Code of Practice and ensure that all public appointments are made in accordance with its requirements. The Code sets out the principles that underpin the way in which all public appointments should be made. Each appointment we make is independently assessed and we are audited twice in every three year period to ensure our compliance with the Code.

... to our stakeholders

The service we provide directly affects many organisations within the health service, the wider health community and other government departments. We are committed to working closely and collaboratively with all our stakeholders through joint projects and initiatives, and to continue developing our communications activity through newsletters, events and improvements to our corporate website.

... to the public

The vast majority of public appointments for the health service are made by the Commission's Health and Social Care Appointments Committee (HSCAC) which is made up of the Chair, Chief Executive and six Commissioners who have regional responsibilities across England. The Commissioners are appointed by the Secretary of State for Health for a fixed term, with an option to be reappointed when this ends. The Committee has no involvement in appointments to Foundation Trusts or other government departments.

Because of the nature of its work, HSCAC meetings are not held in public. However, two Independent Public Appointments Assessors (IPAA) are invited to attend all Committee meetings on an alternate basis. This means there

is always an IPAA when appointment decisions are made. These observers provide a valuable source of advice and expertise on public appointments and the requirements of the Commissioner for Public Appointments Code.

The Commission holds public board meetings. Minutes of these meetings are available on our website www.appointments.org.uk. We also present our Annual Report at an Annual General Meeting which is open to the public.

Strategic objectives

The key objectives for the Appointments Commission from 2009 to 2012 are to:

- Provide a professional, responsive service within a fair, transparent and rigorous framework that delivers the best possible people from a diverse range of backgrounds for public appointments
- Support good governance including the delivery of effective induction programmes, support for policy development and the provision of advice for Chairs and non-executives
- Market our services proactively and identify new business opportunities
- Strengthen the quantity, quality and diversity of the candidate pool
- Develop our people in the Appointments Commission, encouraging them in their commitment to delivering a professional service and providing them with a range of fulfilling and rewarding roles
- Ensure that the organisation is fit for purpose, delivers value for money and is responsive to change



Review of the Year

Appointments

Highlights at a glance

- **767 appointments made to local NHS bodies**
- **332 appointments made to Department of Health national bodies**
- **141 appointments made to health profession regulatory bodies**
- **13,626 applications received**

Appointments

At the Commission we are continuing our drive to ensure that we are the provider of choice for all public appointments, and that the best possible people are appointed to these important roles.

Our appointments activity has remained high throughout the year. A larger number than expected of non-executive directors chose to remain for a second term following the end

of their first appointment. This meant that we made fewer new appointments but a larger number of re-appointments. We have used this year's experience to inform our planning for 2009/10.

The number of appointments made to national health and social care bodies was higher than anticipated. We had expected to make only 120 new appointments this year but finally made an additional 32 with fewer re-appointments.

Another important area of activity this year has been appointments made for the health profession regulatory bodies, including the General Medical Council and the Nursing and Midwifery Council. All of these bodies were reconstituted as required by provisions in the Health and Social Care Act 2008 to improve patient confidence in the regulation of health care professionals. We had expected to make up to 160 new appointments to these bodies in 2008/09, but delays in the legislation associated with the exercise meant only 141 were made. An additional 40 appointments, which are primarily to the General Dental Council and the new General Pharmaceutical Council, will be made in the early part of 2009/10.

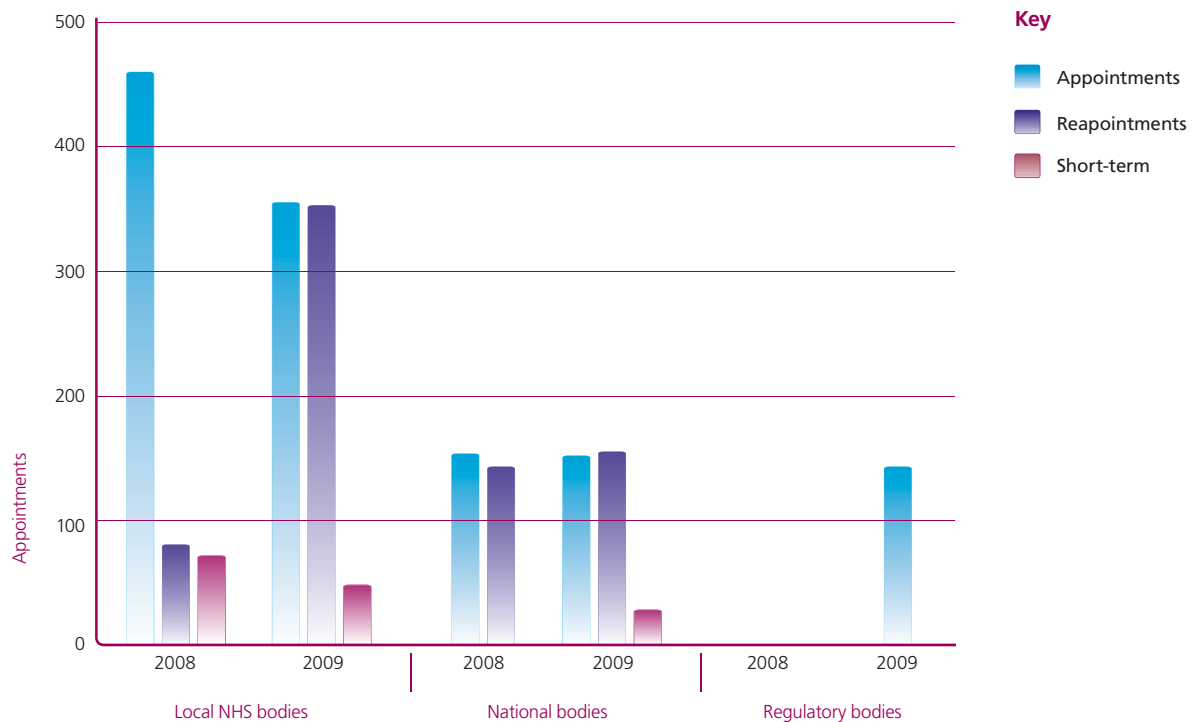
"I have been very satisfied with the support I have received from the Appointments Commission on my recruitment campaign. I have found that the relationship works best and provides most benefit if you engage thoroughly with the individual from the Appointments Commission and regard them as a key part of your team. In my experience, this generates a very responsive environment with timely replies to queries and a proactive approach."

David Griffiths, Chair, West Kent Primary Care Trust

A detailed analysis of the appointments we have made is set out in the table below:

Total appointments				
	New appointments	Reappointments	Short-term appointments	Total
Local NHS bodies	371	363	33	767
Charity trustees	32	26	Not applicable	58
National health & social care bodies	152	158	22	332
Regulatory bodies	141	Not applicable	Not applicable	141
Total	696	547	55	1,298

Two year comparison of appointments between local, national and regulatory



Recruitment services

This has been another busy year in the Recruitment Services Centre. Over 25,800 information packs, which were also available to download from our websites, were sent out in formats including large print, Braille and audio tape.

13,626 completed application packs have been returned and processed throughout the year, which is an increase of 5,594 (70%) compared to 2007/08.

Advertising strategy

Introduced in summer 2008, this has been the year of 'Strictly Boardroom'. This innovative recruitment strategy was highly visible across a range of national publications and became a major talking point amongst candidates and clients alike. The theme was also rolled out across a suite of marketing material, including exhibition stands and literature.

During 2008/09 the advertisement appeared in the pages of all major broadsheet newspapers as well as trade publications, specialist diversity press and local newspapers.

A bespoke microsite with the URL www.strictlyboardroom.co.uk was designed to support the advertising and all potential applicants were directed to this site to find out further job information or to download an information pack. This site achieves an average monthly hit rate of 8,725 visits, many of which are from a bookmarked link or the web address being typed in directly, demonstrating a high level of awareness of the site. The success of this microsite has contributed to a marked increase in the number of prospective candidates joining our mailing list.

The Strictly Boardroom campaign proved particularly successful at the 'Yorkshire's Finest Recruitment Awards' where it was 'highly commended' in the Best Recruitment Advertising Campaign.



Strictly Boardroom

Chair and Non-executive Director posts in the NHS

If you've got a talent for taking the lead, this could be one of the most daring moves you'll ever make. Becoming a Chair or non-executive in the NHS is an opportunity to put your senior level expertise to the test, and to make a real difference.

This could be your chance to deliver an unforgettable performance that will influence, shape and drive the future of local health care in your community.

Remuneration ranges between £5,875-£40,520 depending on the individual post for as little as 2½ days of your time per month.

To promote full community involvement we particularly welcome applications from women, people from the black and minority ethnic communities and disabled people.

For your opportunity to dazzle, step over to our website at www.strictlyboardroom.co.uk or call 08702 403 802

 **Appointments Commission**
Adding value to public appointments

See www.appointments.org.uk or www.sector1.net for more public appointments being filled by the Appointments Commission 

Strictly Boardroom advert example



From left to right:
Mike Pennington - Yorkshire Post Newspapers
Neil Donald - Pearsons (Recruitment Advertising Agency)
Janice Scanlan - Appointments Commission
Joy Everall - Appointments Commission
Jo Fletcher-Lee - Pearsons (Recruitment Advertising Agency)
Carol Scott - The Recruitment and Employment Confederation

Complaints

The revised complaints procedure which was put into effect in the middle of the last financial year is now working well as part of the Commission's commitment to providing an enhanced level of customer service. This, combined with a willingness to acknowledge any shortcomings in our processes, ensures that we learn from past errors and amend procedures where necessary.

The Commission received 29 complaints during the year, 0.21% of applications received. This compared with 21 complaints during 2007/08, 0.25% of applications received.

Two of the 29 complaints were upheld wholly and a further two were upheld in part, compared with six upheld in the previous year. No complaints in 2008/09 were referred to the Commissioner for Public Appointments, compared to four in the previous year.

Where complaints are upheld, we identify the corrective action to be taken and ensure that procedures are changed if necessary.

Issues of 'merit' (16) and 'openness and transparency' (11) continue to provoke the most complaints. Those about 'merit' were mainly from applicants disappointed at either the shortlisting or interview stages, while those relating to 'openness and transparency' generally concerned criticisms of the appointments process, or the information pack, advertisements or selection criteria. A further two complaints centred around issues of equal opportunities.

Of the total 29 complaints received during the year, all but four were resolved within our 20-day deadline. Three of the cases required papers to be recalled from storage; this took longer than anticipated. The fourth complaint resulted in a critical incident review (as detailed below). However, complainants were kept informed about the additional delays. One complaint received at the close of the financial year still awaits resolution.

Case Study

An NHS trust preparing for Foundation Trust status was recruiting for a number of non-executive director posts. The Trust engaged executive search consultants to help identify candidates who were representative of the diverse community served by the Trust. Unfortunately this took place before the Commission had agreed the final person specification and as a result the executive search consultants provided some of their candidates with misleading information about the requirements for the roles. A critical incident review was conducted and a number of lessons were learned about the way the Commission works with executive search consultants that will ensure that they add maximum value to the recruitment process. These lessons are currently being written into our policies, procedures and guidance to staff. The Commission acknowledged the problems that had occurred and both the Commission and the company apologised to the candidates who had raised concerns.

"I appreciate the personal service I have been given, the commitment and support of everyone I have dealt with, the efficiency and effectiveness of the process and the willingness to be flexible and innovative in successfully seeking candidates for key posts which have been hard to fill."

Paul Acres, Chair, Sefton Primary Care Trust

Equality and diversity

Highlights at a glance

- **Single Equality Scheme launched**
- **Candidate development team established**

The Commission is fully committed to ensuring that all sections of the society in which we live are informed about public appointments. We understand that this is vital to allow selection from the widest possible talent pool. To be most effective, boards should be reflective of the communities they serve to ensure they are capable of considering issues from a wide range of perspectives and are able to keep in touch with local people.

Annual government targets continue to promote greater inclusiveness; these present challenging objectives for the Commission and all government departments. The Commission makes around one third of all public appointments regulated by the Commissioner for Public Appointments so has a crucial role to play in promoting and delivering diversity targets for public appointments overall.

The Commission has a range of current targets set by ministers to cover the appointment of women, people from black and minority ethnic (BME) communities and disabled people. One set of targets exists for appointments to local NHS boards and another for Department of Health national bodies, to reflect the specific challenges of appointing to each.

There has been an increase in the number of people appointed from BME populations overall compared with last year, when 11% of those appointed were from those areas. However, there remain areas where particularly large BME communities are not adequately reflected on their local boards. We will continue to focus on these areas. Appointments to Department of Health national bodies usually require specialist candidates, which has a limiting effect on the candidate field. Despite this, there is an encouraging increase in the number of BME candidates in these posts, from last year's 10.2% to 12.8%.

People from black and minority ethnic communities in post at 31 March 2009

	Government Target %	% of those appointed
LOCAL NHS APPOINTMENTS		
Chairs	8	7.3
All posts	At least 10	11.7
APPOINTMENTS TO NATIONAL BODIES		
Chairs	8	3.3
All posts	At least 10	12.8

The number of disabled people appointed to national bodies has increased to 4.2% compared with 2.6% the previous year. The situation for local appointments, however, has deteriorated slightly from 4.7% in 2008.

Disabled people in post at 31 March 2009

	Government Target %	% of those appointed
LOCAL NHS APPOINTMENTS		
Chairs	4	3.8
All posts	6	4.5
APPOINTMENTS TO NATIONAL BODIES		
Chairs	2	1.7
All posts	4	4.2

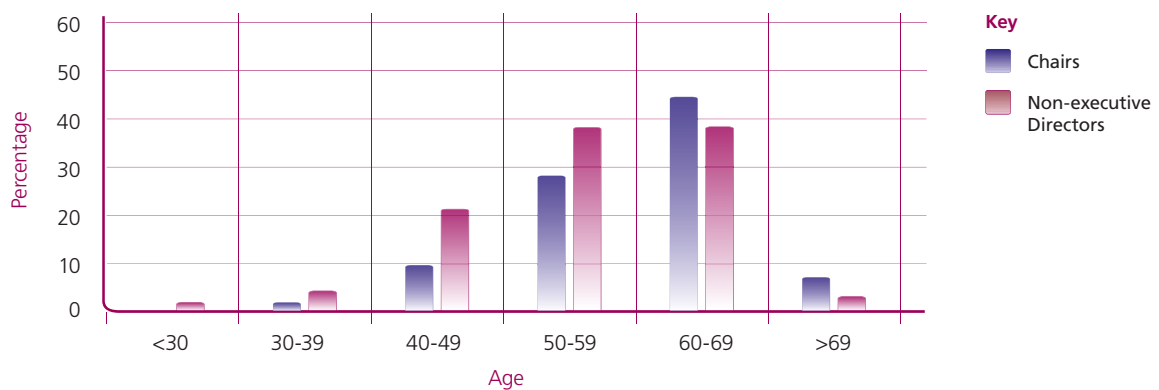
The appointment of women continues to be a significant concern. The number of women appointed to Department of Health national bodies has fallen slightly, from 40.5% last year. That is mirrored in figures for local NHS posts where a long-term downward trend continues: the number of such appointments filled by women was 47% in April 2002, and has dropped to 33.7% this year.

Women in post at 31 March 2009

	Government Target %	% of those appointed
LOCAL NHS APPOINTMENTS		
Chairs	44	30.7
All posts	50	33.7
APPOINTMENTS TO NATIONAL BODIES		
Chairs	30	23.3
All posts	40	40.2

While the age profile of all candidates varies from year to year, it has not changed significantly over time. The average age of all those appointed remains in the 50-59 age group.

Age of appointees



Are there any women on board?

As part of the Commission's commitment to attract more women into public appointments, we carried out a survey to find out what puts women off from applying for public appointments and why proportionately more women than men leave posts following appointment. Key findings were that nearly 60% of respondents felt women were deterred from applying because they lacked confidence or did not notice the advertisements. Two thirds of respondents felt more women than men resign owing to the unforeseen demands of the time commitment involved for non-executive roles. A full summary of the research is available in our publication 'Are there any women on board?' which can be downloaded from our website.

In response to these findings, the Appointments Commission has begun a number of new initiatives. We have conducted research into the language used for appointment criteria to make these more appealing to women candidates. We have renewed our advertising concepts to encourage more women to apply. The Commission is also working with various NHS Chairs to devise best practice models of time commitment so non-executive director workloads can be managed without compromising assurance.

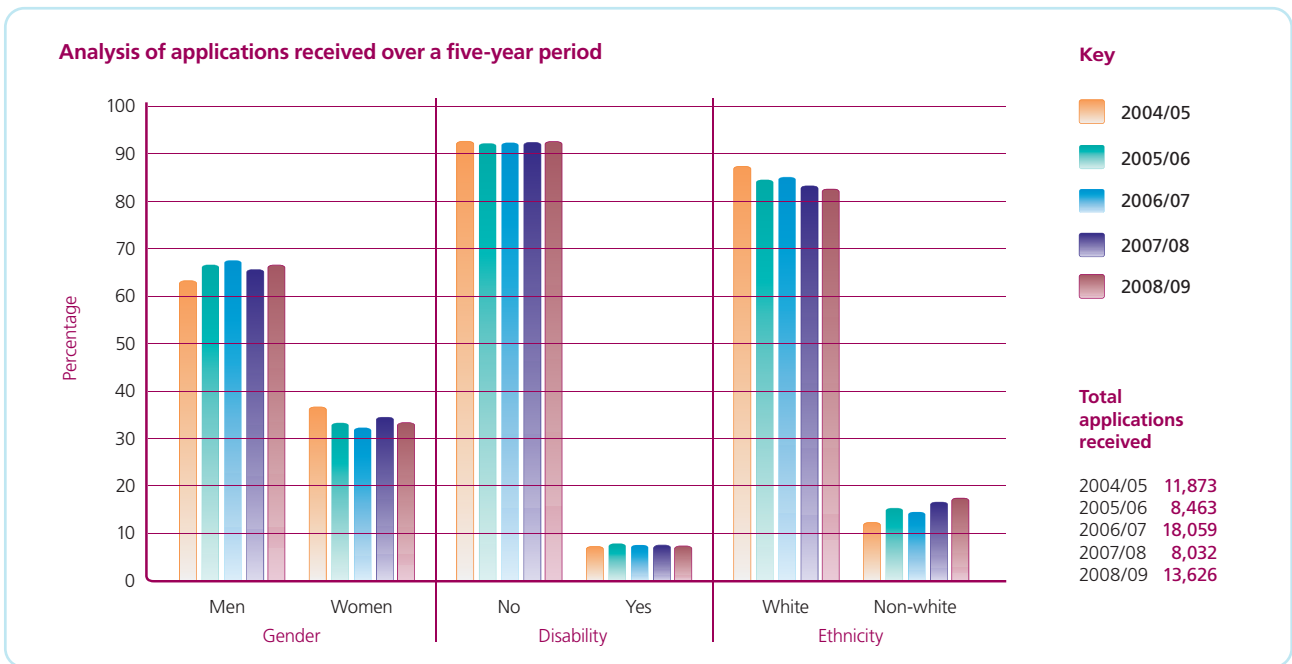
Going forward, we will be doing further work with those who participated in this research, conducting focus groups to trial our various initiatives to attract and retain more women public appointees.



A copy of our 'Women on board' brochure can be downloaded from our website

Diversity in appointments

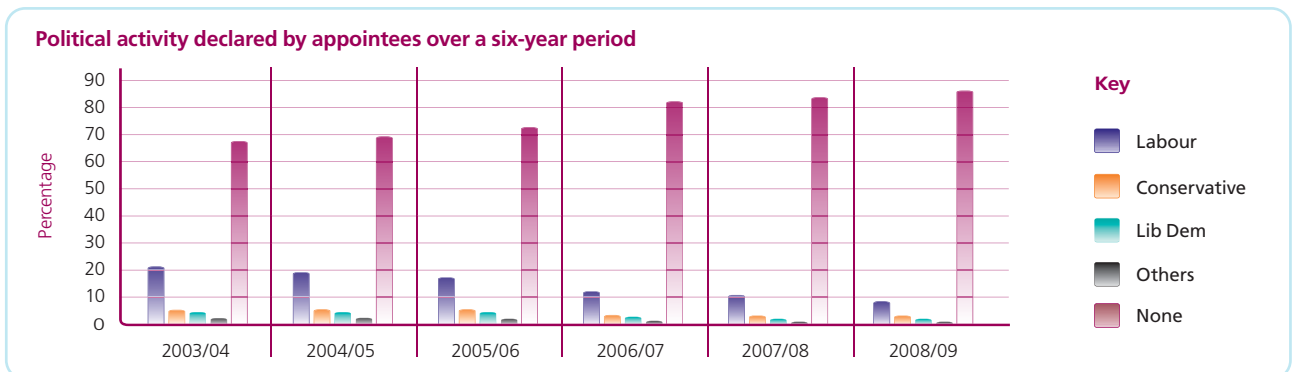
The graph below gives a breakdown by percentage of applications received by gender, ethnicity and disability, and compares this year on year.



Political Activity

At 86%, the majority of those appointed have declared that they have not undertaken any political activity in the past year.

We are required to collect this information by the Commissioner for Public Appointments for monitoring purposes.



Equality and Diversity Advisory Group

Our Equality and Diversity Advisory Group continues to meet on a regular basis. The Group's members are volunteers, who come from a range of organisations across the NHS. They were selected to represent a wide cross-section of expertise and experience in equality and diversity matters and together, we can examine relevant issues from a valuable array of perspectives.

The Group has overseen the introduction of the Commission's Single Equality Scheme, which was launched in September 2008; this sets out how we will meet our obligations under equality legislation and ensure that diversity on boards improves over the next three years. The scheme contains

a very detailed action plan for the Commission aimed at tackling a wide range of equality and diversity issues. This document is available on our website.

Other activity

We have extended our promotional activity aimed at attracting candidates for public appointments from all sectors of society. Advertisements have been placed in diverse publications, including Women Magazine (International Women's Month publication), Mela Magazine, Black History 365 (Black History Month publication), the Jewish Telegraph and Asian Voice magazine. The Candidate Development team is also taking forward a number of initiatives to support the implementation of our Single Equality Scheme.

Membership of the Equality and Diversity Advisory Group

Anne Watts	Chair	Appointments Commission (Chair of Group)
Riaz Ahmad	Chair	Oldham Primary Care Trust
Gideon Ben-Tovim	Chair	Liverpool Primary Care Trust
Paulene Collins	Non-executive Director	University Hospital of North Staffordshire NHS Trust
Tony Durrant	Non-executive Director	Stockport Primary Care Trust
Marie Gabriel	Chair	Newham Primary Care Trust
Michelle Howard	Chair	Swindon Primary Care Trust
Emily Lam	Non-executive Director	Central and Eastern Cheshire Primary Care Trust
Stephanie Morgan	Non-executive Director	Surrey and Sussex Healthcare NHS Trust
Vijay Sharma	Non-executive Director	East Midlands Strategic Health Authority
Jagtar Singh	Non-executive Director	East of England Ambulance Service NHS Trust
Mary Whyham	Chair	North West Ambulance Service NHS Trust

Case Study

Women Like Us is London's leading specialist in part-time and flexible recruitment. The award-winning organisation helps women with children to make the best choices for their working lives and sources experienced and skilled part-time staff for employers.

The Commission is working with Women Like Us to identify women in the South East who have senior level experience in their areas of expertise and who are now looking part time work, and ultimately to raise the profile of non-executive roles within the NHS.

Women Like Us suggested an open day for women interested in public appointments, and worked side-by-side with us to design an event – ensuring that

time was given to dispel any myths around the role, that women would hear directly from a female non-executive director already in the service and that they would have some time to socialise and ask questions.

The event took place at the NHS Whittington Trust in north London and was attended by 36 high-calibre women. We were able to communicate directly with this hard-to-reach group to deliver key messages around the roles and responsibilities of a non-executive and the support available for these important roles. We had a fantastic response to the day - many who attended have now registered with us and have requested more information about the role of non-executive director. By working with organisations such as Women Like Us, which have a high profile at a very local level, we seek to uncover the best talent.

Candidate development

A key initiative this year was the establishment of the Candidate Development team. Their remit is to promote public appointments to all sections of the community to increase the strength and diversity of our candidate pool.

They are doing this through three main work streams:

Corporate Talent Pool – the team is continuing to build relationships with major companies and working with them to use non-executive directorships in the public sector, and the NHS in particular, as a way of developing talented managers within their organisations. Feedback from successful candidates who are already part of the scheme demonstrates the tangible benefits of working in an entirely different environment and of gaining valuable board level experience. Both the employer and employee benefit in terms of new skills, but both are also rewarded by giving something back to their local community. And, of course, the public sector benefits from management experience and skills these candidates bring.

Since the start of the scheme nearly 40 companies and other organisations across the UK have joined and over 200 managers, with the support of their employers, have expressed an interest in applying for a non-executive role. The companies involved, all of them household names, include Microsoft, Royal Mail, Sainsburys, HBOS, O2, Wm Morrison, Crown Prosecution Service, BBC and EDF Energy.

In the last year, 30 of those appointed to our NHS boards learned about these roles through the Corporate Talent Pool.

Networking and partnership working – we are collaborating with a number of specialist interest groups who have a particular interest in improving the diversity of those appointed to public sector boards. Work has begun with a number of women's flexible resourcing groups and with groups and networks working with black and minority ethnic communities and disabled people to raise awareness of non-executive roles and to encourage people to apply. Though still early days, these initiatives are proving hugely popular and gaining a positive response from these audiences.

Optimising the candidate pool – not all strong candidates are successful in an open competition for a public appointment, often when they first apply. The Candidate Development team keeps details of those who have been through the appointments process and, though appointable, were not ultimately offered the specific role. This initiative matches their skills and identifies other roles for which they may be suitable and makes sure that potential candidates are alerted to these opportunities. This is a relatively new initiative that is attracting attention from our clients as a way for them to support good candidates with a real interest in public appointments.

Case Study

Moira Brennan
Director of Strategic Finance: Royal Mail
Non-executive director:
Royal United Hospital Bath NHS Trust

"I've never worked anywhere with so many women as the NHS. It's a very easy environment for a woman to operate in."

As a chartered accountant and tax expert, Moira Brennan has worked at a senior level in a number of blue-chip companies. When she heard about non-executive opportunities from the Royal Mail, she jumped at the chance to give something back to her local community and gain board level experience. When a non-executive role came vacant at her local acute trust, Moira applied and was appointed in February 2008.

"It's been a very big learning curve for me, particularly as a finance professional, as finances are managed very differently in the public sector. Fortunately my board colleagues have been very open to me asking questions."

Moira admits that juggling two roles can be challenging: "You need an understanding and committed employer and you must be clear about the difference between executive and non-executive roles. I focus on where I can add value."

Before taking on her non-executive role, Moira had quite a negative view of the Trust, based on what she had read in the local press. "This has been a real eye-opener for me. Now I have a true picture of what the Trust does and I'm really enjoying being part of it."

Training and development

Highlights at a glance

- **New induction programme implemented**
- **97% satisfaction rate with induction events**
- **E-learning introduced**
- **Successful annual Chairs Conference**

The Appointments Commission is responsible for induction training for newly appointed Chairs and non-executives. Ongoing training and development is now the responsibility of the relevant Strategic Health Authority.

The Commission has established a National Training Group to ensure best practice is developed, shared and implemented, and to offer advice and guidance in the delivery of induction training. Throughout 2008/09 the group was chaired by Mike Taylor, one of our Commissioners, and membership includes representatives from each Strategic Health Authority area, members from acute, mental health, primary care and ambulance trusts, Foundation Trusts, Monitor and the NHS Institute for Innovation and Improvement. Another Commissioner, Gareth Hadley, has now taken over the chair role for this group.

The Commission continues to work closely with the Strategic Health Authorities and representatives of the local NHS to ensure that its induction training complements other training offered to new Chairs and non-executives.

As part of the Commission's commitment to an innovative induction programme for new appointees, in 2008 we offered e-learning opportunities to Chairs and non-executives for the first time. In partnership with the Healthcare and Financial Management Association, governance and finance modules are now available online. This initiative has proved particularly successful as it provides new appointees the opportunity to learn and develop at an individual pace in a place and at a time convenient to them. This initiative will continue to be developed with a range of learning partners.

The induction training available to all new appointees is a year-long programme designed to include support from their local organisation. It consists of a number of events, reading and online learning, as described below:

The best possible start

On appointment

Appointees are sent relevant reading material including information on NHS structures, financial regimes, a glossary of terms and any other available and appropriate information.

On taking up the post

Appointees receive an induction pack setting out what is expected of them and what they should expect by way of support and induction locally.

After three months

Appointees attend a two-day residential course which will include presentations on key topics and interactive working sessions. Networking opportunities with non-executives from other types of organisations and from different parts of the country are a part of the course.

Ongoing development

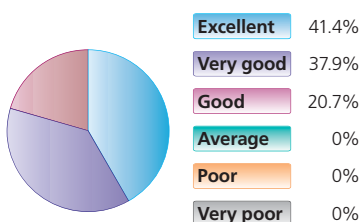
Appointees are offered a number of online training modules which can be tailored to their own specific interests, skills and experience. Training will include governance issues, finance and the other structural/strategic issues affecting the NHS.

After a year in post

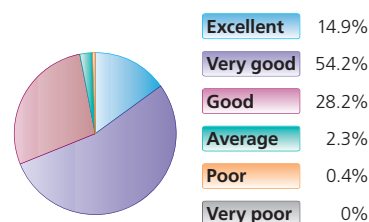
Appointees attend a final one-day course (preferably with as many of the same people from the first residential course as possible). This will include feedback from delegates on how their role is developing, a review of the induction process and offer a range of interactive case studies covering high profile topics.

During 2008/09 we organised ten non-executive residential events, with an average of 26 delegates attending each; a total of 262 attended throughout the year. A further six residential events aimed at Chairs were organised, with a deliberately smaller number of six to seven delegates at each. Total attendance for the Chair events was 38.

Chair events



Non-executive events



Events

In January the Commission hosted its second annual Chairs Conference in London. The event focused on the role of Chairs and high performing boards and was attended by over 230 delegates. The keynote speaker was Secretary of State Alan Johnson and other speakers included NHS Chief Executive David Nicholson and Nigel Edwards of the NHS Confederation. Once again, the conference included external perspectives from the private sector. This year, we heard from the Chair of First Great Western with a view on what makes an effective board and from a Board Director of British Nuclear Fuels on the board role when working in a safety critical environment.

The conference was organised in partnership with the Department of Health, the Strategic Health Authorities, the NHS Confederation, Monitor and the NHS Institute for Innovation and Improvement.

“A real insight – I gained confidence that we are doing some things right but have taken some good ideas and knowledge back on peer review, board focus and competencies”

Delegate feedback

In the first three months of 2009, the Commission worked in partnership with the Audit Commission to organise five events across the country for Primary Care Trust Chairs and non-executives. These were attended by an average of 50 delegates each and covered key issues for Primary Care Trusts relating to finance, governance and provider services.

Staff training and development

We have delivered a variety of training to the Commission's workforce throughout the year, both in-house and from external providers. Each member of staff has an individual appraisal to understand, amongst other areas, potential development and training needs. This forms part of an annual organisational training and development plan.

Courses run throughout the year have included an equality and diversity awareness course which was attended by all staff, and management training for middle managers. In addition, specialist training has been provided for specific posts as required, including presentation skills.

We have continued to undertake an annual survey of all staff, which produced positive results overall, showing recognition of the work that has been done on key issues throughout the year. We also held an 'away day', attended by all employees, which focused on defining our individual roles in achieving our key objectives, and also looking at a more focussed 'business' approach to our activities. A comprehensive action plan has been completed to address all issues arising from staff survey and away day feedback. As part of this, staff innovation and improvement groups will meet to consider key work areas, bringing an active and inclusive approach to making organisational and operational improvements.

Working with other clients

Central government contracts

Targeting work from central government clients has continued to be a focus for the Commission throughout 2008/09. The team has increased both the number of government departments that we work with, and the number of campaigns undertaken. In total, over 200 appointments have been delivered to government clients in the year, and we are continuing to achieve steady growth.

As a result of a consistently high standard of delivery and excellent working relationships we have achieved preferred supplier status with the Home Office. We are also named as the preferred supplier for the eight pay review bodies that sit across the Department of Health, the Ministry of Defence, the Cabinet Office, the Department for Children, Schools and Families and the Ministry of Justice.

This year we have managed campaigns including a Chair for the Administrative Justice and Tribunals Council, 21 Deputy Members for Her Majesty's Land Registry, three Commissioners for the Independent Police Complaints Commission and a Chair for the British Educational Communication and Technology Agenda.

“What impressed me most with the Appointments Commission is the quality of the applicants they were able to attract... I will definitely be using them next time, there is no other way as far as I am concerned, because of the catchment they have and the effectiveness of the process they run.”

Mike Knight, Chief Executive, Intellectual Property Regulation Board (Ministry of Justice)

Case Study

Member recruitment for the School Teachers' Review Body (Department for Children, Schools and Families)

The School Teachers' Review Body (STRB) is one of the six pay review bodies managed by the Office of Manpower Economics (OME). It was established in September 1991 to examine and report on such matters relating to the statutory conditions of employment of school teachers in England and Wales as may from time to time be referred to it by the Secretary of State.

The STRB was looking to make a single appointment to its Board. The brief was for a strong commercially focused individual with an excellent track record of achievement in the field of HR. A secondary focus of the Board was to improve its diversity. This was the first time the client had worked with the Commission and they particularly appreciated the support and advice we were able to

provide to guide them through the complexities and rigours of the public appointments process. The campaign went extremely well and we were able to generate a much larger and higher quality response than our client had expected. Indeed such was the calibre of the short-listed candidates that the Panel decided to appoint two individuals from this recruitment round rather than the single appointment they had expected to make.

Since the successful completion of this assignment we have undertaken a further two campaigns to recruit Chairs for the Department for Children, Schools and Families. We expect and hope that this successful and enjoyable partnership will continue to flourish.

Foundation Trusts

Our Foundation Trust business has gone from strength to strength this year with the delivery of 31 contracts. We have now worked with 15 Foundation Trusts; our 100% success rate in placing candidates for these clients is evidence of our ability to deliver an excellent service.

Our repeat business rate with our Foundation Trust clients has continued to increase, as does the number of new clients we are adding to our portfolio. To allow us to provide this valuable client group with the personalised, bespoke service they require, we have established a specialist team to ensure that best practice and innovation are embedded in our service offering.

Aspirant Foundation Trusts have also turned to us in increasing numbers to help them to strengthen their boards in the run up to their application for Foundation Trust status.

Our clients this year have included: Milton Keynes Hospital NHS Foundation Trust, Camden and Islington NHS Foundation Trust, Central and North West London NHS Foundation Trust, and Lincolnshire Partnership NHS Foundation Trust.

The Commission has an unrivalled track record of attracting and recruiting candidates with the right qualities and expertise for these demanding board roles. We have recently developed a post-campaign satisfaction survey and early indications are that our clients are extremely pleased with the service and support we offer.

In addition, we have won a number of interesting related assignments, including an Independent Chair for the NHS South East Coast Dispute Resolution Panel, Chair and Lay Members for the NHS East of England Competition Panel and a Lay Member for the NHS South West Regional Panel for Cooperation and Competition.

“I wanted you to know that the team has been absolutely first rate throughout the process: a great source of advice and counsel, incredibly hard-working and committed and eternally good-humoured. They have a terrific service ethic”

Judith Frame, Chair of Nomination Committee, Camden and Islington NHS Foundation Trust

Case Study

Helping Wirral University Teaching Hospitals NHS Foundation Trust

Wirral University Teaching Hospitals NHS Foundation Trust commissioned us to work with them to recruit three new non-executive directors. The process we devised with them involved a number of approaches including psychometric testing, paper assessment of candidates, preliminary interviews, stakeholder events and panel

interviews, all within a challenging timescale. The candidates commented favourably on the process and stakeholders felt that their views had been taken into account. The Trust had five appointable candidates and went on to make three excellent appointments. Our next campaign for them starts shortly.



Management Commentary

The accounts for the year ended 31 March 2009 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 as a Special Health Authority in 2001 with the purpose of making appointments of Chairs and non-executives to the boards of NHS trusts and Health Authorities in England, and any other duties as directed by the Secretary of State. The Health Act 2006 abolished the NHS Appointments Commission with effect from 1 October 2006 and replaced it with a non-departmental public body called the Appointments Commission. The Commission now has greater freedoms which allow it to undertake all the same work as previously, but to extend its remit to other government departments.

Since 2002 the Commission had provided a programme of training and development for all Chairs and non-executives. Following the Commission's strategic review in 2007 it was agreed that the Commission would retain responsibility for the induction of new NHS appointees for their first year and then ongoing training would be the responsibility of the Strategic Health Authorities. Induction training for new appointees to local NHS posts is funded by a charge to their organisations. Other organisations can also choose to participate in the induction process.

A summary of the Commission's strategic objectives for the years up to 2012 can be found on page 4.

Review of activities

During 2008/09 the Commission had a total expenditure of £5.9 million. The largest area of expenditure was the £3.9 million that was spent to make appointments to NHS organisations and run the corporate infrastructure. This work was funded by the Commission's resource allocation of £4.1 million, leading to an underspend of £252k.

In addition, £209k was spent on induction activities for first time appointed non-executives, covering the first year of their appointment. This work was funded by a charge for those who were newly appointed to a non-executive post. More details of this programme can be found on page 14. This represents a change of approach from previous years when the Commission provided training to all non-executives and charged NHS organisations a subscription for provision of training services. In addition, £1.8 million was spent on making appointments to national bodies, including

Department of Health bodies and committees, Foundation Trusts and other government departments. This work was funded by the bodies concerned, on the basis of a fee for service plus recharge of direct costs such as advertising.

An analysis of the Commission's net operating costs, split between its main areas of work, can be found in note 23 to the accounts.

A key objective of the Commission's strategic plan is to use our expertise in delivering public appointments to develop the service provided to fee paying clients both from the Department of Health and other government departments. As more NHS trusts gain Foundation Trust status our core funding allocation from the Department of Health is expected to decrease. The development of fee paying work is a key element in our strategy to maintain and develop our business.

As a result of the reorganisation of training activities following the strategic review in 2007, three training staff were transferred to their relevant local Strategic Health Authority at the end of March 2008. Three other staff were made redundant in April 2008. The costs of these redundancies were provided for in the 2007/08 accounts.

The Commission received a capital allocation of £500k from the Department of Health for an IT upgrade project to replace the Commission's IT system, of which £365k was spent during the year.

Staff

The Commission had an average of 52 whole time equivalent staff over the year. We maintain a range of staff policies and a review of these policies commenced during the year to ensure that they were up to date and reflected current best practice. A staff survey covering a variety of issues was carried out during the year and an action plan has been agreed for dealing with any issues and suggestions that have arisen from this survey.

During 2008/09 the average working days lost through sickness was 5.44 per employee.

Social and community issues

At the Commission we understand the importance of a good work life balance and have a flexi-time policy for the majority of our staff. A childcare voucher scheme is in operation so that staff can save money on childcare costs.

The Commission encourages and supports staff participation in the wider community through activities such as charity fundraising events.

Environmental matters

As a small organisation the Commission takes appropriate steps to minimise its environmental impact. These include encouraging use of public transport, using recycled materials where possible and maximising the amount of office material that is re-used or recycled. A staff 'green group' contributes practical ideas within the office and we also work with the other tenants in our office block on joint recycling schemes.

Other information

Details of the members of the Commission's board and senior management during the year, together with details of their remuneration, can be found in the remuneration report on pages 20 to 22. Details of the pension scheme can be found in note 1.7 to the accounts.

The Commission is 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 2.3 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 pages 26 to 27. The cost of the standard audit was £22,000, with an additional charge of £5,500 as a result of the audit work required as part of the transition to adoption of International Financial Reporting Standards.

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.



Andrea Sutcliffe
Chief Executive

9 June 2009

Remuneration Report

The Appointments Commission is required to prepare a report containing information about the remuneration of senior managers, who are defined as those who have authority for directing or controlling the major activities of the Commission. For the Commission this group comprises the Chair, non-executive directors, executive board members and Commissioners.

Remuneration policy

The Chair, non-executives and Commissioners are remunerated at an annual rate that is set by the Department of Health. In addition, payment is occasionally made to Commissioners for their participation in work that is additional to the work expected and remunerated within the annual rate. In the details of remuneration shown on page 21 this additional work is reported in the "other remuneration" column.

The Remuneration Committee reviews the remuneration of the Chief Executive and executive directors each year, applying the Very Senior Managers pay framework or Agenda for Change pay scale as appropriate.

Appointment terms

The Chair, non-executives and Commissioners are appointed for fixed terms - details of their appointment terms are given below:

For the Chair, non-executive directors and Commissioners there is no provision for compensation for early termination and no formal notice period.

Andrea Sutcliffe, the Chief Executive, has a permanent contract, requiring six months' notice. Other executive board members are on standard terms and conditions requiring three months' notice.

Appointment terms				
	From	To	Term length	Notes
Chair				
Ms A Watts	01/04/07	31/03/11	4 years	
Commissioner, Non-executive Director & Vice Chair				
Mrs M Scott	01/04/07	31/03/11	4 years	
Non-executive Directors				
Mr D Cain	01/04/07	31/03/10	3 years	
Mrs J Robertson	01/10/08	30/09/12	4 years	
Mrs B Thayer	01/10/08	30/09/12	4 years	
Commissioners				
Mr M Taylor	01/04/07	31/03/09	2 years	(1) (3)
Mrs P Bennett	01/04/07	31/03/10	3 years	
Mrs M Hughes	01/04/07	31/03/10	3 years	(3)
Mr B Nicholls	01/04/07	31/12/08		(2) (3)
Mr G Hadley	30/04/07	29/04/11	4 years	
Mrs A Lloyd	05/02/09	04/02/13	4 years	

(1) Mr Taylor's term of appointment has been extended for two years from 1 April 2009 to 31 March 2011.

(2) Mr Nicholls resigned with effect from 31 December 2008; his appointment term was for three years and would otherwise have lasted to 31 March 2010.

(3) These people also served as non-executive directors until 30 September 2008.

Remuneration committee

The Remuneration Committee comprises the Chair and three non-executive directors who determine the remuneration of the Chief Executive and executive directors on Very Senior Manager contracts.

Remuneration for the year ended 31 March 2009

The following tables show the remuneration and pension benefits for the year ended 31 March 2009 and are subject to audit.

Board and Commissioners' remuneration				
Name and title	Year ended 31/3/09		Six months to 31/3/08	
	Salary in £5k bands £000	Other remun in £5k bands £000	Salary in £5k bands £000	Other remun in £5k bands £000
Board and Regional Commissioners				
Ms A Watts (Chair)	45 - 50	0	45 - 50	0
Mrs P Bennett (Commissioner)	30 - 35	5 - 10	30 - 35	0 - 5
Mr D Cain (Non-executive and audit committee chair)	10 - 15	0	10 - 15	0
Mr G Hadley (Commissioner) (a)	30 - 35	0	25 - 30	0
Mrs M Hughes (Commissioner; both years; non-executive from 30 April 2007 to 30 Sept 2008)	30 - 35	0	30 - 35	0 - 5
Mrs A Lloyd (Commissioner) (b)	0 - 5	0	0	0
Mr R Nicholls (Commissioner; both years, non-executive to 30 Sept 2008) (c)	20 - 25	0	30 - 35	0 - 5
Mrs J Robertson (Non-executive) (d)	0 - 5	0	0	0
Mrs M Scott (Non-executive & Commissioner)	30 - 35	0	30 - 35	0
Mr M Taylor (Commissioner; both years, non-executive to 30 Sept 2008)	30 - 35	0	30 - 35	0
Mrs B Thayer (Non-executive) (d)	0 - 5	0	0	0
Chief Executive				
Ms A Sutcliffe (Chief Executive) (e)	125 - 130	0	40 - 45	10 - 15
Dr S Atkins (Interim Chief Executive) (f)	0	0	60 - 65	0
Executive				
Mr C Dye (Director of Marketing & Training) (g)	60-65	0	60 - 65	0
Mrs J Scanlan (Director of Operations)	85-90	0	85 - 90	0
Ms L Shadford (Finance Manager)	50 - 55	0	45 - 50	0
Ms R Smith (Commercial Director) (h)	15-20	0	0	0
Mrs R Whitlam (Director of Corporate Affairs) (i)	0	0	10 - 15	25 - 30

(a) Appointed 30 April 2007

(b) Appointed from 5 February 2009

(c) Retired with effect from 31 December 2008

(d) Appointed from 1 October 2008

(e) From 26 November 2007

(f) Until 31 October 2007

(g) Mr Dye ceased to be a board member on appointment of the Commercial Director in January 2009, although he remains employed by the Commission. His remuneration is shown for the full year.

(h) From 12 January 2009. Ms Smith works on a part time basis, for four full days per week.

(i) Until 31 May 2007

Except for Mr Dye, none of these people received benefits in kind in the period. Mr Dye had a lease car for the period for which the benefit is calculated as £3,600.

Pension benefits

The Chair, non-executives and Commissioners are non-executive members and as such their remuneration is not pensionable.

Details for executive staff are shown below; these figures are for the full year unless stated otherwise.

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

Name	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 March 2009 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2009 (bands of £5,000)	Cash equivalent transfer value at 31 March 2009	Cash equivalent transfer value at 31 March 2008	Real increase in cash equivalent transfer value (full year)	Employer's contribution to growth in cash equivalent transfer value
	£000	£000	£000	£000	£000	£000	£000	£000
Ms A Sutcliffe	2.5 - 5	17.5 - 20	10 - 15	45 - 50	217	137	76	53
Mrs J Scanlan (a)	27.5 - 30	82.5 - 85	25 - 30	85 - 90	553	11	541	379
Mr C Dye	2.5 - 5	7.5 - 10	20 - 25	70 - 75	422	282	134	93
Ms L Shadford	0 - 2.5	2.5 - 5	5 - 10	25 - 30	169	116	51	36
Ms R Smith (b)	0 - 2.5	0	0 - 5	0	2	0	2	2

(a) Mrs Scanlan had been seconded to the Commission from the Department of Health since 2001 and had been a member of the Civil Service pension scheme during this time. She joined the NHS scheme when she transferred to the Commission in July 2007. During 2008/09 her previous pension, covering over 24 years' service, was transferred into the NHS scheme, and the increases shown above reflect this transfer of value into the scheme.

(b) Ms Smith joined the Commission on 12 January 2009.

The Cash Equivalent Transfer Value (CETV) figures represent the actuarially assessed capitalised value of the pension scheme benefits accrued by a member of the NHS Pension Scheme 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.

There has been significant increase in the pension and lump sum values, when compared to last year. This difference is due to a change in the factors used to calculate CETV's, which came into force on 1 October 2008 as a result of the Occupational Pension Scheme (Transfer Value Amendment) regulations. These placed responsibility for the calculation method for CETV's (following actuarial advice) on Scheme Managers or Trustees. Further regulations from the Department for Work and Pensions to determine cash equivalent transfer values (CETV) from Public Sector Pension Schemes came into force on 13 October 2008.



Andrea Sutcliffe
Chief Executive

9 June 2009



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 operating costs, recognised gains and losses, 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;
- 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; and
- prepare the financial statements on a '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.



Statement on Internal Control - year ended 31st March 2009

1. Scope of responsibility

As Accounting Officer I have 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 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 works closely with its sponsor branch at the Department of Health and there are arrangements in place with them for regular performance monitoring and review.

In making this statement of internal control I have reviewed the documentation for the whole of the relevant period, including internal audit reports, and consulted external auditors.

2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of departmental policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in the Appointments Commission for the year ended 31 March 2009 and up to the date of approval of the annual report and accounts and accords with Treasury guidance.

3. Capacity to handle risk

As the Chief Executive and Accounting Officer I am ultimately accountable for all risks of the Commission and responsible for taking the lead in the risk management process and having in place effective systems of risk management and internal control.

The core business of the Commission is making public appointments. It has standardised procedures designed to

make appointments in an open and transparent way and to manage the risk associated with the process. These procedures are based on the Code of Practice issued by the Commissioner for Public Appointments and are subject to audit carried out by auditors working on her behalf. Procedures are regularly updated in the light of suggested improvements, issues or complaints arising or as the result of audit recommendations.

The Commission maintains a risk register which is updated in full each month by the senior team and reviewed as a standard item at every weekly senior team meeting. I have also introduced a weekly review of emerging and current issues and incidents to ensure proactive management of these. The full register is considered at each Audit Committee meeting and progress on all high level risks is reported to every Board meeting, or more frequently if required. The risk register is accessible to all staff. A copy is regularly provided to the Commission's sponsor team at the Department of Health and discussed at review meetings. Managers are required to consider risk as part of the preparation of the business plan and during development of operational plans.

4. The risk and control framework

As Chief Executive I have ultimate responsibility for risk management in the Commission and ensure that the Commission has in place effective systems of risk management and internal control.

On behalf of the Board the Audit Committee reviews the establishment and maintenance of an effective system of internal control and risk management. The Committee reviews the adequacy of all risk and control related disclosure statements, together with any accompanying Internal Audit statements, prior to endorsement by the Board.

Other regular reports, such as performance indicators, balanced score card and summaries of complaints are produced for the senior team meetings, Board meetings and for discussion at quarterly performance meetings with the Commission's sponsor branch from the Department of Health. I also produce a Chief Executive's report for each Board meeting which summarises progress across the entirety of Commission's operations and also circulate a weekly update on emerging operational issues to the board, senior staff and commissioners.

Where specific, significant activity requires it, the Commission establishes a project management structure to oversee and monitor progress. A Project Board was established for the IT upgrade project. However, it did not operate as effectively as it should have done leading to slippage in the expected timescales for implementation. I have reviewed these

arrangements and made revisions to the governance structure. I am now satisfied that appropriate controls are in place.

The senior team is responsible for ensuring that risk assessment is a continuous and regular process within the Commission. Managers are also responsible for developing both their own and their staff members' awareness of, and response to, risk.

Staff are familiar with all relevant Commission policies and procedures designed to minimise risk. If staff see a risk or problem they are expected to take responsibility for dealing with the issue or reporting it to the appropriate person.

Risks are identified in a variety of ways, including by general and ongoing review of operations, evaluation of new opportunities and developments and by assessment of complaints and incidents. When items are added to the risk register their relative likelihood and potential impact are assessed and then these assessments are reviewed by the senior team on at least a monthly basis, and more frequently if appropriate. The risk register also summarises actions taken to mitigate identified risks. Risks are also re-assessed in conjunction with the preparation and monitoring of the annual business plan.

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

5. Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors and managers within the Commission who have responsibility for the development and maintenance of the internal control framework, and comments made by the external auditors in their management letter and other 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 is in place.

My review is informed in a number of ways. The head of internal audit provides me with an opinion on the overall arrangements for gaining assurance and on the controls

reviewed as part of the internal audit work. Senior managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance.

There have been no significant internal control issues at the Commission during the year, other than the project management arrangements for the IT Upgrade as highlighted above.

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

My review is also informed by reports made by external auditors and by the reviews and reports from the Commissioner for Public Appointments and her auditors. In addition the Commission's complaints procedure ensures that I am aware of particular issues that may be arising and that need acting upon.

The Audit Committee on behalf of the Board maintains an overview of the risk register and of the overall progress that is being made in improving internal controls.

As a relatively small organisation I have a high degree of contact with staff and am aware through such informal systems as well as via the formal reporting structures of particular issues that may be arising. Due to the size of the Commission reaction to events and changes to internal controls can be made without delay when necessary.



Andrea Sutcliffe
Chief Executive

9 June 2009



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 year ended 31 March 2009 under the Health Act 2006. These comprise the Operating Cost Statement, the Balance Sheet, the Cash Flow Statement and Statement of Recognised Gains and Losses 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 Chief Executive and auditor

The Chief Executive as Accounting Officer is responsible for preparing the Annual Report, the Remuneration Report and the financial statements in accordance with the Health Act 2006 and directions made thereunder by the Secretary of State with the approval of HM Treasury, and for ensuring the regularity of financial transactions. These responsibilities are set out in the Statement of Accounting Officer's Responsibilities.

My responsibility is to audit the financial statements and the part of the remuneration report to be audited in accordance with relevant legal and regulatory requirements, and with International Standards on Auditing (UK and Ireland).

I report to you my opinion as to whether the financial statements give a true and fair view and whether the financial statements and the part of the Remuneration Report to be audited have been properly prepared in accordance with the Health Act 2006 and directions made thereunder by the Secretary of State with the approval of HM Treasury. I report to you whether, in my opinion, the information, which comprises the management commentary included in the Annual Report is consistent with the financial statements. I also report whether in all material respects the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

In addition, I report to you if the Appointments Commission has not kept proper accounting records, if I have not received all the information and explanations I require for my audit, or if information specified by HM Treasury regarding remuneration and other transactions is not disclosed.

I review whether the Statement on Internal control reflects the Appointments Commission's compliance with HM Treasury's guidance, and I report if it does not. I am not required to consider whether this statement covers all risks and controls, or form an opinion on the effectiveness of Appointments Commission's corporate governance procedures or its risk and control procedures.

I read the other information contained in the Annual Report and consider whether it is consistent with the audited financial statements. I consider the implications for my report if I become aware of any apparent misstatements or material inconsistencies with the financial statements. My responsibilities do not extend to any other information.

Basis of audit opinions

I conducted my audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. My audit includes examination, on a test basis, of evidence relevant to the amounts, disclosures and regularity of financial transactions included in the financial statements and the part of the Remuneration Report to be audited. It also includes an assessment of the significant estimates and judgments made by the Board and Accounting Officer in the preparation of the financial statements, and of whether the accounting policies are most appropriate to the Appointments Commission's circumstances, consistently applied and adequately disclosed.

I planned and performed my audit so as to obtain all the information and explanations which I considered necessary in order to provide me with sufficient evidence to give reasonable assurance that the financial statements and the part of the Remuneration Report to be audited are free from material misstatement, whether caused by fraud or error, and that in all material respects the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them. In forming my opinion I also evaluated the overall adequacy of the presentation of information in the financial statements and the part of the Remuneration Report to be audited.

Opinions

In my opinion:

- *the financial statements give a true and fair view, in accordance with the Health Act 2006 and directions made thereunder by the Secretary of State with the approval of HM Treasury, of the state of the Appointments Commission's affairs as at 31 March 2009 and of its net operating cost for the year then ended;*
- *the financial statements and the part of the Remuneration Report to be audited have been properly prepared in accordance with the Health Act 2006 and directions made thereunder by the Secretary of State with the approval of HM Treasury; and*

-
- *information, which comprises the management commentary and Remuneration Report included within the Annual Report, is consistent with the financial statements.*

Opinion on Regularity

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

Report

I have no observations to make on these financial statements.

Amyas C E Morse

Comptroller and Auditor General

National Audit Office
151 Buckingham Palace Road
Victoria
London SW1W 9SS

11 June 2009



Financial statements
2008-2009

Operating Cost Statement for the year ended 31 March 2009

	Notes	31 March 2009 £000	31 March 2008 £000
Programme costs	2.1	5,886	5,160
Operating income	4	(2,023)	(1,627)
Net operating cost before interest		3,863	3,533
Interest payable		0	0
Net operating cost		3,863	3,533
Net resource outturn	3.1	3,863	3,533

All income and expenditure is derived from continuing operations.

Statement of Recognised Gains and Losses for the year ended 31 March 2009

	Notes	31 March 2009 £000	31 March 2008 £000
Unrealised surplus/(deficit) on the indexation of fixed assets	12.2	0	2
Recognised gains and (losses) for the financial year		0	2

The notes on pages 32 to 48 form part of these accounts.

Balance Sheet as at 31 March 2009

	Notes	31 March 2009 £000	31 March 2008 £000
Fixed assets:			
Intangible assets	5.1	0	0
Tangible assets	5.2	439	92
Financial assets		0	0
		<u>439</u>	<u>92</u>
Current assets:			
Stocks	6	0	0
Debtors	7	1,133	736
Cash at bank and in hand	8	319	132
Other financial assets		0	0
		<u>1,452</u>	<u>868</u>
Creditors: amounts falling due within one year	9.1	(1,333)	(947)
Other financial liabilities: amounts falling due within one year		0	0
		<u>119</u>	<u>(79)</u>
Net current assets/(liabilities)			
		<u>558</u>	<u>13</u>
Creditors: amounts falling due after more than one year		0	0
Other financial liabilities: amounts falling due after more than one year		0	0
Provisions for liabilities and charges	10	(85)	(80)
		<u>473</u>	<u>(67)</u>
Taxpayers' equity			
General Fund	12.1	460	(80)
Revaluation reserve	12.2	13	13
		<u>473</u>	<u>(67)</u>

The notes on pages 32 to 48 form part of these accounts.



Andrea Sutcliffe
Chief Executive

9 June 2009

Cash Flow Statement for the year ended 31 March 2009

	Notes	31 March 2009 £000	31 March 2008 £000
Net cash (outflow) from operating activities	13	(4,111)	(3,102)
Servicing of finance			
Interest paid		<u>0</u>	<u>0</u>
Net cash (outflow) from servicing finance		<u>0</u>	<u>0</u>
Capital expenditure and financial investment:			
(Payments) to acquire fixed assets		<u>(102)</u>	<u>(44)</u>
Receipts from disposal of fixed assets		<u>0</u>	<u>0</u>
Net cash inflow/(outflow) from investing activities		<u>(102)</u>	<u>(44)</u>
Net cash (outflow) before financing		<u>(4,213)</u>	<u>(3,146)</u>
Financing			
Net Parliamentary funding	12.1	<u>4,400</u>	<u>3,270</u>
Increase/(decrease) in cash in the period	8	<u>187</u>	<u>124</u>

The notes on pages 32 to 48 form part of these accounts.

Notes to the Accounts

1 Accounting policies

The financial statements have been prepared in accordance with the Government Financial Reporting Manual issued by HM Treasury. The particular 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

1.1 Accounting conventions

These accounts have been prepared under the historical cost convention, modified to account for the revaluation of tangible fixed assets, at their value to the business by reference to current cost. This is in accordance with directions issued by the Secretary of State for Health and approved by HM Treasury.

1.2 Income

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

Operating income is income which relates directly to the operating activities of the Commission. It 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. Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

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 Capital charges

The treatment of fixed assets in the account is in accordance with the principal capital charges objective to ensure that such charges are fully reflected in the cost of capital. The interest rate applied to capital charges in the period was 3.5% (2007-08 3.5%) on all assets less liabilities, except for donated assets and cash balances with the Office of the Paymaster General, (OPG), where the charge is nil.

1.5 Fixed assets

a. Capitalisation

All assets falling into the following categories are capitalised:

- i Intangible assets where they are capable of being used for more than one year and have a cost, individually or as a group, equal to or greater than £5,000.

- ii Purchased computer software licences are capitalised as intangible fixed assets where expenditure of at least £5,000 is incurred.

- iii Tangible assets which are capable of being used for more than one year, and they:

- individually have a cost equal to or greater than £5,000;
- collectively have a cost of at least £5,000 and an individual cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- form part of the initial equipping and setting-up cost of a new building or unit irrespective of their individual or collective cost.

b. Valuation

Intangible fixed assets

Intangible fixed assets held for operational use are valued at historical cost. Surplus intangible assets are valued at the net recoverable amount.

The carrying value of intangible assets is reviewed for impairment at the end of the first full year following acquisition and in other periods if events or changes in circumstances indicate the carrying value may not be recoverable.

Tangible fixed assets

Tangible fixed assets are stated at the lower of replacement cost and recoverable amount. On initial recognition they are measured at cost including any costs such as installation directly attributable to bringing them into working condition. The carrying values of tangible fixed assets are reviewed for impairment in periods if events or changes in circumstances indicate the carrying value may not be recoverable.

- i Equipment surplus to requirements is valued at net recoverable amount.
- ii Adjustments arising from indexation and revaluations are taken to the Revaluation Reserve. All impairments resulting from price changes are charged to the Statement of Recognised Gains and Losses.

Falls in value when newly constructed assets are brought into use are also charged there. These falls in value result from the adoption of ideal conditions as the basis for depreciated replacement cost valuations.

c. Depreciation and amortisation

Depreciation is charged on each individual fixed asset as follows:

- i Intangible assets are amortised, on a straight line basis, over the estimated lives of the assets.
- ii Purchased computer software licences are amortised over the shorter of the term of the licence and their useful economic lives.
- iii Each equipment asset is depreciated evenly over the expected useful life:

	Years
Furniture and fittings	10
Information technology	5

1.6 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the Health Service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in the operating cost statement on an accruals basis, including losses which would have been made good through insurance cover had the Commission not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). 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 Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at 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 NHS Body of participating in the Scheme is taken as equal to the contributions payable to the Scheme for the accounting period.

The Scheme is subject to a full actuarial valuation every four years (until 2004, based on a five-year valuation cycle), and an FRS17 accounting valuation every year. An outline of these follows:

a. Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account its recent demographic experience), and to recommend the contribution rates to be paid by employers and scheme members. The last such valuation, which determined current contribution rates, was

undertaken as at 31 March 2004 and covered the period from 1 April 1999 to that date.

The conclusion from the 2004 valuation was that the Scheme had accumulated a notional deficit of £3.3 billion against the notional assets as at 31 March 2004. However, after taking into account the changes in the benefit and contribution structure effective from 1 April 2008, the Scheme actuary reported that employer contributions could continue at the existing rate of 14% of pensionable pay. On advice from the Scheme actuary, scheme contributions may be varied from time to time to reflect changes in the Scheme's liabilities. Up to 31 March 2008, the vast majority of employees paid contributions at the rate of 6% of pensionable pay. From 1 April 2008, employees' contributions are on a tiered scale from 5% up to 8.5% of their pensionable pay depending on total earnings.

b. FRS17 Accounting valuation

In accordance with FRS17, a valuation of the Scheme liability is carried out annually by the Scheme Actuary as at the balance sheet date by updating the results of the full actuarial valuation.

Between the full actuarial valuations at a two-year midpoint, a full and detailed member data-set is provided to the Scheme Actuary. At this point the assumptions regarding the composition of the Scheme membership are updated to allow the Scheme liability to be valued.

The valuation of the Scheme liability as at 31 March 2009 is based on detailed membership data as at 31 March 2006 (the latest midpoint), updated to 31 March 2009 with summary global member and accounting data.

The latest assessment of the liabilities of the Scheme is contained in the Scheme Actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Resource Account, published annually. These accounts can be viewed on the NHS Pensions website. Copies can also be obtained from The Stationery Office.

Scheme provisions as at 31 March 2009

The scheme is a 'final salary' scheme.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the Operating Cost Statement at the time the Commission commits itself to the retirement, regardless of the method of payment.

The Scheme provides the opportunity to members to increase their benefits through money purchase Additional Voluntary Contributions (AVCs) provided by an approved panel of life companies. Under the arrangement the employee/member

can make contributions to enhance an employee's pension benefits. The benefits payable relate directly to the value of the investments made. From 1 April 2008 a voluntary additional pension facility becomes available, under which members may purchase up to £5,000 per annum of additional pension at a cost determined by the actuary from time-to-time.

Early payment of a pension is available to members of the Scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement, less pension already paid, subject to a maximum amount equal to twice the member's final year's pensionable pay less their retirement lump sum for those who die after retirement, is payable.

Existing members at 1 April 2008

Annual pensions are normally based on 1/80th of the best of the last 3 years pensionable pay for each year of service. A lump sum normally equivalent to 3 years pension is payable on retirement. From 1 April 2008 there is the opportunity of giving up some of the pension to increase the retirement lump sum. Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. On death, a pension of 50% of the member's pension is normally payable to the surviving spouse or eligible unmarried partner.

New entrants from 1 April 2008

Annual pensions for new entrants from 1 April 2008 will be based on 1/60th of the best three-year average of pensionable earnings in the ten years before retirement. Members wishing to obtain a retirement lump sum may give up some of this pension to obtain a retirement lump of up to 25% of the total value of their retirement benefits. Survivor pensions will be available to married and unmarried partners and will be equal to 37.5% of the member's pension.

1.8 Provisions

The Commission provides for legal or constructive obligations that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the Treasury's discount rate of 2.2% in real terms.

1.9 Operating leases

Rentals under operating leases are charged to the operating cost statement over the term of the lease.

1.10 Financial instruments and financial liabilities

In 2008/09 the Commission changed its accounting policy for financial instruments. The Commission now applies the principles set out in FRS 25, 26 & 29.

Recognition

Financial assets and financial liabilities which arise from

contracts for the purchase or sale of nonfinancial items (such as goods or services), and which are entered into in accordance with the Commission's normal usage requirements, are recognised when receipt or delivery of the goods or services is made. Other financial assets and financial liabilities are recognised when the Commission becomes a party to the contractual provisions of the instrument.

Financial assets are de-recognised when the rights to receive cashflows from the assets have expired or the Commission has transferred substantially all of the risks and rewards of ownership. Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and measurement

Financial assets are categorised as loans and receivables. Financial liabilities are classified as 'Fair value through Income and Expenditure' or as 'Other Financial liabilities'.

Financial assets and financial liabilities at 'Fair Value through Income and Expenditure'

Financial assets and financial liabilities at 'fair value through income and expenditure' are held for trading and acquired principally for the purpose of selling in the short-term. Assets and liabilities in this category are classified as current. They are recognised initially at fair value, with transaction costs expensed in the income and expenditure account. Subsequent movements in the fair value are recognised as gains or losses in the income and expenditure account.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets. The Commission's loans and receivables comprise: cash at bank and in hand, NHS debtors, accrued income and other debtors.

Other financial liabilities

All financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability to the net carrying amount of the financial liability. They are included in current liabilities except for amounts payable more than 12 months after the balance sheet date, which are classified as long-term liabilities.

Impairment of financial assets

At the balance sheet date, the Commission assesses whether any financial assets, other than those held at 'fair value through income and expenditure' is impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cashflows of the asset.

The Commission makes a specific provision for bad debts to cover all debtors over one year old.

2. Expenditure

2.1 Authority programme expenditure

	Notes	£000	31 March 2009 £000	31 March 2008 £000
Commissioner and non-executive remuneration			258	248
Other salaries and wages	2.2		1,870	1,964
Supplies and services - general			3	1
Establishment expenses			442	351
Premises and fixed plant			229	219
External contractors			865	866
Induction events			138	119
Capital: Depreciation	5.1, 5.2	18		12
Capital charges interest		3		2
Provisions		5		0
			26	
Auditors' remuneration: Audit fees *			28	22
Advertising of vacancies			1,727	1,024
Costs of interviews			306	250
Impairment of debtors			(6)	82
			5,886	5,160

* The Commission did not make any payments to Auditors for non-audit work.

Details of the total expenditure split between the Commission's three main areas of work can be found in note 23.

2.2 Staff numbers and related costs

	31 March 2009 Total £000	Permanently employed staff £000	Other £000	31 March 2008 £000
Salaries and wages	1,379	1,379	0	1,355
Social security costs	145	145	0	129
Employer contributions to NHSPA	166	166	0	147
Staff seconded from Dept of Health	20	0	20	96
Redundancy costs	0	0	0	140
Agency staff	160	0	160	97
	1,870	1,690	180	1,964

The costs for seconded staff are the total amounts invoiced by the Department of Health which include salary and employer's costs (pension and national insurance). Redundancy costs in 2007/08 were for three training staff as a result of the re-organisation of responsibility for training.

The average number of employees during the year was:

	31 March 2009 Total number	Permanently employed staff number	Other number	31 March 2008 number
Total	52	47	5	46

Retirements due to ill health

During the period there were no early retirements from the Commission on the grounds of ill health.

2.3 Better Payment Practice Code - measure of compliance

	number	£000
Total bills paid in year to 31 March 2009	2,353	4,254
Total bills paid within target	1,995	3,668
Percentage of bills paid within target	84.8%	86.2%

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

3. Financing

3.1 Reconciliation of net operating cost to finance received from the Department of Health

	31 March 2009 £000	31 March 2008 £000
Net operating cost	3,863	3,533
Financing received from Department of Health	4,115	3,745
(Over)/underspend against revenue resource limit	252	212

Details of net operating costs split between the Commission's three areas of work can be found in note 23.

3.2 Reconciliation of gross capital expenditure to capital funding received

	31 March 2009 £000	31 March 2008 £000
Gross capital expenditure	365	44
NBV of assets disposed	0	0
Net capital resource outturn	365	44
Capital resource limit	500	50
(Over)/underspend against limit	135	6

4. Operating income

Operating income analysed by classification and activity is as follows:

	Appropriated in aid £000	Not Appropriated in aid £000	Total £000	31 March 2008 £000
Programme income:				
Fees & charges to external customers	0	0	0	0
Income received from Scottish Parliament	0	0	0	0
Income received from National Assembly for Wales	0	0	0	0
Income received from Northern Ireland Assembly	0	0	0	0
Income received from other Departments, etc.	2,023	0	2,023	1,627
Other	0	0	0	0
Total	2,023	0	2,023	1,627

5. Fixed assets

5.1 Intangible fixed assets

	Software licences £000	Total £000
Gross cost at 31 March 2008	19	19
Additions - purchased	0	0
Gross cost at 31 March 2009	19	19
Accumulated amortisation at 31 March 2008	19	19
Charged during the period	0	0
Accumulated amortisation at 31 March 2009	19	19
Net book value:		
Total at 31 March 2008	0	0
Net book value:		
Total at 31 March 2009	0	0

5.2 Tangible fixed assets

	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 31 March 2008	388	144	532
Additions - purchased	365	0	365
Indexation	0	0	0
Disposals	0	0	0
Gross cost at 31 March 2009	753	144	897
Accumulated depreciation at 31 March 2008	369	71	440
Charged during the period	4	14	18
Impairments	0	0	0
Disposals	0	0	0
Accumulated depreciation at 31 March 2009	373	85	458
Net book value:			
Total at 31 March 2008	19	73	92
Net book value:			
Total at 31 March 2009	380	59	439

There are no assets held under finance leases or hire purchase contracts (31 March 2008: none) and there has been no depreciation charged in either period for such assets.

6. Stocks

Due to the nature of its business the Commission does not have any stocks.

7. Debtors

Amounts falling due within one year

	31 March 2009 £000	31 March 2008 £000
Trade debtors	1,021	648
Prepayments	36	0
Accrued income	152	138
Capital debtors	0	0
Other debtors	0	32
	<u>1,209</u>	<u>818</u>
Provision for impairment of debtors	(76)	(82)
Total debtors	<u>1,133</u>	<u>736</u>

The accrued income relates to national campaigns carried out by the Commission which are in progress at the year end. They are recharged to clients upon completion.

The Commission had no debtors due after more than one year (31 March 2008: none)

8. Analysis of changes in cash

	At 31 March 2008 £000	Change during the period £000	At 31 March 2009 £000
Cash at OPG	132	187	319
Cash at commercial banks and in hand	0	0	0
Total cash	<u>132</u>	<u>187</u>	<u>319</u>

9. Creditors

9.1 Amounts falling due within one year

	31 March 2009 £000	31 March 2008 £000
Overdrafts	0	0
Trade creditors	114	314
Capital creditors	263	0
Tax and social security	74	68
VAT	81	0
Accruals and deferred income	801	565
Total creditors	<u>1,333</u>	<u>947</u>

Deferred income of £335k (31 March 2008: £195k) relates to amounts collected specifically for the training programme, but which are required to fund activities planned to occur in the following period.

9.2 Finance lease obligations

There are no obligations under finance leases (31st March 2008: none).

10. Provisions for liabilities and charges

	Legal £000	Other £000	Total £000
At 31 March 2008	40	40	80
Arising during the year	40	5	45
Utilised during the year	(3)	0	(3)
Reversed unused	(37)	0	(37)
At 31 March 2009	40	45	85
Expected timing of cash flows:			
Within 1 year	40	0	40
1-5 years	0	45	45
Over 5 years	0	0	0

The legal provision relates to ongoing cases and is based on best estimates of likely costs.

The other provision is based on regular decoration work required under the terms of the lease of the Commission's office. Consequently a sum is provided during each year of the lease towards this cost.

11. Movements in working capital other than cash

	31 March 2009 £000	31 March 2008 £000
Increase/(decrease) in debtors	397	(476)
(Increase)/decrease in creditors	(123)	(165)
	274	(641)

12. Movements on reserves

12.1 General fund

	31 March 2009 £000	31 March 2008 £000
Balance at 31 March 2008	(80)	180
Net operating costs for the year	(3,863)	(3,533)
Net Parliamentary funding	4,400	3,270
Transfer of realised profits/losses from revaluation reserve	0	1
Non-cash items: capital charge interest	3	2
Balance at 31 March 2009	460	(80)

12.2 Revaluation reserve

	31 March 2009 £000	31 March 2008 £000
Balance at 31 March 2008	13	12
Indexation of fixed assets	0	2
Transfer to general fund of realised elements of revaluation reserve	0	(1)
Balance at 31 March 2009	13	13

13. Reconciliation of operating costs to operating cash flows

	Notes	31 March 2009 £000	31 March 2008 £000
Net operating cost before interest for the year		3,863	3,533
Adjust for non-cash transactions	2.1	(21)	(14)
Adjust for movements in working capital other than cash	11	274	(641)
(Increase)/decrease in provisions	10	(5)	224
Net cash outflow from operating activities		4,111	3,102

14. Contingent liabilities

At 31 March 2009 there were no known contingent liabilities (31 March 2008: none).

15. Capital commitments

At 31 March 2009 there were capital commitments totalling £222k (31 March 2008: none).

16. Commitments under operating leases

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

	31 March 2009 £000	31 March 2008 £000
Hire of plant and machinery	6	5
Other operating leases	93	93
	<u>99</u>	<u>98</u>

Commitments under non-cancellable operating leases: commitments under operating leases to pay rentals during the year following 31 March 2009 are given in the table below, analysed according to the period in which the lease expires.

	31 March 2009 £000	31 March 2008 £000
Land and buildings		
Operating leases which expire: within 1 year	0	0
between 1 and 5 years	0	0
after 5 years	93	93
	<u>93</u>	<u>93</u>
Other leases		
Operating leases which expire: within 1 year	1	2
between 1 and 5 years	4	4
after 5 years	0	0
	<u>5</u>	<u>6</u>

17. Other commitments

The Authority has entered into non-cancellable contracts (which are not operating leases) for the provision of support services totalling £122,000 per annum as at 31 March 2009. (31 March 2008: £82,000 per annum.)

18. Losses and special payments

There were no losses or special payments during the period. (Year ended 31 March 2008: £1,500.)

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.

From April until September one of the Commission's staff was seconded from the Department of Health and recharged to the Commission.

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 £1,144k for the year (2007/08 £641k). Work in progress, and uninvoiced at the period end totalled £152k (31 March 2008: £138k).

20. Post balance sheet events

None as of the date of authorisation of the accounts on 11 June 2009.

21. Financial instruments

Credit risk

Credit risk is the risk of financial loss to the Commission if a customer or counterparty to a financial instrument fails to meet its contractual obligations, and arises principally from the Commission's debtors.

Exposure to credit risk.

The carrying amount of financial assets represents the maximum credit exposure. Therefore, the maximum exposure to credit risk at the balance sheet date was £1452k (2007/08: £868k) being the total of the carrying amount of financial assets.

Credit quality of financial assets and impairment losses.

Provision for impairment of debtors	31 March 2009 £000	31 March 2008 £000
At 1 April	82	0
Increase in Provision	0	82
Amounts utilised	0	0
Unused amounts reversed	(6)	0
At 31 March	<u>76</u>	<u>82</u>

Analysis of impaired debtors

Ageing of impaired debtors	31 March 2009 £000	31 March 2008 £000
Up to three months	0	0
In three to six months	0	0
Over six months	76	82
Total	<u>76</u>	<u>82</u>

Ageing of non-impaired debtors past their due date		
Up to three months	827	406
In three to six months	104	99
Over six months	14	61
Total	<u>945</u>	<u>566</u>

Market risk - Interest rate risk

Market risk is the risk that changes in market prices, such as foreign exchange rates and interest rates, will affect the Commission's income holdings or the value of its financial instruments.

All of the Commission's financial liabilities carry nil rates of interest. The Commission is therefore not exposed to significant risk of fluctuations in interest rates.

21.1 Financial assets by category

	31 March 2009 £000	31 March 2008 £000
Fixed asset investments	0	0
NHS debtors	261	516
Provision for irrecoverable debts	(76)	(82)
Accrued income	152	138
Other debtors	796	164
Current asset investments	0	0
Cash at bank and in hand	319	132
Total at 31 March	<u>1,452</u>	<u>868</u>

21.2 Financial liabilities by category

	31 March 2009 £000	31 March 2008 £000
Bank overdrafts	0	0
Loans	0	0
NHS creditors	379	290
Other creditors	691	657
Accruals	0	0
Capital creditors	263	0
Finance lease obligations	0	0
Provisions under contract	0	0
Total at 31 March	<u>1,333</u>	<u>947</u>

21.3 Fair values of financial instruments

Trade and other debtors

The fair value of trade and other receivables is estimated as the present value of future cash flows, discounted at the market rate of interest at the balance sheet date if the effect is material.

Trade and other creditors

The fair value of trade and other payables is estimated as the present value of future cash flows, discounted at the market rate of interest at the balance sheet date if the effect is material.

Cash and cash equivalents

The fair value of cash and cash equivalents is estimated as its carrying amount where the cash is repayable on demand.

Where it is not repayable on demand then the fair value is estimated at the present value of future cash flows, discounted at the market rate of interest at the balance sheet date.

21.4 Fair values of financial assets

	31 March 2009 Book value £000	31 March 2009 Fair value £000
Debtors over 1 year	0	0
Fixed asset investments	0	0
Other	1,452	1,452
Total	<u>1,452</u>	<u>1,452</u>

21.5 Fair values of financial liabilities

	31 March 2009 Book value £000	31 March 2009 Fair value £000
Creditors over 1 year - Finance lease obligations	0	0
Provisions under contract	0	0
Other	1,333	1,333
Total	<u>1,333</u>	<u>1,333</u>

Liquidity risk

Liquidity risk is the risk that the Commission will not be able to meet its financial obligations as they fall due.

The Commission's net operating costs are financed from resources allocated annually by the Department of Health and also from fee earning work carried out for clients from the NHS, the Department of Health and other government departments. Capital expenditure is financed by an allocation from the Department of Health. The Commission is therefore not exposed to significant liquidity risk.

The following are the contractual maturities of financial liabilities.

21.6 Maturity of financial liabilities

	31 March 2009 £000	31 March 2008 £000
Less than one year	1,333	947
In more than one year	0	0
Total	<u>1,333</u>	<u>947</u>

22. Intra-government balances

	Debtors: Amounts falling due within one year £000	Debtors: Amounts falling due after more than one year £000	Creditors: Amounts falling due within one year £000	Creditors: Amounts falling due after more than one year £000
31 March 2009				
Balances with other central government bodies	836	0	197	0
Balances with local authorities	0	0	0	0
Balances with NHS trusts	261	0	379	0
Balances with public corporations and trading funds	0	0	0	0
Balances with bodies external to government	36	0	757	0
At 31 March 2009	<u>1,133</u>	<u>0</u>	<u>1,333</u>	<u>0</u>
31 March 2008				
Balances with other central government bodies	220	0	125	0
Balances with local authorities	0	0	0	0
Balances with NHS trusts	516	0	290	0
Balances with public corporations and trading funds	0	0	0	0
Balances with bodies external to government	0	0	532	0
At 31 March 2008	<u>736</u>	<u>0</u>	<u>947</u>	<u>0</u>

23. Analysis of the Appointments Commission's activities

The Commission carries out work which is funded in a variety of ways and the following details explain the funding of the three main areas of the Commission's activities.

The activities included under 'NHS Appointments' comprise the work the Commission carries out in order to make appointments to NHS Trusts, Primary Care Trusts and Strategic Health Authorities. These are funded by the resource allocation from the Department of Health.

Induction work is funded by the fee paid by NHS organisations when a new appointment is made. As this income is received for specific purposes then any amounts intended to fund activities to be delivered in the next financial period are deferred into that period.

National campaigns are carried out in order to make appointments to national NHS bodies, NHS Foundation Trusts and other government departments and are funded by charges to those organisations.

2008/09

	NHS Appointments £000	Induction Services £000	National Campaigns £000	Total £000
Expenditure	3,863	209	1,814	5,886
Operating income	0	(209)	(1,814)	(2,023)
Net operating cost	<u>3,863</u>	<u>0</u>	<u>0</u>	<u>3,863</u>
Resource limit	4,115	0	0	4,115
(Over)/underspend	<u>252</u>	<u>0</u>	<u>0</u>	<u>252</u>

2007/08

	NHS Appointments £000	Induction Services £000	National Campaigns £000	Total £000
Expenditure	3,534	721	905	5,160
Operating income	(1)	(721)	(905)	(1,627)
Net operating cost	<u>3,533</u>	<u>0</u>	<u>0</u>	<u>3,533</u>
Resource limit	3,745	0	0	3,745
(Over)/underspend	<u>212</u>	<u>0</u>	<u>0</u>	<u>212</u>

Appendix 1

The Board and Health and Social Care Commissioners

The Board of the Appointments Commission as at 31 March 2009

Chair	Anne Watts CBE
Chief Executive	Andrea Sutcliffe
Non-executive Director	David Cain
Non-executive Director	Jill Robertson
Non-executive Director	Margaret Scott
Non-executive Director	Betty Thayer
Director of Operations	Janice Scanlan
Commercial Director	Rhiannon Smith (from 12 January 2009)
Head of Finance	Lynn Shadford

Health and Social Care Commissioners as at 31 March 2009

South West	Penny Bennett
East of England and East Midlands	Gareth Hadley
North East and Yorkshire and the Humber	Miranda Hughes
London	Ann Lloyd CBE (from 05 February 2009)
South Central and South East Coast	Margaret Scott
North West and West Midlands	Mike Taylor CBE TD DL

Chair – Anne Watts CBE

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. Anne has held executive roles within Business in the Community, HSBC and Natwest. Alongside her role as Chair, she also serves on a number of other boards including Greater London Enterprise, Opportunity Now. Additionally, she is at trustee of Eve Appeal, Patron of the charity Thatu and Vice Patron of Working Families. She currently holds a ministerial appointment as a member of the School Teachers Review Body and is currently working with the Army on a review of equality, and London Councils on councillor expenses. Anne has declared that she is not politically active.

Chief Executive – Andrea Sutcliffe

Andrea has a wealth of experience from over 20 years in the health service and local government. A qualified accountant, Andrea's career has focussed on general and performance management, notably in community and acute services for older people, women and children, neurosciences, and Social Services within the London Borough of Camden. More recently, and prior to joining the Appointments Commission, Andrea held the role of Deputy Chief Executive and Planning and Resource Director within the National Institute for Health and Clinical Excellence.

Commissioner for the South West – 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 also serves on the board of the Hanover Housing Association and is chair of their Audit Committee. Penny has declared that she is not politically active.

Non-executive Director – David Cain

Following an extensive career in finance, David joined the 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.

Director of Marketing and Events – Chris Dye

(Board member until January 2009)

Chris has over 30 years experience of the NHS and the health sector, and has undertaken a variety of roles from NHS accountancy trainee to regional headquarters accountant at Mersey Regional Health Authority. Prior to joining the Commission in 2002, Chris worked for the Department of Health in their north-west regional office. Chris ceased to be a board member on appointment of the Commercial Director, though he continues to be employed by the Commission.

Commissioner for the East of England and East Midlands – 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 Skills for Justice. Prior to this, Gareth spent much of his career senior managerial positions in HR with British Rail and in London local government. Alongside his role as Commissioner, Gareth is a Visiting Fellow of Kingston University, a member of the advisory board of the South West London Academic Network's Institute of Leadership and Management in Health, and 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 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.

Commissioner for London – Ann Lloyd CBE

(from 5 February 2009)

Following a distinguished career in the health sector, Ann began her role as commissioner in early 2009. Prior to this, Ann held the joint position of Chief Executive of NHS Wales and Head of Department for Health and Social Services. She is a former Chief Executive of North Bristol NHS Trust and Frenchay NHS Trust. A Fellow of the Royal Society of Medicine and a Companion of the Institute of Health and Care Management, Ann was awarded a CBE in 2008 for services to healthcare in Wales. Ann has declared that she is not politically active.

Commissioner for London – Bob Nicholls

(Until 31 December 2008)

Bob has had an extensive career within the NHS with over 35 years experience as a manager at hospital, district and regional levels. A former lay member of the General Medical Council and experienced non-executive and chair in both the public and private sectors, he is a Fellow and past president of the Institute of Healthcare Management. He was awarded a CBE for services to healthcare in 1995. Alongside his role as Commissioner, Bob was also deputy chair of the board until October 2008. Bob has declared that he is not politically active.

Non-executive Director – 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 has declared that she is not politically active.

Deputy Chief Executive and Director of Operations – Janice Scanlan

Janice has had a long career in the civil service, and following many years working with the Department of Health in a variety of roles, 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.

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

After an extensive career in the IT industry, Margaret has gained varied experience in the NHS following appointments as chair for Hampshire Ambulance Service, Portsmouth Healthcare NHS Trust and East Hampshire Primary Care Trust. Alongside her role as Commissioner, Margaret is currently chair of Drum Housing Association and a chair and vice-chair for Governors for schools in both the maintained and independent housing sectors. Margaret has declared that she is not politically active.

Head of Finance – Lynn Shadford

Lynn worked for a number of years as a private sector accountant, 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.

Commercial Director – Rhiannon Smith

Rhiannon joined the Appointments Commission in early 2009, bringing with her extensive expertise of non-executive appointments in central government and the private sector. In 2004, Rhiannon was seconded to the Cabinet Office where she created and ran the Job Brokerage Unit for the Senior Civil Service.

Commissioner for the North West and West Midlands - Mike Taylor CBE TD DL

Following a professional management career with Shell, both in the UK and overseas, Mike has held a number of public appointments across a variety of sectors, including chair of the Council of Reserve Forces and Cadet Association, West Chester Regeneration Board, and Chester Aid to the Homeless. Alongside his role as Commissioner, Mike remains prominent in his local community and sits on the St Johns Ambulance Council for Cumbria and the Cumbria Army Benevolent Fund Committee. He was awarded a CBE in 1992 for services to the Reserve Forces and is an Honorary Colonel Commandant of the Royal Regiment of Artillery. Mike has declared that he is not politically active.

Non-executive Director – Betty Thayer

Betty joined the Board as a non-executive director in October 2008. Betty recently retired as Deputy Chair and Chief Executive Officer of Exec-Appointments Ltd, a company she founded in 2001 and has since been sold to the Financial Times. Following on from a career in strategic management consultancy, she is highly regarded within the recruitment industry and lectures internationally about the online recruitment industry. Betty's other roles include visiting lecturer on the non-executive director programme at the Cranfield School of Management and a member of the Advisory Board of the University of Bath School of Management. Betty has declared that she is not politically active.

Register of Interests

The Commission maintains a Register of Interests which is available for public inspection.

To view the Register please telephone 0870 240 3801 or email info@appointments.org.uk



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