



# **About the National Care Experience Programme**

The National Care Experience Programme seeks to improve the quality of health and social care services in Ireland by asking people about their experiences of care and acting on their feedback. The National Care Experience Programme is a joint initiative by the Health Information and Quality Authority (HIQA), the Health Service Executive (HSE) and the Department of Health.

The National Care Experience Programme has a suite of surveys that capture the experiences of people using our services. The Programme implements the annual National Inpatient Experience Survey, the National Maternity Experience Survey, the National Maternity Bereavement Experience Survey, the National Nursing Home Experience Survey and the National End of Life Survey.

The surveys aim to learn from people's feedback about the care received in health and social care services to find out what is working well, and what needs to be improved.

A National Care Experience Programme Survey Hub is available to provide support, guidance, information and resources to assist providers to develop, conduct and analyse their own surveys, and act upon the findings.

Find out more at www.yourexperience.ie.













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## **Introduction**

The National Care Experience Programme collects data on the experiences of people using health and social care services in Ireland. This data is used to inform:

- quality improvements by health and social care service providers (the HSE)
- monitoring, regulation and the development of standards by the health and social care regulator (HIQA)
- national policy and legislation (the Department of Health).

#### 1.1 Purpose

The purpose of this strategy is to outline how the National Care Experience Programme formalises the approach it uses to identify, document and implement data and information quality.



#### 1.2 Scope

The collection, processing, dissemination and use of National Care Experience Programme data and information comes under the scope of this data quality strategy.

Data and information quality is the responsibility of all those who work for or on behalf of the National Care Experience Programme.

This strategy is underpinned by the National Care Experience Programme Data Quality Policy (Appendix A).



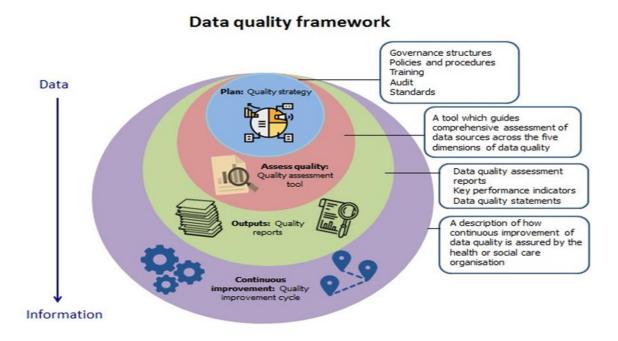
## 1.3 Data Quality Framework

A data quality framework outlines the approach and provides the tools used to systematically assess, document and improve data quality. The components of a data quality framework include a:

- Data Quality Strategy this provides an overview of how the National Care Experience Programme manages and continuously improves the quality of its data.
- Data Quality Assessment Tool this is a tool used to assess data against the five dimensions of quality, as outlined in Appendix A: National Care Experience Programme Data Quality Policy, Section 6.
- Quality Reports these outline the findings of the Data Quality Assessment Tool, such as Data Quality Statements.
- Data Quality Improvement Cycle this details an overarching, continuous approach used to improve the quality of data.

Figure 1 illustrates the components of a Data Quality Framework.

Figure 1: Components of a Data Quality Framework





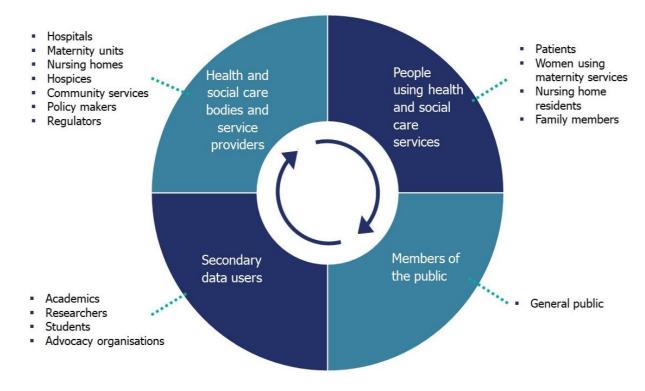
## 1.4 Who are the National Care Experience Programme stakeholders?

The National Care Experience Programme Data Quality Strategy identifies the following stakeholders:

- health and social care bodies and service providers, for example hospital staff
- people who use health and social care services
- members of the public
- secondary data users, for example academics and researchers.

Figure 2 provides an overview of the main stakeholders in the National Care Experience Programme Data Quality Strategy.

Figure 2. National Care Experience Programme Data Quality Strategy stakeholders



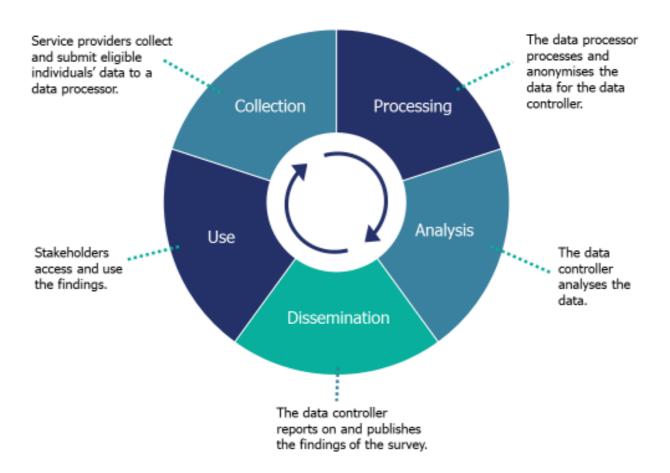


#### 1.5 Flow of data: an overview

The National Care Experience Programme conducts surveys of health and social care services. The details of eligible survey participants are submitted by service providers to a data processor. The data processor distributes surveys to eligible survey participants and processes survey responses. The data controller (HIQA) analyses the responses and reports on the findings. Service providers then use the findings to inform quality improvements.

Figure 3 illustrates the flow of survey data from the point of collection by service providers to its use by stakeholders.

Figure 3. Flow of National Care Experience Programme data from the point of collection





# **Data Quality Objectives**

This strategy sets out three data quality objectives, which will be actioned and achieved by 2024.

**Objective 1:** collect data and produce information that meets the current needs of data-users and anticipates future requirements.

Over the next three years, the National Care Experience Programme will:

- produce high-quality data and information that is fit for purpose
- ensure data collection is appropriate to survey populations, in line with the values in the NCEP strategy
- Seek to ensure that NCEP is readily accessible to all stakeholders through and interactive intuitive portal on NCEPs website
- continually engage with key stakeholders to ensure that the data it collects and processes and the information it releases meets the needs of data-users
- conduct scoping exercises to identify and review technologies for new methods of data collection, analysis and dissemination.
- review and update the content, layout, format and reporting of results before each iteration of each survey to ensure that they meet the needs of datausers.

By 2024, the National Care Experience Programme will have:

- continued to conduct surveys of inpatient care and maternity care
- conducted new surveys of maternity bereavement, nursing home residents and their family members, and end-of-life care
- conducted a review of each iteration of each survey. The review will solicit feedback from stakeholders and will inform the development of future surveys, including the collection, use and reporting of data.
- developed any new surveys in line with the NCEP Quality Assurance Framework





## **Objective 2:** comply with relevant data standards and legal requirements.

Over the next three years, the National Care Experience Programme will:

- demonstrate compliance with the Information Management Standards for National Health and Social Care Data Collections<sup>1</sup> and any additional relevant standards introduced before 2024
- demonstrate compliance with all standards and legal requirements, such as data protection legislation.

By 2024, the National Care Experience Programme will have:

- conducted, reviewed and updated data protection impact assessments for each iteration of each survey and published a summary of same on www.yourexperience.ie
- sought ethical approval for each survey in its first iteration and where relevant, review and update in advance of any subsequent survey
- conducted internal audits of data on an ongoing basis to ensure that they meet national standards and data protection requirements
- Prepared for future changes in Standards, policy and legislation.



<sup>&</sup>lt;sup>1</sup> Health Information and Quality Authority (HIQA). Information Management Standards for National Health and Social Care Data Collections. 2017. Available from: <a href="https://www.hiqa.ie/reports-and-publications/health-information/information-management-standards-national-health-and">https://www.hiqa.ie/reports-and-publications/health-information/information-management-standards-national-health-and</a>. Accessed on 15 October, 2019.



## **Objective 3:** maximise use of data, information and resources.

Over the next three years, the National Care Experience Programme will:

- ensure that data is accessible to all stakeholders
- measure the impact of collecting and releasing quality data
- develop training tools and resources for stakeholders to leverage optimal use of NCEPs data

By 2024, the National Care Experience Programme will have:

- publicly reported on acute inpatient care, maternity services, nursing home and end-of-life care, through online reporting portals and the publication of traditional, standalone reports in line with FAIR<sup>2</sup> data principles
- data will be made available on Ireland's Open Data Portal, the European Union's Open Data Portal and Lenus (the Irish Health Repository)
- engaged with providers of education to ensure that the survey findings inform
  the training of healthcare professionals while also encouraged use of data in
  research, academia and other applied settings by facilitating data access
  requests and developing collaborations for secondary analysis and use of the
  data
- tracked, recorded and reported on the direct use and impact of the data and provided guidance on how to use survey data by developing resources to enhance understanding and implementation of surveys by care providers
- Shared data and collaborated internationally
- Maximised the use of data through in-depth secondary analysis
- Producing guidance and eLearning modules for health and social care providers to use NCEP data to inform their practice and policies.

## **Next steps**

The NCEP will integrate the priorities identified under the objectives of this strategy into their work programme, action and report on at the end of the strategic period.

#### **Commitment**

The National Care Experience Programme is committed to continually improving the quality of its data and information. This strategy will be reviewed on an annual basis

<sup>&</sup>lt;sup>2</sup> Findable, Accessible, Interoperable and Reusable data.



within its lifetime (2022 - 2024) and updated to include any changes to National Care Experience Programme collection, processing, dissemination and use of data.



# **Appendix A: National Care Experience Programme Data Quality Policy**

# **National Care Experience Programme**

**Data Quality Policy – Policy** 

**Reference No:** 04-002-POL6

**Revision No:** 3.0

**Author:** National Care Experience Programme Team

**Approved by:** Rachel Flynn, Director of National Care Experience Programme

**Effective from:** August 2022

**Review date:** December 2024



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## 1. Purpose of the policy

The purpose of this policy is to set out a clear framework for ensuring the quality of the data processed as part of the National Care Experience Programme. This includes all data from its initial creation to its storage, use, dissemination and destruction.

## 2. Policy statement

Data collected by the National Care Experience Programme will be accurate, legible, complete, relevant, reliable, timely and valid. It will be transferred, held and stored securely to preserve the privacy of data subjects. Data quality will be monitored and assessed to ensure it meets the requirements of the National Care Experience Programme.

## 3. Scope of this document

This policy outlines the National Care Experience Programme's approach to the management of data quality as part of its information governance framework and in adherence to the National Care Experience Programme Data Quality Framework. The scope of the policy relates to the *administrative data* used to administer the survey to participants, survey *responses*, and all other National Care Experience Programme outputs, such as reports in all formats for example, Tableau and PDF reports.

#### 4. Governance

The National Care Experience Programme is a partnership between HIQA, the HSE and the Department of Health and is underpinned by a Memorandum of Understanding. The National Care Experience Programme governance structure consists of the:

- Steering Group
- Programme Boards
- Implementation Oversight Group
- National Care Experience Programme Team.

The remit of each group is outlined in Figure 1.



Unless otherwise indicated, each groups Steering Group Strategy contains representatives of people using services and each partner organisation. National National National Inpatient National End Nursing Maternity Oversight & Experience of Life Survey Surveys Programme decision-making Survey Residents Programme Programme Board Programme Board\* **Board** Board Oversight Implementation Group (HIQA/HSE) Operations Advice on model NCEP team methodology. Operations & analysis analysis and (HIQA) outputs The National Maternity Surveys Programme Board will be responsible for both the National Maternity Experience Survey and the National Maternity Bereavement

**Figure 1. National Care Experience Programme Governance Structure** 

Experience Survey.

HIQA is the lead partner in the National Care Experience Programme and as such the data controller. HIQA contracts a third party data processor to administer the survey.

#### 5. Legal context

HIQA as data controller has a remit under Article 8 (1) (g) of the Health Act 2007 'to operate such other schemes aimed at ensuring safety and quality in the provision of the services as the Authority considers appropriate'. Survey responses are used to inform quality improvements in healthcare, ensuring quality and safety in the provision of services. They are also used to inform national standards, policy, legislation and monitoring programmes.

The National Care Experience Programme has developed a comprehensive information governance framework to ensure that the privacy rights of all participants are upheld. The National Care Experience Programme complies with data protection laws, including the General Data Protection Regulation (EU) 2016/679 GDPR. Under Article 6 (1) (e) of the GDPR and Section 38 of the Data Protection Act 2018, personal data can be collected and processed where necessary for the performance of a task carried out in the public interest. Article 13 (2) (a) (ii)



(V), (VI) and (VII) of the Data Sharing and Governance Act 2019 provides a legal basis to process data collected by the National Care Experience Programme for the purposes of service administration and supervision, facilitating the improvement of a service and evaluating a service. Article 9 (2) (i) of the GDPR and Section 53 of the Data Protection Act 2018 permit the processing of healthcare data, which is "special category data", in the public interest, which includes ensuring high standards of quality and safety in healthcare.

The National Care Experience Programme is conducted in the public interest; the partner organisations of the programme have committed to using the results of surveys to inform quality improvements across the healthcare system, from policy to planning and service delivery. The processing of personal data is necessary to conduct National Care Experience Programme surveys, which capture feedback on the experience of people using services.

Data collected by the National Care Experience Programme may be used for secondary analysis. A formal request can be made to gain access to anonymised survey responses, in line with the National Care Experience Programme Data Access Request Policy. The request must demonstrate that the secondary analysis of the data is in the public interest.

There is a contract and a Data Processing Agreement in place between HIQA and the data processor to define the arrangements for the secure sharing, storage, handling, processing and destruction of all data processed by the National Care Experience Programme.

#### 6. Determining data quality

The quality of data collected by the National Care Experience Programme is determined through assessment against the five dimensions of quality:

#### Relevance

Relevant data meets the needs of data users. The NCEP collects only data that it needs to administer the survey and ensures it is deleted within six weeks of the survey closing.

#### Accuracy and reliability

The accuracy of data refers to how closely the data correctly describes what it was designed to measure. Reliability refers to whether that data consistently



measures, over time, the reality that it was designed to represent. All datasets are quality assured, both for administrative and reporting purposes.

## Timeliness and punctuality

Timely data are collected within a reasonable, agreed time period after the activity that they measure. Punctuality refers to whether data are delivered on the dates promised, advertised or announced. Clear timelines for data publication are set out at the outset of each survey and updated as required.

## Coherence and Comparability

Coherent and comparable data are consistent over time and across providers and can be easily combined with other sources.

## Accessibility and clarity

Data are easily obtainable and clearly presented in a way that can be understood.

## 7. Quality assurance

Quality assurance procedures have been developed to assess if the collection, processing and dissemination of data produces high quality data, which meets the needs of data users. Quality is assured through aspects of the survey's design and operational processes.

## 7.1 Survey design

Where possible, the National Care Experience Programme sources its questions from standardised, international question banks. The most appropriate questions are selected and adapted for an Irish context and inform the collection of data that is relevant to people using and providing services in Ireland.

The use of questions from international question banks allows the findings of the National Care Experience Programme to be compared internationally, on a question-by-question basis.

## 7.2 Data sharing

Data sharing agreements are put in place in advance of the sharing of any data



between service providers who participate in surveys and HIQA. The data sharing agreements outline the roles and responsibilities of each party and specifies the type of data to be transferred, for example, the names and addresses of eligible survey participants. When we are sharing data, we will meet all legislative requirements.

## 7.3 Data quality risks

Risks to the quality of National Care Experience Programme data and information are identified, assessed and mitigated in line with HIQA's risk management procedure, and recorded in the National Care Experience Programme Risk Register. Risks are continuously reviewed to ensure that they are appropriately managed. The National Care Experience Programme conducts Data Protection Impact Assessments in advance of all its surveys to identify and mitigate risks in the processing of personal data. This includes risks to the quality of National Care Experience Programme data and information.

## 7.4 Data quality assurance procedures

Procedures detail the processes in place to support the achievement of good-quality data throughout the data and information lifecycle. This section outlines the procedures followed by the service providers, the data processor and the data controller to ensure data quality.

#### Service Providers

Data is collected by service providers and submitted securely to the data processor. Process guides are developed for each survey type, providing guidance and support on extracting and quality assuring the data, which contains the names and addresses of eligible survey participants. Quality assurance guarantees, as far as is feasibly possible, that the data is:

- relevant (containing only the details of eligible survey participants)
- o timely (submitted at agreed timelines during the survey sample period)
- accessible and clear (must be submitted in the standardised format as prescribed by National Care Experience Programme).

#### Data Processors

The National Care Experience Programme contracts a data processor to process the data on its behalf. The data processor follows these procedures to ensure the collection and processing of high-quality data. This entails:



- o distributing surveys to eligible survey participants in a timely manner
- conducting interviews with hard to reach groups, to ensure that the survey is accessible and that survey responses are accurate
- anonymising paper-based survey responses to ensure that the most relevant data is presented in an accessible manner
- providing nominated stakeholders with access to the data to ensure its accessibility and facilitating data subject access requests for eligible survey participants
- making survey responses available to services providers in a timely manner, ensuring the data's point-in-time relevance
- categorising and theming qualitative data to ensure the clarity, coherence and comparability of the data
- retaining and destroying the data, in line with the National Care Experience
   Programme Record Retention and Destruction Policy, to ensure that only the most relevant data is held indefinitely.

#### Data Controller

The data controller (HIQA) has access to the survey responses via an online platform (managed by the data processor). HIQA manages and processes the data by:

- quality assuring survey responses
- o anonymising online survey responses
- o making survey responses available to service providers in a timely manner
- developing report templates to ensure that survey findings are reported on in a consistent manner and are therefore comparable
- producing reports on the findings of surveys in a timely manner to ensure their continued relevance to both service providers and people using services.

The data controller may also review datasets of eligible survey participants to apply the eligibility criteria and ensure the accuracy of the data.

#### 7.5 Data quality audits

Regular data quality audits will be conducted during the course of the National Care Experience Programme, and relevant feedback provided to the staff in the data controller, data processor and participating service providers to drive continuous data quality assurance and improvement. Data quality audits allow the National Care Experience Programme to:

measure the data against the five dimensions of data quality



- o check that the data is aligned with the five dimensions of quality
- o establish a baseline for data quality and identify areas for improvement
- ensure the reliability of and trust in the data
- o demonstrate which areas of data quality have improved.

A series of targeted audits are conducted to ensure the quality of data collected in the conduct of National Care Experience Programme surveys.

- The contact data of eligible survey participants' is quality assured before it is transferred to the data processor to ensure that the data is accessible and relevant, for example the data required to administer the survey must be complete and of eligible survey participants only.
- During the implementation of the survey, the data processor audits data extracts submitted by service providers to ensure that the data submitted is accessible and clear, to facilitate the effective distribution of the survey to eligible survey participants.
- The data processor attends a random selection of interviews carried out by the data processor to ensure that surveys are accessible to participants and the data collected are accurate and reliable.
- During the implementation of the survey, the data controller conducts audits to ensure that data processed by data processors is fit for purpose. An example of this is when original hard-copy survey responses are compared to their online version, which has been processed and uploaded to an online platform. This is to ensure that the data is accurate and reliable.

## 7.6 Storage and accessibility of documents and records

Shared folders have been created for the storage of policy, process, procedure and operational activity documents related to the management of the National Care Experience Programme. These shared folders are accessible to all individuals working on the National Care Experience Programme team and where relevant, the documents and records are made available to staff in the data processor.

HIQA has approved the physical and virtual locations for the storage of all of the documents and records collected by the data processor in the context of the National Care Experience Programme. This policy should be read in conjunction with the National Care Experience Programme Security Policy and Security Processes, which detail security specifications for the receipt, handling, transfer and storage of personal and sensitive data, collected in the course of surveys (eligible participants' contact details and survey responses).



#### 7.7 Record retention and destruction

The National Care Experience Programme Record Retention Schedule is a definitive list of National Care Experience Programme documents and records, which contain personal and or sensitive information. At a minimum the schedule captures the following information on each document or record:

- record title
- o description of personal and or sensitive information
- total retention
- location.

All documents and records, which contain personal and or sensitive information of people, should be identified in the National Care Experience Record Retention Schedule.

All operational documents must be destroyed in line with HIQA's record retention and destruction policy. All survey data, including administrative data and survey responses, must be destroyed in line with the National Care Experience Programme's Record Retention and Destruction Schedule.

## 7.8 Information quality assessment

To ensure the quality of information produced by the National Care Experience Programme, all informational outputs such as reports, go through a series of formal reviews until they have been accepted and approved. Reviews ensure that the information produced is relevant, accessible and clear, in terms of content, layout, scope and objective.

#### Peer review

Peer reviews of the initial drafts of the document or record occur in order to review the content, layout, scope and objective. Peer reviews occur frequently and may occur before the document is considered presentable or complete. The document owner may be involved as a peer reviewer at this stage, if appropriate. The document owner is responsible for all necessary amendments.

Relevant stakeholders are pre-identified and given an opportunity to improve on the document content before it is submitted for final review.

#### Final review



Final approval is obtained in line with the National Care Experience Programme's Governance arrangements, namely from the National Care Experience Programme Senior Programme Manager, Director and the appropriate governance group. For example, the National Inpatient Experience Survey annual report is reviewed and approved by the National Inpatient Experience Survey Programme Board, whereas the National Care Experience Programme Strategy is reviewed and approved by the National Care Experience Programme Steering Group.

Where appropriate, formal sign-off will be noted in the document including details of the:

- o review process, for example date of approval, name and role of approver
- o revision history, for example version number and dates of review.

#### Dissemination

Following sign off, the National Care Experience Programme Senior Programme Manager is responsible for ensuring the publication and dissemination of the document or record in the agreed repository. This may include, but is not limited to:

- o HIQA's information management and sharing systems (internal)
- o National Care Experience Programme website (external)
- Lenus (the Irish Health Repository)
- Open Data Ireland (external)
- o <u>European Data Sharing Portal</u> (external).

## Quality control of information outputs

To ensure the consistency, comparability and accessibility of outputs, all documents and records produced and disseminated by the National Care Experience Programme must adhere to:

- HIQA's house style
- NALA (National Adult Literacy Agency) standards
- o pre-approved document and record templates, where feasible
- o national standards in the health and social care sector
- National Care Experience Programme information governance

## 8. Training and awareness

All persons working on the National Care Experience Programme for or on behalf of



HIQA and the data processor receive training on this policy. Training on this policy will be repeated annually, or as required by point-in-time developments of the National Care Experience Programme.

## **Data quality training**

- Training is provided for service providers who extract and transfer data for the National Care Experience Programme. In addition, process guides are provided for service providers, which set out how to extract and transfer eligible survey participants' contact data, an example of which is the National Inpatient Experience Survey Process Guide<sup>3</sup>. This training ensures that data collected for the National Care Experience Programme is relevant, coherent, accurate, accessible and submitted to the data processor in a timely manner.
- Training is provided for staff who carry out interviews to ensure that the data collected are accurate and reliable.
- Guidance is provided on the anonymisation of qualitative survey data for the data processors to ensure that anonymisation criteria are consistently applied and the data is clear and comparable.
- Training is provided for staff in the data controller and data processor on the National Care Experience Programme information governance framework.
- Training is provided for service providers on how to interpret and analyse National Care Experience Programme data and information to ensure its accessibility, clarity and comparability.

#### 9. Standardisation

The National Care Experience Programme is a national data collection. The design and delivery of the programme is aligned to the *Information Management Standards for National Health and Social Care Data Collections*. Compliance with these standards ensures that data is processed, disseminated and used transparently and securely and that resulting quality improvements in health and social care are based on high-quality information.

## 10. Legal requirements

All staff have a professional and ethical obligation to ensure data quality and to be aware of relevant legislation.

<sup>&</sup>lt;sup>3</sup> Health Information and Quality Authority (HIQA). *National Inpatient Experience Survey: Process Guide for Hospitals.* (2019). Available from: <a href="https://yourexperience.ie/inpatient/about-the-survey/resources-for-hospital/">https://yourexperience.ie/inpatient/about-the-survey/resources-for-hospital/</a>.



## 11. Breach of policy

Any breaches of this policy must be reported to the Senior Programme Manager of the National Care Experience Programme in HIQA. Breaches of this policy will be investigated and corrective action taken immediately.

#### 12. Review

This policy will be reviewed every three years or in light of any legislative or other relevant programme requirements.

## 13. Legislation and standards

This policy is informed by the following legislation and standards:

- Data Sharing and Governance Act 2019
- Data Protection Act 2018
- General Data Protection Regulation (EU) 2016/679
- Information Management Standards for Health and Social Care National Data Collections
- Guidance on a Data Quality Framework for health and social care.

## 14. Supporting documentation

This policy should be read in conjunction with the following documents, policies and procedures developed for National Care Experience Programme:

- Quality Assurance Framework
- Statement of Purpose
- Statement of Information Practices
- Data Protection and Confidentiality Policy
- Data Subject Access Request Policy
- Processing of a Data Subject Access Request Policy
- Record Retention and Destruction Policy
- Record Retention and Destruction Schedule
- Security Policy
- Security Processes
- Data Breach Management Procedure
- Access Control Policy
- Document and Records Management Policy



- Risk assessment of Qualitative Comments Policy
- Dashboard Access Request Policy
- Data Breach Actual, suspected or near miss: standard operating procedure (HIQA)
- Business Continuity and Recovery Policy (HIQA).

## 15. Revision history

Number	Effective date	Reason for update
1.0	1 August 2019	Original document release
2.0	6 August 2021	Review in advance of National Inpatient Experience Survey
3.0	1 January 2022	Periodic review



## 16. Individuals with overall responsibilities under this policy

#### **Data Controller**

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## **Data Processor**

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# **Glossary of terms**

**Audit:** a systematic, independent and documented process for obtaining evidence and evaluating it objectively to determine the extent to which the audit criteria are met.

**Data and information lifecycle:** the stages which data goes through to become information, from the point of data collection through to dissemination of information.

**Data dictionary:** a descriptive list of names (also called representations or displays), definitions and attributes of data elements to be collected in an information system or database. The purpose of the data dictionary is to standardise definitions and ensure consistency of use.

**Data quality dimensions:** the quality of data and information can be defined and assessed using the following internationally accepted dimensions:

- relevance
- accuracy and reliability
- timeliness and punctuality
- coherence and comparability
- accessibility and clarity.

**Data quality framework:** a document which outlines the approaches to systematically assess, document and improve data quality. It includes a data quality strategy, data quality assessment methodology, reporting on data quality and data quality improvement cycle.

**Data quality statement:** a statement prepared to accompany all published outputs from a national health and social care data collection which highlights the dimensions of data quality, including strengths and weaknesses, so that potential data users can make informed judgments about fitness for use.

**Data quality strategy:** a document outlining an organisation's formalised approach to managing and continuously improving the quality of their data. It outlines the organisation's direction and prioritised initiatives for identifying, documenting and ensuring the implementation of data quality practices.

**Data user:** any stakeholder who uses data held by a health or social care organisation or any information outputs from that organisation.

**Key performance indicators:** specific and measurable elements of practice that are designed to assess key aspects of structures, processes and outcomes.



**National health and social care data collections:** national repositories of routinely collected health and social care data, including administrative sources, censuses, surveys and national patient registries in the Republic of Ireland.

**Policy:** a written statement that clearly indicates the position and values of an organisation on a given subject.

**Procedure:** a written set of instructions that describe the approved and recommended steps for a particular act or sequence of events.

**Quality:** quality is defined as 'fitness for purpose' to meet the needs of users. Data and information quality encompasses the dimensions of relevance; accuracy and reliability; timeliness and punctuality; coherence and comparability; and accessibility and clarity, which need to be balanced against one another to meet users' needs.

**Service user:** People who use health and social care services as patients; Carers, parents and guardians; Organisations and communities that represent the interests of people who use health and social care services; Members of the public and communities who are potential recipients of health promotion programmes and social care interventions.

**Statement of purpose:** a publicly available document which succinctly captures why an organisation such as a national health and social care data collection exists and clearly outlines its stated objectives.









