

STRATEGIC PLAN 2024-2028 – ASSOCIATED DOCUMENT - METRICS

Metrics used to assess our performance against our goals

In drafting this plan, we had regard to the OECD guidance on assessing the effectiveness of regulatory interventions¹. We concluded that we could use a range of quantitative and qualitative measures in an endeavour to demonstrate the impact of our work. These include reporting on our activities and positing proxy measures for changes in the behaviours and outcomes that the activities are intended to drive. The details are set out in the tables below. Considerably more detail on the measures and target dates for achievement are set out in our business plans, which are published online, and in our action plans. The rolling two-year business plans and annual progress reports are published on the [publications section](#) of our website (filter by “corporate plans”).

The “how measured” column in the tables refers to a number of metrics which are new. As such, we will develop a baseline for each of them in the first two years of this strategic plan’s operation to allow us to measure progress thereafter. All of these metrics may also be subject to change during the period of the strategic plan, as we are committed to learning and improving on our practices during its lifetime.

1) We will engage meaningfully with our stakeholders and the public to promote high standards in public life and adherence to the principles of public life in Scotland, listening to others’ views and working constructively to improve our systems and processes.

Measure	What achieved	How measured
Key messages for stakeholders developed. Each team understands these and communicates them to those they are in contact with.	Our stakeholders are better informed about our work. Our stakeholders understand our contribution to the ethical standards framework. As a consequence, stakeholder confidence in the ethical standards framework is increased.	Communications plan developed, inclusive of key messages. We will run stakeholder surveys at least every two years. The results of the first one will provide a baseline and we will record and publish whether we are doing better or worse in subsequent years.

¹ <https://www.oecd.org/gov/regulatory-policy/measuring-regulatory-performance.htm>

Measure	What achieved	How measured
<p>A stakeholder engagement plan, using the Boston Matrix² approach, is developed.</p>	<p>Our stakeholders are better informed about our work. Our stakeholders understand our contribution to the ethical standards framework. As a consequence, stakeholder confidence in the ethical standards framework is increased.</p>	<p>Plan developed. We will run stakeholder surveys at least every two years. The results of the first one will provide a baseline and we will record and publish whether we are doing better or worse in subsequent years.</p>
<p>A programme of activity with key stakeholders is developed inclusive of training on and promotion of the principles of public life in Scotland for those already in public life and those considering it.</p>	<p>Our stakeholders are better informed about our work. Our stakeholders understand our contribution to the ethical standards framework and the importance of the framework itself. As a consequence, stakeholder confidence in the ethical standards framework is increased.</p>	<p>Plan developed. We will run stakeholder surveys at least every two years. The results of the first one will provide a baseline and we will record and publish whether we are doing better or worse in subsequent years.</p>
<p>We have provided increased opportunities for stakeholders to provide feedback to us through on-line surveys, including anonymous stakeholder surveys, focus groups etc. and reported publicly on the results.</p>	<p>Our stakeholders are better informed about our work. Our stakeholders understand our contribution to the ethical standards framework. Our stakeholders are able to shape the way in which we work, leading to greater engagement and satisfaction levels. As a consequence, stakeholder confidence in the ethical standards framework is increased.</p>	<p>We will develop and roll out our stakeholder survey. We will schedule focus group engagements as part of our business planning. We will run stakeholder surveys at least every two years. The results of the first one will provide a baseline and we will record and publish whether we are doing better or worse in subsequent years.</p>

² Boston Matrix is a tool to help identify and categorise stakeholders in a clear and consistent manner.

Measure	What achieved	How measured
<p>We are communicating effectively with all stakeholders, using plain English wherever possible. Our materials are translated into a range of formats such as BSL, Easy Read and video.</p>	<p>Our service is more accessible and understandable to more people, leading to greater engagement and satisfaction levels. As a consequence, stakeholder confidence in the ethical standards framework is increased.</p>	<p>We will ask for feedback on our communications and record and publish the results. We will publish materials in alternative formats and centrally record which materials are available in these. We will report on how accessible our website is following audits. The first audit will provide a baseline in order to gauge improvements in subsequent years.</p>
<p>We can demonstrate that we are as accessible as possible to complaint users and others, regularly reviewing our approach and making reasonable adjustments wherever required.</p>	<p>Our service is more accessible and understandable to more people, leading to greater engagement and satisfaction levels. As a consequence, stakeholder confidence in the ethical standards framework is increased.</p>	<p>We will report on how accessible our website is following audits. The first audit will provide a baseline in order to measure improvements in subsequent years. We will maintain a central record of any requests for reasonable adjustments received, alongside our responses. We will measure how many are responded to positively.</p>

Measure	What achieved	How measured
<p>We can demonstrate that we have listened to and taken account of the feedback received from stakeholders using the methods above, and reported transparently on actions taken to improve our systems and processes and, where not taken, why not.</p>	<p>Our stakeholders are better informed about our work. Our stakeholders understand our contribution to the ethical standards framework. Our stakeholders are able to shape the way in which we work, leading to greater engagement and satisfaction levels. As a consequence, stakeholder confidence in the ethical standards framework is increased.</p>	<p>We will run stakeholder surveys at least every two years. The results of the first one will provide a baseline and we will record and publish whether we are doing better or worse in subsequent years.</p>

- 2) We will ensure that we have sufficient staff and resources in place to deliver on all of our objectives, building resilience and flexibility across roles and remits. We will also work with other Parliamentary Officeholders with a view to driving efficiency through shared services. We value people and recognise that unless we have staff who are valued and supported to maintain their wellbeing, feel happy in and proud of our work and the way in which we do it, we will have failed.

Activity	Outcome	How measured
Robust workforce plan is in place and independently accredited	Demonstrable that sufficient staff in place and organisation sufficiently resilient to fulfil all functions.	Internal audit of workforce planning demonstrates sufficient staff and resilience.
Standard Operating Procedure ³ (SOP) is in place covering all key processes within each team	Corporate memory embedded improving resilience and efficiency, regardless of unanticipated staff turnover.	Internal audit of governance and processes demonstrates sufficient resilience and efficiency.
An appropriate Scheme of Delegation ⁴ (SoD) is in place within each team	Decisions are devolved to the most appropriate roles, improving overall efficiency.	Internal audit of SoD decision making demonstrates that it is operating effectively.
Opportunities for cross functional working across the different sections of the office are identified.	Improve resilience and staff satisfaction and personal development.	Senior Management Team assesses how well this is working based on reports on performance reviews. Staff wellbeing surveys demonstrate increased satisfaction.
Sufficiency of current staffing arrangements independently reviewed.	Provides internal and external assurance that workforce planning has been effective.	Internal audit of workforce planning demonstrates sufficient staff and resilience.
Budget submissions to the SPCB are evidence based and related directly to planned activity.	Ensure appropriate resources are in place to continue to meet demands.	SPCB authorises budget bids without seeking amendments.

³ An SoP (Standard Operating Procedure) is a set of written instructions that describes the step-by-step process that must be taken to properly perform a routine activity.

⁴ A SoD (Scheme of Delegation) is a reference document intended to set out where responsibilities and accountabilities lie within a structure.

Activity	Outcome	How measured
We are engaging regularly with other Officeholders to explore options for pooling and sharing expertise and resources.	Options for pooling and sharing expertise and resources are identified and agreed.	Reductions in individual officeholder budgets are achieved and quantified due to progress against the shared services agenda.
Ensure continuing external wellbeing support is available for staff.	Staff have access to a free, confidential support service, maintaining or improving their mental health and wellbeing.	Staff wellbeing surveys demonstrate increased satisfaction.
Staff wellbeing survey conducted. SMT takes action to address any identified concerns.	The organisation understands if staff have concerns about wellbeing and puts measures in place to address them.	Staff wellbeing surveys demonstrate increased satisfaction. The published results include the measures the office has taken to address concerns identified.
Achieve one or more accreditations to recognise our status as a good employer	External validation of our status as a good employer.	Accreditation(s) in place.
HR processes and systems are more streamlined.	Employee experience of our systems improved.	Positive staff commentary assessed using performance reviews and wellbeing survey.
New mechanisms adopted to improve employee voice and engagement to build on the strong sense of community within ESC	A more engaged workforce leads to greater levels of collaboration and better decision making.	Positive staff commentary assessed using performance reviews and wellbeing survey.

3) We will ensure that our staff are properly trained, supported and developed to fulfil the requirements of their role and their career progression.

Activity	Outcome	How measured
All line managers trained in management and performance reviews. Regular catch ups between managers and staff are diarised.	Appropriate support in place for each staff member to ensure optimal performance.	Positive staff commentary assessed using performance reviews and wellbeing survey.
The office has a formal training log to record all training offered and attended.	All staff are trained to fulfil their role.	Training log shows that staff have a mix of training and personal development that matches what was agreed with them during performance reviews.
Each staff member has a bespoke personal development plan in place.	All staff are trained to fulfil their role.	Training log shows that staff have a mix of training and personal development that matches what was agreed with them during performance reviews.
Areas for individual staff development are identified by way of performance management. The training log is updated to ensure that staff needs are being met.	All staff are trained to fulfil their role.	Training log shows that staff have a mix of training and personal development that matches what was agreed with them during performance reviews.
Audit trails evidence that peer review and quality assurance work is taking place across the office.	Improved staff knowledge and skills relevant to their own roles and their career development.	We have an audit trail that demonstrates that peer review and quality assurance work is taking place and that our investigatory work is improving as a consequence. Performance reviews validate this finding.

Activity	Outcome	How measured
Appropriate sources to provide training identified and recorded. Budget bids are linked directly to staff training and development needs.	Training is appropriate and costed.	We have an audit trail that demonstrates that tendering for training represents value for money and meets staff needs.
The wide range of skills available within the PAA team are recorded. These are reviewed alongside potential provision (and costs) for external provision.	The most cost-effective sources of training are identified and utilised.	We have an audit trail that demonstrates that tendering for training represents value for money and meets staff needs.
Opportunities for professional development in specialised areas (eg paralegal, governance, application of Articles of the ECHR and associated case law, recruitment and selection and equality, diversity and inclusion etc) are identified and added to the training log. Staff access those relevant to their roles.	Staff develop specialist skills and knowledge, improving decision making and advice given.	Training log shows that staff have a mix of training and personal development that matches what was agreed with them during performance reviews. Subsequent performance reviews demonstrate that staff have gained new skills and knowledge.
Staff attend relevant conferences and webinars etc both on-line and in person	Staff develop knowledge, improving decision making and advice given.	Training log shows that staff have attended relevant conferences and webinars etc. that matches what was agreed with them during performance reviews. Subsequent performance reviews demonstrate that staff have gained new skills and knowledge.

Activity	Outcome	How measured
Ensure performance management framework is in place, kept updated and adhered to in supporting and developing staff	All staff are trained to fulfil their role.	Performance management framework is in place. Training log shows that staff have attended relevant conferences and webinars etc. that match what was agreed with them during performance reviews.

4) We will make the best use of up to date and secure digital technology to support our work, enhance our users' experience and safeguard our systems.

Activity	Outcome	How measured
Scalable systems adopted.	ICT systems are demonstrably adaptable to staffing changes and scope of business.	Internal audit of ICT systems validates that they are adaptable to staffing changes and scope of business.
Remote desktop removed. Revised working practices adopted.	Enhanced fully hybrid working experience for all staff, regardless of location.	Remote desktop removed. Positive staff feedback to Corporate Services Team (CST) on improved working experience is recorded.
A user IT reference and support hub established.	Staff are enabled to utilise our systems more effectively. Retention of knowledge to mitigate corporate memory loss due to unexpected circumstances.	Reduced time spent by staff on accessing ICT support from providers (tracked).
New systems designed and developed.	Staff are enabled to utilise our systems more effectively with increased productivity.	Increased productivity through quicker throughput of case work against KPIs (tracked and reported on).
New and more resilient systems with minimum downtime which are data secure/safe designed and developed.	More resilient and secure system in place, safeguarding our systems and data. The ability to recover from disruption with reduced downtime.	Fewer instances of downtime of less duration (tracked).

Activity	Outcome	How measured
Migration to the Cloud completed. All data and some systems currently held on the server transferred to M365/Sharepoint.	More resilient and secure system in place, safeguarding our systems and data.	Migration to the Cloud completed successfully. All data and some systems currently held on the server successfully transferred to M365/Sharepoint.
Cyber Essentials+ accreditation maintained.	More resilient and secure system in place, safeguarding our systems and data.	Accreditation.
Redundant hardware identified, assessed and removed.	All obsolete or insecure technology removed and replaced. Users' experience enhanced.	Redundant hardware removed (recorded). Positive staff feedback to Corporate Services Team (CST) on improved working experience is recorded.
Website updated and upgraded, with 2 factor authentication included.	Users' experience enhanced.	Website users report positively on accessing our service (recorded).
Improvements to our existing Complaints Management System (CMS) made.	CMS better supports the standards team to work more efficiently.	Positive staff feedback to Corporate Services Team (CST) on improved working experience is recorded. Increased productivity through greater throughput of case work against KPIs (tracked and reported on).
Options to replace the CMS, including engaging with potential suppliers, explored. Bespoke specification that meets the future requirement of a complaints management system designed.	Concrete proposals in place for replacement of the current CMS or an upgrade of it identified. Ensures that CMS fit for purpose for the future.	Audit trail demonstrates plans in place for a robust tendering exercise.

Activity	Outcome	How measured
<p>New approaches to improving the retention and deletion of records in place. Audit trail and report from the Keeper of Records demonstrates existing records are managed in accordance with records management policies.</p>	<p>Records management practices are more efficient and compliant with our RMP. Public assurance on our records management practices.</p>	<p>Validation of practices from the Keeper of Records in the form of a positive report.</p>
<p>All staff engaged in and regularly trained on and familiar with guidance on all aspects of cyber security and other digital matters relating to their role.</p>	<p>Staff equipped to use our systems appropriately. Greater assurance on data security provided. Staff confidence of safety in their role.</p>	<p>Internal audit of cyber security reports that measures in place are substantial or strong.</p>
<p>Internal auditors have assessed our systems of control as substantial or strong.</p>	<p>Public assurance on our effective use of our systems. Any recommendations implemented.</p>	<p>Internal audit of ICT systems and security reports that measures in place are substantial or strong.</p>

5) We will operate highly efficient and effective complaints handling processes that deliver consistent, evidence-based responses: ensuring fair and trusted outcomes.

Activity	Outcome	How measured
<p>Backlog of cases that exist within the CMS cleared. KPIs to drive greater efficiency in case disposals measured and results reported on.</p>	<p>Complaints assessed and investigations progressed more quickly. Good quality contemporaneous evidence, including witness statements are gathered and considered, closer to the time of the conduct complained of. Complainers and respondents happier with time taken to assess and investigate complaints.</p>	<p>Analysis of the queue of complaints shows waiting time for initial assessments is two months or less. Data on all stages of complaint handling is analysed and reported on against our published KPIs. Time taken for each stage of assessment reduces year on year.</p>
<p>Systems in place to prevent a backlog arising and systems in place to clear a backlog where one arises.</p>	<p>Complaints assessed and investigations progressed more quickly. Good quality contemporaneous evidence, including witness statements are gathered and considered, closer to the time of the conduct complained of. Complainers and respondents happier with time taken to assess and investigate complaints.</p>	<p>Our investigations manual includes procedures that we will put in place if a backlog arises. These are independently verified as substantial or strong by way of internal audit. Surveys of complainers and respondents confirm that they are happy with the time taken to investigate. Satisfaction levels increase over time (and are publicly reported on).</p>
<p>Audit trail demonstrates that all complaints and cases continue to follow all relevant stages set out in the Investigations Manual and that peer and hot and cold reviews provide assurance about the quality of our investigatory work.</p>	<p>We can publicly demonstrate that our processes deliver consistent evidence-based outcomes.</p>	<p>Internal audit verifies that our systems of control are substantial or strong.</p>

Activity	Outcome	How measured
Investigations Manual is reviewed, revised and updated on a regular basis.	We can demonstrate that we are improving on our practices based on service user feedback. Greater levels of satisfaction with our service from users.	The results of stakeholder surveys and surveys of complainers and respondents show increased satisfaction with the service we provide over time.
Additional outputs to sit alongside the manual developed as required. Creation and maintenance of a KPI tracker to monitor and report on KPIs	Public and other stakeholders able to see and to hold us to account for our performance.	KPI tracker in place. Performance against KPIs is published at least annually in our annual reports.
Our performance is monitored and reported on through use of KPIs with a view to either meeting or exceeding stretch targets. Stretch targets identified, published and updated to become more stretching.	Public and other stakeholders able to see and to hold us to account for our performance.	Performance against KPIs is published at least annually in our annual reports. Prior years' data is included to demonstrate improvements in performance.
Refresher trainer to all staff on the investigations manual provided.	We can demonstrate that we are taking a consistent office-wide approach to our work and that all staff have the appropriate knowledge to carry out their roles as effectively as possible.	Training log shows that staff have been trained on use of the manual. Subsequent performance reviews demonstrate that staff have gained updated skills and knowledge in this area.
New ways of working, which enhance efficiency and effectiveness, are identified and adopted.	We can demonstrate our commitment to continuing improvement.	The investigations manual is updated quarterly with revised processes and practices included to improve our efficiency and effectiveness. We maintain an audit trail to demonstrate what changes we have made and why. Internal audit confirms that our controls are substantial or strong.

Activity	Outcome	How measured
Investigations procedures and KPIs from equivalent external bodies are benchmarked against our own and externally validated.	We can demonstrate that we are meeting our own KPIs and that we are working, as a minimum, as efficiently and effectively as equivalent organisations. We can commit to improving where we aren't.	We have benchmarked ourselves in respect of complaint handling times against similar complaints handlers in other parts of the UK. Our complaint handling times are comparable or better and improve in comparison over time. We publish the results. We report on the results of internal audits
Research to identify trends in public appointments and complaint volumes is conducted and findings reported publicly. The results of that same research are used for strategic and business planning purposes.	We are better able to understand and demonstrate what drives changes in demand. We are better able to plan for troughs and peaks in activity.	We have published evidence-based conclusions about what drives trends in public appointments and complaint volumes. We have published what we plan to do or have done as a result of our findings.

6) We will ensure appropriate systems of governance, quality review frameworks and robust external accreditation are in place, providing assurance to the public and stakeholders that our objectives are being met. We will also demonstrate our commitment to acquitting our environmental and social responsibilities.

Activity	Outcome	How measured
<p>A single governance framework document is developed and published. A comprehensive suite of governance policies and procedures will sit below it, all also published, and our practices will be assessed through internal and external audit, the results of which will also be published.</p>	<p>Public assurance that appropriate systems of governance are in place and are being adhered to.</p>	<p>Single governance document developed and published. Suite of governance policies and procedures published. External audit has no further recommendations in respect of our governance. Internal audit reports demonstrate that our governance arrangements are substantial or strong. The results are published.</p>
<p>A robust policy management process developed to ensure that no policy is “stale” and all are reviewed within stated timescales. All revised policies consulted on internally and published.</p>	<p>Public assurance that our policies are up to date, reflect legislative and other relevant changes and are compliant and compatible with our obligations.</p>	<p>Robust policy management process developed to ensure that no policy is “stale” and all are reviewed within stated timescales. All revised policies consulted on internally and published. Audit trail demonstrates that this has been done/is being done on an ongoing basis. External and internal audit validates that this is the case. Internal audit assesses our controls in this area as substantial or strong.</p>

Activity	Outcome	How measured
We have improved our retention and deletion of records. The Keeper has endorsed our practices as compliant.	Public assurance that we are meeting our legal obligations. We have more streamlined and faster processing of information requests.	The Keeper has endorsed our practices as compliant.
We have developed and put in place a quality assurance framework covering hot, cold and peer reviews ⁵ covering all aspects of the office's activities.	Public assurance that appropriate systems of quality control are in place, covering all aspects of our work.	Internal audit assesses our controls in this area as substantial or strong.
We have introduced root cause analysis (RCA) techniques to identify and resolve the underlying cause of a particular issue.	Public assurance that appropriate systems of quality control are in place, covering all aspects of our work. Demonstrable commitment to improvement.	Internal audit assesses our controls in this area as substantial or strong.
We have reported publicly on the outcomes from quality reviews (internal and external).	Public assurance that appropriate systems of quality control are in place, covering all aspects of our work. Demonstrable commitment to improvement.	Internal audit assesses our controls in this area as substantial or strong.
We have implemented "Project Partnership" which ensures a shared understanding of our role and relationship with other stakeholders and have, where possible, a consistent approach.	We can evidence that the approach to our work remains consistent and stands up to external challenge.	We have an audit trail to demonstrate increasing levels of coincidence between our decisions on complaints and those of the SPPA Committee and the Standards Commission for Scotland. We have published the results.

⁵ From a standards team perspective, a hot review would be conducted during the course of a live investigation. A cold review would be conducted on a completed investigation and where the report has been issued. Both types of review would focus on compliance with certain aspects of the investigations manual.

7) We will contribute significantly to the maintenance of an effective ethical standards framework through supportive and constructive engagement with equivalent bodies both here and in other administrations.

Activity	Outcome	How measured
We have engaged with other Commissioners in the UK and other bodies with similar functions for learning and to share good practice.	We can demonstrate that we have collaborated and shared information in the public interest. We can demonstrate how this contributes to an effective ethical standards framework.	We have an audit trail that evidences not just engagement but how this has led to improvements in our respective practices. We have published the results.
We have provided opportunities for staff to stay updated with case and legislative developments in the ethical standards framework	We can demonstrate that we have been keeping abreast of case and legislative developments. We can demonstrate how this contributes to an effective ethical standards framework.	Training log and IO meetings audit trail show that staff have taken up opportunities to stay updated with case and legislative developments. Subsequent performance reviews demonstrate that staff have gained new skills and knowledge.
We have responded to or engaged with consultations and opportunities to input views to revisions/updates to the ethical standards framework, including any outcomes from “Project Partnership”, and related topics both here in Scotland and outwith.	We can demonstrate that we have provided supportive and constructive engagement. We can demonstrate how this contributes to an effective ethical standards framework.	We have a consultations register in place which shows which ones we have responded to and why. We have an audit trail to demonstrate that our input has led to improvements in the ethical standards framework.

Activity	Outcome	How measured
<p>We have gathered, recorded, considered and, where applicable, implemented constructive feedback from our stakeholders to improve how we work.</p>	<p>We can demonstrate that we have acted on constructive feedback. We have increased stakeholder confidence in our work. We can demonstrate how this contributes to an effective ethical standards framework.</p>	<p>The investigations manual is updated quarterly with revised processes and practices included to improve our efficiency and effectiveness. We maintain an audit trail to demonstrate what changes we have made and why, based on stakeholder feedback. Internal audit confirms that our controls are substantial or strong.</p>

8) We will, through supportive and constructive regulation, make a significant contribution to a public appointments system that produces effective and diverse boards that are reflective of the communities that they serve.

Activity	Outcome	How measured
<p>We have supported implementation of the 2022 Code of Practice, through supportive and constructive regulation, encouraging a learning mindset from all who are involved in making appointments, to develop and utilise good practice and innovation.</p>	<p>Greater levels of commitment to and understanding of the provisions set out in the Code leads to greater levels of compliance.</p>	<p>We will survey panel and body chairs on their experience of working in accordance with the new Code. The survey results demonstrate increasing levels of engagement and good practice over time. We will publish the results.</p>
<p>We have reported publicly on the difference that the Code is making to the appointments process, for good or bad, with a view to improving on practices. We will do so by publicising instances of good practice or innovative practice and learning as well as areas for improvement.</p> <p>We have developed and used a range of metrics, both qualitative and quantitative, to measure the impact of the Code's implementation on board diversity and effectiveness.</p>	<p>Greater levels of transparency about the difference that the Code, and our oversight of the appointments process, makes to board diversity and effectiveness.</p> <p>Metrics provide proxy measures for the difference that our work makes to board diversity, inclusion and effectiveness.</p> <p>Increased public understanding of and trust in the regulated appointments system leads to a more diverse range of applicants coming forward.</p>	<p>Good practice case studies published on our website.</p> <p>Areas for learning and development published on our website.</p> <p>Other metrics to be developed and published with progress against them to be reported on.</p>

Activity	Outcome	How measured
<p>We will seek to understand through research the difference that board appointments make to the governance of the public body and the difference that diversity brings.</p>	<p>Greater levels of transparency about the difference that the Code, and our oversight of the appointments process, makes to board diversity and effectiveness.</p> <p>Increased public understanding of and trust in the regulated appointments system.</p>	<p>We will survey panel and body chairs on the difference that new appointments are making. The survey results demonstrate increasing levels of good governance, attributable to new appointments, over time.</p> <p>We will publish the results.</p>
<p>We will seek to monitor and report on compliance with the Code by conducting research and thematic reviews.</p>	<p>Detailed understanding achieved about whether and how certain specific parts of the Code are being complied with.</p> <p>Guidance and recommendations developed to assist in good practice and compliance with any areas of concern.</p>	<p>Research and thematic reviews are published on our website. Recommendations are accepted and implemented</p>

9) We will strive to be recognised leaders in the regulation of a system that is effectively run to achieve the appointment of the most able people to our boards and that is managed in compliance with the highest ethical standards.

Activity	Outcome	How measured
<p>We have consulted extensively on and revised and republished Diversity Delivers (including new recommendations for the achievement of greater board diversity).</p>	<p>A revised, evidence-based strategy has been developed. A wider range of stakeholders has been engaged and been able to shape development of the strategy. Ultimately, the strategy's implementation leads to more diverse, inclusive and effective boards.</p>	<p>Revised strategy published. We have an audit trail that demonstrates that a wider range of stakeholders has been engaged and been able to shape development of the strategy. We have an audit trail that demonstrates that the strategy's recommendations are based on sound evidence. Internal audit demonstrates that our work in this area is substantial or strong. Longer term, there is evidence that boards are increasingly diverse and effective (by reference to the same survey metrics referred to above).</p>

Activity	Outcome	How measured
<p>We have developed our own learning and understanding about great practice in recruitment and selection by reaching out to other organisations and administrations and by conducting our own research.</p>	<p>We can demonstrate that our understanding of great practice in recruitment and selection is based on evidence from other organisations and administrations.</p> <p>We can show that our guidance is based on the latest thinking and how following it leads to better appointments.</p> <p>Ultimately, we can show that implementation of our guidance leads to more diverse, inclusive and effective boards.</p>	<p>We have an audit trail to demonstrate that our own learning and understanding of great practice has been informed by the latest thinking. We have published revised guidance to reflect this.</p> <p>Internal audit demonstrates that our work in this area is substantial or strong.</p> <p>Longer term, there is evidence that boards are increasingly diverse and effective (by reference to the same survey metrics referred to above).</p>
<p>We have shared our findings through the provision of guidance.</p>	<p>We can show that our guidance is based on the latest thinking and how following it leads to better appointments.</p> <p>Ultimately, we can show that implementation of our guidance leads to more diverse, inclusive and effective boards.</p>	<p>We have an audit trail to demonstrate that our own learning and understanding of great practice has been informed by the latest thinking.</p> <p>We have published revised guidance to reflect this.</p> <p>Internal audit demonstrates that our work in this area is substantial or strong.</p> <p>Longer term, there is evidence that boards are increasingly diverse and effective (by reference to the same survey metrics referred to above).</p>

Activity	Outcome	How measured
<p>We can demonstrate that our PAAs have cascaded that guidance to selection panels by keeping them updated on the latest good practice in the making of appointments.</p>	<p>Increased levels of understanding of selection panels and increased satisfaction with PAA contribution.</p>	<p>We will survey panel and body chairs on both on their satisfaction with the contribution of PAAs and on the difference that new appointments are making.</p> <p>The survey results demonstrate increasing levels of good governance, attributable to new appointments, over time.</p> <p>The survey results demonstrate increasing levels of satisfaction with the input of PAAs.</p> <p>We will publish the results.</p>