Agenda Item 3.5

NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**2nd September 2026**
Title:	**Vaccination Performance Update**
Responsible Executive/Non-Executive:	**Arlene Johnstone, Chief Officer, HHSCP**
Report Author:	**Sharon Hammell, Area Manager with Portfolio for Vaccinations and Adult Social Care**

Report Recommendation:
The Committee is asked to note the vaccination uptake performance set out in the paper and take moderate assurance from the improvement actions being progressed, while recognising that uptake remains below national and international benchmarks in a number of programmes.

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- 5 Year Strategy, Together We Care, with you, for you.
- Government policy/directive

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	X	Thrive Well	X	Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well	X	End Well		Value Well	

Perform well	X	Progress well		**All** Well Themes			

2 Report summary

2.1 Situation

Vaccination uptake across the HHSCP is stable or improving in a number of areas, although performance remains below national or international benchmarks for several childhood and adult vaccination programmes. This paper summarises the latest performance position, the areas requiring further improvement and the actions being taken to increase uptake, including the implementation of the hybrid childhood vaccination model.

2.2 Background

The Committee is asked to note that the data for this report is provided through national reporting cycles which may be weekly, monthly or quarterly. This means that data points for vaccinations activity varies, as set out below for this report:

- Childhood vaccination data is current up to March 2026
- COVID-19 and influenza uptake data covers the 2025/2026 winter campaign through to March 31, 2026.
- COVID-19 Spring campaign data is from April to June 2026
- Pneumococcal and Shingles data reflects the ongoing 2026 campaign
- RSV data is from the ongoing 2026 campaign
- Men B data is from the ongoing 2026 campaign.

2.3 Assessment

Overall, performance is stable or improving, but is largely still below the World Health Organisation (WHO) target of 95% for Childhood vaccinations or the benchmark of the Scottish average for % vaccination uptake.

The improvement plan for HHSCP vaccination uptake is being revised. In the meantime, a number of improvement opportunities are being explored and implemented. These include:

A. Expanding the Failsafe approach for Childhood vaccinations beyond 12 months to vaccinations at 18 months and three years
B. Creating more opportunities for co-administration of vaccines

C. Building in more flexibility into the appointing system
D. Working in partnership with stakeholders to strengthen impact of communications activity
E. Working in partnership with charities supporting homeless people to increase vaccination uptake
F. Exploring an interim collaboration with GPs over Winter 2026/27 which targets vaccination of eligible cohorts with lowest uptake: e.g. immunosuppressed citizens and those with a weakened immune system, optimises co-administration opportunities for Adult Flu, Adult COVID-19, Pneumococcal and Shingles and offers opportunistic, mop-up, drop-in clinic activity during latter part of W26 programme.

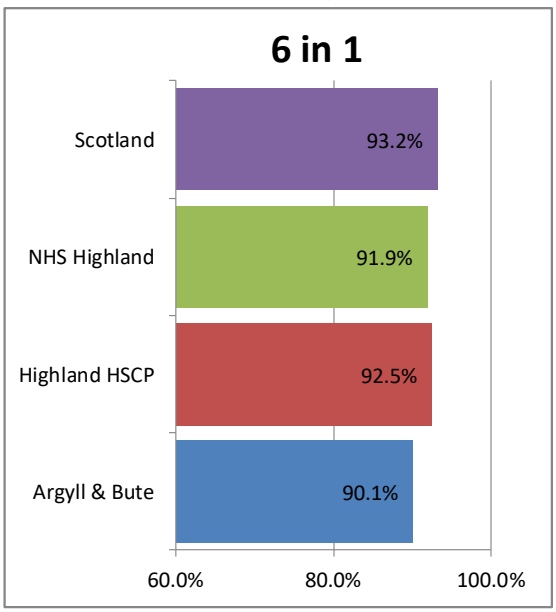
2.3.1 Vaccine Uptake Performance

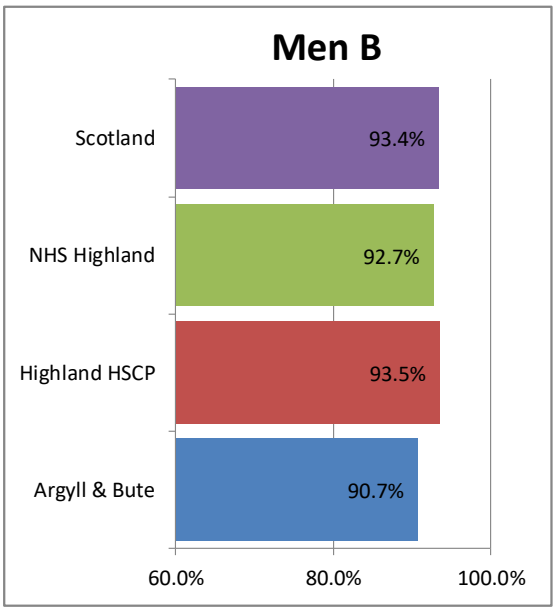
Childhood Vaccinations

Childhood vaccination **uptake at 12 months of age** within Highland HSCP declined at the beginning of 2025; however, performance has shown improvement and then stabilisation over the last three quarters, and in some cases exceeding the Scottish average. Nevertheless, uptake across all four childhood vaccinations at 12 months of age remains below the World Health Organization (WHO) target of 95%.

A revised and strengthened patient recall process, implemented during 2025, has contributed positively to recent improvements in uptake for the Primary vaccinations (6-in-1). This process has enhanced the timely identification and follow-up of children who have missed scheduled vaccinations and is expected to support continued recovery in performance, and has now been expanded to cover all primary childhood vaccinations.

Vaccination uptake at 12 Months, quarter ending Mar 2026





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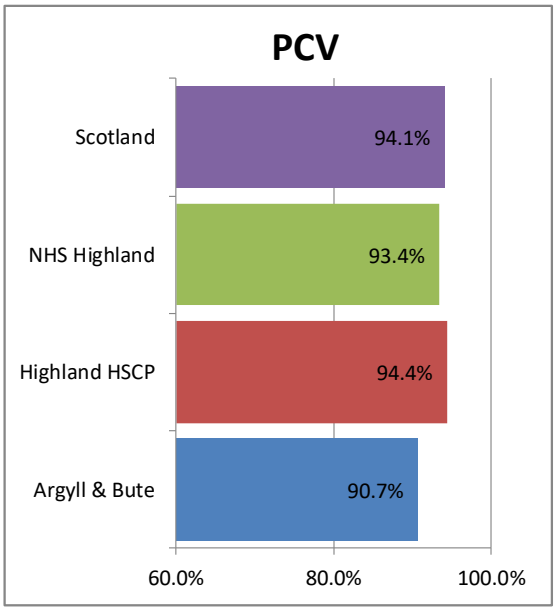
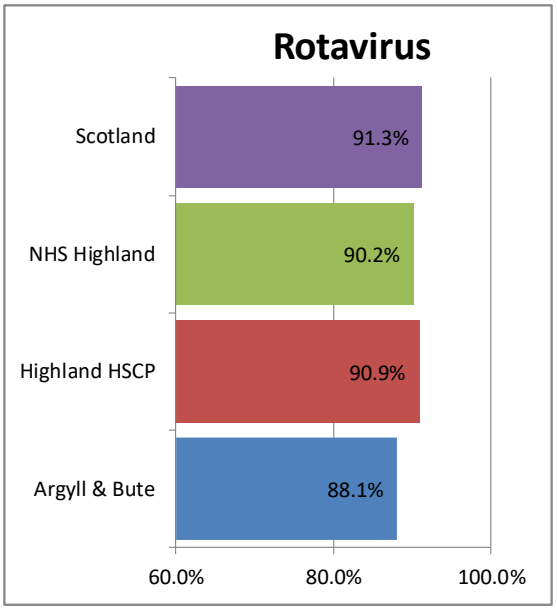




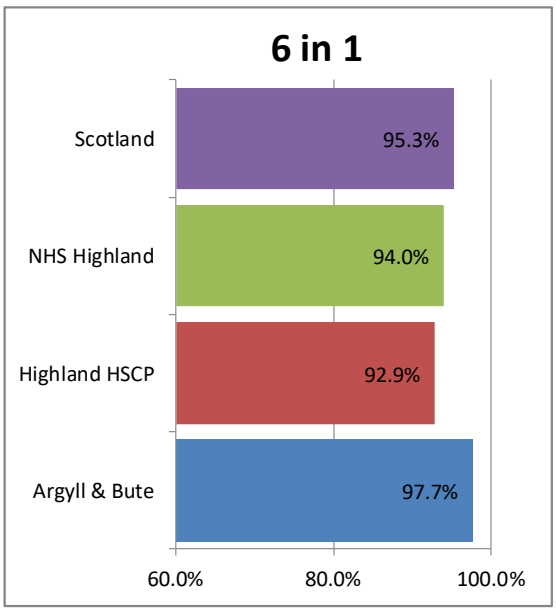
For the quarter ending March 2026, **uptake at 12 months of age** was:

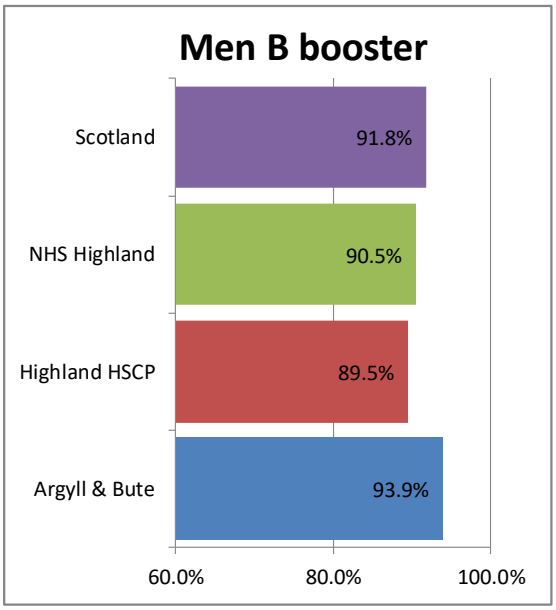
- 6-in-1 vaccine: 92.5%
- MenB vaccine: 93.5%
- PCV vaccine: 94.4%
- Rotavirus vaccine: 90.9%

Uptake at 24 months of age is less positive, showing HHSCP underperforming against A&B (uptake at 12 months is the opposite). This suggests that more focused work is required to follow up on unvaccinated children outside of the initial 12 month period and is being picked up within improvement activity A, which is listed in Section 2.3. Uptake of the 6-in-1 vaccine exceeded the WHO target last quarter, but has dropped below target this quarter. Nothing has been flagged to date which indicates the

root cause for the reduction in uptake. The Vaccinations Services team is closely monitoring this performance to identify actions which will help recover and improve performance.

Vaccination uptake at 24 Months, quarter ending Mar 2026





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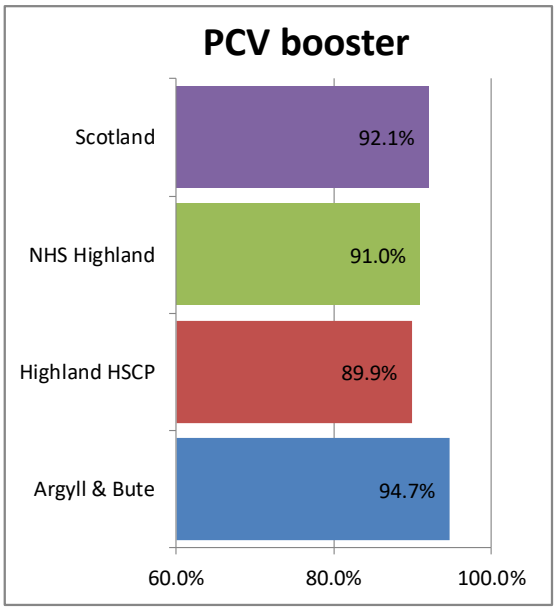
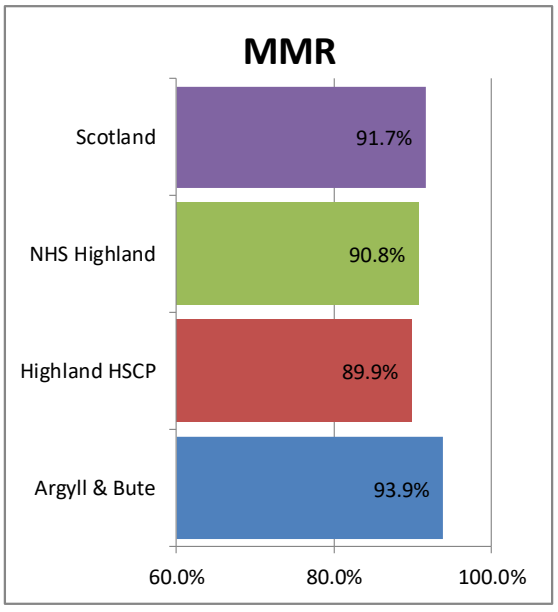
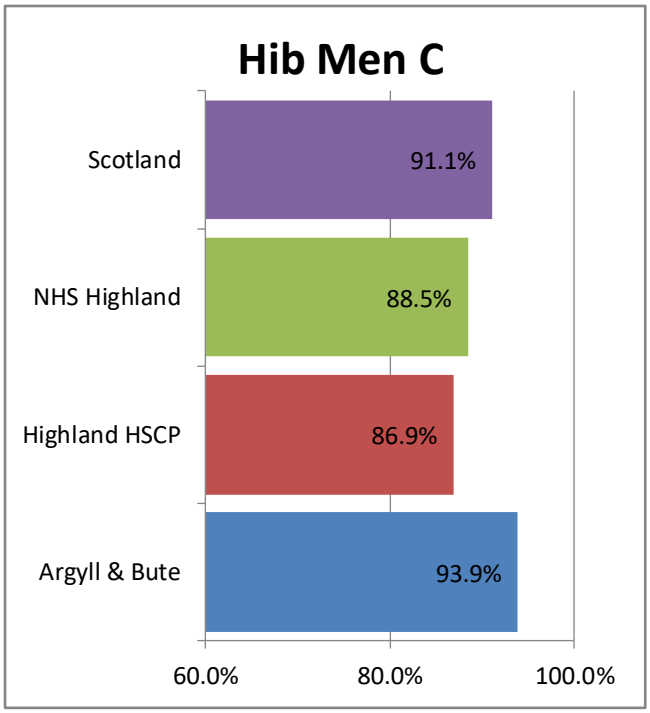




Vaccination uptake at 24 Months, quarter ending Mar 2026



For the quarter ending March 2026, **uptake at 24 months of age** was:

- 6-in-1 vaccine: 92.9%
- MenB booster: 89.5%
- Hib/MenC: 86.9%
- MMR (first dose): 89.9%
- PCV booster: 89.9%

Performance at 24 months remains below the WHO targets. However, the better performance at 12 months should feed through to improved uptake at 24 months over the next year, and the overall upward trajectory at 12 months reflects the impact of improved recall and follow-up processes. The roll-out of the Failsafe approach beyond 12 months will also support improved uptake beyond 12 months.

Adult Vaccinations

The Autumn and Winter 2025 seasonal vaccination programme for COVID-19 and influenza has now concluded.

Within Highland HSCP, uptake for the programme was:

- COVID-19: 62.3%
- Influenza: 55.0%

This compares with national uptake rates of:

- COVID-19: 65.4%
- Influenza: 55.5%

Uptake within Highland was marginally below the national average for COVID-19, while Influenza vaccine uptake was broadly in line with Scotland overall. Detailed breakdowns by clinical risk group and age cohort are presented in the tables below, which benchmark NHS Highland performance against the Scotland average.

Cohort	HHSCP	A&B	NHSH	Scotland
COVID Total	62.3%	65.2%	63.1%	65.4%
Flu Total	55.0%	57.5%	55.7%	55.5%
COVID Care Homes	78.8%	80.2%	79.1%	80.0%
Flu Care Homes	81.7%	82.1%	81.8%	82.6%
Flu Health Care Workers	37.7%	39.8%	38.1%	36.2%

Ongoing learning from the delivery of the Autumn/Winter programme will inform planning for future vaccination campaigns, with continued emphasis on accessibility, targeted engagement with eligible groups, including those in areas of deprivation and efficient delivery models. We are currently scheduling for the 2026-27 Winter campaign and aligning a number of the improvement activities listed under Section 2.3 to support improved uptake.

The Spring COVID-19 campaign ran from April to June 2026.

Highland HSCP uptake for the programme was 54.7%; this compares with national uptake rates of 58.6%. Cohort breakdown was as below:

Cohort	HHSCP	A&B	NHSH	Scotland
COVID Total	54.7%	57.9%	55.6%	58.6%
Over 75s	60.7%	63.7%	61.6%	65.4%
Care Homes	73.3%	71.1%	72.8%	75.9%
Weakened Immune System	27.4%	30.8%	28.4%	33.2%

It is notable that uptake overall is lower for the Spring campaign than the Winter campaign, and that the gap between HHSCP and the Scottish average (3.9%) is very similar to the previous Spring campaign.
HHSCP Shingles and Pneumococcal vaccination programmes are ongoing; the figures shown below are the latest available (to end July 2026).

Pneumococcal (Uptake 25/26)	HHSCP	A&B	NHSH	Scotland
All Cohorts	12.5%	15.6%	13.0%	17.0%
2 to 64 At Risk	6.6%	11.8%	7.5%	12.0%
Aged 65 +	16.5%	18.1%	16.5%	20.7%
Every five years	8.1%	10.5%	8.5%	8.0%

Shingles (Uptake 25/26 ongoing)	HHSCP	A&B	NHSH	Scotland
All Cohorts	23.2%	21.4%	22.7%	30.1%
Aged 65	53.7%	50.6%	52.8%	56.9%
Aged 70	62.9%	62.0%	62.6%	65.7%
Age 71-79	3.0%	3.6%	3.2%	7.7%
Age 50 + Immunosuppressed	13.7%	12.4%	13.3%	24.8%
Age 18 to 49 Immunosuppressed	18.4%	15.2%	17.6%	26.6%
Age 66 to 67	2.4%	4.0%	2.9%	6.4%

We have seen relatively good uptake in the newly eligible groups (Aged 65 and Aged 70) for Shingles. However, there are a fairly large group of citizens (in the Age 71 to 79 Shingles cohort, or the Aged 65 + cohort for Pneumococcal) that have been previously invited to attend for vaccination but have not come forward. Greater focus was given to our communications encouraging these groups to come forward, and to promote Shingles and Pneumococcal vaccination during the Spring COVID campaign, but this has not translated to a significant increase in vaccination uptake.

The 2026 Respiratory Syncytial Virus (RSV) vaccination programme for older adults was significantly larger than the previous year. NHS Boards were given an option to co-administer RSV with the Spring COVID campaign at short notice. A&B was in a position to co-administer with Spring COVID, so began from April. HHSCP tested co-administration at Inverness Vaccination Centre (IVC) and Advanced Manufacturing Centre (AMC) base in Fort William but co-administration opportunities were limited in Community venue settings to do so for a number of reasons. The RSV campaign is ongoing, with an additional cohort just added (and not yet reported on) for people aged 65 to 74 Immunosuppressed.

Current uptake figures are below:

RSV (2026 Ongoing)	HHSCP	A&B	NHSH	Scotland
All Cohorts	31.8%	52.9%	37.8%	33.2%
Turning 75	52.7%	45.7%	50.3%	32.4%
Aged 75 to 79	4.1%	25.1%	10.3%	4.9%
Aged 80 Plus	37.1%	64.5%	44.9%	41.0%

HHSCP is slightly behind the Scottish average. Continued clinic activity provides an opportunity to narrow the gap by the end of the programme. We have noted that a co-administration approach delivers improved vaccination uptake and are actively exploring opportunities to increase co-administration of Adult Vaccinations.

The first national Meningitis B campaign began in late July and is ongoing. Current uptake figures are below:

MenB (2026 Ongoing)	HHSCP	A&B	NHSH	Scotland
Total	7.9%	18.3%	10.6%	23.6%
Female	9.8%	22.6%	13.1%	27.1%
Male	6.1%	14.4%	8.3%	20.2%

The turn-around time for Men B HHSCP was extremely tight. Uptake to date has been low, albeit with steady increases week on week. There has been some encouraging engagement statistics in response to our communications activity. The main sources of traffic to NHS Highland Men B website pages from NHS Inform, Google, Facebook and the BBC, with around 1,000 visits recorded on MenB-related pages of the NHS Highland website. We also saw a noticeable increase in engagement following publication of a Men B article in the Herald. However, there have been a number of challenges in engaging with the young people in eligible cohorts, which has required a re-group around our communications approach. A revised communications plan in partnership with The Highland Council, Highlife Highland, UHI and other stakeholders will help to keep building awareness of the benefits of the two-dose Men B vaccination and how to get the jab. We are supporting the revised communications group by actively scoping opportunities for drop-in clinics on UHI campuses at Fort William, Thurso and Inverness to help to improve opportunistic vaccination uptake.

Overall Position

Child vaccination performance across Highland HSCP shows clear evidence of stabilisation and recent improvement, particularly within childhood programmes at 12 months of age. As long as these increases are maintained, we should see this feed through into improved uptake at 24 months. While uptake remains below national and international targets in several areas, the introduction of strengthened recall processes and ongoing service improvement provides a strong foundation for further progress. The inception of the hybrid model for Childhood Vaccinations from mid-October should also strengthen our place-based approach and help to improve vaccination uptake.

Adult programmes are relatively stable and around the Scottish average. In general, we see much better uptake in focussed, national campaigns e.g. Flu and COVID, than in longer term, rolling campaigns e.g. Shingles/Pneumococcal. This may be due to national communications aligning with more focussed campaigns, or due to our invitation methods and strategies. There is clear evidence from the RSV campaign that improvements can be made through co-administration.

The revised improvement plan for vaccination uptake, which includes the actions outlined in section 2.3, coupled with the interim arrangements for the Winter 26/27 campaign in collaboration with GP practices are intended to support improvement trajectories and improve vaccination uptake within Childhood and Adult programmes within the coming months.

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

Moderate assurance is proposed. Performance is stable or improving in some programmes, and a range of targeted improvement actions is being implemented. However, uptake remains below relevant benchmarks in several areas and the impact of a number of the improvement actions is not yet fully evidenced. Further assurance will depend on sustained improvement in uptake and delivery of the revised improvement plan and hybrid model.

3 Impact Analysis

3.1 Quality/ Patient Care

The hybrid model is intended to improve access to vaccination and support increased uptake across Highland communities.

3.2 Workforce

The new hybrid model will drive organisational change. The Communications and Staff Engagement Sub-Groups will support implementation in line with the Staff Governance Standard and Organisational Change Policy.

3.3 Financial

The Vaccinations budget continues to be pressured, particularly in relation to the running costs of the Eastgate Centre in Inverness. This venue will be reviewed as part of the transition programme towards a hybrid model, which is expected to deliver cost reductions and economies of scale.

3.4 Risk Assessment/Management

The Hybrid Model Working Group has identified and regularly reviews risks and mitigations relating to the implementation of the new model. The highest risks relate to data and Digital integration, vaccine supply arrangements and procurement or technical enablement.

3.5 Data Protection

NHS Highland's Data Protection Officer is a member of the Digital and Data Sub Group, which supports the Working Group.

3.6 Equality and Diversity, including health inequalities

The strategic aim of the new hybrid model is intended to support a more targeted approach to improving uptake, through a place-based model, which will enable focus on improving uptake in areas with lower coverage, including areas of deprivation.

3.7 Other impacts

N/A

3.8 Communication, involvement, engagement and consultation

A comprehensive communication plan is in place to support the programme, covering staff, public and stakeholder audiences.
Regular engagement is taking place with stakeholders, including the Scottish Government, PHS and LMC. Updates from the Working Group are provided to staff, with a Pulse Survey now live. The feedback will be reviewed by the Hybrid Model Working Group, with a focus on listening to staff and responding where action is needed. The survey will be repeated as the programme progresses to understand how staff experience is changing and to help ensure the transition to the new Hybrid Model feels collaborative, supported and manageable.

3.9 Route to the Meeting

N/A

4.1 List of appendices

N/A