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Oifig an Phríomhoifigigh Cliniciúil
National Quality and Patient Safety
Office of the Chief Clinical Officer

NIMS

Data Quality Statement

Version 1.0

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1. **Purpose: A data quality statement** is a statement prepared to accompany each published output from the national data collection that highlights the dimensions of data quality, including strengths and weaknesses of the data in each output. This data quality statement applies generally to the incident data extracted from the National Incident Management System (NIMS). The content of each data output will vary depending on the data and information being published.

The reference to this data quality statement with published outputs provides general explanatory information about the data and information contained in the output as extracted from NIMS. The rationale for including a data quality statement is to facilitate data users to interpret the data and information in light of potential anomalies of the data source and to help them make informed judgments about its fitness for use.¹

It is recommended that whenever HSE or HSE-funded services publish data that this is done with reference to this data quality Statement which is published on the QPS Incident Management website page.

This data quality statement provides a national view of the data and its well-known benefits and limitations which can be further edited depending on the data being provided.

2. Overview of the data collection and its remit

Data is inputted on the NIMS system by HSE and HSE-funded staff. The system collects near-miss and incident data. They can relate to patient/service user incidents, staff incidents, visitor incidents, motor incidents, property incidents and dangerous occurrences.

3. Data source description, for example, coverage, time frame, classifications and standards used.

Incident and near-miss reporting is a requirement of the HSE as set out in the HSE Incident Management Framework. They should be reported as soon as a service or staff member becomes aware of the incident (within 24 hours).

Incident reporting requirements, categorisation and review requirements are described in the HSE Incident Management Framework.

4. Summary of key issues identified with data, for example, any limitations identified

Incident data is a valuable tool for learning and improvement. It supports analysis and decision-making, encourages a shift from siloed thinking to a system-based approach, and helps identify meaningful trends. However, it is not an outcome measurement tool. Its purpose is not to capture every patient outcome, but rather to focus on safety by documenting incidents that resulted in actual or potential harm. The emphasis is on reporting, transparency, and creating opportunities for learning.

Recognised limitations of NIMS and incident data generally include:

1. Incident reporting

Incident reporting—and therefore the total number of reported incidents and near misses—is shaped by many factors, including organisational culture, the functionality of the system, recognition of the value of reporting, time pressures, fear, fatigue, and the influence of

¹ Information management standards for national health and social care data collections, HIQA 2024

incentives, to name a few². For instance, when a service shows high levels of reporting but low levels of harm, this typically reflects a strong reporting culture rather than poor safety performance. By contrast, concern may be warranted where a service reports very few or no incidents—especially if the limited reports that do exist involve harmful events. It is HSE policy for all HSE and HSE-funded that all near miss events and incidents are to be reported.

2. Technical system limitations

Several technical factors influence reported incident numbers. For example, the system does not currently allow a single incident affecting multiple people to be recorded once. Instead, the same event must be entered multiple times, which results in inflated counts. This limitation stems from the fact that NIMS was originally developed as a claims management system and later adapted for incident management across the public sector. In addition, if no service user or staff member is directly involved, the incident must be logged as a “dangerous occurrence,” since the system requires a named individual for each record. Duplicate reporting can also occur when different staff, teams, or organisations submit entries for the same event. At present, there is no robust technical mechanism to link these reports. The HSE and State Claims Agency continue to work with end-users and the platform vendor Riskconnect, to address these challenges and improve the system.

3. Reporting practice

In some areas, services have adopted reporting practices that meet the needs of the local service but may not be aligned nationally. Therefore, interpretation of data across sites may vary. National tools, resources and quality improvement work is underway to address such issues and support staff.

4. Data validation

Data validation is variable across the system and a number of tools have been developed to support staff with this. They are available on the HSE NIMS webpage.

5. Dimensions of data quality description

Dimension	Explanation	NIMS Incident Data considerations
Relevance	Relevant data meets the current and potential future needs of users.	A resource outlining the most frequent used fields is available to staff to allow for optimal use (NIMS picklist). Mandatory fields set up to ensure essential information is captured. Text free fields allow for capturing all relevant data but difficult to retrieve specifics in reports compared to structured fields.
Accuracy and reliability	The accuracy of data refers to how closely the data correctly describes what it was designed to measure.	Structured fields for most frequent type of incidents allow for reliable reporting. Predefined options of current

² Howell A, Burns E, Hull L, Mayer EK, Sevdalis N, Darzi A. International guidelines for national patient safety incident reporting systems: An expert Delphi review process. Unpublished findings. 2016

	Reliability refers to whether that data consistently measures, over time, the reality that it was designed to represent.	fields may not always allow for accurate (and exact) reporting. Technical changes include re mapping records whenever possible to maintain reliability.
Timeliness and punctuality	Timely data is collected within a reasonable agreed time period after the activity that it measures. Punctuality refers to whether data are delivered or reported on the dates promised, advertised or announced.	The current target of logging all incidents in NIMS in no more than 30days is set to ensure timeliness. For over 80% of the records this standard is achieved, ensuring a good level of punctuality (target set to 70%). The progression of the electronic point of entry (ePOE) project is improving punctuality even further as it allows for real-time reporting.
Coherence and comparability	Coherent and comparable data is consistent over time and across providers and can be easily combined with other sources.	All Healthcare services are presented with the same options in NIMS and all technical changes are considered via a system-wide approach. Insufficient guidance can result in services using the same options in different ways lowering the coherence and comparability therefore new tools and resources are consistently developed.
Accessibility and clarity	Data are easily obtainable and clearly presented in a way that can be understood	Predefined reports are available in the platform for all users to allow for rapid access to data. A Data Dictionary and the picklist are published to explain the meaning and range of available fields.

6. This Data Quality Statement will be reviewed annually by the QPSIM team. Any feedback and suggestions are welcome and should be forwarded to NIMS@hse.ie with 'Data Quality Statement' in the header.