NHS Highland

Meeting	**Highland Health & Social Care Committee**
Meeting Date	**6th May 2026**
Title	**Chief Officer Assurance Report**
Responsible Exec/Non-Exec	**Arlene Johnstone, Chief Officer**
Report Author	**Arlene Johnstone, Chief Officer**

1. Purpose

To provide assurance and updates on key areas of Adult Health and Social Care in Highland

2. Strategic & System Updates

2.1 Development of the Vaccination Hybrid Model

A separate paper on the Hybrid Vaccination Delivery Model has been submitted to Committee. Work continues on the implementation of the Hybrid Vaccination Delivery Model, reflecting Highland's geography and population distribution.

Negotiations with the Highland LMC on the childhood vaccination specification are complete, with negotiations on adult vaccinations ongoing. Initial GP uptake for childhood vaccinations has been confirmed and mobilisation activity is underway.

In parallel, NHS Highland continues to engage with Scottish Government through a dedicated assurance and escalation forum on vaccination delivery, providing strengthened national oversight and a mechanism to raise risks and issues as implementation progresses.

2.2 Digital Transformation – Telecare Analogue to Digital Switch

The Digital Telecare Analogue to Digital Switchover programme continues to make very strong progress. As at April 2026:

- 2,973 people are supported through telecare services across Highland
- 98% of clients have successfully transitioned to digital units
- 51 clients remain on analogue equipment
- 35 due to mobile signal issues
- 13 due to access challenges
- 3 cases under investigation (e.g. cancellations or transition to long-term care)

The majority of equipment swaps were completed by the end of February 2026, ahead of the original March deadline, following contract award to the Highland Care and Repair Schemes. In parallel, the NHS Highland Hub Response Centre has been upgraded to a fully digital call-handling platform.

Connectivity across Highland has been better than initially anticipated. Where mobile signal issues persist, mitigations are being implemented on an individual basis, including

ethernet-connected digital units and engagement with telecommunications providers to secure battery back-up or alternative connectivity solutions where required.

Early monitoring indicates that service reliability and response are comparable to the former analogue system, providing reassurance that the transition has not adversely affected safety or quality of service.

2.3 Engagement HUB Update

Use of the Engagement Hub continues to grow, supporting inclusive and accessible engagement with communities, service users and staff. Since January 2026:

- Membership has increased by 93, including 30 colleagues and 63 public members
- 13 engagement projects are currently live, offering a range of opportunities for people to share views and participate
- Recent activity metrics demonstrate increased reach and engagement:
- 1.1k people engaged (participated directly in an engagement activity), an increase of 970
- 2.5k people informed (interacted with project content), an increase of 2,145
- 5.5k people aware (viewed one or more project pages), an increase of 4,502

These figures do not include face-to-face engagement activity or externally hosted surveys. Complementary engagement activity continues alongside the Hub, including targeted work with young people supported by community grant funding.

Work is underway to support wider and more consistent use of the Engagement Hub by colleagues, including development of onboarding and training resources such as short walkthrough videos and a bespoke Turas learning module.

A formal review of the Engagement Hub is underway and will run until late July 2026. Findings and recommendations will be reported through HSCP governance later in 2026.

3. Operational, Performance & Delivery

3.1 Unscheduled Care and Whole-System Escalation

Sustained system pressure continues, particularly in relation to unscheduled care demand. Senior leadership oversight has been further intensified during the reporting period, with enhanced executive-led escalation arrangements in place across acute, community and social care services.

Community Hospitals have surged bed capacity and have developed documentation to support the use of non-standard, risk-assessed spaces should further capacity be required, providing additional flexibility during periods of heightened pressure.

A joint Unscheduled Care event, involving both Acute and HHSCP colleagues, was held in April. The event focused on reviewing delivery and learning from 2025/26 and agreeing shared priorities for 2026/27, reinforcing collective ownership of system improvement.

Alongside this, significant progress has been made in strengthening whole-system escalation and assurance frameworks, including clearer escalation thresholds, defined accountability, professional decision-making support, consideration of fairness across the system, and explicit learning from escalation episodes to inform future improvement.

3.2 Discharge without Delay

As part of strengthened system flow and escalation arrangements, the Interface Manager post has now been appointed, providing clearer leadership and coordination across acute and

community interfaces to support discharge processes and patient flow.

The HHSCP's involvement in the national Discharge without Delay programme has been refreshed, with a reviewed local programme now established and supported by the national team. This work is focused on strengthening delivery, improving consistency, and ensuring alignment with wider system flow and escalation arrangements.

3.3 Chronic Pain Service
The appointment of a new consultant has strengthened leadership capacity within the Chronic Pain Service and supported multidisciplinary working. The team is progressing exploration of new ways of working, including digital approaches, to improve resilience and sustainability within a small specialist service.

Physiotherapy waiting lists have been alleviated through CAD support. Further service redesign work is underway to align with the National Framework and clarify the interface between primary and secondary care pain services, recognising anticipated national guidance pressures on future resource demand.

3.4 Diabetes Service
NHS Highland continues to work with key stakeholders involved in diabetes care. Ongoing concerns remain regarding service sustainability and workforce capacity, with recognised risks to continuity of care captured on the risk register and under active review.

Interim arrangements are in place to prioritise patient safety, supported by secondary care where required. NHS Highland and the LMC have jointly escalated the position to Scottish Government to support resolution at national level. A clinical review led by professional leadership colleagues is planned, with reporting expected in June 2026.

4. Staffing Updates

4.1 Mental Health & Learning Disabilities
Lesley Campbell has joined the MHLD Senior Management Team as interim Service Manager for Drug and Alcohol Recovery Services. Vacancies in medical staffing has been a risk for a number of years but further to recent appointments, the number of psychiatrists in post has returned to pre-pandemic levels.

4.2 Primary Care
Dr Claire Fang has been appointed as Clinical Director within Primary Care, bringing a combination of rural clinical experience and strong governance expertise.

5. Registered Services – Care Inspectorate Update
Between 1 February 2026 and 31 March 2026, 29 Care Inspectorate inspections concluded across commissioned and in-house registered services. Average grades across all service types were Grade 4 (Good), with no improvement notices currently in place.

It is notable that the Sutherland Care at Home Service, which has been an area of significant and sustained concern, was subject to an unannounced Care Inspectorate inspection during the reporting period and received grades of 4 (Good). This provides independent external assurance on the impact of recent stabilisation and improvement activity, while recognising the need for continued leadership focus to sustain performance and capacity in this service area.