Ashford and St. Peter's Hospitals
NHS Foundation Trust

OPEN MEETING OF THE COUNCIL OF GOVERNORS
5th September 2018, Education Centre, Ashford Hospital

PRESENT:	Maureen Attewell	Appointed Governor – Spelthorne Borough Council	**MA**
	Simon Bhadye	Public Governor – Spelthorne	**SB**
	Keith Bradley	Public Governor – Woking and Guildford	**KB**
	Brian Catt	Public Governor – Spelthorne	**BC**
	Maurice Cohen	Public Governor – Woking and Guildford	**MC**
	Melaine Coward	Appointed Governor – University of Surrey	**MCo**
	Richard Docketty	Staff Governor – Hospital Volunteers	**RD**
	Lilly Evans	Public Governor – Runnymede, Surrey Heath, Windsor and Maidenhead	**LE**
	Andy Field	Chairman	**AF**
	Godfrey Freemantle	Public Governor – Hounslow, Kingston and Richmond	**GF**
	Arun Gupta	Staff Governor – Medical and Dental	**AG**
	Sue Harris	Staff Governor – Nursing and Midwifery	**SH**
	Chris Howorth	Appointed Governor – Royal Holloway University	**CH**
	Deborah Hughes	Appointed Governor – Woking Borough Council	**DH**
	Steve McCarthy	Public Governor – Elmbridge	**SMc**
	Sinead Mooney	Appointed Governor – Surrey County Council	**SM**
	Bhagat Singh Rupal	Public Governor – Hounslow, Kingston and Richmond	**BSR**
	John Sermon	Staff Governor – Ancillary, Admin, Clerical and Managerial	**JS**
	Danny Sparkes	Public Governor – Runnymede, Surrey Heath, Windsor and Maidenhead	**DSp**
APOLOGIES	Mark Maddox	Appointed Governor – Runnymede Borough Council	**MM**
	Judith Moore	Public Governor – Woking and Guildford	**JM**
	Denise Saliagopoulos	Public Governor – Spelthorne	**DS**
	Bertie Swan	Public Governor - Elmbridge	**BS**
	Matt Stevenson	Staff Governor – Allied Health Professionals	**MS**
IN ATTENDANCE			
	Valerie Bartlett	Deputy Chief Executive	**VB**
	Carl Davies	Associate Director iMSK and Trauma	**CD**
	David Fluck	Medical Director	**DF**
	Philippa Hartridge	Programme Manager	**PH**
	Simon Marshall	Director of Finance and Information	**SM**
	Louise McKenzie	Director of Workforce Transformation	**LMc**
	Hilary McCallion	Non-Executive Director	**HMc**
	Louise McKenzie	Director of Workforce Transformation	**LMc**
	Julie Morland	Outpatients General Manager	**JM**
	Suzanne Rankin	Chief Executive	**SR**
	Tom Smerdon	Director of Operations, Unplanned Care	**TS**
	James Thomas	Director of Operations, Planned Care	**JT**
	Meyrick Vevers	Non-Executive Director	**MV**
SECRETARY:	Anu Sehdev	Membership and Engagement Manager	**AS**

Minute **Action**

COG-33/18 **Apologies, Welcome and Farewell**

Apologies as listed on previous page.

The Chairman welcomed new appointed Governor Sinead Mooney from Surrey County Council to the meeting.

The Chairman also welcomed Carl Davies, Julie Morland and Philippa (Pippa) Hartridge to the meeting, as they would be presenting later on in the meeting.

The Chairman wanted to highlight that this was the last meeting for both Richard Docketty and John Sermon as they were moving out of the area. On behalf of the Council he wished to thank Richard and John for their dedication and commitment to the Council and their Governor role and wished them all the very best for the future.

COG-34/18 **Declarations of Interests in the Proceedings**

Deborah Hughes declared an interest in item 7.8 due to her employment.

COG-35/18 **Minutes of the Meeting on 6th June 2018**

The minutes of the meeting held on 6th June 2018 were AGREED as a correct record. The updated Action Log was noted.

COG-36/18 **Matters Arising**

Help link up with Royal Holloway's Fresher's Fair

The Membership and Engagement Manager advised that she and Chris Howorth had not yet had the opportunity to discuss options of linking up with Royal Holloway students but would aim to do so in the near future. **AS**

COG-37/18 **Minutes of the Special Meeting on 9th July 2018**

The minutes of the meeting held on 9th July 2018 were AGREED as a correct record. The updated Action Log was noted.

FEEDBACK FROM GOVERNORS

COG-38/18 **Governor Activities**

Danny Sparkes, Lead Governor, presented the report which highlighted the activities undertaken by Governors since the last Council meeting. The Chairman commended the Governors on the number and the range of activities they had committed to.

The Membership and Community Engagement Group agreed to update the entry on walk-arounds to include Deborah Hughes' recent visit to Woking Community Hospital.

The Council NOTED the report.

Minute **Action**

COG-39/18 **Patient Experience Group Report**

Keith Bradley, Chair of the Patient Experience Group, advised that the Group had met once since the last Council meeting. The Associate Director of Quality's attendance was again very much valued by the Group. The Governors also appreciated the new style Quality Report which was still being refined.

Keith further advised that the Chief Nurse had attended the meeting and had shared with the Group her views and thoughts which the Group had found very useful. The Group was also very pleased with her substantive appointment.

Finally, Keith reminded Governors that the next Quality Account Assurance Group meeting would be taking place on 6th September at 12.30pm and encouraged Governors to attend.

The Council NOTED the report.

COG-40/18 **Membership and Community Engagement Group Report**

Danny Sparkes, Chair of the Membership and Community Engagement Group, advised the Group had not met since the last Council meeting due to the summer holidays and various other conflicting commitments. However, the Group had agreed on the final version of the Membership Strategy by email.

Danny advised of the requirement to share the Trust's policy in relation to the General Data Protection Regulation (GDPR) which came into effect on 25th May 2018. All members were either emailed or written to advising what information was held and requesting up to date information including email addresses. Members also had to be advised on how to cancel their membership should they no longer wish to be a member. During the period April to June, 100 members took the decision to opt out.

Danny advised that she had taken part in a successful recruitment exercise with the Membership and Engagement Manager in the main entrance during the NHS 70th anniversary when she had dressed up as a matron from the 1940's.

The Council NOTED the report.

STATUTORY

COG-41/18 **Council of Governor Elections**

The Membership and Engagement Manager updated the Council on how the election process was progressing and advised the nomination stage was now open. Staff and public members in the relevant constituencies would be receiving information on how to apply by the end of the week.

Brian Catt advised that the Patient Participation Group (PPG) he was a member of had members that were young and also very interested in the NHS. He agreed to publicise the elections with the Group and considered that others that were members of other PPGs could do the same. It was agreed the Membership and Engagement Manager would forward him the election poster. **AS**

The Chairman highlighted a suggestion that had come out of his 1:1s with Governors around beginning a campaign to publicise the election process early in **AS**

2019 due to the number of Governors about to come to the end of their last term.

STRATEGY AND PERFORMANCE

COG-42/18 **Assurance Report**

The Chief Executive presented her report and highlighted that the respite that had been expected during the summer months did not materialise and that the Trust was as busy as ever. The Trust underwent a CQC inspection, including the "Well Led" element, during June/July and this was welcomed as it provided an opportunity for the Trust to examine the quality of care provided and the challenges it faced. The Chief Executive advised that the full report was expected by the end of September.

The Chief Executive mentioned the Public Health England's Mass Casualty Exercise the Trust had taken part in and described how genuine it felt and how the response from staff had been well coordinated.

The Chief Executive highlighted the week long NHS 70th anniversary celebrations at the Trust which included local school children from the Magna Carta Secondary School visiting St Peter's to bury a time capsule. Another highlight was inviting BBC Surrey and Sussex radio to come and speak to patients and staff about their experiences of the NHS and ASPH at both hospital sites. Comments were very supportive and helped raise the profile of the Trust.

Finally, the Chief Executive mentioned Brexit and how the Trust wanted to reassure Governors that it was aware of the various scenarios and was paying close attention to progress. Workforce needs were challenging to fulfil and the Trust was looking at different supply chains.

Maurice Cohen considered the Integrated Care Partnership (ICP) was an excellent idea, especially for local people. It was advised that there would be a presentation later on in the meeting covering the ICP.

The Director of Finance and Information presented highlights from the finance update and advised that staff pressures meant that agency spend was currently 37% over budget. Capital plans were a little behind but it was considered that the Trust would soon catch up. The Chief Executive was very pleased that the building work had begun and indicated that this was the start of a 3 year process.

The Council NOTED the report.

COG-43/18 **Performance Report (including A&E)**

The Director of Operations, Unplanned Care, advised that attendances were up and continued to rise including overnight waiting in A&E. The main issues were staffing and delays in processing patients. During July and August reduced staffing meant the escalation space and the Urgent Care Centre could not be opened.

In response to a query from Danny Sparkes, the Director of Operations, Unplanned Care, advised that the terminology stranded and super-stranded had been chosen by the NHSI and explained:

Stranded – a patient being in the Trust for a week or more

Super-stranded – a patient being in the Trust for three weeks or more

The terminology inferred that the patient was abandoned in some way but this was not the case. The Chairman highlighted a recent visit to the Cardiac Ward where he had learnt several patients had been there for 8 weeks or more and queried whether these were still considered to be super-stranded and it was advised that they were. The Medical Director advised that these were often patients that had infections and required antibiotics being administered intravenously several times a day and that hospital was the best place for this care.

Lilly Evans queried how the Trust compared to other trusts and it was advised that the Trust was in the bottom half of trusts and that the Trust's position had deteriorated further during July and August. Deborah Hughes queried what measures or action plans were in place to improve performance. The Director of Operations, Unplanned Care, advised that there *were* action plans in place which included a range of activities in order to achieve a recovery.

The Chairman requested the Non-Executive Directors in attendance advise how they were challenging the Executives on the Trust's performance. Hilary McCallion advised that this was regularly discussed and examined at the Quality and Performance Committee and then presented to Trust Board. Meyrick Vevers advised that the issues did not stem from a lack of money. The recovery that was expected in the summer had not happened. The Chairman advised that he had attended a meeting of Chairs across the area who had indicated that they were experiencing similar pressures. At September's Trust board further analysis was due to take place. Issues were multi-faceted and included poor infrastructure which the Trust was now taking actions to improve. He advised Governors to continue to seek assurance from the Non-Executive Directors. The Chief Executive advised that the last six weeks had been particularly challenging and that the Trust was being assisted by the regulators. She was aware that the Director of Operations, Unplanned Care, had spent the last 10 days drafting a system recovery plan.

Arun Gupta highlighted that nurses living in the Hounslow area were able to command a better salary if they worked in a London hospital without needing to travel much further. The Director of Workforce Transformation added that although this was accurate, that the difficulty in securing nursing staff was not just due to the lack of London Weighting payments.

The Director of Operations, Unplanned Care, moved to the cancer targets and advised that the Trust was performing well although not quite compliant in two of the categories and an action plan was in place to improve that performance.

The Director of Operations, Planned Care, advised that the Trust was making good progress in its Referral to Treat (RTT) recovery and ahead of its agreed recovery trajectory although still a little behind the national target. Areas of challenge were: General Surgery, Urology, ENT, Ophthalmology, Oral and Maxillofacial, Plastic Surgery and Neurology. Performance had improved but demands on the service were still increasing. Outsourcing of work was being looked at to try and meet demands. Maureen Attewell raised her concern about the backlog of 2,300 patients on the waiting list. The Chief Executive advised that demands were increasing across all trusts with many outsourcing work to help reduce waiting lists. The Trust was faring better than the national average. Meyrick Vevers added that there was an increased cautiousness from GPs and

patients were referred to a hospital just to be sure. Arun Gupta advised that new rules in relation to macular degeneration had been implemented which had increased workloads in Ophthalmology. The Medical Director added that an aging population needed access to treatment and that having as much of this taking place outside the hospital was the solution.

Brian Catt considered that aggressive and treatable cancers needed to be prioritised and the Medical Director advised that only after making a diagnosis was this possible. In the past the UK had been criticised for not making diagnoses early enough so Two Week Referrals (TWRs) were prioritised which meant routine treatment was pushed back.

Sinead Mooney referred to the comment that the Trust would not be accepting paper referrals from October and the Director of Operations, Planned Care, advised that this was as per the national NHS mandated contract and that the Trust had been working closely with GP colleagues on this. The Trust had actually achieved this deadline ahead of time at the beginning of July. The Outpatients General Manager added that TWRs were never rejected regardless of how they came in.

The Council NOTED the report.

COG-44/18 **Winter Plan**

The Director of Operations, Unplanned Care, advised the winter plan had not yet been finalised but in preparation his team was looking at how they could learn from past experiences and this included better management of annual leave. He was aware that the ambulance services had set a maximum amount of leave that could be taken and the Trust might opt to follow a similar pattern. The Director of Operations, Unplanned Care, highlighted that improving the flow through the Trust would be key and this would include all areas supporting the A&E function. Providing increased capacity in the Surgical Assessment Unit (SAU) would help divert patients as well as having access to ring-fenced beds. It would also be important to utilise all the external resources available to the Trust.

Other ideas were bringing in private companies to help with staffing, improving capacity in the hospital on Swan Ward and using the Runnymede Hospital. The Trust would also be leading on the management of patients and GPs had agreed to provide additional appointments during the hours of 18:30 and 20:00. Training being provided to care homes would continue, for example catheter training.

The Director of Operations, Unplanned Care, considered it was important that these working practices were adopted well before the winter period.

Maureen Attewell raised her concern that patients were occasionally being transferred late at night and queried whether anything could be done to avoid this practice. The Director of Operations, Unplanned Care, advised that no patient should be transferred late at night and the ambulance service was fully aware of this and thus transfers were generally well planned.

The Director of Operations, Unplanned Care, advised that he would share the Winter Plan with the Governors at the next Council meeting. **TS**

The Council NOTED the update.

Minute **Action**

COG-45/18 **Virtual Fracture Clinics**

The Associate Director for iMSK and Trauma went through his presentation and explained the piece of work undertaken following increased demands on the service and a diminished patient experience as well as a very busy and pressured environment for staff. The average wait for the fracture clinic had been 10 days with the maximum being 15 days. This had reduced to less than 48 hours. Initiatives introduced included:

- E-form referrals (providing richer data)
- Triage
- Data reviewed – images on a screen – full Multi-disciplinary approach
- Provision of support over the phone
- 45% less face to face appointments resulting in 6,000 few visits/year

The Associate Director for iMSK and Trauma advised a guidance document had been produced for referring clinicians and the e-form had been developed in-house. There was still a lot more to do, but the service was moving in the right direction.

In response to Brian Catt, the Associate Director for iMSK and Trauma advised that potential fractures were reviewed within 48 hours. Maureen Attewell queried whether the initiatives mentioned had only been introduced for fractures and it was advised that currently this was the case. Maureen considered that patients might be concerned to be seeing a scope practitioner when expecting to see a consultant. The Medical Director advised that better communication with the patient was necessary to ensure they were advised of their treatment pathway and had confidence that they were receiving the right treatment. Scope practitioners were highly skilled and experienced and worked under the supervision of a clinician. The Associate Director for iMSK and Trauma added that the triage component was delivered by a member of staff in a consultant led team.

Meyrick Vevers congratulated the team on the work undertaken. He had been advised that assessment by clinician without being seen was a very quick process and that trauma cases were referred immediately.

Maurice Cohen considered that any changes across the Trust needed to be communicated effectively with patients. The Medical Director advised that patients were very happy with the new system and were pleased that they did not have to keep attending hospital appointments and preferred being called at home. Any patient receiving emergency treatment would hear back within two days. The Associate Director for iMSK and Trauma advised that patient leaflets had been produced on what to expect. The Chief Executive advised that staff were working to persuade GPs to communicate with their patients on what to expect and that seeing a consultant was not the only option in their pathway. Arun Gupta indicated he was very impressed and queried whether the initiative would be introduced in other specialties. The Director of Operations, Planned Care, advised that this was indeed the intention.

In response to Lilly Evans, the Chief Executive advised that the reporting of radiology could be done anywhere in a secure environment making flexible working possible.

The Chairman thanked the Associate Director for iMSK and Trauma for his

detailed presentation.

COG-46/18 **Improving Outpatient Services**

The Director of Operations, Planned Care, began the presentation by advising that the following would be covered:

- Timeliness of outpatient clinic letters
- Current status of the shift to the NHS Electronic Referral Service
- Duplicate clinic appointment letters
- Letters to correct appointment venue
- Actions to reduce short notice clinic cancellations
- Appointment letter review
- Ongoing improvement
    - Partial booking of appointments by ASPH Appointment Centre
    - Review of text message content

It was advised that the Trust sent out around 35,000 outpatient clinic letters per month. Electronic letter production provided better visibility and ability to assess performance KPIs. The plan was to continue further technology development namely:

- Voice recognition to type letters
- Electronic letters being sent direct to a patient app

The Director of Finance and Information added that the delay in a patient receiving a letter was normally due to the delay in sign off from the clinician.

The Outpatients General Manager advised that the vast majority of referrals over the past year had been received through eRS. In July 13,232 referrals had been received in this way. 99% of referrals to consultant services were now through eRS. NHS Digital had commented that *"ASPH has the highest utilisation for any trust that went live in July. Congratulations to the team as the Trust are head and shoulder above many others"*. Patient booking was through the Referral Support Service within the CCG and patients had the option to reschedule on-line. The next step was to allow the patient or GP to book directly on-line.

The Outpatients General Manager then outlined the appointment letter process whereby a referral generated a provisional appointment letter followed by a confirmation letter.

The Director of Operations, Planned Care, advised that since the Trust had moved to eRS from the Patient Administration System (PAS) there had been no further issues sending letters out with the incorrect venue. It was advised that a lot of work had been done to avoid short notice cancellations of appointments and this included:

- Centralised clinic cancellation and authorisation process through Appointment Centre and Operational Management teams
- ADOs overseeing short notice leave requests
- Trust-wide dissemination of leave policy and cancellation of clinical commitments
- Weekly scrutiny of all short notice cancellations with ADOs at Trust Performance meetings

The graphs in the presentation indicated a reduction in short notice cancellations.

The Outpatients General Manager talked about the text messaging service and how this had been revamped by sending a reminder 168 hours (7 days) before the appointment with a message saying: *We are expecting you at (site) for your (speciality) appointment on (date) at (time). Not attending costs the NHS £160. Text YES to attend or REBOOK to rearrange and CANCEL if not needed.*

It was advised that the text messaging service covered all outpatient appointments including therapies. It would be extended to pre-operative assessments, Imaging and surgical admissions. The Director of Finance and Information advised that the cost mention had been most effective in reducing DNA (Did Not Attend) rates.

The Outpatients General Manager referred to the review being conducted on appointment letters and advised that there were 443 different outpatient letters on PAS. The first stage review had taken place in Orthopaedics, Pain, Rheumatology and Physiotherapy and the Patient Panel had been involved in this work. Deborah Hughes queried what happened if the patient did not respond to the text message and it was advised that it was assumed they would be attending.

In response to queries from Governors it was advised that the aim was to send more letters out electronically to reduce postage costs and it was confirmed that email addresses were collected from patients. In the future, it was hoped that errors in voice recognition typing would be picked up there and then to speed up the process.

The Governors thanked the Director of Operations, Planned Care, and the Outpatients General Manager for their detailed presentation.

COG-47/18 **Recruitment of Staff and Actions from the National Staff Survey**

The Director of Workforce Transformation was pleased to see the Patient Experience Group minutes which highlighted the conversation with the Chief Nurse and found the detail very helpful. Governors were reminded that nursing vacancies remained high although some small improvements had been realised as a result of the work undertaken. There were also huge challenges with overseas recruitment.

Lilly Evans queried whether there were any particular specialties it was more difficult to recruit into and it was advised that vacancy rates were similar across the specialties. The Director of Workforce Transformation advised that managers were now aware at an earlier stage the reasons why people were leaving and often mediation was used to resolve problems and this had resulted in a few staff changing their minds. The Chairman advised that there was a Recruitment Day about to take place involving several organisations in the NW Surrey ICP and it was hoped that candidates would find a suitable position within at least one of these organisations.

Finally, the Director of Workforce Transformation advised that her report highlighted the actions resulting from the National Staff Survey.

Minute **Action**

COG-48/18 **Medication Safety**

The Medical Director understood the Governors were seeking assurance on medication safety and highlighted that learning from harms would be a priority for the Trust in order to eliminate avoidable harms and that staff would be encouraged to report errors, specifically those that resulted in no harm.

The Medical Director then turned to the infographic which went out monthly to staff as an update, highlighting incidents and key messages. He mentioned how electronic prescribing helped to reduce medication errors.

Hilary McCallion advised that the Chief Pharmacist was a member of the Quality and Performance Committee and was able to feedback on progress.

In the case under discussion, Maurice Cohen queried whether the patient had been asked if they were allergic to Penicillin. The Medical Director advised that A&E was a very busy area but that staff were reminded to be extra careful to comply with medication safety.

COG-49/18 **NW Surrey Integrated Care Partnership (ICP) Update**

The Deputy Chief Executive introduced her presentation and welcomed colleague Philippa (Pippa) Hartridge, Programme Manager. The Deputy Chief Executive highlighted that the Surrey Heartlands Devolved Care System was the second devolution area in the country following Greater Manchester and provided the Clinical Commissioning Groups within Surrey Heartlands and Surrey County Council greater independence on how they delivered care for the Surrey Heartlands population.

The Deputy Chief Executive advised that changes in working practices had been requested without legislation being in place and the requirement was to move to a capitated budget and working collaboratively between providers and commissioners. The benefits to be realised were improving outcomes and being able to deal with the increased demand on services.

It was further advised that ICP colleagues had been meeting for a year now and had begun a 12 month journey to implement the first stage of the ICP. There had been no clear direction provided and it was a complex piece of work. As well as being challenging, it also provided an opportunity to be creative and provided opportunities for staff to work across the areas. A “Magna Carta” had been drafted to encompass the vision which would be further refined.

The Deputy Chief Executive mentioned a GP’s experience with a patient which highlighted the need to tackle the issues that really mattered, for example in this case housing, which would then improve health in the longer term.

It was reiterated that a new organisation was not being formed but that it was a joint venture.

Pippa Hartridge turned to the slide entitled “Why focus on out of hospital services?” and considered that the ICP presented a real opportunity to work together to have a greater positive impact on health and care services and reduce the utilisation of A&E and hospital beds. Pippa advised that conversations had been held with staff to discuss issues and they preferred the new model as she had described. Focus groups were starting in September and

Minute **Action**

staff would be supported to work differently. It was considered that the ICS and ICP would be formed in April 2019.

The Chairman added that the passion for making this initiative work was clear to see. The Deputy Chief Executive agreed to set up a stand-alone follow-up session with Governors. **VB/AS**

COG-50/18 **Any Other Business**

Godfrey Freemantle reminded board members about updating the Council on how it was intended to utilise Wordsworth Ward at Ashford Hospital in the future.

COG-51/18 **Questions from the Public**

Rosemary Moore, Trust member and previously a Governor for Surrey and Borders Partnership Foundation Trust highlighted how she considered that policies and procedures were not always followed. The Chairman advised that it was the responsibility of managers to encourage staff to follow policies and procedures but that it was impossible to achieve 100% compliance.

In response to David Mason, the Chairman advised that the last Trust Board meeting had taken place in July and therefore information in reports reflected June data since all reports had to be seen at Trust Board before being shared elsewhere. However, a number of verbal updates had been provided at the meeting to reflect up to date information.

Next Meeting and Dates for 2019

Wednesday 5th December, 4-6 pm, St Peter's Hospital

2019
6th March, 6-8 pm, Ashford Hospital
5th June, 4-6 pm, St Peter's Hospital
4th September, 4-6 pm, St Peter's Hospital
4th December, 4-6 pm, St Peter's Hospital

Signed……

Andy Field
Chairman

5th December 2018

KEY	
✔	Complete
ND	Not due
---	On track

Summary Action Points

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Status
6.6.18 + 5.9.18	**COG-23/18 + COG-36/18**	**Membership Strategy**	Help link up with Royal Holloway's Fresher's Fair	CH	ASAP	Chris has agreed to find out how he can incorporate an element of membership recruitment within Fresher's Week	---
5.9.18	**COG-41/18**	**Council of Governor Elections**	Send an election poster to Brian Catt	AS	ASAP	Complete	✔
5.9.18	**COG-41/18**	**Council of Governor Elections**	Begin election process early	AS	Feb/Mar 2019		**ND**
5.9.18	**COG-44/18**	**Winter Plan**	Share Winter Plan with Governors	TS	Dec 2018	On the agenda	
5.9.18	**COG-49/18**	**NW Surrey Integrated Care Partnership (ICP) Update**	Set up a stand-alone session with Governors	VB/AS	ASAP	This took place on 6 November 2018.	✔