



Department
of Health



Litigation Authority

**Framework Agreement
Between the Department of health and the NHS LA**

Annex C: Communications

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General

1. This annex sets out the principles that govern how the NHS LA and the Department of Health 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 patients, 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 NHS LA Head 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. The NHS LA and the Department of Health will also ensure that relevant senior officials from their communications teams meet regularly, build effective working relationships and design detailed working practices.
4. The general principles underpinning the approach to communications to be followed by the NHS LA and the Department 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. The NHS LA and the Department will develop an annual communication plan 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.
6. The ALB 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. The process, and details of the operation of the control, will be communicated to you separately by the Department.

Media Handling

9. The NHS LA 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.
10. DH and the NHS LA will keep each other informed of plans for media announcements. When it comes to the attention of DH or the NHS LA that the media or any other organisation is intending to make public information related to the NHS LA or its work, the NHS LA or DH will, where possible, bring this matter to the attention of the other.
11. DH and the NHS LA 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 or the NHS LA .

Announcements

12. To support the principle of partnership working described in the framework agreement and the commitment to 'no surprises', the NHS LA 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.
13. The NHS LA and the Department 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.
14. The NHS LA 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.

Publications

15. '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 the NHS LA officials for comment where appropriate.

16. There are separate arrangements for publication of official statistics and these are described in the Statistics section below.
17. To support the principle of partnership working described in the framework agreement and the commitment to 'no surprises', the NHS LA and DH will share a schedule of relevant forthcoming publications weekly or fortnightly as appropriate.
18. The NHS LA and DH will, except in exceptional circumstances, share publications with each other ten working days before publication for information and to allow clarification of any issues that may arise. The NHS LA and DH officials will liaise as necessary to provide briefing on the publication. The NHS LA 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.
19. Where the NHS LA and the Department of Health 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.
20. When it comes to the attention of DH or the NHS LA that another Government Department or public body is intending to publish a report concerning the other party and its work, DH or the NHS LA will, wherever possible, bring this matter to the other's attention.

Digital and channel strategy

21. DH and the NHS LA 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.
22. The Department and the NHS LA 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'.

Campaign activity

23. 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.
24. The NHS LA 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

25. 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, the NHS LA should inform the DH Statistics Team of any changes to planned publication dates for Official Statistics.

26. 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 the NHS LA , 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). The NHS LA will not provide media with embargoed access to the press release in advance of publication.

27. Sharing pre-publication data for other purposes

- a. Official statistics may also, with the agreement of the lead official for official statistics at the NHS LA , be shared before publication for other purposes as set out below:
 - i. With DH analytical staff where those staff are directly involved in producing the statistics, or related DH statistical products.
 - ii. 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).
 - iii. Where DH officials apply to the NHS LA 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).
 - iv. 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.