



Health Research Authority

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19 February 2026

Dear Nicola Johnson
Research Team - Data and Insight
Care Quality Commission
Citygate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

Application title: 2026 Maternity Survey
CAG reference: 26/CAG/0020

Thank you for submitting a **non-research** application under Regulation 5 of the Health Service (Control of Patient Information) Regulations 2002 ('section 251 support') to process confidential patient information without consent.

This application was considered at the precedent set Confidentiality Advisory Group (CAG) meeting held on 30 January 2026 under category 11: Applications to administer patient surveys made by organisations on behalf of Care Quality Commission (CQC). This outcome should be read in conjunction the [minutes](#) of this meeting.

Confidentiality Advisory Group advice and Secretary of State for Health and Social Care decision

The CAG agreed that the minimum criteria under the Regulations appeared to have been met, and therefore advised recommending support to the Secretary of State for Health and Social Care.

The Secretary of State for Health and Social Care, having considered the advice from the Confidentiality Advisory Group as set out in the minutes, has determined the following:

- **The application is supported, subject to compliance with the [standard](#) and specific conditions of support.**

Please note that the legal basis to allow access to the specified confidential patient information without consent is now in effect. A summary of the scope of support is provided in Appendix A.

Support provides a lawful basis to allow the information to be processed by the relevant parties for the specified purposes without incurring a breach of the common law duty of confidence only. Applicants must ensure the activity remains fully compliant with all other relevant legislation.

Specific conditions of support

1. The CAG request that in future surveys the sample return checklist should include the Trust confirming that all relevant patient notification steps have been undertaken, and that this should also be updated for the 2026 survey, if possible. Please confirm to CAG if this is possible, within one month, providing the updated document.
2. Confirmation provided from the DSPT Team at NHS England to the CAG that the relevant [Data Security and Protection Toolkit \(DSPT\)](#) submission(s) has achieved the 'Standards Met' threshold. **Confirmed:**

The NHS England **24/25** DSPT reviews for **Patient Perspective, Quality Health Limited, Picker Institute Europe & Explain** were confirmed as 'Standards Met' on the NHS England DSPT Tracker. Confirmed 19 Feb. 26.

This letter provides confirmation of final support, and all the above conditions are expected to be met within the stated timeframe. I will arrange for the register of approved applications on the HRA website to be updated with this information.

Maintaining CAG support: Reporting requirements

Please note the following guidance on reporting requirements in order to maintain CAG support for the duration of the activity.

- **Annual review report:** It is your responsibility to submit an annual review report every 12 months for the entire duration that confidential patient information is being processed without consent. The next annual review should be provided no later than **19 February 2027** and preferably 4 weeks before this date. Further guidance and the annual review form is available on the [IRAS website](#).
- **Notifying amendments to the scope of CAG support:** Guidance on submitting CAG amendments and the amendment form is available on the [IRAS website](#).
- **Notifying the end of activity:** Guidance on notifying the end of activity and the end closure report form is available on [the IRAS website](#).
- **Register of supported applications:** It is a statutory requirement to publish all supported applications to process confidential patient information without consent. Supported applications are published on the [HRA website](#).

Approved documents

The list of documents reviewed and approved at the meeting are as follows.

<i>Document</i>	<i>Version</i>	<i>Date</i>
CAG application from (signed/authorised) [MAT26_CAG-section-251-form-non-research-applications]		
Covering letter on headed paper [MAT26_Cover Letter 1_V1.0]	1	
Covering letter on headed paper [MAT26_Cover Letter 2_V1.0]	1	
Covering letter on headed paper [MAT26_Cover Letter 3_V1.0]	1	
Covering letter on headed paper [MAT26_Cover Letter 4_V1.0]		

Other [MAT26_Data flow diagram – postcode_V1.0]	1	
Other [MAT26_Draft Sampling instructions_V1.0]	1	12 December 2025
Other [MAT26_GDPR declaration for additional data analysis_V1.0]	1	
Other [MAT26_GDPR declaration for additional data analysis_V1.0]	1	
Other [MAT26_Information flowchart_V1.0]	1	
Other [MAT26_Model service contract_V1.0]	1	
Other [MAT26_Sample construction spreadsheet for centralised tool_V1.0]	1	
Other [MAT26_Sample construction spreadsheet for contractors_V1.0]	1	
Other [MAT26_Sample Declaration Form for contractors_V1.0]	1	
Other [MAT26_Sample Declaration Form for in-house trusts_V1.0]	1	
Other [MAT26_SMS Content and Guidance_V1.0]	1	
Other [MAT26_Briefing note for 16–17-year-olds leaflet_V1.0]	1	
Patient Information Materials [MAT26_Dissent paper_V1.0]	1	
Patient Information Materials [MAT26_Dissent poster_V1.0]	1	
Patient Information Materials [MAT26_Multilanguage sheet for centralised tool_V1.0]	1	
Patient Information Materials [MAT26_Multilanguage sheet for contractors_V1.0]	1	
Patient Information Materials [MAT26_Questionnaire draft_V1.0]	1	
Patient Information Materials [MAT26_SMS Content and Guidance_V1.0]	1	
Patient Information Materials [MAT26_Social media cards 1-4 accompanying text_V1.0]	1	
Patient Information Materials [MAT26_Trust Press Release_V1.0]	1	
Patient Information Materials [MAT26_Website banner_V1.0]	1	
Patient Information Materials [MAT26_Draft Survey handbook_V1.0]	1	
Patient Information Materials [MAT26_16-17-year-olds leaflet_V1.0]	1	
Write recommendation from Caldicott Guardian (or equivalent) of applicant's organisation [MAT26_S251 Caldicott Guardian recommendation letter_V1.0]		10 December 2025

Please do not hesitate to contact me if you have any queries following this letter. I would be grateful if you could quote the above reference number in all future correspondence.

Yours sincerely

Wangari Njiri
Approvals Administrator

On behalf of the Secretary of State for Health and Social Care

Email: cag@hra.nhs.uk

Included: List of members who considered application
Summary of scope of support

Confidentiality Advisory Group Precedent Set meeting 30 January 2026

Members present:

Group Members:

<i>Name</i>	<i>Profession</i>	<i>Present</i>	<i>Notes</i>
Professor William Bernal	Reader in Liver Intensive Care Medicine & Assistant Medical Director	Yes	
Mr Thomas Boby	Expert CAG Member	Yes	
Dr Sandra Duggan		Yes	
Professor Lorna Fraser		Yes	
Mrs Sarah Palmer-Edwards	CAG Expert Member	Yes	
Ms Mary Catrin Thomas	Research Programme Manager	Yes	

Also in attendance:

<i>Name</i>	<i>Position (or reason for attending)</i>
Ms Katy Cassidy	HRA Confidentiality Advisor
Ms Wangari Njiiri	HRA Approvals Administrator
Mr Richard Reed	HRA Approvals Administrator
Ms Caroline Watchurst	HRA Confidentiality Advisor

Appendix A – Summary of Scope of Support

Summary of application

This non-research application submitted by Picker Institute Europe on behalf of the Care Quality Commission, sets out the purpose of conducting the 2026 NHS Maternity Survey.

The Maternity Survey started in 2007 and falls within the NHS Patient Survey Programme (NPSP). The NPSP was initiated in 2002 by the then Department of Health, and is now overseen by the Care Quality Commission (CQC), the independent regulator of health and social care in England.

The 2026 Maternity Survey will be the thirteenth carried out to date, and the sixth using a mixed method approach.

Trusts will collect information of all eligible patients and, following suitability checks, will share confidential patient information with the coordination centre (Picker Institute Europe) and one of four approved contractors (Patient Perspective, Quality Health, Explain or Picker Institute Europe). The contractors will distribute questionnaires to patients using the approach detailed below:

Contact	Type	Content of contact	Days from first mailing
1	Postal	Invitation letter inviting the patient to take part online, Multi-language sheet	1
1.1	SMS	SMS reminder (if phone number available), including a link to the survey	4
2	Postal	Reminder letter, Multilanguage sheet	15
2.1	SMS	SMS reminder (if phone number available), including a link to the survey	18
3	Postal	Reminder letter, Paper questionnaire, Freepost return envelope, Multi-language sheet	29
4	Postal	Reminder letter, Multilanguage sheet	43
4.1	SMS	SMS reminder (if phone number available)	46

Ahead of each reminder mailing, it will be necessary to remove all respondents who have completed the survey already, and to conduct a DBS or local check on the full sample. If anyone has requested to be opted out of further reminders, they should also be removed at these timepoints.

A recommendation for class 5 and 6 support was requested to cover access to the relevant unconsented activities as described in the application.

Confidential patient information requested

The following sets out a summary of the specified cohort, listed data sources and key identifiers. Where applicable, full datasets and data flows are provided in the application form and relevant supporting documentation as this letter represents only a summary of the full detail.

Cohort	<p>Core sample: ALL maternity service users aged 16 and over at the time of delivery who had a live birth in February 2026. (and earlier for smaller trusts - it is recommended that they sample back until 1 January 2026 or until they reach the minimum sample size of 300 eligible deliveries)</p> <p>Except for those meeting any exclusion criteria as listed in the application.</p>
Data Sources	<ul style="list-style-type: none"> • Electronic patient records within all eligible Trusts in England (120-130 trusts) • NHS England - NHS Spine Personal Demographics Service (PDS)
Identifiers required for deceased check purposes	<ol style="list-style-type: none"> 1. mother's and baby's NHS number 2. mother's and baby's full date of birth
Identifiers required for contact purposes	<ol style="list-style-type: none"> 3. Title 4. Initials or first name 5. Surname 6. Address Fields including postcode 7. Mobile phone number 8. Patient unique identifier
Identifiers required for analysis purposes	<ol style="list-style-type: none"> 1. Patient unique identifier 2. Postcode 3. Mother's year of birth 4. Mother's gender 5. Time of delivery 6. Number of babies born at delivery 7. Day of delivery 8. Month of delivery 9. Year of delivery 10. Actual delivery place 11. Mother's ethnic group 12. Trust code 13. NHS Site code (of birth) 14. Mobile phone indicator 15. Whether or not mother received antenatal and/or postnatal care from the trust 16. 'Core' versus 'Booster' sample code
Additional information	<p>Trusts may also choose to collect additional sample variables outside of those detailed in the Survey Handbook. This can be valuable to trusts in enabling them to make greater use of their survey locally to target quality improvements.</p> <p>Sample and mailing data will be submitted by trusts to approved contractors in a single file. The file which contains both mailing and sample information will be split into separate files by the contractor</p>

	<p>before submitting only the sample information to the Coordination Centre for checking and approval.</p> <p>Please note that the Survey Coordination Centre does not receive any names or full addresses</p>
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