

<b>Document:</b>	<b>Minutes FINAL &amp; APPROVED</b>	
<b>Meeting:</b>	<b>Board of Directors (session in public)</b> <b>Thursday 25 June 2015, 13.00 – 16.00, The Cranston Suite, East Court, College Lane, East Grinstead RH19 3LT</b> <i>Please note that at the Chair's request, agenda item 159 was taken ahead of item 153</i>	
<b>Present:</b>	Beryl Hobson, (BH)	Trust Chair
	Steve Fenlon (SF)	Medical Director
	Ian Playford (IP)	Non-Executive Director
	Lester Porter (LP)	Non-Executive Director
	Clare Stafford (CS)	Director of Finance and Performance
	Jo Thomas (JMT)	Director of Nursing & Quality
	John Thornton (JT)	Non-Executive Director
	Richard Tyler (RT)	Chief Executive
<b>In attendance:</b>	Graeme Armitage (GA)	Director of Human Resources & Organisational Development
	Kathleen Dalby (KD)	Head of Corporate Affairs & Co Sec
	Sharon Jones (SJ)	Director of Operations
	Hilary Saunders (HS)	Deputy Company Secretary (minutes)
<b>Apologies:</b>	Ginny Colwell (GC)	Non-Executive Director
	Brian Goode (BG)	Governor Representative
<b>Public Gallery:</b>	None	

#### WELCOME

<b>143-15</b>	<b>Welcome, apologies and declarations of interest</b> The Chair welcomed CS and SJ to their first public board meeting since being appointed to the trust.  Apologies had been received from Ginny Colwell and Brian Goode  There were no new Declarations of Interest.
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#### PATIENT STORY

<b>144-15</b>	<b>Patient Safety</b> JMT apprised the board of her observations during visits to clinical areas in recent weeks. In particular, she highlighted contributions made by staff to patient safety on Peanut ward and felt assured by the ability and responsiveness of the Paediatric team.  The Chair thanked JMT for her update, the contents of which were <b>NOTED</b> by the board.
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#### STANDING ITEMS

<b>145-15</b>	<b>Draft minutes of the meeting session held in public on 21 May 2015 for approval</b> For consistency, the board agreed that reference to chairmanship of the audit committee should be included in the public minutes. With this adjustment, the minutes were <b>APPROVED</b> as a correct record.
<b>146-15</b>	<b>Matters Arising &amp; Actions Pending</b> The board reviewed the current record of matters arising and actions pending. The update was received and <b>APPROVED</b> .
<b>147-15</b>	<b>Update from the Chief Executive</b> RT presented his monthly update. Highlights included:

- On the basis that the majority of recommendations contained within the Canadian Wing action plan had been completed, (with the remainder close to being finalised), RT sought and received approval from the board that the action plan be formally closed;
- Clinical Cabinet would be debating the Estates strategy on 20<sup>th</sup> July. An invitation to attend the meeting would be extended to all members of the board **[Action: RT]**
- In light of changes to burns services, a paediatric review, chaired by GC, was to be undertaken;
- The inaugural trust leadership forum, attended by senior managers, had taken place the previous day;
- The next phase of the new care models programme had been launched. QVH would be bidding to become part of new vanguard model in acute care collaboration, which would align well with the QVH 5-year plan. NHS England had indicated it would particularly welcome interest from smaller hospitals;

RT also apprised the board of current national issues. These included proposals to improve current financial controls and productivity, a review of the 18-week referral to treatment times (RTT18), and a review undertaken by Lord Carter into saving money and driving efficiencies within the NHS.

BH thanked RT for his report, the contents of which were **NOTED** by the board.

## RESULTS AND ACTIONS

### 148-15 Patients: safe staffing and quality of care

JMT opened by explaining why the corporate risk register hadn't been circulated to the board in time for today's meeting. It was agreed this would be circulated prior to next month's meeting. **[Action: JMT]**

Key issues highlighted as part of this month's update were as follows:

- Safe staffing levels had been achieved throughout May. Areas of concern continued to be vacancy rates on Canadian Wing. However, sickness levels on Canadian Wing had reduced significantly this month.
- Whilst there was an increase in incident reporting in May, the rise had merely returned reporting to more normal levels. (JMT reminded the board that high levels of reporting were actually a good sign as staff were encouraged to highlight concerns where necessary);
- Three grade 2 QVH acquired pressure ulcers had developed in May. JMT assured the board this situation was being carefully monitored;
- SF explained why an incident originally classed as a 'never event' had been reclassified as a serious incident. A formal report would be provided to the board in due course;
- Five new complaints opened in May; one related to medical communication; two related to communication and two related to clinical care. Three of the five have been graded as potentially moderate; complaints included delay in treatment and a missed diagnosis of a child which had been referred to the NHS Litigation Authority.
- JMT noted that statutory and mandatory training data contained within the workforce report did not correlate directly with that in the safe staffing report. This was because workforce data was trust wide, whereas the safe staffing report focused on ward staff only. A footnote would be included in future board reports to this effect. **[Action: JMT]**
- Conclusions as to whether both infection control incidents reported this month (VRE and MRSA) were unavoidable would be reported back to board.. **[Action: JMT]**
- Although the CQC Hospital Intelligent Monitoring rating for QVH had been reduced from 6 to 5, no new issues had occurred to adversely impact on the trust's ability to comply with CQC registration or our Monitor governance risk rating.
- It was noted that Friends and Family Test scores were high, with improved response rates.

Finally JMT reported that Horsham and Mid-Sussex Clinical Commissioning Group (CCG) had

	<p>congratulated QVH on its recent national inpatient survey results.</p> <p>The Chair thanked JMT for her update, the contents of which were <b>NOTED</b> by the board.</p>
<b>149-15</b>	<p><b>Operational performance: targets, delivery and key performance indicators</b></p> <p>SJ introduced her report, asking the board to note the following:</p> <ul style="list-style-type: none"> <li>• In month 2, the main discrepancy to plan was within Plastics. Diagnostic work across all business units was underway to gain a better understanding of the issues. This would be followed by corrective actions and development of longer term sustainable plans. SJ assured the board that focus would remain on income and activity;</li> <li>• The trust continued to forecast compliance at an aggregate level for all three 18-week targets, with all targets met in May. In the meantime, work was underway to ensure continued resilience over the summer period;</li> <li>• As reported earlier by the CEO, changes to reporting of the 18-week RTT targets were to be implemented. Focus would be on open pathways which would be beneficial to the trust;</li> <li>• The trust achieved all cancer waiting times in April except for the 62-day target where there were a total of 7 breaches. Five of these involved patients on a shared pathway with other hospitals, (four of which sat with Medway). SJ reminded the board that although contact and conversations continued, breaches for patients on joint pathways with Medway would remain a risk.</li> </ul> <p>The Chair thanked SJ and the board <b>NOTED</b> the contents of the report.</p>
<b>150-15</b>	<p><b>Financial performance</b></p> <p>CS presented details of the trust's financial performance up to 31<sup>st</sup> May. Main areas for the board's consideration included:</p> <ul style="list-style-type: none"> <li>• The trust's delivery of a surplus of £126k for the month, which was slightly lower than planned. Although action had been taken to mitigate the MO1 deficit, this had not been sufficient to address the situation and the cumulative deficit now stood at £109k. As reported under item 149-15, an investigation into elective activity, led by SJ, was underway to address the position. The current situation had been compounded by a pay overspend in Plastics. (This was from 2014-15 but had not been captured in year-end accruals). Finance teams continue to work closely with Human Resources to monitor pay and agency spends.</li> <li>• The capital programme remained behind plan. The timing of the programme would be reviewed to ensure schemes were delivered to realistic timescales;</li> <li>• Despite the deficit, the MO1 financial performance retained a Monitor Continuity of Service Risk Rating (CSRR) of 4 and did not impact negatively on the trust's governance rating.</li> </ul> <p>In response to a number of queries raised by the board, CS explained that:</p> <ul style="list-style-type: none"> <li>• Given the significant increase in the levels of challenge this year, plans were in place to deliver CIPs. However, CIPs would be monitored separately and a rolling programme would be introduced in due course;</li> <li>• Whilst new clinical directors were fully engaged in their roles, additional work would be necessary to improve the current level of information available to them;</li> <li>• More work was required to improve current capacity, systems and processes within the finance team. Additional investment in business management skills would be necessary across other departments including HR, IT and Operations;</li> </ul> <p>RT advised that once the new executive team had time to acclimatise, he would be implementing a management programme to incorporate key strategies such as the Electronic Patient Record system, growth, productivity and capital expenditure.</p> <p>BH thanked CS for her update. The board <b>NOTED</b> the contents of the report and actions undertaken to address prevailing issues.</p>

151-15	<p><b>Contracts update</b></p> <p>CS presented an update on commissioner contracts for 2015/16 with background information on activity assumptions. The board was asked to note the following:</p> <ul style="list-style-type: none"> <li>• The trust was currently under performing against commissioned activity by £70k, largely due to underperformance in specialised services. (However there was one long stay burns critical care patient that had not been accrued for in these figures. CS noted that the majority of underperformance would be removed once the patient was discharged).</li> <li>• The number of contracts was increasing despite roughly the same levels of activity. This placed a huge administrative burden on the trust and introduced a risk for increased data challenges. The situation would require careful monitoring;</li> <li>• Not all commissioners had provided activity plans with sufficient detail required by the trust’s contract management system. Therefore, analysis by commissioner, by activity line, was not available this month, although this should be addressed in future;</li> <li>• Whilst acknowledging this report was useful to the board, it would in future be integrated into finance &amp; performance committee reporting and no longer presented in its current format.</li> </ul> <p>BH thanked CS for her update. The board <b>NOTED</b> the contents of the report and actions undertaken to manage any issues.</p>
152-15	<p><b>Workforce</b></p> <p>GA provided the board with an update on workforce key performance indicators, highlighting the following:</p> <ul style="list-style-type: none"> <li>• Turnover had fallen to just over 15% following a downward trend towards the trust target of 11%. This indicated that improvements in recruitment and retention were starting to have a positive effect;</li> <li>• Changes to the recruitment process were now being implemented. Rotational posts in nursing had been advertised and supported by Brighton University. The trust had over-recruited plastics junior doctors to minimise the impact of the reduced number of doctors being provided by the Deanery;</li> <li>• As reported last month, agency costs had reduced following the introduction of overtime rates for bank work. This 3-month pilot would be extended to allow for consultation with staff side on the introduction of a single enhanced flat rate for substantive QVH staff undertaking bank work;</li> <li>• Sickness absence rates had increased slightly. However, changes within Occupational Health provision will help to support an overall reduction this year. HR would continue to support managers in managing sickness more effectively. CS noted that the cost of sickness absence to the trust would be higher if the cost of backfill staff was included. (It was noted that there was an error in the metric for sickness absence days in April. GA agreed to correct this); and,</li> <li>• Feedback from General Medical Council Survey (completed by junior medical staff) was positive, reflecting actions taken to address concerns raised by junior doctors in previous years. GA agreed to circulate details to the board. <b>[Action: GA]</b></li> </ul> <p>BH raised concerns regarding the overall drop in statutory and mandatory training compliance. CS concurred that, as Senior Information Risk Owner (SIRO), she would wish to see an improvement in current levels of Information Governance (IG) compliance. This was particularly pertinent in view of the recent spate of IG breaches. GA agreed to look into this. He also agreed to include a commentary with details of action being taken in future reporting <b>[Action: GA]</b>. In the meantime, BH asked KD to undertake a review of NED statutory and mandatory training to ensure compliance. <b>[Action: KD]</b></p> <p>BH reminded the board that a Human Resources committee had now been established, reporting into the new Finance and Performance committee. With this in mind, she suggested future workforce reporting could be streamlined. GA assured her that he was already working with JMT, CS and SJ to</p>

	<p>produce a more integrated report for future board discussions.</p> <p>The Chair thanked GA for his update, the contents of which were <b>NOTED</b> by the board.</p>
<b>STRATEGIC PRIORITIES</b>	
<b>153-15</b>	<p><b>Staff survey action plan</b></p> <p>GA presented to the board an action plan which had been developed following detailed analysis of the last three years' staff survey results. This addressed the six main themes from analysis presented to the board last month. Whilst the plan included a number of initiatives, managers across the organisation would be tasked to review and address the detail of the report relevant to their areas of responsibility.</p> <p>GA assured the Chair that the Leadership Toolkit would incorporate a business development module designed to improve delivery of the appraisal process.</p> <p>He also advised that progress would be monitored on a quarterly basis but warned that the impact of changes would be unlikely to impact immediately on the 2015 staff survey.</p> <p>Finally, the board was cautioned not to underestimate the amount of work involved. GA warned that the organisation would need to work effectively within current resources in order to achieve a successful outcome.</p> <p>The Chair thanked GA for the action plan update, the contents of which were <b>NOTED</b> by the board.</p>
<b>154-15</b>	<p><b>Board development programme</b></p> <p>GA presented the board development programme. The purpose of this was to make best use of the resources available to the board thus enabling it to ensure that QVH remained an innovative and high-performing organisation.</p> <p>He explained that the programme aimed to complement the existing personal development plans and back- to-the-floor visits currently undertaken by directors. Account would also be taken of stakeholder feedback to influence the board's methodology.</p> <p>It was hoped the programme would support the board's operation as a unitary model, working to the principles of Monitor's well-led governance framework. It had also been designed to align with trust values and behaviours.</p> <p>IP queried how this would shape organisational culture. BH acknowledged that this was a recurrent theme and reminded the board that the away-day in September would be dedicated to this topic.</p> <p>Whilst acknowledging that board development sessions (set out in Appendix A of the report) were in no particular order, JT stressed the importance of item 5, (strategic direction). LP also asked the board to remain mindful of quality over quantity.</p> <p>The Chair thanked GA for his presentation and the board <b>APPROVED</b> the contents of the programme.</p>
<b>155-15</b>	<p><b>Quarterly update on delivery of KSO1: outstanding patient experience</b></p> <p>JMT presented a summary of the Q1 actions. She asked the board to note that progress was continuing against each objective, and highlighted in particular the following:</p> <ul style="list-style-type: none"> <li>• All directors, NEDs and some governors were now undertaking Compliance in Practice sessions, increasing their visibility throughout the trust;</li> <li>• Safe care modules were now part of the e-roster;</li> <li>• Compliance with WHO checklist continued to be monitored;</li> <li>• Monday to Friday cover on volunteers reception desk (between 0900 and 1600) had now been</li> </ul>

	<p>achieved; and,</p> <ul style="list-style-type: none"> <li>• Early warning information was now being used across operational teams including SafeCare (it had been agreed that no further system was required at this stage).</li> </ul> <p>Main challenges to achievement of the KSO1 objectives remained recruitment and retention of staff, and the effective allocation of estates resources to those projects facilitating safe care.</p> <p>The board sought and received assurance on the following:</p> <ul style="list-style-type: none"> <li>• Whilst there was still much work to be done in respect of estates and facilities, an integrated programme was being developed to combine the capital programme and the QVH Charity, with clear prioritisation of objectives; and</li> <li>• That KSO1 was not overly ambitious. Internal and external benchmarking would continue in order to demonstrate clear improvements in patient experience.</li> </ul> <p>(Further to comments made earlier by the board in respect of communication of trust vision and values, it was noted that the KSO1 report strapline should be updated to ensure consistency).</p> <p>The Chair thanked JMT for her presentation, the contents of which were <b>NOTED</b> by the board.</p>
156-15	<p><b>Quarterly update on delivery of KSO2: clinical excellence</b></p> <p>SF presented a quarterly update on KSO2, noting the strategy would continue to be flexible to meet the needs of the organisation. Current themes were:</p> <ul style="list-style-type: none"> <li>• Maximising performance and developing new surgical and community facing services on site;</li> <li>• Development of off-site spokes; and</li> <li>• Network development (eg trauma) both on and off site.</li> </ul> <p>Achievements this quarter included:</p> <ul style="list-style-type: none"> <li>• Education and training: <ul style="list-style-type: none"> <li>• Good progress had been made thanks to the support of Ed Pickles, Director of Medical Education and Helen Moore, Medical Education Manager. As reported earlier under item [152-15], the trust had received positive feedback from the General Medical Council, reflecting actions taken to address concerns raised by junior doctors in previous years.</li> <li>• Despite a shortage of deanery supported trainees, thanks to excellent consultant engagement in recruitment, retention (and management of trust grade doctors in difficulty), the position was improving, with an enhanced relationship between the deanery and the trust;</li> <li>• Work on improving the trust induction programme for trainees doctors was continuing.</li> </ul> </li> <li>• Clinical research and development: <ul style="list-style-type: none"> <li>• Grants conferred from bids made during 2014-15 included a successful £1.1m MRC award and a contribution from the University of Brighton for £18k to assist setting up a QVH tissue bank.</li> </ul> </li> </ul> <p>SF also provided an update on progress in respect of 2015-16 priorities. In addition, he advised that a third priority (a review of spoke sites' governance) would be added to the existing KSO2 action plan.</p> <p>Further to last month's meeting, SF reminded the board that QVH would no longer be making a contribution to the Academic Health Science Network. Due to the high levels of contribution made in recent years however, it was anticipated that trust membership would continue routinely for the foreseeable future.</p> <p>SF agreed to investigate further the implications of the 'I want great care' data and report back to the</p>

	<p>board. <b>[Action: SF]</b></p> <p>The Chair thanked SF for his update, the contents of which were <b>NOTED</b> by the board.</p>
<b>GOVERNANCE</b>	
<b>157-15</b>	<p><b>Board governance review</b></p> <p>KD presented a paper describing progress on the board governance review. The board was asked to consider the report and its recommendations so that logistical arrangements could be put in place for implementation from October 2015.</p> <p>These recommendations were as follows:</p> <ul style="list-style-type: none"> <li>• Meeting agendas for the board of directors will alternate between formal business and informal seminars;</li> <li>• Meetings will take place in the first week of the calendar month;</li> <li>• Meetings will follow the schedule proposed at appendix 2; and,</li> <li>• The quality and risk committee will meet monthly from October 2015.</li> </ul> <p>IP sought and gained assurance that health and safety is an integral part of the quality and risk committee's remit and estates matters were being carefully monitored. CS confirmed she was also undertaking a review of estates to ensure mechanisms were in place to provide sufficient assurance.</p> <p>After a short discussion about whether the finance and performance committee would meet in every month of the calendar year, CS and JT agreed to review and make a recommendation to the board. <b>[Action: CS]</b></p> <p>It was noted that the current frequency of the quality and risk committee's meetings should be corrected to bi-monthly, instead of quarterly <b>[Action: KD]</b></p> <p>Discussion of additional logistical considerations was precluded due to time constraints. Therefore, KD agreed to circulate a list of practical questions for board response <b>[Action: KD]</b></p> <p>A further update would be provided in September when the board would be asked to sanction final changes arising from the governance review. In the meantime the board <b>APPROVED</b> the recommendations contained within the interim update.</p> <p>The Chair thanked KD for her report.</p>
<b>REPORTS FROM THE CHAIRS OF THE SUB-COMMITTEES TO THE BOARD</b>	
<b>158-15</b>	<p><b>Clinical cabinet</b></p> <p>RT presented a report on the Clinical Cabinet meetings which had taken place in the last month. He also apprised the board that a presentation on the organisational structure aligned to the trust's strategic direction had been well received by Cabinet</p> <p>There were no questions and the board duly <b>NOTED</b> RT's update.</p>
<b>159-15</b>	<p><b>Financial and Performance committee</b></p> <p>JT introduced the report as Chair of the new Finance and Performance (F &amp; P) committee. He explained the format of this report, (drafted by the governance committee), sought to provide assurance to the board in real time. It was currently designed to report by exception only.</p> <p>As this was the inaugural committee meeting, the focus of discussion was on terms of reference etc. JT noted the meeting had a different tone to usual board updates, permitting a more detailed discussion.</p> <p>Approval had been sought from, and received by, the committee to split the business case for the IT</p>

	<p>infrastructure into two. This would allow an initial case to be brought to the July board to authorise the enabling works which includes the cabling, cabinets and data centres.</p> <p>The board discussed the implications of the new report and agreed the following:</p> <ul style="list-style-type: none"> <li>• Whilst the report's format was currently designed to provide assurance only, it was suggested this could be adapted to highlight areas for escalation to the board;</li> <li>• The board would ascertain what key areas of assurance it needed to enable it to adopt a strategic approach at its business meetings. The report could then be modified to include recommendations and outcome of each discussion;</li> <li>• Although a request had been made for minutes to be included within the report, it was noted that scheduling of the F &amp; P meetings would preclude this. However, it was anticipated that minutes of all sub-committees would be made available to board members in due course once a suitable board portal system had been identified</li> </ul> <p>There were no further questions and the board duly <b>NOTED</b> the contents of the update.</p>
<b>160-15</b>	<p><b>Audit committee</b></p> <p>JT provided a brief update on matters arising at the Audit committee meeting held earlier in the month.</p> <p>After a brief debate, the following was agreed:</p> <ul style="list-style-type: none"> <li>• The Audit plan for 2015-16 would be circulated to the board for information and assurance once it had been approved by the committee [<b>Action: CS</b>]</li> <li>• Discussion on the function of the Audit committee and assurance required by board would be scheduled into the board work programme [<b>Action: KD</b>]</li> </ul> <p>There were no further questions and the board duly <b>NOTED</b> the contents of the update.</p>
<b>161-15</b>	<p><b>Board outcomes group</b></p> <p>LP reminded the board that the Outcomes Group had been established in 2014 initially to oversee delivery of robust and accessible outcomes for our consultants, for the benefit of commissioners, patients and staff.</p> <p>Originally intended to operate in a supervisory capacity, the group was regularly drawn into discussion on detailed operational matters outside its remit. So, earlier this year a project steering group was established to manage day to day operations. Accountability for delivery had been assigned to the executive team who would now assume responsibility for apprising the board of progress in the future. Accordingly, after brief discussion, the board <b>APPROVED</b> the group be disbanded with immediate effect.</p> <p>A supplementary report had been prepared by SF on the status of the outcomes project. This also contained a series of recommendations on the way forward. After due consideration of the options contained within the report, the board <b>AGREED</b> to continue with Option 1 for the time being, whilst progressing Option 2 for the remainder of the year. Additionally, bi-annual updates on outcomes work would be scheduled into board work programme [<b>Action: KD</b>]</p> <p>The Chair thanked LP and SF for their report.</p>
<b>NEXT MONTH'S AGENDA</b>	
<b>162-15</b>	A draft of next month's agenda was duly <b>NOTED</b> by the board.
<b>STAKEHOLDER AND STAFF ENGAGEMENT</b>	
<b>163-15</b>	<p><b>Feedback from events and other engagement with staff and stakeholders</b></p> <ul style="list-style-type: none"> <li>• BH asked the board to note that in the last month she had made systematic visits with the CEO to all areas of the hospital, (including Compliance in Practice visits), attended trust</li> </ul>



	<p>induction, met with various consultants, met with chairs of other NHS organisations, attended the League of Friends AGM, and also the Guinea Pig AGM and lunch;</p> <ul style="list-style-type: none"> <li>• KD noted that the level of staff engagement following the launch of 'Qnet' (the trust's new intranet) had been encouraging;</li> <li>• SF had attended a medical director conference in London;</li> <li>• CS had attended the trust induction, and taken a tour of the estate. She had also made several unannounced visits to various departments within the hospital. External events included the NHS Providers Finance Directors network event where CS noted that the QVH strategy aligned well with the 5-year forward national strategy;</li> <li>• JMT had taken part in the trust recruitment day which had proved a very successful event thanks to the support of matrons and the Human Resources team;</li> <li>• IP had also attended the trust induction. He noted that the core programme, including mandatory aspects, was presented well. However, trialling of new components and timings had made for a slightly disjointed experience. IP also reported that he had yet to meet with the Head of Estates who had been absent through sickness;</li> <li>• GA reported that he had undertaken two Compliance in Practice visits on Canadian Wing and was encouraged by feedback received from staff;</li> <li>• RT reported on some positive patient feedback which he had received in recent weeks;</li> <li>• JT had attended a KPMG breakfast seminar and also undertaken two Compliance in Practice visits;</li> <li>• SJ had also attended the trust induction. In addition, she had visited the Prosthetics Department and commended the work undertaken there. External visits had been made to trusts in Lewes and Brighton.</li> <li>• HS updated the board on a recent NHS Providers CoSec Network event at which a presentation on the Board Assurance Framework had been made by a representative from Baker Tilly.</li> </ul>
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<b>MEMBERS OF THE PUBLIC</b>	
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<b>164-15</b>	<b>Observations from members of the public</b> There were none.
<b>165-15</b>	Further to paragraph 39.1, and annex 6 of the Trust's Constitution, it was agreed that members of the public should be excluded from the remainder of the meeting in order to enable the board to discuss confidential information concerning the trust's finances and matters of a commercially sensitive nature

Chair ..... Date .....