

# Board Performance Report

## NHS Golden Jubilee Board meeting

27 November 2025

Quality, Performance, Planning & Programmes



	Key Performance Indicators						
KPI	Last Reported Month	Target	Actual	RAG	SPC Position	Level of Assurance	Drilldown (hover over )
Stage 1 complaints response rate	Jul 25	75.0%	100%	G	Within Control Limits	Limited	Drilldown
Stage 2 complaints response rate	Jul 25	75.0%	17%	R	Within Control Limits	Limited	Drilldown
MRSA/MSSA bacteraemias per 100,000 Occ. Bed Days	Q1 2025/26	15.3	15.43	G	Within Control Limits	Moderate	Drilldown
Clostridioides difficile infections (CDI) per 100,000 Occ. Bed Days	Q1 2025/26	5.8	19.86	R	Within Control Limits	Moderate	Drilldown
PROMs Response Rate	New indicator under construction. Further development required following initial definition and scoping of KPI.						
Staff Sickness (Local)	Aug 25	5.4%	7.1%	R	Two Outer Third Points	Limited	Drilldown
Staff Sickness (National)	Jul 25	4.0%	6.5%	R	Within Control Limits	Limited	Drilldown
Staff Turnover (12mth rolling average)	Aug 25	11.4%	6.7%	G	Within Control Limits	Significant	Drilldown
TURAS Appraisal	Aug 25	80.0%	66.2%	R	Within Control Limits	Moderate	Drilldown
Medical Staff Appraisal	Aug 25	80.0%	92.5%	G	SPC Not Appropriate for this Measure	Moderate	Drilldown
Outpatients Seen within 12 weeks	Aug 25	90.0%	92.3%	G	Within Control Limits	Limited	Drilldown
Inpatient Admits within 12 weeks	Aug 25	99.9%	90.4%	R	Above Upper Control	None	Drilldown
Treated within 18 weeks of referral	Feb 25	90.0%	82.1%	R	Within Control Limits	Moderate	Drilldown
Total Bed Occupancy	Aug 25	(Blank)	72.4%	A	Within Control Limits	Significant	Drilldown
Orthopaedic DOSA rate	Aug 25	70.0%	75.1%	G	Within Control Limits	Significant	Drilldown
Theatre Same Day Cancellation Rate	Aug 25	4.8%	6.2%	R	Within Control Limits	Limited	Drilldown
4 Joint Session Rate	Aug 25	75.0%	60.0%	R	Within Control Limits	Moderate	Drilldown
Ophthalmology Procedures per List	Aug 25	7.0	6.76	R	Fifteen Central Points	Moderate	Drilldown
% Same Day Hip Arthroplasty	Aug 25	10.0%	3.3%	R	Within Control Limits	Limited	Drilldown
% Same Day Knee Arthroplasty	Aug 25	5.0%	3.2%	R	Within Control Limits	Moderate	Drilldown
31 Day Cancer (Lung)	Aug 25	95.0%	100.0%	G	Within Control Limits	Significant	Drilldown
Orthopaedic Mean Length of Stay	Aug 25	3.8	2.70	G	Two Outer Third Points	Significant	Drilldown

# Stage 1 Complaints response rate

## Indicator Construction: (National)

Stage 1 complaints responded to within 5 workings days measured as a percentage of the complaints received

## Last reported month

Jul 25

RAG  
GREEN

Target  
75.0%

Actual  
100.0%

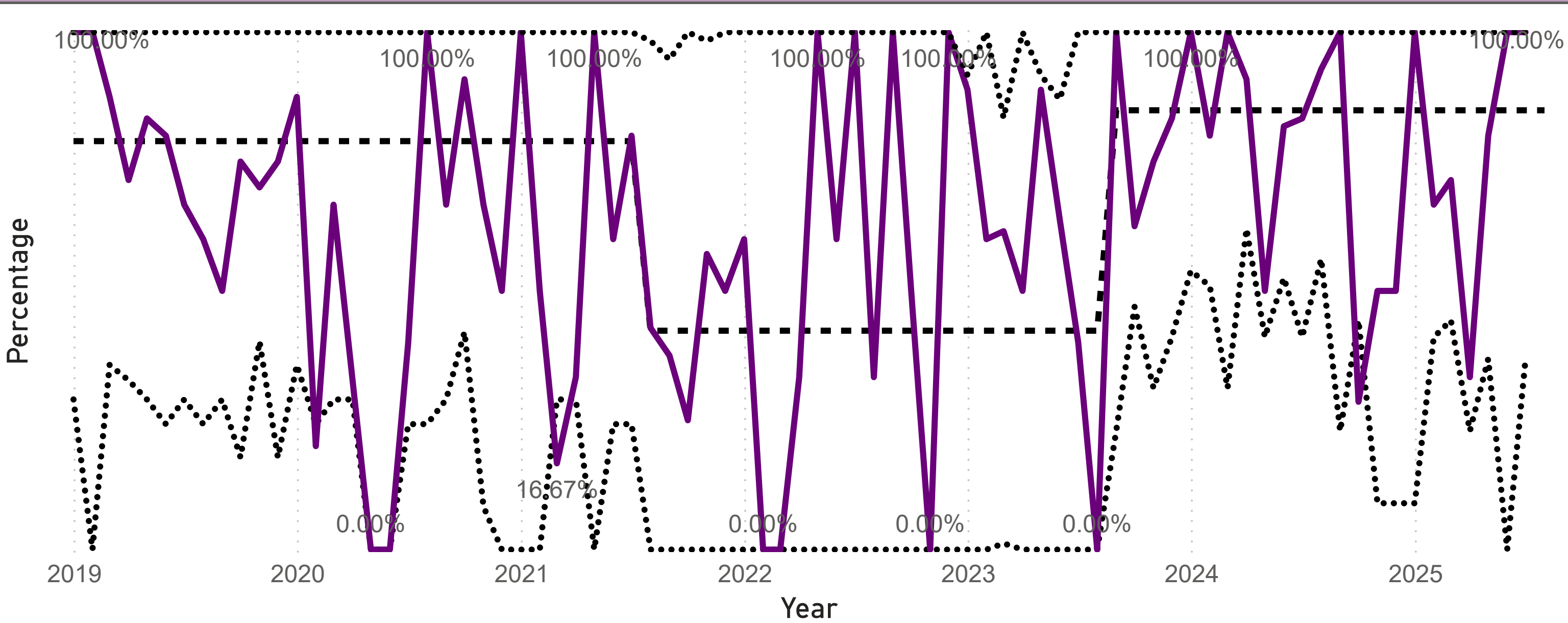
## Level of Assurance

Limited Assurance: The Board can take some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of risk which requires action to be taken.

## SPC Status

Within Control Limits

## Stage 1 Complaints response rate



## National Comparator

No nationally comparable position available

## Current Position

Month Issues

Aug-25 In July 2025, there were five Stage 1 complaints with five responded to within target (100%)

## Actions

Month Actions

Aug-25 The Complaints Improvement Plan was presented and approved by Clinical Governance Risk Management (CGRM) Group in September 2025. This will provide key improvement actions that are aligned to a wider review of Clinical Governance in NHS GJ.

# Stage 2 Complaints response rate

## Indicator Construction: (National)

Stage2 complaints responded to within 20 days measured as a percentage of the complaints received

## Last reported month

Jul 25

RAG  
RED

Target  
75.0%

Actual  
16.7%

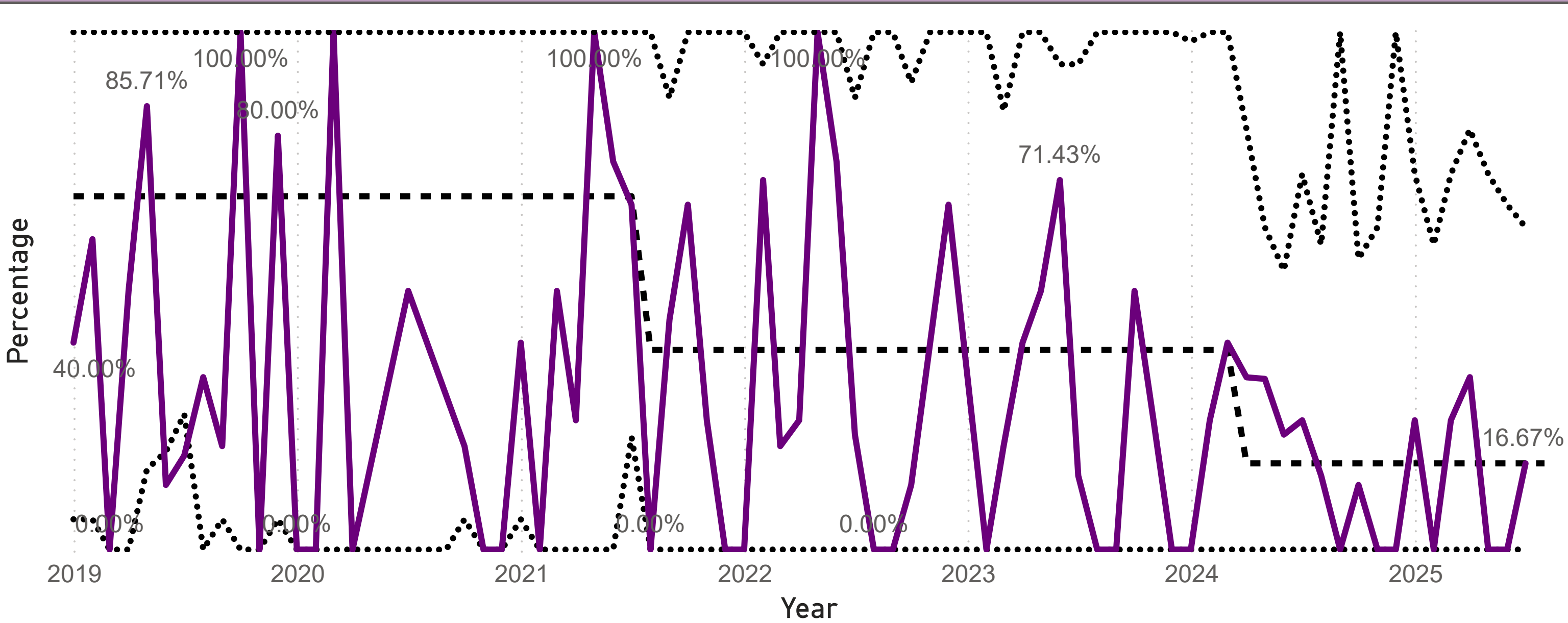
## Level of Assurance

Limited Assurance: The Board can take some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of risk which requires action to be taken.

## SPC Status

Within Control Limits

## Stage 2 Complaints response rate



## National Comparator

No nationally comparable position available

## Current Position

Month	Issues
Aug-25	In July 2025, there were six Stage 2 complaints with one responded within target (17%)

## Actions

Month	Actions
Aug-25	The Complaints Improvement Plan was presented and approved by Clinical Governance Risk Management (CGRM) Group in September 2025. This will provide key improvement actions that are aligned to a wider review of Clinical Governance in NHS GJ.



# MRSA/MSSA bacteraemias per 100,000 Occupied Bed Days

Indicator Construction: (National)

SAB instances per 100,000 total occupied bed days

Last reported month

Q1 2025/26

RAG  
GREEN

Target  
15.3

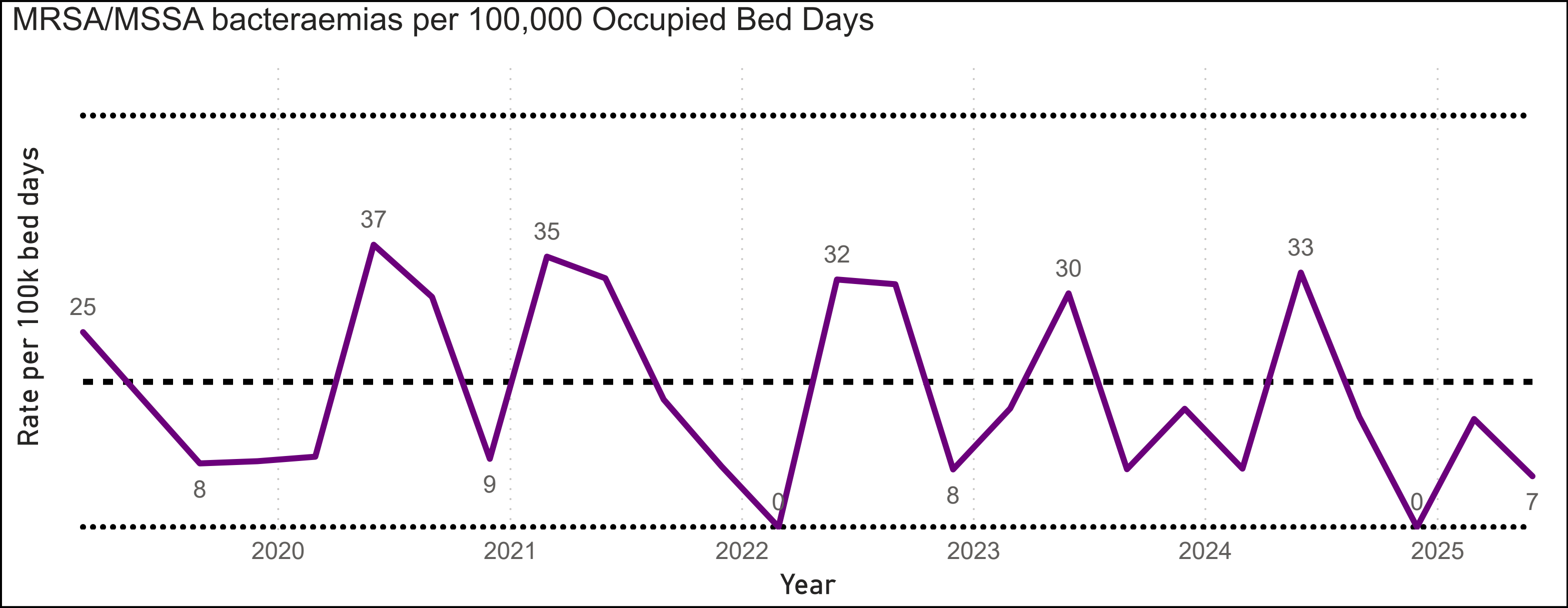
Actual  
15.4

SPC Status

Within Control Limits

Level of Assurance

Moderate Assurance: The Board can take reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.



National Comparator

The last nationally reported position of Q1 2025 was 14.1 per 100,000 TOBD.

Current Position	
Month	Issues
Aug-25	MRSA is measured Qtrly,there was one identified instance of MRSA/MSSA in Q1 2025/26.

Actions	
Month	Actions
Aug-25	Hand Hygiene compliance monitoring MRSA screening at pre-assessment clinics and admission Compliance with National Cleaning Standards Specifications. Audit of the environment and practices.

Clostridioides difficile infections (CDI) per 100,000 Occupied Bed Days

Indicator Construction: (National)

CDI instances per 100,000 total occupied bed days

Last reported month

Q1 2025/26

RAG  
RED

Target  
5.8

Actual  
19.9

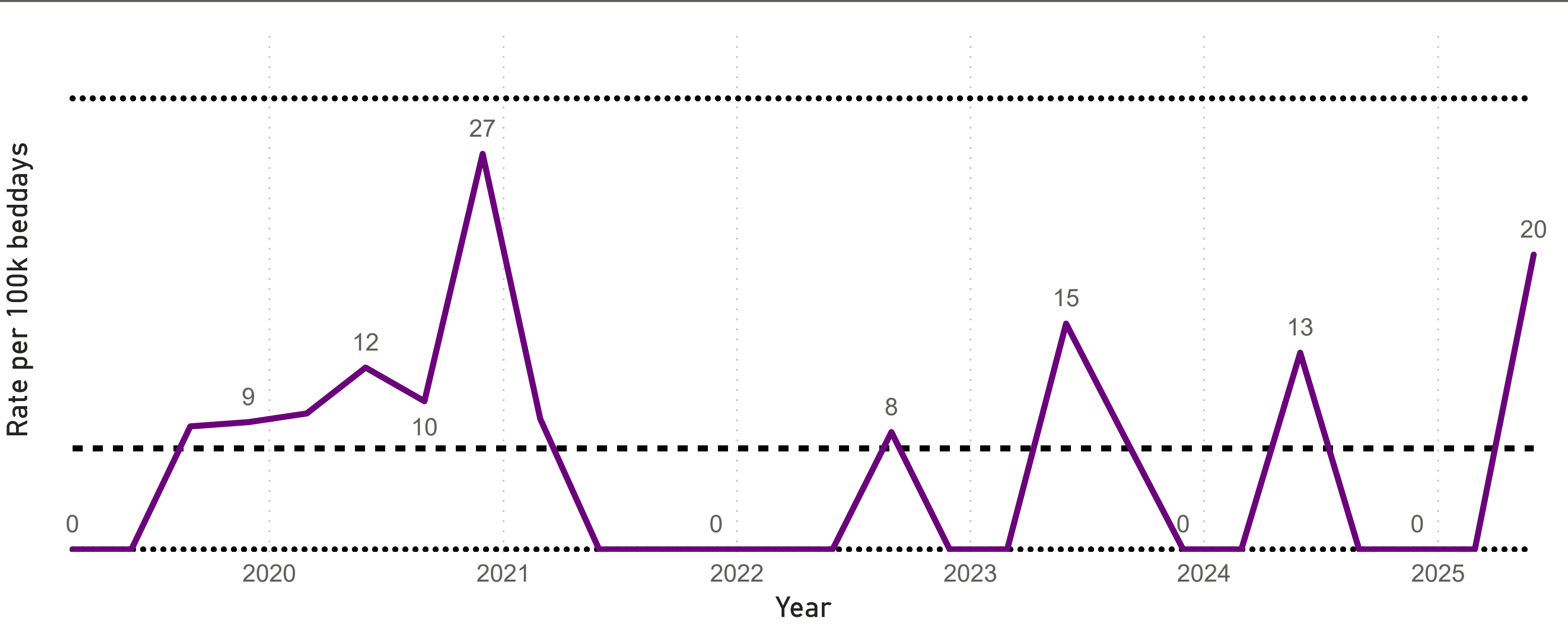
SPC Status

Within Control Limits

Level of Assurance

Moderate Assurance: The Board can take reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

Clostridioides difficile infections (CDI) per 100,000 bed days



National Comparator

The last nationally reported position of Q1 2025 was 0.0 per 100,000 TOBD.

Current Position

Month Issues  
Aug-25 C. Diff is measured quarterly, and there were three instances reported in Quarter 1 of 2025/26.

Actions

Month Actions  
Aug-25 Ongoing alert organism surveillance and close monitoring of the severity of cases by the PCIT. Unit specific reporting and triggers. Implementation of severe case investigation tool if the case definition is met. Typing of isolates when two or more cases occur within 30 days in one unit.

# Local Sickness Absence Rate

## Indicator Construction

Local eESS sickness absence hours as a percentage of contracted hours

## Last reported month

Aug 25

RAG  
RED

Target  
5.4%

Actual  
7.1%

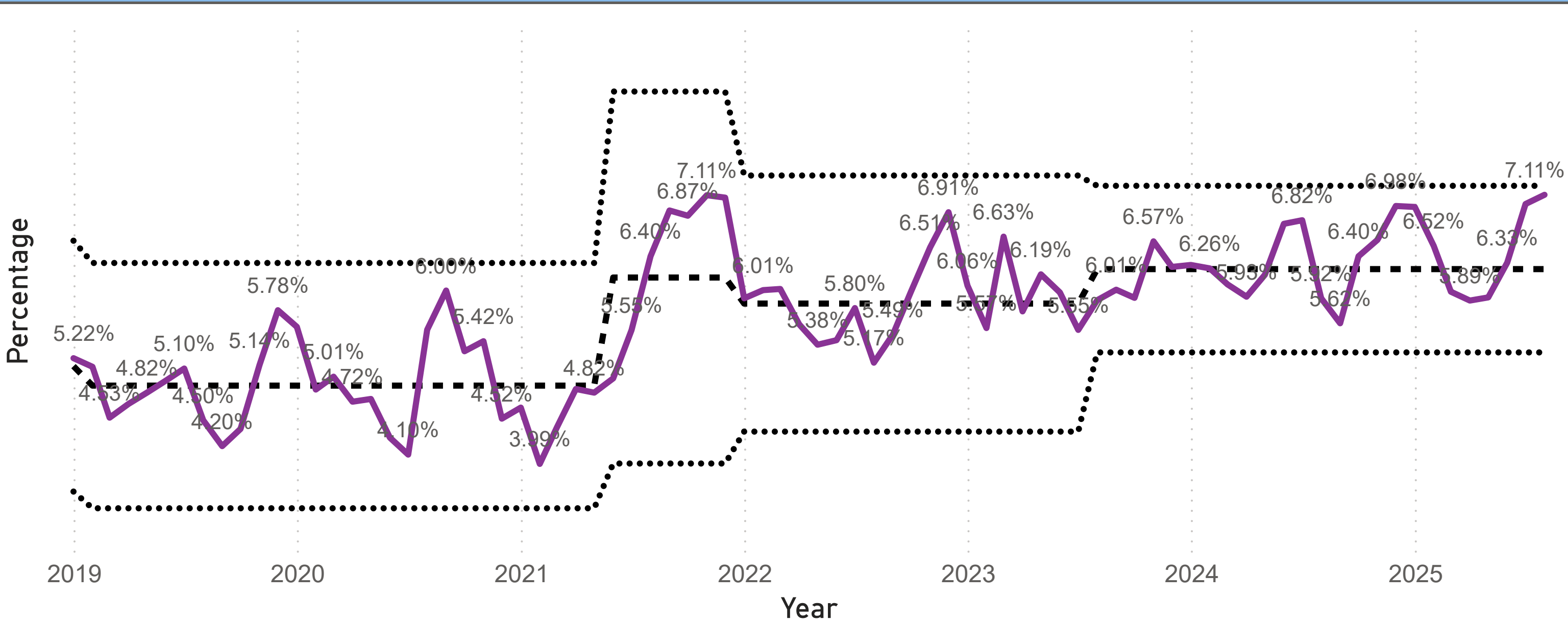
## Level of Assurance

Limited Assurance: The Board can take some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of risk which requires action to be taken.

## SPC Status

Two Outer Third Points

## Local Sickness Absence



## National Comparator

The NHS Discovery last reported position for Jun-25 was 5.73%, the NHS Scotland position was 6.04%.

## Current Position

**Month** **Issues**

Aug-25 The target for staff sickness absence is 5.4%, but it was last met in August 2022. In August, the sickness absence rate for NHS GJ was 7.1%: HLD 7.2%, NES 8.7%, Corporate 5.0%, Hotel 8.9%

## Actions

**Month** **Actions**

Aug-25 The HR team are providing absence clinics for managers and staff  
Absence Trigger reports for Managers  
Absence Management training for managers is ongoing  
Employee Assistance programme available for all staff  
Occupational Health provided support on sleep hygiene last month  
Flu and Covid vaccinations planned for October to support staff



# National Sickness Absence Rate

## Indicator Construction: (National)

National (SWISS, Scottish Workforce Information Standard System) sickness absence hours as a percentage of contracted hours

## Last reported month

Jul 25

RAG  
RED

Target  
4.0%

Actual  
6.5%

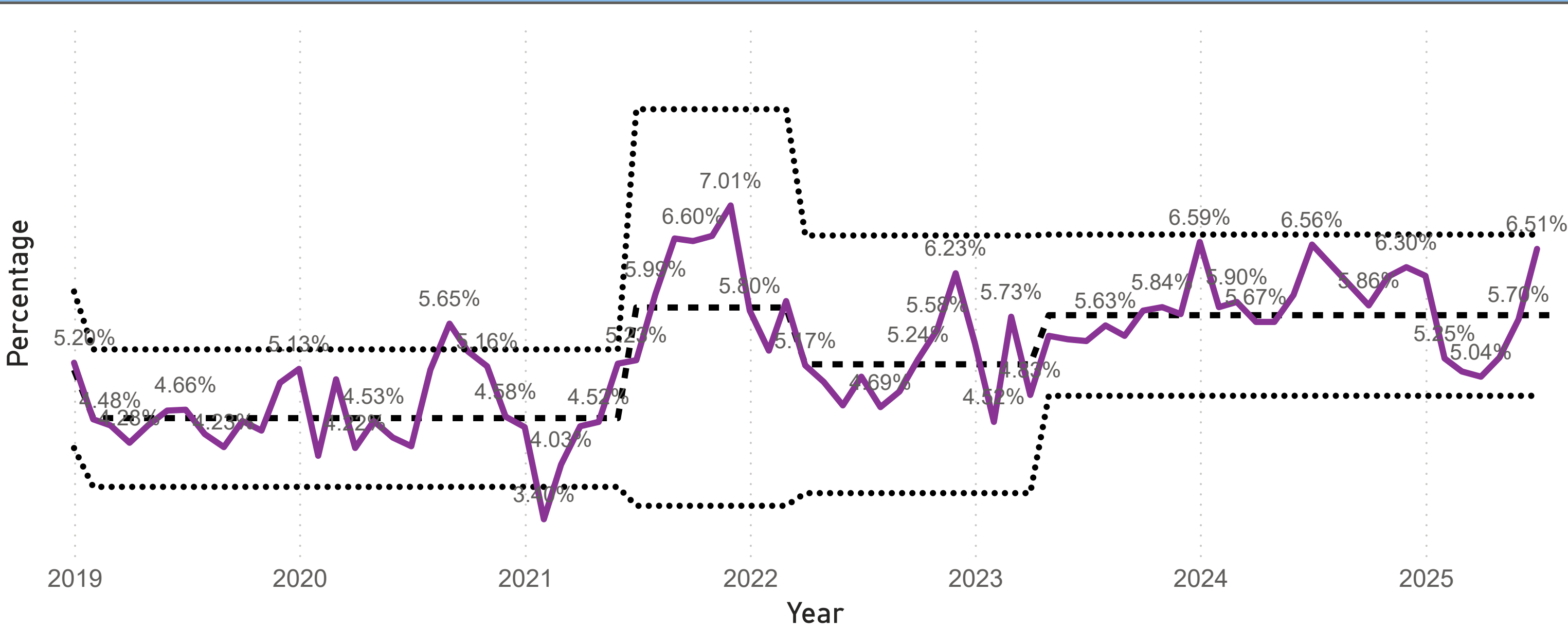
## Level of Assurance

Limited Assurance: The Board can take some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of risk which requires action to be taken.

## SPC Status

Within Control Limits

## National Sickness Absence



## National Comparator

The NHS Discovery last reported position for Jun-25 was 5.73%, the NHS Scotland position was 6.04%.

## Current Position

Month Issues  
Aug-25 The national target for staff sickness absence is 4.0%, and it has been difficult to achieve. The 4.0% target has only been met once since the beginning of 2019.

## Actions

Month Actions  
Aug-25 The HR team are providing absence clinics for managers and staff  
Absence Trigger reports for Managers  
Absence Management training for managers is ongoing  
Employee Assistance programme available for all staff  
Occupational Health provided support on sleep hygiene last month  
Flu and Covid vaccinations planned for October to support staff



# Staff Turnover Rate (12 month rolling average)

## Indicator Construction: (Local)

The number of leavers in a rolling twelve month period as a percentage of the average headcount over the same period.

## Last reported month

Aug 25

RAG  
GREEN

Target  
11.4%

Actual  
6.7%

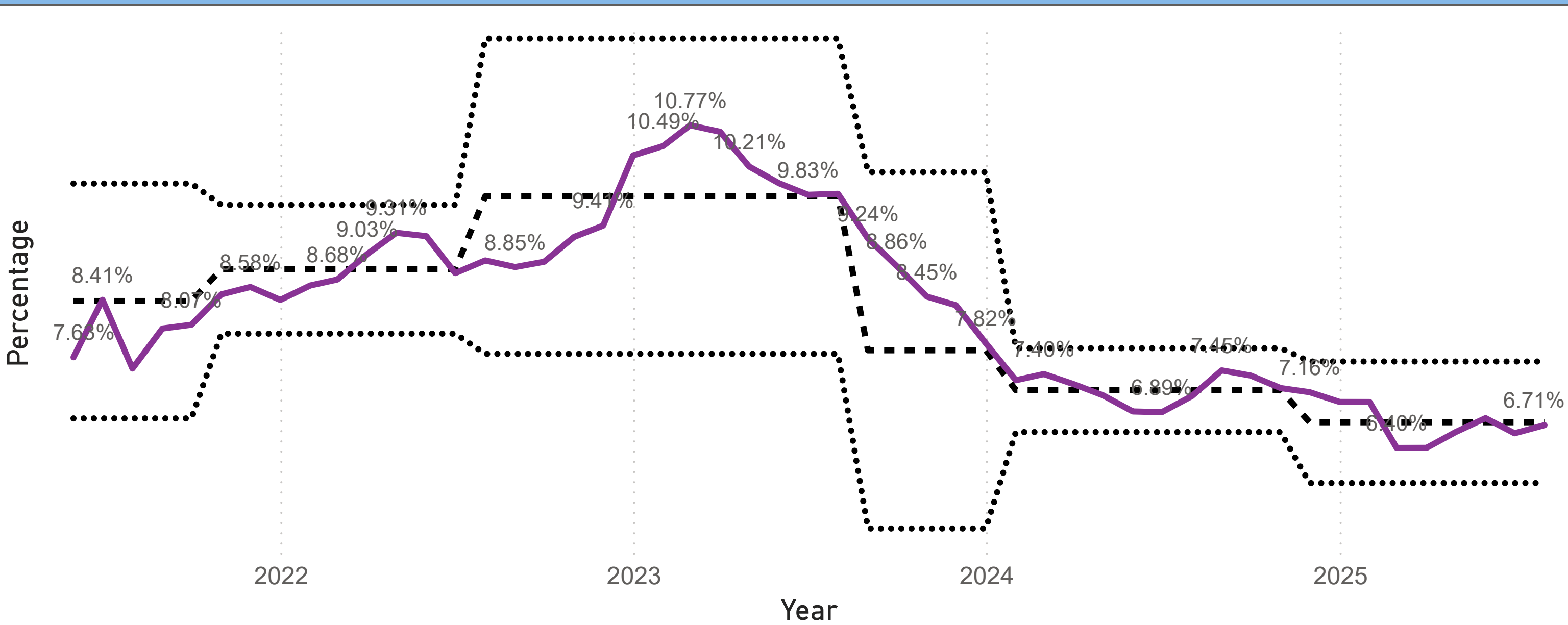
## SPC Status

Within Control Limits

## Level of Assurance

Significant Assurance: The Board can take reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none.

## Staff Turnover



## National Comparator

No nationally comparable position available

## Current Position

Month Issues  
Aug-25 The August turnover rate for NHS GJ was 6.7%: HLD 5.5%, NES 7.3%, Corporate +6.3%, Hotel 14.1%

## Actions

Month Actions  
Aug-25 Staff turnover is currently at an acceptable level and is not a concern for the board. However, it is monitored monthly. Previously, projects were conducted to understand why turnover increased in certain areas

# TURAS Appraisal Rate

## Indicator Construction:

Percentage of staff with a completed TURAS PDR appraisal

## Last reported month

Aug 25

RAG  
RED

Target  
80.0%

Actual  
66.2%

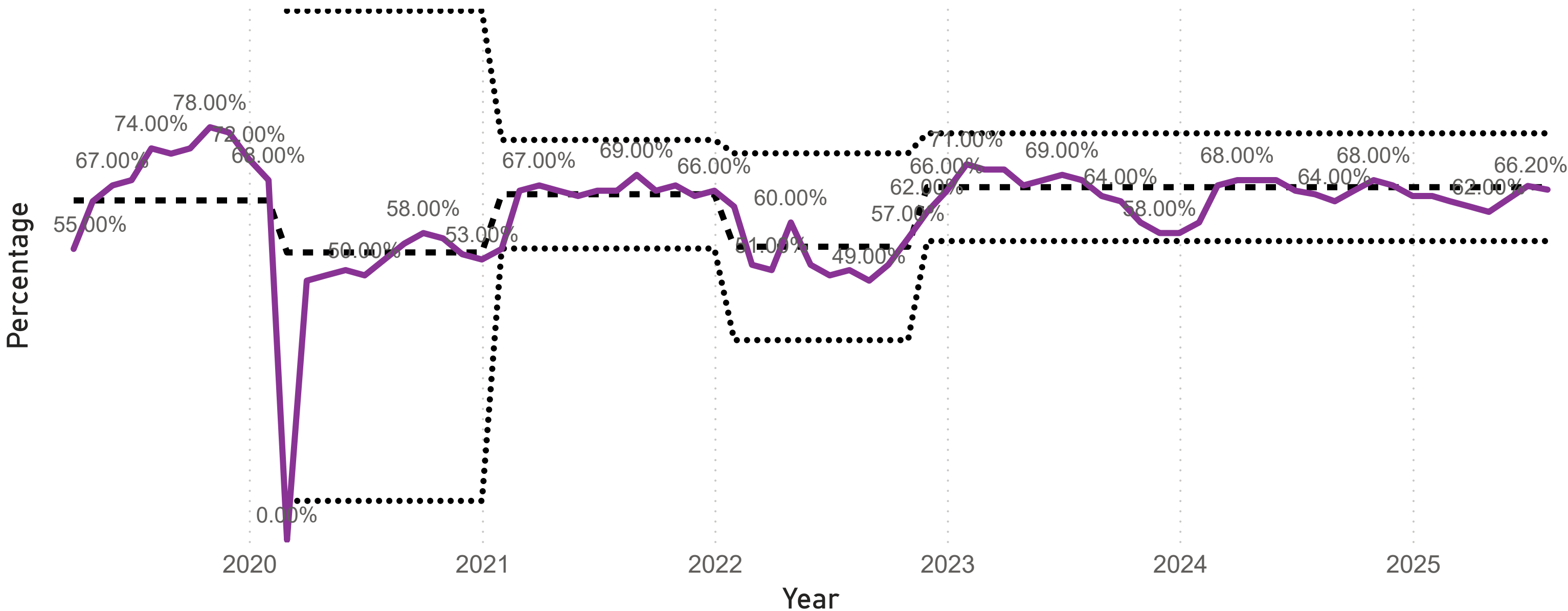
## SPC Status

Within Control Limits

## Level of Assurance

Moderate Assurance: The Board can take reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

## TURAS Appraisal rate



## National Comparator

No nationally comparable position available

## Current Position

Month	Issues
Aug-25	The August TURAS appraisal position was reported at 66%: HLD 62%, NES 81%, Corporate 54%, Hotel 69%

## Actions

Month	Actions
Aug-25	Improvements to reporting Review of process to support new guidance materials Reviewee and reviewer training

# Medical Appraisal Rate

## Indicator Construction: (Local)

Doctors with a completed medical appraisal interview and Form 4 as a percentage of all doctors requiring a medical appraisal at the GJNH.

## Last reported month

Aug 25

RAG  
GREEN

Target  
80.0%

Actual  
92.5%

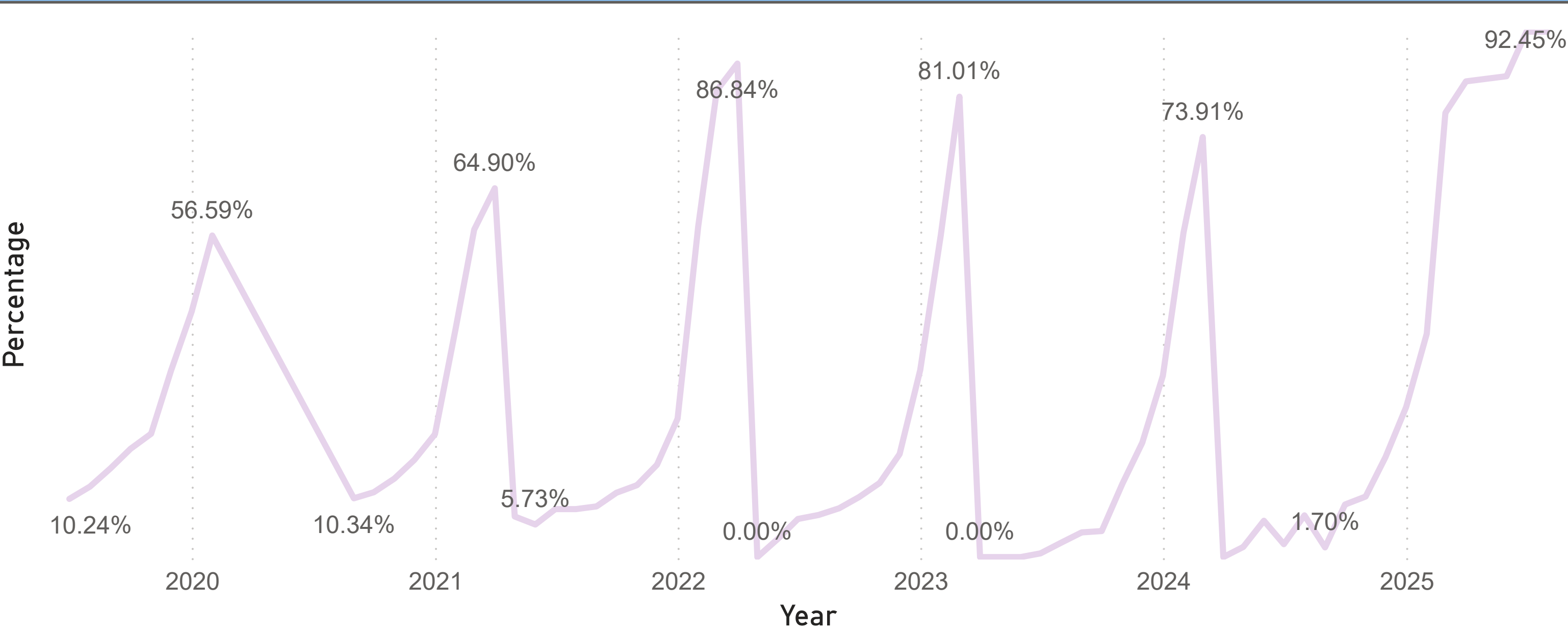
## Level of Assurance

Moderate Assurance: The Board can take reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

## SPC Status

SPC Not Appropriate for this Measure

## Medical Appraisal rate



## National Comparator

No nationally comparable position available

## Current Position

Month	Issues
Aug-25	In August, 92.5% (147/159) of medical staff had completed their medical appraisal: HLD 90.1%, NES 95.5%

## Actions

Month	Actions
Aug-25	Medical Staff Appraisal rates have moved from year to date reports to a rolling 12-month report. Doctors who joined within the last 15 months are excluded from the denominator. These changes bring Medical Appraisal reporting in line with Agenda for Change appraisal reporting.

Outpatients seen within 12 weeks

Indicator Construction: (National - LDP Standard)

Percentage of applicable patients who receive a new outpatient appointment within 12 weeks of referral.

Last reported month

Aug 25

RAG  
GREEN

Target  
90.0%

Actual  
92.3%

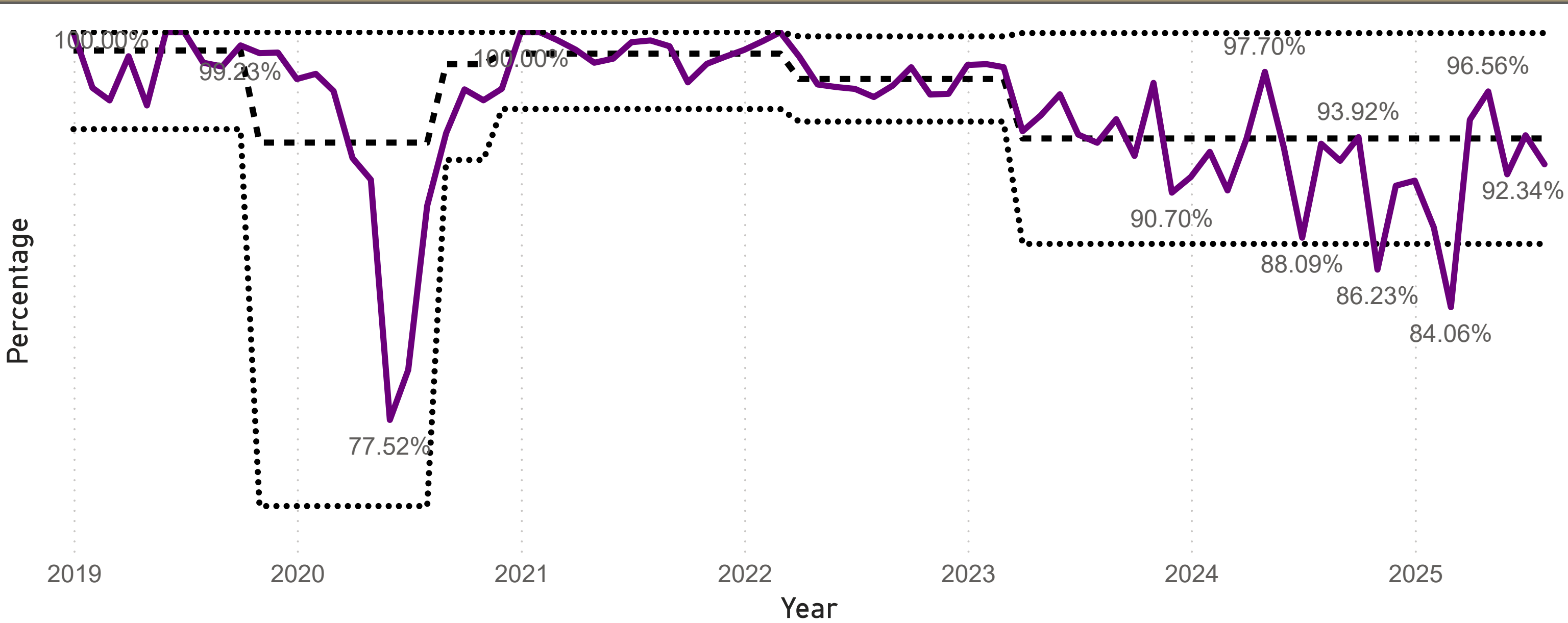
Level of Assurance

Limited Assurance: The Board can take some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of risk which requires action to be taken.

SPC Status

Within Control Limits

Outpatients seen within 12 weeks



National Comparator

Nationally reported position is undergoing significant validation over time with additional specialties being added to the metric. In July 2025 22.7% of completed new outpatient waits were under 12 weeks.

Current Position

Month Issues  
Aug-25 In August, 17 out of 205 HLD reportable outpatients were seen after the 12-week target. (92%)

Actions

Month Actions  
Aug-25 Monitoring impact of additional reported specialties in national reporting which will add additional long waits due to referral pathway (Ophthalmology now, future potential for Orthopaedic waits to be added)  
Continual monitoring and validation of waiting lists



# Inpatients seen within 12 weeks

Indicator Construction: (National - LDP Standard)

Percentage of applicable patients admitted within 12 weeks of decision to treat.

Last reported month

Aug 25

RAG  
RED

Target  
99.9%

Actual  
90.4%

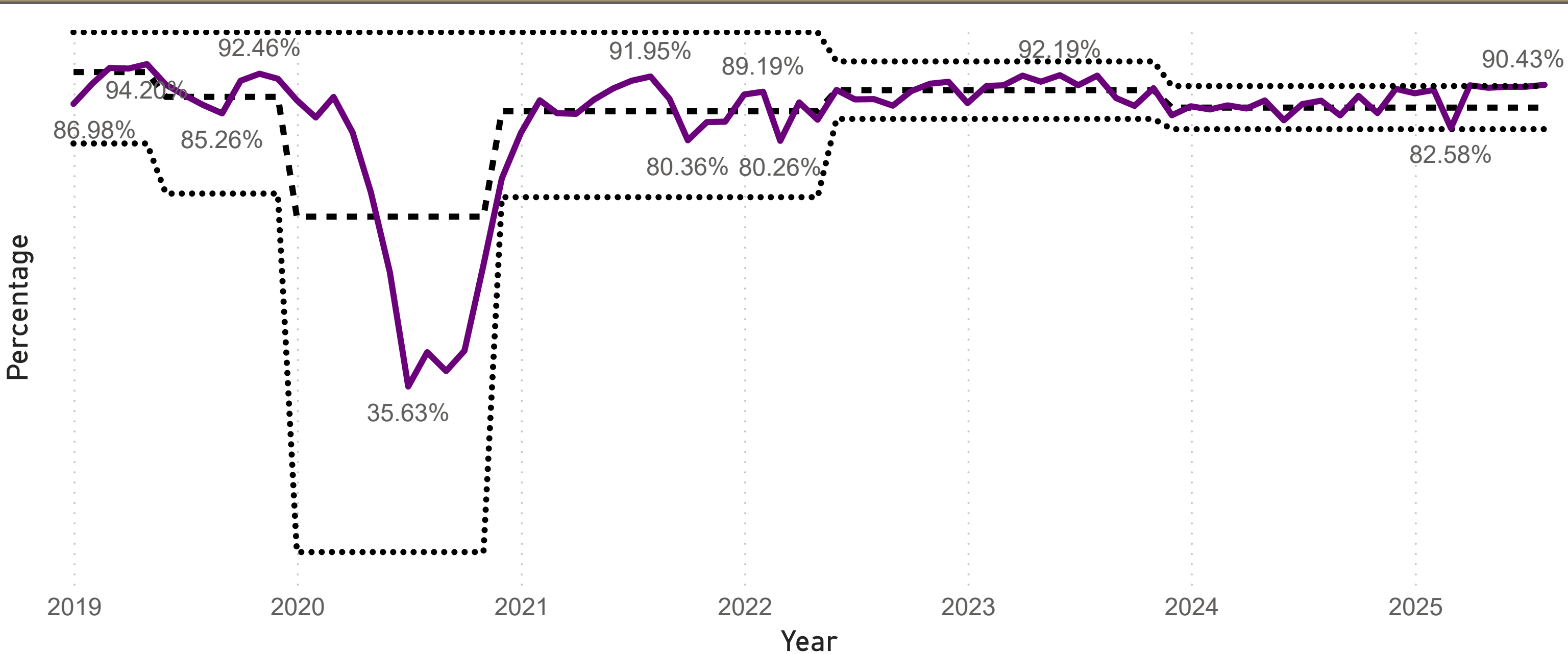
## Level of Assurance

No Assurance: The Board cannot take any assurance from the information that has been provided. There remains a significant amount of residual risk.

## SPC Status

Above Upper Control

## Inpatients seen within 12 weeks



## National Comparator

The last reported position for Jul-25 was 92%. The NHS Scotland position was 57%.

## Current Position

Month	Issues
Aug-25	In August, 150 of 1268 HLD reportable admissions were admitted after the 12-week target. (82%)

## Actions

Month	Actions
Aug-25	Monitoring impact of additional reported specialties in national reporting which will add additional long waits due to referral pathway (Ophthalmology now, future potential for Orthopaedic waits to be added) Continual monitoring and validation of waiting lists

# Patients seen within 18 weeks of referral (RTT)

## Indicator Construction: (National - LDP Standard)

The number of patients who started their treatment within 18 weeks of referral by GP as a percentage of all patients who started their treatment.

## Last reported month

Feb 25

RAG  
RED

Target  
90.0%

Actual  
82.1%

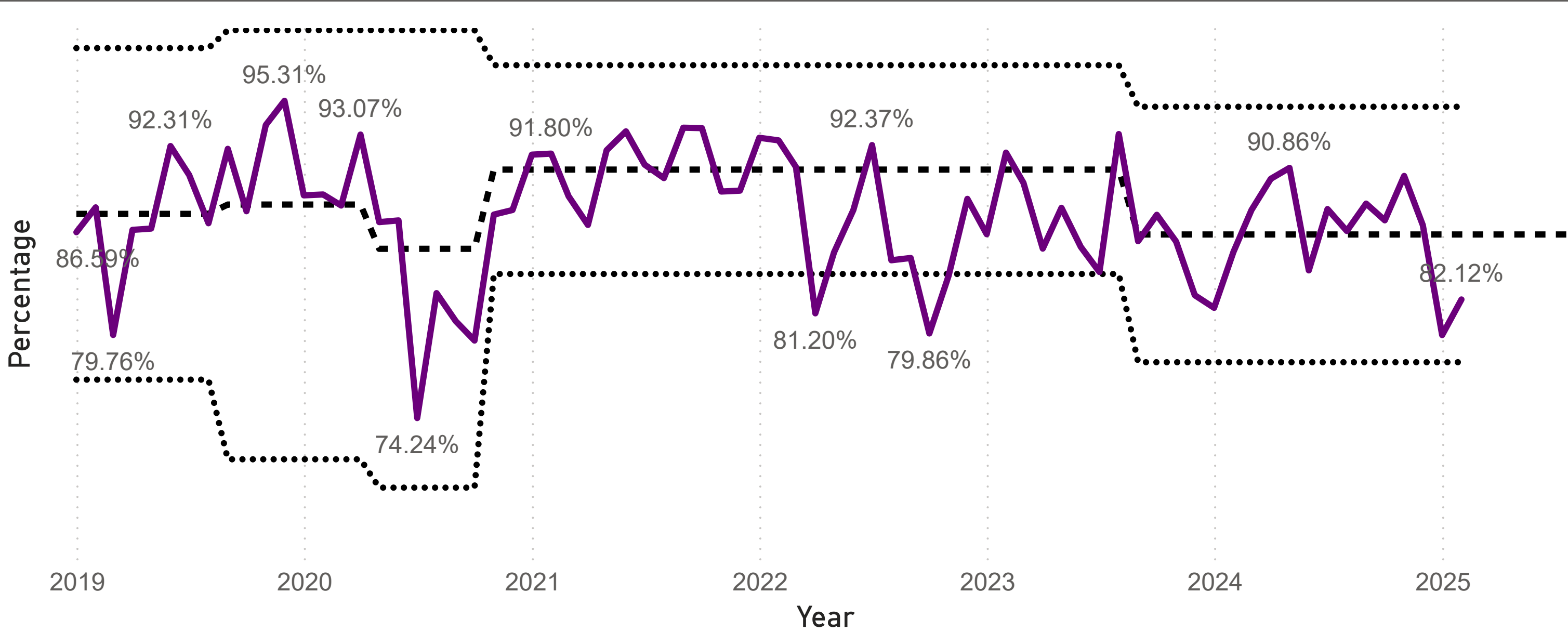
## Level of Assurance

Moderate Assurance: The Board can take reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

## SPC Status

Within Control Limits

## Patients seen within 18 weeks of referral (RTT)



## National Comparator

National reporting of this indicator has ceased

## Current Position

Month	Issues
Aug-25	National reporting of this indicator has ceased. Internal options for reporting or removal under consideration

## Actions

Month	Actions
Aug-25	The submission and reporting of the 18-week referral to treatment (RTT) standard has ceased nationally. Proposal on future reporting of this indicator being formulated.

# Hospital Bed Occupancy

## Indicator Construction: (Local)

Number of beds classified as active and occupied as a percentage of beds classified as available. Data taken from Trak Care and based on midnight census.

Last reported month

Aug 25

RAG  
AMBER

Target  
(Blank)

Actual  
72.4%

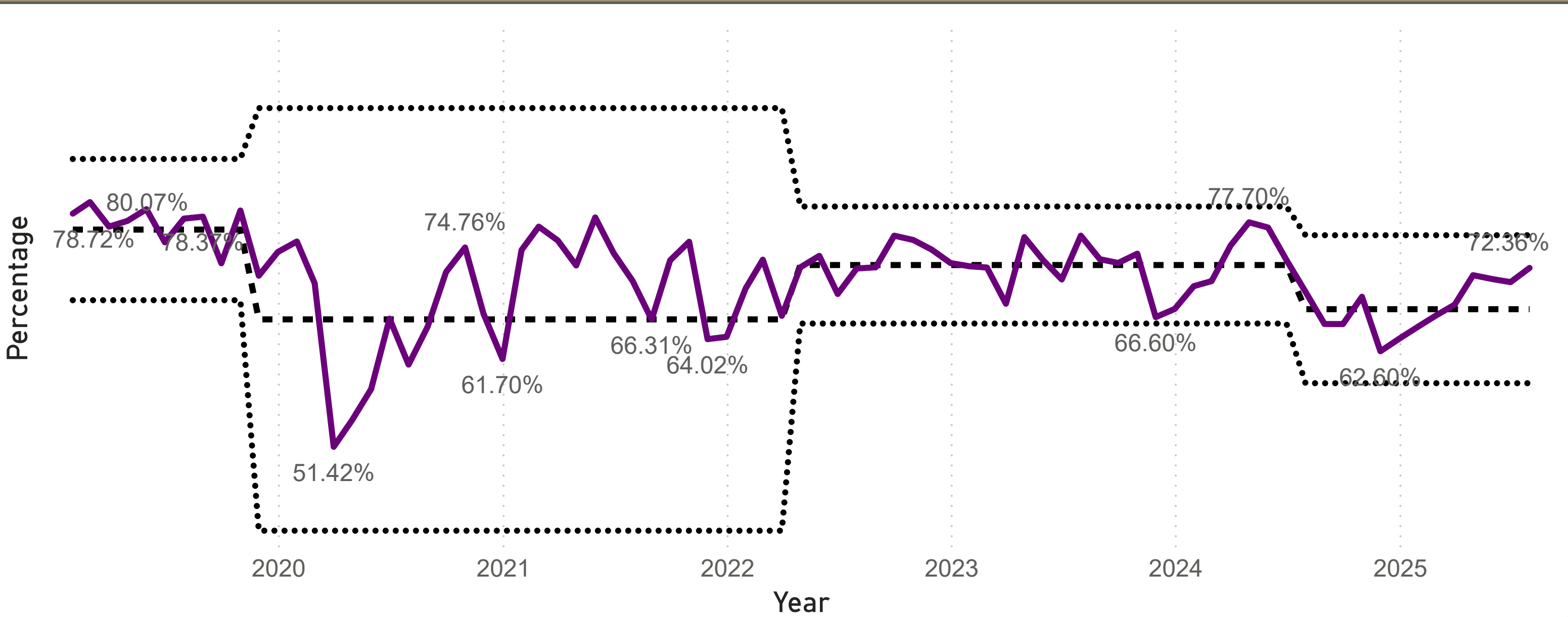
## SPC Status

Within Control Limits

## Level of Assurance

Significant Assurance: The Board can take reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none.

## Hospital bed occupancy



## National Comparator

No nationally comparable position available

## Current Position

Month Issues

Aug-25 August bed occupancy was 72.4%.

## Actions

Month Actions

Aug-25 Daily bed occupancy reported in Daily situation report. Demand and capacity modelling, including activity plans and length of stay underway for 25/26.

# Orthopaedic Day of Surgery Rate (DOSA)

## Indicator Construction: (Local)

Number of Orthopaedic primary joint patients admitted on the day of their procedure measured as a percentage of total primary joint patients. Cancellations are excluded.

Last reported month

Aug 25

RAG  
GREEN

Target  
70.0%

Actual  
75.1%

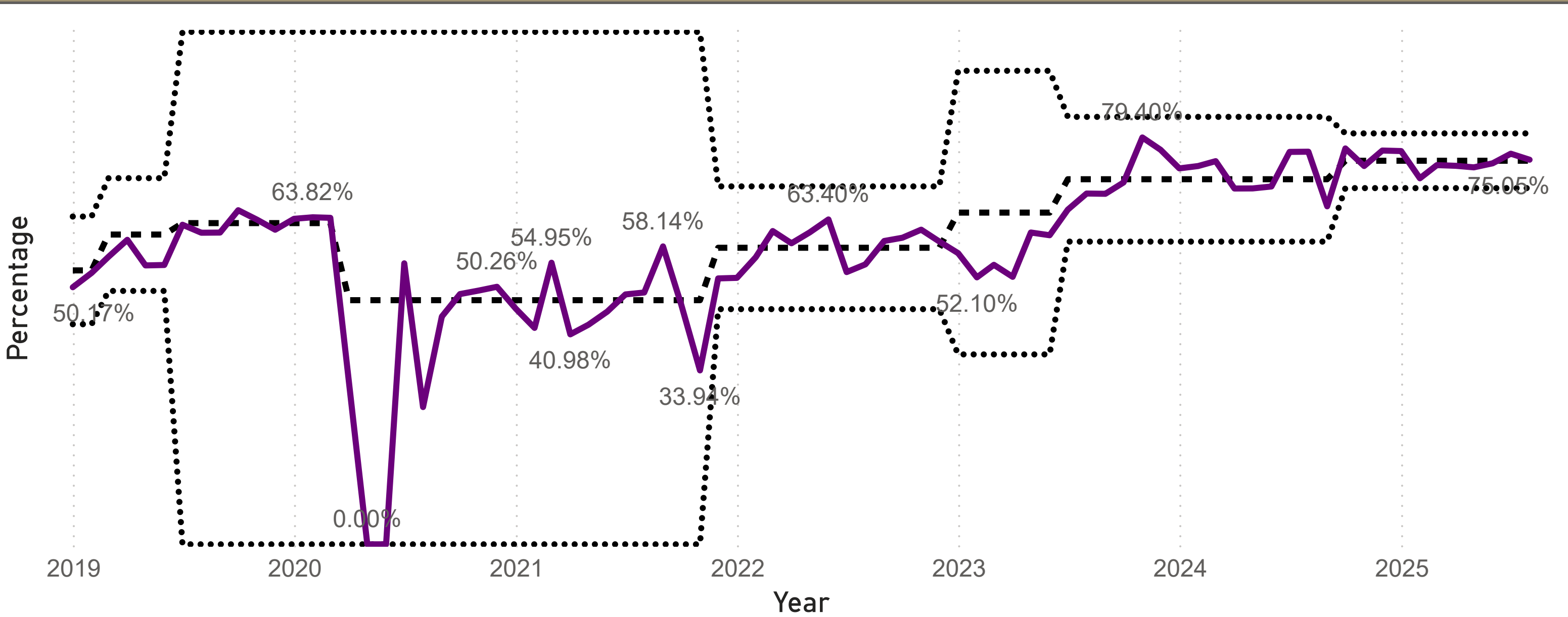
## SPC Status

Within Control Limits

## Level of Assurance

Significant Assurance: The Board can take reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none.

## Orthopaedic DOSA



## National Comparator

No nationally comparable position available

## Current Position

Month	Issues
Aug-25	In August 346 of the 461 primary joint admissions were admitted on the day of surgery. (75.1%)

## Actions

Month	Actions
Aug-25	Orthopaedic DoSA consistently meets at least the 70% target and is a routine part of the admission process for orthopaedic patients.



# Same day Cancellation Rate

**Indicator Construction: (Local)**

The number of cancelled procedures on the OPERA theatre system as a percentage of the total number of scheduled procedures by specialty.

**Last reported month**

Aug 25

RAG  
RED

Target  
4.8%

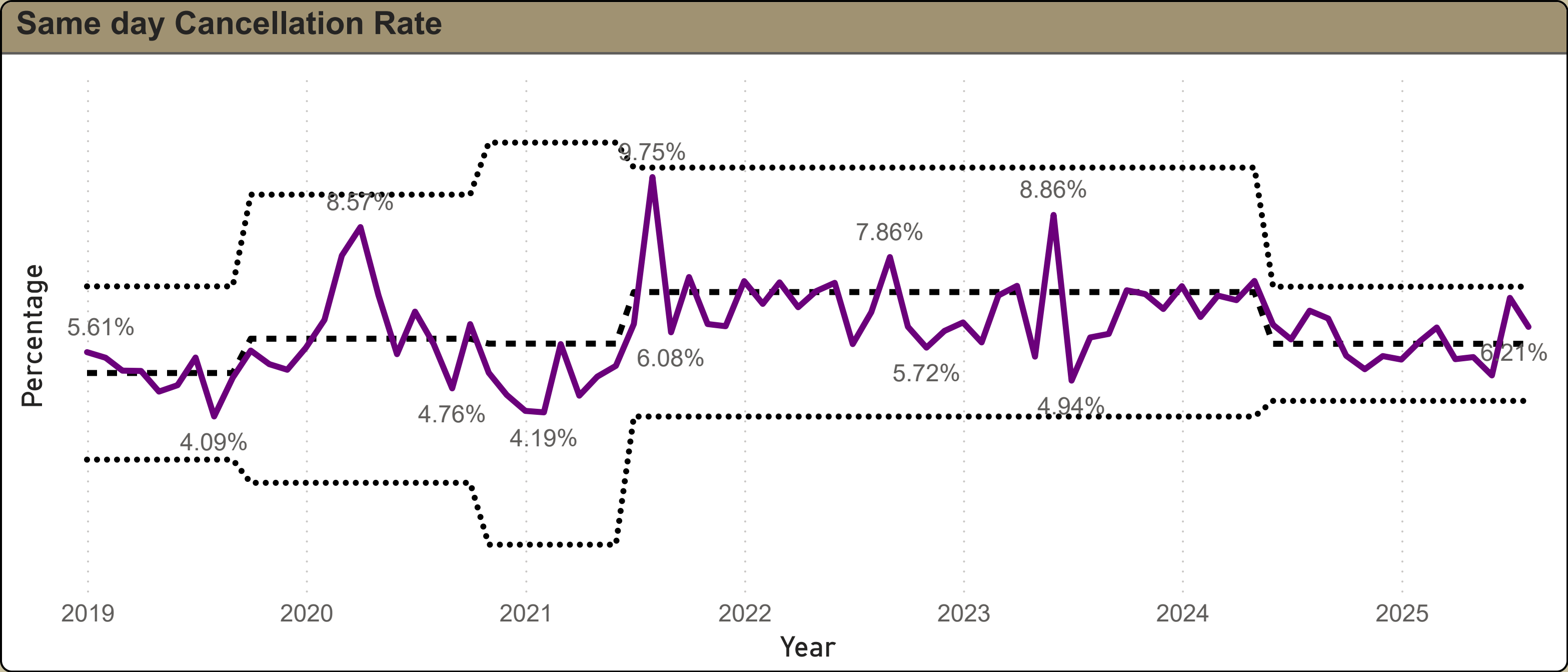
Actual  
6.2%

**SPC Status**

Within Control Limits

**Level of Assurance**

Limited Assurance: The Board can take some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of risk which requires action to be taken.



**National Comparator**

The last nationally reported position for Jul-25 was 6.5%, the NHS Scotland position was 8.5%.

Current Position	
Month	Issues
Aug-25	In August, 203 out of 3268 planned cases were cancelled on the same day. (6.2%)

Actions	
Month	Actions
Aug-25	Specialty level monitoring and processes to minimise same say cancellations are in place Daily and weekly analysis of same day cancellations distributed to key stakeholders and reported through governance frameworks

# 4 Joint session rate

## Indicator Construction: (Planned Care)

The number of theatre joint sessions (of all full day sessions with at least 1 joint) which had 4 joints in the sessions as a percentage of all theatre joint sessions.

## Last reported month

Aug 25

RAG  
RED

Target  
75.0%

Actual  
60.0%

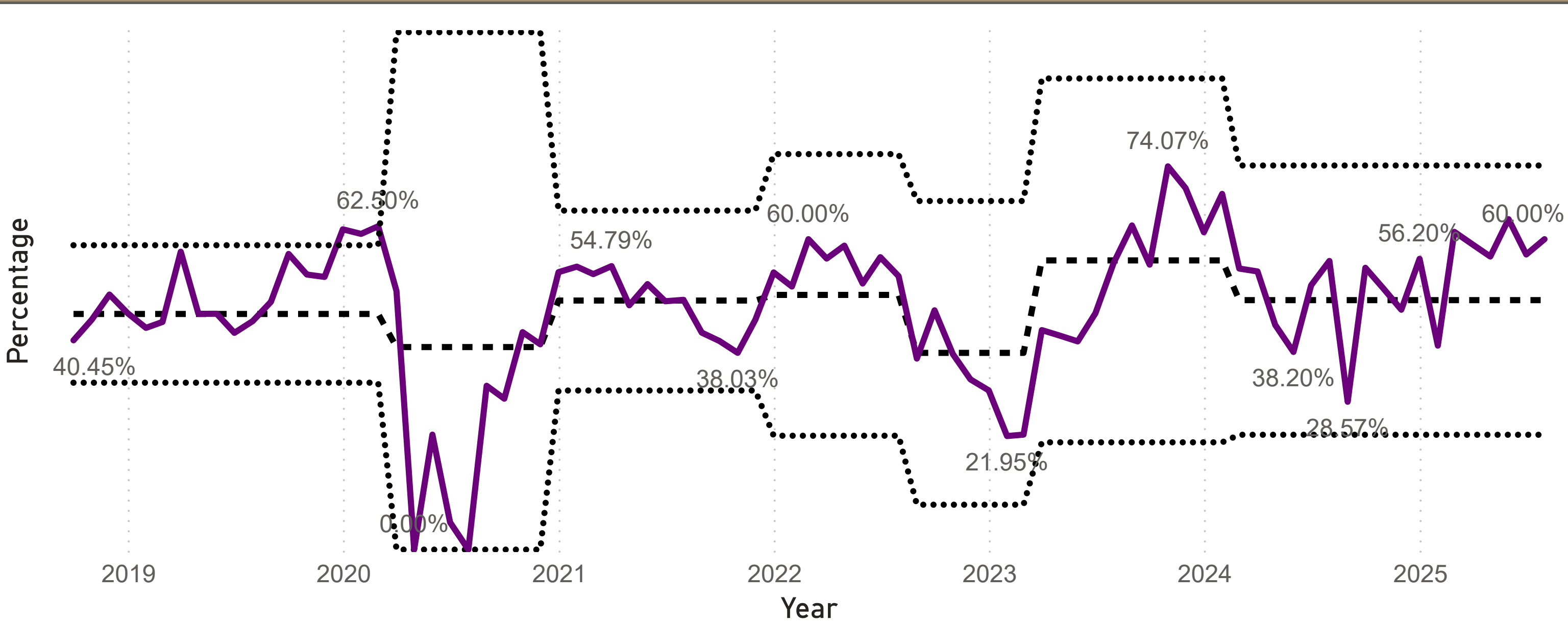
## SPC Status

Within Control Limits

## Level of Assurance

Moderate Assurance: The Board can take reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

## 4 Joint Session rate



## National Comparator

The last nationally reported position for Jul-25 was 59%, the NHS Scotland position was 28%. Nationally N...

## Current Position

Month	Issues
Aug-25	GJNH remains a national leader in 4 joint lists, recent performance has improved in the last 3 months but not to target levels (60% in August 2025)

## Actions

Month	Actions
Aug-25	Review of all 3 Joint lists on a weekly basis Smart Scheduling task and finish group set up Working towards implementing Infix theatre scheduling software Prospective review of theatre lists to maximise utilisation identifying sessions with most unbooked time.

# Ophthalmology Procedures per list

## Indicator Construction: (Planned Care)

Average (mean) number of ophthalmology procedures per half day theatre list.

## Last reported month

Aug 25

RAG  
RED

Target  
7.0

Actual  
6.8

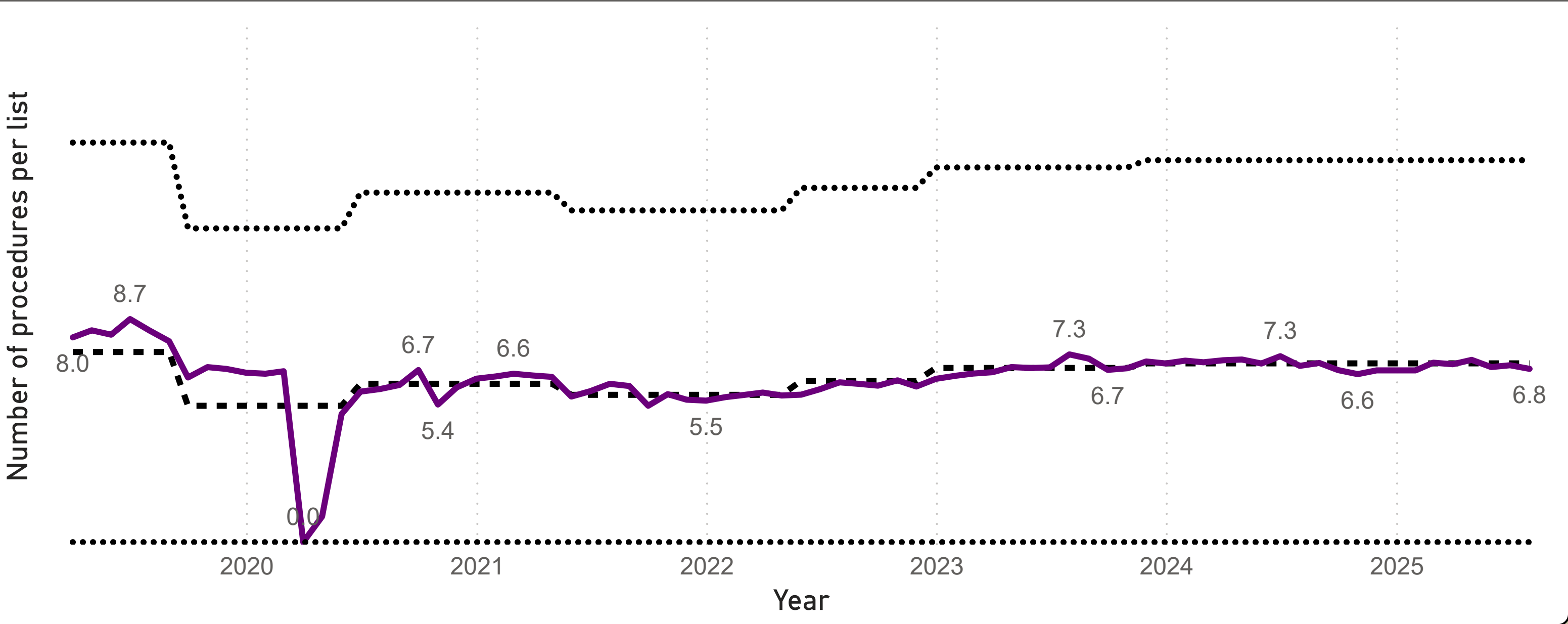
## SPC Status

Fifteen Central Points

## Level of Assurance

Moderate Assurance: The Board can take reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

## Oph Procedures per list



## National Comparator

The last nationally reported Cataract Throughput position for Jul-25 was 7.4 per 3.5hr session, the NHS Scotland position was 6.0.

## Current Position

Month	Issues
Aug-25	There were 6.8 ophthalmology procedures per list in August, slightly below the revised target for 25/26.

## Actions

Month	Actions
Aug-25	Review the nurse staffing model for theatres to support eight cataract surgeries per list.

# Same Day Hip Arthroplasty rate

**Indicator Construction: (Planned Care)**

The number of hip arthroplasty procedures carried out on the same day as admission as a percentage of all hip arthroplasty procedures carried out.

**Last reported month**

Aug 25

RAG  
RED

Target  
10.0%

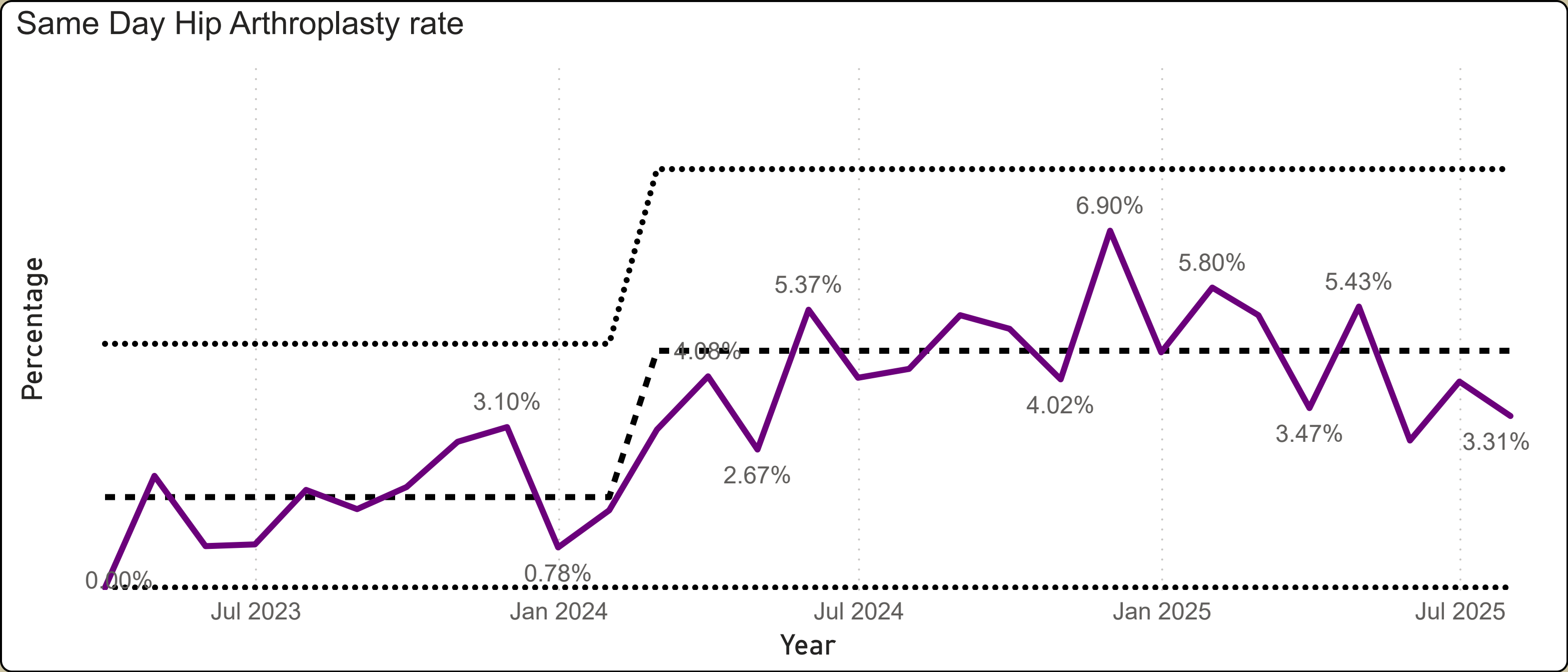
Actual  
3.3%

**Level of Assurance**

Limited Assurance: The Board can take some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of risk which requires action to be taken.

**SPC Status**

Within Control Limits



**National Comparator**

No nationally comparable position available

Current Position	
Month	Issues
Aug-25	Same-day hip replacement activity has been static over the last six months with improvement required to meet the revised target (3.3%% in Aug 2025)

Actions	
Month	Actions
Aug-25	Continued adoption of ERAS (Enhanced Recovery After Surgery) improvement plan.



# Same Day Knee Arthroplasty rate

## Indicator Construction: (Planned Care)

The number of knee arthroplasty procedures carried out on the same day as admission as a percentage of all hip arthroplasty procedures carried out.

## Last reported month

Aug 25

RAG  
RED

Target  
5.0%

Actual  
3.2%

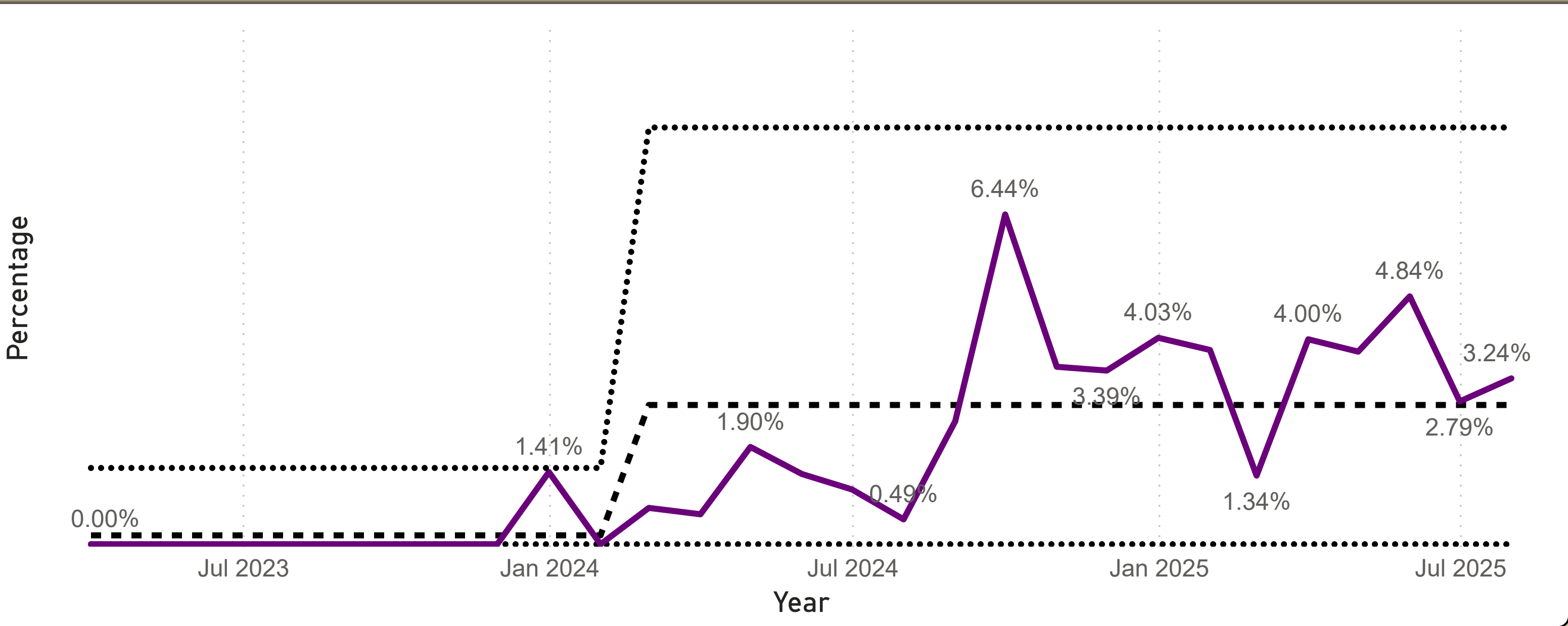
## Level of Assurance

Moderate Assurance: The Board can take reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

## SPC Status

Within Control Limits

## Same Day Knee Arthroplasty rate



## National Comparator

No nationally comparable position available

## Current Position

Month	Issues
Aug-25	Same-day knee replacement activity has been consistent over the last six months with improvement required to meet the revised target (3.2% in Aug 2025)

## Actions

Month	Actions
Aug-25	Continued adoption of ERAS (Enhanced Recovery After Surgery) improvement plan. Introduce new standardised pain pathway

# 31 Day Cancer target (Lung)

**Indicator Construction: (National - LDP Standard)**

Number of patients admitted for cancer treatment within 31 days from decision to treat as percentage of patients admitted from a cancer treatment pathway. Lung cancer only.

**Last reported month**

Aug 25

RAG  
GREEN

Target  
95.0%

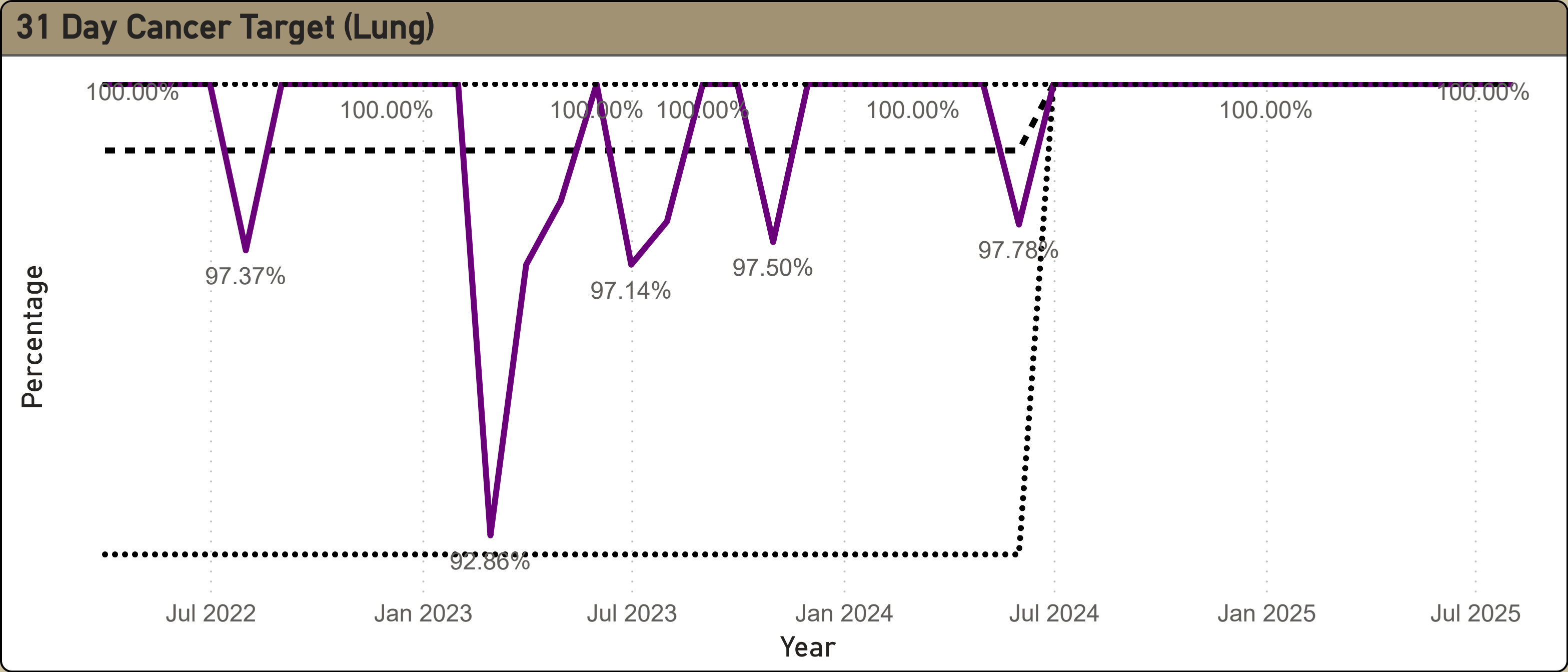
Actual  
100.0%

**SPC Status**

Within Control Limits

**Level of Assurance**

Significant Assurance: The Board can take reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none.



**National Comparator**

The last reported position for compairson was Jul-25. GJNH reported 100%, the NHS Scotland position w...

Current Position	
Month	Issues
Aug-25	In August all 34 lung cancer patients were seen within 31 days. (100%)

Actions	
Month	Actions
Aug-25	Breach analysis is conducted for each instance where the target was missed to identify the causes and learn from them.

# Orthopaedics Average Length of Stay

## Indicator Construction: (Local)

Orthopaedic average (mean) hospital length of stay in days

## Last reported month

Aug 25

RAG  
GREEN

Target  
3.8

Actual  
2.7

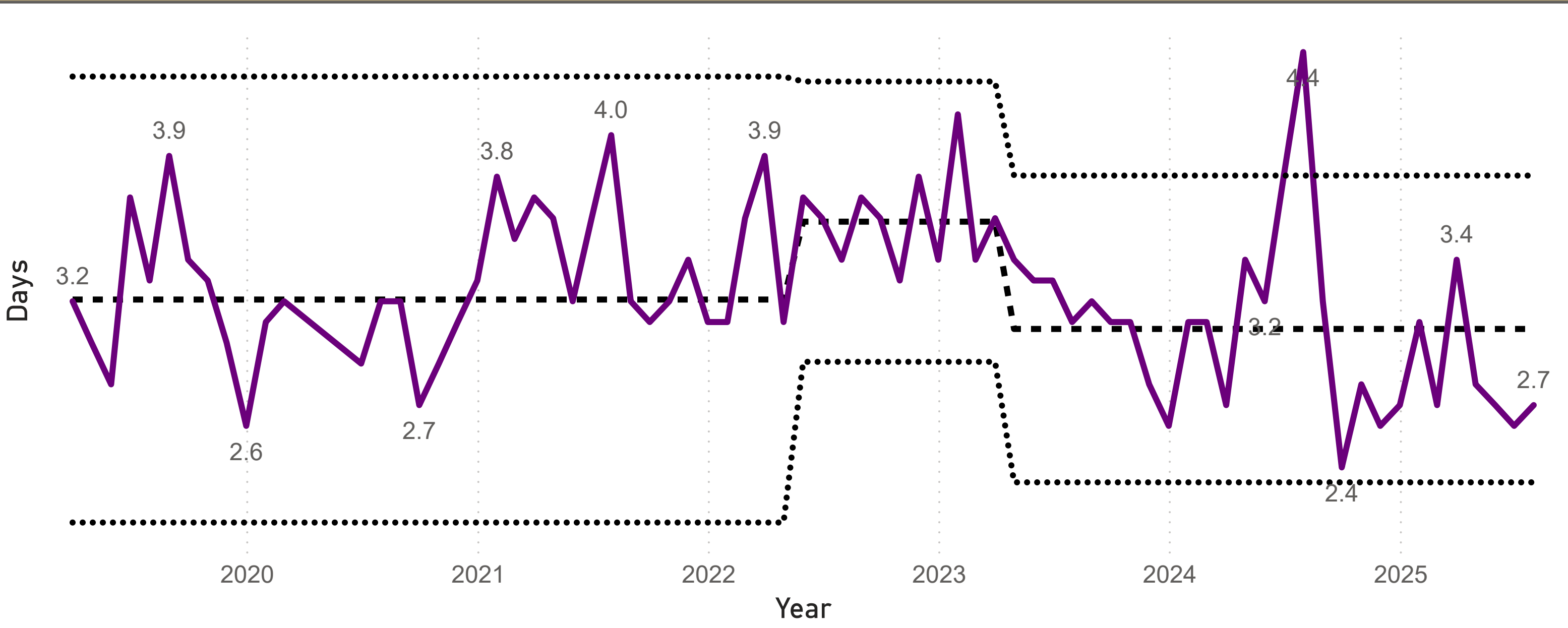
## SPC Status

Two Outer Third Points

## Level of Assurance

Significant Assurance: The Board can take reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none.

## Orthopaedics Average Length of Stay



## National Comparator

No nationally comparable position available

## Current Position

Month Issues

Aug-25 The average length of stay for orthopaedic admissions in August was 2.7 days.

## Actions

Month Actions

Aug-25 An increase in Day Zero patients has resulted in a decrease in the length of stay.

# Level of Assurance

Level of Assurance	Definition
None	The Board cannot take any assurance from the information that has been provided. There remains a significant amount of residual risk.
Limited	The Board can take some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of risk which requires action to be taken.
Moderate	The Board can take reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.
Significant	The Board can take reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none.

## Limited Assurance

Examples of when limited assurance can be taken are:

- There are **known material weaknesses in key areas**.
- It is known that there will have to be changes to the system (e.g. due to a change in the law) and the impact has not been assessed and planned for.
- The report has provided incomplete information and not covered the whole purpose of the report.
- The proposed action plan to address areas of identified residual risk is not comprehensive or credible or deliverable.

## Moderate Assurance

Examples of when moderate assurance can be taken are:

- In most respects the ‘purpose’ is being achieved.
- There are some areas where further action is required and the residual is greater than ‘insignificant’.
- Where the report includes a proposed remedial action plan, the Committee considers it to be credible and acceptable.

## Significant Assurance

Examples of when significant assurance can be taken are:

- The purpose is quite narrowly defined and it is relatively easy to be comprehensively assured.
- There is little evidence of a system failure and the system appears to be robust and sustainable.
- The Committee is provided with evidence from several different sources to support its conclusion.