

## Northern Health and Social Care Trust

**Minutes of the Fifty Seventh meeting of Trust Board held on Thursday 23 February 2012 at 10.30am at Fern House, Antrim Area Hospital**

### **Present:**

Mr J Stewart, CBE	Chairman
Mr S Donaghy	Chief Executive
Dr C Ackah	Non Executive Director
Dr P Flanagan	Director of Medicine and Governance
Mr S Forsythe	Non Executive Director
Ms P Montgomery	Non Executive Director
Mr J Moore	Non Executive Director
Mr B McCann	Non Executive Director
Mrs O MacLeod	Director of Nursing and User Experience
Mr L O' Neill	Director of Finance
Mr M Rankin	Non Executive Director
Professor D Whittington	Non Executive Director
Mr C Worthington	Director of Children's Services/Executive Director Social Work

### **In Attendance:**

Mrs U Cunning	Acting Director of Primary and Community Care for Older People's Services
Ms V Jackson	Director of Acute Hospital Service
Mrs J Melaugh	Director of Human Resources
Mr O Donnelly	Director Mental Health and Disability Services
Mr M Sloan	Director of Planning, Performance Management and Support Services
Mrs M Mulholland	Head of Corporate Communications
Mrs M McDowell	Executive Assistant

Mr D Lowry and Ms J Knape, Trade Union Representatives, and Mr M Neill, General Management Trainee, were present.

### **TB15/12 Chairman's Business**

The Chairman advised that, on:

27 January: he visited the Catering Department at Holywell Hospital and met with Mrs Elsa Witherspoon, Community Catering Manager;

31 January: he attended the launch of the Medics in Schools programme at Queens University, Belfast;

- 1 February: he met with the Chief Executive;
- 2 February: he attended a visit by the Minister to Robinson Hospital, Ballymoney;
- 8 February; he chaired a meeting of the Remuneration Committee;
- 8 February: he met with Chairs of other HSC Trusts;
- 20 February: he met with Carol Dodds and Christine Cuthbertson from the Trust's Training and Development Department regarding the Support Services Learning and Development Forum;
- 21 February: he chaired a meeting of the Support Services Learning and Development Forum;
- 21 February: he met with the Chief Executive; and
- 22 February: he attended the NICON pre conference dinner at Armagh City Hotel. Mr Stewart advised that the Minister had been in attendance and discussion had centred on the main themes of the Regional Review - Transforming Your Care.

The Chairman made reference to the incident which had occurred on the Antrim Hospital site on February 2012 when a gas leak had caused an evacuation of certain parts of the hospital. He commended staff for the effective and rapid manner in which emergency procedures had been activated and that disruption of services to patients had been kept to a minimum. It was noted that the incident management process was being reviewed to determine if there were any lessons to be learned for any such future incidents.

Mr Stewart was also pleased to advise members that the Holywell Electro Convulsive Therapy Clinic had received accreditation as excellent by the Royal College of Psychiatrists. He said that the standards against which services had been reviewed provided a clear and comprehensive description of best practice in the administration of ECT. Members recognised that this was a tremendous achievement for the Trust and congratulated members of the ECT team for the excellent work undertaken.

## **TB16/12 Minutes of Previous Meeting**

The minutes of the meeting held on 26 January 2012 were approved, on the proposal of Mr McCann and seconded by Mr Forsythe.

**TB17/12 Matters Arising**

The Chief Executive referred to the discussion which had taken place at the previous meeting on the significant pressures which had been experienced on emergency services at Antrim Area Hospital over recent months. He indicated that he had received communication from both Antrim and Ballymena Borough Councils on themes of concerns and responses were currently being compiled for issue to the Chief Executives of the Councils.

**TB18/12 Finance**

The Director of Finance presented the Finance Report as at 31 January 2012 which indicated that, after ten months, the current Trust surplus was £121,000. Mr O'Neill said that the year end surplus was projected to be £145,000 and this position was similar to the best estimate projection at 31 December 2011.

Due to reduced year end pressures arising accruals which had been made, the Director of Finance was able to advise Trust Board that a number of non recurring investments were made in the patient environment equipment and in dealing with community equipment waiting lists. Professor Whittington highlighted that this reflected the good work undertaken in the Trust on prioritisation of equipment.

Mr O'Neill advised that the key assumptions and risks remained relatively unchanged from previous months. Referring to Agenda for Change, he indicated that, whilst all staff had now been assimilated onto their matched pay scale, a small number of current staff were waiting payment of arrears and approximately 600 leavers still had arrears to be calculated and paid. It was hoped that these payments would be finalised early in the new financial year.

Members noted that, although the recurrent costs associated with any potential AfC Clustering issues were not yet known, these costs had been covered by HSCB in the current year. A shortfall in this area was anticipated, however, for the financial year 2012/2013.

Mr O'Neill also advised that the Commissioner had released funding for all approved schemes under Elective Care Reform, totalling £8m, and the Trust was on target to break even on elective care access work.

With a break-even position on target expected to be achieved at the end of the financial year, Mr Stewart recognised the significant efforts that had been made by the Senior Management Team and staff throughout the organisation to reach this position.

Mr McCann indicated that, with a total budget of over £600m, being able to forecast a position of a £145,000 surplus was a tremendous

achievement and reflected excellent management of the Trust's finances.

Turning attention to the capital position, the Finance Director reported that, at 31 January 2012, the Trust had paid £10.312m, equating to 48% of the total allocation of £21.31m. This compared to 44% based on the projected profile of spend for 2011/2012.

Following a query from Mr Moore, the Finance Director advised that where there were issues regarding delivery of schemes within the current year and difficulties spending allocations, work would be undertaken with the Department to retain as much of the allocation as possible within the current financial year.

The Chief Executive paid tribute to the Senior Management Team and all staff for the hard work and commitment to achieve financial stability in the current year, despite the many challenges and pressures which had arisen. He recognised the support of the Board in providing more recurring funding to address some of the service pressures and indicated that the current performance in acute services had not been constrained by the lack of resource but due to insufficient capacity.

Mr Donaghy advised of the significant challenges faced on financial planning in the coming year and highlighted the need to focus on delivering recurrent savings plans to establish a recurrent break even position for 2012/2013.

#### **TB19/12      Modernisation and Recovery Plan**

Mr Sloan was pleased to provide a positive report on the progress being made to achieve the savings contained in the year 2 Modernization and Recovery Plan. He estimated that, at the end of January 2012, £412,000 of schemes totalling £10.796m, had not yet been implemented. Whilst these were expected to deliver, Mr Sloan said that contingency measures had been identified against schemes which would not achieve the required amount of savings.

The need to replace a number of non-recurring schemes with recurrent items by year end was again acknowledged.

#### **TB20/12      Performance**

Mr Sloan presented the report detailing the Trust's performance on a range of areas and targets for 2011/2012 as at 31 January 2012.

- **Governance and Organisational Impact**

Members were pleased to note that all targets were expected to be achieved in this area by 31 March 2012.

- **Health and Social Well Being Improvement**

Whilst it was noted that all areas were on target for achievement, with the criteria and definition for the Falls Care Bundle having not yet been agreed regionally, the achievability of 95% compliance against this target could not yet be determined.

- **Children and Families**

Whilst good progress continued to be reported in most areas, Mr Sloan drew attention to the targets which continued to present a challenge for the Trust. With regard to child protection, Mr Sloan advised that 72% of case conferences were being held within 15 working days, and not 60% as stated in the performance report presented. This performance was against a backstop position of 85% to be achieved by March 2012 and all efforts would continue to reach this target.

Although not measured as a PfA target, Mr Worthington was pleased to report that the number of unallocated cases had dropped to 153 and it was hoped that this reduction would continue over the coming months.

- **Unscheduled Care**

With regard to emergency services, Mr Sloan reported that 63.1% of patients at Antrim and 79.1% of patients at Causeway had been seen and discharged within four hours during January 2012. The total number of breaches of the 12 hour target was reported as 564, with 446 of these at Antrim and 118 at Causeway.

Although admission delays were still being experienced, Ms Jackson advised that the level was much reduced during February and compared favourably with other hospitals in Northern Ireland. It was noted that this was as a result of action plans already in place continuing to take effect. Ms Jackson highlighted that some of the main initiatives contributing to this improvement included the focus on 7 day working arrangements, a rapid discharge team facilitating discharges before 1.00pm, and enhanced community support services. Mrs MacLeod also referred to the improvement work being done to ensure a safe and effective journey for patients through the system and assurance was given on the focus being given to safe and effective discharges from hospitals. Members noted the process in place to report and deal with any concerns relating to discharges and that a system to monitor re-admission rates with 28 days had been introduced.

Mr Donaghy undertook to consider what information could be extracted from the performance management systems to correlate delayed discharges and delayed admissions.

The Chairman referred to the importance of ensuring that the initiatives having the greatest impact on improving services continued to be sustained and implemented as far as possible.

Members noted the various other measures continuing to be implemented through the Unscheduled Care Improvement Plan to improve performance. Particular reference was made to the initiatives being developed with primary care colleagues. These included the Dalriada Urgent Care Outreach model and planning for a GP led 'out of hours' service based at Antrim Hospital.

The Chairman referred to the large number of attendances at the emergency department at Antrim Hospital and that as many as 30% of these patients required admission. He again raised his concerns about the insufficient capacity at Antrim Hospital to deal with this demand and discussion ensued on the factors which determined the level of capacity for the hospital site. The Chief Executive advised that the HSCB was undertaking a capacity assessment of all hospitals in Northern Ireland and evidence based assessment of the capacity for individual hospitals would be useful.

Whilst acknowledging the capacity issues on the Antrim site, Mr Donaghy accepted that further improvements could be made to meet the backstop position agreed by the Board within the current capacity.

Discussions also took place on the difficulties with the recruitment of medical staffing for Emergency Medicine. This was noted as a regional problem and that vacancies were covered by locum staff in the short term.

Whilst it was recognised that the current focus of attention was on services at Antrim Hospital the Chairman referred to the pressures which also existed in the emergency department at Causeway Hospital and the need to ensure that performance improved.

Trust Board recognised the many initiatives being implemented and were encouraged that the short term measures were starting to show an improvement in performance. Despite the overcrowding and delays in admissions, it was noted that patient feedback had been positive on the care and treatment being provided. Professor Whittington indicated that this had been particularly evident through a recent walkround she had undertaken in the Emergency Department at Antrim Area Hospital when there had been praise for staff and their high levels of professionalism.

All members spoke of the tremendous commitment and dedication of staff working under difficult and challenging conditions and it was

hoped that the current focus would continue to show improvements for users of the services.

- **Elective Care**

Although 170 patients were waiting more than 9 weeks for treatment by an Allied Health Professional at the end of January 2012, Mr Sloan advised that further action was planned to reach the target by 31 March 2012.

Members noted that the red trends in the report showed performance against the PfA targets for elective care but there was strong performance when compared to the backstop positions agreed by the Commissioner. Mr Sloan indicated that additional work would be undertaken over the next two months, including the use of the independent sector, to further reduce waiting times. With no backstop position agreed for day case rates, it was noted that only 62% performance was currently being achieved against the target of 75%.

Mr McCann made reference to the activity for endoscopes which was lower than the target set by HSCB for the period 1 October 2011 to 31 March 2012. Ms Jackson explained the reasons for the slight variance, which included the Christmas holiday period and the absence of a consultant due to sick leave. She hoped that activity would increase over the next two months. Members noted the significant impact of the achievement of targets with any reduction in the number of consultants available to provide the service and Ms Jackson explained the contingency arrangements which were implemented where possible.

In response to a query from Mr Moore on private practice arrangements, Dr Flanagan explained that the job planning process set out the obligations of medical staff on targets and activities to be achieved. He also referred to the DHSSPS guidelines in place to regulate private practice work.

- **Cancer**

Although 100% performance was noted for breast cancer targets and the 31 day decision to treat, members noted that only 85% of patients with suspected cancer were beginning their treatment within 62 days, against a target of 95%. Mr Sloan advised that this mainly related to urology services and that the regional review of this service was progressing.

- **Mental Health & Learning Disability**

Particular attention was drawn to the challenges within the Child and Adolescent Mental Health Services, with the numbers of

breaches of the nine week target increasing to 89 at 31 January 2012.

Mr Worthington explained some of the current difficulties in the service with staff shortages and underfunding. He advised that the Trust was working with the Commissioner on an action plan to address the problems, but intimated that the number of breaches would be greater than previously expected.

Members noted that some of the action being considered was the use of independent sector to provide additional capacity and seeking support from other Trusts. However, it was recognised that availability of the specialised resources required in this area of work were very limited.

Mr Sloan indicated that the HSC Board had accepted the progress being made for resettlement of patients with a learning disability but that the target would not be achieved by 31 March 2012. Discussions on this issue would continue at a regional level.

- **Community Care, Older People and Physical Disability**

Members were pleased to note the strong performance in this area, with only one target showing as red. Mr Sloan highlighted that this related to the processing of housing adaptations and that this matter was being addressed.

- **Additional Targets**

The Chairman expressed his disappointment that the target for responding to complaints had not been achieved, with only 53% performance being reported against the 72% target for the month of December 2011.

Dr Ackah also expressed her concern as the situation had been improving previously and she highlighted that this should be a priority area of good practice for the Trust.

The Chief Executive accepted the comments made and said that he would be requesting an action plan to address the situation.

## **TB21/12 Governance**

Dr Flanagan reported on the progress that continued on the Patient Safety Quality Improvement Plan at January 2012. He advised that a Patient Safety Steering Group had been established in the Trust and would be monitoring performance against the patient safety targets.

In referring to the discussion at the previous meeting on the number of deaths associated with C Difficile, Dr Flanagan advised that C Difficile

had been the primary cause for 6 deaths and a secondary cause for a further 10 cases. He reiterated that this position would be comparable with rates in other Trusts.

Members noted that 75 cases of C Difficile had been reported for the period 1 April 2011 to 31 January 2012, against a cumulative target not to exceed 73.3, and that the number of MRSA infections already exceeded the annual target not to exceed 13.

Dr Flanagan then took the opportunity to update members on the current position regarding Pseudomonas. He advised that two babies had been found to be colonised with the infection in the neo natal unit at Antrim Area Hospital. Both babies were progressing well, with one discharged home and the other due for discharge in the near future.

Dr Flanagan advised that the Trust had undertaken intensive work, in accordance with Departmental guidance, to manage the situation. Ongoing guidance on testing of water was being taken forward and it was likely that the learning from this incident in Northern Ireland would inform national UK guidance.

Dr Flanagan also indicated that RQIA had initiated an independent review of the circumstances contributing to the occurrences of pseudomonas infection and colonisation within neonatal units in Northern Ireland. A meeting with the Chair of the Review Team, Professor Pat Troop, would be taking place on 2 March 2012.

Trust Board acknowledged the magnificent efforts of staff during this outbreak, particularly those staff in the neo-natal unit, laboratory and estates, who had all worked well beyond the call of duty, and it was agreed that the Chairman should write to the relevant staff to thank them for their efforts and dedication in addressing this matter.

Members noted that letters of appreciation of how staff had dealt with the situation had also been received from the Chief Medical Officer and the Director of Public Health.

## **TB22/12      Absence**

From the detailed information in the Absence Summary Report circulated, members noted that the monthly percentage for January of 5.75% was an increase of .47% from the previous month. This equated to a cumulative position of 5.29% against the draft absence target of 5%. Mr McCann queried if this target should be reclassified as red in that it was unlikely to be achieved over the next two months and it was agreed that this would be reviewed.

## TB23/12 Business Cases

Members considered summaries of Business Cases for the following projects:

- Proposal to provide local office bases and clinic accommodation in Magherafelt to support the development of a full range of community mental health services and specialist nurse - Capital Cost: £489,830

Members noted that this proposal would develop the mental health services provided in the Magherafelt area as they were currently constrained because of the shortage of clinic space and the distance some of the teams were based from their catchment area.

By using vacant space on the Mid Ulster Hospital site, it would also reduce the Trust's dependency on leases in Magherafelt by bringing the podiatry services and specialist nurse clinics such as respiratory, continence, diabetic and tissue viability on to one site.

Members recognised that the scheme would modernize primary and community care services within the Magherafelt area by co-locating selected acute out-patients services, primary and community care teams and mental health services on the same site.

- Creation of a Magherafelt Integrated Primary Care Team through the utilization of Trust owned accommodation - Capital Cost: £493,518

Members noted that this proposal to use a vacant facility at Mid Ulster Hospital would implement many of the recommendations within the Transferring Your Care Regional Review to recognise the importance of the re-ablement process to faster independence and allow for integrated planning and assessment of older people's needs.

- Refurbishment of Hawthorns Adult Centre, Carrickfergus, to meet RQIA requirements – Capital Cost: £494,416

Mr Donnelly advised of the major problems with the heating and hot water systems at this unit, resulting in the service having to be decanted to Ward 1 at Whiteabbey Hospital in November 2011. This scheme would ensure that the Adult Centre building was fit for purpose to meet current and future needs and to meet RQIA standards for registration.

Trust Board members gave approval to the three business cases.

## **TB24/12 Shared Services**

The Chief Executive referred to the consultation paper on a Model of Shared Support Services for Health & Social Care Organisations in Northern Ireland noted at the Trust Board meeting on 26 January 2012. He circulated a copy of the Trust's proposed response to the consultation paper.

In this response, the Trust was concurring with the need stated for significant investment in its support functions in order to modernize systems and accepting that there were additional benefits to be gained by adopting a shared services model of delivery. The Trust was also welcoming the possible location of shared services accommodation in Ballymena.

Mr Donaghy acknowledged the significant concerns of staff to be affected by such major change and had highlighted the importance of having a regional HR strategy in place to deal with these concerns in this response.

Members approved the response to be submitted to DHSSPS by 29 February 2012.

## **TB25/12 Obesity Network**

Dr M Ryan was welcomed to the meeting to make a presentation on behalf of the Northern Trust Obesity Programme.

Dr Ryan highlighted the scale of the obesity problem in the Northern Trust area, indicating that 63% of adults had a weight problem and 1 in 4 being obese. On advising that obesity related deaths had doubled from 2007 to 2010, Dr Ryan said that obesity reduced life expectancy by up to 9 years. He also indicated that weight issues were related to or exacerbated all health conditions and, in particular, increased the risk of coronary heart disease, cancer and type 2 diabetes. In addition to the health risks, Dr Ryan also spoke of the cost issues, both in terms of drug costs and use of resources.

Members heard details of the Motivate Program which had been a six month intervention behaviour modification programme with one year follow up for 200 patients. They noted how Motivate was successful in achieving 6% weight loss in patients who had failed to lose weight using conventional methods and how this weight loss would lead to improved health and financial savings.

Dr Ryan advised members that funding for the Motivate Program had ceased and, in reiterating the significant benefits of the programme, he spoke of the need to secure funding to provide a weight management service in the Trust.

Trust Board recognised the commitment of Dr Ryan in presenting his evidence and were disappointed to note that funding had not yet been secured to continue with the Motivate Program. They indicated that they had been impressed by the information provided by Dr Ryan and wished to support him in taking forward this radical approach to tackling obesity. The Chairman advised that Trust Board would be considering ways to provide support to this work and it was also noted that reference could be made to this matter during the preparation of plans for the recommendations on the Regional Review Transferring Your Care.

Dr Ryan was thanked for his excellent presentation and he left the meeting.

#### **TB26/12      Review of Article 55 of Fair Employment and Treatment Order**

Members noted that under Article 55 of the Fair Employment and Treatment (NI) Order 1998, the Northern Trust had a statutory duty to carry out a review every three years of its workforce composition and employment practices. The first review for the Trust which had been undertaken covered the period 1 January 2008 to 1 January 2010.

This review had concluded that the Trust had complied with the requirements of Article 55, that it was providing fair participation in employment and that no further action was required at this stage.

Members noted the Equality Commissioner's view on the Trust's review and concluded this was a very satisfactory outcome for the Trust. This meant that the Trust's judgement on fair participation had been accepted by the Commission and that no affirmative action was required.

#### **TB27/12      Medical Appraisal Report 2010**

Dr Flanagan presented the medical appraisal report which reflected clinical activity in the year 1 January – 31 December 2010. He highlighted that, although there had been a drop in performance from the previous year, the level of compliance with the medical appraisal system process within the Trust remained high, with 72% of consultants being appraised.

Members noted the general themes which had arisen from the appraisals. Mr Moore made particular reference to the concern raised by clinical staff on the need for funding for new equipment and it was noted that support was required from the Commissioner for this funding.

Mr Rankin referred to the update on revalidation and, whilst it was noted that there was still uncertainty around the process for

revalidating staff it was expected that this would be regionally monitored and evaluated.

Members noted that, whilst efforts were made for appraisals to be undertaken on an annual basis, if an appraisal was missed then the next appraisal could cover both years. Although the current performance was comparable with other Trusts in Northern Ireland, Dr Flanagan advised of the commitment of senior medical staff to improve the level of compliance for the current year, particularly the uptake by SAS doctors and locum staff.

## **TB28/12 Governance Committee**

Professor Whittington presented the minutes of the Governance Committee held on 7 September 2011. She advised of the work being undertaken by the Organ Donation Committee and that a presentation would be brought to Trust Board in the near future.

Members noted the consideration given by the Governance Committee to the Performance Report on Serious Adverse Incidents and that a SAI review group had been established in the Trust. Particular reference was made to the SAI investigation of a fatal incident caused by a fall from a bed and Mrs MacLeod advised that she was progressing the recommendations from the report on this incident through the Trust Falls Group.

Attention was also drawn to the Mortality Data Monitoring Group chaired by Dr Flanagan to scrutinise mortality data and it was noted that a workplan with prioritised actions had been developed.

## **TB29/12 User Feedback and Involvement Committee**

In presenting the minutes of the meeting of the User Feedback and Involvement Committee held on 9 November 2011, Dr Ackah highlighted the positive presentation given by Ms C Kerr, Assistant Director Nursing on Patient and Client Experience.

The Committee had noted the staffing difficulties within the acute sector which were causing delays in responding to complaints within 20 working days and it was hoped that this situation would be addressed shortly to improve performance. An increase in the number of compliments received had also been noted.

Discussion ensued on some of the negative accounts of patient experience which had been reported recently through the media. The adverse impact on public confidence in the Trust's services and on staff morale was acknowledged and it was noted that the Trust would continue to encourage service users to instigate the Trust's complaints procedure where there was dissatisfaction with services. This

facilitated a full investigation into the circumstances of a complaint and for learning to be identified for improvement.

**TB30/12      Audit Committee**

In presenting the minutes of the Audit Committee meeting held on 10 November 2011, Mr McCann referred to the discussion which had taken place on internal audit reports on absence management and fire safety. It was noted that these had already been brought to Trust Board members' attention at a previous meeting.

**TB31/12      Charitable Trust Funds Advisory Committee**

Arising from the minutes of the meeting of the Charitable Trust Funds Advisory Committee held on 16 December 2011, Mr Moore advised that a copy of the Draft Strategy for Investment of Funds had been circulated to Trust Board members for consideration.

Members noted that the primary purpose of this strategy was to promote investment of the current funds as appropriate, to meet the objectives of the donors, and of the Trustees, and to embrace the experience of the patients, clients and staff of the Trust. The actions to be taken, with identified time-scales, were noted.

The strategy as presented was approved.

**TB32/12      Staffing Starters/Leavers**

Mrs Melaugh presented a summary report on the new starts and leavers for the period 1 April 2011 to 31 January 2012. This showed a difference of 37 less staff for this period.

Members noted that, with junior doctors terminating on 31 January 2012, this group represented the largest increase in the number of permanent leavers from December 2011 to January 2012.

Mrs Melaugh highlighted that the highest increase in the number of administrative and clerical staff related to temporary staff required to undertake duties in acute services.

**TB33/12      Communications**

Members noted the updated report on media activity, public affairs and events planned.

The Chief Executive referred to the positive round of engagements with MLAs and Borough and District Councils which facilitated discussion on the key challenges facing the Trust.

Mrs Mulholland also drew members' attention to the events planned at Antrim Area Hospital on 8 March 2012 when the Minister would be officially opening the new MacMillan Palliative Care Unit and cutting the sod for the new accident and emergency/24 bedded unit.

**TB34/12      Contracts Awarded/Renewed**

A summary of the award and renewal of social care contracts, including their annual value and duration, for the period October to December 2011 had been circulated and was noted.

Mr Worthington undertook to make enquiries in relation to the contract with Action for Children.

**TB35/12      Public Questions**

In accordance with Standing Orders, Mr Lowry had submitted two questions prior to the meeting. He confirmed that the issues raised had been addressed.

**TB36/12      Date of next meeting**

It was noted that the next meeting would be held on Thursday 22 March 2012 in the Lecture Theatre, Multi Disciplinary Education Centre, Causeway Hospital.

**TB37/12      Resolution for Reserved Session**

There was resolution for the Non Executive Directors and Chief Executive to go into reserved session to consider the minutes of the Remuneration Committee meeting held on 8 February 2012.

Signed:

Date: