

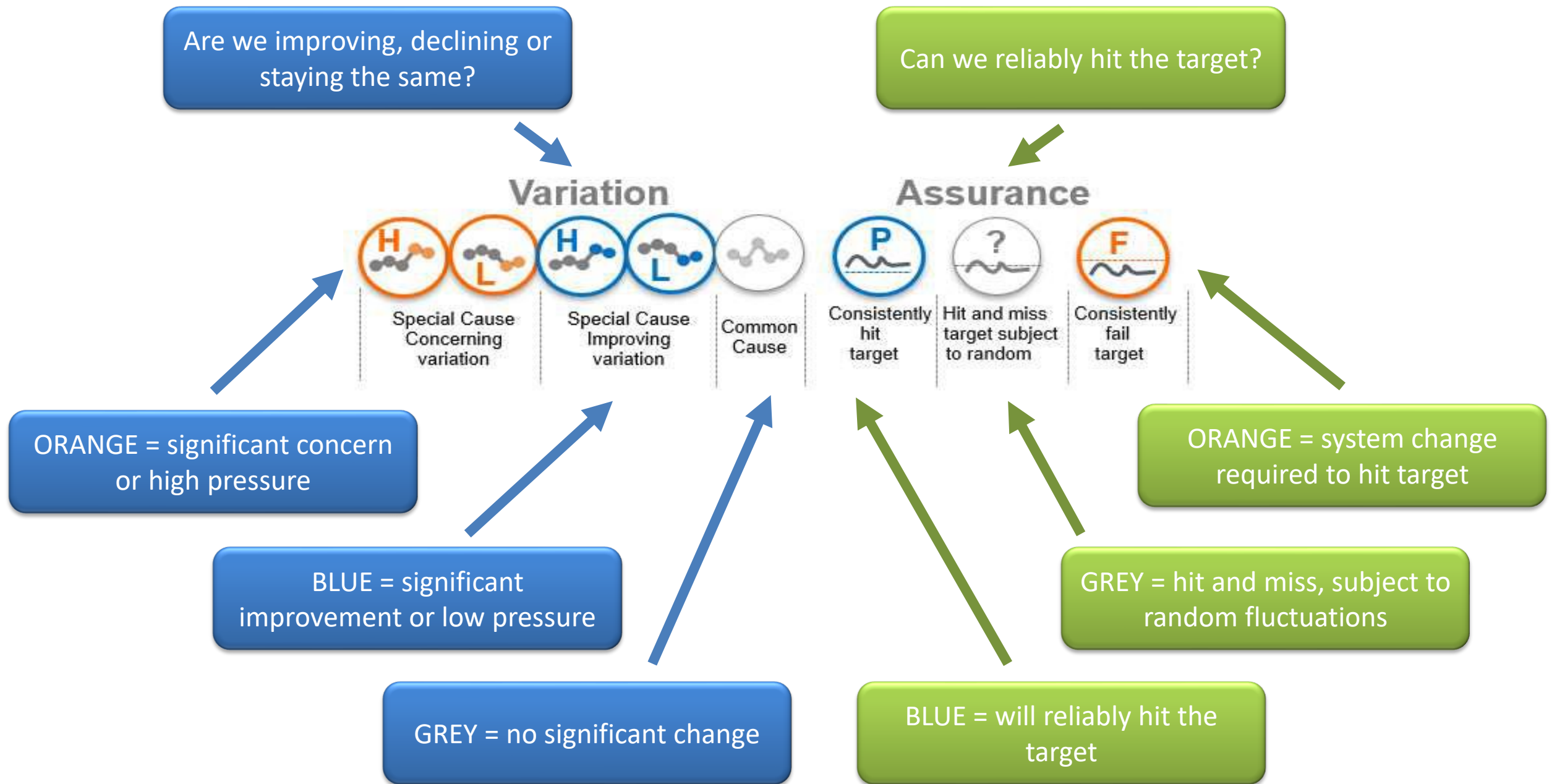
A note on the charts used in this data pack

Within this data pack there has been a concerted move to using Statistical Process Control (SPC) charts where this is the most appropriate way of visualising data. Where SPC charts are not deemed the most appropriate use of data, alternative charts and display mechanisms have been included. It is important to note that whilst the variation and assurance symbols are predominantly associated with SPC charts, we have taken the approach of standardising their use within this document across all data types to ensure consistency of language and approach. We have also included ‘action status’ symbols to highlight the current response to the data displayed in each chart.

Following is a description of the meaning of the symbols used throughout this document.

Variation			Assurance			Action Status			
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target	Watching brief – continue to observe in order to better understand the current position	Improvement – continue actions to support improvement until steady state achieved	Deterioration or maintained under-performance – instigate or review actions to ensure drivers of current position are mitigated	Steady state – continue to monitor achievement of level of performance which is satisfactory, and which requires no intervention to maintain

A note on SPC charts – high level key



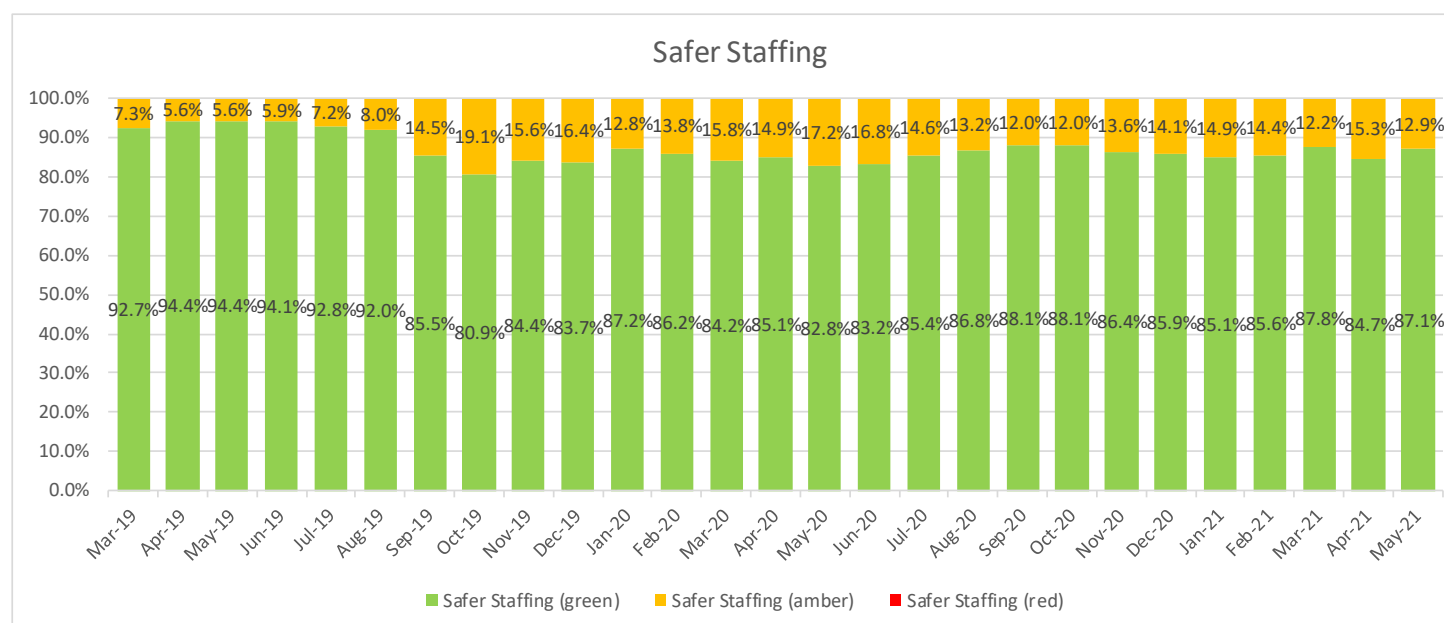
Workforce Dashboard (May 2021)

Metric	Goal & Assurance/ Action status	Current & Variation	Highlights/ Exceptions
Key Workforce Metrics – Recruitment Rate	10%	11.88%	Recruitment rate increasing from start of new financial year, now slightly above target but still below actual LTO rate
Key Workforce Metrics – Sickness Rate	4%	6.06%	Sickness rate increased by 0.7% from April, an increase which is due to short term absences.
Key Workforce Metrics – Labour Turnover (LTO) Rate	10%	12.9%	LTO continues to be above target and has remained static since April.
Key Workforce Metrics – Vacancy Rate	10%	7.3%	Vacancy rate decreased from April, and remains below target/ LTO rate
Mandatory Training Summary	80%	89.22%	Performance has been impacted by COVID-19- specific for face to face training. Overall compliance remains above 80%
Appraisal Rates Summary	80%	92.1%	Performance has been consistently above 80% target from Oct-20
Clinical Supervision Rates Summary	80%	80.17%	Significant improvement in recording in ESR for clinical supervision (36% from Oct 20)
Safer Staffing – Compliance Levels/ Heat Map/ Working Time Directive (WTD) Breaches / Bank and Agency - Fill Rates/ Booking reasons	-	-	Fill rates, bank and agency usage remain high due to Specialing, COVID impact. WTD breaches still difficult to manage
Disclosure and Barring Service (DBS) Status checks	95%	97%	New process for recording monthly data to be introduced and based on the number of notifications received via ESR during the month.
Professional Registration	95%	-	% compliance to be included from July

Lead Director	Phillipa Hubbard	Narrative agreed at Accountable Committee	Quality Director call out	Action Status Under-performance
Owner/Source	Grainne Eloi/ Kelly Barker		Quality & Safety	

May 2021
Safer Staffing – Compliance Levels
Data Monitoring
Improving fill rate of required shifts over last quarter
Goal/Target
100% filled at appropriate levels
Amber - % of shifts filled below requested levels
Red - % of shifts unfilled with Registered Staff

Month	Safer Staffing (green)	Safer Staffing (amber)	Safer Staffing (red)
Mar-19	92.7%	7.3%	0.0%
Apr-19	94.4%	5.6%	0.0%
May-19	94.4%	5.6%	0.0%
Jun-19	94.1%	5.9%	0.0%
Jul-19	92.8%	7.2%	0.0%
Aug-19	92.0%	8.0%	0.0%
Sep-19	85.5%	14.5%	0.0%
Oct-19	80.9%	19.1%	0.0%
Nov-19	84.4%	15.6%	0.0%
Dec-19	83.7%	16.4%	0.0%
Jan-20	87.2%	12.8%	0.0%
Feb-20	86.2%	13.8%	0.0%
Mar-20	84.2%	15.8%	0.0%
Apr-20	85.1%	14.9%	0.0%
May-20	82.8%	17.2%	0.0%
Jun-20	83.2%	16.8%	0.0%
Jul-20	85.4%	14.6%	0.0%
Aug-20	86.8%	13.2%	0.0%
Sep-20	88.1%	12.0%	0.0%
Oct-20	88.1%	12.0%	0.0%
Nov-20	86.4%	13.6%	0.0%
Dec-20	85.9%	14.1%	0.0%
Jan-21	85.1%	14.9%	0.0%
Feb-21	85.6%	14.4%	0.0%
Mar-21	87.8%	12.2%	0.0%
Apr-21	84.7%	15.3%	0.0%
May-21	87.1%	12.9%	0.0%



Detail	What does the chart say?	Issues	Actions / Mitigation / Forward view
Proportion of required shifts filled to required levels of safety. Red shifts would indicate no registered staff assigned to work on a particular shift	Shows no shifts recorded as 'red' – i.e. no registered staff on shift. Amber shifts (i.e. no. of staff working is lower than required staffing level) show a decreasing trend over the last 4 months.	High patient acuity on some wards leading to reliance on temporary staff. COVID-19 has impacted on available pool of temporary staff to draw from.	Continue to review ward establishment levels/ safer staffing level requirements against evidence patient acuity trends, and align to plan for recruitment of bank workers as part of reset and recovery planning.

Lead Director	Phillipa Hubbard	Narrative agreed at	Quality Director call out	Action Status
Owner/Source	Kelly Barker / Grainne Eloi	Accountable Committee	Quality & Safety	Under-performance

May 2021		Heat Map - Inpatient Wards																																																																																																																																																																																																																																																																													
Safer Staffing – Compliance Levels		Registered Safe Staffing						Unregistered Safe Staffing						Care Hour per Patient Day																																																																																																																																																																																																																																																																	
Data Monitoring		Fill Rate	% of Temp	Fill Rate	% of Temp	Sickness	AL %	Fill Rate	% of Temp	Fill Rate %	% of Temp	Sickness	AL %	Planned	Actual	Planned	Actual	Actual																																																																																																																																																																																																																																																													
Care Hours Per Patient per Day increasing over last quarter (which will have positive impact on quality of service delivery)		% Days	staff Days	% Nights	Staff Nights	%	Roster	% Days	staff Days	Nights	Staff Nights	%	Roster	CHPPD	CHPPD	CHPPD	CHPPD	CHPPD Total																																																																																																																																																																																																																																																													
Goal/Target		<p>90% for fill rates, 10% for annual leave, 4% for sickness</p>																																																																																																																																																																																																																																																																													
		<p>Inpatient Ward</p> <table border="1"> <tr> <td>Fern</td> <td>91.36%</td> <td>21.62%</td> <td>96.67%</td> <td>77.59%</td> <td>0.00%</td> <td>3.96%</td> <td>263.77%</td> <td>76.92%</td> <td>261.67%</td> <td>72.61%</td> <td>1.14%</td> <td>4.34%</td> <td>3.1</td> <td>3.1</td> <td>3.9</td> <td>10.5</td> <td>13.6</td> </tr> <tr> <td>Heather</td> <td>82.02%</td> <td>10.96%</td> <td>90.00%</td> <td>57.41%</td> <td>0.00%</td> <td>2.11%</td> <td>221.11%</td> <td>51.26%</td> <td>165.00%</td> <td>82.83%</td> <td>3.13%</td> <td>2.95%</td> <td>3.1</td> <td>2.9</td> <td>4.3</td> <td>8.6</td> <td>11.5</td> </tr> <tr> <td>Bracken</td> <td>85.39%</td> <td>17.11%</td> <td>98.33%</td> <td>61.02%</td> <td>1.49%</td> <td>4.57%</td> <td>112.35%</td> <td>52.20%</td> <td>118.33%</td> <td>73.24%</td> <td>8.67%</td> <td>5.11%</td> <td>2.6</td> <td>2.3</td> <td>4.8</td> <td>5.2</td> <td>7.5</td> </tr> <tr> <td>Ashbrook</td> <td>104.49%</td> <td>12.90%</td> <td>101.67%</td> <td>72.13%</td> <td>6.17%</td> <td>2.55%</td> <td>325.23%</td> <td>63.16%</td> <td>361.11%</td> <td>83.38%</td> <td>8.77%</td> <td>3.47%</td> <td>2.3</td> <td>1.9</td> <td>3.0</td> <td>7.4</td> <td>9.3</td> </tr> <tr> <td>Maplebeck</td> <td>104.49%</td> <td>21.51%</td> <td>93.33%</td> <td>51.79%</td> <td>2.31%</td> <td>6.73%</td> <td>271.82%</td> <td>67.56%</td> <td>325.56%</td> <td>88.74%</td> <td>1.30%</td> <td>7.02%</td> <td>2.8</td> <td>2.0</td> <td>3.6</td> <td>8.2</td> <td>10.2</td> </tr> <tr> <td>Oakburn</td> <td>92.22%</td> <td>30.12%</td> <td>98.33%</td> <td>83.05%</td> <td>1.25%</td> <td>3.15%</td> <td>288.79%</td> <td>68.28%</td> <td>334.44%</td> <td>90.37%</td> <td>4.50%</td> <td>8.69%</td> <td>2.8</td> <td>2.7</td> <td>3.6</td> <td>6.8</td> <td>9.5</td> </tr> <tr> <td>Baildon</td> <td>115.00%</td> <td>8.70%</td> <td>100.00%</td> <td>10.00%</td> <td>4.84%</td> <td>5.86%</td> <td>97.78%</td> <td>30.68%</td> <td>96.67%</td> <td>59.77%</td> <td>0.81%</td> <td>8.36%</td> <td>3.5</td> <td>4.2</td> 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		<p>RAG Ratings</p> <table border="0"> <tr> <td>Fill rates</td> <td>Annual Leave</td> <td>Sickness</td> </tr> <tr> <td>Over 100% - Blue</td> <td>>14.1% - Red</td> <td>>5% - Red</td> </tr> <tr> <td>>90% - Green</td> <td>10-14% - Amber</td> <td>4-5% - Amber</td> </tr> <tr> <td>80-90% - Amber</td> <td><10 - Green</td> <td><4 - Green</td> </tr> <tr> <td><80% - Red</td> <td></td> <td></td> </tr> </table>																		Fill rates	Annual Leave	Sickness	Over 100% - Blue	>14.1% - Red	>5% - Red	>90% - Green	10-14% - Amber	4-5% - Amber	80-90% - Amber	<10 - Green	<4 - Green	<80% - Red																																																																																																																																																																																																																																															
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Detail	What does the chart say?	Issues	Actions / Mitigation / Forward view
A heatmap to outline the fill rates, annual leave and sickness levels, against Care Hours Per Patient Day.	<p>Overfill of Unregistered staff to compensate for areas where Registered staff requirements cannot be matched.</p> <p>Some areas of high sickness (mainly unregistered staff) leading to high % of temporary staff being used.</p>	<p>High volume of night shifts continue to be filled with temporary staff.</p> <p>Registered staff fill rates improving however, some wards still experiencing high number of vacancies.</p> <p>High Patient Acuity being experienced across Psychiatric Intensive Care Unit (PICU), Acute Wards and Assessment and Treatment Unit (ATU).</p> <p>High sickness levels recorded across Maplebeck, Ilkley and Thornton for registered staff, with high sickness for unregistered staff across Lynfield Mount Hospital Acute Wards, Thornton, ATU and Clover.</p>	<p>Continue to review bank & agency usage, with aim of reducing agency, and increasing Bank as part of reset and recovery plans.</p> <p>Annual Leave planning continues to be discussed as part of the weekly roster meetings for future rosters.</p>

Lead Director	Phillipa Hubbard	Narrative agreed at	Quality Director call out	Action Status	
Owner/Source	Fiona Sherburn / Grainne Eloi	Accountable Committee	Quality & Safety	Under-performance	

May 2021	<table border="1"> <tr> <td>60 Hour Breaches</td> <td>48 Hour Breaches</td> <td>11 Hour Rest Period between shifts</td> <td>Monthly 200+ hours Breaches</td> <td>4 Consecutive Days/ Nights</td> </tr> </table>					60 Hour Breaches	48 Hour Breaches	11 Hour Rest Period between shifts	Monthly 200+ hours Breaches	4 Consecutive Days/ Nights
60 Hour Breaches	48 Hour Breaches	11 Hour Rest Period between shifts	Monthly 200+ hours Breaches	4 Consecutive Days/ Nights						
Working Time Directive (WTD)										
Data Monitoring										
No 60 hour per week WTD breaches										
11 hour rest period breaches reducing										
Goal/Target										
Zero WTD breaches for mandatory WTD indicators : <ul style="list-style-type: none"> 60 hours per week 11 hour rest period 										
Definition	Calculated by taking the average weekly hours over a 17 week reference period - with a breach occurring if the average is over 60 hours per week.	Calculated by taking the average weekly hours over a 17 week reference period - with a breach occurring if the average is over 48 hours per week.	Legal requirement to ensure an individual has an 11 hour rest period between shifts.	Differing calculation to the 17 week reference period - but to show those working over 48 hours per week on a monthly basis.	Roster rule included to ensure individuals not automatically rostered to work over 4 days or nights in a row (breach occurs if manually overridden)					
No. of workers breaching	0	67	24	11	138					
No. of Teams impacted	0	13	15	4	22					
No. of services impacted	0	5	7	2	9					
Comment	No breaches in May	24 of the 67 workers signed 48 hour opt out forms, 16 of the workers were agency.	Slight reduction from April. The automated roster planning processes are now in place, and formal process for managing occurrences in live rosters	5 of the 11 workers signed 48 hour opt out forms, 2 of the workers were agency.	Slight reduction from April.					
Action	Continue to monitor risk of individuals reaching 60 hour breach threshold	Work ongoing to ensure individuals sign opt out forms.	Continue monitoring of breaches with discussions at weekly meetings to resolve any issues	Work ongoing to ensure individuals sign opt out forms.	Rules discussed at Safer Staffing Group . Continue to monitor performance at monthly roster meetings.					

Detail	What does the chart say?	Issues	Actions / Mitigation / Forward view
Charts/ Data show breaches over various WTD indicators	Highlights the work ongoing with services to reduce the number of working time directive breaches	11-hour rest period breaches – difficult to manage manually but have significantly reduced in March, April & May due to automated roster planning processes being implemented. 2158 hours overall lost during May 2021 due to COVID Absences across the rostered services (inpatients, some community mental health services, and out of hours district nursing team); which has impacted on services being able to manage WTD effectively, however this is a significant reduction in COVID absences since April 2021.	Continue to review WTD breaches and ensure automatic rules are in place where possible on the rosters to help reduce manual intervention required. (June rosters have been planned with new rules in place.)









Safeguarding Dashboard (May 2021)

Metric	Goal & Assurance/ Action status	Current & Variation		Average
Safeguarding Adult Referrals	N/A	4	N/A	6.0
Safeguarding Children Referrals	N/A	21 (Bradford) 9 (Wakefield)	N/A	15.1 (Bradford) 10.1 (Wakefield)
Duty Calls regarding adults	N/A	59 (Bradford) 0 (Wakefield)	N/A	64.9 (Bradford) 0.1 (Wakefield)
Duty Calls regarding children	N/A	49 (Bradford) 39 (Wakefield)	N/A	59.6 (Bradford) 32.6 (Wakefield)

Serious Incidents, Duty of Candour & Mortality Dashboard (May 2021)

Metric	Goal & Assurance/ Action status	Current & Variation	Average
Serious Incidents	N/A	3	2.7
Duty of Candour incidents	0	0	1.1
Suicides	N/A	2	1.3
Expected Deaths	N/A	13	14.2
Unexpected Deaths	N/A	9	6.6
COVID related deaths – community	N/A	1 N/A	4.7
COVID related deaths – inpatients	N/A	0 N/A	0.2
Structured Judgement Reviews	N/A	2 N/A	N/A

Incidents Dashboard (May 2021)

Metric	Goal & Assurance/ Action status	Current & Variation	Average
All incidents	N/A 	724 	964.8
Violence & Aggression	N/A 	156 	217.8
Medication Errors	0 	38 	48.9
Near Misses	N/A 	6 	21.8

Staff and Service User Feedback Dashboard (May 2021)

Metric	Goal & Assurance/ Action status	Current & Variation	Average
Formal Complaints	0	3	6.3
Concerns	0	52	54.9
Compliments	N/A	12	48.1
Freedom To Speak Up	N/A	21 N/A	N/A
Friends & Family Test	-	-	-
<i>To be developed for dashboard on quarterly basis from July 2021</i>			

Quality of Care Delivery Dashboard (May 2021)

Metric	Goal & Assurance/ Action status	Current & Variation		Average
Infection Prevention & Control	0	0	N/A	N/A
Pressure Ulcers	0	13	N/A	21.7
Insulin Errors	0	6	N/A	3.1
Facilities Summary (RIDDOR, Water Safety, Nutrition Standards)	N/A	0	N/A	N/A
Equipment maintenance	95%	90.7 / 79.0%	N/A	N/A
Ligature assessments	100%	100%	N/A	100%
Clinical Audit	100%	94.6%	N/A	N/A

Metrics Dashboard (April 2021)

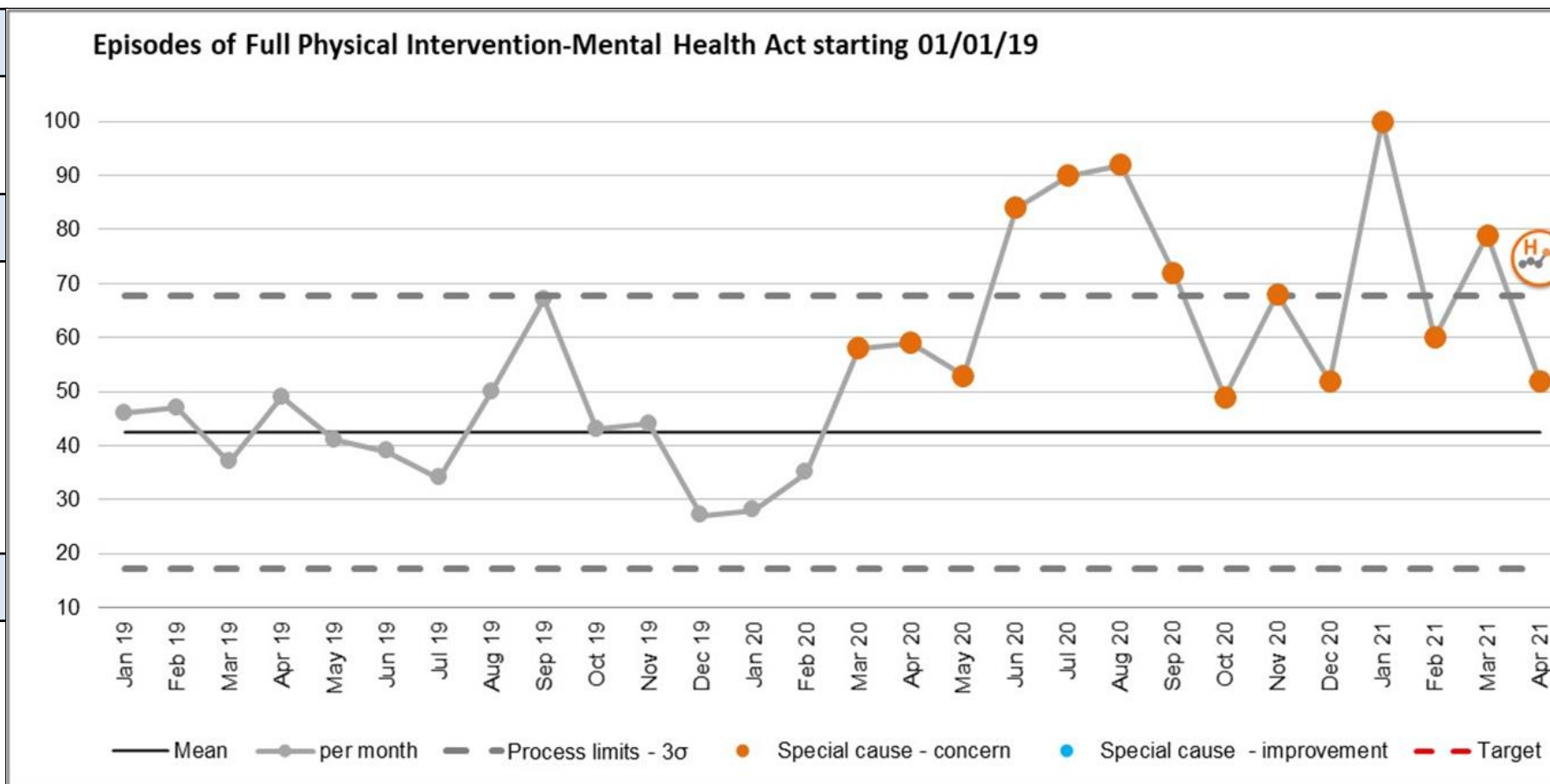
Metric	Goal & Assurance/ Action status	Current & Variation	Average
Use of Mental Health Act (MHA) – Sections free from fundamental errors	N/A	100%	99.4%
Use of MHA – Sections Reviewed on time	N/A	100%	99.2%
Use of Section 2 each month	N/A	34	50.8
Use of Section 2 on a weekly basis	N/A	2-19	11.4
Use of Section 3 each month	N/A	18	27
Number of Care and Treatment Reviews carried out (new)	N/A	2	3

Incidents Dashboard (April 2021)

Metric	Goal & Assurance/ Action status	Current & Variation	Average per month
Full Interventions	N/A	52	42.5
Prone Restraint	N/A	0	0.2
Rapid Tranquillisation	N/A	30	23.3
Seclusion	N/A	0	4.5
Restrictions and Segregation totals		428 (down from 435) N/A	36
Blanket Restrictions		404 N/A	33
Individual Restrictions		24 N/A	2
Long-Term Segregation		0 N/A	0.1

Lead Director	Patrick Scott	Narrative agreed at		Action Status
Owner/Source	Greg Sawiuk	Accountable Committee	Mental Health Legislation Committee	Watching brief

April 2021
Full Physical Interventions - 52
Data monitoring
The data shows that compared to 2019/20, when 7 out of 12 months were below average, all of 2020/21 and April 2021 are above average and 6 months exceed the Upper Control Limit (UCL)
Goal/ target
Whilst the Trust aims to have 0 incidents, it is proactive in supporting reporting from staff



Detail	What does the chart say?	Issues	Actions	Mitigation	Forward view
Total number of incidents reported. The Committee is also supplied with detailed Escalation Reports first seen at Positive & Proactive Steering Group.	Incidents have exceeded the UCL 6 times since June 2020.	Not all instances of intervention relate to disturbed patients. A number of interventions relate impact of isolation requirements.	Changes made to admission, transfer and discharge processes, how interventions are managed.	All incidents continue to be monitored by the Positive and Proactive Steering Group and Escalation Reports are submitted monthly to them.	The levels of acuity on wards remains high, coupled with isolation requirements.

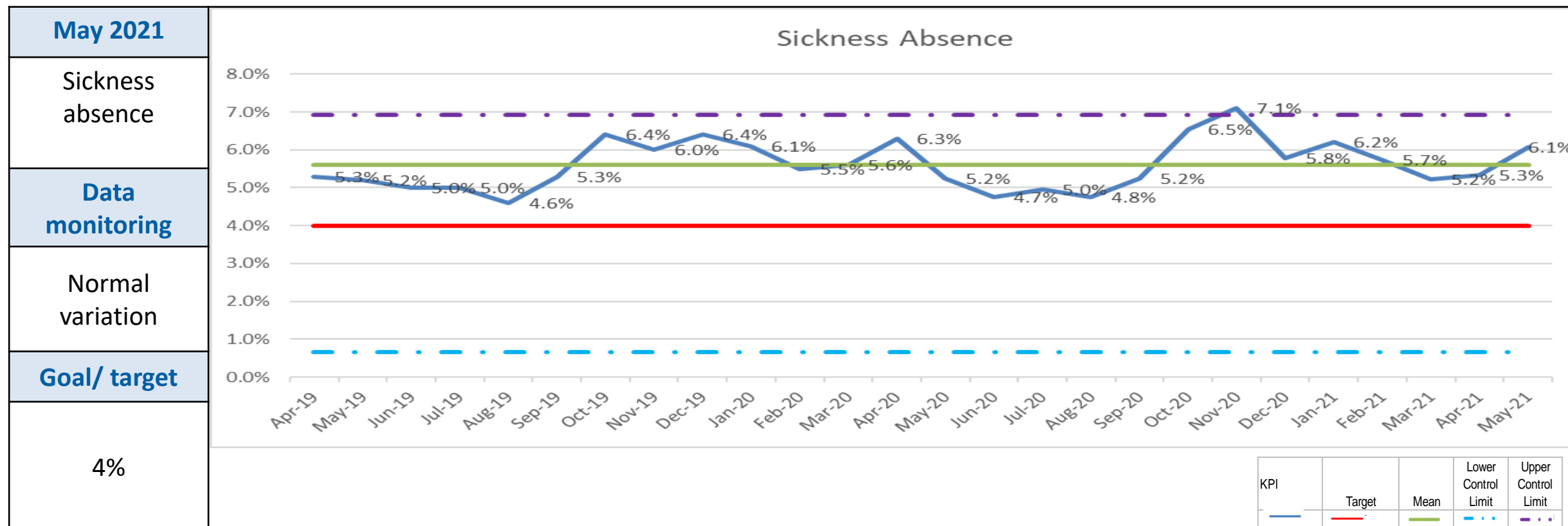
Training Dashboard (April 2021)

Metric Training	Goal & Assurance/ Action status	Current & Variation	Average
Care Programme Approach (CPA) Roles & Responsibilities		95.18%	
CPA Care Planning		97.31%	
CPA Clinical Risk		92.17%	
Mental Capacity Act		95.91%	
Mental Health Act Qualified Staff		90.91%	
Mental Health Act for HCSWs		97.97%	

Workforce & Equality Committee Dashboard (May 2021)

Metric	Goal & Action status	Current Performance	Comment
Goal 1 – Attract, Retain, Motivate	-	-	Indicators include: Labour Turnover, Vacancy, Recruitment, Safer Staffing and Bank & Agency data
Goal 2 – Talent	-	-	Indicators currently include: Appraisal and Clinical Supervision compliance
Goal 3 – Diverse & Inclusive Culture	-	-	Indicators include: WRES and WDES and Gender Pay Gap results
Goal 4 – Staff Engagement	-	-	Staff survey results show number of improvements from previous year's figures
Goal 5 – Leadership	-	-	Indicators include: Leadership & Management Development Passport programme uptake, Freedom to Speak Up
Performance – Workforce Planning	5 year plans completed	-	Significant workforce planning activity underway across local services, Trust and ICS
Performance – Mandatory Training	Training elements above compliance target	-	Performance above target for 32 out of 41 training elements, with overall compliance of 89.22%
Performance – Sickness Absence	4%	6.06%	Sickness rate increased by 0.7% from April, which is due to short term absences

Lead Director	Sandra Knight	Narrative agreed at	Quality Director call out	Action Status
Owner/Source	Fiona Sherburn	Accountable Committee	Workforce and Equality Committee	X Underperformance



Detail	What does the chart say?	Issues	Actions / Mitigation / Forward view
Long term sickness 4.35%	Sickness absence remains above target but within normal variation	Sickness absence increased from April, mainly due to short term and Covid cases.	Covid-19 absence continues to decrease, but monitoring still ongoing as part of daily submission reports to NHS England/Improvement, including review of staff with long Covid symptoms. Continue to promote the Trust Health and Wellbeing offer to staff.
Short term sickness 1.71%		High proportion of long term cases remain relating to Anxiety, Stress and Depression.	

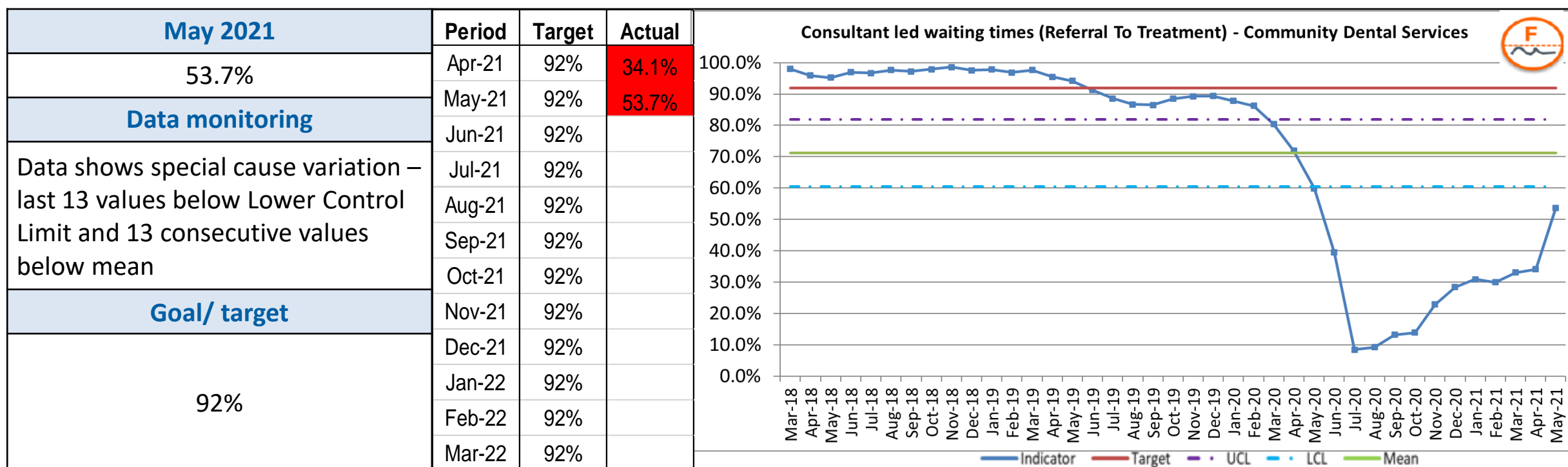
NHS Oversight Framework – Provider Oversight Metrics Dashboard (May 2021)

Metric	Goal & Assurance/ Action status	Current & Variation	Average
Consultant led waiting times (RTT)	92%	53.7%	72.7%
Waiting times – first episode of psychosis	60%	74.4%	80.9%
Data Quality – MHSDS dataset Score	70% 20/21 80% 21/22	93.4%	N/A
Recovery Rate - IAPT	50%	55.0%	53.6%
Waiting times IAPT i) 6 weeks	75%	96.6%	97.2%
Waiting times IAPT ii) 18 weeks	95%	99.7%	99.6%
Out of Area Placements	TBC	1539 (Apr-May)	

All areas of performance reported within these slides are impacted by the COVID-19 pandemic.

Impacts are being monitored and actions agreed through the Trust’s response to the third phase of COVID-19, with further narrative in the accompanying Board highlights report.

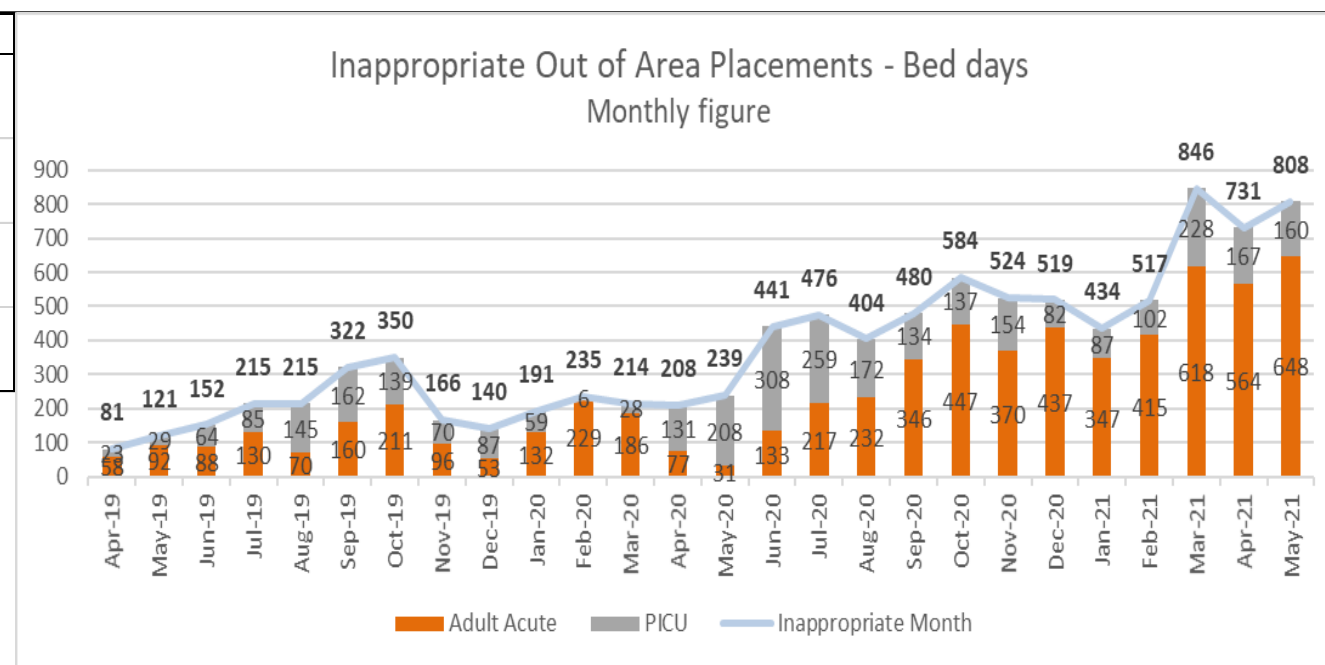
Lead Director	Patrick Scott	Narrative agreed at	Senior Leadership Team	Action Status
Owner/Source	Business Intelligence	Accountable Committee	Finance, Business and Investment Committee	Underperformance



Detail	What does the chart say?	Issues	Actions	Mitigation	Forward view
Community dental service: Proportion of patients waiting less than 18 weeks to commence treatment - patients who require dental treatment under general anaesthetic (GA)	53.7% of patients waited less than 18 weeks in May 2021 134 patients waiting Longest wait is 81.57 weeks 34 patients waiting more than 52 weeks	Suspension of hospital operating lists for dental service as a result of COVID-19	The service investigated all possible alternatives to the delivery of dental GA outside an acute setting or with a private provider. Not feasible due to the complexity of the patients. From 12/04/21, service theatre allocation at Airedale General Hospital reinstated for comprehensive care.	All referrals received are triaged; waiting lists are validated and monitored on a weekly basis. Exploring potential for weekend waiting list initiative.	Permanent 'restart sessions' at the Dales Suite, Airedale General Hospital, where most paediatric dental cases are treated, recommenced from 17/05/21.

Lead Director	Patrick Scott	Narrative agreed at	Senior Leadership Team	Action Status
Owner/Source	Business Intelligence	Accountable Committee	Finance, Business and Investment Committee	Underperformance

Quarter 1 (April - May)	Period	Target	Actual
1539	Q1	TBC	1539 (May)
Data monitoring	Q2	TBC	
	Q3	TBC	
	Q4	TBC	
Goal/ target			
TBC			



Detail	What does the chart say?	Issues	Actions	Mitigation	Forward view
Inappropriate out of area placements for adult mental health services – number of bed days patients have spent out of area	<p>Adult acute: 27 patients out of area in May (648 bed days).</p> <p>Psychiatric Intensive Care Unit (PICU): 8 patients out of area in May (160 bed days).</p>	<p>High levels of acuity on adult acute wards.</p> <p>Actions to maintain COVID safe ward environments – capacity reduced by 10 beds to support isolation and cohorting of patients.</p> <p>Increase in general adult admissions compared to 2019.</p>	<p>Mobilising discharge support monies including procurement of four crisis respite beds as part of the crisis alternatives and Safer Spaces process.</p>	<p>Independent sector contract initiated January 2021, with assurance framework in place to oversee quality and maximise capacity available.</p>	<p>Nationally, delivery of trajectories to eliminate inappropriate out of area placements have been impacted by the COVID pandemic. West Yorkshire and Harrogate Integrated Care System trajectories to be finalised for 2021/22.</p>