Taking up Peer Review Recommendations for Future Developments:

From Self-Assessment to Strategic Project Portfolios in the European Statistical System

Eszter Nagy

Hungarian Central Statistical Office (HCSO), Budapest, Hungary

Abstract

The peer review process provides an ideal starting point for the drafting of strategical documents and more detailed development plans for the national statistical institutions (NSIs).

The recent self-assessment questionnaire has been designed in a way that it serves as a basis for the SWOT analysis of all business processes of an NSI, including administrative, functional tasks. This provided the opportunity to identify weaknesses and areas for development early on in the peer review exercise in an already structured way. Furthermore, any projects that were underway could be integrated into the overarching view of the European Statistics Code of Practice (ESCoP) while identifying the connections to the indicators of the ESCoP.

The SAQ-s naturally served as input for the peer teams to derive information about the priorities and goals of the NSI. The actual projects and plans were most often reflected in the recommendations taking into account the focus areas of the current round of the peer reviews. The on-site visit allowed to discuss these directions in more detail and the NSIs had the possibility to indicate issues which could benefit from the support that the official recommendations could provide.

All of the above resulted in recommendations that in many cases aligned with the NSIs own plans for development and strengthened their directions and priorities allowing for better communication within and outside the NSI.

The improvement action plans that need to follow up the recommendations are another useful tool that allows for the structured planning of the details of the directions of the developments. The SMART approach is a way to produce a plan that can be smoothly integrated into the internal working plans both yearly and multi-annual and makes it easy to monitor and assign KPIs and costs to each action.

As the preparation for the peer review needed an NSI-wide coordination and the collaboration of all areas of the offices, the drafting of the improvement actions also involved all departments. This resulted in a top-down approach to the drafting of the action plan, which proved to be effective and also helped the understanding of the purpose of the individual recommendations and their interpretation to the work of the different departments of the office.

1. Introduction

Peer reviews have been established as a mechanism for quality assurance in European statistics[1]. However, over time, they evolved into a communication tool and an opportunity for external stakeholders to see how well a statistical system aligns with agreed standards and to recommend improvements. In addition, the peer review process is also deliberately designed to be future-oriented.

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[1] https://ec.europa.eu/eurostat/web/quality/peer-reviews

Recommendations are expected not only to address weaknesses, but also to encourage further development of national statistical systems (NSSs) and to help national statistical institutes (NSIs), other national authorities (ONAs) and Eurostat communicate development needs to stakeholders and decision makers.

This paper focuses on a practical question: how can an NSI turn the peer review exercise into a structured planning process that leads to implementable projects? The peer review timeline fits naturally into medium-term planning cycles and the self-assessment questionnaire (SAQ) provides an already structured basis for a system-wide SWOT analysis. By treating the SAQ and the peer team's recommendations as planning tools, an NSI can move smoothly from assessment to an institutional strategy, a portfolio of development projects and an improvement action plan (IAP) that is measurable and monitorable.

2. Peer reviews in the ESS and their development function

Peer reviews are an essential component of the ESS quality framework. They assess compliance with the European Statistics Code of Practice (CoP), which sets principles and indicators covering the institutional environment, statistical processes and statistical outputs. In practice, peer reviews combine a self-assessment by the reviewed statistical authority based on a questionnaire, an analysis by a peer review team, including an on-site visit to validate findings and discuss priorities, and a peer review report with recommendations, followed by the preparation of improvement actions.

For the purposes of strategic development, the most relevant output is not the overall compliance conclusion but the set of forward-looking recommendations. Recommendations are often phrased in a way that can serve as a lever for securing resources or support, because they come from an external peer process and may be addressed not only to the NSI but also to bodies with decision-making power (e.g., ministries responsible for legislation, budgets or coordination of official statistics).

3. The SAQ as a structured input for strategic planning

The cornerstone of the peer reviews is the self-assessment questionnaire (SAQ). In recent rounds, the SAQ has been designed to support a structured assessment of legislation, institutional processes and resources. This makes it suitable for repurposing as a planning instrument, beyond its original evaluative intent.

Firstly, it supports an NSI-wide view. Completing the SAQ requires engagement from organisational units responsible for statistical production, methodology, dissemination, IT, human resources, legal affairs and coordination. The process therefore produces an organisation-wide "map" of strengths and weaknesses.

Secondly, the SAQ – due to its new format in the third round of peer reviews – can be treated as a structured SWOT analysis. By requiring evidence and narrative around compliance levels and by prompting the identification of gaps, risks and opportunities, the SAQ helps to articulate development needs early, even before the peer team visit.

Thirdly, the SAQ provides a coherent linking mechanism to the CoP. On-going or planned initiatives can be mapped to CoP principles/indicators, which supports prioritisation. It also helps the peer team understand the NSI's existing priorities and plans; in practice, many recommendations build on or reinforce those directions.

4. From recommendations to implementable change

Turning peer review recommendations into implementable changes is not automatic. Recommendations can be numerous, interdependent and addressed to different actors. The following workflow represents steps which facilitate that the follow-up is coherent and integrates with existing planning and governance.

4.1. Pre-visit: use SAQ completion to outline candidate projects

During SAQ completion, an NSI can already move beyond describing the current state by drafting "project outlines" as future plans. These outlines may target non-compliance or weaknesses; strategic opportunities (e.g., process modernisation, new data sources); actions to take on present and future challenges.

Drafting outlines early has two benefits: it accelerates translation of recommendations into actions later, and it allows the NSI to discuss feasibility and support needs with the peer team during the visit.

This pre-visit exercise was specifically encouraged by the mandatory presentation of strategic plans of the NSIs during the peer review visit, which required a targeted preparation and provided a structured overview for the peer team to understand the NSIs priorities in order to eventually reflect them in the recommendations.

4.2. Post-visit: consolidate recommendations into a coherent action architecture

After receiving recommendations, the first step should be to consider them as a system rather than as isolated items. This aspect was supported by the methodology of the third round of the peer review[2], which introduced grouping of the recommendations into thematic clusters[3].

The formulation if the Improvement Action Plan (IAP) required additionally to identify dependencies among the recommendations (one recommendation may require another as a precondition) and using the SMART approach.

4.3. Drafting the IAP

The IAP had to translate each recommendation into one or more actions that are Specific, Measurable, Attainable, Relevant and Time-bound (SMART).[4]

Applying SMART systematically supports clear responsibility assignment, definition of deliverables and milestones, addition of key performance indicators (KPIs), and cost/resource estimation.

All of these elements are essential to consider when drafting any implementation of an institutional strategy to ensure that the strategic plans are delivering the intended results.

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[2] https://ec.europa.eu/eurostat/documents/64157/4372828/1_Methodology+for+peer+reviews.pdf

[3]
https://ec.europa.eu/eurostat/documents/64157/4372828/11_Guides+Annex+VI+Formulation+of+issues+and+recommendations.pdf

[4]
https://ec.europa.eu/eurostat/documents/64157/4372828/9_Guides+Annex+IV+Procedure+for+defining+improvement+actions.pdf/b11ffdcf-8a0b-6478-23e7-c61ec5b7aaf8?t=1642503930229

4.4. Integrate actions into strategy and project portfolio management

The peer review IAP should not be an isolated document within an NSI. In order to integrate it within the operation of the institution, the NSIs should align the clustered actions with existing institutional goals and plans.

In addition, individual improvement actions are more manageable when grouped into projects. Projects can then be linked to strategic areas in the institutional strategy, incorporated into a development project register, and handled via project governance structures (ownership, steering, reporting). Importantly, peer-review actions should be explicitly tagged so that their implementation can be tracked and reported both internally and externally (including peer review follow-up monitoring).

4.5. Establishing monitoring and reporting routines

Regular monitoring closes the loop between peer review and strategic planning. Reporting should provide management information on status and risks, support timely corrective action, and produce outputs that can be reused for peer review follow-up reporting.

5. Country example: integrating improvement actions into strategy and project governance in Hungary

The Hungarian experience provides a concrete illustration of how peer review follow-up can be embedded into institutional planning and project management.

5.1. Institutional strategy as a backbone for development

The Hungarian Central Statistical Office (HCSO) has an institutional strategy[5] that defines strategic areas including a quality perspective, partnership, usefulness and usability, efficiency, innovation, methodology and technology, organisational culture and competency development. The existence of such a strategic framework enables improvement actions to be anchored in medium-term priorities rather than treated as ad-hoc responses.

5.2. From recommendations to actions and projects

Improvement actions were drafted through an NSI-wide process. Actions were coordinated by the organisational owner(s) of the relevant CoP principle, which helped ensure consistent interpretation across departments. Actions were then grouped into actual projects and assigned to the relevant strategic area, and integrated into an internal catalogue/register of development projects.

5.3. Monitoring system and management information

To support systematic execution and transparency, project management and monitoring are carried out in a dedicated development monitoring system. Key features include:

• a SharePoint-based internal platform to register projects, actions, deliverables and status;

• a management dashboard (Power BI) for aggregated reporting and oversight;

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[5] https://www.ksh.hu/docs/bemutatkozas/eng/strategy2030.pdf

• explicit differentiation and tagging of peer review improvement actions versus other development initiatives;

• regular updates of status and deliverables by responsible teams;

• a personalised entry page for staff showing their own projects;

• export capability to support peer review follow-up reporting tools.

This combination allows the organisation to handle peer-review actions within a unified development governance approach while preserving the ability to report peer review progress separately.

It also allows to quickly export the necessary information needed for the ESS-wide follow-up monitoring.

6. Conclusions

Peer reviews in the ESS are a powerful mechanism not only for assessing compliance with the CoP but also for shaping future development. By leveraging the SWOT-oriented structure of the SAQ, aligning recommendations with strategic priorities, translating them into SMART improvement actions, and embedding them into project portfolio management and monitoring routines, NSIs can increase the likelihood that peer review findings lead to sustained organisational and system-level change.

The Hungarian example demonstrates that integrating improvement actions into an institutional strategy and managing them through a development monitoring system enables both effective internal execution and efficient external reporting. The approach is transferable: it relies on clear governance, coherent action architecture and disciplined monitoring rather than on country-specific circumstances.