Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

OPEN MEETING OF THE COUNCIL OF GOVERNORS
17th June 2015, Chertsey House, St Peter's Hospital

PRESENT:	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**
	Richard Docketty	Staff Governor – Hospital Volunteers	**RD**
	David Frank	Public Governor – Surrey Heath	**DTF**
	Godfrey Freemantle	Public Governor – Hounslow	**GF**
	Ann Gallagher	Appointed Governor – University of Surrey	**AGa**
	Arun Gupta	Staff Governor – Medical and Dental	**AG**
	Sue Harris	Staff Governor – Nursing and Midwifery	**SH**
	Chris Howorth	Appointed Governor – Royal Holloway University	**CH**
	Aileen McLeish	Chairman	**AMcL**
	Barbara Mogensen	Public Governor – Elmbridge	**BM**
	Judith Moore	Public Governor – Woking and Guildford	**JM**
	Denise Saliagopoulos	Public Governor – Spelthorne	**DS**
	Michael Smith	Appointed Governor – Woking BC	**MS**
	Danny Sparkes	Public Governor – Runnymede	**DSp**
APOLOGIES:	Roderick Archer	Public Governor – Elmbridge	**RA**
	Paul Darling-Wills	Staff Governor – Allied Healthcare Professionals	**PW**
	Samantha Lamb	Staff Governor – Admin and Ancillary	**SL**
	Margaret Lenton	Public Governor – Windsor and Maidenhead	**ML**
	Steve McCarthy	Public Governor – Elmbridge	**SMc**
	Hugh Meares	Appointed Governor – Runnymede BC	**HM**
	Jean Pinkerton	Appointed Governor – Spelthorne BC	**JP**
	Andrew Ryland	Public Governor – Runnymede	**AR**
	Bhupendra Vyas	Public Governor – Hounslow	**BV**
	Tracy Ward	Public Governor – Runnymede	**TW**
IN ATTENDANCE:	Philip Beesley	Non Executive Director	**PB**
	Heather Caudle	Chief Nurse	**HC**
	Sue Ells	Non Executive Director	**SE**
	Lorraine Knight	Interim Chief Operating Officer	**LK**
	Terry Price	Non Executive Director	**TP**
	Giselle Rothwell	Head of Communications	**GR**
	Carolyn Simons	Non Executive Director	**CS**
	Peter Taylor	Non Executive Director	**PT**
SECRETARY:	Anu Sehdev	Membership and Engagement Manager	**AS**

Minute **Action**

COG-16/15 **Apologies**

Roderick Archer, Paul Darling-Wills, Samantha Lamb, Margaret Lenton, Steve McCarthy, Hugh Meares, Jean Pinkerton, Andrew Ryland and Bhupendra Vyas.

COG-17/15 **Declarations of Interests in the Proceedings**

No declarations of interests were noted.

COG-18/15 **Minutes of the Previous Meeting**

The minutes of the meeting held on 9th March 2015 were AGREED as a correct record.

COG-19/15 **Matters arising**

COG 08/15 - Assurance Report - Locum access to electronic patient information
The Interim Chief Operating Officer advised that divisions had a process in place with locums being provided with generic login details and with an induction pack. It was further advised that the Director of Workforce Transformation had relayed to her that there was a new booking system in place and that the induction process was being thoroughly scrutinised so that nothing was missed. David Frank advised that this issue had been raised at a presentation on electronic medical records where it was mentioned that A&E locums had struggled to access electronic patient information. The Interim Chief Operating Officer reiterated that there was now a process in place so this would no longer be a concern.

COG 14/15 - Any Other Business - Check with team that Dr Gabe has been spoken with
In the Director of Finance and Information's absence, Brian Catt was able to confirm that contact had been made with Dr Gabe and that to proceed with patients having their own records would require all records being electronic and as the Trust was not at this stage yet, it was unable to proceed with a similar system as at St Mark's Hospital.

It was added that the Trust had secured the £3.6 million from the Treasury to help with developing an electronic medical records system.

FEEDBACK FROM GOVERNORS

COG-20/15 **Governor Activities**

David Frank highlighted the report and advised that it was self-explanatory. David added that the meeting with the non-executive directors which took place on 9th June 2015 was particularly useful as it had been a real opportunity for Governors to exercise their role in holding the non-executive directors to account.

Keith Bradley highlighted his attendance together with several of his Governor colleagues at the Staff Awards Ceremony on 16th April 2015. Keith advised how he appreciated being invited and being there to witness the wide range of achievements across a vast range of occupations. Keith wished to highlight the winner of the Patients First Award who was Dhruba Kandel, Housekeeper on Swift Ward and read out the nomination:

"As well as being kind, friendly and patient, he cleans well but also with pride. I took him for granted. I was remembering today how I found out that he sings a song quietly and discreetly every time somebody dies. When I asked what he sang, he explained it is a song to send them on their way. The more I know him the more I see how he must have the secret to happiness or be some kind of angel".

Keith advised it was an insight into the Trust's culture that no-one had stopped Dhruba singing and that his actions had been recognised by an award. Keith also highlighted the Lifetime Achievement Award which was awarded to Judith Allford, Chaplain. Keith advised that this was especially relevant as the Clinical Commissioning Group (CCG) had highlighted how well the Trust performed in End of Life care provision. Keith queried how the Trust was progressing in securing Judith's successor as this remained an important role to recruit to. The Chief Nurse advised that currently applicants were being short-listed and informal discussions were taking place with applicants.

Michael Smith added that the Staff Awards Ceremony had been a great afternoon and that he had been fortunate enough to be seated with the Chaplaincy Team.

Judith Moore highlighted how she had attended the Pride in Nursing Day on 7th May 2015 with Aileen McLeish and Carolyn Simons and how staff had been so enthusiastic in sharing their experiences from areas ranging from the start in life care to end of life care. Judith advised that she had felt privileged to attend such an event and the posters displayed on the walls were wonderful motivational tools. The Chief Nurse advised that Sarah Elliott, Director of Nursing at NHS England (South), had also attended the event and had helped to decide on the winner of the poster competition.

The Council of Governors NOTED the report.

COG-21/15 **Patient Experience Group Report**

Keith Bradley, Chair of the Patient Experience Group, presented highlights from the Patient Experience Group Report.

Keith advised that the Group had met twice since the last Council meeting. During the meetings there had been two visitors. The first being Sarah Burton, Lead Cancer Clinician / Macmillan Lead Nurse Cancer and Palliative Care, who had only been in post a short while and had attended to provide the Group the opportunity to follow-up on the disappointing results in the Cancer Survey results and hear about the improvements planned.

Keith advised that David Sills, Dementia and Admiral Nurse Lead, had attended for a second time and advised of the many achievements in Dementia Services in the short time he had been in post including the setting up of the Memory Loss Cafés. Keith briefly reminded the Council of how the Group had joined forces with the Patients Association to develop a project looking at carers of patients with dementia and the recommendations from that project had now been actioned.

Keith advised how the Quality report continued to feature very prominently in the Group's meetings and how fortunate the Group was to have very senior staff attending to respond to the many queries posed by members of the Group. Group members took their responsibilities very seriously to ensure

improvements continued to be made in patient experience.

Finally, Keith advised how the Group had visited Pathology which had been enthralling. The Group was filled in on developments Surrey Pathology Services (SPS) had made since its inception and those that were proposed for the future. It was clear that SPS was making a huge contribution to the patient experience although patients were unlikely to come into direct contact with SPS staff. Brian added how he had been amazed to find out that the budget for SPS was £34 million and yet savings of around £4 million per year were still achieved. The Chairman advised that SPS was indeed a successful partnership and it was likely that both Heatherwood and Wexham Park and Royal Berkshire hospitals would be joining SPS.

The Council NOTED the report.

COG-22/15 **Membership and Community Engagement Report**

In Andrew Ryland's absence, Danny Sparkes, a member of the Membership and Community Engagement Group, presented highlights from the report. Danny advised that member numbers continued to increase and the 5% increase over the year had been achieved. Currently arrangements were underway for the Annual Members' Meeting where members would have the opportunity to visit stands on:

- Vital Pack and eMR
- Food tasting
- Labkit (Pathology)
- Radio Wey (celebrating its 50th anniversary)
- Heartbeat
- Cancer Services
- Membership and Community Engagement and Patient Experience Group

Members' Events on Cardiovascular Services on 28th July and Dementia Services on 1st September had been arranged. There were also other events in the pipeline.

Danny advised that the Group had discussed how best to advertise membership and welcomed Governors' suggestions. **All**

The Council NOTED the report.

REGULATORY

COG-23/15 **Governors Terms and Elections**

In the Head of Corporate Affairs' absence, the Membership and Engagement Manager, outlined the paper which proposed changes to the constitution with:

- An increase in the number of terms an elected Governor can serve
- Merging the constituencies of Richmond-upon-Thames with Hounslow and Windsor and Maidenhead with Runnymede

The Council AGREED with the two revisions to the Constitution.

David Frank queried what the next steps were and it was advised that the changes would be presented to the Trust Board for approval and then to the

Annual Members' Meeting on 21st July 2015. These changes to the Constitution would be included in David's presentation to members. **AS**

COG-24/15 External Audit

Terry Price advised that this paper outlined the annual performance of the external auditor, KPMG, over the past year since its re-appointment in May 2012. Terry advised that KPMG had performed satisfactorily and was soon at the end of the three year contract. There was an option to extend the contract for another year and the Audit Committee recommended this extension. Terry highlighted that KPMG was the Royal Surrey's auditor as well.

In response to David Frank's query, Terry provided some background on the increase in fees. David queried whether the Trust had received assurance in the audit and Terry advised that it had for the most part except for the Quality Account which had received limited assurance. The Cancer and Sepsis indicators had received no assurance and there would be a report referencing this to the Governors on 15 July when the annual report and accounts are presented. Philip Beesley advised that the issues around these indicators had been taken up by the Integrated Governance Assurance Committee (IGAC) and the Audit Committee.

David queried the fee of £5,600 for the audit of the Trust's Charity Accounts and was advised that this was likely to be the base fee amount which could be looked at by the Charitable Funds Committee.

David added that the basis of KPMG's appointment was the interface with Governors and that, disappointingly, since the appointment only two sessions had taken place in three years. It was important that upon renewal that this was relayed to KPMG.

The Council AGREED to extend KPMG's contract for another year.

STRATEGY AND PERFORMANCE

COG-25/15 Assurance Report

In the Chief Executive's absence, the Chief Nurse presented the report encompassing five areas – Internal Focus, External Outlook, Strategy, Regulation and Performance.

The Chief Nurse highlighted the following:

- The Trust being in the Top 40 CHKS
- The Trust being awarded the CHKS Top Hospitals Award for Quality of Care
- The Trust being shortlisted in the top five trusts for patient safety for a second year running
- Opening of the Memory Loss Café
- Pride in Nursing Day
- Learning at work week
- Recruitment and retention campaign
- Car parking
- Changes announced by NHS England recently
- CQC rating the Trust as "Good" overall
- Monitor's proposed changes to its Risk Assessment Framework
- Review of elective work during the recent major incident

- Temporary beds brought into the service over the winter period
- Re-provision of rehab in the community which were previously provided at Ashford Hospital
- Quality and safety
- Patient Experience
- Friends and Family Test

Denise Saliagopoulos queried whether the Trust had been consulted by Surrey County Council on the proposed changes to the bus service provision and the Head of Communications advised not directly but that the Trust had made a submission to Surrey County Council and highlighted this to staff.

The Quality Performance Dashboard was highlighted and it was queried why the Trust was not meeting the target of admitting stroke patients to a stroke unit within four hours. The Chief Nurse advised that the Trust did struggle with this target but did always provide a bed where treatment was provided. This was an important measure; one that was reported on daily with patients not on the stroke unit being highlighted. Two beds were ring-fenced and remained empty in case a patient suffering a stroke attended the Trust. Philip agreed that this was an issue but offered reassurance that outcomes for patients were good regardless of being on the stroke unit or not. It was added that this would be discussed further at IGAC in July when a major review of stroke treatment was taking place.

Brian Catt highlighted the CCG's consultation meetings around the provision of patient transport services and requested that these were highlighted to members and it was agreed to do this via the next monthly bulletin. **AS**

Judith Moore highlighted page 16 of the assurance report and queried the cancer standard of 62 days wait for the first treatment – urgent GP referral for suspected cancer, being 84.9%. The Interim Chief Operating Officer advised that there had been a large increase in referral numbers and the Trust was under some pressure. It was highlighted that patients often did not realise the urgency of Two Week Referral appointments and opted not to take them. To this end the referral form GPs used had been redesigned to encourage GPs to advise their patient to expect an appointment within two weeks. The Interim Chief Operating Officer added that the screening service provided for breast and bowel patients was very good at the Trust, although May and June had seen a few breaches.

David Frank highlighted page two of the Patient Experience Report and how the Trust had come out in the bottom 10 of trusts in cancer services. The Interim Chief Operating Officer advised that a new manager was in post across Cancer and Endoscopy and processes were now more efficient with the Trust managing to meet performance targets.

Chris Howorth wished to congratulate the Trust on the awards it had achieved. Chris highlighted page 21 of the report where missed targets in Endoscopy were highlighted. The Chief Nurse advised that with additional resources the backlog of endoscopy requests would be dealt with in three months. To meet the continued increase in demand the Trust was discussing options with suppliers of endoscopy services to cover the shortfall in the service in the short term.

Chris further highlighted the issue of car parking for staff and how when parking had been a problem a few years ago, this had affected staff satisfaction. Chris was concerned that parking would again affect staff satisfaction. The Head of

Communications agreed that parking was a problem for staff and that it was on the Trust's radar especially since the Chief Executive often received emails from staff having difficulty in parking. The Trust was doing everything in its power to resolve the situation and was exploring several solutions. Terry added that the Car Parking Group was a useful group and had come up with a number of suggestions and additional spaces had been identified. It was clear that demand was increasing as more staff were employed by the Trust. David queried whether implementing a more robust Travel Plan was a sensible option. David and Judith highlighted the issue of patient safety potentially being compromised. Terry Price advised that a Park and Ride option had been looked at but the only option was a location on the other side of the M25 which was expensive and it was anticipated that very few people would use this location. The Chief Nurse advised that the CQC had ascertained that staff were disenchanted with parking and that it had a correlation to retention of staff. Parking also featured in exit interviews with staff. With regards to a query about staff working at both hospital sites, it was advised that parking spaces were reserved for such members of staff.

Simon Bhadye highlighted that previously staff did not have to pay for parking and since they now did, wondered whether monies paid could be utilised to develop a five year plan to build a multi-storey car park. It was advised that planning permission would still need to be obtained. The Chairman added that parking was a big issue and only five years ago the Trust had felt it had managed to tackle parking concerns for staff and patients, but this had returned again to be an issue.

David referred to the section on in-hospital deaths and the Chief Nurse advised that a mortality review would be undertaken on the Easter data. Philip added that seasonal peaks were apparent and that Easter deaths may have been a result of coming out of the cold weather and going into wet weather. It was advised that regular mortality reviews were conducted in divisions to ascertain whether deaths could have been avoided.

David highlighted pages 11 – 13, Safety Thermometer Charts, which showed a comparison between the Royal Surrey and Ashford and St Peter's, the former performing less well. The Chief Nurse advised that caution should be exercised when looking at the graphs in isolation and more meaningful information was needed to identify trends. The Chairman clarified that the merger would mean a sharing of expertise. David asked that further information on trends be provided in the future. **HC**

David referred to the table on the four hour waiting time target on page 16 which was repeated in paper 7.3 on A&E Performance where anything lower than 95% was rag rated red but the table on page 16, anything 90% to 94.9% was recorded as amber.

Finally, David referred to page 23 around the Trust's decreased EBITDA performance from 6.2% last year to 5.2% this year and queried whether merger costs relating consultancy costs were included. This was confirmed and it was clarified that external costs relating to the merger were recorded under non-pay.

The Council NOTED the report.

Minute **Action**

COG-26/15 **Annual Patient Experience Report**

The Chief Nurse assumed the report had been read and welcomed questions. She was pleased to advise that there had been marked improvements in complaints performance and that these were being sustained.

Keith Bradley advised that the Head of Patient Experience and Involvement had been tasked as part of the Patient Experience Group to provide further information on complaints referring to communication issues to indicate, for example, whether issues were with the letters received, on the ward or due to delays. It was felt that this information would be easy to pull off and Keith requested that this data be incorporated in the report to the Trust Board. Maurice Cohen added that communication concerns remained the most common concern raised in complaints and the Patient Experience Group were trying to ascertain why this was still the case and to get a better understanding of what the concerns were and what could be done to improve communications.

Philip Beesley advised that complaints continued to be difficult to resolve but the process was improving with timely and good quality responses being received. He felt this was a real step change and was confident that issues with the process were now being addressed.

The Council NOTED the report.

COG-27/15 **A&E Performance**

The Interim Chief Operating Officer advised that A&E Performance had been significantly challenging with only three months meeting the four hour target of 95%. It was clarified that:

Type 1 = A&E
Type 3 = GUM (Genitourinary Medicine)

Godfrey Freemantle advised that he was sure that Ashford Walk-in Clinic was no longer managed by the Trust but by Greenbrooks and it was advised that this was indeed so, but that Monitor requested that the Trust reported on these attendances.

The Interim Chief Operating Officer advised that the Trust had agreed a detailed improvement plan with NW Surrey CCG which would be presented to Monitor and NHS England. The plan was monitored on a weekly basis with progress reported to the CCG. An important part of this plan was the establishment of an Urgent Care Centre (UCC) and the Trust has been in discussion with a private healthcare company that ran UCCs in other trusts. It was envisaged that around 50% of patients attending A&E could be treated in the UCC with 99.5% of these patients meeting the four hour target. This would then help focus the Trust's limited A&E specialist resources on the remaining patients. The UCC would be up and running by October 2015. In addition to this the Trust would be working with Alamac, an organisation with a track record of helping trusts to improve and sustain performance.

The Interim Chief Operating Officer further advised that the Trust would be taking a more proactive approach in dealing with future potential pressures on services. It would be keeping up to date on what was happening in other organisations, ie Virgin Care, so that when there was a surge it would be in a better position to anticipate when this would affect the Trust.

Danny Sparkes queried how the UCC would be staffed and it was advised that Alamac would be responsible for securing staffing for the unit and although some staff may choose to work for the UCC, the Trust would retain most of its current staff.

It was clarified that targets were lower during the summer and higher during the winter as it would take some time to work through the improvement plan and this was factored into the targets to allow time for the plan to be embedded.

David Frank highlighted the Trust's struggle to fill vacancies in medical staffing and queried whether the plan was realistic in light of this. The Interim Chief Operating Officer felt the plan was deliverable as much of the pressure would be taken away from A&E so that existing staff could concentrate their efforts on those that required urgent medical attention. The Chief Nurse added that the plan would ensure the best utilisation of staff time. Currently patients with minor ailments were visiting A&E and this was a costly way of treating these patients when they would be much better suited to being seen in the UCC.

David queried whether the Trust was looking to other trusts that were performing well in A&E and benchmarking against them. The Interim Chief Operating Officer advised that performance was reported by trusts on a weekly basis and the Trust had come out in the lowest 10%. Alamac had worked with a Trust that was at the bottom in performance previously and had helped to turn it around.

David raised the Trust's previous use of Emergency Care Ist (ECIST) and it was advised that ECIST provided a different set of skills. Whilst it had advised on what needed doing, it did not remain on site to do the improvement work.

Denise Saliagopoulos raised the importance of working closely with the CCG and it moving forward with GPs providing cover at weekends. Maurice advised that he had raised this at a recent Patient Participation Group meeting.

Brian Catt queried what the areas of attention were and the Interim Chief Operating Officer advised that issues remained with patients being medically fit for discharge but having to remain in hospital, increasing length of stay which influenced the flow through the Trust. Sue Ells advised that Alamac offered a change in culture which could be implemented Trust-wide. The Chief Operating Officer added that work with Alamac was at an early stage of implementation and during the plan more staff groups would be incorporated. It was considered further discussion at Trust Board should take place.

COG-28/15 **Improving Outpatient Services Update**

The Interim Chief Operating Officer advised that the Trust had appointed a Project Manager and set up a Project Board. Observations had been undertaken with specialties and processes mapped. It was advised that the Trust was working with CCG colleagues towards a vision statement.

The Interim Chief Operating Officer highlighted an Appointment Centre observation whereby it was noted that during November 2013 to February 2014, 17,295 calls had been received and this had risen steeply to 41,770 during November 2014 to February 2015. The reason for this steep rise was that the Appointment Centre had been dealing with Orthopaedic calls when Orthopaedics should be dealing with these and this was due to the information being sent out to patients stating the Appointment Centre telephone number

regardless of whether it was a general appointment or an Orthopaedic appointment. Making the changes necessary would allow staff to deal with the calls received, improve the patient experience and improve the working lives of staff.

Terry Price wondered why the answer time only changed fractionally whether receiving 17,295 or 41,770 calls and queried whether it was known how many of the calls received were answered and whether a log was kept of failed calls. The Interim Chief Operating Officer advised that she was not sure whether these numbers were known and would find out. **LK**

Chris Howorth advised that he felt not a lot of information was provided in the paper and David added that the Governors needed assurance on when it was expected that improvements in the patient experience would be realised. David Frank was of the opinion that the non-executive directors needed to ask for a realistic timetable. The Interim Chief Operating Officer advised that the project was a year-long work-plan with a great amount of detail which she was happy to share with the Council. It was agreed to set up a separate session with Governors to go into further detail on the plan. **AS**

Denise Saliagopoulos advised that it had been analysed that it cost Surrey County Council 64 pence to answer a call and the Council was now using the Internet to divert queries to and suggested perhaps the Trust should consider this option.

Brian Catt reinforced Terry's suggestion that deliverables should be targeted with a date by which these would be achieved. Richard added the importance of reducing people's wait time before their call was answered.

COG-29/15 **Any Other Business**

Denise Saliagopoulos wished to raise a couple of queries. The first one related to the Ashford Hospital site where members of the public were parking along the entrance road to Ashford Hospital obstructing the flow of traffic. It was advised that the road did not belong to the Trust but enquiries would be made to ascertain what could be done to alleviate the situation. **AS**

Denise advised that she wanted to know how the Trust was coping with people from overseas using the NHS. The Chairman advised that the Trust had a good record of claiming back monies owed by overseas visitors. The Trust was being proactive in its approach by pinpointing non-UK residents and when they would regularly attend. Peter Taylor advised that the Finance Committee included this as part of its remit and looked at it regularly, at least twice a year.

Questions from the Public

None

COG-30/15 **Further Dates for 2015**

Tuesday 8th September, 6.00 – 8.00 pm, Education Centre, Ashford Hospital
Tuesday 1st December, 4.00 – 6.00 pm, Chertsey House, St Peter's Hospital (please note change of date)

Signed……

Aileen McLeish
Chairman

8th September 2015

KEY	
✔	Complete
ND	Not due
---	On track

Summary Action Points

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Status
9 Mar 2015	**COG 11/15**	**Improving Outpatient Services Summary**	Update the Council of progress on the Improving Outpatient Services Project	VB	8 Sept 2015	Separate sessions set up for 15 July and 30 October	✔
17 Jun 2015	**COG 22/15**	**Membership and Engagement Group Report**	Suggestions on how to advertise membership to be forwarded to MEG	All	8 Sept 2015	None received	✔
17 Jun 2015	**COG 23/15**	**Governor Terms and Elections**	Include a slide at the AMM on the constitution changes in David Frank's presentation	AS	21 July 2015	Complete	✔
17 Jun 2015	**COG 25/15**	**Assurance Report**	Highlight consultation meetings around the provision of patient transport services	AS	19 Jun 2015	Complete	✔
17 Jun 2015	**COG 25/15**	**Assurance Report**	Further information on trends to be provided in relation to safety thermometer charts	HC	8 Sept 2015	Complete	✔
17 Jun 2015	**COG 28/15**	**Improving Outpatient Services Update**	Find out how many calls were answered and whether a log was kept of failed calls	LK	8 Sept 2015	Will be covered at session on 30 October	✔
17 Jun 2015	**COG 28/15**	**Improving Outpatient Services Update**	Set up a separate session on Outpatient Services	AS	31 July 2015	Set up for 15 July 2015 2nd session arranged for 30 October 2015	✔
17 Jun 2015	**COG 29/15**	**Any Other Business**	Find out what can be done to alleviate the blocking of the road leading up to the entrance to Ashford Hospital	AS	26 June 2015	Complete	✔