

Minutes of the Quality Committee – Part A
Thursday 11 January 2024 at 9.30am
Held via Teams

Present:

Dr Frances Healey, Non-executive Director (Chair of the Committee)
Dr Chris Hosker, Medical Director
Ms Nichola Sanderson, Director of Nursing and Professions
Mr Darren Skinner, Director of People and Organisational Development

In attendance:

Mr Mark Dodd, Deputy Director of Operations
Mrs Clare Edwards, Associate Director for Corporate Governance
Miss Kerry McMann, Head of Corporate Governance
Mr Peter Ongley, Carer Governor (observer)
Ms Shereen Robinson, Freedom to Speak Up Guardian (observer)

Action

Welcome and Introduction

Dr Healey welcomed everyone to the meeting. She noted that the December meeting had been cancelled and therefore some items had been deferred to this meeting.

24/001 Apologies for absence (agenda item 1)

Apologies were received from Mrs Joanna Forster Adams, Chief Operating Officer, and Ms Zoe Burns-Shore, Non-executive Director, who are members of the committee.

It was noted that Mr Dodd was in attendance to deputise for Mrs Forster Adams.

The committee was quorate.

24/002 Declarations of any conflict of interest in respect of agenda items (agenda item 2)

No one present declared a conflict of interest in respect of agenda items.

24/003 Approval of the minutes of the Quality Committee meeting held on the 16 November 2023 (agenda item 3)

The minutes of the quality committee meeting held on the 16 November 2023 were **agreed** as a true record.

24/004 Approval for the minutes above to be uploaded to the Trust's external website (agenda item 3.1)

The committee **agreed** that the minutes of the quality committee meeting held on the 16 November 2023 were suitable to be uploaded to the Trust's external website.

24/005 Matters Arising (agenda item 4)

The committee **noted** that there were no matters arising that were not either on the agenda or on the action log.

24/006 Board Assurance Framework: SR1 and SR2 – for information only (agenda item 5)

The committee reviewed an extract from the Board Assurance Framework which detailed strategic risks one and two so that it could be mindful of its responsibilities to assure that these risks were being adequately controlled through the course of the meeting.

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24/007 Hot topics / urgent issues update (agenda item 6)

No updates were provided.

24/008 Quality Strategic Plan (agenda item 7)

Dr Hosker presented the draft Quality Strategic Plan for 2024-2029. The committee reviewed the draft plan and provided feedback. It praised the simple format of the document and the priorities section, agreeing that this provided a clear vision that would be easier to communicate to staff and easier for staff to understand. Dr Healey suggested that a reference should be made to the NHS definition of quality, including Well Led, as well as referencing the Quality Account as one of the ways that the Trust would report on the delivery of the Plan. The committee discussed the term 'pro-quality conditions' and suggested that this could be rephrased.

The committee queried how progress against the plan would be monitored. Dr Hosker explained that workstreams would be established with workstream leads, with oversight through the Quality, Improvement and Knowledge Group, with updates then being shared to the Trustwide Clinical Governance Group and

assurance provided to the Quality Committee. It was agreed that Dr Hosker would consider how frequently the committee would be updated on the progress made against the plan.

The committee thanked those involved in the development of the Quality Strategic Plan 2024-2029. It agreed to support the plan, subject to some suggested amendments, ahead of it being submitted for final approval by the Board at its meeting on 25 January 2024.

The committee **reviewed** the draft Quality Strategic Plan for 2024-2029. It **supported** the plan, subject to some suggested amendments, ahead of it being submitted for final approval by the Board at its meeting on 25 January 2024.

24/009 Safer Staffing six-month update (agenda item 8)

Ms Sanderson presented a paper which contained a high-level overview of data and analysis on the position of all wards staffing against safer staffing levels for the retrospective periods from the 1 May 2023 to 31 October 2023. Ms Sanderson outlined that, despite the sustained pressures with workforce supply, the report demonstrated that the ongoing efforts and initiatives driven by the recruitment and retention strategies and the focus on wellbeing had positively impacted safer staffing with a series of improvements being noted in the data period, including a reduction in nursing vacancies, the decreased use of temporary staffing and unfilled duties, and the reduction in the need to enact deployment. Mr Skinner added that over the festive period it was reported that less bank shifts were available which suggested an improving staffing picture in clinical areas.

The committee thanked the HR and Wellbeing Team for its work to make improvements. It acknowledged that October's recruitment data showed an improved picture when compared to other months due to the recruitment of student nurses, however it was pleased to see improvements in the data when comparing October 2022 to October 2023. Dr Healey requested that the text of future reports be clearer that, although research had established a link between nurse staffing levels and some types of adverse events, this did not necessarily hold true for reported incidents, as staff under pressure may have less time to detect and report incidents. Dr Healey queried whether data that was not reliant on staff reporting, such as omitted medication collected from the EPMA system, could be used in future safe staffing reports. Ms Sanderson agreed with this suggestion.

The committee acknowledged that although part of the report presented staffing data in the format prescribed nationally for monthly publication, this showed percentages of shifts filled compared to establishment, whereas in reality the Trust's wards often required more staff than this depending on the number of patients and acuity. It noted that this specific report contained a more detailed picture of one unit's staffing needs that illustrated the differences between staff establishments, staff required, and shifts filled. It noted that this report could be helpful to the Board to prevent the nationally required publication from being misinterpreted. It was agreed that this would be discussed further when this report was presented at the Board of Directors' meeting on 25 January 2024.

The committee thanked Ms Sanderson for the report and agreed that it was assured on the arrangements in place to monitor, support and mitigate any impact of reduced staffing levels or skill mix in relation to patient safety.

The committee **received** the Safer Staffing six-month update and was **assured** on the arrangements in place to monitor, support and mitigate any impact of reduced staffing levels or skill mix in relation to patient safety.

24/010 Learning from Deaths Q2 Report (agenda item 9)

Dr Hosker presented a report which provided a summary of the learning from deaths within the Trust between July 2023 and September 2023. The committee reviewed the mortality data and information provided within the report. Dr Healey pointed out that the report continued to refer to some deaths as 'not an LYPFT death' in some places and reminded the committee of the recommendations from the Grant Thornton report into mortality reporting and recording at Norfolk and Suffolk NHS Foundation Trust. She also requested that clarification be added to the next report to confirm whenever any number of deaths was given which deaths were in scope, for example whether deaths of individuals on the Trust's waiting lists were or were not included.

The committee discussed the section on learning within the report, noting that the Aspire caseload had exceeded agreed levels. Dr Healey queried whether this learning might be relevant to other services. Dr Hosker reassured the committee that the Trust's core services had controls and mitigations in place for when caseloads increased. Ms Sanderson added that as Aspire was a time limited early intervention service, its pathway was specific about the minimum number of case loads and timely interventions.

The committee next discussed Structured Judgement Review (SJR) training. It noted that Patient Safety Managers would be supporting the delivery of the training and asked for reassurance that they had attended the original SJR training course or whether further support may be needed before the training is rolled out. Dr Hosker agreed to check this.

The committee thanked Dr Hosker for the report. It agreed that it was assured on the work ongoing within the Trust to improve mortality reporting and recording and the learning across the organisation.

The committee **received** a report which provided a summary of the learning from deaths within the Trust between July 2023 and September 2023. It **reviewed** the mortality data and information provided and was **assured** on the work ongoing within the Trust to improve mortality reporting and recording and the learning across the organisation.

24/011 Quality Account – outline (agenda item 10)

Ms Sanderson presented an update on the progress made with the production of the Quality Account for 2023/24 following a recommendation from Quality Committee to include service user and carer voice in its production. She noted

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that she had also asked the team to ensure the voice of the Voluntary Sector was captured in the Quality Account.

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The committee noted the update provided. It asked for a timeline for the production, approval and publication of the 2023/24 Quality Account to be provided. It also discussed the length of the document and queried whether there should be a maximum number of pages for documents shared publicly.

The committee agreed that it was assured on the progress made with the production of the 2023/24 Quality Account with the involvement of service users and carers.

The committee **received** an update on the progress made with the production of the Quality Account for 2023/24 and was **assured** on the work that had taken place to involve service users and carers in the development of the document.

24/012 CQC update report (agenda item 11)

Ms Sanderson presented a report which provided an update on the Trust's CQC readiness work plan and further detail on national updates from the CQC, including the CQC's new regulatory approach and the annual state of health care and adult social care in England. She noted that the paper also provided assurance on the completion of actions following the 'Preparation for the CQC' internal audit report. The committee discussed the report. Mr Skinner informed the committee that, as of 11 January 2024, the Trust had achieved its 85% target for appraisals, noting that this was one area that the CQC would assess to decide whether the Trust was well led, safe organisation. The committee welcomed this news and thanked staff and managers for prioritising this.

The committee recalled recent discussions by the Board of Directors about CQC standards, awareness and compliance. Dr Healey reminded the committee that although the Audit Committee would usually track the progress made with internal audit actions, the 'Preparation for the CQC' audit report was highly relevant to the Quality Committee and therefore would be discussed, noting that care would be taken to avoid the duplication of work.

The committee requested assurance on the quality oversight of out of area placements. It was agreed that Ms Sanderson and Mr Dodd would agree how this would be reported to the committee and the frequency of this. Dr Healey noted that the title of the peer reviews was not linked to the STEEEP framework, suggesting that they could be called something that reinforced safety was a part of quality, for example 'Quality including Safety' Peer Reviews. It was also suggested that this report could also be shared with the Mental Health Legislation Committee.

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The committee reviewed an extract from its Terms of Reference (ToR) which stated that the committee would '*seek assurance on compliance against the Care Quality Commission's registration and notification requirements and action plans in response to CQC inspection, and monitor, scrutinise and provide assurance to the Board of Directors on the Trust's compliance with national standards, including the Care Quality Commission's Fundamental Standards*'. It was agreed

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that Ms Sanderson and Mrs Edwards would review what further information may need to be provided to ensure the committee was operating in line with its ToR.

The committee **received** a report which provided an update on the Trust's CQC readiness work plan and detail on national updates from the CQC, including the CQC's new regulatory approach and the annual state of health care and adult social care in England. The committee **noted** and **discussed** the information provided.

24/013 Briefing on the timeliness of the completion of serious incident investigations within LYPFT (agenda item 12)

The committee was reminded that at its September 2023 meeting it discussed the concerns raised by coroners regarding delays in completing investigation reports into Serious Incidents (SIs) at the Tees Esk and Wear Valleys NHS Foundation Trust and had requested a briefing on the position within LYPFT. Ms Sanderson presented a report which provided the timescales for completing SI Review reports, details on the reports currently in progress (highlighting those beyond the 60-day timescale) and identified those reports impacting on the coroner's ability to hold an inquest.

The committee was reassured that of the five reports listed in the paper as having an impact on the coroner's ability to list and hold an inquest, three had been signed off and sent to the coroner, with plans to have the other two signed off by the end of January 2024. Dr Healey asked for reassurance as to how, going forward, the Trust would be aware if an investigation had surpassed 60 working days. Ms Sanderson advised that this would be escalated to the Trust Incident Review Group. She agreed to update the committee when a robust system had been implemented for routinely escalating SI investigations that had not been completed within a certain timescale. It was agreed that Ms Sanderson would define the timescale.

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The committee **reviewed** and **discussed** a briefing on the timeliness of the completion of Serious Incident investigations within LYPFT, following concerns raised by coroners regarding delays in completing investigation reports into Serious Incidents at the Tees Esk and Wear Valleys NHS Foundation Trust. It was **reassured** by the information provided.

24/014 Learning from Deaths – Review of Grant Thornton Report (agenda item 13)

Ms Sanderson presented a report which summarised the findings and recommendations from the Report of the Independent Review into how Data Relating to Deaths is Processed and Reported at Norfolk and Suffolk NHS Foundation Trust (NSFT) and considered any opportunities for improving the processing and reporting of deaths within Leeds and York Partnership.

Ms Sanderson acknowledged that improvements were required in how the Trust meaningfully categorised deaths. The committee agreed on the importance of sensitive language being used when reporting deaths and the need for the committee to be assured on the integrity of data around deaths, including which

deaths were in scope. It noted that the Learning from Deaths (LfD) Policy would be reviewed. It discussed work that would require support from the Informatics Team, acknowledging that it had limited resource and a high number of requests for support. The committee suggested that this should be raised with the Executive Management Team.

The committee noted that the Trust's Head of Clinical Governance and Patient Safety and the LfD Quality and Safety Medical Lead had met with colleagues at NSFT on 17 November 2023 to better understand the key findings within the report. The committee thanked the Trust for undertaking this work and thanked NSFT for supporting the Trust. It agreed that it was reassured on the work that had taken place, noting that work to make improvements was ongoing.

The committee **received** a report which summarised the findings and recommendations from the Report of the Independent Review into how Data Relating to Deaths is Processed and Reported at Norfolk and Suffolk NHS Foundation Trust (NSFT) and considered any opportunities for improving the processing and reporting of deaths within Leeds and York Partnership. It **discussed** the information provided.

24/015 Cumulative action log (agenda item 14)

The committee reviewed the action log and agreed to close the actions that had been completed. The committee discussed action 23/129, noting that this related to a statement within the Medicines Optimisation Group's Annual Report regarding a flow chart that would be added as an appendix to the Medicines Code to clarify the correct procedure following a medication administration error. It was agreed that Dr Hosker would review the flow chart to check that this was consistent with the procedures to be followed following prescribing or dispensing medication.

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The committee discussed action 23/181, which related to sources of rapid tranquilisation (RT) data. It noted the response provided for this action referenced plans for the Positive and Safe Working Group to engage staff in a piece of quality improvement work around Datix reporting when RT was used and work to cross reference data on EPMA and Datix. It was agreed that Ms Sanderson would provide an update on this work at a future meeting.

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The committee next discussed action 23/177a, which related to the need for statistics to show the progress made towards the 2023/24 QIPs. The committee noted that this would be referenced in the chairs report to the Board and Ms Sanderson would provide the figures at the Board meeting on 25 January 2024.

The committee went on to discuss action 23/178b, which related to a suggestion for data on restraints used as part of an individual's care plan multiple times per day for nasogastric feeding to be provided separate to the data on restraints used in other circumstances. It clarified the original action had been solely about separating that data, so trends were easier to interpret, with both types of restraint being of equal interest to Quality Committee. It noted that ways of separating clinical holding data from other types of restraint data in reports were being explored and an update would be provided when this was complete.

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The committee was **assured** with the progress made on the actions within the cumulative action log and **agreed** on which actions should be closed.

24/016 Response to action 23/081 (agenda item 14.1)

The committee reviewed a list which specified the types of issues that the committee should have oversight of. Dr Hosker explained that the list was non-exhaustive and sought feedback from the committee as to whether anything else should be added.

Dr Healey suggested that an introductory sentence could be added to state that this list had not been created to duplicate existing reporting and learning processes but was a list of issues that should be escalated to the next meeting of the Quality Committee and Board of Directors so there was timely shared awareness of anything of high significance to our service users or staff. The committee noted that the list may or may not need to be different for the Board of Directors. Dr Healey next suggested that the list should state incidents 'affecting inpatients' instead of 'in an inpatient setting'. She also suggested that the list should specify whether the items should be escalated to a part A or part B meeting. Mrs Edwards suggested that never events, complex inquests and regulation 28s could be added to the list.

It was agreed that, following consideration of the amendments suggested above, the list would be shared with the Executive Management Team for review and then sent to a Board of Directors meeting.

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The committee **noted** and **discussed** the response provided for action 23/081.

24/017 Combined Quality and Workforce Performance Report (agenda item 15)

The committee reviewed the Combined Quality and Workforce Performance Report, noting that, due to the cancelled meeting in December, this report contained data for both October and November 2023. The committee was pleased to see an improved position regarding the number of vacancies across the trust, the number of staff with appraisals in the last 12 months, and the percentage of staff receiving clinical supervision. It acknowledged the work that had been undertaken in these areas and noted that workforce data continued to be discussed at Workforce Committee and at Board.

The committee acknowledged the increase in the number of positive responses received from the Have Your Say survey and thanked the teams involved in work to improve the gathering of this information from inpatient and community services. The committee next reviewed data on the number of self-harm incidents and data on the number of physical restraints, both of which had increased in November 2023. It was reassured by the work underway to make improvements in these areas.

Dr Healey queried why the number of inpatients diagnosed positive with Covid-19 was provided when the Trust no longer tested service users. Ms Sanderson

explained that the Trust was still required to report on this on a daily basis, adding that the Trust was taking part in a national project to do point of contact testing for flu and Covid-19 which had identified some cases. The committee asked for this information to be added to the commentary on the report. Ms Sanderson went on to inform the committee that since the last meeting there had been two outbreaks of Covid-19 on wards at the Mount. The committee noted the update provided.

The committee **received** the Combined Quality and Workforce Performance Report and **discussed** its content.

24/018 Assurance and escalation reporting: Trustwide Clinical Governance Group, including any updates the development of the new quality dashboard (agenda item 16.1)

Dr Hosker confirmed there were no issues identified at the Trustwide Clinical Governance Group meeting on 4 January 2024 which required escalation. He confirmed that work was ongoing to develop the new quality dashboard.

The committee **noted** the update provided.

24/019 Update/escalation of infection control issues (agenda item 16.2)

The committee **noted** the update that had been provided under agenda item 15 (minute 24/017).

24/020 Assurance and escalation reporting: Update on industrial action (agenda item 16.3)

Mr Dodd informed the committee that there had been two periods of industrial action since the last meeting. He explained that there had been up to 78% of doctors taking strike action at one time but reassured the committee that this had been well managed which meant the Trust had only cancelled a small number of appointments. He noted that future strike dates had not yet been confirmed.

The committee acknowledged and thanked those who provided cover, made arrangements to maintain services and were part of the incident co-ordination and response efforts during the periods of industrial action in December 2023 and January 2024.

The committee **noted** the update provided.

24/021 Assurance and escalation reporting: Trustwide Safeguarding Committee
(agenda item 16.4)

Ms Sanderson informed the committee of a Safeguarding Conference that was held by the Trust's Safeguarding Team. She confirmed that the event, which covered a broad variety of subject matters, was well attended and had received positive feedback.

She next informed the committee that the Trust had received White Ribbon Accreditation in response to the work undertaken to prevent men's violence against women and girls, adding that Mr Dodd was the Trust's White Ribbon Ambassador. The committee welcomed this news and congratulated the Trust on its achievement, as well as thanking Mr Dodd for being an Ambassador.

Ms Sanderson agreed to share a written briefing via email to provide a more detailed update.

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The committee **noted** the updates provided and **congratulated** the Trust on achieving White Ribbon Accreditation.

24/022 Assurance and escalation reporting: Any other groups (agenda item 16.5)

Ms Sanderson outlined that there had been some improvements in the availability of ADHD medication, reminding the committee that there had been an international shortage in 2023.

The committee **noted** the update provided.

24/023 Any other business (agenda item 17)

Dr Healey outlined that going forward, the CQC Steering Group would be added to the list of governance groups that provide assurance or escalate issues to the committee.

Dr Healey next noted that the Culture of Care Standards for Mental Health Inpatient Services, plus a national support programme for implementation, was due to be published and queried whether this was something the quality committee should discuss at a future meeting. The committee agreed to wait for the standards to be published.

The committee **noted** the updates provided.

24/024 Key messages to be shared with the Board of Directors (agenda item 18.1)

The committee **agreed** that the following areas of discussion should be shared with the Board of Directors:

Issues to which the Board needs to be alerted:

- No issues to which the Board needs to be alerted.

Things on which the Board is to be assured:

- The committee reviewed an extract from the Board Assurance Framework which detailed strategic risks one and two so that it could be mindful of its responsibilities to assure that these risks were being adequately controlled through the course of the meeting.
- The committee reviewed and supported the draft Quality Strategic Plan for 2024-2029, subject to some minor amendments. It welcomed the simple format of the document and the priorities section which provided a clear vision that would be easier to communicate to staff and easier for staff to understand.
- The committee received the Safer Staffing six-month update which contained a high-level overview of data and analysis on the position of all wards staffing against safer staffing levels for the retrospective periods from the 1 May 2023 to 31 October 2023. It welcomed the new format of the report which provided more data. It was pleased to hear that, despite the sustained pressures with workforce supply, the ongoing efforts and initiatives driven by the recruitment and retention strategies and the focus on wellbeing had positively impacted safer staffing with a series of improvements being noted in the data period, including a reduction in nursing vacancies, the decreased use of temporary staffing and unfilled duties, and the reduction in the need to enact deployment.

The committee acknowledged that although part of the report presented staffing data in the format prescribed nationally for monthly publication, this showed percentages of shifts filled compared to establishment, whereas in reality the Trust's wards often required more staff than this depending on the number of patients and acuity. It noted that this specific report contained a more detailed picture of one unit's staffing needs that illustrated the differences between staff establishments, staff required, and shifts filled. It noted that this report could be helpful to the Board to prevent the nationally required publication from being misinterpreted.

- The committee reviewed the Combined Quality and Workforce Performance Report. It was pleased to see an improved position regarding the number of vacancies across the trust, the number of staff with appraisals in the last 12 months, and the percentage of staff receiving clinical supervision. It also acknowledged the increase in the number of positive responses received from the Have Your Say survey and thanked the teams involved in work to improve the gathering of this information from inpatient and community services.
- The committee reviewed and discussed a briefing on the timeliness of the completion of Serious Incident investigations within LYPFT, following concerns raised by coroners regarding delays in completing investigation reports into Serious Incidents at the Tees Esk and Wear Valleys NHS Foundation Trust. It was reassured by the information provided.

- The committee received an update on the progress made with the production of the Quality Account for 2023/24 and was assured on the work that had taken place to involve service users and carers in the development of the document. It asked for a timeline of steps to publication to be provided to Quality Committee.
- The committee received a report which provided an update on the Trust's CQC readiness work plan and further detail on national updates from the CQC, including the CQC's new regulatory approach and the annual state of health care and adult social care in England. The paper also provided assurance on the completion of actions following the 'Preparation for the CQC' internal audit report. It asked for a report to provide assurance on our quality oversight of out of area placements.
- The committee received the Learning from Deaths Q2 report which provided a summary of the learning from deaths within the Trust between July 2023 and September 2023. It reviewed the mortality data and information provided and was assured on the work ongoing within the Trust to improve mortality reporting and recording and the learning across the organisation.
- The committee received a report which summarised the findings and recommendations from the Report of the Independent Review into how Data Relating to Deaths is Processed and Reported at Norfolk and Suffolk NHS Foundation Trust (NSFT) and considered any opportunities for improving the processing and reporting of deaths within Leeds and York Partnership. It agreed that it was reassured on the work that had taken place, noting that work to make improvements was ongoing.
- The committee received an update from the Trustwide Safeguarding Group and was pleased to hear that the Trust had received White Ribbon Accreditation in response to the work undertaken to prevent men's violence against women and girls.
- The committee received an update on the two periods of industrial action in December 2023 and January 2024. It was reassured that although there had been up to 78% of doctors taking strike action at one time, this had been well managed which meant the Trust had only cancelled a small number of appointments. The committee thanked those who provided cover, made arrangements to maintain services and were part of the incident co-ordination and response efforts during the periods of industrial action in December 2023 and January 2024.

Issues to advise the Board on:

- The committee discussed the progress made towards the 2023/24 Quality Improvement Priorities (QIPs). The committee noted that in November all QIPs were rated yellow (on track with challenges) or amber (delayed). It was agreed that Ms Sanderson would provide data on current progress at the Board meeting.
- The committee reviewed the Combined Quality and Workforce Performance Report. It discussed the data showing the number of self-harm incidents and

physical restraints in November 2023, both of which had increased. It noted the wider work underway to make improvements in these areas.

- The committee reviewed a list which specified the types of issues that the committee and Board should have oversight of. It was agreed that the list would be shared with the Executive Management Team for review and then presented to a Board of Directors meeting.

24/025 Items to be referred to other Board sub-committees (agenda item 18.2)

The committee did not suggest any items to be referred to other Board sub-committees.

24/026 Suggestions for future internal audits (agenda item 18.3)

The committee **noted** that there had been no suggestions for future internal audits.

24/027 Any actions agreed today that ameliorate the strategic risks for which the committee is assurance lead (agenda item 18.4)

The committee **noted** that the following actions ameliorated the strategic risks for which it is assurance lead:

- The support and suggested amendments regarding the Quality Strategic Plan 2024-2029.
- The request for the Trust to explore ways of separating clinical holding data from other types of restraint data in reports.
- The request for further information on Covid-19 testing to be added to the commentary on the Combined Quality and Workforce Performance Report.

The next meeting of the Quality Committee will be held on Thursday 8 February 2024 at 9.30am via Teams