

**DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST**

**MINUTES OF A MEETING OF THE BOARD OF DIRECTORS**

Held in Conference Rooms A & B  
Research and Development Centre, Kingsway, Derby DE22 3LZ

Wednesday, 5 October 2016

**MEETING HELD IN PUBLIC**

Commenced: 1pm

Closed: 4:40pm

<b>PRESENT:</b>	Jim Dixon Caroline Maley Maura Teager Julia Tabreham Ifti Majid Claire Wright Carolyn Green Dr John Sykes Mark Powell Amanda Rawlings Samantha Harrison	Deputy Trust Chair and Non-Executive Director Senior Independent Director Non-Executive Director Non-Executive Director Acting Chief Executive Executive Director of Finance Director of Nursing & Patient Experience Executive Medical Director Acting Chief Operating Officer Director of People & Organisational Effectiveness Director of Corporate Affairs & Trust Secretary
<b>IN ATTENDANCE:</b>	Anna Shaw Sue Turner	Deputy Director of Communications & Involvement Board Secretary and Minute Taker
<b>APOLOGIES:</b>	Richard Gregory Margaret Gildea	Interim Chairman Non-Executive Director
<b>VISITORS:</b>	John Morrissey Mark McKeown Melissa Castledine Dave Waldram	Lead Governor Derbyshire Mental Health Alliance Derbyshire Mental Health Alliance Member of the public

<b>DHCFT 2016/147</b>	<b><u>DEPUTY CHAIRMAN'S WELCOME, OPENING REMARKS AND APOLOGIES</u></b>  In the absence of the Interim Chairman, Richard Gregory, Jim Dixon, Deputy Trust Chair and Non-Executive Director opened the meeting and welcomed everyone. Apologies were noted as above.
<b>DHCFT 2016/148</b>	<b><u>SERVICE RECEIVER STORY</u></b>  Chris Kirk, Clinical Team Leader/Senior Nurse for CAMHS RISE (Child and Adult Mental Health Services Rapid Intervention Support and Empowerment) accompanied service receiver Lucy to the meeting who kindly agreed to speak to the Board about her experience of CAMHS (Child and Adult Mental Health Services).  Lucy had been receiving support from CAMHS for a year and had been through a programme called 'Walking the Middle Path' that focusses on young people and their parents. Lucy explained her condition when she started the programme and the positive impact which that the programme has had to enable her and her family to learn skills and establish common ground. Being able to identify and understand herself and her parents' perspective has made an incredible difference to Lucy.

	<p>Lucy is in her last year of her A levels and is looking forward to going to university next year and is now able to see a positive future ahead of her. She was extremely happy to be talking to the Board and sharing her experiences. She feels she is in a better place than she was before and is incredibly thankful to CAMHS and the Walking the Middle Path programme.</p> <p>Maura Teager commended Lucy for getting her hope back for her future and asked if there was anything she would like to change about the services that she had received. When Lucy first joined CAMHS she did not know too much about the service and was quite sceptical about taking part due to the stigma surrounding mental illness, but her foster parents encouraged her to attend the sessions. She felt that promotion and understanding of the CAMHS service needs to change to make individuals less fearful.</p> <p>Ifti Majid asked Lucy about support received through her school. Lucy acknowledged that her secondary school had a safeguarding team but felt that more could have been done to support her. Carolyn Green asked Lucy what advice the Trust could give to the safeguarding teams in schools to help them in supporting others. In response Lucy said they should take young people's concerns seriously and make them feel they are being listened to. Carolyn Green explained to Lucy that the Trust wants to integrate mental health and physical health. Lucy felt that integrating mental health and normalising mental illness is a good idea as coming to terms with her mental health issues had been difficult because it was seen as very separate from other health areas.</p> <p>Members of the Board were very impressed by Lucy's articulate explanation of her story and the messages they heard about listening to young people and would certainly reflect on the way some of the Trust's services are promoted so they emphasise the importance of focussing on the family.</p> <p>Jim Dixon thanked Chris and the CAMHS team for their achievements in helping young people with difficult issues. Members of the Board asked Lucy to keep them updated about her future and hoped she would stay involved in mental healthcare as they thought she was tremendous advocate of mental health services.</p> <p><b>RESOLVED: The Board of Directors expressed thanks to Lucy for sharing her experiences and appreciated the opportunity to hear her feedback first hand.</b></p>
<p><b>DHCFT 2016/149</b></p>	<p><b><u>DECLARATIONS OF INTEREST</u></b></p> <p>An additional declaration of interest was recorded in respect of Amanda Rawlings' joint role as Director of People and Organisational Effectiveness with Derbyshire Community Healthcare Services (DCHS).</p>
<p><b>DHCFT 2016/150</b></p>	<p><b><u>MINUTES OF THE MEETING DATED 7 SEPTEMBER 2016</u></b></p> <p>The minutes of the meeting held on 7 September were accepted and agreed as an accurate record of the meeting subject to the following amendments:</p> <p>The first sentence of the penultimate paragraph of item DHCFT 2016/137, the Deep Dive into Learning Disabilities – Commissioning Differently would be amended to read <i>'The Board considered action to be taken and heard through Carolyn Green that the case described above by Libby Runcie would be taken to Safeguarding Adults Board as a case study to the sub groups to explore the risks for Derbyshire patients'</i>. The final sentence of this item would also be amended to read <i>'Carolyn Green informed the Board that challenges around waiting times, caseloads, capacity, recruitment and dealing with people with an autism diagnosis that were also reported in the Deep Dive but not explored in detail would be addressed within the new sub group for performance and the Performance Outcomes Group'</i>.</p>

	An action is to be added to the Security and Safety item listed under DHCFT 2016/143. <i>'Sam Harrison is to liaise with the chairman and Non-Executive Directors to assign a lead director to the security and safety NED lead role.'</i>
<b>DHCFT 2016/151</b>	<b><u>MATTERS ARISING AND ACTIONS MATRIX</u></b>  The Board agreed to close all completed actions. Updates were provided by members of the Board and were noted directly on the actions matrix.
<b>DHCFT 2016/152</b>	<b><u>CHAIRMAN'S VERBAL REPORT</u></b>  Jim Dixon, Deputy Trust Chair and chair of today's meeting did not give a verbal report.
<b>DHCFT 2016/153</b>	<b><u>ACTING CHIEF EXECUTIVE'S REPORT</u></b>  The Board received Ifti Majid's report which provided feedback on changes within the national health and social care sector as well as providing an update on developments occurring within the local Derbyshire health and social care community.  Ifti Majid advised the Board that collaboration work between the Trust and DCHS is continuing and this will result in the Strategic Options Case (SOC) being presented to the Board in confidential session on 27 October. The Board will then share the outcome of the SOC with the Council of Governors immediately after the meeting at a separate development session.  Attention was drawn to the presentation received at the Trust's Medical Advisory Committee that showcased the good work around clinical variation associated with prescribing behaviours within the Trust. Ifti Majid gave his support to medical colleagues to involve themselves in these discussions as this will improve the consistency of practice leading to better outcomes for people who use the Trust's services.  Ifti Majid thanked Jonny Benjamin for his opening address at the Annual Members Meeting held on 22 September. He was pleased to note that from questions received at the event that the commitment to supporting improvements in outcomes for all the groups of people the Trust works with remains very strong. He also wished to extend thanks from the Board to all the staff who worked so hard to plan for the event.  The report also contained a note received from Sukhi Katkhars, a specialist highlighting the work of North Derbyshire's Liaison Team. Ifti Majid felt this was a great example of teams working together. Maura Teager concurred as she thought this statement was a good illustration of shared experience and how they managed their work and supported each other.  Julia Tabreham referred to the Perinatal Mental Health Toolkit mentioned in the report. She hoped that the Trust could implement the diverse range of resources and learning the toolkit provides which would assist members of the primary care team to deliver the highest quality care to women with mental health problems during the perinatal period, and take advantage of the opportunities the toolkit provides for intervening earlier which would improve outcomes. Julia Tabreham also asked what plans were in place to evaluate the Health Education England support in meeting national targets to expand the workforce providing children and young people's mental health services. Ifti Majid explained that the Trust is already part of a Children's and Young People Improving Access to Psychological Therapy (IAPT) service but as North Derbyshire does not have an IAPT service, the IAPT team will share their working experience to support North Derbyshire and this will be reported on and progressed through the People and Culture Committee.  Care issues around capacity and consent and the Mental Health Act were discussed as the Board was keen to see an improvement with this issue. John Sykes pointed out that a

bulletin had been issued to staff that sets out the structure and points of compliance with the Mental Health Act and the Mental Capacity Act that need to be reinforced. A report on compliance with both these Acts will be submitted to the Mental Health Act Committee in November. He expected that by 31 October the Trust should be able to see progress in these areas.

In addition to this, John Sykes wanted to thank the Board for the investment made in the clinical skills tutor who has been appointed to ensure clinical staff were aware of their responsibilities under the Mental Capacity Act. A compliance dashboard will be used within the Mental Health Act Committee to monitor progress which he hopes can be factored into the Integrated Performance Report.

**RESOLVED: The Board of Directors noted the contents of the Acting Chief Executive's report.**

**DHCFT  
2016/154**

**INTEGRATED PERFORMANCE AND ACTIVITY REPORT**

The Board received the integrated overview of performance as at the end of August 2016 with regard to workforce, finance, operational delivery and quality performance.

Mark Powell updated the Board on operational performance. He was pleased to provide assurance that breast feeding RTT (Referral To Treatment) target had improved from August's below target performance of 92%. NHS Improvement have asked the Trust to provide an exception report explaining how this can be brought back on target and Mark Powell and Carolyn Green are in the process of discussing the short term actions with clinical colleagues. It was pointed out that although the 18 week RTT target has not been met for two consecutive months the information for the end of September indicates we have achieved September's 18 week RTT. Claire Wright stressed the fact that maintaining performance of each month was important and Mark Powell gave assurance that he was working to ensure that sustainable plans will be in place.

Caroline Maley referred to the amount of DNAs (Did not Attend Appointments) as this was above the target threshold for the second time in six months. It was noted that where mobile telephone numbers are recorded on PARIS (electronic patient record system) so that message reminders about appointments can be sent to patients, these will only prove to be effective if the mobile numbers held on file are current. It was agreed that outpatient administration processes will be looked at and Mark Powell will submit a report to the Finance and Performance Committee giving further detail regarding DNAs. Julia Tabreham asked if there is any kind of peer oversight or challenge around individual clinical efficiency and whether comparisons were made against clinicians' performance. Ifti Majid assured her that parameters are set and a dashboard of clinicians' performance can be found on CONNECT (the Trust's intranet).

Safer Staffing was discussed and the Board was pleased to note that there was no longer a requirement for the Trust to carry out emergency planning measures regarding staffing levels, although challenges remain at the Hartington and Radbourne Units.

Claire Wright updated the Board on the financial aspect of the report. She was pleased to report that the Trust was still ahead of plan financially for the year to date and that she is expecting the Trust to meet its planned control total at the end of the year. Agency spend is a key pressure and this will impact on the Trust's risk ratings however it was highlighted that agency expenditure is being contained within the overall budget. Closing the Trust's CIP (Cost Improvement Plan) gap will be challenging and there is a need to resolve cost avoidance as soon as possible, and more proactive work is required to achieve this.

In order to provide the Board and with assurance regarding agency spend, Mark Powell pointed out that the Programme Assurance Board had met and discussed agency spend on the low secure unit, IAPT and PICU (Psychiatric Intensive Care Unit) with regard to

	<p>cost avoidance plans. He was pleased to report that from the agency spend point of view we are performing better than planned and he is confident there is a robust system in place to give a good understanding of the timeline of individual posts within the recruitment process.</p> <p>Mark Powell also ran through the CIP and cost avoidance issues which are a challenge currently. The Trust has delivered nearly half of the CIP so far and will continue to strive to recover the full year to date requirement. Julia Tabreham felt it necessary that CIP information is presented in a different manner in the public domain. It was proposed that a single page on the CIP within the Operational Performance Report would be valuable and will be included in future reports.</p> <p>Amanda Rawlings drew attention to the Workforce section of the report. She was pleased to point out that compulsory training remains on track, compliance remains high and is above the 85% main contract commissioning for quality and innovation (CQUIN) target. Monthly and annual sickness absence rates continue to rise and Amanda Rawlings is trying to understand how sickness is being managed in order to actively reduce the number of sickness absences.</p> <p>Carolyn Green took the Board through the Quality aspect of the report. The CQC (Care Quality Commission) report was received on 23 August following their inspection of the Trust in June and she was pleased to point out that the focus on fire warden training has shown as a 27% improvement in compliance since the warning notice was received earlier in August. Julia Tabreham commended Carolyn Green on the work she had put into this initiative since the CQC report was received which she had achieved with limited resources within a short timeframe.</p> <p><b>ACTION: Mark Powell to submit a DNA report to the Finance and Performance Committee</b></p> <p><b>ACTION: Future Operational Performance Reports to include a single page covering CIP delivery.</b></p> <p><b>RESOLVED: The Board of Directors scrutinised the content of the report and obtained assurance on the current performance across the areas presented.</b></p>
<p><b>DHCFT 2016/155</b></p>	<p><b><u>POSITION STATEMENT ON QUALITY</u></b></p> <p>Carolyn Green delivered her report which provided the Board of Directors with an update on the continuing work to improve the quality of the organisation's services in line with the Trust's Strategy, Quality Strategy and Framework and strategic objectives.</p> <p>Jim Dixon thanked Carolyn Green for leading the CQC preparation work which he understood was a huge undertaking for staff. He observed that Carolyn Green was already working with the same energy and enthusiasm in making improvements as she had in the preparedness work.</p> <p><b>RESOLVED: The Board of Directors:</b></p> <ol style="list-style-type: none"> <li><b>1) Received the Quality Position Statement</b></li> <li><b>2) Gained assurance on its content</b></li> </ol>
<p><b>DHCFT 2016/156</b></p>	<p><b><u>BOARD COMMITTEE ESCALATIONS</u></b></p> <p>Assurance summaries were received from the Audit and Risk Committee, Mental Health Act Committee and the Quality Committee which identified key risks, assurance and decisions made. Ratified minutes of the meeting of the People and Culture Committee held on 15 July were included for information. It was noted that the draft minutes of the meeting of the Quality Committee held on 8 September were included in error in place of the ratified minutes of the August meeting.</p>

	<b>RESOLVED: The Board of Directors received the Board Committee escalations.</b>
<b>DHCFT 2016/157</b>	<p><b><u>NHSI SINGLE OVERSIGHT FRAMEWORK</u></b></p> <p>Claire Wright presented her report which summarised the key elements and risk areas relating to the new NHSI oversight framework. She described how the new performance rating is assessed across quality of care, finance and use of resources, operational performance, strategic change and leadership and improvement capability ratings and confirmed that the Trust's current performance against the various indicators will place the Trust in segment 3, which is for trusts that are in actual or suspected breach of their licence. She advised the Board that this rating will trigger a mandated support package from NHSI.</p> <p>Although this report was received mainly for information purposes, the Board familiarised itself with the framework and understood that it was not required to make a decision regarding the control totals framework at today's meeting. It was noted that performance against the framework will be a helpful addition to Board reporting as this will show how the oversight framework is used to establish risk areas.</p> <p><b>RESOLVED: The Board of Directors:</b></p> <ol style="list-style-type: none"> <li><b>1) Scrutinised and became familiar with the new Single Oversight Framework</b></li> <li><b>2) Noted the key risk areas for this organisation and to consider the likelihood and implications of segmentation into segment 3</b></li> </ol> <p><b>Noted that they will receive information regarding any future updates or iterations of the framework</b></p>
<b>DHCFT 2016/158</b>	<p><b><u>NHS OPERATIONAL PLANNING AND CONTRACTING GUIDANCE 2016 - 2019</u></b></p> <p>Mark Powell's report provided the Board with a summary of the recently published NHS Operational Planning and Contracting Guidance for 2017 – 2019.</p> <p>The timeline for delivery of the operational plan was noted along with the key points within the planning guidance. The Board considered that the implementation of the Trust's strategy and the current position of the STP (Sustainability and Transformation Plan) were clear drivers to deliver a coherent operational plan. It was agreed that corporate governance involvement in the operational plan by the Board will be covered during the November and December Board Development sessions to ensure there is a clear direction in the implementation of operational policies in the five year forward view.</p> <p><b>ACTION: Operational Plan to be included in the Board Development programme for November and December.</b></p> <p><b>RESOLVED: The Board of Directors noted the key points within the operational planning guidance.</b></p>
<b>DHCFT 2016/159</b>	<p><b><u>EQUALITY AND DIVERSITY</u></b></p> <p>Amanda Rawlings presented the Board with a summary of the Trust's position with regards to the equalities agenda and statutory compliance.</p> <p>The Board noted the Trust's position to date and that the detailed Equalities Action Plan 2016 – 17 addressed all issues as raised by the CQC during their inspection in June. It was agreed that the action plan could be included as evidence to assure the CQC that the Trust is complying with its equality and diversity obligations.</p> <p><b>RESOLVED: The Board of Directors approved the Trust's Equalities Action Plan 2016 – 17 as set out in the report.</b></p>

<p><b>DHCFT 2016/160</b></p>	<p><b><u>RECOVERY OUTCOMES</u></b></p>
	<p>Carolyn Green's report delivered a two year review of patient stories heard by the Board and the continuing work to improve the quality of the Trust's services.</p> <p>The Board reflected on the positive and difficult experiences that service users, children, families and staff had talked about when they had attended Board meetings to tell their stories, and the impact each account had upon the learning within the organisation as well as the important impact and value experienced by the Board when hearing these stories. Discussion took place as to how these stories can be used going forward and it was agreed that Carolyn Green would work with Anna Shaw and the Communications Team to establish a wider communication of the issues and the learning obtained from the stories. It was also suggested that a foreword written by service receivers could be included in the final publication of the recovery outcomes.</p> <p>The Board agreed that the analysis of the recovery outcomes would be repeated on an annual basis. It was proposed that future service user stories would include the perspective of the voluntary sector and other representative groups and should also include focus on experiences that have not been positive.</p> <p><b>ACTION: Carolyn Green to work with Anna Shaw and the Communications Team on a wider communication of patient receiver stories and the learning obtained from each.</b></p> <p><b>ACTION: Review of Recovering Outcomes to be reflected in the forward plan on an annual basis.</b></p> <p><b>ACTION: Recovery stories will also consider and include the voice of the voluntary sector and other representative groups as well as carers' views. There will also be an increase in the number of children service stories, service receivers from the criminal justice and forensic services as well as individuals in primary care with regard to access to the service and/or the representation from IAPT services.</b></p> <p><b>RESOLVED: The Board of Directors</b></p> <ol style="list-style-type: none"> <li><b>1) Agreed to repeat this analysis at annual intervals and consider the voice of the voluntary sector and other representative groups in addition to service receivers and carers views.</b></li> <li><b>2) Agreed to increase the number of Children service stories to be more representative of the service provision</b></li> <li><b>3) Agreed to schedule the voice of the service receivers from the criminal justice and forensic services.</b></li> <li><b>4) Agreed to consider the voice of individuals in primary care with regard to access to the service and or the voice of representation from IAPT services.</b></li> </ol>
<p><b>DHCFT 2016/161</b></p>	<p><b><u>GOVERNANCE IMPROVEMENT ACTION PLAN</u></b></p>
	<p>This paper presented by Mark Powell, provided the Board with an update on the progress of delivering the Governance Improvement Action Plan (GIAP).</p> <p>The Board discussed the areas rated as off track and areas that contained some issues and sought assurance on each. It was acknowledged that it is the responsibility of the Board Committees to mitigate actions through scrutiny and the executive director lead has ownership of each recommendation area. It was agreed that outstanding issues that did not capture the required mitigation within set time frames will be monitored and challenged by the respective Board Committee at each meeting and additional evidence will be provided against each action so that the Board can obtain the required assurance on each of these areas.</p>

	<p>The Board agreed that a six month review of the GIAP will take place by each Board Committee as set out in the paper (arising from recommendations in the Deloitte preliminary report on implementation of the GIAP) in order to establish an understanding of the BRAG (Board Assurance RAG Rating) and to demonstrate to the Board that these actions have been triangulated and can be signed off within the GIAP. Sam Harrison and Mark Powell will work with each Committee to ensure a consistent approach is applied.</p> <p><b>ACTION: Each Board committee will conduct a six month review of their respective GIAP actions and demonstrate to the Board that these actions have been triangulated and can be signed off. Sam Harrison and Mark Powell will work with each Committee to ensure a consistent approach is applied.</b></p> <p><b>RESOLVED: The Board of Directors:</b></p> <ol style="list-style-type: none"> <li>1) <b>Noted the progress made against the GIAP</b></li> <li>2) <b>Discussed the areas rated as 'off track' and 'some issues', seeking assurance where necessary on the mitigation provided</b></li> <li>3) <b>Discussed Deloitte's preliminary recommendations and agreed to the suggested 6 month review of GIAP as set out in this paper</b></li> <li>4) <b>Agreed at the end of the Public Board meeting whether any further changes are required to the GIAP following presentation of papers, outcomes of item specific discussions and/or other assurances provided throughout the meeting</b></li> </ol>
<p><b>DHCFT 2016/162</b></p>	<p><b><u>REPORT FROM COUNCIL OF GOVERNORS</u></b></p> <p>The Council of Governors met on 6 September. This report provided a summary of issues discussed and was noted by the Board.</p> <p><b>RESOLVED: The Board of Directors noted the summary report from meeting of the Council of Governors</b></p>
<p><b>DHCFT 2016/163</b></p>	<p><b><u>REVISION OF ENGAGEMENT WITH THE BOARD OF DIRECTORS AND COUNCIL OF GOVERNORS POLICY</u></b></p> <p>This paper set out a proposed policy that has been developed from reviewing best practice and incorporated comments arising from discussion by governors at the Governance Committee at its 6 June and 7 July meetings. The governors subsequently approved the policy at the Council of Governors meeting on 6 September for onward consideration by the Board of Directors. Sam Harrison explained that the policy outlined the process for engagement between the Board of Directors and Council of Governors, noting the good practice that had been established over recent months to build an effective and open working relationship.</p> <p>The Board reviewed and approved the revised policy, subject to the completion of the Equality Impact Risk Analysis and agreed that it would be reviewed on an annual basis and this would be reflected in the forward plan.</p> <p><b>ACTION: Sam Harrison to complete the Equality Impact Risk Analysis</b></p> <p><b>ACTION: Policy for Engagement between the Board of Directors and Council of Governors to be captured in forward plan on an annual basis.</b></p> <p><b>RESOLVED: The Board of Directors:</b></p> <ol style="list-style-type: none"> <li>1) <b>Approved the revised Policy for Engagement between the Board of Directors and Council of Governors</b></li> <li>2) <b>Agreed to review the implementation of the policy on an annual basis to ensure that it is being effectively used to the satisfaction of both the Board and Council of Governors.</b></li> </ol>

<p><b>DHCFT 2016/164</b></p>	<p><b><u>ANY OTHER BUSINESS</u></b></p> <p><b>Electronic Patient Record:</b> Caroline Maley informed the Board that while attending quality visits she had observed that some areas within the Trust were not fully compliant with the Electronic Patient Record (EPR) system and suggested that the Board receives an update on progress of EPR across the Trust. The Board agreed that in order to address Caroline Maley's observation a deep dive would be held on the Trust's Full Service Record (FSR) at the November meeting.</p> <p><b>ACTION: Full Service Record Deep Dive to be an agenda item for the November meeting.</b></p>
<p><b>DHCFT 2016/165</b></p>	<p><b><u>BOARD FORWARD PLAN</u></b></p> <p>The forward plan was noted and would be updated in line with today's discussions.</p> <p><b>RESOLVED: The Board of Directors noted the forward plan for 2016/17</b></p>
<p><b>DHCFT 2016/166</b></p>	<p><b><u>IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK OR GIAP</u></b></p> <p>None were noted and the Board considered the Board Assurance Framework was up to date. All matters relating the GIAP were recorded in item DHCFT 2016/161 above.</p>
<p><b>DHCFT 2016/167</b></p>	<p><b><u>BOARD PERFORMANCE AND CONTENT OF MEETING</u></b></p> <p>Deputy Trust Chair, Jim Dixon considered that good discussions had been held during the meeting and urged Board members to contribute outside their areas of expertise as advised by Deloitte in their report. Achievements against the strategy would be made more visible and show how they are being performance managed. Board members were reminded that all acronyms are to be more clearly explained in reports.</p>
<p>The next meeting of the Board held in Public Session will take place at 1pm on Wednesday, 2 November 2016.</p> <p style="text-align: center;"><b>The location is Conference Rooms A and B Research and Development Centre, Kingsway, Derby DE22 3LZ</b></p>	