

**Framework Agreement  
between the Department of Health and the  
Care Quality Commission**

**Annex C: Communications**

## General

1. This annex sets out the principles that govern how CQC, including Healthwatch England and DH will work together to deliver effective and coherent communications in the spirit of common purpose.
2. To ensure that communication activities deliver real benefit for service users, the public, communities, stakeholders and the system itself, these principles will underpin all communications activities, creating an integrated communications approach for the health and care system as a whole.
3. To support this, the CQC Director of Communications will take part in the cross-system Arm's Length Bodies Directors of Communications forum that will take ownership of the cross-system communications approach. CQC and DH will also ensure that relevant senior officials from their communications teams meet regularly, build effective working relationships and design detailed working practices. Healthwatch England and DH will also ensure that teams meet regularly and are kept apprised of relevant communications activities.
4. The general principles underpinning the approach to communications to be followed by CQC, Healthwatch England and DH will be:
  - Mutual respect, co-operation and 'no surprises';
  - Value for money and avoiding duplication;

- A shared responsibility to promote and protect the public's health, aligning these activities where appropriate;
- The most effective communication using the most appropriate voice.

## Communications strategy and planning

5. CQC and DH will develop annual communications strategies setting out their communications objectives and priorities. Where objectives are the same, the organisations will work together to ensure the associated activities are coherently aligned and add value to each other. DH and Healthwatch England will work together on associated communications activities where the objectives are the same, in order to ensure that they are coherently aligned and add value to each other.
6. The Arms Length Bodies Directors of Communications forum will play a key role in ensuring communications strategies and planning across the health and care system are aligned and coherent.
7. As agreed by the Public Expenditure Committee (Efficiency and Reform) – PEX(ER) – major paid-for communications activity will also be incorporated into the annual health communication and marketing plans developed by the 'Health Hub'. The Hub structure has been developed across government to ensure value for money, reduce duplication and share expertise. The annual Health Hub communications and

marketing plan is a requirement of the Cabinet Office's annual cross-government Proactive Communications Plan.

8. In addition, PEX(ER) agreed to a cross-government freeze on paid-for communications activity and a process managed by the Cabinet Office's Efficiency and Reform Group (ERG) to manage this.

### **Digital communications and channel strategy**

9. DH and CQC will develop annual digital strategies setting out their digital communications objectives and priorities. These strategies will follow the principles set out in the annual cross-Government digital strategy.
10. DH, CQC and Healthwatch England will use digital channels as their default channels for communications and services following the "digital first" channel strategy for health and care and the direction of travel set in the May 2012 Information Strategy for health and care, 'The Power of Information'.

### **Media Handling**

11. CQC and Healthwatch England will establish and maintain independent relationships with all those interested in, or affected by its work, including the media. It will have responsibility for dealing with media enquiries received relating to its work and the way in which it exercises its functions.
12. DH, CQC and Healthwatch England will keep each other informed of plans for media announcements. When it comes to the attention of DH, CQC or

Healthwatch England that the media or any other organisation is intending to make public information related to CQC, Healthwatch England or their work; CQC, Healthwatch England or DH will, where possible, bring this matter to the attention of the other organisations.

13. DH, CQC and Healthwatch England will, where possible, bring to the attention of communications leads in each organisation issues creating media interest and expected media coverage which relates to the work of DH, CQC or Healthwatch England.

### **Announcements**

14. To support the principle of partnership working described in the Framework Agreement and the commitment to 'no surprises', CQC, Healthwatch England and DH will share a schedule of relevant planned announcements weekly or fortnightly as appropriate. These should be treated "in-confidence" by the receiving parties and care taken with onward circulation.
15. CQC, Healthwatch England and DH will endeavour to give each other as much notice as possible to enable early discussions on all aspects of the announcement with relevant policy and communications leads from each organisation.
16. CQC, Healthwatch England and DH will also share, in confidence and principally for information, a near-final draft of any relevant report to be published, including

conclusions, any executive summary and recommendations.

### **CQC warning notices and compliance reports**

17. Each Friday, CQC will aim to provide DH with the list of compliance reports and warning notices to be published the following week. CQC will provide DH with copies of compliance reports that are considered to be of interest to the media two days before publication (usually Monday for Wednesday publication). This will allow DH officials to brief Ministers and other senior officials. DH will not seek to influence the content of the reports.
18. Wherever possible, CQC will share warning notices and press releases relating to NHS bodies with the DH's NHS Business Unit the day before publication.
19. Wherever enforcement action is to be taken against private and voluntary healthcare providers or social care providers, CQC will notify DH the day before publication, or distribution of press notice, if:
  - it is likely to attract national media interest;
  - is likely to lead to lobbying of DH officials or ministers; or parliamentary questions

### **CQC and Healthwatch England Publications**

20. 'Publications' in this section refers to documents such as annual reports, anything relating to the structure or operation of the organisation, and statutory reports such as accounts. It does not include green or white papers or any other significant statements of Government policy. In these cases DH will commit to the principle of 'no surprises' wherever possible and endeavour to share drafts with CQC and Healthwatch England officials for comment where appropriate.
21. There are separate arrangements for publication of official statistics and these are described in the Statistics section below.
22. To support the principle of partnership working described in the Framework Agreement and the commitment to 'no surprises', CQC and DH will share a schedule of relevant forthcoming publications weekly or fortnightly as appropriate.
23. CQC, Healthwatch England and DH will, except in exceptional circumstances, share publications with each other ten working days before publication for information, factual accuracy checking and to allow clarification of any issues that may arise. CQC, Healthwatch England and DH officials will liaise as necessary to provide briefing on the publication. CQC, Healthwatch England and DH will, whenever possible, send a final copy of the publication to

each other's officials at least three days before publication. In exceptional circumstances, this period may be shorter and both parties will endeavour to allow as long as possible in such cases.

24. Where CQC, Healthwatch England and DH cannot resolve an issue relating to the detail in a publication due for release, the organisation publishing the document will respond to the querying organisation in writing before publication explaining why the comments cannot be taken on board in the final copy of the document.
25. When it comes to the attention of DH, CQC or Healthwatch England that another Government Department or public body is intending to publish a report concerning the other party and its work, DH, CQC or Healthwatch England will, wherever possible, bring this matter to the other's attention.

#### **Campaign activity - CQC**

26. Any major, public-facing campaign activity should be incorporated into the annual health communication and marketing plans developed by the Health Hub and agreed through the ERG process.
27. CQC will discuss this activity with DH in advance and ensure that DH has appropriate opportunities to inform the thinking and ensure a strategic fit with other campaigns across the health and care system. This will avoid unnecessary duplication and inefficient use of resource.

#### **Statistics - CQC**

28. Pre-announcement of statistical publications:
  - (a) The planned month of any statistical publications should normally be announced at least 12 months in advance. The precise date should be announced or confirmed at least 4 weeks in advance. To support the principle of co-operation, CQC should inform the DH Statistics Team of any changes to planned publication dates for Official Statistics.
29. Sharing data in their final form for briefing:
  - (a) Official statistics in their final form, including any press release for publication of official statistics, will be shared with those officials and Ministers for whom pre-release access has been agreed no earlier than 24 hours before the formal time of publication. Access for briefing purposes is limited to requirements to brief Ministers or others who may be required to comment at the time of publication. A list of people should be agreed 10 working days in advance, by the lead official for statistics at CQC, who will consult with the DH Head of Profession if they judge necessary (current DH models for pre-release access may be consulted as a guide). CQC will not provide media with embargoed access to the

press release in advance of publication.

30. Sharing pre-publication data for other purposes
- (a) Official statistics may also, with the agreement of the lead official for official statistics at CQC, be shared before publication for other purposes as set out below:
- (1) With DH analytical staff where those staff are directly involved in producing the statistics, or related DH statistical products.
  - (2) With named DH analysts and subject specialists, where there would be added value derived from expert Quality Assurance (QA) (either on the figures themselves, or on any statement of DH policy positions in the draft publication).
  - (3) Where DH officials apply to CQC for access for a specified management purpose (if, for example, it is evident that patient health or public finances would be protected by granting such access).
  - (4) Where up-to-date data are needed for inclusion in a DH publication planned for release at the same time or shortly after the statistics are to be published.
- (b) In all cases where pre-release access is agreed, the purpose, timings and names of individuals should be agreed in advance by the lead official for statistics.

All pre-release access will be documented, and lists of people granted access will be made available on request. Where pre-release access has been granted, the pre-publication uses of the data will not exceed the stated purpose.