Item No: 10

Meeting Date: **Wednesday 19th September 2018**

Glasgow City
Integration Joint Board

Report By: **Susanne Millar, Chief Officer Strategy and Operations / Chief Social Work Officer**

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FINDINGS AND RECOMMENDATIONS FROM REVIEW OF SPEECH & LANGUAGE THERAPY (SLT) ADULT AND OLDER PEOPLE PARTNERSHIP SERVICES IN GLASGOW CITY

Purpose of Report:	To inform IJB members of the findings and recommendations from the review of Speech and Language Therapy (SLT) services for adults and older people in Glasgow City and to seek approval for a number of actions necessary to respond to those findings and to progress to an implementation phase.

Background/Engagement:	Engagement events and structured interviews have taken place to enable staff to contribute to the review and keep staff informed of progress. Service user and carer engagement will take place at a later date (to be determined) as part of the process to evaluate the level of service improvement achieved from the implementation of the recommendations. The Staff Partnership Forum have been involved fully in the review process and will continue to be involved in the implementation phase.

Recommendations:	The Integration Joint Board is asked to note the findings and recommendations from the SLT review and approve: a) Implementation of the 9 Actions arising from the review, as set out in detail in section 4 of this paper. b) The continuation, on a fixed term basis, of the project lead SLT role within Glasgow HSCP to implement the findings of the review, thus assuring the organisation that a revised service model is delivered.

	c) The management of Glasgow SLT staff and SLT project lead under one service manager to optimise service decisions; resource and workforce. d) The development of an implementation plan to support implementation of a single SLT service. This will have clear leadership, reporting and outcomes which can successfully deliver on the 'short term leave contingency plan' to ensure services can be accessed. The implementation plan will consider the implications for existing multi-disciplinary team (MDT) structures and develop the arrangements for transition; e) Ongoing consultation with Staff Partnership, with acute services and with other HSCPs to support the implementation of recommendations; f) To support the strengthening and transparency of pathways and links between Glasgow City funded SLT services and staff not formally based within Glasgow HSCP, but who's primary role is to deliver services within Glasgow HSCP e.g. Community stroke team, Forensic SLT; and, g) To initiate discussions regarding demand / capacity/ service and governance for patients currently seen by Glasgow SLT staff who are not resident in Glasgow HSCP area.

Relevance to Integration Joint Board Strategic Plan:

Implementation of recommendations will support the Partnership Key Priorities by:

- Supporting consistent and timely access to SLT across all patient care groups ;
- Reducing risks, particularly but not exclusively those associated with swallowing disorders;
- Supporting the expression of choice by maximising communication potential;
- Contributing to agenda of Moving Forward Together shifting the balance of care by supporting people to be maintained in their own homes/communities through the provision of advice/training to staff; realistic medicine
- Assuring SLT role and remit in responding to policy context and development within key strategic areas including AAC, IDDSI, Dementia and AILP
- Contributing to the programme of service reform by improving the efficiency and efficacy of services.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Implementation of the recommendations supports: **Outcome 2:** People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

	Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected. **Outcome 4.** Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services. **Outcome 5.** Health and social care services contribute to reducing health inequalities. **Outcome 8.** People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide. **Outcome 9.** Resources are used effectively and efficiently in the provision of health and social care services.

Personnel:	The outcome of the recommendations will ensure staff have improved governance; supervision; learning and development focussed on skills and competencies to meet demand flexibly; job roles with improved definition. There will be ongoing consideration of workforce requirements to meet demand in the context of the new service model.

Carers:	The focus on reducing risks and on equalities will have significant positive impact on carers.

Provider Organisations:	Potential to release capacity to develop advice and preventative service level for partner organisations e.g care homes and private care provider agencies

Equalities:	The rebalancing of SLT service delivery to offer equitable access to those with communication disorders as well as swallowing disorders will have a positive impact on quality of life, activities of daily living (including where appropriate employment), well-being, and participation in family and community life. An EQIA has been completed (currently going through quality assurance before publication) and will be available at the following link: https://glasgowcity.hscp.scot/equalities-impact-assessments

Financial:	There is potential to realise efficiencies and improve capacity building to better meet demand across SLT partnership services by reducing variation, considering where non-Glasgow patients are treated; streamlining processes and introducing a more effective service model. The recommendations set out in the paper can be achieved within existing recurring budgets. Following full implementation of the recommendations, a

	process will be developed to evaluate the impact, including a re-assessment of resource and capacity requirements.

Legal:	None

Economic Impact:	None

Sustainability:	Service sustainability will be improved by ensuring that services are designed around the key policy directions including 'home is best', rebalancing care, anticipatory care planning and support for people with dementia. The review will also ensure adherence to the principles of AILP (Active Independent Living Plan) – the national delivery plan for AHPs. Integral to the redesigned service will be a process of evaluation, audit and continuous improvement in line with changing service demands.

Sustainable Procurement and Article 19:	N/A

Risk Implications:	Implementation of the recommendations are critical in addressing the patient, staff and organisational risks identified in the original paper (Proposal for a review of speech & language therapy adult and older people partnership services in Glasgow City, 2017, J. Carson & K. Smart). Implementation will require continued proactive management of change to ensure that SLT staff are fully engaged and are able to contribute to service development. Implementation will benefit from ongoing support of Organisational Development, and the involvement of Staff Partnership, to optimise implementation and change.

Implications for Glasgow City Council:	Recommendations, with improved access and equitable services, will ensure that SLT staff are well-placed to support and develop Glasgow City Council staff in the management/support of residents and users of adult care facilities.

Implications for NHS Greater Glasgow & Clyde:	The SLT Partnerships Professional Lead has identified similar risks and issues across GGC, and a review process is also under consideration by other HSCPs. The current service boundary issues can only be addressed in consultation with other GGC HSPCs and with acute services. In leading the way with this review, Glasgow City will be able to proactively design the patient pathway to deliver consistent, seamless, quality care for Glasgow City residents as standard.

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	✓

1. Purpose

1.1 To inform IJB members of the findings and recommendations from the review of Speech and Language Therapy (SLT) services for adults and older people in Glasgow City and seek approval for a number of actions necessary to respond to those findings and to progress to an implementation phase.

2. Background

2.1. SLT services to the adult population with Glasgow City HSCP come from a small resource (18 members of staff, WTE 15.3, see diagram 1 below) that is fragmented, often isolated and frequently unable to respond to patient need within an appropriate timescale. It is a matter of record that the current configuration of SLT services is unable to provide the adult population of Glasgow City HSCP with an equitable service. In some parts of the service patients with communication difficulties as a consequence of rapidly deteriorating medical conditions such as Motor Neuron Disease are unable to receive any input for this need while in other services this is routinely provided. Patients with speech, language and communication or swallowing needs within prison services have extreme difficulties accessing basic SLT service for example.

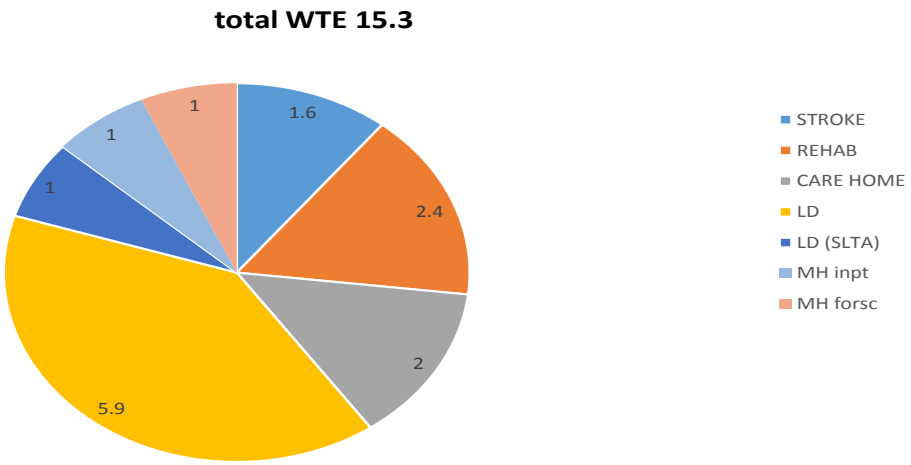


Diagram 1: SLT provision with scope of Review (WTE)*
*Figures accurate at time of writing, but subject to fluctuation.

2.2. The contrast in resource across SLT sectors is further amplified by significantly varied demand identified by referrals received to each respective sector. The chart below demonstrates the current annual referrals received by each SLT sector:

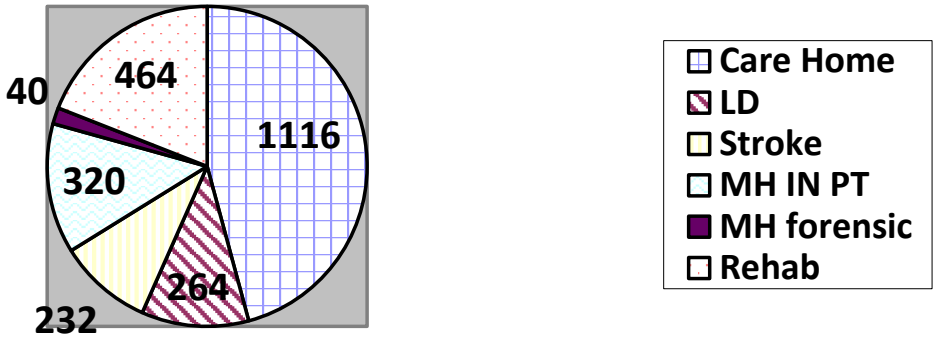


Diagram 2: Annual Reported Referrals by SLT Sector
(Extrapolated from quarterly figures, see Appendix 1 for further breakdown)

2.3 Furthermore, it is evident that during periods of staff leave (planned or unplanned) provision of SLT service even for cases requiring urgent input i.e. to prevent hospital admission; to deliver care within the palliative care pathway; prevent family/carer breakdown, is problematic and often significantly delayed.

2.4 Additionally, constraints exist meaning that not all referred patients are able to access community based care with some being re-directed to acute care to receive input, which may not be clinically necessary or in line with patient choice. This is not consistent with the principles of 'Shifting the Balance of Care'. It is further acknowledged that there is likely to be a degree of unidentified need within the population.

2.5 A summary of referrals to each SLT service is presented in Appendix 2. This demonstrates significant variation between demand and capacity within respective services. As further illustrated in box 1, below, ,there is variation in service response; service models and practice for similar patients as detailed in review paper (Proposal for a review of speech & language therapy adult and older people partnership services in Glasgow City, 2017, J. Carson & K. Smart). Standardising data gathered and analysed will be essential to further explore and address variations. The variation and range in waiting times puts both the patients and organisation at risk. Within some services waiting time is unacceptably high (greater than 16 weeks).

Example of current variation across SLT services **Box 1**

i) A patient with cognitive communication difficulties and challenging behaviour as a consequence of a learning disability receives a full package of care from SLT that includes: a detailed assessment linked to a full MDT assessment; holistic staged interventions; carer training, and ongoing communication support whereas a patient with a similar presentation referred to the Mental Health in-patient service would receive delayed and inequitable input from SLT unless there was a concurrent dysphagia.

ii) A patient with a deteriorating neurological condition such as dementia that and can result in loss of ability to speak and inability to swallow: if under 65 years and referred to the rehabilitation service, the patient will receive intervention around communication and dysphagia, however, if over 65 years and resident in a care home, will only receive input to address dysphagia. This practice fails to meet the standards outlined in the Dementia Strategy.

3. Review Process

3.1 The SLT review commenced in September 2017 with the establishment of a steering group (including representation from service managers, acute SLT and learning disability services), and the appointment of a temporary project lead tasked with scoping the service and agreeing interim cover arrangements for SLT services during periods of leave.

3.2. Following the development of a project plan and communication strategy, structured interviews were conducted with all staff, including staff on maternity leave, within the scope of the review. An issues log (available on request) was initiated and populated by both the project lead and Partnerships throughout the process highlighting staff questions & concerns, and responses.

3.3. During the in-depth interviews both quantitative and qualitative data was gathered and subsequently analysed. Appendix 1, diagram 3 below, illustrates the variation in monthly reported referral rates and waiting numbers at a given date. The data demonstrates significant variation across service areas for example we can see that both Mental health in-patient forensic and in-patient general mental health services have similar resource ie x1 WTE SLT with a 75 % variation in referral rates. This impacts on service delivery to the extent that one service limits the scope of its provision and is unable to provide treatment for communication difficulties.

3.4 An initial stakeholder meeting was held in November 2017 where the results of the scoping interviews were presented to staff. Three initial workstreams were identified to progress with staff via short life working groups and these addressed: supervision, outcome measures and caseload prioritization. Agreeing a joint prioritization tool is key to proceeding with an Interim Cover Arrangement.

3.5 A follow up stakeholder meeting took place in February where staff involved in the three workstreams fed back on the work they had completed to date within their respective groups including recommendations going forward. The proposals put forward at this meeting are incorporated into the recommendations identified below.

4. Detailed Findings and Recommended Actions

4.1 Governance Standards

4.1.1. No consistent universal governance structure with staff managed at varying levels across the HSCP despite being on similar grades. No universal data gathered on demand and caseload management. Limited capacity to take a global strategic view of this specialist service and limited opportunity to drive forward service improvement.

4.1.2. It is the case that some staff are operationally managed by staff out-with their specialist SLT area and with limited links to their service area at a strategic level presenting difficulty when addressing service need and improvement.

4.1.3. Staff within tightly embedded MDT's reporting that SLT priorities often overlooked in favour of wider team priorities thus impacting on SLT service improvement and development

4.1.4 Collectively these issues present as a risk to the organisation, staff and patients alike.

Action 1: A consistent governance model is applied to all SLT staff within the scope of this review.

4.1.5. In order to deliver this recommendation a lead SLT role will be required to be developed with a remit that includes accountability for reporting on governance issues such as audit reporting, Health and Care Professions Council (HCPC) registration and adherence to professional standards.

4.2 Supervision

4.2.1. The AHP Supervision Policy applies universally to all staff within the scope of the review. It was found during the scoping that the majority of staff did not fully comply with the board's policy, notably with a lack of structured routine supervision conducted with professional SLT input. Supervision arrangements that are in-place are frequently informal and irregular. Staff described difficulty identifying an appropriate colleague to provide supervision, many experienced staff with no experience of providing supervision due to the staff profile and small numbers of staff. This presents as a risk to staff in maintaining their HCPC membership and a

risk to the organisation as it seeks to ensure that safe and evidence based care is being delivered to patients.

Action 2: all staff are supported to become fully compliant with the board's AHP Supervision Policy by applying a consistent governance model across the service

4.2.2. To support implementation of the policy a short life working group (SLWG) has been established. The SLWG has devised an action plan to support implementation. Delivery of this is reliant on an SLT lead who is accountable for compliance and quality.

4.2.3. In addition the lead remit would be to ensure appropriate clinical supervision and case management which monitors and reports on delivery of quality and evidence based care.

4.2.4. In order to ensure robust case management and supervision, band 7 SLTs will be required to work to the leadership aspects of Job descriptions and roles, where these exist.

4.3 Continued Professional Development

4.3.1 CPD opportunities are variable and opportunistic with not all SLT staff having equal access to CPD opportunities including local practice development networks.

4.3.2 It is proposed that Glasgow City HSCP speech and language therapy service develops a learning and development plan in conjunction with local multi-disciplinary teams that meets the requirements of the service, teams and individuals.

4.3.3 The SLT project lead's remit will include accountability for implementation of a plan which aligns with policy context, national agendas and local priorities ensuring individuals and teams are monitored, developed and supervised to deliver best quality care at all times.

4.3.4. Post holders with leadership aspects in job descriptions and roles, will be required to deliver on appraisal, Turas/ PDP and contribute to the supervision and monitoring of team and individual development.

4.3.5 Also essential, is the articulation of which fora require all staff to participate in as part of their ongoing professional development within SLT and integrated structures. This will require monitoring and reporting.

Action 3: SLT specific learning and development plan that compliments wider service MDT learning and development plans are devised, agreed and implemented.

4.4 Service Specification

4.4.1 The development of a single service specification is required, which addresses inequity of access; ensures a service which is fit for purpose/ changing demand; is responsive and flexible to patients regardless of age, diagnostic criteria and resident location; consistently delivers access to the range of evidence based treatment

approaches for that condition i.e. communication and dysphagia treatment; reduces delays to assessment/ treatment. Revised service specification will take account of effectiveness of universal and targeted interventions and MDT specific eligibility criteria where that exists. In addition the AHP/ SLT role in staged care and new areas of care will be explored achieving the ambitions of ALIP and evidence based medicine.

4.4.2. Where deemed not to be part of the service specification for SLT service within the HSCP, alternative solutions to develop these inputs should be developed.

4.4.3. There is scope with consistent application of outcome measures, data gathering and analysis to more readily define optimum/ efficient patient pathways and in turn a service specification for SLT provision within Glasgow HSCP.

Action 4: a single SLT service specification is developed and implemented, including the routine use of standardised outcome measures that are applied consistently across services. This requires to dovetail with MDT service specifications where these exist.

4.5. Service Model

4.5.1 Delivering a revised and explicit service model is essential to achieve consistency with the Equality Act and the NHS Quality Strategy and to ensure a flexible service is developed to meet current and future demand and to address areas of current service gap e.g. prisons

4.5.2 In order to maximise efficiency, opportunities and mitigate the risks identified in the current review paper and complex arrangements therein, a single service function is proposed. Essential to this model is a single staffing resource which can be used responsively to address service demand equitably.

4.5.3 The SLT Project lead, supported by the service manager, would have responsibility for undertaking research and development activity; initiate service development; develop policies and procedures for Glasgow SLT adult and older peoples service; lead staffing in line with professional guidelines, national and board policies; be accountable for governance compliance and reporting; lead on strategic work in key priority areas; provide professional management for band 7 therapists; be responsible for monitoring service demand and resource management associated with this; be responsible for learning and development within the SLT service in addition to wider MDT learning and development plans.

4.5.4 Line management and professional leadership/ governance would require to be agreed but it is likely this would be provided by the Professional Lead for SLT across GG&C and a service manager from within Adult or Older People's services.

4.5.5 This would be the preferred option in terms of potential changes realised by 'Shifting the Balance of Care' and the impact this would have on size and function of community services.

4.5.6 The financial framework for this option has been costed and is achievable from existing recurrent budgets.

4.5.7 The band 8 SLT Project Lead would have delegated responsibility to:

- Identify gaps and pressures using the single electronic database, prioritisation scores and narrative from staff/ teams.
- Hold regular complex case discussions where there are questions regarding where or by whom a patients care will be delivered
- In partnership with senior SLTs, allocate those cases following adequate consideration of clinical need and 'right person right care'
- Discuss with service manager and MDT leads where there is a need to deliver care flexibly across existing boundaries due to patient need
- Identify the need for the short term leave contingency plan and implement this
- Allocate the affected patients to existing Glasgow HSCP SLT staff within professional scope and practice

4.5.8 To ensure consistency and sustainability of this approach, SLT leads would be required to engage in and deliver robust case capacity management, which monitors consensus of prioritization; follows an agreed framework of care; monitors outcomes and throughput across the care groups.

4.5.9 The success of this model will be dependent on the development of effective team working.

Action 5: SLT services provided with Glasgow City HSCP move towards working within a single model of delivery.

4.6 The recommendations for a single service specification and single service model are supported by key stakeholders. Further work is required to support implementation, monitoring and evaluation. Data collated will support reporting on and adding value to SLT interventions, influencing subsequent service development. A Short Life Working Group has been established and key outcome measures have been identified (Therapy Outcome Measures). This is the Royal College of speech and language therapists' outcome framework of choice and encompasses self-identified outcomes in line with the direction of 'Realistic Medicine'. Work to progress application of a consistent set of outcomes is ongoing and essential to address variance in care currently delivered.

4.7 Patients non-resident to Glasgow City

4.7.1 The geographical boundaries of service specifications are variable with some posts being limited to Glasgow City HSCP while others extend to several HSCP areas. Data around the referral rates to different aspects of the service based on HSCPs is presented in Appendix 1. The data demonstrates that approximately 20% of referrals to the services within scope come from HSCPs outwith Glasgow City. This presents several challenges: practical management of caseloads; extensive travel time; linking with different teams; navigating different structures and processes; and use of more than one electronic patient record system – these collectively increase risk to patients, staff and the organisation.

Action 6: Consideration is given to the repatriation of non-Glasgow City patients to their respective HSCP area, where clinically appropriate, to avoid further fragmentation and isolation of services.

4.7.2 This recommendation requires that consideration of the impact of any change around this is carefully explored. The table in Appendix 1 demonstrates the spread of referrals received by the SLT services in scope, by HSCP areas. In some of the HSCP areas there is little to no existing SLT service to transfer patients to. There is therefore a risk that by establishing an HSCP specific service for some of the smaller HSCP areas that we duplicate some of the existing issues we are trying to address i.e. single practitioner service, inadequate governance, professional isolation etc. Work will therefore take place with other HSCPs to explore further the implications of any such service change before reaching a final recommendation.

4.8 Service Audit and Monitoring

4.8.1 There is currently no reliable, consistent and easily accessed output data available across the services in scope of the review. This lack of ability to access and adhere to patient record standards presents a significant barrier to staff attempting to deliver a seamless service. Benefits of shared Electronic Patient Records System (EPRS) such as avoiding duplication of assessment and resource; avoiding repetition for patients; and generating clinical and demographic data to inform service delivery cannot be utilised. Most services are using EMIS or scheduled to come on stream imminently but this is not used universally.

Action 7: All services within scope use consistent EPRS to support routine audit and service reporting.

4.8.2 At present the Care Home & Hospice service is not scheduled to be included within the EMIS programme and requires to be added, this will be progressed if/when the recommendation to move forward as a single service is approved. A further part of the SLT service, the Community Stroke service, uses a different EPRS within the MDT and some further consideration will be required to address how this will integrate with the wider SLT service.

4.8.3 In some specialist services agreed board wide, AHP qualitative documentation audit is not currently being implemented, partly this issue will be addressed with wider implementation of EMIS however staff will be operating within distinct EMIS groups that do not permit read across. In order to support the implementation of current Greater Glasgow & Clyde NHS standardised AHP audit, staff will be required to have EMIS permissions for groups other than the group where they routinely work.

Action 8: Appropriate patient record permissions are granted to support implementation of audit across SLT services.

4.8.4 A formal request to the EMIS programme with senior manager support will be required to complete this.

4.8.5 Not all staff have access to appropriate technology to support agile working, provide optimum access to EPRS and support data recording, audit and management. This risks associated with multi centre working combined with paper based notes, limited access to desk tops etc. have been well documented and are easily recognised within this staff group. Full funding for IT equipment for all staff has been agreed and an application has been submitted to procure the equipment required

Action 9: All SLT staff within the service have access to mobile networked devices with appropriate software to support agile working and EPRS.

5. Recommendations

5.1 The Integration Joint Board is asked to note the findings and recommendations from the SLT review and endorse:

a) Implementation of the 9 Actions arising from the review, as set out in detail in section 4 of this paper.

b) The continuation, on a fixed term basis, of the project lead SLT role within Glasgow HSCP to implement the findings of the review, thus assuring the organisation that a revised service model is delivered.

c) The management of Glasgow SLT staff and SLT project lead under one service manager to optimise service decisions; resource and workforce ;

d) The development of an implementation phase to support implementation of a single SLT service. This will have clear leadership, reporting and outcomes which can successfully deliver on the 'short term leave contingency plan' to ensure services can be accessed. The implementation plan will consider the implications for existing multi-disciplinary team (MDT) structures and develop the arrangements for transition ;

e) Ongoing consultation with Staff Partnership, with acute services and with other HSCPs to support the implementation of recommendations;

f) To support the strengthening and transparency of pathways and links between Glasgow City funded SLT services and staff not formally based within Glasgow HSCP, but who's primary role is to deliver services within Glasgow HSCP e.g. Community stroke team, Forensic SLT; and

g) To initiate discussions regarding demand / capacity/ service and governance for patients currently seen by Glasgow SLT staff who are not resident in Glasgow HSCP area.

DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	190918-10-a
2	Date direction issued by Integration Joint Board	19 September 2018
3	Date from which direction takes effect	19 September 2018
4	Direction to:	Glasgow City Council and NHS Greater Glasgow and Clyde jointly
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Speech and language therapy
7	Full text of direction	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to implement the recommendations of this report
8	Budget allocated by Integration Joint Board to carry out direction	Within existing resources, as advised by the Chief Officer: Finance and Resources
9	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
10	Date direction will be reviewed	September 2019

Appendix 1

Supporting Activity Information

Diagram 3: SLT Monthly referral rates and number of patient on waiting list at a fixed time by specialist area:

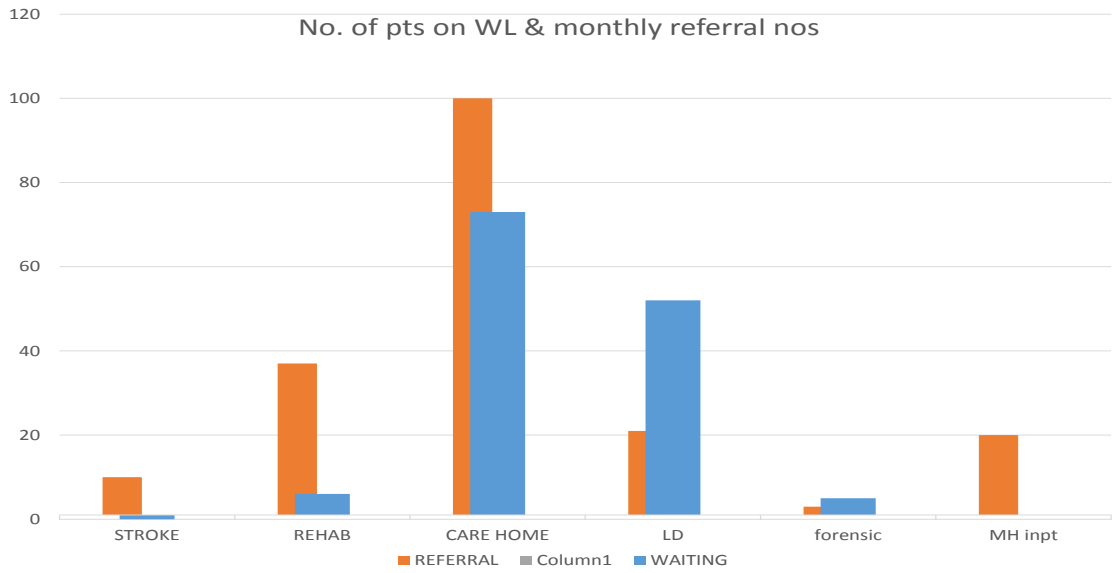
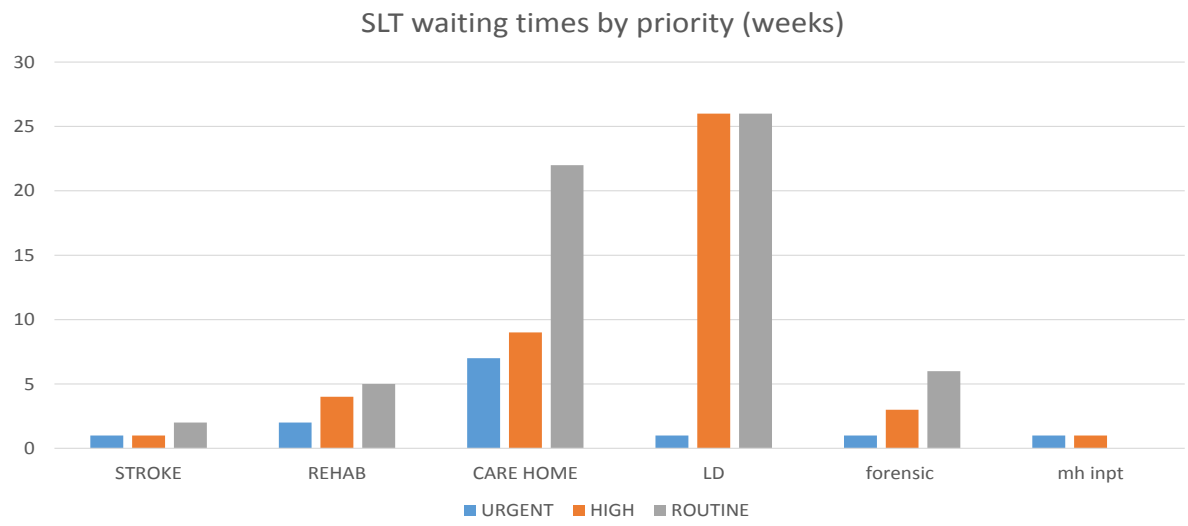


Diagram 4: SLT Waiting Times by Priority within specialist area at a fixed time:



Appendix 2

GLASGOW City HSCP: SLT Review

Referral Data

Service group**: SPEECH AND LANGUAGE THERAPISTS** Date: **Feb 2018**

Compiled by: **on behalf Glasgow City Adult Partnership based SLT's ^**

Annual referrals to adult SLT services by speciality and by HSPC location^^

	wte	**GLASGOW CITY**	**EAST DUN**	**WEST DUN.**	**EAST REN.**	**SOUTH LAN.**	**RENFREWSHIRE**	**NORTH LAN.**	**Totals**	**Rate per wte**
***MH in-patient**	1.0	296 (several sites)	24	0	0	0	0	0	320	320
Community^ StrokeTeam	1.6	168	28	8	8	16	2	2	232	145
Rehab Service	2.4 + rsw	348	56	24	12	24	0	0	464	193
***MH^ Forensic in-pt**	1.0	40	0	0	0	0	0	0	40	40
***Care Home & Hospice**	2.0	824	164	60	68	0	0	0	1116	558
Learning Disability	7.2	264	0	0	0	0	0	0	264	37
Totals	15.2	1940	252	92	88	40	2	2	2430	160
% OF TOTAL REFERRALS	-----	80%	10%	4%	4%	2%	0.08%	0.08 %	100 %	---

*Categorised based on location where patient residing at time of referral, even if temporary ie hospital In-patient, care home or hospice. All other patients are categorised by location of home address as this is where most patients receive a service.

^includes SLT staff not formally based within Glasgow City HSPC but within scope of review as where work largely takes place

^^ extrapolated figures from quarter period reports