Minutes of the meeting of the Sub Committee of the Confidentiality Advisory Group

26 November 2021

Present:

Name	Capacity	Items
Dr Patrick Coyle	CAG Vice-Chair	1a, 1b, 2a
Dr Martin Andrew	CAG Member	1b, 2a
Dr Katie Harron	CAG Member	1a, 2a
Professor Jennifer Kurinczuk	CAG Member	1a, 1b

Also in attendance:

Name	Position (or reason for attending)
Ms Kathleen Cassidy	Confidentiality Advisor

1. New Precedent Set Review Applications – Research

a. 21/CAG/0175 – Peer support Observational Ethnography – Theory in Context (POETIC) Study

Context

Purpose of application

This application from the University of Nottingham set out the purpose of medical research to explore how mental health support workers integrate and work with the wider mental health team, and whether institutional logics support, compete with or conflict with peer support worker role implementation.

Peer support worker (PSW) roles are increasingly becoming an integral part of mental health systems in the United Kingdom. However, evaluations of peer support role implementation consistently identify that organisational culture is the largest influence on the successful implementation of peer support worker roles. The study will focus on peer support workers who are employed at Nottinghamshire Healthcare NHS Foundation Trust. The co-investigator will undertake non-participant observation of peer support workers daily activities by concentrating on their interactions, behaviours, language, and dynamics with each other, other team members, and non-team members, e.g., non-NHS staff, service users, and family members, with a specific focus on understanding the peer support worker role in its context. Following this, the co-investigator will also interview a range of team members and elicit their perspectives about working alongside peer support workers and their role. In parallel, the co-investigator will also collect documents relating to the peer support worker role.

The applicants will use a qualitative and ethnographic approach to investigate how institutional logics may influence the implementation of peer support worker roles in a mental health organisation. The study will take place at two services within Nottinghamshire Healthcare NHS Foundation Trust. The applicants will observe peer support workers undertaking their daily activities, concentrating on their interactions, behaviours, language and dynamics with each other and with other team members and non-team members. The observations will be conducted for two to three days per week, with each period of observation lasting up to 6 hours. Those observed have been divided into two Groups; Group A – comprised of other NHS staff members from the same team, and Group B – comprised of anyone else, including other NHS staff not in the peer support worker's team, service users, informal carers, who may be present. The co-investigator will also conduct up to forty semi-structured interviews with participants, comprising of peer support workers and other Group A members. The applicants will also collect documents relating to the peer support worker role.

Support is sought as the observations will include observation of peer support workers encounters with each other, Group A members, and Group B members, e.g. at multi-disciplinary team meetings where all team members meet to discuss team issues, and/or PSWs discussing

their day-to-day tasks with other staff members in the team office space, and/or PSWs delivering one-to-one sessions with service users. The types of conversations in the team office may include work-based discussions e.g. queries about tasks, duties, information technology-based questions, and upcoming meetings with service users. The observers may be exposed to confidential patient information during these observations.

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	The cohort under investigation is peer support workers and other members of staff in the same NHS team as the peer support worker. 40 members of staff will be involved. The confidential patient information potentially disclosed during observations will relate to service users of the two services at Nottinghamshire Healthcare NHS Foundation Trust.
Data sources	Incidental disclosures of confidential patient information may be made when the applicant observes multi-disciplinary team meetings and peer support workers undertaking their usual activities.
Identifiers required for linkage purposes	No items of confidential patient information will be retained for linkage.
Identifiers required for analysis purposes	No items of confidential patient information will be retained for analysis.

Confidentiality Advisory Group advice

The following sets out the Confidentiality Advisory Group advice which formed the basis of the decision by the Health Research Authority.

Public interest

The CAG noted that this activity fell within the definition of medical research and was therefore assured that the application described an appropriate medical purpose within the remit of the section 251 of the NHS Act 2006. The CAG agreed that the application had a medical purpose and was in the public interest.

Practicable alternatives

Members considered whether a practicable alternative to the disclosure of confidential patient information without consent existed in accordance with Section 251 (4) of the NHS Act 2006, taking into account the cost and technology available.

- **Feasibility of consent**

Written informed consent will be obtained from other NHS staff within the same team who are observed. Verbal consent will be sought from others who may be observed, which includes other NHS staff not in the peer support worker's team, service users and informal carers.

Approximately one month before starting the observations, the applicant will attend a staff meeting to discuss the purpose and content of the study with prospective participants. Information Sheets and Consent Forms will be given to prospective participants at this meeting. An appropriate staff member at the Trust who has access to e-mails as part of their usual role will be asked to send out individual e-mails via the NHS e-mail system to peer support workers and Group A members who cannot attend the staff meeting but who are also present in the service setting. Information sheets and Consent Forms will be attached to the e-mails sent to prospective participants for further consideration for participation. Participants will also have the option to meet with the co-investigator face-to-face to discuss the study and ask questions.

- **Use of anonymised/pseudonymised data**

No items of confidential patient information will be recorded by the researchers undertaking the observations of multi-disciplinary team meetings and conversations in the teams' office space.

'Patient Notification' and mechanism for managing dissent

It is part of the CAG responsibility to support public confidence and transparency in the appropriate sharing and use of confidential patient information. Access to patient information without consent is a privilege and it is a general principle of support for reasonable measures to be taken to inform the relevant population of the activity and to provide a right to object and mechanism to respect that objection, where appropriate. This is known as 'patient notification'. This is separate to the local obligation to comply with the principles of the General Data Protection Regulation and Data Protection Act 2018.

A patient notification strategy has not been devised for this application. The team who are likely to be participating in this study are the crisis community mental health team. This team provide support to individuals in the community and receive service user referrals via the service users'

general practitioners and/or other mental health teams. There is no specific population group who access this service. The remit of the mental health support means referrals can be received any of the seven days of the week and at any time as the service provides 24-hour support. Urgent referrals can be received the same day or hours before the meeting due to the referral processes e.g., urgent referrals, it would be unfeasible and not possible to provide information about the study in advance. In addition, for this study, no service user data will be used, collected, or recorded. The applicants also noted that there is no location in which to notify service users due to the team providing support in the community. There are also no opportunities available in which to inform or provide information to service users in advance due to the way in which the team is set up.

Service users who will be directly observed will be asked for verbal consent. As no patient notification strategy has been developed, for the reasons described above, patients will not have the opportunity to dissent.

The CAG noted the difficulties in undertaking patient notification, however members agreed that some notification must be undertaken. The Group suggested that a notice was placed on the websites for Nottinghamshire Healthcare NHS Foundation Trust and the University of Nottingham, so that some efforts have been made to publicise the study. The CAG asked that the text of these notices were provided to the CAG for review.

Patient and Public Involvement and Engagement

Meaningful engagement with patients, service users and the public is considered to be an important factor for the CAG in terms of contributing to public interest considerations as to whether the unconsented activity should go ahead.

Four peer support workers gave input into identifying the research topic and developing the initial research proposal. This resulted in using an ethnographic methodology to understand peer support workers daily lives.

A steering group will be formed, comprised of peer support workers to provide valuable input in reviewing and commenting on study documents including consent forms, information sheets, and interview guides to ensure the content is concise, understandable, and clear. In addition, the group will be invited to participate in the interpretation of the research findings, consulted on possible dissemination avenues, and participate in joint presentations if opportunities arise.

The CAG noted that patient and public involvement had not been carried out with service users or members of the public. As it is the service users' confidentiality that will be breached, proportionate patient and public involvement should be conducted with a representative group. This group may be previous users of the service or a patient-user group. Feedback from this needed to be provided to the CAG.

Confidentiality Advisory Group advice conclusion

The CAG agreed that there was a public interest in this activity, were supportive in principle of this activity proceeding, and therefore recommended to the Health Research Authority that the activity be provisionally supported. However, further information and actions would be required prior to confirming that the minimum criteria and established principles of support have been adequately addressed.

In order to complete the processing of this application, please respond back to all of the request for further information, and actions required to meet the specific conditions of support where indicated, within one month.

Request for further information

1. A notice is to be placed on the websites for Nottinghamshire Healthcare NHS Foundation Trust and the University of Nottingham, to publicise the study. The text of these notices also needs to be provided to the CAG.

2. Patient and public involvement needs to be carried out with a representative group and feedback from this provided to the CAG.

Once received, the information will be reviewed by a sub-committee of members in the first instance and a recommendation and decision issued as soon as possible. At this stage it may be necessary to request further information or refer to the next available CAG meeting. If the response is satisfactory and the outstanding actions listed in the specific conditions of support are met, a final support outcome will be issued.

Specific conditions of support

The following sets out the provisional specific conditions of support. These may change in the final outcome letter depending on the responses to queries.

1. Favourable opinion from a Research Ethics Committee. **Pending**

2. Confirmation provided from the IG Delivery Team at NHS Digital to the CAG that the relevant Data Security and Protection Toolkit (DSPT) submission(s) has achieved the 'Standards Met' threshold. See section below titled 'security assurance requirements' for further information.

   Confirmed: The NHS Digital **2020/21** DSPT review for **the University of Nottingham** was confirmed as 'Standards Met' on the NHS Digital DSPT Tracker (06 December 2021).

Pending: The NHS Digital **2020/21** DSPT review for **Nottinghamshire Healthcare NHS Foundation Trust** is pending.

b. 21/CAG/0176 – What Are the Organisational And Cultural Issues That Affect the Maintenance of Safety During The Management Of High Security Forensic Patients Outside of the High Secure Setting

Context

Purpose of application

This application from the University of Nottingham set out the purpose of medical research that seeks to explore the organisational and cultural factors that contribute to effective safety management when a high secure patient is managed outside of the secure setting.

Security plays a primary role within a forensic environment, as it maintains the safety of patients, staff and the general public and allows the patient to experience the most beneficial therapeutic environment because of the reduction in risk of harm. The primary risk of security breaking down is when systems interact. System interactions includes movement between departments, from hospital to community, from prison to hospital and between hospitals. This application has been created to look at how safety is maintained when high secure patients are managed outside of the secure setting during leaves of absence, which happen to enable patients to access healthcare such as treatment at hospital, to attend court or to attend a leave trial at a medium secure hospital, to be transferred to prison, or for leave on compassionate grounds. Leave of absences (LOAs) are classed as a high-risk activity because of the absence of structural aspects of security, that is, the locks, the fences, the CCTV, the alarms and the additional staff. In addition to this, the act itself exposes or potentially exposes these patients to the public, which can present opportunities for psychological and physical harm towards the patient, general public and staff. This also risk damaging the reputation of the hospital and the confidence from the public that the hospital has ability to contain these risks. The LOAs of high-risk patients are meticulously planned, looking at both historical and dynamic risks. This activity involves multidisciplinary team planning and also working in partnership with other organisations such as Ministry of Justice, courts, police, general hospital staff and their security staff, etc. Thus, there are also different staff with roles involved in the activity, for example, the actual LOA itself is often led by a nurse with several healthcare assistants with the numbers determined by the risks that the individual patient is deemed to pose. Thus, in order for this activity to be carried out smoothly several organisational and cultural aspects need to be considered to understand how the aspects interact in order to maintain safety. Although these activities rarely go wrong, it is important to consider this activity from a safety perspective, in order to understand how to learn from the aspects that contribute to the maintenance of safety during such activities when they work well.

The applicants will conduct interviews with staff and management from different wards and departments that are involved in the maintenance of safety during the planning and implementation of LOAs from high secure forensic hospitals. Ethnographic observations will be completed in person in the setting, this will be opportunistic in the respect of LOAs, briefings, debriefings and serious incident feedback meetings involving LOAs that take place in the data collection time frame from January 2022 to the end of December 2022. The applicants will also review current policies, protocols and procedures relating to LOAs. Reviews of incident reports will also be undertaken by the researchers. Support is sought as the applicants may be exposed to confidential patient information when undertaking ethnographic observations. No patient information will be recorded by the researchers, as the study is exploring safety management processes only.

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	The cohort involved are staff at Broadmoor Hospital, West London NHS Trust
Data sources	1. Interviews and observations conducted with staff at Broadmoor Hospital.
Identifiers required for linkage purposes	No patient information is required for linkage purposes.
Identifiers required for analysis purposes	No patient information is required for analysis purposes.
Additional information	The applicants have ticked “Name” in Q37, however have clarified that this is not be required for the study. Patient names will not be documented in field notes and will be redacted from interview data.

Confidentiality Advisory Group advice

The following sets out the Confidentiality Advisory Group advice which formed the basis of the decision by the Health Research Authority.

Public interest

The CAG noted that this activity fell within the definition of medical research and was therefore assured that the application described an appropriate medical purpose within the remit of the section 251 of the NHS Act 2006. The CAG agreed that the application had a medical purpose and was in the public interest.

Practicable alternatives

Members considered whether a practicable alternative to the disclosure of confidential patient information without consent existed in accordance with Section 251 (4) of the NHS Act 2006, taking into account the cost and technology available.

- **Feasibility of consent**

The applicants are not seeking consent from individual patients, as patients are not the subject of the study and any confidential patient information that the researchers are exposed to will be incidental. The applicants noted that it would be impracticable to seek consent from patients as the incident review documents will go back several years. Patients may have died or be no longer under the care of the hospital.

- **Use of anonymised/pseudonymised data**

No confidential patient information is required by the researchers.

'Patient Notification' and mechanism for managing dissent

It is part of the CAG responsibility to support public confidence and transparency in the appropriate sharing and use of confidential patient information. Access to patient information without consent is a privilege and it is a general principle of support for reasonable measures to be taken to inform the relevant population of the activity and to provide a right to object and mechanism to respect that objection, where appropriate. This is known as 'patient notification'. This is separate to the local obligation to comply with the principles of the General Data Protection Regulation and Data Protection Act 2018.

The applicants advised that a patient notification strategy had not been created, as no patient identifiable information will be collected. The applicant described that this issue had been discussed with the research lead at Broadmoor, who advised that the process followed at the hospital is that the patient's Responsible Clinician, or in their absence the ward manager, would inform patient's about research studies in community meeting, giving patients the opportunity to dissent. Doing this in this way allows patients the opportunity to ask questions, whereas using patients and leaflets can be open to misinterpretation. Patients will be given the opportunity to dissent when informed about research studies during the community meetings.

Members noted that the CAG, when reviewing previous application for research in forensic psychiatry, have opted not to insist that patient notification is carried out. This did not set a precedent for applications for research outside of forensic psychiatry.

Patient and Public Involvement and Engagement

Meaningful engagement with patients, service users and the public is considered to be an important factor for the CAG in terms of contributing to public interest considerations as to whether the unconsented activity should go ahead.

The applicant noted that confidential patient information would not be processed by the researchers and the focus of the research is examining organisational management processes. The study doesn't involve patient contact and, given the nature of the research, Broadmoor are unlikely to approve patient involvement. Therefore no patient and public involvement had been conducted and none is planned.

Members noted that the CAG, when reviewing previous application for research in forensic psychiatry, have opted not to insist that patient and public involvement is carried out. This did not set a precedent for applications for research outside of forensic psychiatry.

Security of audio recordings

The CAG noted that the audio recorder would be kept in a locked briefcase when the researcher travelled between Broadmoor and their base. There was a risk that the case could be stolen or misplaced. Members asked if other methods of transporting or transferring the recordings had been considered, such as using an NHS mail account or other acceptable secure file transfer service. If other methods could not be used and the recordings needed to be transferred physically, the applicants were asked if the recordings could be encrypted.

Confidentiality Advisory Group advice conclusion

The CAG agreed that there was a public interest in this activity, were supportive in principle of this activity proceeding, and therefore recommended to the Health Research Authority that the activity be provisionally supported. However, further information and actions would be required prior to confirming that the minimum criteria and established principles of support have been adequately addressed.

In order to complete the processing of this application, please respond back to all of the request for further information, and actions required to meet the specific conditions of support where indicated, within one month.

Request for further information

1. Advise whether the audio recordings could be transferred by NHS mail account or by another acceptable file transfer service.

2. If the recordings need to be transferred physically, please advise if the recordings could be encrypted.

Once received, the information will be reviewed by a sub-committee of members in the first instance and a recommendation and decision issued as soon as possible. At this stage it may be necessary to request further information or refer to the next available CAG meeting. If the response is satisfactory and the outstanding actions listed in the specific conditions of support are met, a final support outcome will be issued.

Specific conditions of support

The following sets out the provisional specific conditions of support. These may change in the final outcome letter depending on the responses to queries.

1. Favourable opinion from a Research Ethics Committee. **Pending**

2. Confirmation provided from the IG Delivery Team at NHS Digital to the CAG that the relevant Data Security and Protection Toolkit (DSPT) submission(s) has achieved the 'Standards Met' threshold. See section below titled 'security assurance requirements' for further information. **Confirmed**

   The NHS Digital 2020/21 DSPT reviews for University of Nottingham and West London NHS Trust were confirmed as 'Standards Met' on the NHS Digital DSPT Tracker (checked 07 December 2021)

2. New Precedent Set Review Applications – Non-Research

a. 21/CAG/0174 - CQC 2022 Urgent and Emergency Care Survey – Mixed Methods Standalone Pilot

Context

Purpose of application

This application from the Care Quality Commission set out the purpose of conducting a national survey of patients aged 16 and above on the day of their attendance who attended a Type 1, and patients who have attended a Type 3 if applicable, department within a participating trust between 01 February and 28 February 2022.

The NHS Patient Survey Programme (NPSP) was initiated in 2002 by the then Department of Health, with the Urgent and Emergency Care Survey first established in 2003. The NPSP is now overseen by the Care Quality Commission (CQC), the independent regulator of health and social care in England. To date, the mainstage survey has been conducted using a postal approach. However, to improve accessibility to the survey, address falling response rates and reduce non-response bias, the CQC are moving the NHS Patient Survey Programme (NPSP) towards a mixed mode methodology using online methods alongside the traditional postal approach. The CQC have commissioned Ipsos MORI to manage and coordinate surveys within the NPSP under the title of the Coordination Centre for Mixed Methods. Ipsos MORI was selected by the CQC to work with them to redevelop the NPSP, with a view to moving the programme to a mixed methods approach (online and postal). The pilot study will test the effectiveness of offering the questionnaire online, instead of a postal survey, and sending SMS reminders in addition to postal reminders. The pilot of mixed methods will be conducted in a different fieldwork period and involve a different survey method to the mainstage survey. Therefore, a separate application has been submitted for this pilot. This pilot will also include a control sample, who will receive paper questionnaires only, in order to assess the feasibility of changing the methodology.

Ipsos MORI will select 12 trusts for inclusion in the pilot, with the aim of 10 trusts completing the pilot in full. As 50 urgent and emergency care providers were initially approached to gather interest in participation and more than 12 trusts expressed an interest in participation, a selection of trusts was made on criteria agreed with the CQC to ensure a diverse group of trusts participate. Survey preparations are expected to begin in January 2022 and fieldwork in April to July 2022. Trusts taking part in the online survey pilot will each provide a random sample of patients to Ipsos Mori (as Coordination Centre for Mixed Methods). Ipsos MORI will distribute the URL links for the online surveys via mailings and SMS messages. Ipsos MORI will also send out paper copies of the questionnaires to the control sample.

A recommendation for class 1, 2, 4 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	Patients (aged 16 and above on the day of their attendance) who attended a Type 1 (and patients who have attended a Type 3 if applicable) department within a participating trust between 1st February 00:00 and 28th February 2022 23:59.
Data sources	2. Confidential patient information provided by 12 participating NHS Trusts.

Identifiers required for linkage purposes	1. Trustcode 2. A standardised unique identifier code taking the following format: JNNNNXXX where J is the survey code, NNNN is the 4-digit number, e.g. 0001, 0002 etc and XXX is the trust's 3-digit trust code. 3. Title (Mr, Mrs, Ms, etc.) 4. First name 5. Surname 6. Address Fields 7. Postcode 8. Mobile number (where available)
Identifiers required for analysis purposes	1. Trustcode 2. The unique identifier code (as above) 3. Year of birth 4. Gender 5. Ethnic category 6. Department type 7. Day of attendance 8. Month of attendance 9. Year of attendance 10. Time of attendance 11. NHS site code (the five-character NHS trust side code of the site the patient attended) 12. CCG code 13. Mobile phone indicator (to denote whether a mobile number was included) 14. Postcode (mapped to Lower Layer Super Output Areas to allow analysis by deprivation and region, then securely deleted)
Additional information	

Confidentiality Advisory Group advice

The following sets out the Confidentiality Advisory Group advice which formed the basis of the decision by the Secretary of State for Health and Social Care.

Public interest

The CAG noted that this activity fell within the definition of the management of health and social care services and was therefore assured that the application described an appropriate medical purpose within the remit of the section 251 of the NHS Act 2006. The CAG agreed that the application had a medical purpose and was in the public interest.

Practicable alternatives

Members considered whether a practicable alternative to the disclosure of confidential patient information without consent existed in accordance with Section 251 (4) of the NHS Act 2006, taking into account the cost and technology available.

- **Feasibility of consent**

The applicants noted a commitment to considering other ways in which survey's can be run. They have explored the feasibility of trusts seeking consent from patients, however there are three main arguments for not seeking consent. The first is that trusts would be required to arrange their own mailings to patients, which would remove the benefit of using a specialist contractor. Secondly, there was a risk of introducing bias should the survey moved from on opt-out system to an opt-in system. The third reason is to avoid placing additional burden on staff within the trusts.

- **Use of anonymised/pseudonymised data**

The Coordination Centre, Ipsos MORI, require access to confidential patient information supplied by participating trusts in order to send the questionnaire to the sample.

'Patient Notification' and mechanism for managing dissent

It is part of the CAG responsibility to support public confidence and transparency in the appropriate sharing and use of confidential patient information. Access to patient information without consent is a privilege and it is a general principle of support for reasonable measures to be taken to inform the relevant population of the activity and to provide a right to object and mechanism to respect that objection, where appropriate. This is known as 'patient notification'. This is separate to the local obligation to comply with the principles of the General Data Protection Regulation and Data Protection Act 2018.

Trusts will be asked to display posters which inform potential participants about the survey and that they may be contacted. The posters will also be displayed on the trust websites and on social media. Posters will be shared with trusts in December 2021, and they will be asked to display these posters for the full sample period (1st February to 28th February 2022, and January 2022 for Type 3 trusts without enough attendances during February).

The posters contain space for participating trusts to include their email, telephone and postal contact details for patients to register dissent.

Trusts will be required to keep a record of objections and dissent. However, the method in which they do this is at the discretion of the trust. The applicants expect that the majority of trusts will use a flag on the electronic records systems and have a data field specifically about whether the patient is happy for their contact details to be used for any other purpose than clinical care.

Other trusts will keep a separate record which is cross referenced against the eligible population before the final sample file is drawn. This method is a long-standing approach adopted for the Urgent and Emergency Care Survey. The applicants noted that they were not aware of any incidences where this process has not been managed successfully by trusts.

The CAG agreed that the posters need to be very widely displayed. Members noted that most departments have electronic message boards. The CAG asked the applicant to consider encouraging trusts to use these noticeboards, as well as the publicisation via trust websites and social media already planned.

The posters did not explain that identifiers would be passed to Ipsos Mori. Members suggested that the poster could be linked to a website with further information, for those who are interested. This could then include more details about what is actually happening in terms of data flows.

Patient and Public Involvement and Engagement

Meaningful engagement with patients, service users and the public are considered to be an important factor for the CAG in terms of contributing to public interest considerations as to whether the unconsented activity should go ahead.

The applicants explained that engagement activities for this pilot were undertaken between June and September 2021 to seek views on moving to an 'online first' method of administering questionnaires.

Citizen Lab, and online community survey run by the CQC, was completed by Healthwatch representatives. An online questionnaire was sent users of the survey data, which includes; subscribers to the NHS Patient Survey Programme Newsletter, users of the UK Data Service who had accessed the surveys, surveys leads at all acute and mental health trusts that take part in the NHS Patient Survey Programme and staff at NHS England and Improvement.

Qualitative interviews were held with key Urgent and Emergency Care policy leads. Presentations were given to the NHS Hope Network, which includes Heads of Patient Experience across a number of Urgent and Emergency Care providers, and the Emergency Medicine Specialist Advisor Forum, which includes Emergency Department consultants and senior nurses.

Across the various engagement activities, the pilot methodology of offering online completion and contacting patients by SMS was considered acceptable. Some of the participants expressed concerns that certain groups (such as the very elderly, those in living in higher levels of deprivation, and those with severe mental ill health) would be underrepresent as a result of the shift to an "online first" approach. However, it was recognised that the risk of digital exclusion

would be minimised given that survey respondents in the pilot group would still receive a paper version of the questionnaire if they requested it or did not complete it online.

The applicants noted that the CQC was reviewing the methodology across the NPSP. Due to the similarities across surveys, a variety of different patients have been engaged in a number of different ways. The pilot approach is based on industry best practice and evidence accrued during the programme to date. Cognitive interviews were conducted with patients to test the approach and materials for the 2019 Adult Inpatient Pilot. As part of these interviews, views were sought on the mixed method approach and how comfortable people would feel completing the questionnaires online. How people felt about receiving SMS reminders to take part in the survey and about being contacted without their consent more generally were also investigated. The response was largely positive with choice in completion methods being seen as a good thing. The use of SMS reminders and being contacted was also considered to be the "norm" with people commenting that it's what they expect when they interact with both public and private services, such as their GPs, dentists and banks etc.

The proposed changes to methodology have also been tested with the children and young people's panel. The results from this engagement found that 75% had no concerns about CQC's plans for a pilot of a digital, web-first, children and young people's survey, when thinking specifically about the method for contacting patients. More than eight in ten panel members more broadly supported CQC's plans for a digital, web-first, children and young people's surveys, instead of an entirely paper-based option.

Interviews were recently conducted to test the approach and materials for the 2020 Community Mental Health Pilot. Following feedback from the interviews, the letters and SMS reminders were edited to emphasis the process for opting-out should service users wish and the voluntary nature of the research.

The patient materials for the Urgent and Emergency Care Pilot have drawn on learnings from across these pilots, particularly the Adult Inpatient Survey as it is known that the population of patients visiting Urgent and Emergency Care Departments is most similar to the Adult Inpatient population. Copies of the patient materials are included with this application.

Contact with potential patricipants

The CAG noted that three contact attempts would be made and that this may be potentially burdensome, but that this had been discussed during patient and public involvement and participants were in favour. Members asked if the applicants could consider incorporating a way for participants to opt-out from further contact, once they have been contacted for the first time.

The Group noted the importance that patients who needed to conceal their attendance due to risk to themselves were excluded, but also noted that the coding for this can be difficult to screen for. Members asked that the applicants consider if there is anything further that they can do to exclude patients who wish to conceal their attendance because of risks to themselves. such as domestic abuse and sexual violence.

Confidentiality Advisory Group advice conclusion

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, subject to compliance with the specific and standard conditions of support as set out below.

The CAG have made suggestions, which they would like to applicant to consider implementing in this survey or future surveys, but they are not conditions of support.

Specific conditions of support

1. Confirmation provided from the IG Delivery Team at NHS Digital to the CAG that the relevant Data Security and Protection Toolkit (DSPT) submission(s) has achieved the 'Standards Met' threshold. See section below titled 'security assurance requirements' for further information. **Confirmed:**

   The NHS Digital **2020/21** DSPT review for Ipsos MORI was confirmed as 'Standards Met' on the NHS Digital DSPT Tracker (04 August 2021)

Minutes signed off as accurate by correspondence from Dr Patrick Coyle, CAG Vice-Chair		*04 January 2022*
Signed – Officers of CAG		Date
Caroline Watchurst		*20 December 2021*
Signed – Confidentiality Advice Team		Date