The 2009/10 capital budget of £58m reflects the escalation of the capital expenditure: to support the re-provision of Porton Down; the completion of NIBSC's Influenza Resource Centre and the rationalisation of laboratory and regional accommodation.

The agency is pleased to report that customer sales income increased by 9.3% in 2009/10, from £128.5m to £140.4m, which provided a substantial contribution to fixed costs. Included within this total were royalties of £15.8m (2008/09: £13.6m), earned mostly on sales of Dysport, which were £4.1m ahead of budget for the year.

HOW RESOURCES WERE USED IN 2009/10

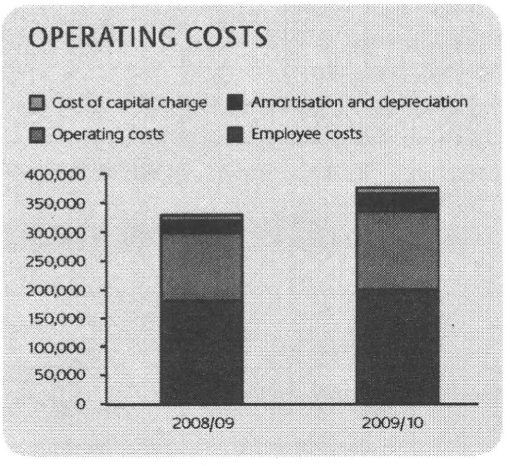
The agency's budget is divided into revenue expenditure, to cover day-to-day operating costs, and capital investment, to replace life-expired assets and to invest in new resources.

REVENUE EXPENDITURE

Gross operating costs increased from £318.8m in 2008/09 to £362.9m this year, which represents a 6.2% increase, after adjusting for the one-off items during the year. Internal efficiencies helped control operating charges this year and these savings offset the increased staff costs.

There were a number of one-off items during the year:

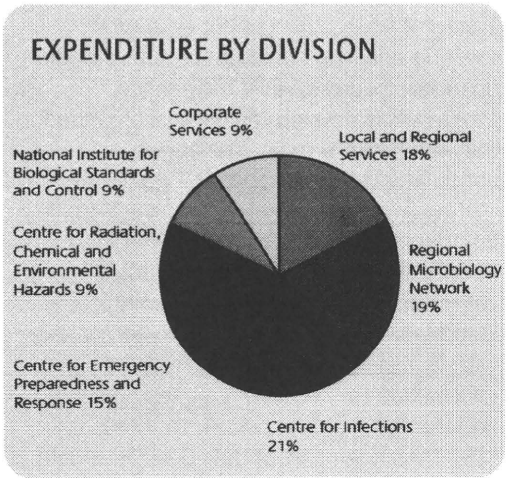
- Flu pandemic incremental expenditure £16.8m (note 16).
- Porton Down 2009/10 re-provision costs classified as revenue £10.0m (note 6).
- Porton Down 2008/09 re-provision costs impaired £0.9m (note 8).
- VAT refund of £3.7m (note 6).



The major components of this year's revenue expenditure, including the one-off items, are shown above, along with comparative figures for the previous year.

The Local and Regional Services and Regional Microbiology Network actively support the agency's partners in the NHS and local government authorities. They provide the health protection, epidemiology, emergency planning, surveillance, and microbiology services that help safeguard the public.

These geographically dispersed laboratories and offices, along with the operational centres at the Centre for Emergency Preparedness and Response; the Centre for Infections; the Centre for Radiation, Chemical and Environmental Hazards; and the National Institute of Biological Standards and Control, account for 91% (2008/09: 91%) of the agency's total operating costs.



CAPITAL INVESTMENT

During 2009/10 £48.9m (2008/09: £40.4m) was invested in some 435 capital projects, with the 20 highest value schemes accounting for £30.1m of the total. The agency spent £9.4m on the Influenza Resource Centre and UK Stem Cell Bank, £3.3m on preparing a US Food and Drug Administration licence for the life-saving childhood leukaemia drug Erwinase and £3.1m on equipment to support the flu pandemic.

The Centre for Emergency Preparedness and Response (CEPR), based at Porton Down, plays an important role in preparing for and coordinating responses to potential healthcare emergencies, including possible acts of deliberate release. It also carries out basic and

applied research into understanding infectious diseases and manufactures a number of healthcare products, including vaccines and therapeutics.

The Department of Health has recognised CEPR's importance as a national resource and has funded the design work to build an outline business case for new, state-of-the-art facilities. The Porton Down re-provision costs relate to the expenditure incurred in developing the plans for re-providing the agency's specialist laboratory facilities at Porton Down, which are reaching the end of their useful life. This activity has yet to reach the stage at which final approval is required from the Department of Health. Due to the size of the likely investment required and the uncertainty surrounding the availability of public funding, it is considered appropriate to treat the expenditure as a charge to revenue rather than to carry it forward as an asset. Therefore, all Porton Down re-provision costs incurred during the year ended 31 March 2010, amounting to £10.0m, are being taken through the Operating Cost Statement as a revenue expense (in addition to the £0.9m of Porton Down re-provision assets under construction at 1 April 2009 which were impaired during 2009/10). This resulted in £9.6m (2008/09: £1.5m) of capital funding being carried forward.

2009/10 FINANCIAL RESULTS

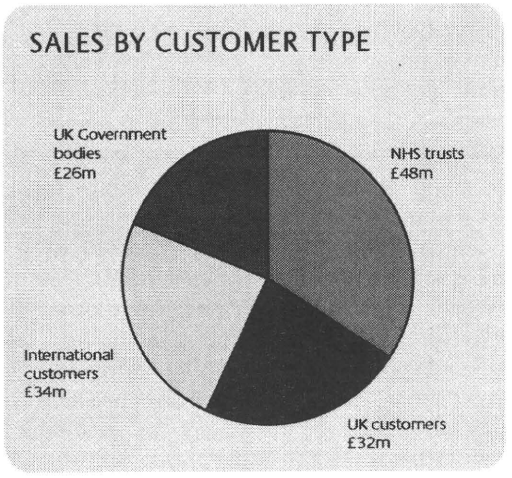
Having absorbed the one-off items and increase in royalty income during the year, the agency met its principal financial target for 2009/10, which was to deliver a balanced budget, within 1% of the total revenue funding received.

Increased staff and outsourcing costs, combined with higher than expected fuel prices, exerted significant cost pressures this year. However, internal cost savings and efficiencies, the one-off VAT and royalty gains and the increase in operational sales and services, helped the HPA deliver a small deficit of £0.6m in 2009/10, which represents -0.2% of our total revenue funding (2008/09: 0.1%).

RELATIONSHIPS WITH CUSTOMERS

The HPA is committed to delivering high-quality products and offering value for money to all customers. It aims to collect undisputed customer invoices in accordance with contractual terms and conditions.

During 2009/10, the agency continued to develop strong external customer relationships and grow operating income across many areas. The agency's trade receivables increased by 47%, from £9.6m to £14.1m. This reflects increased levels of sales activity, particularly during the last two months of the year. However, trade receivable days remained at 31 days at the year end (2008/09: 31 days).



The agency made no claim for interest under the Late Payment of Commercial Debt (Interest) Act 1998 during the reporting period.

RELATIONSHIPS WITH SUPPLIERS

It is the agency's policy to pay suppliers in accordance with the Better Payments Practice Code and settle 90% of undisputed supplier invoices on time, while striving to pay small and medium-sized entities within 10 working days. For the year ended 31 March 2010, 96% (2009: 95 %) of invoices, which amounted to 95% (2009: 94%) of the total value of payments, were paid within 30 days of the invoice being registered. Further improvements to the agency's payment performance will be facilitated by enhancements to the agency's financial system.

FINANCIAL POSITION

During this year, the agency added property, plant and equipment and intangible assets to the value of £48.9m. With depreciation of £24.7m, impairment and disposals of £4.4m and a valuation increase of £6.6m, the total value of fixed assets was £278.1m on 31 March 2010 (2009: £251.7m)

Taxpayer funding is drawn only when it is required, and the HPA aims to keep minimal cash at bank. Its inventories, trade and other

receivables, and cash and cash equivalents remain relatively low yet sufficient to meet trade and other payables.

Only 8% of the agency's £65.8m of liabilities are of a long-term nature. These include provisions for the future costs of early retirement, potential compensation liabilities, as well as the cost of minor repairs when it returns leased buildings to their owners. The Revaluation Reserve increased by £5.5m, reflecting rising land and property values throughout the UK. The Capital Grant Reserve increased by £8.1m, as a result of third party funding for part of the NIBSC's Influenza Resource Centre.

NEXT STEPS

The agency has had another successful financial year, generating increased operating income and progressing the business case for the re-provision of the Porton Down facilities.

This, together with a newly focused strategic overview, means that the agency intends to progress a number of significant developments during 2010/11, including:

- The publication and communication of a new strategic plan.
- Reorganising the agency structure to mirror the key health protection programmes in the strategic plan.
- The development of new key performance indicators that measure how well the agency delivers its key health protection programmes promulgated in the strategic plan.
- A zero-based budgeting process that will measure our activities against the strategic plan and reprioritise resources to those with the highest priority. All areas of expenditure will be challenged to ensure the correct allocation of resources to meet our strategic priorities and the financial challenges ahead.
- Developing reports by topic and function, which will enable income and expenditure to be reported by purpose and activity as well as by management hierarchy. This format will mirror the key objectives in the strategic plan.

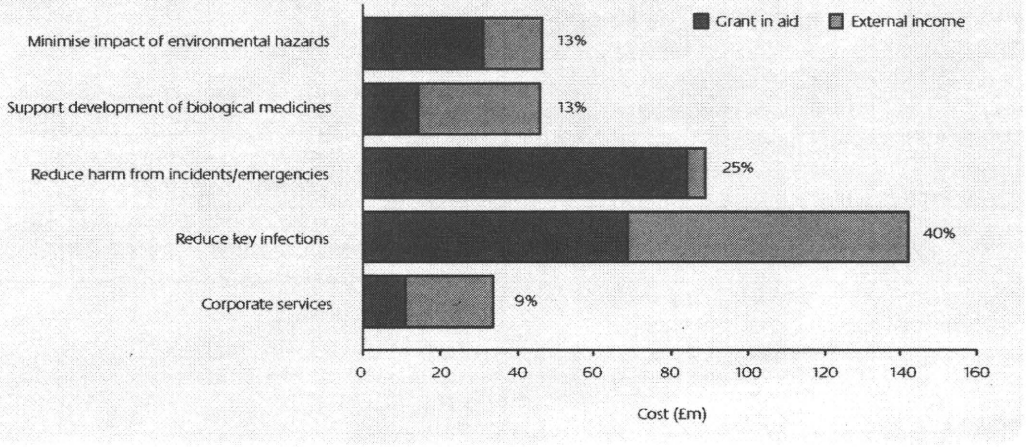
The chart below shows the agency's expenditure for the 2009/10 financial year by the four high level strategic plan health outcomes plus corporate services. The bars represent total expenditure; the orange sections represent the receipt of external income and the blue sections therefore represent the grant in aid allocated to the strategic plan health outcome.

GOVERNMENT AND THE HPA'S SPENDING PLANS

As a public sector organisation, the HPA is partly protected from developments in global financial markets, the tightening of credit conditions, and the slow-down in economic growth and demand. However, it remains vigilant to the risks posed to its stakeholders, and the potential impacts that they could have on the organisation's supply chain, demand for HPA services, and future cash flows.

On the other hand, the need to reduce high levels of public debt has already started to

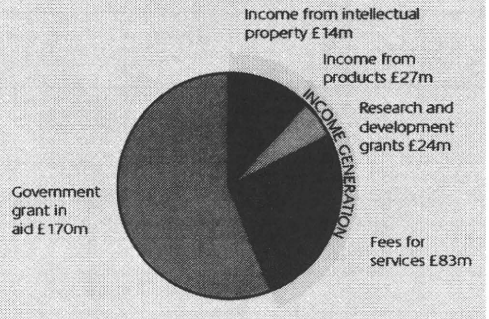
EXPENDITURE BY STRATEGIC OBJECTIVE



impact the agency's funding. The Department of Health has included efficiency savings of 5% within the funding for 2010/11, which has resulted in an overall reduction in cash government funding of 3.5%. The indications are that funding will come under increasing pressure in future years, requiring appropriate responses and prioritisation in the national interest.

The agency's business development strategies continue to provide extra funding for important health protection activities while reducing the overall burden on the taxpayer for the core public health services provided by the HPA. The 2010/11 budget figures show that the HPA generates almost half of its £318m revenue funding and this ensures that the agency continues to provide value for money.

VALUE FOR MONEY



PERFORMANCE IMPROVEMENT PROGRAMME

The HPA is dedicated to working as efficiently as possible to deliver the maximum possible health outcomes with the resources available. To continually increase efficiency and cope with reduced levels of funding, the agency has introduced a performance improvement programme that aims to generate efficiency savings of 5% of gross operating costs per annum during 2010-2015.

STATEMENT AS TO DISCLOSURE OF INFORMATION TO AUDITORS

During the audit of these financial statements my staff and I have cooperated fully with the Comptroller and Auditor General. I have taken all feasible steps to ensure that I am fully aware of all information pertinent to the audit and to ensure that this information is notified and made available to the agency's auditors. Consequently, as far as I am aware, there is no relevant audit information that has not been available to the auditors.

GOING CONCERN

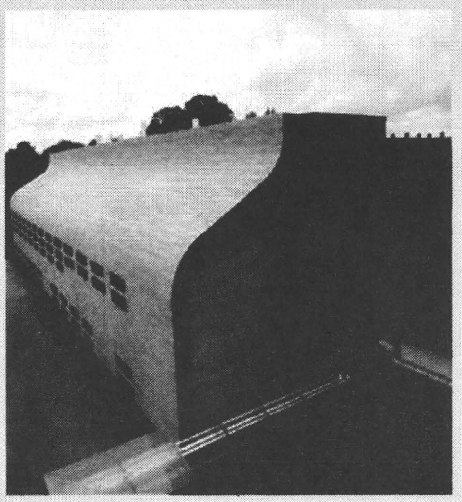
The Board has considered the results for the year, the amounts owed by the agency, its financial position at 31 March 2010, the continuing support of Government and the Health Protection Agency Act 2004. Taking all of these factors into consideration, the Board believes it appropriate for the accounts to be prepared on a going concern basis.

DATE OF ISSUE

The Health Protection Agency's accounts were authorised for issue on 16 June 2010.

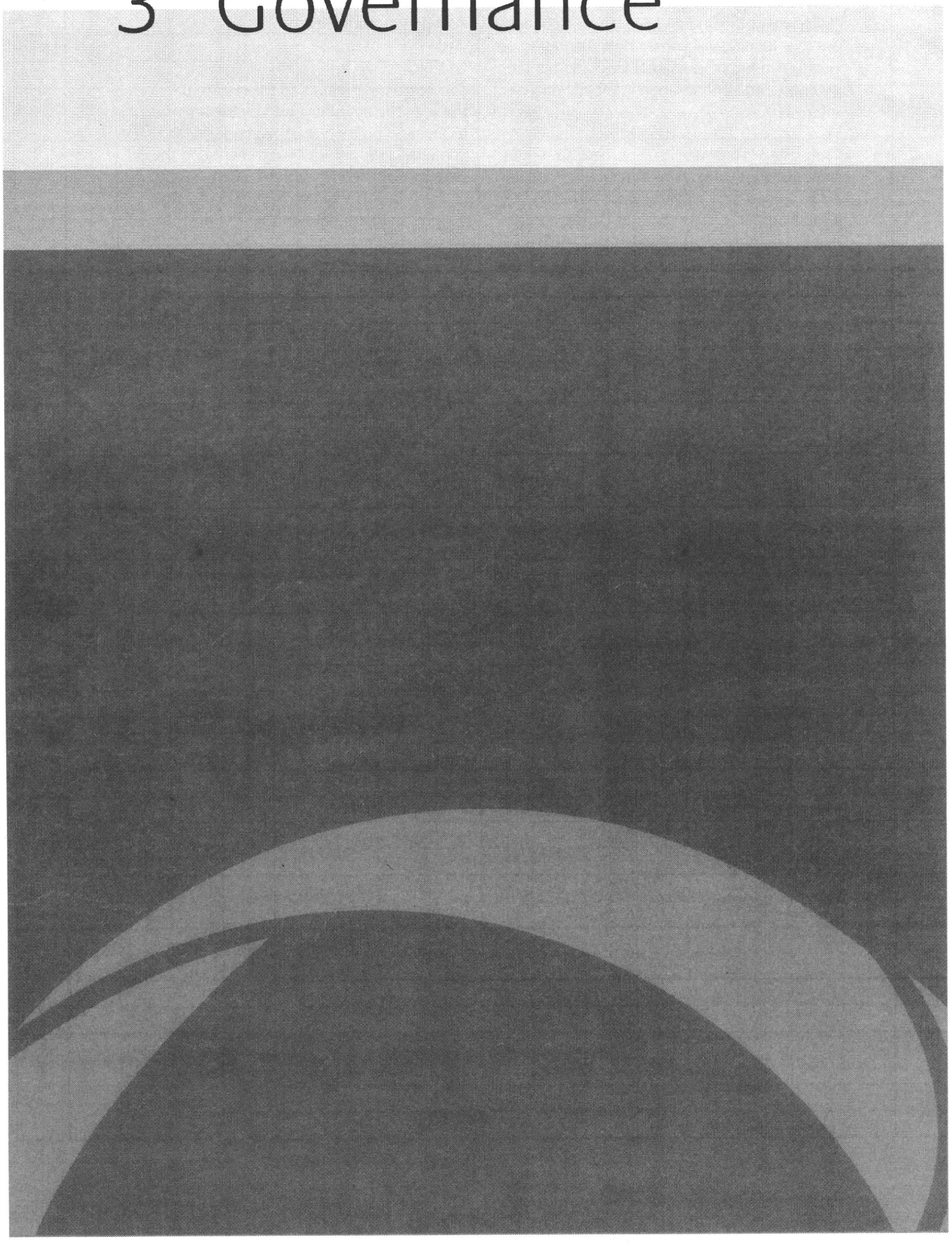
Justin McCracken
CHIEF EXECUTIVE
9 June 2010

INFLUENZA RESOURCE CENTRE AND UK STEM CELL BANK



The Influenza Resource Centre and UK Stem Cell Bank (UKSCB) building was completed on 11 December 2009. It provides state-of-the-art facilities so that the HPA can respond to future flu outbreaks with speed and efficiency, while the UKSCB provides biological materials and support services for the wider stem cell community.

3 Governance



Governance report

HISTORY OF THE HPA

The HPA was established as a Special Health Authority in April 2003 in advance of the 2004 Health Protection Agency Act.

This Act brought together the HPA Special Health Authority and the National Radiological Protection Board to become the Health Protection Agency – an executive non-departmental public body. On 1 April 2009 the National Institute for Biological Standards and Control became part of the HPA.

PUBLIC HEALTH ROLE

The HPA provides impartial advice and authoritative information on health protection issues to the public, to professionals and to government. It prepares for a wide range of threats to public health and helps to prevent them materialising, but when incidents arise it works with others to protect the public and reduce their impact.

The HPA develops standards for, and monitors, the safety and efficacy of biological medicines. It also plays a leading role in the development of novel ways to prevent harm from infectious and other diseases.

The agency provides an integrated approach to protecting UK public health through the provision of support and advice to the NHS, local authorities, emergency services, other arms-length bodies, the Department of Health and the devolved administrations.

STATUTORY POSITION

The HPA is an executive non-departmental public body sponsored by the Department of Health and is accountable to the Secretary of State for Health and the Minister of State for Public Health.

The functions, duties and powers of the HPA are set out in the Health Protection Agency Act 2004 and in the Health Protection Agency Regulations 2005. More specific aims are agreed with the Department of Health as part of the annual corporate and business planning process and the current HPA plans are available on the website www.hpa.org.uk.

The Department of Health determines the HPA's performance framework in the light of the department's wider strategic aims. The Secretary of State for Health is accountable to parliament for the activities and performance of the HPA. In consultation with the devolved administrations as appropriate, his/her responsibilities include approving the HPA's strategic objectives and the policy and performance framework within which the HPA will operate, and keeping parliament informed about the HPA's performance.

The Department of Health ensures that financial and management controls applied to the HPA are sufficient to safeguard public funds and that this is monitored. Note that 'public funds' include not only funds granted to the HPA by parliament but also other funds generated by approved activities or falling within the stewardship of the HPA.

The HPA Act sets out the 'membership of the agency' to be the chairman, the chief executive, non-executive members and executive members.

STRATEGIC PLANNING

The agency plans its work based on public health priorities in consultation with stakeholders. It aligns resources with the changing pattern of health protection risks – so shifting emphasis to new and emerging issues such as health impacts of climate change, and of environmental hazards and chemicals, while still remaining vigilant about existing threats.

The HPA focuses resources on areas where it has unique expertise and can deliver or stimulate better health protection whether in the UK or by enhancing the health protection capacity of developing nations. It chooses different combinations of responses for different threats according to what will have the greatest impact.

Planning and performance measurement

In writing its strategic plan the HPA has translated its four health outcomes and ten strategic aims for the organisation into separate topics that

link into detailed programmes. This will deliver a strategy that is aligned with public health priorities, and the agency's expertise and resources.

Objectives have been identified for each topic, along with the way in which the HPA will measure its success in achieving these objectives. Some objectives are to improve the way the agency addresses existing health issues, while others are to change or invest to meet emerging health threats. All are designed to bring greater health benefits to the population.

The agency's corporate business plan is developed to deliver the strategic aims for each year and to provide the framework for the challenging formal performance measurement required of an organisation in the public sector.

At a local level, the business plans further develop the corporate objectives. The local plans link directly to the financial budgets and resource plans for staff, capital expenditure and consumables required to deliver the objectives and provide a local performance measurement framework.

HPA LEADERSHIP

The HPA Board

The Board is committed to the highest standards of corporate governance and complies with the best practice provisions of the Code of Good Practice on Corporate Governance in Central Government Departments issued by HM Treasury.

The chairman and the non-executive members of the board are appointed by the secretary of state for health, except for one non-executive appointed by the National Assembly for Wales, one by the Scottish ministers and one by the Department of Health, Social Services and Public Safety in Northern Ireland. The executive members are appointed by the chairman and the non-executive members of the Board.

The non-executive members are drawn from diverse backgrounds, bringing a broad range of views and experiences to Board deliberations.

Biographical details of Board members are published on the HPA website at www.hpa.org.uk/board

The Board met on eight occasions in 2009/10. Minutes and papers of public meetings are published on the HPA website at www.hpa.org.uk/board.

In addition, non-executive Board members meet formally without their executive colleagues twice a year.
During the financial year under review the Board consisted of the chairman and 12 other non-executive members (who are not officers of the HPA), two Board advisers; plus the chief executive and one executive member, the director of finance and resources (who are officers of the HPA).

The Executive Group

The HPA's Executive Group consists of executive directors and is chaired by the chief executive. It is responsible for the strategic and operational management of the organisation and for implementing the policies and strategies agreed by the Board. The chief executive is also the accounting officer for the agency, and has responsibility to government for the management of the organisation.

The Executive Group meets monthly and members also communicate through a weekly teleconference. The members who served on the Executive Group since 1 April 2009 are shown in the diagram on p47.

Role of the Board

The Board has corporate responsibility for ensuring that the HPA fulfils the aims and objectives set by the secretary of state for health and for promoting the efficient and effective use of staff and other resources.

The Board establishes the overall strategic direction of the HPA within the policy and resources framework determined by the secretary of state for health. Responsibility for delivering the agency's objectives and running the business on a day-to-day basis lies with the chief executive and the Executive Group.

The roles of the chairman, the chief executive and the Board members are separate and clearly defined within the division of responsibilities set out in the management statement, which is agreed with the Department of Health and published on the HPA website.

The Board meets to consider all matters relating to the overall control, business performance and strategy of the HPA.

The Board has delegated some of its governance activities to standing Board committees and sub-committees with clearly defined terms of reference set by the Board. The standing committees are: the Audit Committee, the Finance Committee, the Human Resources Committee and the Remuneration and Terms of Service Committee. The sub-committees oversee local and regional services; radiation, chemical and environmental hazards; and global health. Further details can be found on the HPA website at www.hpa.org.uk/board.

BOARD COMMITTEE STRUCTURE

The Board committee structure can be viewed on the HPA website at www.hpa.org.uk/board.

A regulatory oversight committee has been established by the Board at the direction of the Secretary of State for Health, with delegated authority and an independently appointed chairman. The committee provides assurance that any potential conflict of interest between the regulatory control function discharged by NIBSC and other HPA activities is monitored and managed effectively. The committee reports directly to the Secretary of State.

BOARD MEMBERS' INDUCTION AND DEVELOPMENT

On appointment, members are provided with written terms of appointment including details of how their performance will be appraised.

Members also receive a full induction programme comprising briefings by senior management, a briefing from the Board secretary on the Board's responsibilities and procedures and visits to HPA centres and divisions.

The Board regularly reviews the information it needs to fulfil its responsibilities, and Board members update their knowledge and develop their understanding of the agency through site visits, in-depth presentations on topical issues and meetings with key stakeholders.

Visits and presentations also give non-executive members the chance to meet a wide range of staff of the agency and partner organisations.

The Board may, if it wishes, take independent professional advice and all non-executives Board members have access to the advice and services of the Board secretary.

Board appointments

Non-executive Board members are appointed through a rigorous process of open competition against an agreed specification of the roles and capabilities required. Non-executive Board members are eligible to be considered for reappointment at the end of their term of office, normally every four years.

Board members are required to notify and register with the Board secretary any issues on which they might have a conflict of interest. Declarations of interest are invited at every Board meeting and the Board as a whole considers how it should discuss the matter(s) on which the member may have a conflict. The register of Board member's interests is maintained by the Board secretary at the HPA central office and may be viewed by appointment during office hours. Please call 020 7759 2710 to make an appointment.

Changes to the Board membership that have occurred since 1 April 2009 are shown in the diagram on p47.

Responsibilities and accountability for risk management

The HPA Board is responsible for the overall risk strategy and for monitoring and reviewing the level of risk borne by the HPA. The chief executive is responsible for ensuring that the strategy is implemented, and is accountable to the Board.

The Executive Group is responsible for monitoring and reviewing risk management in the organisation. The Board controls and monitors risk management by reviewing the principal strategic risks facing the agency. It also considers issues referred by the chief executive, the Executive Group and the Audit Committee.

Centre and divisional directors are responsible for risk management within their areas of responsibility. This includes promoting risk awareness and supporting staff in managing risk. Unit heads are responsible for ensuring that overall risks are managed in their units, through the assessment of risks relating to the achievement of their objectives and by mitigating these risks. The assessment is carried out in conjunction with the development of the business plan, and is reviewed regularly.

The head of internal audit provides an annual assurance statement to the chief executive, the Audit Committee and the Board on the effectiveness of the organisation's risk management arrangements. This is based on work undertaken throughout the year to assess the robustness of the system, to provide information on its strengths and weaknesses, and advise on where improvements are necessary and desirable for good governance. The risk management arrangements are not designed to reduce risks to zero but to reduce risks to an acceptable level, which is the point at which the cost of reducing the risk further outweighs the benefit.

ADDITIONAL CORPORATE INFORMATION

Human resources policies and process development

The HPA develops a wide range of employment policies that ensure compliance with current legislation and best practice. Policies

CHANGES TO THE BOARD BETWEEN 1 APRIL 2009 AND 31 MARCH 2010:

Sir William Stewart retired on 5 April 2009.

Professor Charles Easmon was appointed acting chairman of the Board from 6 April 2009, until the appointment of Dr David Heymann on 1 May 2009.

Michael Carroll, Helen Froud, Martin Hindle and Deborah Oakley were appointed to the Board from 1 April 2009.

Dr David Heymann was appointed as chairman of the Board from 1 May 2009.

Dr Rosemary Leonard resigned on 18 March 2010.

CHANGES TO THE EXECUTIVE GROUP BETWEEN 1 APRIL 2009 AND 31 MARCH 2010:

Dr Stephen Inglis joined the Executive Group with the merger of the National Institute for Biological Standards and Control on 1 April 2009.

Michael Harker stood down as director of corporate affairs and secretary to the Board on 5 April 2009.

Dr Ruth Gelletlie was appointed director of Local and Regional Services on 6 April 2009.

Dr Roger Cox retired on 3 June 2009.

Dr John Cooper was appointed director of the Centre for Radiation, Chemical and Environmental Hazards on 4 June 2009.

Dr Stephen Chatfield resigned on 27 November 2009.

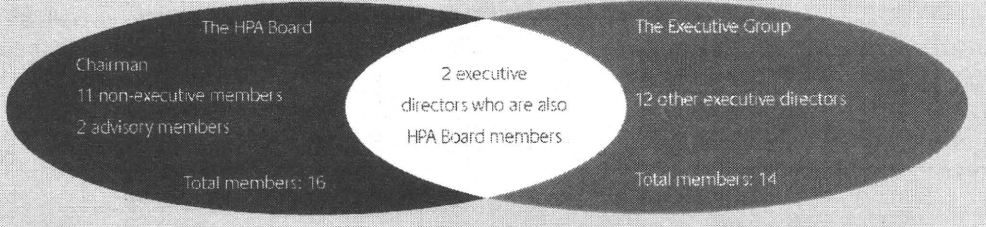
Dr Miles Carroll was appointed interim director of the Centre for Emergency Preparedness and Response on 28 November 2009.

Tony Vickers changed his name to Tony Vickers-Byrne on 16 January 2010.

Dr Christine McCartney moved to the role of organisational change programme leader on 9 March 2010.

Professor Eric Bolton was appointed interim director of the Regional Microbiology Network on 10 March 2010.

Composition of the Board and Executive Group on 31 March 2010



Dr David Heymann CBE (chairman)
Professor Charles Easmon CBE (deputy chairman)
Dr Barbara Bannister
Michael Beaumont CBE
James Brown CBE
Michael Carroll
Helen Froud
Martin Hindle
Dr Vanessa Mayatt
John Wyn Owen CB
Deborah Oakley
Professor Debby Reynolds
Professor William Gelletly OBE (adviser)
Professor Alan Maryon Davis (adviser)

Executive directors who are also HPA Board members
Justin McCracken (chief executive)
Dr Tony Sannia (director of finance and resources)

Lis Birrane
Professor Eric Bolton (acting)
Dr Miles Carroll (acting)
Dr John Cooper
Dr Ruth Gelletlie
Dr Stephen Inglis
Professor Anthony Kessel
Dr Christine McCartney OBE
Professor Stephen Palmer
Dr John Stephenson
Tony Vickers-Byrne
Professor Maria Zambon

CHANGES TO THE BOARD SINCE 31 MARCH 2010:

Dr Vanessa Mayatt stood down as a non-executive Board member on 31 March 2010.

Professor Charles Easmon was reappointed as a non-executive Board member until 31 March 2013.

Professor William Gelletly and Dr Tim Wyatt were appointed to the Board from 1 April 2010.

Professor Alan Maryon Davis' appointment as a Board adviser ended on 31 May 2010.

are designed to ensure that they are 'fit for purpose' and reflect HPA values and behaviours, and are reviewed regularly. The policy development process involves extensive consultation with staff side and line managers.

All employment policies are subject to equality impact assessment (EIA), thus ensuring that HPA policies do not adversely affect or discriminate against any protected group. The EIA process helps the HPA to consider any potential adverse impacts on different groups of staff and where possible modify the policy or process. This also offers an opportunity to consider how the policy may help to further promote equality and diversity.

Policies are developed that actively promote good practice and consistency across the HPA. Workshops and briefings are undertaken by senior human resources staff, covering the needs of both managers and staff, to ensure understanding of the policies and to ensure they are applied consistently across the HPA.

Employee relations

The HPA promotes positive and progressive employee relations and partnership working with staff and their representatives, and a formal recognition agreement is in place with recognised trade unions.

The corporate focus for regular and constructive consultation on a wide range of workforce issues is the National Joint Staff Committee (NJSC), which is jointly chaired by the chief executive and the chair of the staff side. The NJSC meets on a quarterly basis and additional meetings are arranged if necessary. A local negotiating committee involving representatives of the British Medical Association also meets regularly with management representatives to address issues specific to medical staff.

Local consultative committees have been established for all the main operating divisions and centres of the agency, which meet regularly to address local workforce issues.

Staff communications and engagement

Like much of the work of the HPA during 2009, plans for staff engagement initiatives were rapidly adapted to make them appropriate to the enormous response the agency mounted to the flu pandemic.

The 'storytelling' programme, begun earlier in the year, was used to capture the experiences of staff from across the organisation of the agency's response. A wide cross-section of staff attended a pandemic flu reflections day to share what had worked well and to identify what could be improved upon. These reflections and comments were recorded and made available to be used as part of the feedback and learning lessons process.

A national staff telephone survey was also conducted to gather information about employee communications in a pandemic situation. The survey, which targeted a spread of roles across the HPA, was conducted rapidly following the first wave of the pandemic, so the agency could improve its internal communications in preparation for an anticipated second wave of the pandemic.

The year also saw the launch of the Values in Practice (ViP) awards across the agency. During September and October 220 nominations were put forward by staff on behalf of their colleagues. In November chief medical officer Professor Sir Liam Donaldson presented the winners and runners-up of the six awards with prizes and certificates (see p37).

In 2010 the HPA will be implementing a major programme of organisational change. A comprehensive programme of staff engagement and internal communication is being planned to support this.

Equality and diversity

The HPA undertakes to promote equality and diversity and not to discriminate between employees or job applicants in respect of age, sex, sexual orientation, race, colour, ethic or national origin, disability, religion, gender reassignment, HIV status or trade union membership.

During 2009/10, the HPA refocused its equality and diversity strategic objectives arising out of its various equality schemes. This resulted in three core activities:

- An HPA-wide equality impact assessment programme for 2009/10.
- A mandatory equality and diversity training programme.
- The development of an HPA Single Equality Scheme for 2010-2013.

The HPA established a corporate equality impact assessment programme covering the core activities of the organisation. The HPA suffered a significant delay on completing this programme due to its response to the flu pandemic. However, the agency has made significant progress and completed more than 30 assessments by the end of March 2010.

There have also been a wide range of equality and diversity training interventions, including:

- Tailored training for the HPA Board, Executive Group and senior managers.
- Two-hour equality and diversity workshops delivered to over 100 staff.
- Equality and diversity training for human resources staff to further develop expertise on equality and diversity matters.
- Training for division and centre equality champions.
- Equality impact assessment training delivered to over 100 staff.
- An e-learning package suitable for all staff.

The HPA has been developing its first Single Equality Scheme, with the aim of the plan to be in place for 2010. The Scheme has been developed through the HPA Single Equality Scheme Working Party and has engaged at an early stage with the HPA Board and Executive Group.

The scheme will also be consulted upon internally with staff and staff side representatives as well as the public, private and third sector organisations. All divisions will have an equality and diversity action plan, based upon the HPA Single Equality Scheme.

The HPA also undertook a range of initiatives to achieve 'cultural change' on its equality and diversity agenda, including:

- An equality and diversity communications plan, which started in February 2010 with the introduction of an HPA intranet page for staff and access to consult on the new HPA Single Equality Scheme and HPA equality impact.
- The development of staff support groups.
- The development of a positive action programme to address under-representation issues.

Pensions

The majority of HPA employees are covered by two pension schemes: the NHS Pension Scheme and the Combined Pension Scheme. A few employees have retained their individual membership of the Principal Civil Service Pension Scheme, or have exercised other options available as a result of the Social Security Act 1986.

All three schemes are defined benefits schemes, and each prepares separate scheme statements which are readily available to the public. Further details are included in note 5 to the financial statements.

Health and safety

The HPA revised its health and safety policy in July 2009. Consistent with the vision to protect the health of everyone in the UK, the HPA will protect the health, safety and well-being at work of its employees and others who may be affected by its activities. The agency will underpin its strategic aims by adopting excellent standards of health and safety performance.

The HPA Board sets the direction and reviewed its approach to health and safety in November 2009.

The Executive Group leads on improving health and safety performance and monitors progress regularly. The HPA engages and consults with staff through a network of safety representatives and continues to hold regular health and safety meetings with these representatives.

Responsibility for local implementation of policies and improvement in health and safety performance remains with the directors of each centre or division. This is managed through a corporate health and safety plan and centre/divisional plans.

The number of incidents reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) has continued to decrease, with 16 in 2009/10 compared to 19 in 2008/09 and 23 in 2007/08.

Environmental management and sustainability

The HPA remains fully committed to sustainable development. The agency's sustainable development action plan sets out the organisation's plans for future sustainable development strategies and includes clear actions in areas such as energy management, carbon footprint calculation and reduction, sustainable procurement and implementation

of the organisation's waste strategy. This is integrated with the HPA's strategy to deliver on the commitments within its Environmental Policy Statement. The HPA Sustainability Strategy Group coordinates these activities on behalf of the Executive Group and the Board. Good progress has been made in a number of areas, including:

- Completing a scoping study and implementation of a carbon management programme.
- Working with the Carbon Trust to reduce the use of energy.
- Implementing an agency-wide waste policy and guidance document.
- Implementing an energy policy outlining a framework for achieving better use of natural resources across the organisation in 2009/10.
- Developing sustainable travel guidelines that will be implemented in 2010/11.

Underlining its commitment to carbon reduction, the HPA has also joined with the Carbon Trust in the Central Government Estate Carbon Management (CGCM) Service programme for 2010/11.

Statutory information access requests

During 2009/10 the HPA received 331 (2008/09: 257) information access requests, including requests transferred to the agency from other public authorities.

Most requests cited the Freedom of Information Act but the figure also includes requests handled in part or exclusively under other information access legislation.

Specifically, nine (2008/09: three) requests were handled under the Environmental Information Regulations and 54 (2008/09: ten) were subject access requests for personal information (made by the data subject or agent acting on their behalf) and were handled under the Data Protection Act.

Enquiries via website

During 2009/10 the HPA received 8,150 online enquiries from members of the public, healthcare professionals, patients and service users. This is an average of 31 enquiries each day.

Parliamentary questions

A total of 196 parliamentary questions were referred to the HPA during 2009/10 (2008/09: 190).

Complaints

A total of 28 complaints (2008/09: 22) were received from members of the public, patients and service users during the year and were handled in accordance with the HPA's complaints procedure, which is available from www.hpa.org.uk.

Public and stakeholder involvement

The HPA began collecting evidence to establish a benchmark for measuring its reputation in 2007. This formed part of a public involvement programme that was designed to consult and involve the public and stakeholders in three phases: a public opinion survey, stakeholder interviews and focus groups.

Building on the work of the programme the agency has continued to follow a planned strategic approach for engagement and consultation as laid out in its communications strategy. A model for public involvement has been developed, tested and approved by focus groups.

In the last year the HPA has built on this model by expanding the membership of its committees. In particular the Health Protection Society Advisory Group has been reconstituted with new members drawn from the agency's people's panel who were recruited during the first public opinion survey.

The HPA needs to demonstrate what it has done to involve the public in its work and how consultation informed its big decisions. As a result a second public opinion survey was conducted in 2009 to continue the process of measuring and benchmarking public perceptions of the organisation as well as tracking awareness of health protection issues.

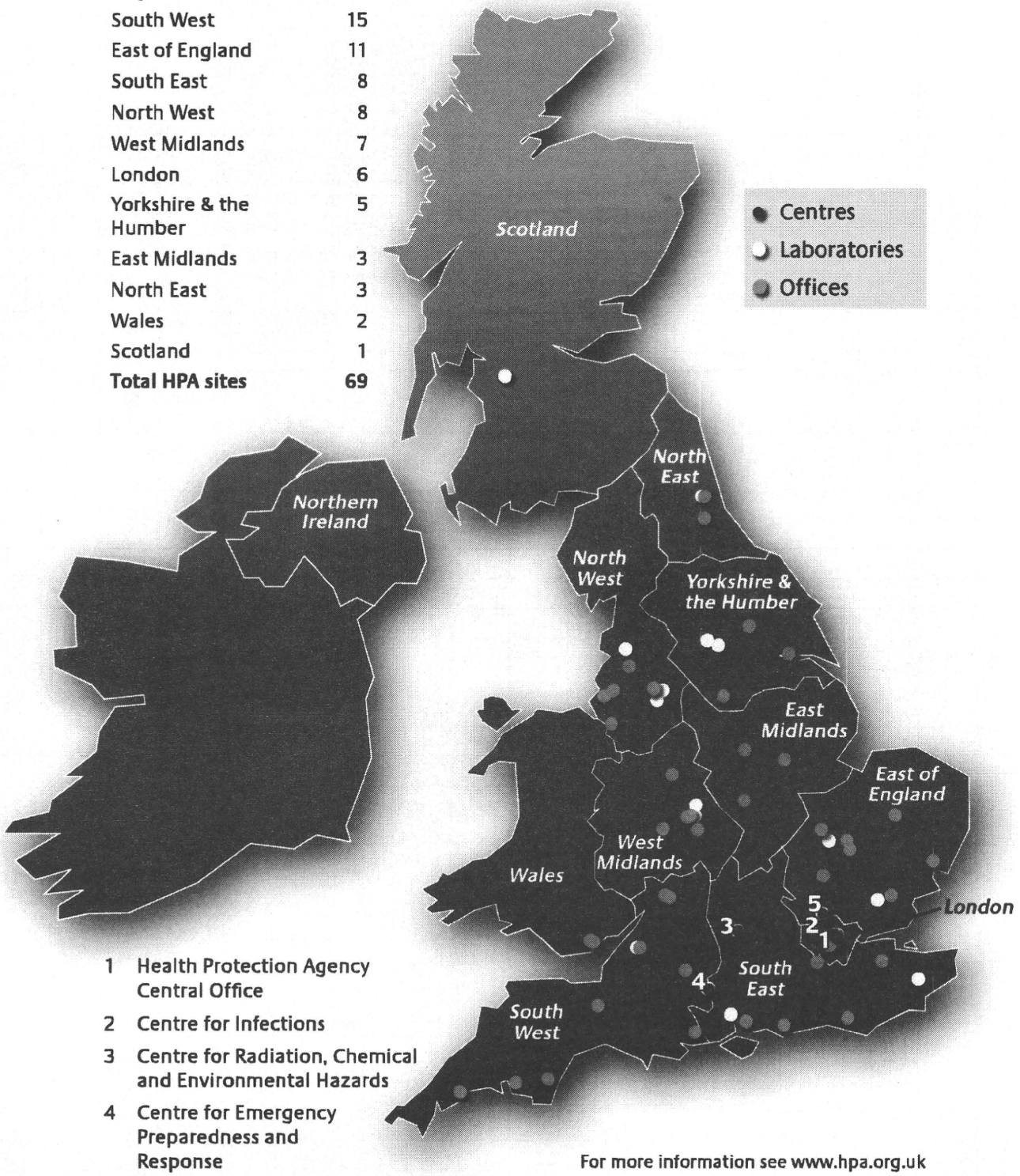
In addition a selection of representatives from regional stakeholder organisations took part in in-depth interviews to probe their impressions of and relationship with the agency.

Reporting of personal data related incidents

The HPA records incidents involving personal data through local reporting mechanisms into a central system. There are no incidents in the report period that fall under the criteria for reporting to the Information Commissioner's office. In addition, there were no information losses whose release could have put individuals at risk of harm or distress.

HEALTH PROTECTION AGENCY SITES

Region	HPA sites
South West	15
East of England	11
South East	8
North West	8
West Midlands	7
London	6
Yorkshire & the Humber	5
East Midlands	3
North East	3
Wales	2
Scotland	1
Total HPA sites	**69**



1 Health Protection Agency Central Office

2 Centre for Infections

3 Centre for Radiation, Chemical and Environmental Hazards

4 Centre for Emergency Preparedness and Response

5 National Institute for Biological Standards and Control

For more information see www.hpa.org.uk

www.hpa.org.uk

Statement on internal control

SCOPE OF RESPONSIBILITY

As accounting officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the HPA's policies, aims and objectives, while safeguarding the public funds and agency's assets for which I am personally responsible, in accordance with the responsibilities assigned to me in *Managing Public Money*.

The relationship between the HPA and its sponsoring department, the Department of Health and the devolved administrations, is specified in the management statement. The agency's business plan, objectives and associated risks are discussed at the annual accountability meeting, and at the quarterly review meetings with the Department of Health and the devolved administrations.

Accountability within the HPA is exercised through:

- The Board and the Audit Committee. The agency's Board has established an Audit Committee, under the chairmanship of a non-executive Board member, to support its corporate governance role and me in my responsibility for risk, controls and associated assurance.
- An Executive Group comprising all centre and divisional directors and with myself as the accounting officer. Executive directors are personally accountable to me for the management of the risks within their centres and divisions.

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 the HPA's 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 HPA for the year ended 31 March 2010 and up to the date of approval of the Annual Report and Accounts, and accords with HM Treasury guidance.

CAPACITY TO HANDLE RISK

The agency's risk management policy and procedure set out responsibilities at all levels including senior-level leadership for the risk management process. In addition, risk management is included as part of the performance criteria of all centre directors, divisional directors and senior staff. Responsibility for risk management is included in job descriptions and person specifications where appropriate, and is part of the staff appraisal process.

The agency aims to minimise adverse outcomes such as harm, loss or damage to the organisation, its people or property, or those who receive its services, through adequate supervision and training, appropriate delegation, continuous review of processes and the environment, and the sharing of lessons learned and best practice. This is achieved, primarily, through setting standards for professional practice and service delivery. The Integrated Governance Information system is used to manage adverse incidents, with lessons learned being promulgated through the HPA's intranet.

Executive directors and management staff receive ongoing training in risk management and workshops are facilitated to assist them in identifying and assessing risks. A programme of mandatory risk management training is in place for all levels of staff, and guidance is provided through the intranet.

THE RISK AND CONTROL FRAMEWORK

The strategic risk register has been revised to include consideration of the HPA's health outcomes. The agency's centres and divisions each have a risk register that is updated quarterly and risks are fed into the strategic risk register where appropriate.

Risk registers are also maintained at one level below the centre or division and for

key projects. Risk registers for the agency's programmes have been developed. Where a risk cannot be managed at a particular level within the organisation it is escalated to the next level up.

A bottom-up approach is also in place where risks are reported via risk registers, verbally during staff and management meetings, or through written reports. These mechanisms help to ensure that the appropriate filtering and delegation of risk management are in place and that the system is embedded throughout the agency.

Assessment of the adequacy of controls is a vital part of our systematic approach that attempts to limit risk to an acceptable residual level, rather than obviate the risk altogether. Staff are encouraged to balance the cost of control with the risk to be mitigated and to help ensure that value for money is achieved.

The HPA's adverse incident management policy and procedure provides a formal mechanism for reporting and learning from incidents across the agency. A real-time electronic incident management and investigation system enables management to report and track key issues. The agency also publishes reports on major events and these are used to promulgate lessons learned for both the agency and its partners. The agency has a formal complaints procedure for patients and service users, which is published on the HPA website.

The risk management team develops the HPA's approach to risk management, and identifies cross-cutting operational risks. The Clinical and Health Protection Governance Group helps to ensure that robust clinical and health protection governance systems operate throughout the agency, and that the clinical and health protection governance strategy is fit for purpose.

The HPA's arrangements to mitigate health and safety risk include the work of the Health and Safety Steering Group (HSSG). This group reviews the agency's health and safety strategy and arrangements to ensure that they are appropriate for the future requirements of the HPA; and that they continue to meet changing statutory requirements. The HSSG has developed, and through the Executive Group has promulgated, health and safety policies and guidance at a national level. The HSSG has also ensured that HPA health and safety reporting processes have been further developed and that the resulting performance data has been reviewed and presented to the Executive Group and the Board on a regular basis.

The agency will register with the Care Quality Commission as required by the Health and Social Care Act 2008 (regulated activities) legislation in October 2010. To ensure compliance with the regulation requirements of the Act, executive directors are responsible for producing self-assessments for their centre/division that are reviewed by the HPA Integrated Governance Group. Based on work carried out by this group and agreed by the executive directors, registration is approved by the Board. An assurance register is also available on the HPA intranet.

In relation to information risk, the agency uses the standards and codes for information governance set out in the NHS Information Governance Toolkit, BS ISO 27002 (code of practice for information security) and codes of practice from the Information Commissioner's Office such as the framework code of practice for sharing personal information to benchmark and raise performance in information management.

The Information Governance Statement of Compliance is the process by which the HPA enters into an agreement with NHS Connecting for Health for access to the NHS National Network (N3). The agency has provided an acceptable Statement of Compliance (SoC) and is required to maintain this status as a user of NHS services, with annual compliance reporting achieved through the NHS Information Governance Toolkit. The HPA SoC provides assurance that the agency meets key requirements and has robust improvement plans to address any shortfalls.

The flow of information between the agency and its partners is essential to the provision of our services. To ensure that patient-identifiable data is adequately safeguarded, we have a network of individuals with specific roles and responsibilities, namely Caldicott guardians, associate Caldicott guardians and security of information officers. The HPA also seeks approval from the National Information Governance Board for permission to continue

to handle patient identifiable information, on an annual basis. An information governance policy and strategy is in place to ensure that information risk is assessed and managed in a way that values, protects and uses information for the public good.

The HPA's work involves a large number of stakeholders, and work is carried out through partnerships and contractual agreements. A stakeholder toolkit was produced and reviewed by all centres and divisions through the Operational Support and Development Group. As a result of feedback received, it was agreed a stakeholder management policy was required, accompanied by an amended toolkit. This was in place by the end of March 2010.

The need to respond to the 2009 flu pandemic had a significant impact on the ability to deliver the full programme as originally envisaged. However, contacts have been made with a number of NHS non-executives and other stakeholders through a programme of invitations combined with regional visits by the Local and Regional Services board sub-committee. A parliamentary briefing was arranged in February 2010, which focused on the HPA's work in flu, and a regionally-led programme of talks, training, workshops and stakeholder communications is ongoing.

The HPA's Emergency Response Development Group ensures that the agency's Incident and Emergency Response Plan is robust, resilient and fit for purpose. A sub-group is in place to ensure that business continuity management is consistent and robust across the agency. Accountability for emergency response lies with centre and divisional directors and through regional directors to local teams.

The HPA has been involved in, and has undertaken, a number of exercises to improve our preparedness and there is a rolling programme of exercises. Work with partners and other stakeholders to meet the requirements of the Civil Contingencies Act 2004 has been carried out at regional and local levels by emergency planners and resilience groups. The agency was heavily involved in dealing with the pandemic flu outbreak and lessons learned will be promulgated in due course.

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's contributions and payments in to the scheme are in accordance with the scheme rules, and that member pension scheme records are accurately updated in accordance with the timescales detailed in the regulations.

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 executive managers within the agency 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 my review of the effectiveness of the internal control system by the Board and the Audit Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The agency's Board receives regular reports from the chairman of the Audit Committee concerning risk, control and governance, and associated assurance. The Audit Committee is fully committed to ensuring that corrective action is taken in a timely manner where necessary.

The Integrated Governance Group (IGG) reviews governance activities within the agency and identifies the actions necessary for improvement. The appropriateness, effectiveness and progress of the risk management strategy, policy and approach are monitored by the IGG. The IGG reports and makes recommendations to the Audit Committee. Cross-attendance between the IGG, the Audit Committee and the Health and Safety Strategy Group helps to ensure that a consistent approach is taken. An electronic system for gathering and monitoring assurances is under development and in future this will be used to inform the agency's response to the Care Quality Commission.

Internal audit provides an independent, objective assurance and consulting service

designed to add value and improve the agency's operations. Its work is based on an agreed audit plan, which is carried out in accordance with government internal audit standards. This helps ensure that the work undertaken by internal audit provides a reasonable indication of the controls in operation across the whole of the HPA.

Findings from work carried out during the year were presented to the Audit Committee. In addition, the head of internal audit has provided me with an annual written statement setting out a formal opinion on the adequacy, reliability and effectiveness of the systems and controls in place across the agency.

In addition to the independent assurance received from internal audit, periodic management assurance is obtained in the form of an annual assurance statement made by each executive director in respect of the effectiveness of controls in areas of key management responsibility. Ongoing management assurance is also available from inspection and compliance teams, which provide ongoing review of specific and defined areas including health and safety, clinical governance and quality assurance. Assurances are also received from external accreditation and regulatory bodies, mainly in the field of laboratory practice.

CONTROL ISSUES DURING THE YEAR

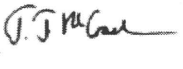
In October 2009 the Health and Safety Executive decided to prosecute the HPA for an incident that occurred on 9 October 2007, involving the spillage of hazardous waste from a containment level three laboratory. HPA has since implemented corrective actions to prevent reoccurrence of such an incident.

Arising from completion of the Information Governance Toolkit, of the 25 key standards (increased from 20 in 2008/09) there are eight standards for which the agency has not achieved level two compliance. Each standard has four levels of attainment, from level zero to level three. The HPA makes an assessment of the level of compliance by reviewing the assurances in place in each of the agency's centres and divisions against a series of questions for each level. An action plan is in place to address the issues identified.

The HPA has undertaken an assessment against the security requirements contained in the security policy framework (SPF) issued by the Cabinet Office. There are no significant security control weaknesses arising from the agency's assessment of its current position in relation to the SPF requirements, although work is underway to further strengthen the security practices across the organisation. There have been no significant security incidents during the year ended 31 March 2010.

In August and September 2009 there was a large outbreak of *Escherichia coli* O157, associated with Godstone Farm in south-east England. Outbreaks of this gastrointestinal disease are known to be associated with petting farms, but this outbreak was the largest of its kind in Europe. A total of 93 children were affected, with significant morbidity but no deaths. An independent external inquiry was launched to examine the roles of different agencies in the management of the outbreak, led by Professor George Griffin.

In parallel, the chief executive of the HPA initiated a full internal inquiry, examining the role of the HPA (including individual staff members) in the management of the outbreak. The internal inquiry panel was chaired by the agency's deputy chairman Professor Charles Easmon, and included on its panel senior HPA members, staff-side representation, and an external director of public health. The panel operated as an adverse incident inquiry under the HPA's adverse incident procedure. The panel interviewed staff members formally, reviewed evidence, and completed its report for the chief executive in April 2010. The chief executive has now started the process of acting on the 27 recommendations of the report.



Justin McCracken
CHIEF EXECUTIVE
9 June 2010

Remuneration report

This report details the policy on the appointment, appraisal and remuneration of members of the Board and the Executive Group of the HPA, for the year ended 31 March 2010.

The report has been prepared in consultation with the HPA's Remuneration and Terms of Service Committee, and is based upon the provisions contained within the government's *Financial Reporting Manual 2009/10*.

COMMITTEE MEMBERSHIP

The Remuneration and Terms of Service Committee consists of four non-executive Board members. The members for 2009/10 were:

Members
Dr David Heymann
Professor Charles Easmon
Michael Beaumont
Martin Hindle

All four members served on the committee throughout the year.

Meetings are attended by Justin McCracken, HPA chief executive and Tony Vickers-Byrne, the director of human resources, other than when their own remuneration is being discussed.

APPOINTMENT AND APPRAISAL OF MEMBERS OF THE BOARD AND THE EXECUTIVE GROUP

Non-executive and advisory Board members

All non-executive Board members are appointed by the Secretary of State for Health as advised by the Appointments Commission, or by the ministers of the devolved administrations, for a defined term. Advisory Board member appointments are made by the chairman of the Board and are endorsed by the Board.

You can find further information about the Appointments Commission by visiting their website at www.appointments.org.uk.

The HPA applies the same appraisal arrangements to non-executive and advisory Board members. Performance is assessed by the chairman of the Board through an annual appraisal process. The appraisal process for the chairman is conducted by the HPA's Appointments Commission observer and the Department of Health senior sponsor.

Members of the Executive Group

The Remuneration and Terms of Service Committee determines the policy for the

ACCOUNTABILITY

As a committee of the HPA Board, the Remuneration and Terms of Service Committee is accountable to the Board.

ROLE

The current terms of reference require the committee to consider and make recommendations to the Board on the following issues:

- The overall framework for determining the remuneration and terms of service arrangements for all staff employed by the HPA.
- The remuneration and terms of service of senior executives, including the chief executive and other members of the Executive Group.
- The contractual arrangements for senior executives, including the calculation and scrutiny of termination payments, ensuring that such payments are appropriate and take account of national guidance.
- The mechanism for monitoring the performance of the senior executives and their individual objectives for the forthcoming year.
- The approval of all severance packages with a total cost of £100,000 or more.
- The approval of any premature retirement applications on the grounds of 'in the interests of the efficiency of the service'.

appointment of the members of the Executive Group that report directly to the chief executive. The members of the Executive Group hold employment contracts that are open-ended until they reach the normal retirement age of 65 with notice periods of three months, with the exception of the chief executive which is six months. Early termination by the HPA, other than for misconduct, would result in the individual receiving compensation in accordance with NHS terms and conditions or, in the case of Dr Cox and Dr Cooper, in accordance with the terms of the UK Atomic Energy Authority Combined Pension Scheme. Any payments for compensation for loss of office would be agreed by the Remuneration and Terms of Service Committee with reference to the Department of Health and HM Treasury guidelines.

The committee also reviews and assesses the annual appraisal process for members of the Executive Group, whose appraisal is undertaken by the chief executive. The chief executive undertakes an appraisal interview with each member of the Executive Group. Performance is assessed against a range of objectives and a set of core management skills and leadership qualities. The appraisal process for 2009/10 for the first time included an element of 360 degree appraisal designed to specifically assess the behaviour of Executive Group member's against the agreed values and behaviours framework of the agency. The outcome of the appraisal interview is reviewed by the chairman of the Board.

REMUNERATION POLICY

Non-executive and advisory Board members

Non-executive Board members' remuneration is not performance related, and is determined by the Secretary of State for Health and the ministers of the devolved administrations. The remuneration package is subject to an annual review by the relevant authority. The HPA applies the same remuneration arrangements to advisory Board members.

Members of the Executive Group

The Remuneration and Terms of Service Committee determines the policy for the remuneration of the members of the Executive Group.

There are no performance-related bonuses payable to members of the Executive Group. Their remuneration package consists of a salary and pension contributions. In determining the package, the Remuneration and Terms of Service Committee has regard to pay and employment policies elsewhere within the HPA as well as the need to recruit, retain and motivate suitably able and qualified people to exercise their different responsibilities.

The salaries of the members of the Executive Group are reviewed annually, having regard to the remuneration policy which takes into account the NHS Very Senior Managers Pay Framework. For the 2009/10 financial year, members of the Executive Group received cost of living increases amounting to an annualised 1.50% (2008/09: 2.75%). The cost of living increases for other employees within the HPA was an annualised 1.50% for medical consultants and 2.40% for all other staff (2008/09: 2.20% and 2.75% respectively).

Details of amounts payable to third parties for services of a member of the Executive Group

Professor Stephen Palmer was a member of the Executive Group for the whole year ended 31 March 2010. He is an employee of Cardiff University. The amount paid by the HPA to the university to cover his salary and employer on-costs for the year totalled £141,000 (2008/09: £190,000). This total included a clinical excellence award that is funded by the Department of Health.

Salary, fees and allowances

Salary, fees and allowances covers both pensionable and non-pensionable amounts, and includes any allowances or other payments to the extent they are subject to UK taxation. It does not include amounts that are simply a reimbursement of expenses directly incurred in the performance of the individual's duties. However, expenses paid to Board members and Executive Group members have been published on the HPA website.

Benefits in kind

During the year ended 31 March 2010 no benefits in kind were made available to any non-executive member of the Board or any member of the Executive Group.

REMUNERATION OF NON-EXECUTIVE BOARD MEMBERS AND EXECUTIVE GROUP MEMBERS

The table below lists all persons who served on the Board or Executive Group during the year ended 31 March 2010. A summary of their employment contract is accompanied by the total remuneration due to each individual during their tenure in post in 2009/10.

REMUNERATION OF NON-EXECUTIVE BOARD MEMBERS AND EXECUTIVE GROUP MEMBERS

	Date commenced, reappointed or extended	Expiry date of appointment or current contract	Notice period	Total salary, fees and allowances	
				Year ended 31 March 2010 £'000	Year ended 31 March 2009 £'000
Non-executive Board members					
Sir William Stewart	1 April 2007	30 April 2009	†	0-5*	60-65
Dr David Heymann	1 May 2009	30 April 2013	†	55-60*	-
Dr Barbara Bannister[1]	1 April 2008	31 March 2011	†	5-10	5-10
Michael Beaumont	1 April 2008	31 March 2011	†	10-15	10-15
James Brown	1 October 2008	30 September 2011	†	5-10	5-10
Michael Carroll	1 April 2009	31 March 2012	†	5-10	-
Professor Charles Easmon	1 April 2008	31 March 2013	†	10-15	5-10
Helen Froud	1 April 2009	31 March 2012	†	5-10	-
Martin Hindle	1 April 2009	31 March 2012	†	5-10	-
Dr Rosemary Leonard	1 April 2008	18 March 2010	†	5-10	5-10
Dr Vanessa Mayatt[1]	1 April 2007	31 March 2010	†	5-10	10-15
Deborah Oakley	1 April 2009	31 March 2012	†	5-10	-
Professor Debby Reynolds	1 April 2008	31 March 2011	†	5-10	5-10
John Wyn Owen	1 February 2006	31 March 2011	†	5-10	5-10
Advisory Board members					
Professor Alan Maryon Davis	1 June 2007	31 May 2010	1 month	5-10	5-10
Professor William Gelletly	1 April 2005	31 March 2010	1 month	5-10	5-10
Chief executive					
Justin McCracken[2]	7 April 2008	Open	6 months	210-215	205-210*
Members of the Executive Group					
Lis Birrane	6 October 2003	Open	3 months	100-105	95-100
Professor Eric Bolton	10 March 2010	Open	3 months	10-15*	-
Dr Miles Carroll	28 November 2009	Open	3 months	45-50*	-
Dr Stephen Chatfield	1 September 2007	27 November 2009	3 months	95-100*	140-145
Dr Roger Cox[2]	1 April 2005	3 June 2009	3 months	20-25*	130-135
Dr John Cooper	4 June 2009	Open	3 months	95-100*	-
Dr Ruth Gelletlie[3]	6 April 2009	Open	3 months	175-180	-
Michael Harker	1 April 2003	5 April 2009	3 months	0-5*	120-125
Dr Stephen Inglis	1 April 2009	Open	13 weeks	165-170	-
Professor Anthony Kessel[3]	16 March 2009	Open	3 months	170-175	5-10*
Dr Christine McCartney	1 September 2006	Open	3 months	125-130	125-130
Professor Stephen Palmer[4]	25 August 2006	30 June 2010	6 months	-	-
Dr Tony Sannia[2]	1 April 2003	Open	3 months	140-145	140-145
Dr John Stephenson	1 October 2007	Open	3 months	110-115	110-115
Tony Vickers-Byrne	1 April 2008	Open	3 months	100-105	100-105
Professor Maria Zambon[3]	1 March 2009	Open	3 months	180-185	15-20*

[1] Organisations related to Dr Bannister and Dr Mayatt received payments from the HPA in respect of services provided by them as set out in note 17 'Related party disclosures' in the notes to the financial statements.

[2] Denotes members of the Executive Group who were members of the Board during the year ended 31 March 2010.

[3] The remuneration of these members of the Executive Group includes a clinical excellence award that is funded by the Department of Health.

[4] Professor Palmer provided services to the HPA on secondment as an employee of Cardiff University as detailed on p57.

* Denotes payment for a part year.

† Notice period not applicable as these are public appointments.