



Board Performance Report

NHS Golden Jubilee Board meeting

28 May 2026

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	Feb 26	75.0%	86%	G	Within Control Limits	Limited	Drilldown
Stage 2 complaints response rate	Feb 26	75.0%	100%	G	Above Upper Control	Limited	Drilldown
MRSA/MSSA bacteraemias per 100,000 Occ. Bed Days	Q4 2025/26	15.3	13.50	G	Within Control Limits	Moderate	Drilldown
Clostridioides difficile infections (CDI) per 100,000 Occ. Bed Days	Q4 2025/26	5.8	6.75	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)	Mar 26	5.4%	6.9%	R	Within Control Limits	Limited	Drilldown
Staff Sickness (National)	Feb 26	4.0%	6.1%	R	Eight Consecutive Points Above Centre	Limited	Drilldown
Staff Turnover (12mth rolling average)	Mar 26	11.4%	8.4%	G	Within Control Limits	Significant	Drilldown
TURAS Appraisal	Mar 26	80.0%	65.4%	R	Within Control Limits	Moderate	Drilldown
Medical Staff Appraisal	Mar 26	80.0%	86.6%	G	SPC Not Appropriate for this Measure	Significant	Drilldown
Outpatients Seen within 12 weeks	Mar 26	90.0%	89.7%	R	Eight Consecutive Points Below Centre	Moderate	Drilldown
Inpatient Admits within 12 weeks	Mar 26	99.9%	90.9%	R	Within Control Limits	None	Drilldown
Treated within 18 weeks of referral	Feb 25	90.0%	82.1%	R	Within Control Limits	Moderate	Drilldown
Total Bed Occupancy	Mar 26	(Blank)	72.4%	A	Within Control Limits	Significant	Drilldown
Orthopaedic DOSA rate	Mar 26	70.0%	78.3%	G	Within Control Limits	Significant	Drilldown
Theatre Same Day Cancellation Rate	Mar 26	4.8%	6.4%	R	Within Control Limits	Limited	Drilldown
4 Joint Session Rate	Mar 26	75.0%	46.2%	R	Two Outer Third Points	Moderate	Drilldown
Ophthalmology Procedures per List	Mar 26	7.0	6.90	R	Fifteen Central Points	Significant	Drilldown
% Same Day Hip Arthroplasty	Mar 26	10.0%	5.6%	R	Within Control Limits	Limited	Drilldown
% Same Day Knee Arthroplasty	Mar 26	5.0%	3.2%	R	Within Control Limits	Moderate	Drilldown
31 Day Cancer (Lung)	Mar 26	95.0%	97.5%	G	Below Lower Control	Significant	Drilldown
Orthopaedic Mean Length of Stay	Mar 26	3.8	3.00	G	Within Control Limits	Significant	Drilldown

Stage 1 Complaints response rate

Indicator Construction: (National)

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

Last reported month

Feb 26

RAG
GREEN

Target
75.0%

Actual
85.7%

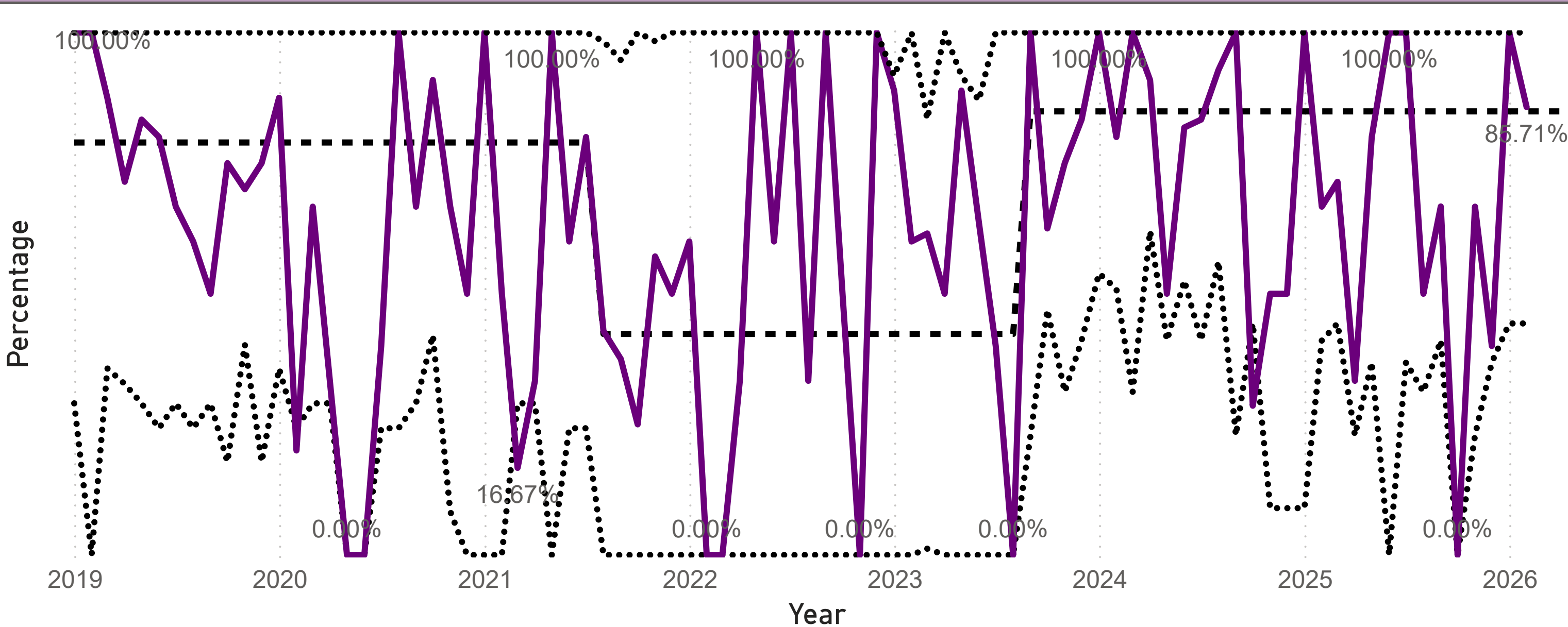
SPC Status

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.

Stage 1 Complaints response rate



National Comparator

No nationally comparable position available

Current Position

Month	Issues
Mar-26	In February 2026, there were seven Stage 1 complaints with five responded to within target (86%)

Actions

Month	Actions
Mar-26	The Complaints Improvement Plan is monitored regularly by the Clinical Governance Risk Management (CGRM) Group. 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

Feb 26

RAG
GREEN

Target
75.0%

Actual
100.0%

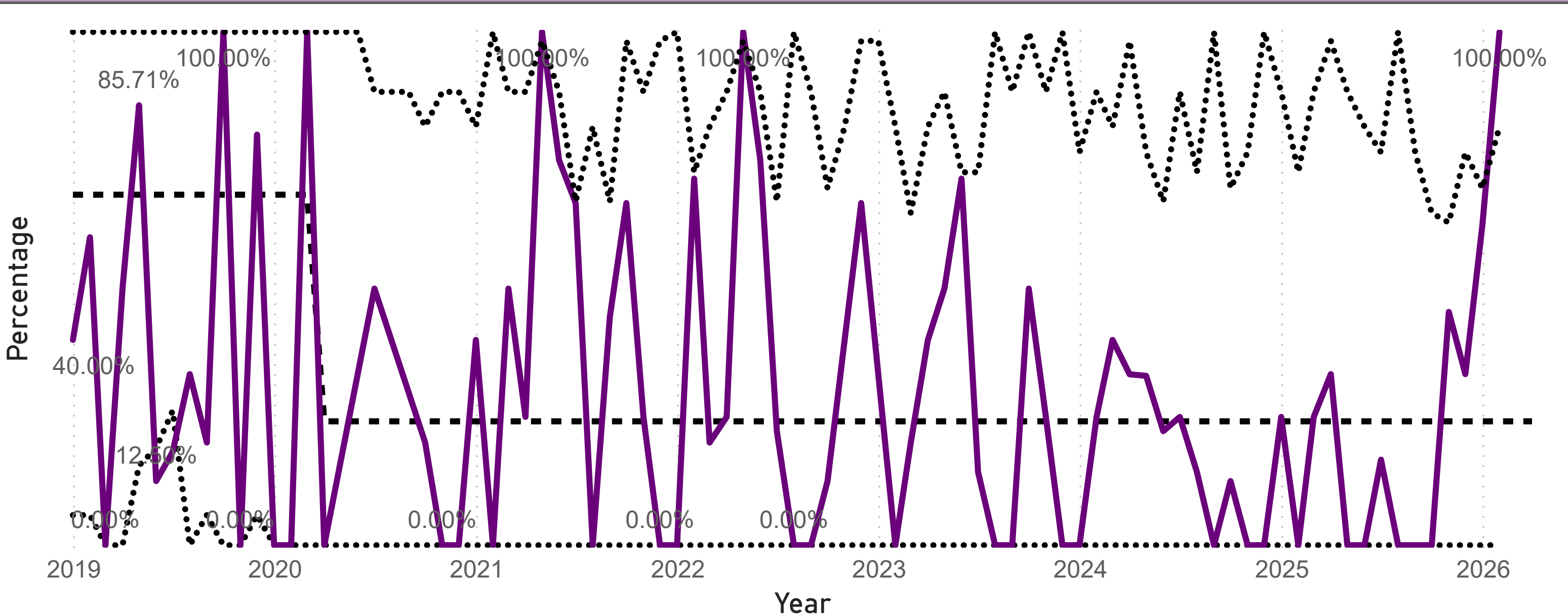
SPC Status

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.

Stage 2 Complaints response rate



National Comparator

No nationally comparable position available

Current Position

Month Issues

Mar-26
In February 2026, 5/5 (100%) responded to within target. Above 75% for first time since May 2022.

Actions

Month Actions

Mar-26
The Complaints Improvement Plan is monitored regularly by the Clinical Governance Risk Management (CGRM) Group. 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

Q4 2025/26

RAG
GREEN

Target
15.3

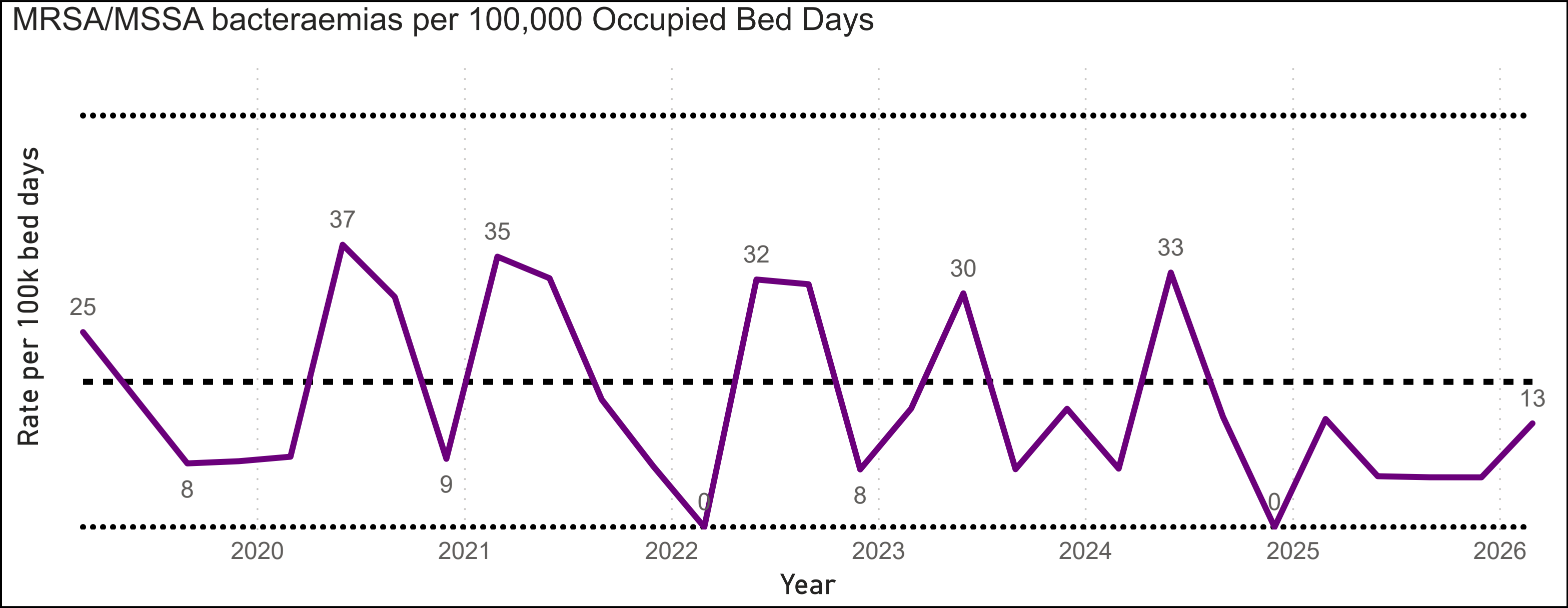
Actual
13.5

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 Q4 2025 was 13.1 per 100,000 TOBD compared to 18.4 for NHS Scotland.

Current Position	
Month	Issues
Mar-26	MRSA is measured Qtrly, there were two identified instances of MRSA/MSSA in Q4 2025/26.

Actions	
Month	Actions
Mar-26	Hand Hygiene compliance monitoring MRSA screening at pre-assessment clinics and admission Compliance with National Cleaning Standards Specifications. Audit of the environment and practices. Participation in National Enhanced SAB surveillance

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

Q4 2025/26

RAG
RED

Target
5.8

Actual
6.7

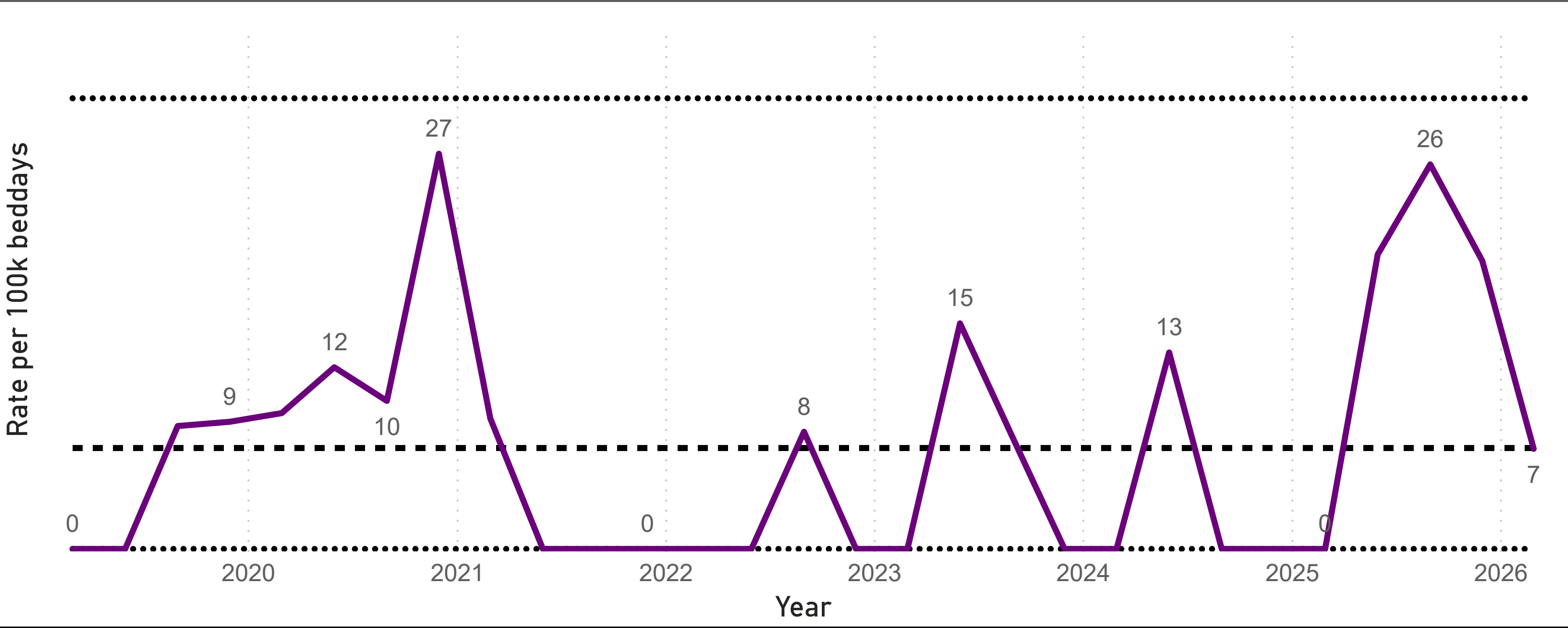
SPC Status

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 Q4 2025 was 19.6 per 100,000 TOBD compared to 14.2 for NHS Scotland.

Current Position

Month Issues
Mar-26 C. Diff is measured quarterly, there was one instance reported in Quarter 4 of 2025/26.

Actions

Month Actions
Mar-26 Ongoing alert organism surveillance and close monitoring of the severity of cases by the PCIT. Unit specific reporting. 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

Mar 26

RAG
RED

Target
5.4%

Actual
6.9%

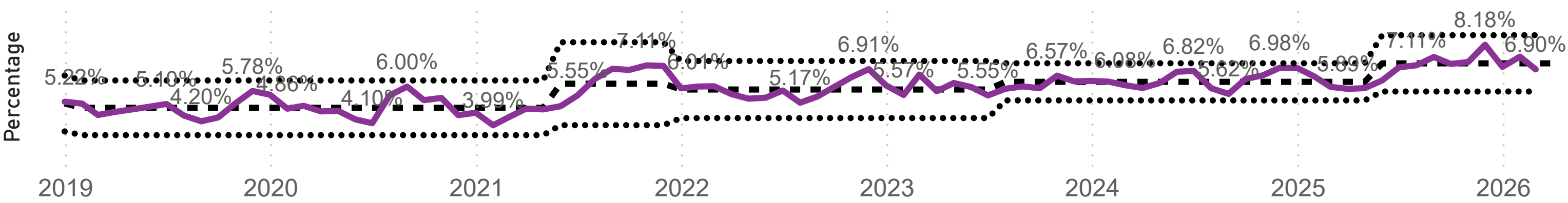
Level of Assurance

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

Local Sickness Absence



National Comparator

The NHS Discovery last reported position for Feb-26 was 6.01%, the NHS Scotland position was 6.03%.

Current Position

Month	Issues
Mar-26	The target for staff sickness absence is 5.4%, but it was last met in August 2022. In March the sickness absence rate for NHS GJ was 6.9%: HLD 6.7%, NES 8.5%, Corporate 5.6%, Hotel 4.4%

Actions

Month	Actions
Mar-26	<div>The HR team are providing absence clinics for managers and staff</div> <div>Absence data issued monthly to Managers, highlighting triggers and Long Term Absence</div> <div>Absence Management training for managers is ongoing</div> <div>Employee Assistance programme available for all staff</div> <div>Time for Thriving</div> <div>Stress Awareness month in April 26, led by H&S and supported by OH and HR</div> <div>Winter Vaccination Programme: Flu and Covid vaccinations to support staff</div> <div>Implementing Early Intervention in May 2026 to support staff and Managers with Occupational Health- Details will follow in May</div> <div>Targeted Departmental training where required</div> <div>Case discussions at monthly catch ups</div> <div>Monthly OH/HR monthly case conferences</div> <div>Monthly drop in sessions for staff and managers</div> <div>Health and Wellbeing campaign to promote organisational support and outline responsibilities</div> <div>Support at various stages of Attendance process (formal and informal)</div> <div>Referrals to OH and other appropriate agencies</div> <div>Regular agreed communication and collaborative approach</div> <div>Quarterly Safe Attendance deep dive across the organisation</div>

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

Feb 26

RAG
RED

Target
4.0%

Actual
6.1%

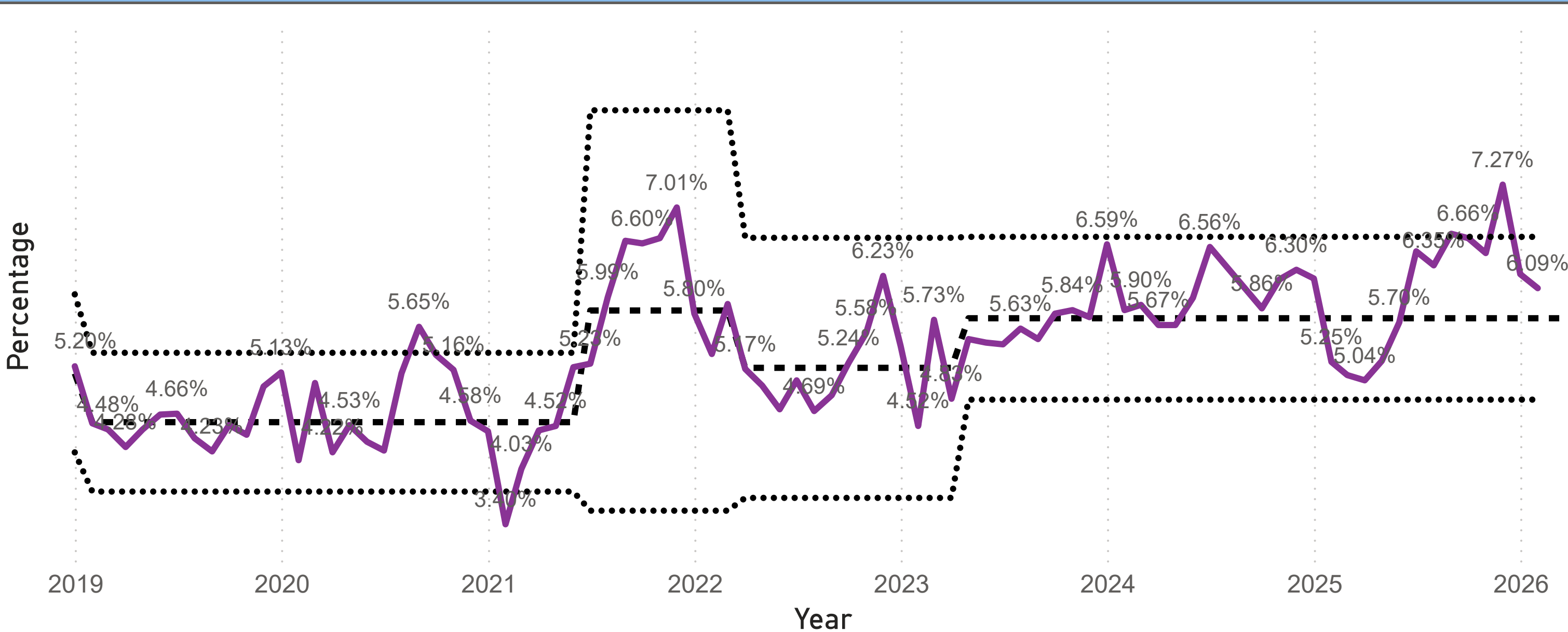
Level of Assurance

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

Eight Consecutive Points Above Centre

National Sickness Absence



National Comparator

The NHS Discovery last reported position for Feb-26 was 6.01%, the NHS Scotland position was 6.03%.

Current Position

Month Issues

Mar-26
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

Mar-26
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 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

Mar 26

RAG
GREEN

Target
11.4%

Actual
8.4%

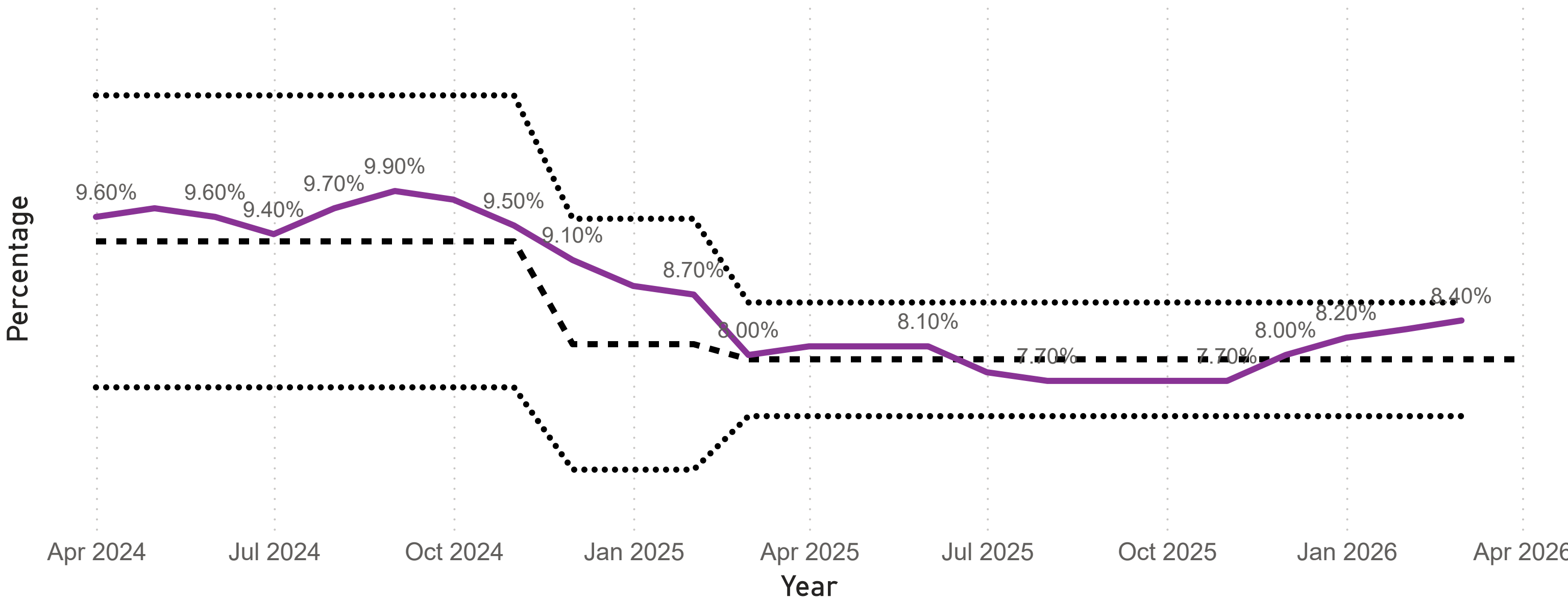
SPC Status

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.

Staff Turnover



National Comparator

No nationally comparable position available

Current Position

Month	Issues
Mar-26	The March turnover rate for NHS GJ was 8.4%: HLD 8.3%, NES 8.8%, Corporate 8.2%, Hotel 7.9%

Actions

Month	Actions
Mar-26	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

Mar 26

RAG
RED

Target
80.0%

Actual
65.4%

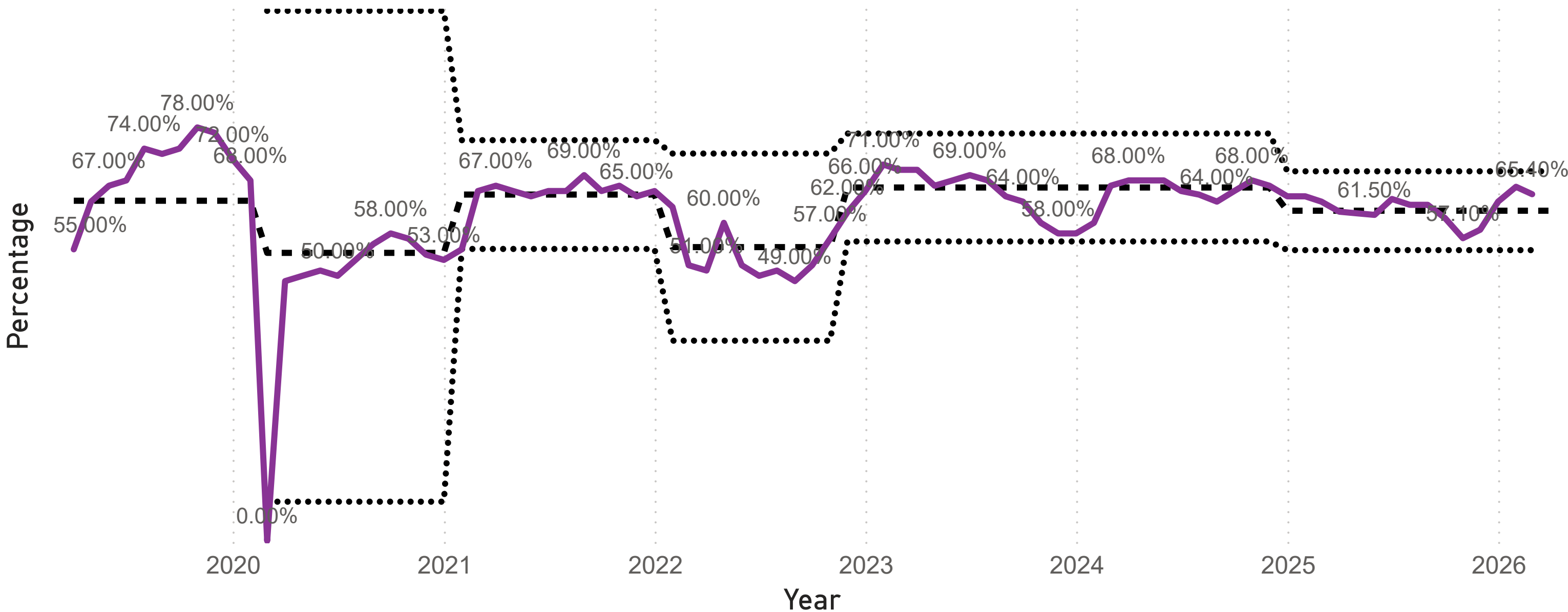
SPC Status

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.

TURAS Appraisal rate



National Comparator

No nationally comparable position available

Current Position

Month Issues

Mar-26 The March TURAS appraisal position was reported at 65%: HLD 65%, NES 74%, Corporate 62%, Hotel 31%

Actions

Month Actions

Mar-26 Improvements to reporting for managers as information contained in the Culture programme
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

Mar 26

RAG
GREEN

Target
80.0%

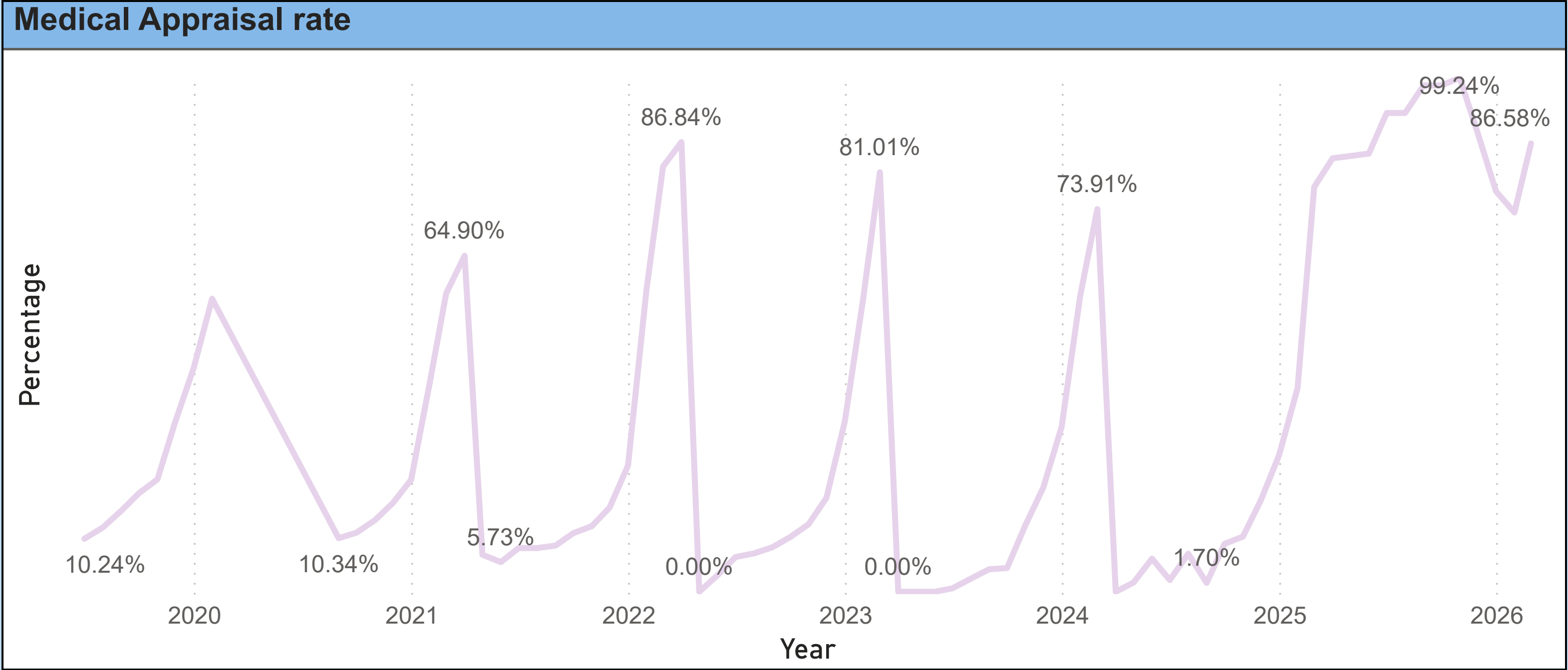
Actual
86.6%

SPC Status

SPC Not Appropriate for this Measure

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

No nationally comparable position available

Current Position	
Month	Issues
▲	
Mar-26	In March 86.6% completion rate (129/149)

Actions	
Month	Actions
▲	
Mar-26	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

Mar 26

RAG
RED

Target
90.0%

Actual
89.7%

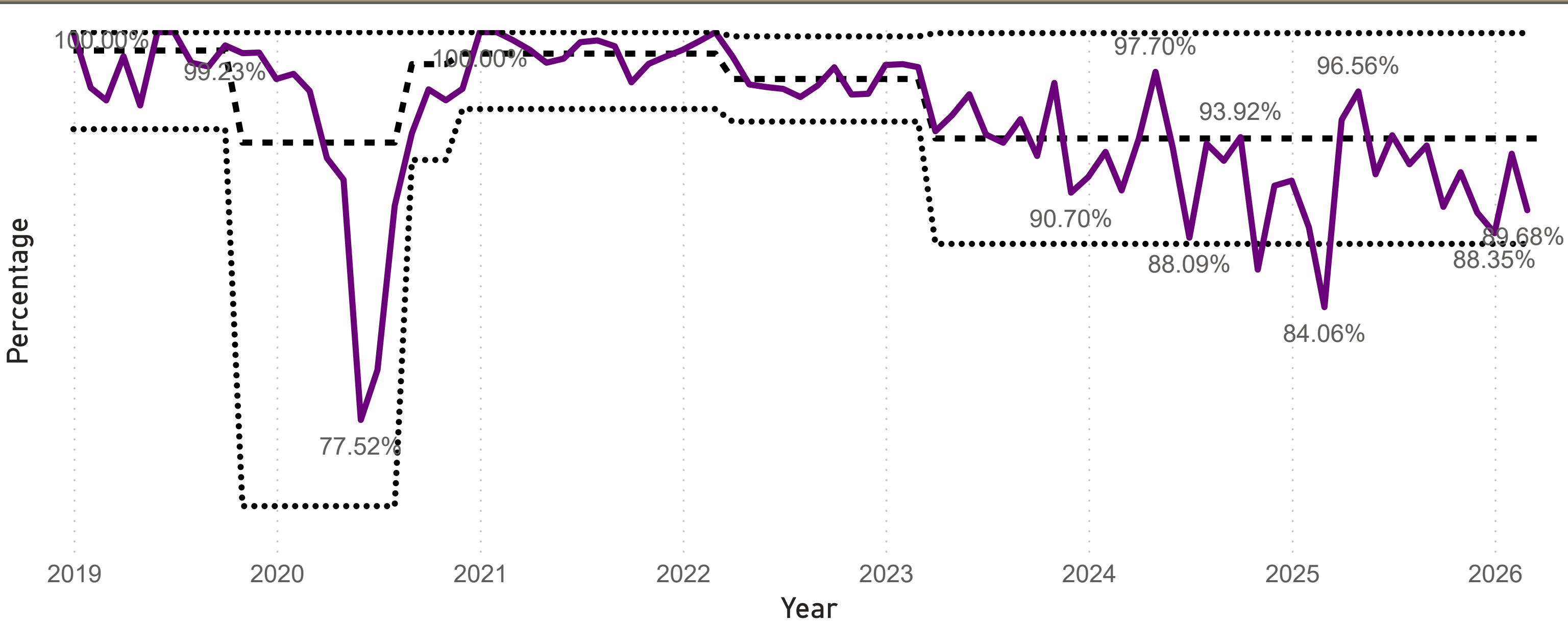
Level of Assurance

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

Eight Consecutive Points Below Centre

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 February 2026 24.0% of completed new outpatient waits were under 12 weeks.

Current Position

Month	Issues
Mar-26	In March 29 out of 252 reportable outpatients were seen after the 12-week target. (89.7%)

Actions

Month	Actions
Mar-26	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

Mar 26

RAG
RED

Target
99.9%

Actual
90.9%

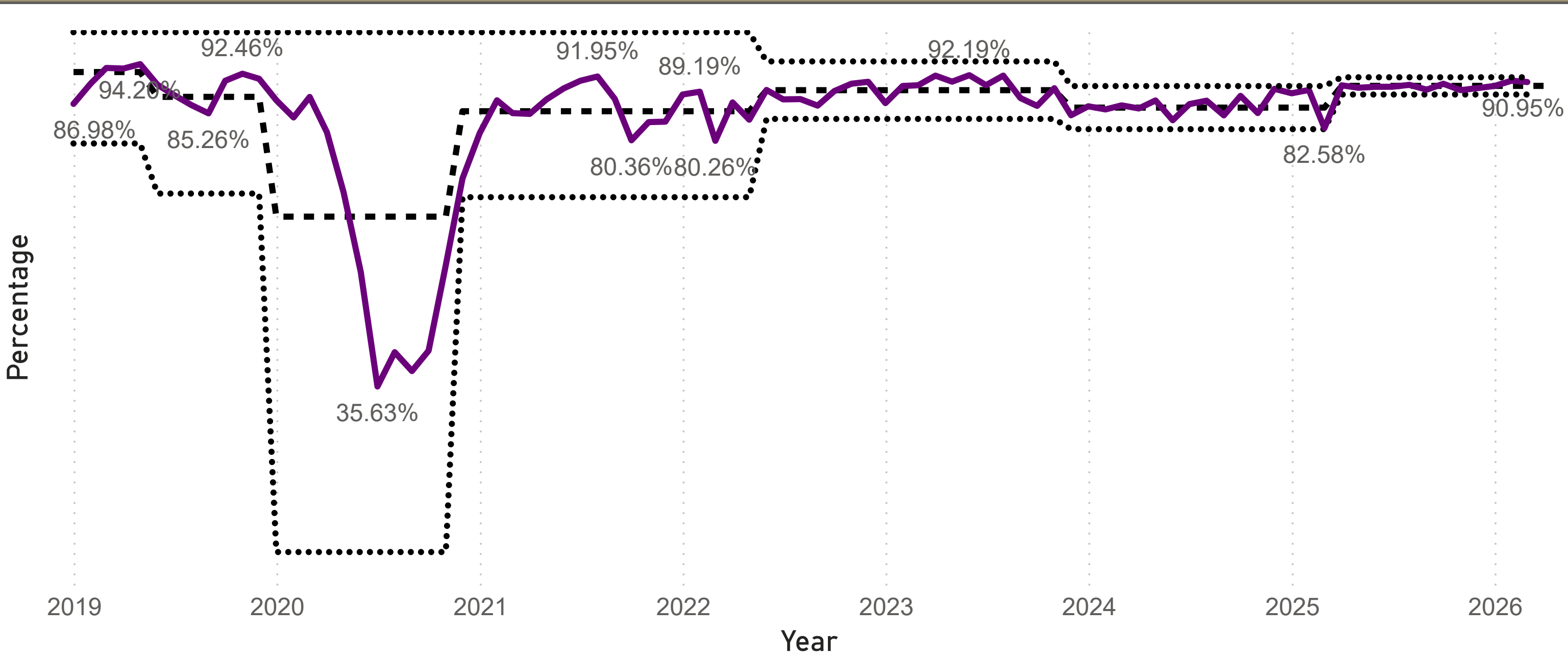
Level of Assurance

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

Within Control Limits

Inpatients seen within 12 weeks



National Comparator

The last reported position for Feb-26 was 87.4%. The NHS Scotland position was 54.8%.

Current Position

Month	Issues
Mar-26	In March, 181 of 1,818 reportable admissions were admitted after the 12-week target. (90.9%)

Actions

Month	Actions
Mar-26	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%

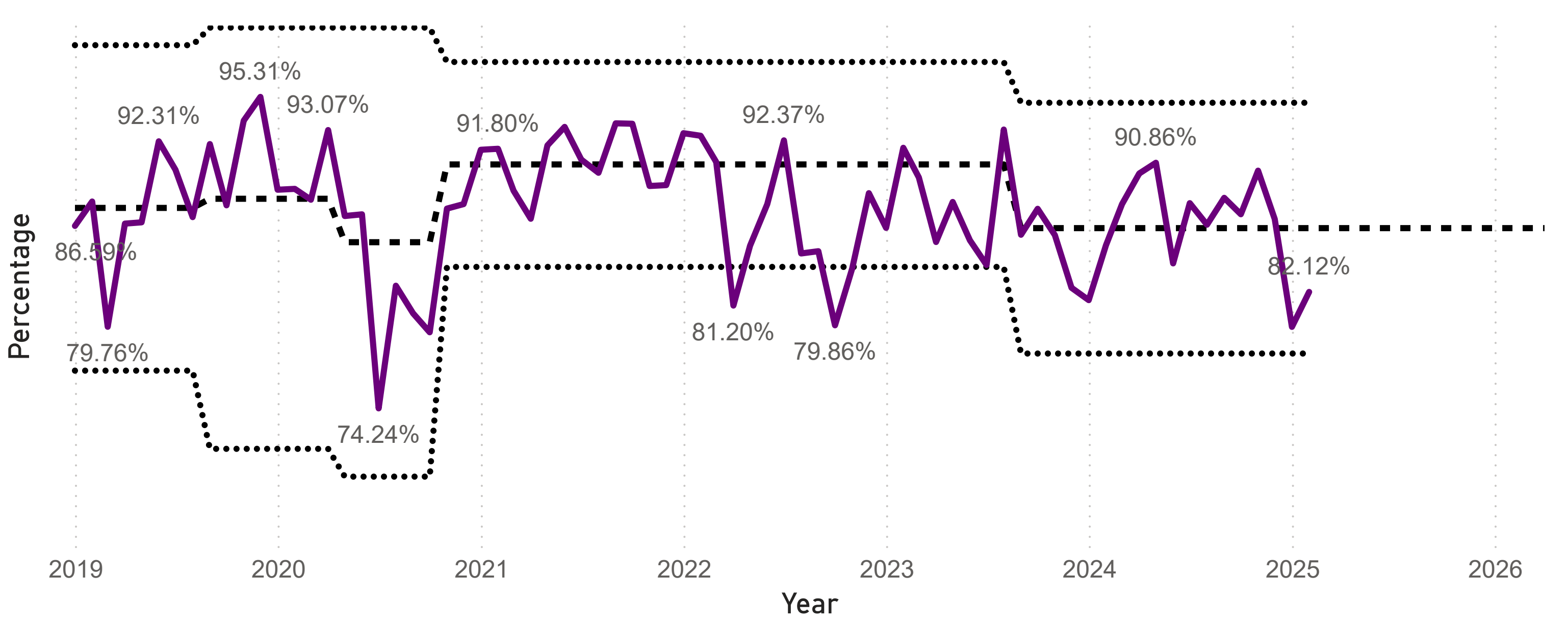
Level of Assurance

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
Mar-26	National reporting of this indicator has ceased. Internal options for reporting or removal under consideration

Actions

Month	Actions
Mar-26	The submission and reporting of the 18-week referral to treatment (RTT) standard has ceased nationally. This indicator will be removed from future monitoring.

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

Mar 26

RAG
AMBER

Target
(Blank)

Actual
72.4%

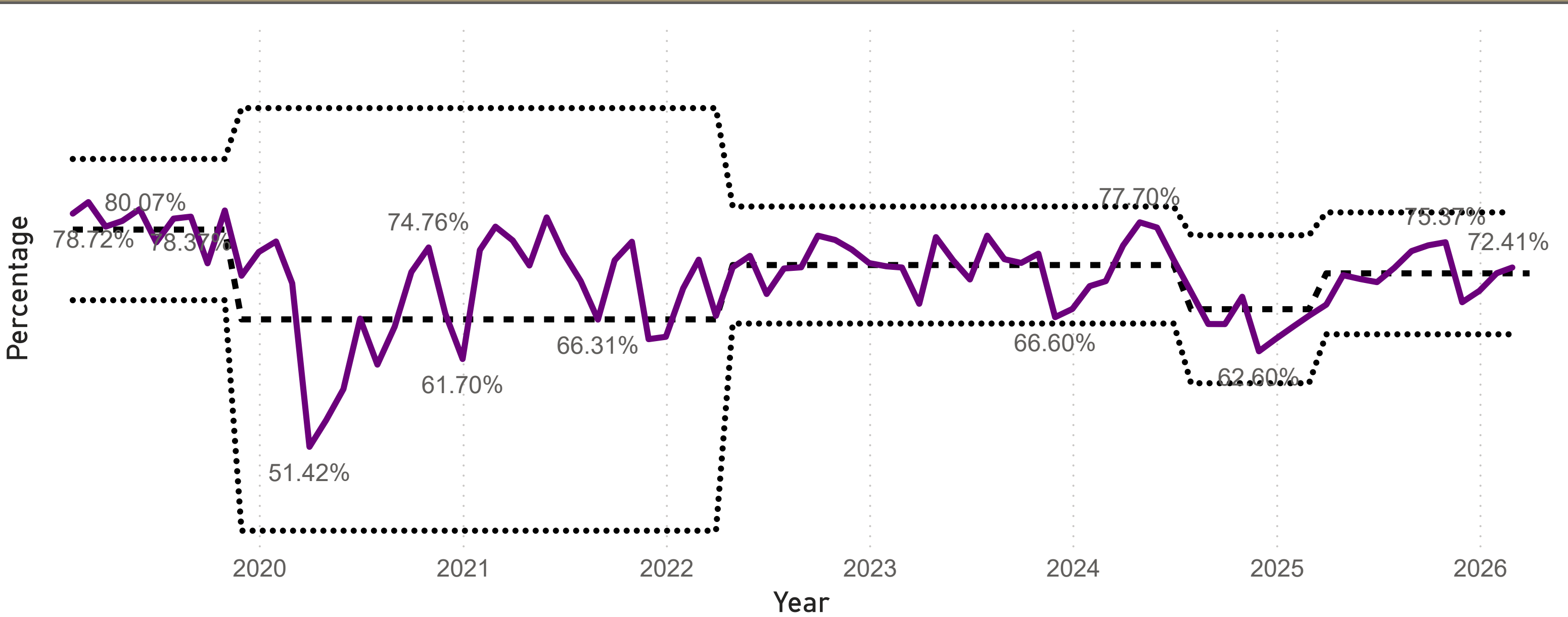
SPC Status

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

▲
Mar-26
March bed occupancy was 72.4%.

Actions

Month Actions

▲
Mar-26
Daily bed occupancy reported in Daily situation report. Demand and capacity modelling, including activity plans and length of stay underway for 26/27.

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

Mar 26

RAG
GREEN

Target
70.0%

Actual
78.3%

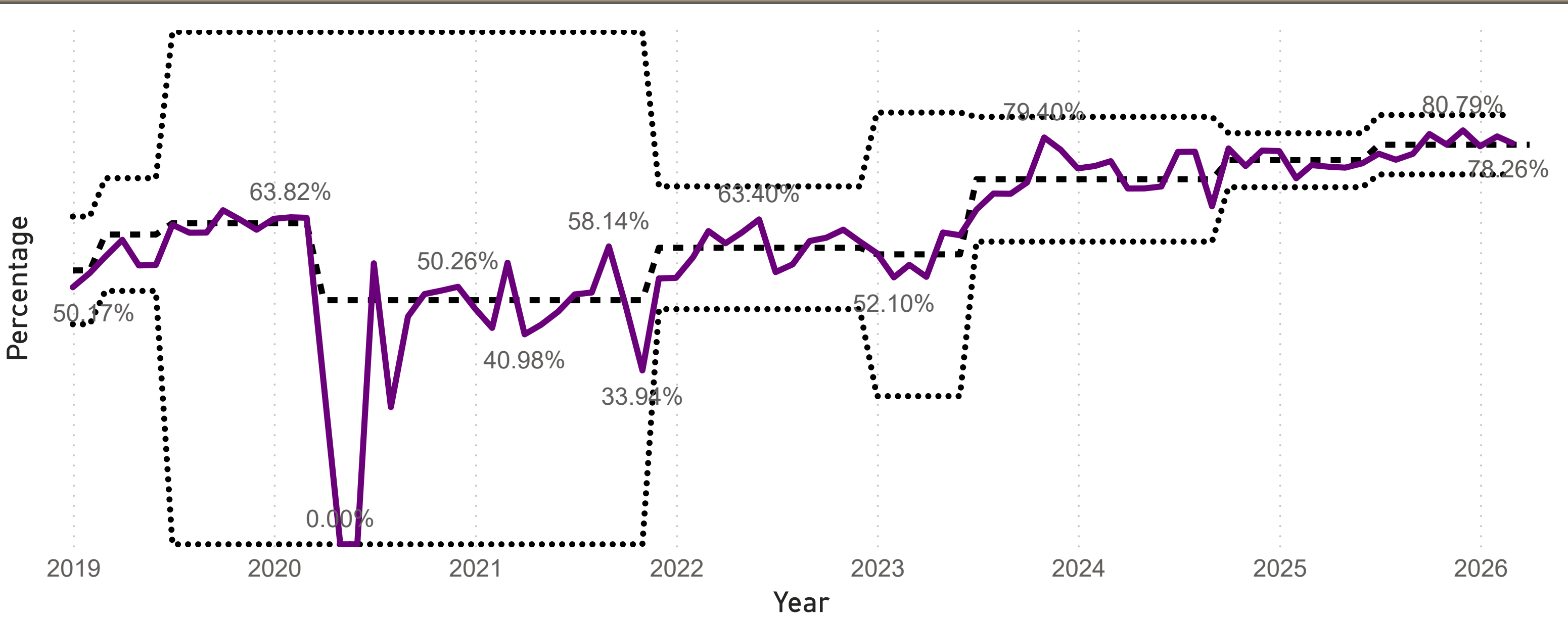
SPC Status

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
Mar-26	In March 324 of the 414 primary joint admissions were admitted on the day of surgery. (78.3%)

Actions

Month	Actions
Mar-26	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

Mar 26

RAG
RED

Target
4.8%

Actual
6.4%

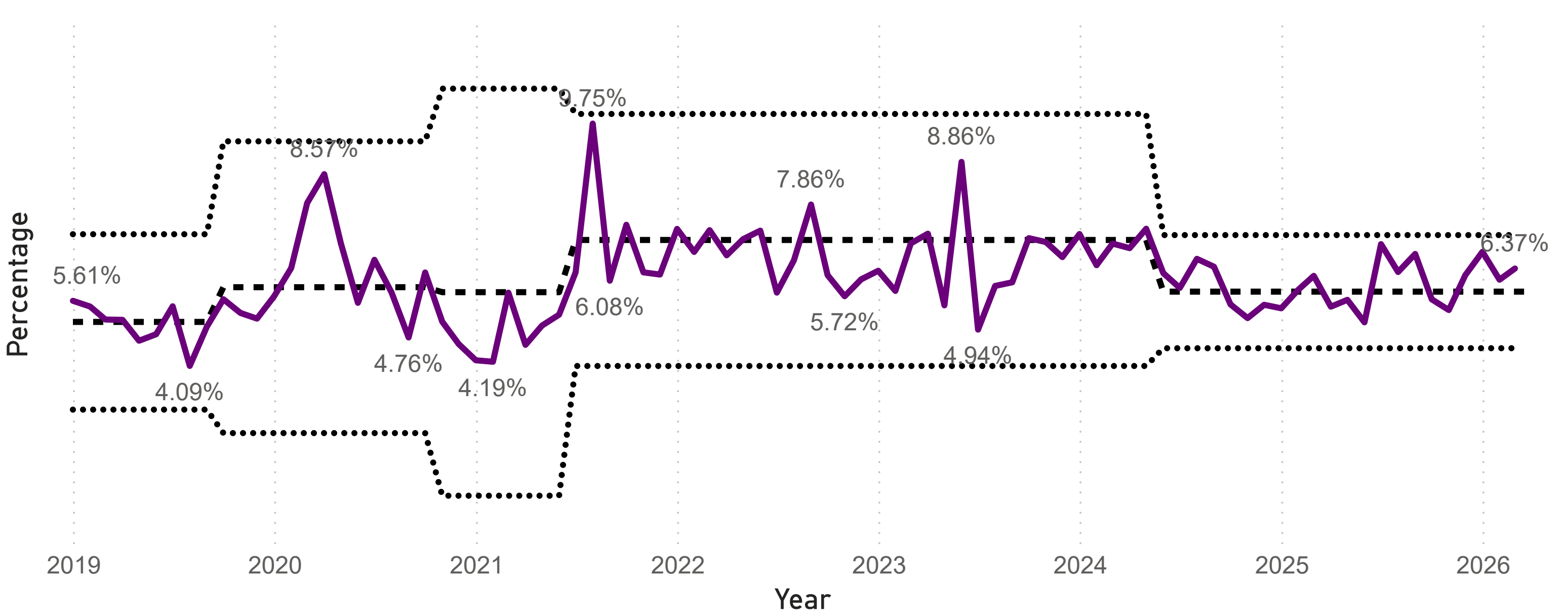
SPC Status

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.

Same day Cancellation Rate



National Comparator

The last nationally reported position for Feb-26 was 5.7%, the NHS Scotland position was 8.9%.

Current Position

Month	Issues
Mar-26	In March, 218 out of 3,423 planned cases were cancelled on the same day. (6.4%)

Actions

Month	Actions
Mar-26	Specialty level monitoring and processes to minimise same day 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

Mar 26

RAG
RED

Target
75.0%

Actual
46.2%

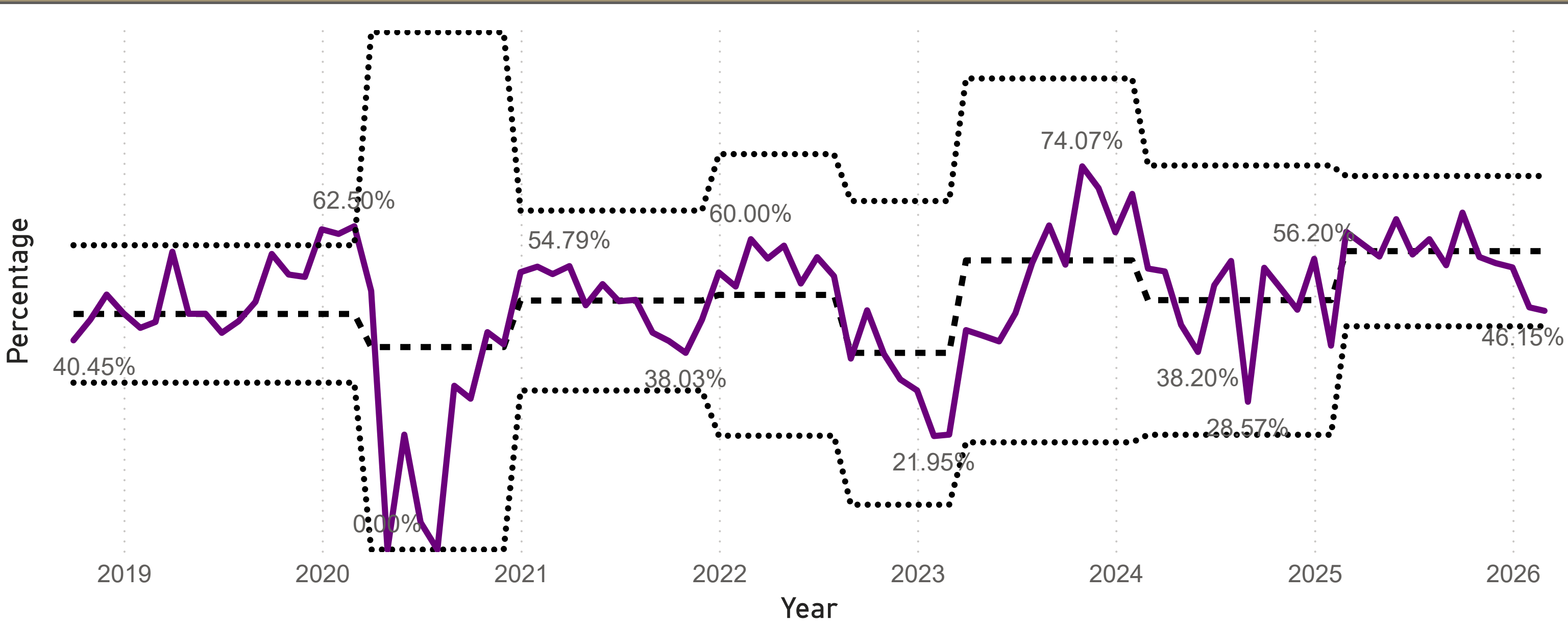
Level of Assurance

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

Two Outer Third Points

4 Joint Session rate



National Comparator

The last nationally reported position for Feb-26 was 46%, the NHS Scotland position was 27%. Nationally NHS GJ 4 joint activity accounted for 36% (60/164) of all 4 joint lists undertaken.

Current Position

Month **Issues**

Mar-26 GJNH remains a national leader in 4 joint lists, however March 2026 performance dipped to 46.2%.

Actions

Month **Actions**

Mar-26 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. Implementation of 6,4,2 scheduling

Ophthalmology Procedures per list

Indicator Construction: (Planned Care)

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

Last reported month

Mar 26

RAG
RED

Target
7.0

Actual
6.9

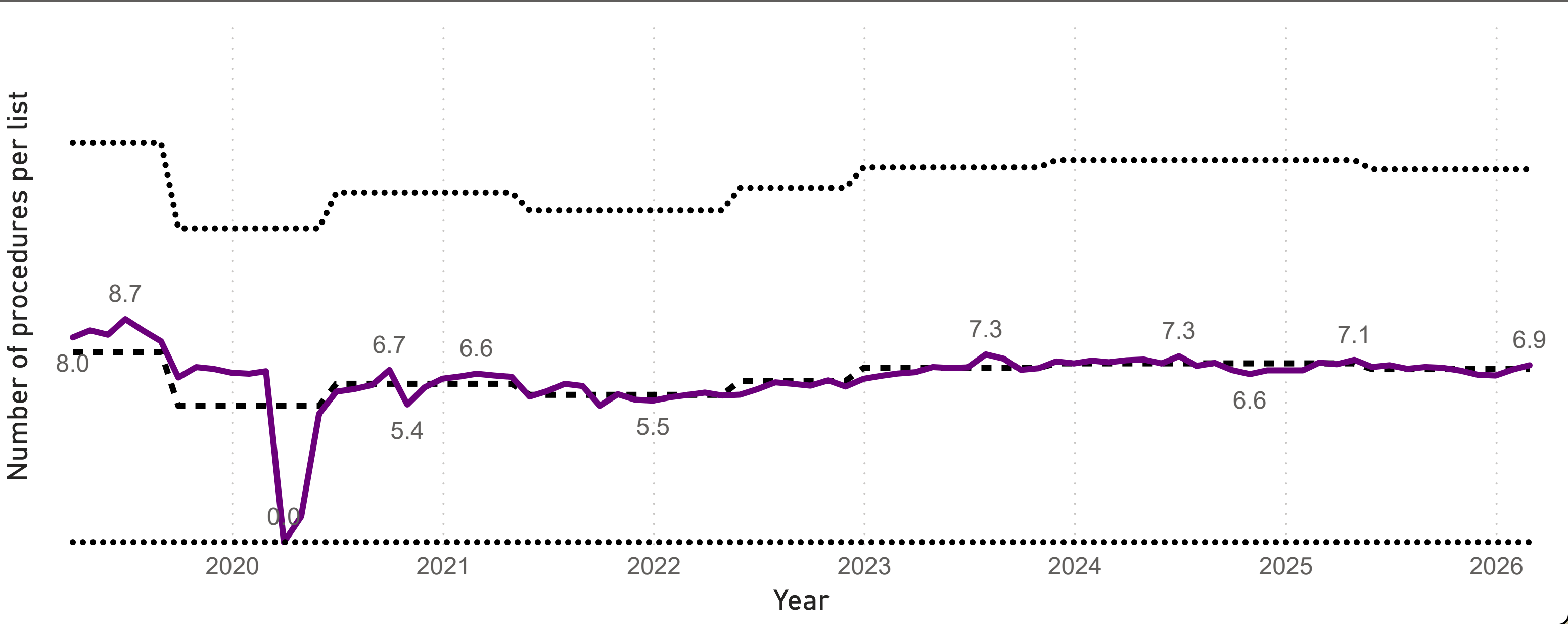
SPC Status

Fifteen Central 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.

Oph Procedures per list



National Comparator

The last nationally reported Cataract Throughput position for Feb-26 was 6.9 per 3.5hr session, the NHS Scotland position was 6.3.

Current Position

Month	Issues
Mar-26	There were 6.9 ophthalmology procedures per list. Minimal variation reported throughout year.

Actions

Month	Actions
Mar-26	Training list have between 5-7 cases per list and contribute to 25% of all lists. This in turn impacts on the cataract equivalent rate. Focus continues to be minimum of 8 cases on all service lists.

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

Mar 26

RAG
RED

Target
10.0%

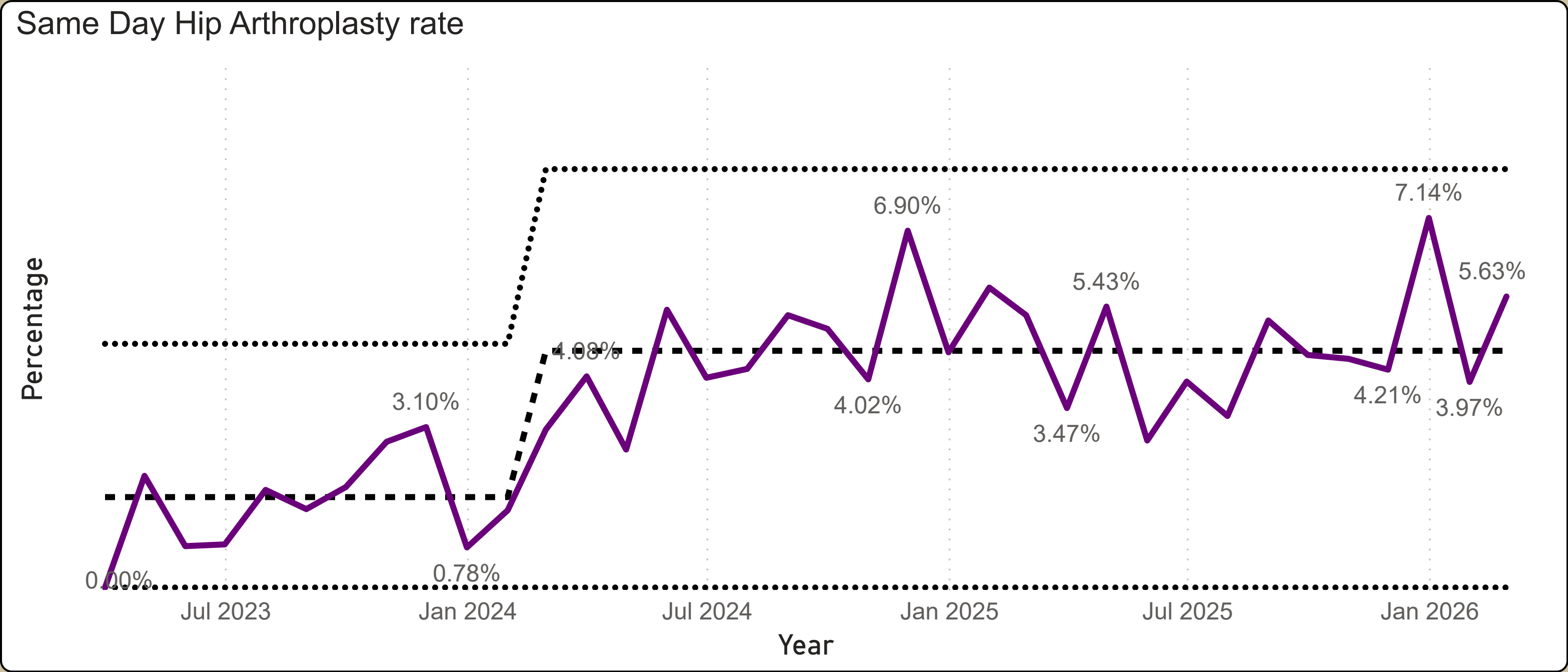
Actual
5.6%

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
Mar-26	Same-day hip replacement was 5.6% in March 2026.

Actions	
Month	Actions
Mar-26	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

Mar 26

RAG
RED

Target
5.0%

Actual
3.2%

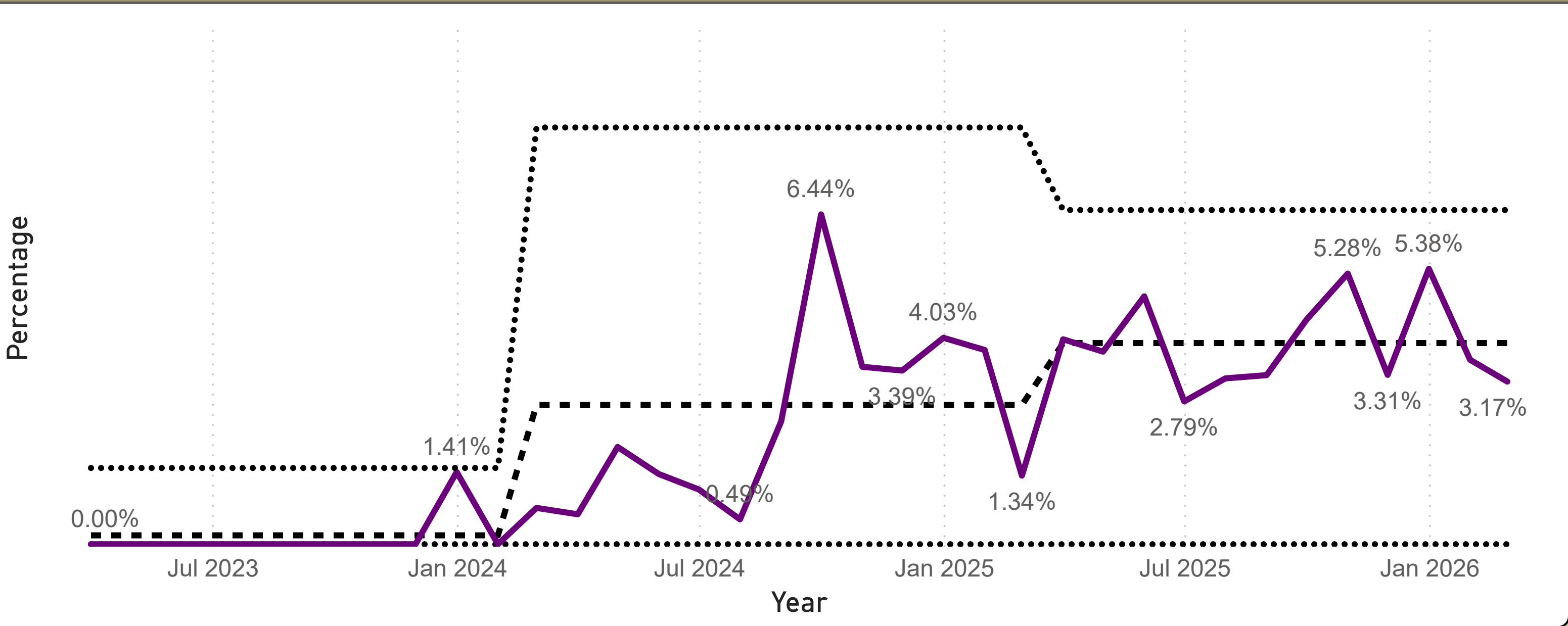
SPC Status

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.

Same Day Knee Arthroplasty rate



National Comparator

No nationally comparable position available

Current Position

Month Issues
▲
Mar-26 3.2% in March 2026.

Actions

Month Actions
▲
Mar-26 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

Mar 26

RAG
GREEN

Target
95.0%

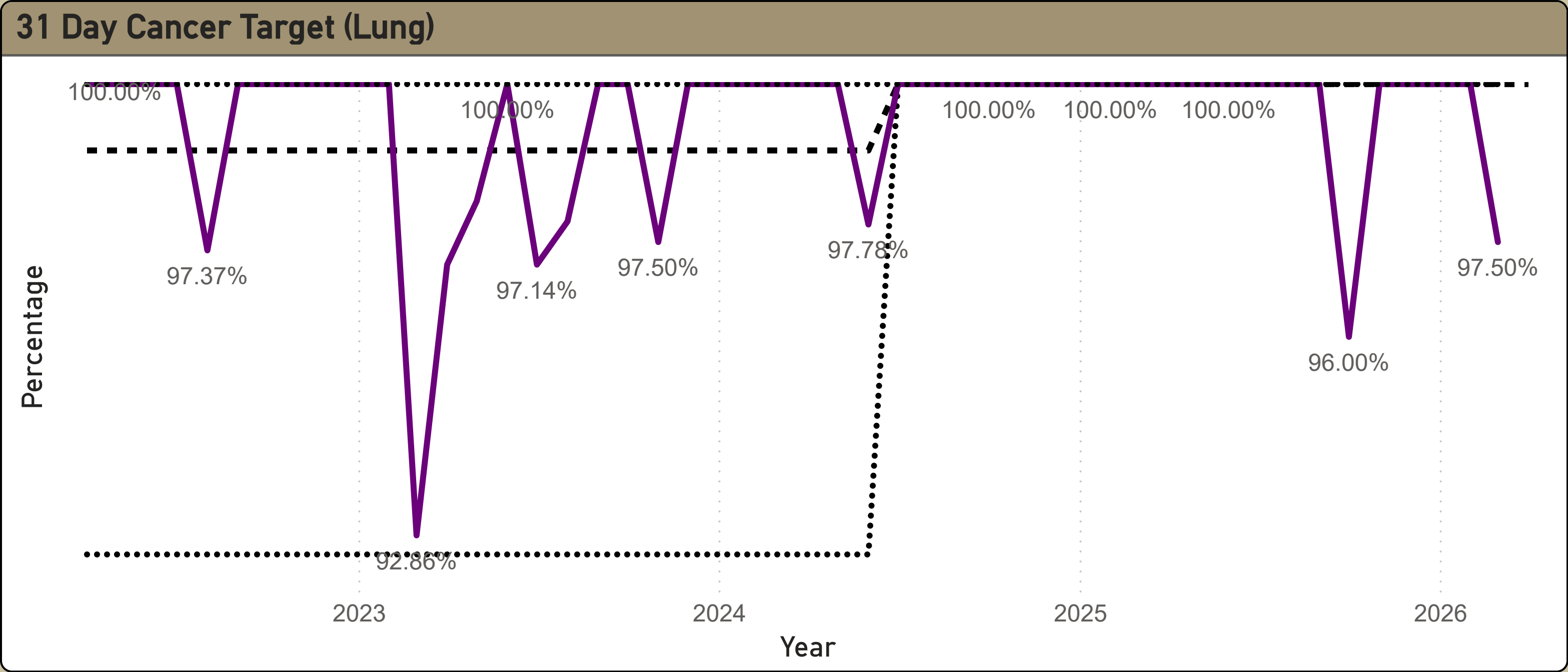
Actual
97.5%

SPC Status

Below Lower Control

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 Mar-26 was 97.5% (39/40), the NHS Scotland position was 98.1%.

Current Position	
Month	Issues
Mar-26	In March, 39 of the 40 lung cancer patients were seen within 31 days. (97.5%)

Actions	
Month	Actions
Mar-26	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

Mar 26

RAG
GREEN

Target
3.8

Actual
3.0

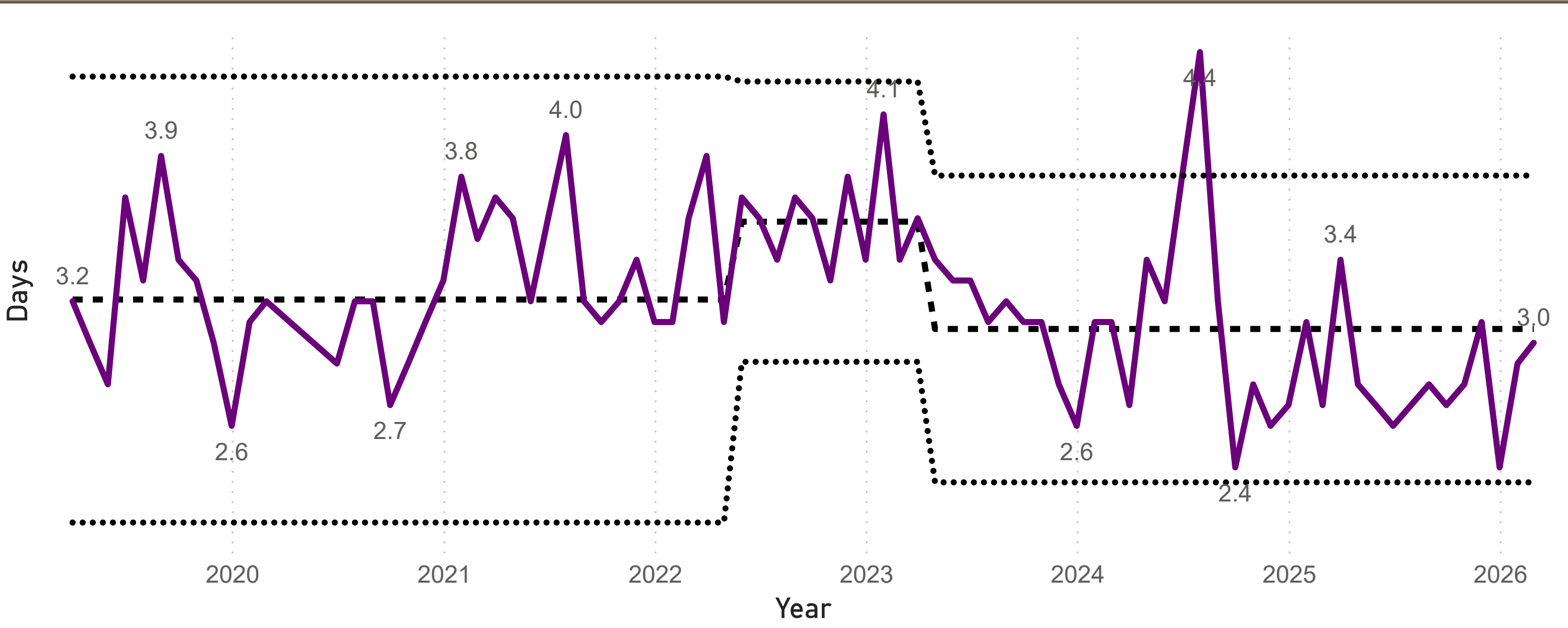
SPC Status

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.

Orthopaedics Average Length of Stay



National Comparator

No nationally comparable position available

Current Position

Month Issues

Mar-26 The average length of stay for orthopaedic admissions in March was 3.0 days.

Actions

Month Actions

Mar-26 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.