NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**Wednesday 4th March**
Title:	**Community Services**
Responsible Executive/Non-Executive:	**Arlene Johnstone – Chief Officer**
Report Author:	**Michelle Johnstone – Interim Head of Service**

Report Recommendation:
To provide assurance and oversight on activity across Community Services, specifically with a focus on Social Work pressures, Adults with Incapacity (AWI) work, Adult Support and Protection (ASP), digital transformation, and delivery of the Frailty Programme.

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to a:

- 5 Year Strategy, Together We Care, with you, for you
- Government policy/directive
- Local Policy
- NHS Board/Integration Joint Board Strategy or Direction

This report will align to the following NHSScotland quality ambition(s):
Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well	x	Live Well	x	Respond Well	x	Treat Well	
Journey Well		Age Well	x	End Well		Value Well	
Perform well		Progress well		**All** Well Themes			

2 Report summary

2.1 Situation

Community Services continue to experience high operational pressures across Social Work delivery, particularly in relation to:

- Adult Support and Protection (ASP)
- Adults with Incapacity (AWI)
- Rising referral and assessment demand
- Workforce constraints
- High caseloads across key districts (e.g., Caithness, Mid Ross, East Ross)

Despite pressures, statutory duties continue to be met through strengthened governance, professional supervision, and integrated working with health and third-sector partners. Workforce development, protected supervision time, and "grow-our-own" trainee pathways are helping stabilise capacity, though challenges persist.

Guardianship activity remains a significant demand driver. Over 1,100 individuals are now subject to guardianship orders across Highland, with around half of required reviews overdue. AWI-related delays in hospital remain notable

2.2 Background

Community Services comprise approximately **2,130.9 WTE** staff across nine districts and include:

- 11 Community Hospitals
- District Nursing
- Specialist Nursing
- AHP Services
- Care Homes/Day Centres / Out-of-Hours
- Social Work
- Hosted services such as Sexual Health and Chronic Pain

2.3 Assessment

2.3.1 Social Work Service

Social Work teams operate across nine districts delivering relationship-based, rights-focused assessment and intervention for:

- Older adults
- Adults with mental health needs
- People with learning disabilities
- Those with complex vulnerability

Two teams (CMHT and Transitions) fall under the Mental Health and Learning Disabilities Directorate.

Core statutory functions include:

- Self-Directed Support
- Adult Support and Protection
- AWI interventions, investigations and reviews
- Complex risk assessment and multi-agency planning

Team structures provide a clear supervisory framework supported by senior social workers and assistant practitioners.

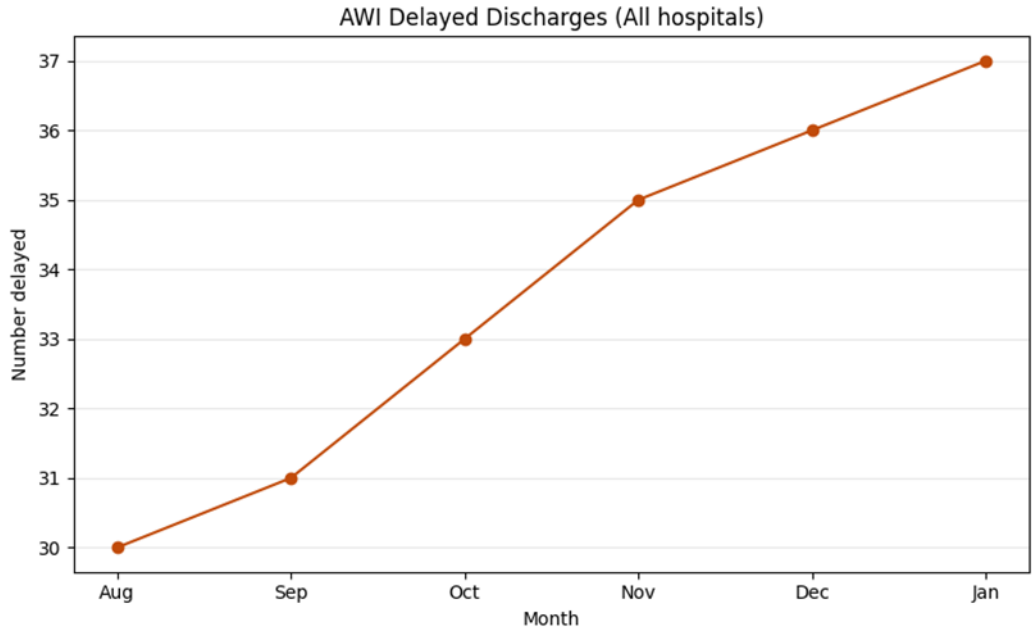
Workforce

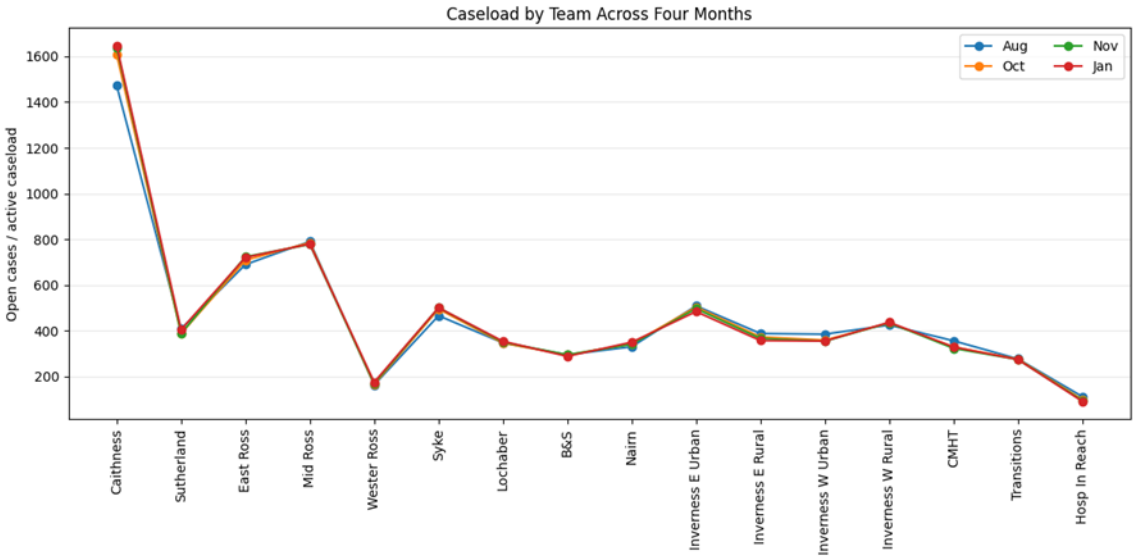
Workforce pressures and high caseload volumes persist, with district caseloads remaining elevated earlier this year. The “grow-our-own” social work trainee model continues to strengthen longer-term workforce resilience and retention.

Adults with Incapacity (AWI)

- 1,109 individuals currently subject to guardianship
- 332 under Local Authority guardianship
- Approximately half of statutory reviews overdue
- 37 adults delayed in hospital awaiting decision-making authority

Increasing volumes and complexity continue to place statutory pressure on teams, highlighting the need for protected review time, improved pathways, and strengthened multi-agency support.



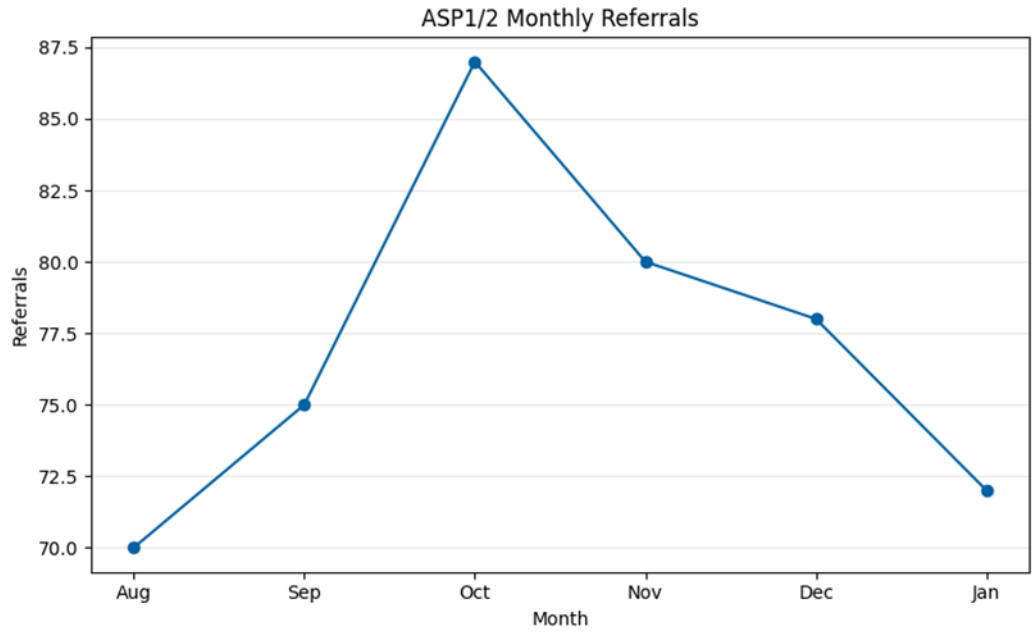


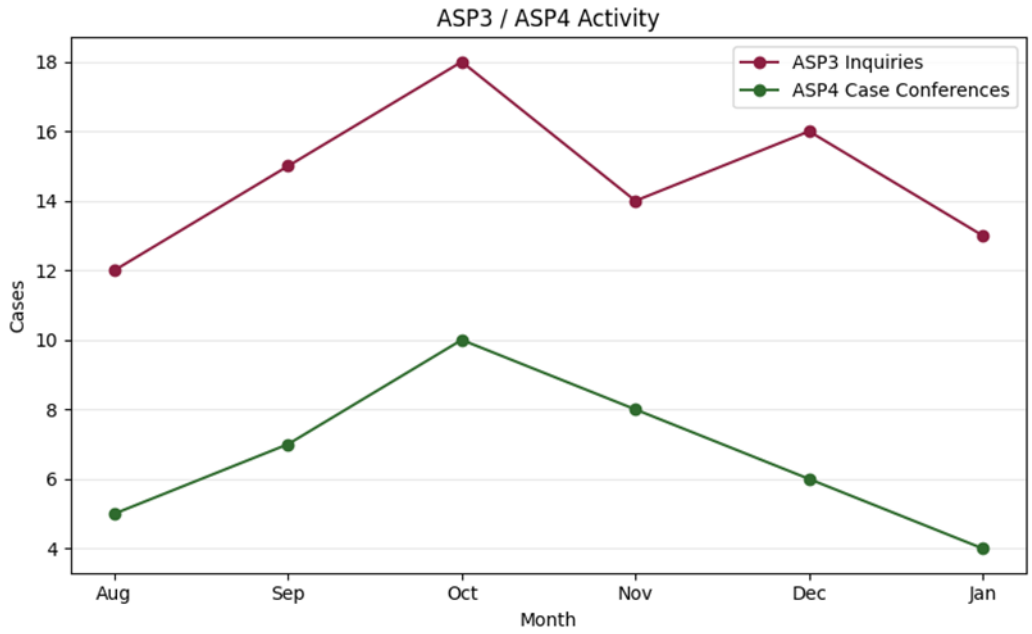
2.3.2 Adult Support and Protection (ASP)

ASP demand remains high:

- 60–90 referrals per month
- 10–20 investigations
- 4–12 ASP Case Conferences

The most frequently reported types of harm: neglect and financial harm. Governance improvements and an upcoming multi-agency audit aim to strengthen consistency in threshold application and recording.





2.3.3 Electronic Patient Record

The community services are currently undertaking a phased rollout of the Morse Electronic Patient Record (EPR) system, with full implementation within community, community hospitals expected to be completed by the end of the 2025/26, This strategic digital transformation initiative is designed to enhance the quality, safety, and efficiency of care delivery across the region.

The Morse EPR system provides a unified, real-time digital platform that enables the multidisciplinary workforce to access and update patient records securely and efficiently. By replacing paper-based documentation with a streamlined, mobile-accessible solution, Morse supports multidisciplinary collaboration and ensures that all members of the care team have access to consistent and up-to-date patient information.

For patients, the system reduces the need to repeat personal and clinical information across different services, thereby improving the overall experience and minimising delays in care. For staff, Morse simplifies workflows, reduces administrative burden, and supports more informed clinical decision-making.

2.3.4 Frailty Programme

The Frailty Group is leading a pan NHS Highland approach to ensure frailty is identified early, scored consistently and acted upon effectively for people aged 65 and over. This includes embedding the Rockwood Clinical Frailty Scale (CFS) across hospital and community settings, enabling staff to routinely identify and record frailty, supported by mobile access to the CFS app, and encouraging primary care use of the electronic Frailty Index (eFI) to understand population need and support targeted planning. Clear stratification linked to CFS scores guides proportionate responses, from prevention and

self management for those not frail, through to timely Comprehensive Geriatric Assessment (CGA) for people with moderate to severe frailty, including those who are acutely unwell. The work also strengthens information sharing across systems (Morse, Trak and discharge tools) and underpins pathways for anticipatory care, rehabilitation, reablement and advanced care planning, with the overall aim of improving outcomes, maintaining independence and supporting sustainable, integrated service delivery across health and social care.

Delivery of the Frailty programme continues to progress across workforce development, digital enablement, service improvement and national alignment. Early implementation activity is positive, with several key enablers moving forward. Regular oversight is provided through the Frailty Core Group, chaired by Michelle Johnstone (NHS Highland).

Key Progress Highlights

District Frailty Workshops:
Dates agreed for all Districts with 2 of 9 workshops delivered to date.
Early feedback indicates sessions are well received by clinical teams and local action plans for implementation developed
Workshops for the remaining districts have been scheduled in the diary
80% of Community Hospital staff have completed the Frailty training module on Turas and this will be rolled out to the community teams during the workshops

Digital Enablement:
eHealth is progressing work to enable CFS and CGA to be updated on Trak;
A request has been submitted to add Clinical Frailty Scale (CFS) and Comprehensive Geriatric Assessment (CGA) documentation to MORSE
A clinician engagement meeting will be scheduled to agree documentation detail

HIS Frailty Project – Raigmore:
Use of CFS in ED and General Acute areas is improving, Frailty Assessment Area (FAA) and MDT are established.
A Learning Event is scheduled in Edinburgh on 18 March

2.4 Proposed level of Assurance

Please describe what your report is providing assurance against and what level(s) is/are being proposed:

Substantial		Moderate	x
Limited		None	

Comment on the level of assurance

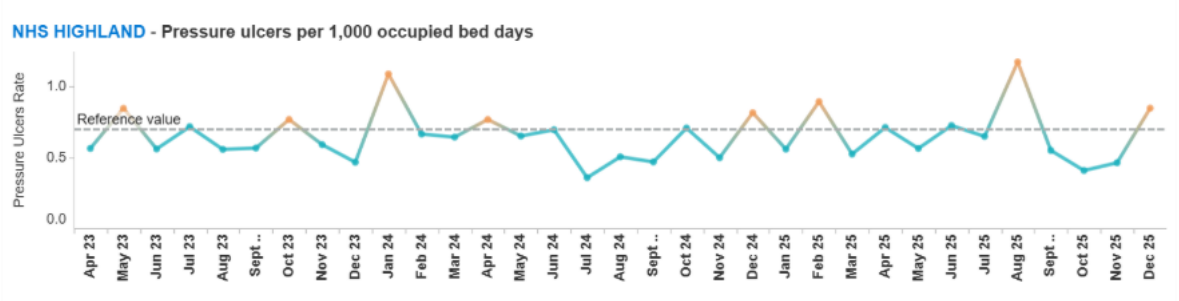
A moderate level of assurance is proposed.
Rationale:

- Strong progress across key programmes
- Clear governance structures and ongoing improvements
- Evidence of early implementation benefits (digital, frailty, governance)
- But persistent challenges remain in:
    - Workforce sustainability
    - AWI pressures
    - Recruitment
    - Completion of statutory reviews
    - Long-term embedding of transformation initiatives

3 Impact Analysis

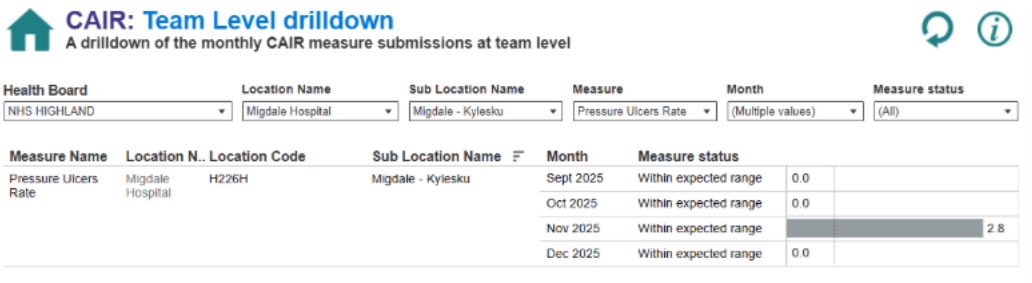
3.1 Quality/ Patient Care

Within the Community Services, the three most frequently reported categories of adverse events are Falls, Tissue Viability and Medication errors. In response, and in alignment with the Scottish Patient Safety Programme's focus on harm reduction and person-centred care,



As a health Board we are 0.1% above the national reference rate

Looking at individual community hospitals, only Migdale hospital has had a patient develop a PU as an inpatient. This was 1 incident.

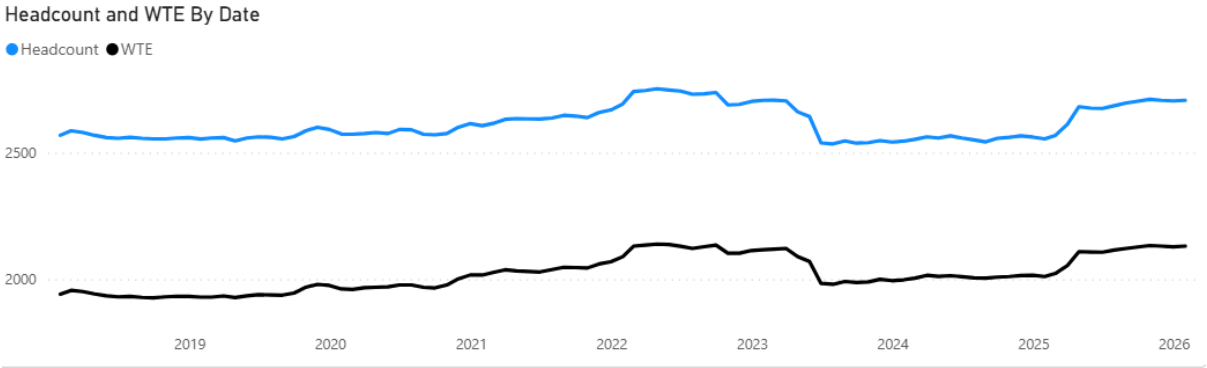


(rate: 2.8 references number of bed days) - this is within expected range.

Development of a package of resources to support falls prevention in NHSH care home settings (measures include updated and improved Multi Factorial Risk Assessment tool, and development of a falls prevention support plan template adapted for care home use.

3.2 Workforce

As of the current reporting period, the multidisciplinary workforce within the Community Services comprises approximately 2,130.9 whole-time equivalent (WTE) staff.



36.9% of the staff are fulltime as opposed to 63.1% who are part time 36.5% of staff are 55 years and over with 13.2% being between 50-55 which will provide challenges in the future with recruitment and retention.

Mandatory training and annual appraisals are essential for ensuring that the workforce maintains high standards of clinical competence, safety, and professional development. These processes support continuous improvement, reinforce accountability, and help align individual performance with organisational priorities, ultimately enhancing the quality of care delivered to patients.

Completion Rate for all Courses Jan

Course	Current Completion Rate
Equality and Diversity	76.3%
Fire Safety	76.8%
Hand Hygiene	92.2%
Information Governance	78.9%
Moving and Handling Module A	76.4%
Public Protection	77.7%
Staying Safe Online	74.2%
Violence and Aggression	76.8%
Why Infection Prevention Matters	91.7%
Total	**80.1%**

Although there has been an improvement on mandatory training there still needs to be further work on the completion of appraisals which is currently sitting at 23.3% for North Highland Communities this is reviewed at the communities SMT and managers and team leads reminded to sign off the review as having being completed and to develop an action plan for the appraisals to be carried out

3.3 Financial

Community Service has a savings target of £2.5 million for 2025/26.

Efficiencies and financial savings are being delivered through a strategic combination of service redesign, workforce optimisation, and digital innovation. These initiatives are being progressed with a clear and ongoing commitment to maintaining the quality, safety, and accessibility of care. Crucially, clinical and professional leadership are actively embedded within the Value and Efficiency workstreams, providing assurance that all changes are informed by frontline expertise, aligned with clinical standards, and focused on improving patient outcomes. Their involvement ensures that savings achieved to date have been implemented safely, with no adverse impact on service quality or access, and that future efficiencies will continue to be guided by professional judgement and evidence-based practice.

3.4 Risk Assessment/Management

All risks within the Community Services are systematically reported and monitored through the Health and Social Care Partnership's risk register. This structured approach is vital for ensuring that health and social care risks are identified early, assessed consistently, and addressed through coordinated mitigation strategies. It supports transparency, enables informed decision-making, and ensures alignment with organisational governance and safety standards.

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3.5 Data Protection

Not applicable

3.6 Equality and Diversity, including health inequalities

Not applicable

3.7 Other impacts

Not applicable

3.8 Communication, involvement, engagement and consultation

3.9 Route to the Meeting

Not applicable

4.1 List of appendices

The following appendices are included with this report: