Assessment of compliance with the Code of Practice for Statistics

Statistics on Avoidable Mortality

(produced by Office for National Statistics)

Assessment Report 339   November 2018

Office for Statistics Regulation

We provide independent regulation of all official statistics produced in the UK. Statistics are an essential public asset. We aim to enhance public confidence in the trustworthiness, quality and value of statistics produced by government.

We do this by setting the standards they must meet in the Code of Practice for Statistics. We ensure that producers of government statistics uphold these standards by conducting assessments against the *Code*. Those which meet the standards are given National Statistics status, indicating that they meet the highest standards of trustworthiness, quality and value. We also report publicly on system-wide issues and on the way statistics are being used, celebrating when the standards are upheld and challenging publicly when they are not.

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Executive Summary

Judgement on National Statistics Status

ES.1 Users value ONS's statistics on Avoidable Mortality, recognise the high standards applied in their production, and consider them to be trustworthy. We have identified three actions for ONS to take to ensure the statistics meet the highest standards of the Code of Practice for Statistics and merit the designation National Statistics. Once ONS demonstrates that these steps have been undertaken OSR will recommend that the Statistics Authority confirm their designation.

Key Findings

Public Value

ES.2 ONS first published Avoidable Mortality statistics as experimental statistics in [May 2012](#) following user demand from a range of organisations. From the outset, the definitions applied and analyses conducted have been shaped by input from users, and this continues today.

ES.3 The statistical team is committed to regularly reviewing the avoidable mortality definition to ensure it keeps up-to-date with advances in treatments and public health interventions.

ES.4 Currently the team liaises with users of these statistics by various means and has now established a new stakeholder interest group to consult with and involve in decisions more regularly and efficiently. This will help ensure the statistics remain relevant to users and further enhance the transparency of decisions taken.

ES.5 The statistical team recognises that some users would prefer the headline statistics to be released sooner and for additional analyses to be released alongside the main bulletin. We support the team's efforts to speed up the production and release of the statistics. Communication of these plans is important and the new stakeholder interest group will help to ensure that users of the statistics are involved in, and more informed about, decisions around release timing.

Quality

ES.6 Based on the detailed published methodology documents and the views of clinical experts, we are confident that sound methods are used to produce these statistics and appropriate steps are taken to arrive at suitable definitions, assure the quality of the underlying data and conduct the analysis.

ES.7 Independent and highly specialised medical and public health advice is provided by an internationally recognised expert in clinical coding who seeks additional input from other experts where necessary. This advice is critical to ensuring that definition decisions are taken appropriately. ONS should ensure that it works with relevant experts to develop a succession plan to ensure that continuity is maintained if a change of advisor occurs.

ES.8 ONS has committed to provide more information to reflect the recent expansion of the statistics to include data from Scotland and Northern Ireland, where there are different approaches to assure the quality of death recording.

Trustworthiness

ES.9 The statisticians demonstrate strong expertise and sound professional judgement. Improvements to the transparency of some processes and decisions have been made in the course of this assessment; we have no further requirements here.

Next Steps

ES.10 To achieve and maintain National Statistics status, ONS should meet the requirements set out in this report. The statistical team responsible for producing avoidable mortality statistics is encouraged to:

    a. develop an action plan to meet the Requirements;

    b. agree the action plan with ONS senior management, and confirm that it is appropriately resourced;

    c. report back to OSR by 1 February 2019 on how it has met the requirements in this report.

ES.11 There is no set format for reporting but ONS should provide written evidence with links to any published or internal documents as support. Once ONS has shown it has fully addressed the findings and requirements described in Tables 1-2 of this report OSR will then recommend that the Statistics Authority designate the ONS Avoidable Mortality statistics as National Statistics.

Chapter 1: Public Value

Introduction

1.1   Value means that the statistics and data are useful, easy to access, remain relevant, and support understanding of important issues.

1.2   Value includes improving existing statistics and creating new ones through discussion and collaboration with stakeholders and users, and being responsible and efficient in the collection, sharing and use of statistical information.

Overall judgement

1.3   Following user feedback, various developments to the statistics have been implemented since their first release in 2012 that have clearly increased their use and value. Implementation of planned further actions to enhance the statistics and improve their timeliness will continue to support users' needs. ONS has good relationships with users and has now put in place a more coordinated approach to user engagement to support ongoing plans to innovate and extend the statistics.

Findings

1.4   ONS first published Avoidable Mortality statistics as experimental statistics in May 2012 following user demand from a range of organisations. From the outset, the definitions applied and analyses conducted have been shaped by input from users, and this continues today.

1.5   Recent enhancements to the statistics introduced in response to user feedback include:

- Statistics on avoidable deaths in children have been included since 2014.

- The statistics for 2016 presented figures for England and Wales at local authority level, and for clinical commissioning groups in England and health boards in Wales, for the first time.

- The 2016 statistics also presented UK-wide figures to provide insight for those interested in country-wide comparative analyses.

- An additional article in July 2018 presented trends in socioeconomic inequalities in avoidable mortality 2001-2016.

1.6   The statistical team has strong and positive links with both users and suppliers of data. There is a commitment to regular consultations to review the avoidable mortality definition (around every three to five years) to ensure that it stays relevant (see more discussion of this in Chapter 2: Quality). The team liaises by various means, including via relevant specialist working groups and through a wider network of users which it has identified over time. These links are used to identify user needs which are reflected in the developments noted above.

1.7   In the course of this assessment, the team has adopted a more coordinated approach to user engagement to support the ongoing need to make decisions about developing the statistics (including the definition of avoidable mortality). The team has established an Avoidable Mortality Stakeholder Interest Group and is planning to hold its first meeting before the end of 2018. This welcome step will help ensure the statistics remain relevant to users and further enhance the transparency of decisions taken. It will be important to

ensure that stakeholders from universities, independent analysts and third sector organisations with an interest in avoidable mortality are also involved in the Interest Group.

1.8   There is innovative work ongoing to link mortality data in England and Wales with 2011 Census data. This will allow analyses using Census characteristics such as ethnicity to add further insight into avoidable mortality patterns (users highlighted this as a current data gap). The potential of such analyses has already been demonstrated in Scotland using record linkage to the 2001 Census[1]. Rates of avoidable mortality were found to be higher in the white Scottish population than in white British, other white, Indian and Chinese groups. The authors described this finding as unexpected and requiring corroboration from further studies.

1.9   Timely release of statistics at intervals that meet user needs helps to ensure that outputs are relevant and useful. The death registration year ends in December and ONS's headline avoidable mortality statistics are released 15-18 months afterwards. In contrast, National Records of Scotland (NRS) publishes avoidable mortality statistics within eight months, as part of its annual deaths statistics in August. The NRS statistics are not as extensive as ONS's, and the accompanying commentary is less detailed. However, now that the ONS release covers all four UK countries, the lengthier wait for the UK-wide data is now more apparent.

1.10   The statistics presenting trends in socioeconomic inequalities in avoidable mortality published in July 2018 were well received by users, though the time-lag between these and the publication of the main UK-wide statistics in April 2018 was noted.

1.11   The statistical team recognises that some users would prefer the headline statistics to be released sooner (this is mentioned in the Quality and Methodology Information document) and for the socioeconomic analyses to be released alongside the main bulletin. The team is working to address this, primarily by devoting more resource to producing the statistics earlier and also by ensuring earlier receipt of the data supplied from other countries: the 2016 bulletin was published in June (following the update to the definition), the 2017 and 2018 bulletins were published in April. The 2019 release is planned for February or March.

1.12   We found no evidence that the timeliness of release has an excessively negative impact on the usefulness of the statistics. However, we support the team's efforts to respond to user feedback by speeding up the production and release of the statistics. Communication of these plans has been limited to date, but the remit of the newly established Stakeholder Interest Group includes frequency and timing of future releases which will help to ensure that stakeholders are involved in, and more informed about, decisions around release timing.

1.13   ONS publishes Avoidable Mortality statistics in formats described as "statistical bulletins" and "ad hoc articles", which appear to be identical in structure and format. However, these are not available in a coherent way from ONS's website. Furthermore, not all of the methodology information related to avoidable mortality is available in the causes of death methodology section of the ONS website. The statistical team is working with ONS publishing colleagues to improve the presentation of outputs and has committed to add relevant links to releases.

1.14   We have provided the statistical team with some feedback and suggestions for minor improvements to the presentation of the statistics, informed by our own judgements and conversations with users of the statistics.

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[1] Katikireddi, S. V et al. Assessment of health care, hospital admissions, and mortality by ethnicity: population-based cohort study of health-system performance in Scotland. Lancet Public Health. April, 2018. http://dx.doi.org/10.1016/S2468-2667(18)30068-9

Table 1 Value – Findings and Requirements

Findings	Examples		Requirement
It is difficult to access all relevant Avoidable Mortality publications on the ONS website.	• Statistics bulletins, articles and methodology information are presented in different sections of the website.	1	Ensure that users can easily locate all relevant Avoidable Mortality information.
	• Outputs published as articles do not appear on the page "All publications related to causes of death".		
	• The Avoidable Mortality definition documents do not appear on the page "Methodology related to causes of death".		

Chapter 2: Quality

Introduction

2.1   Quality means that statistics fit their intended uses, are based on appropriate data and methods, and are not materially misleading.

2.2   Quality requires skilled professional judgement about collecting, preparing, analysing and publishing statistics and data in ways that meet the needs of people who want to use the statistics.

Overall judgement

2.3   We are confident that sound methods are used to produce these statistics and appropriate steps are taken to arrive at suitable definitions, assure the quality of the underlying data and conduct the analysis. Ensuring that continuity of coding decisions can be maintained in the long-term and some minor improvements to documentation and communication are required for National Statistics standards to be met.

Findings

2.4   Ensuring that appropriate definitions of avoidable causes of death are used is fundamental to maintaining the quality of these statistics. Consensus among researchers on what counts as a preventable death has never been reached in the four decades since it was first proposed as a measure of health system performance. Establishing whether certain treatments or interventions could realistically prevent all or most deaths from a cause often requires a degree of subjective judgement.

2.5   The statistical team's handling of this complex process is thorough, transparent and well-regarded by users. ONS has undertaken two definition consultations to date (in 2012 and 2015), with input sought and received from a range of clinical experts and interested organisations. Each decision taken is supported by a clear rationale and, where relevant, evidenced with references to key studies. The most recent change, which was applied to data from 2014 onwards, is documented in a series of reports available from a single location (though note our comments in 1.13 that these documents are not cross-referenced in the main causes of death methodology website section).

2.6   The team has close working relationships with bodies such as Eurostat (the European statistical office) and the OECD, which also has an interest in these definitions. Other countries (for example New Zealand) have drawn on ONS's advice and work to help develop their definitions. The OECD is currently reviewing the definition it uses, and ONS has contributed to this process. ONS will therefore need to consider, in consultation with users, including NRS and the Northern Ireland Statistics and Research Agency (NISRA), whether to adopt the OECD definition and what impact this might have on future updates. Better communication with users about this process, for example providing details of when any future consultations are likely to take place, is required (see recommendation 1 in Chapter 1: Public Value).

2.7   Independent and highly specialised medical and public health advice is provided by an internationally recognised expert in clinical coding who seeks additional input from other experts where necessary. This advice is critical to ensuring that definition decisions are taken appropriately, and enables the team to draw on additional professional expertise to guide judgements on an ongoing basis.

2.8   However, few people in the UK currently have this combination of skills. ONS therefore needs to work with the existing advisor, and other bodies who rely on this kind of expertise

(for example NRS and NISRA), to develop a succession plan to ensure that continuity is maintained. These conversations have now begun.

2.9 Clear and comprehensive supporting materials detail the methods used to produce these statistics and the steps taken to quality assure them:

- The avoidable mortality QMI document is extensive, with suitable details of the strengths and limitations of the data collected in England and Wales.

- The ONS User Guide to Mortality Statistics provides detailed information about the death registration and cause of death coding process.

2.10 Appropriate statistical techniques, as recommended in academic literature[2], are used to measure socioeconomic inequalities, including the slope and relative indices of inequalities.

2.11 Back series have been provided to illustrate the impact of definition changes.

2.12 In the course of the assessment, we identified some users who confused ONS's Avoidable Mortality statistics with the hospital avoidable deaths statistics now published by some NHS Trusts in England. All Trusts are expected to report these data by the end of 2019. The Trusts' data are based on assessments of whether a death in hospital was likely to have been caused by poor patient care. These data attract a lot of coverage and political interest, which is likely to grow once coverage is complete. ONS is now working with NHS England to agree a suitable form of wording to make clear that its data measure different concepts and will provide links in future bulletins to NHS England outputs.

2.13 The QMI was comprehensive when it was last updated (2016) and ONS has now, in the course of this assessment, committed to update its published information about quality to reflect the recent expansion of the statistics to include data from Scotland and Northern Ireland. The main source of potential bias in mortality data arises when cause of death is recorded. The steps taken to improve the quality of death recording are described in the QMI and the ONS user guide to mortality statistics. However, different approaches to assuring the quality of death recording exist in each jurisdiction (i.e. Scotland, Northern Ireland, and England and Wales), and the handling of deaths of non-residents is different in Scotland; details such as these will be incorporated in the update. Statisticians based in NRS and NISRA are also now involved in the quality assurance of the statistics, which will also be documented.

2.14 The practice for pooling data from multiple years due to small numbers of deaths differs between ONS and NISRA. ONS has committed to provide more information about how it handles small numbers of deaths in statistical tables. It is important that users of Northern Ireland data are clear how outputs from each organisation differ.

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[2] See: Regidor, E. 2004. Measures of health inequalities: part 2. Journal of Epidemiology and Community Health. https://jech.bmj.com/content/58/11/900

Table 2: Quality – Findings and Requirements

Findings	Examples		Requirement
The coding decisions underlying these statistics rely on specialised medical and public health expertise. Succession planning is needed to ensure continuity of data quality in the future. ONS has begun this process.	• Advice is currently provided by one person, who draws on others as necessary.	2	Put processes in place for maintaining continuity of expert clinical and public health advice to ensure that there would be no material impact on data quality if a change of advisor were to occur, or if they were temporarily unavailable.
Some additional clarification of methodological points is needed to ensure users fully understand the data and their strengths and weaknesses. ONS has committed to: • work with NHS England to agree suitable wording to explain how the ONS avoidable mortality statistics differ from the hospital avoidable deaths reported by NHS trusts in England; • update the QMI to include details of any differences in death recording practices in Scotland and Northern Ireland; • provide links to the User Guide to Mortality Statistics where the policy for reporting small numbers of deaths is explained.	• Some users were unsure how the ONS avoidable mortality statistics differ from the hospital avoidable deaths reported by NHS Trusts in England. • The QMI does not currently reflect the expansion of the bulletin to include Northern Ireland and Scotland, so the impact on the statistics of differences in death recording practices are not clear. • Other organisations report deaths in Northern Ireland based on multiple years, ONS uses single years. ONS does not publish the rationale for its approach.	3	Fulfil commitments to provide further information about how the definition of avoidable mortality differs from hospital avoidable deaths, update the QMI, and clarify how small numbers of deaths are handled.

Chapter 3: Trustworthiness

Introduction

3.1   Trustworthiness is a product of the people, systems and processes within organisations that enable and support the production of statistics and data.

3.2   Trustworthiness comes from the organisation that produces statistics and data being well led, well managed and open, and the people who work there being impartial and skilled in what they do.

Overall judgement

3.3   The statisticians demonstrate strong expertise and sound professional judgement. Improvements to the transparency of some processes and decisions have been made in the course of this assessment; we have no further requirements here.

Findings

3.4   The statisticians' expertise and sound judgement is evidenced by the approach they take to their ongoing development of the statistics (see 1.5) and their handling of the definition consultations and decision-making process (see 2.5).

3.5   The statisticians have access to advanced epidemiology training and are being supported to move to new open-source programming languages for data management and statistical analysis.

3.6   ONS supports transparency by publishing a wide range of information about critical processes such as the quality assurance of deaths data and updates to the avoidable mortality definition.

3.7   ONS has updated its policy on protecting confidentiality in births and deaths statistics and has published this in a transparent, comprehensive, clearly explained document that sets it within wider legal and policy frameworks. A careful balance is struck between ensuring that the statistics are useful (for example by ensuring aggregations are meaningful) while protecting confidentiality (by supressing small numbers).

3.8   The statistics team works collaboratively with government analysts and policy officials across the UK and public health bodies in England and Wales. This kind of user engagement supports the Code of Practice's value principles and is to be welcomed. In the course of this assessment, ONS has enhanced the trustworthiness of the statistics by adding a statement about the roles that these organisations play in the development of the bulletins, and the fact that final decisions about the bulletins' contents lie with the ONS team.

3.9   Providing prior notification of release dates increases public confidence and helps users to plan work that relies on the statistics. Confirmed release dates for avoidable mortality statistics have been announced four weeks in advance of publication, but an earlier indication of provisional dates was not included in the 12-month release calendar. This was partly because the team is trying to release the statistics earlier each year (see 1.11), in response to user feedback. In the course of this assessment, ONS added dates for the 2019 releases to the calendar.

Annex 1: About the Statistics

The Statistics

A1.1   Avoidable mortality statistics differentiate between deaths caused by conditions that are **amenable** to treatment, that is, where all or most deaths should be avoided through good quality healthcare (for example epilepsy), and causes that should be **preventable** through wider public health policies (for example traffic accidents). Some causes of death can be both amenable and preventable, for example skin cancer, in which case they are only counted once in the overall avoidable mortality measure, but are included in each category when they are reported separately.

A1.2   In 2016, 24% of deaths in the UK were considered avoidable (29% of deaths among men and 19% for women). The leading cause of avoidable mortality was deaths from neoplasms (cancers and non-cancerous growths). Within the UK, Scotland had the highest rates while England had the lowest. There is a clear north-south divide within England; the highest rates were seen in Manchester for both men and women, and the lowest in East Dorset (men) and Chiltern (women). In Wales, rates were highest in former industrial areas such as Merthyr Tydfil (for men and women) and lowest in rural areas (Monmouthshire for men, Powys for women). These regional patterns are closely linked to socioeconomic deprivation. In 2016, men living in the most deprived areas of England were 4.5 times more likely to die from an avoidable cause than men in the least deprived areas; the corresponding figure for women was 3.9.

A1.3   Other statistics relating to mortality are available. ONS publishes figures for England and Wales and, in some outputs, the UK as a whole. The National Records of Scotland (NRS) and the Northern Ireland Statistics and Research Agency (NISRA) produce country-specific statistics. There are provisional weekly and monthly death registrations counts, a more detailed quarterly report including cause of death, and a range of fully quality-assured annual outputs. Some statistics focus on specific causes of death (for example, suicide), population groups (for example children and infants), or deaths that have a public policy interest, such as avoidable mortality, excess winter mortality and those occurring in hospitals.

A1.4   The first ONS avoidable mortality statistics were published in 2012, following a consultation about the definition to be used, and covered adults in England and Wales. The most recent statistics, released in April 2018, were expanded to cover the whole of the UK. Data about avoidable mortality in children were added from 2014 onwards. Ad hoc releases are also published with additional analyses, the most recent (July 2018) covered trends in socioeconomic inequalities in avoidable mortality in adults in England and Wales.

A1.5   In 2017, the National Records of Scotland (NRS) added avoidable mortality to its suite of annual death statistics published in August, using the same definition as ONS. These statistics are published eight months after the end of the corresponding death registration year. ONS publishes more detailed statistics than NRS, but they are much less timely, being published 15-17 months after the end of the registration year. Northern Ireland does not produce separate avoidable mortality statistics.

Data Sources and Methods

A1.6   Avoidable Mortality in England and Wales QMI, produced by ONS, provides comprehensive information about the methodology underlying the statistics and their quality. Key details are provided below.

A1.7   Avoidable mortality began as a concept in the 1970s as a means of assessing the effectiveness of healthcare. Rutstein and others identified a list of conditions that should not

(or should only rarely) result in death, and those where critical increases in the number of deaths from that cause could serve as an indicator of healthcare quality. It was always intended that these lists should be updated over time to reflect advances in medical and public health practice as well as wider societal changes.

A1.8   The causes of death deemed to be avoidable are based on lists developed by Nolte and McKee (2004) and Page, Tobias and Glover (2006). These were subsequently updated and made more relevant for the UK context, with the most recent definition based on a consultation conducted by the team at ONS in 2015 (which has been applied to the data from 2014 onwards).

A1.9   Despite this long period of development and use, there is no consensus among researchers about defining avoidable mortality and each redefinition process involves weighing different evidence and views. Definitions also differ internationally because the timing of updates are not synchronised and because medical and public health practice differ across contexts. The OECD is currently consulting on a definition that would allow comparable avoidable mortality statistics to be reported by its members.

A1.10 In the UK, information on cause of death is collected when a death is registered. The International Classification of Diseases (ICD) 10th revision is used to code this information. The number of deaths where the underlying cause of death is considered to be avoidable, based on the definition described above, is extracted from the Deaths Registrations Database for England and Wales, held by ONS. Data for other UK countries are provided by NRS and the Northern Ireland Statistics and Research Agency.

A1.11 As well as the total numbers of deaths, age-standardised death rates are calculated using the total number of death registrations in a year and mid-year population estimates. This allows meaningful comparisons to be made between geographic areas with different age profiles, and across time. Potential years of life lost (PYLL) are also estimated. This estimate weights deaths caused at younger ages more heavily than those at older ages to give a better measure of the total burden imposed by premature deaths in a population. An age-standardised version of this (SYLL) is also produced.

Uses and Users

A1.12 The statistics are used by a wide range of users, including government analysts and policy makers in all four countries of the UK; NHS analysts; academics; third sector organisations with interests in specific health conditions; and the media. The BBC's Shared Data Unit compiled a special report on poverty and early death, with downloadable data, following the release of the socioeconomic inequalities data in July 2018.

A1.13 One of the main uses of these statistics is to monitor the performance of healthcare and public health policies. The Department of Health and Social Care in England uses potential years of life lost (PYLL) from causes considered amenable to healthcare for adults aged 20 and over, and children and young people (0-19 years), in its NHS Outcomes Framework (latest release 2018). Public Health England uses mortality from preventable causes in those aged under 75 years as an indicator in its Public Health Outcomes Framework.

A1.14 As well as using the statistics, many users access the published data tables or request access to the microdata.

Annex 2: The Assessment Process

A2.1   This Assessment was conducted from March 2018 to October 2018.

A2.2   This report was prepared by the Office for Statistics Regulation and approved by the Regulation Committee on behalf of the Board of the UK Statistics Authority, based on the advice of the Director General for Regulation.

A2.3   The regulatory team – Catherine Bromley and Jo Mulligan – agreed the scope of and timetable for this assessment with representatives from Office for National Statistics (ONS) in March 2018. National Records for Scotland (NRS) also publish statistics on Avoidable Mortality using the same methodology and definitions as ONS. A meeting was also held with representatives from NRS in April 2018. Documentary evidence for the assessment was either extracted from publicly available information or provided by the statistical team at ONS. The regulatory team met with the ONS statisticians to review compliance with the Code of Practice for Statistics, taking account of the evidence provided and other research.

A2.4   Part of the assessment process involves our consideration of the views of users. We approached some known and potential users of the set of statistics, and we invited comments via our website and Twitter. This process is not a statistical survey, but it enables us to gain some insights about the extent to which the statistics meet users' needs and the extent to which users feel that the producers of these statistics engage with them. We are aware that responses from users may not be representative of wider views, and we take account of this in the way that we prepare Assessment reports.

A2.5   The regulatory team received 18 responses from the user and data supplier consultation. The respondents were grouped as follows:

Summary of respondents to the assessment consultation

Users		Data suppliers/Advisors	
Government (UK & devolved)	8	Government (UK & devolved)	1
Local government	1	National Health Service	1
National Health Service	2		
Academic	5		

Key documents

A2.6   Evidence provided by Office for National Statistics included the following material:

- ONS Avoidable Mortality Quality and Methodology Information (Aug 2016)
- ONS User Guide to Mortality Statistics (July 2018)
- ONS Avoidable Mortality Definitions Consultation document (May 2015)
- ONS Avoidable Mortality Definitions Consultation report (Oct 2015)
- ONS Revised Definition of Avoidable Mortality (May 2016)

Contact us

A2.7   For any queries about this assessment, or the work of the Office for Statistics Regulation in general, please email regulation@statistics.gov.uk.

Annex 3: Next Steps

Responding to the assessment report: what the Office for Statistics Regulation and ONS should expect from each other

A3.1 The publication of the Assessment report represents a key milestone in the assessment process, but should not be viewed as the end point. The next phase, to meet the Requirements set out in this report, is critical to delivering the value, quality and trustworthiness to achieve and maintain National Statistics status. The next steps are as follows:

- immediately following the publication of the report, the Office for Statistics Regulation will arrange a meeting with the statistics team to talk through the detail of the Requirements and to ensure a common understanding

- the lead official can follow up with the Assessment Programme Manager about the Director General for Regulation's letter that accompanies this Assessment Report. The letter: draws out the key findings; provides advice about where the statistics team is likely to need senior management support and direction and conveys any findings that have wider implications for the producer body and statistical system

- the lead official is encouraged to:

  i) develop an action plan to meet the Requirements to the timetable set out in paragraph ES.10 of this report

  ii) agree the action plan with their senior management, and confirm that it is appropriately resourced

  iii) share the action plan with the Office for Statistics Regulation, publish it alongside the statistics, and explain to users and suppliers how it will engage with them in delivering the plan

  iv) seek out peers and support services that can help in delivering the plan – for example, the National Statistician's Good Practice Team

  v) agree with the regulatory team, how often, and in what form, the statistics team would like to engage about progress against the action plan – for example, some teams choose to meet with the regulatory team once a month

- the statistics team should provide full formal written evidence to the Office for Statistics Regulation by the deadline of 1 February 2019 as set out in paragraph ES.10 of this report. There is no set format for reporting, except that ONS should demonstrate that it has addressed the findings given in Tables 1 to 3 and provide links to any published or internal documents as support

- the regulatory team will review the evidence within 10 working days and arrange to provide feedback to the statistics team. As part of this process, the regulatory team will talk again to users to establish how their experience of the statistics has changed. When the regulatory team is satisfied that the Requirements have been fully met, their conclusions will be quality assured by Office for Statistics Regulation's senior management and then presented to the Authority's Regulation Committee to confirm designation. The Director General will then write publicly to the lead official to confirm the decision

- in the event that Requirements are not fully met within the agreed timetable, the Authority will implement escalation procedures.

A3.2 Based on experience, the Office for Statistics Regulation strongly encourages statistics teams to:

- engage with the detailed thinking of the Assessment report, and revisit it regularly. The regulation team will be seeking evidence that the statisticians are demonstrating curiosity and are challenging their own thinking around delivering value, quality and trustworthiness. The Requirements in this report should not be viewed as a simple checklist

- view the responsibility for meeting the Requirements as falling to the organisation as a whole, not just the team that produces the statistics.

- engage users early, not just to keep them updated, users can often offer valuable insight and expertise

- contact the regulatory team at any time if there are any questions or concerns

A3.3   Responsibility for complying with the Code of Practice does not end with the award of the National Statistics designation. It is the statistics producers' responsibility to maintain compliance and also to improve the statistics on a continuous basis. The Office for Statistics Regulation encourages statistics producers to discuss promptly with the regulatory team any concerns about whether its statistics are meeting the appropriate standards. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated only when standards are restored.