

Delivering quality services now and for the future

Transforming survival rates for people with secondary liver cancer

Communications and Engagement Plan

Objectives:

1. To ensure all stakeholders are aware of the nature and benefits of the changes, being clear that this is an enhancement to services, which aims to deliver improved patient outcomes and survival rates
2. To develop and promote the narrative, key messages to build confidence and gain support amongst key audiences for the changes proposed and what we are trying to achieve
3. To ensure there is wide clinical and patient engagement from all related specialties including cancer services and other co-dependent services
4. Recognising the different needs and current levels of understanding amongst key stakeholders, to develop communications that are consistent, clear and tailored to different audience needs
5. To ensure that all stakeholders are kept up to date, fully informed and engaged about the scope and benefits of the project

Key messages:

- This is a service enhancement – which will deliver improved patient outcomes and survival rates, in line with national standards
- Patients will benefit from access to a high quality and safe service, where they are treated in the right place at the right time by expert clinicians who will have regular experience of their condition
- A single network and specialist surgical centre will lead to an increased number of patients being able to access a high quality surgical service.
- Concentrating patients at one specialist centre will mean that clinicians will be able to maintain and develop their surgical skills and expertise
- This is about delivering safe services now and for the future

Core/Key Messages (Verbal)

- This change is needed to ensure the services we commission meet the Improving Outcomes Guidelines (IOG) including nationally agreed quality and safety standards. The IOGs are developed by the National

Key audiences:

- Clinical Community – Colorectal
- Clinical Community – Current hepatobiliary
- Acute trusts within the network region
- Acute trusts outside the network region with an interest in the pathway
- Patients, families, carers
- Media
- MPs
- Providers
- CCGs
- NHS England Area Team
- NHS England Public, Patient Voice Leads / Patient, Public Engagement Leads
- Public
- Strategic Clinical Network
- Cancer charities
- Patient Transport Services
- Local Health Overview and Scrutiny Committees
- Health and Wellbeing Boards
- Healthwatch
- Local authorities
- Other surrounding networks

** A full and thorough stakeholder review will be*

<p>6. To provide numerous and varied opportunities for ALL stakeholders to give their views, ask questions, raise concerns and make comments</p> <p>7. To ensure engagement exercises have approaches, methodology and channels that comply with legislation and best practice</p> <p>8. To be honest, open and responsive in all communications and engagement activities</p>	<ul style="list-style-type: none"> • We will be able to save more lives and significantly improve people’s chances of making the fullest recovery possible. • We will have a service that delivers the highest possible care for people with secondary liver cancer (liver metastases) • The location of the single specialist surgical centre undertaking liver resections will change – all other aspects of care will continue to be delivered locally and local developments in treatments will be encouraged • A small number of patients and their families may now need to travel further for their surgery – we are committed to working with local partners to minimise the impact 	<p><i>undertaken once the project begins.</i></p>
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<p>Risk Analysis</p> <ul style="list-style-type: none"> • Risk: Stakeholders do not understand the benefits of changes, seeing development of the service as loss or deterioration or service. Mitigation: Communications and engagement activity will focus on the clinical patient benefits. The plan will take account of the need to ensure two-way communications and that all views are listened to and taken account of. Our plan identifies the need to ensure communications and engagement are targeted to reach different audiences with the right messages, in the right way at the right time; use of champions will be key, as will 1:1 visits with priority MPs and media (these can be key opinion formers). • Risk: Availability of service users, GP and/or clinical champions to support the engagement work—which could jeopardize current timescales for implementation. Mitigation: We will seek to ensure our identified champions are <u>continually</u> sharing messages and collecting views. The champions will be supported in the work through the development and use of core materials and key messages. • Risk: Local Health Overview and Scrutiny Committees – might not be engaged or understand the need for change, capacity issues and the impact this has on timelines. Mitigation: Specific actions relating to HOSC engagement detailed in action plan and robust messaging developed. This will enable specific and targeted activity to offset risks and help ensure greater understanding of the proposed reconfiguration. Early engagement of HOSCs commenced in 2012 and led to the development of a Joint Health Overview & Scrutiny Committee (JHOSC).

- **Risk:** The Joint Health Overview & Scrutiny Committee may not believe the process undertaken by NHS England, to complete the review and the plans for implementation, including the plans for public engagement are robust.
Mitigation: Ensure that we clearly communicate our plans to the JHOSC, with the clinical rationale and need for change, as well as the recommendations of the expert panel. Provide evidence as required, of the process followed and future plans, including assuring the JHOSC that a high quality and thorough engagement will take place

DRAFT

Date/ stage	Aim / Purpose / Objective	Action	Lead	Timescale and comments
Stage 1:Pre-engagement/Overarching				
TBC	To ensure proposals are fit for purpose	All proposals for reconfiguration of services must demonstrate the four tests: 1. Support from commissioners 2. Strengthened public and patient engagement 3. Clarity on the clinical evidence base 4. Consistency with current and prospective patient choice	AT	ONGOING
		Guidance to: <ul style="list-style-type: none"> Ensure local plans are aligned to a national approach with a degree of local flexibility Approaches and tactics required to ensure a successful outcome 	NM&E Comms	ONGOING
		Co-ordination and managing of this communications and engagement plan and monitoring progress and delivery	NM&E Comms	ONGOING
	Involve relevant stakeholders early and ensure they have an opportunity to feed into the process, potential options and for them to feel that they have been a part of the process	Small project group established to clarify the decision making process, options and to provide expert knowledge and specialist knowledge for the duration of the project. Discuss all levels of engagement throughout process	AT	COMPLETE Liver Mets Steering Group established 2011
		Meeting with local Health Overview and Scrutiny Committees (HOSCs)/ JHOSCs to update on the project – Provide briefing if required	AT	ONGOING Provided updates to EoE HOSC meeting throughout project. Attended informal Joint Health and Overview Committee meeting in July 2013 to feed back on project progress and update on recommendation of the External Panel A formal JHOSC was established in September 2013 to review the process
	EoE Operational Oversight Group, which had representation from all EoE PCTS, signed off proposals at all stages.	AT	COMPLETE	

Date/ stage	Aim / Purpose / Objective	Action	Lead	Timescale and comments
		Regional Management Team to sign off final recommendation.		Jan 2014
		Ensure clinical staff and staff effected by any potential change are involved early on in the process	AT	COMPLETE Liver Mets information day took place in 11 July 2011 and subsequent feedback was fed back to National Cancer Action Team and report was published August 2012
1.1 Stakeholder mapping				
	To understand and prioritise key audiences so that communications and engagement activity is targeted and appropriate	Full stakeholder mapping exercise, including prioritisation, using recognised quality stakeholder mapping tools. Ensure to Include co-dependent services. Ensuring stakeholder mapping takes into account those in 'hard to reach and rural communities'	NM&E Comms	End Nov - Dec 2013 (TBC)
		Based on priority area's identified via stakeholder mapping link with AT/CSU and provider Communication Teams to use all available communication and engagement opportunities such as: <ul style="list-style-type: none"> Using their local intelligence to find out hotspots Engagement channels and methods/disseminating info where possible on our behalf Advise on CCG engagement and appropriate channels Advise on recruitment of interested stakeholders who may wish to be involved 	NM&E Comms	ONGOING
Stage 2: Planning and delivering the engagement				
2.1 Communications planning				
Date TBC	To ensure a comprehensive communications and engagement plan for the project is in place for the pre-engagement phase of the project	Draft communications plan submitted to key stakeholders for comment and then approval by project lead and Head of Specialised Commissioning.	AT/NM&E Comms	ONGOING Draft to be circulated to key stakeholders 7 Nov 2013 Final draft to be finalised by 11 Nov 2013 for

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				JHSOC meeting. Following have been involved in shaping and feeding into plan <ul style="list-style-type: none"> Healthwatch Reps AT Director of Commissioning Head of Specialised Commissioning, East Anglia AT Strategic Clinical Network
		Following comments from project group final version submitted for sign off	NM&E Comms	ONGOING
	Horizon scan	Creation of separate horizon scan for project and log any issues. Escalate to the national team any significant local issues	NM&E Comms	End Nov - Dec 2013 (TBC)
	To ensure a comprehensive media plan is in place prior to commencement of the project	Media plan to be created (if required)	NM&E Comms	End Nov - Dec 2013 (TBC)
		Lines to take and core messages developed for the project	NM&E Comms	COMPLETE
		Support the identification of appropriate spokespeople for the engagement project	NM&E Comms	End Nov - Dec 2013 (TBC)
		Drafting press releases, statements as and when required in response to reactive media enquiries	NM&E Comms	ONGOING
2.2 Informed stakeholders – targeting clinicians, GPs, commissioners, patients, HOSC and Voluntary Groups				
	Local authorities and HOSC buy into the direction of travel and understand the projects benefits and limitations	<ul style="list-style-type: none"> Attend quarterly regional (East of England) HOSC meeting to update on project progress, next steps and present this comms and engagement plan 1-1 briefings with HOSC chair (if necessary) 	AT	ONGOING
		Attend and engage with the formal JHOSC process and present this communications and engagement action plan	AT	ONGOING Two meetings with the formal JHOSC are to take place to review the process. The first meeting took place 25 September 2013 Next meeting to take place 29 November 2013
	Ensure front-line and clinical staff are targeted for their views especially on their patients who may be in 'hard to reach' and rural communities. Ensuring they have an understanding of	Quarterly clinical newsletter to be distributed	AT	
		Submit to Trust, CCG, provider comms colleagues on behalf of AT: <ul style="list-style-type: none"> Public-facing publications Information for their website 	NM&E Comms	

Date/ stage	Aim / Purpose / Objective	Action	Lead	Timescale and comments
	the project and how they can feed into the process and pre-engagement phase			
	Ensure CCGs/GPs are targeted for their views, ensuring they have an understanding of the project and how they can feed into the process and pre-engagement phase	Submit articles/letters to CCG bulletins to provide regular updates and publicise feedback mechanisms	AT	ONGOING On-going updates provided to CCG & Specialised Commissioning Forum. Updates provided in June and October 2013.
	Ensuring information is regularly shared upwards. Commissioning staff and clinical community have the opportunity to interact and collaborate	Monthly updates/briefings to clinical and commissioning staff via Area Team and AT reporting lines	AT	ONGOING
	Involve former patients, families and carers, and the public, in service development	Ensure user champions/relevant support groups are regularly targeted for their views	AT	ONGOING AT working with Healthwatch on shaping and feeding into engagement plan – to be completed by 11 Nov AT working with SCN and AT PPE leads to ensure support for targeting meaningful engagement.
		Attend meetings to discuss project with <ul style="list-style-type: none"> • Healthwatch • Relevant/local patient groups 	AT	ONGOING Working with Healthwatch on shaping and feeding into engagement plan – to be completed by 11 Nov Working with Healthwatch to link in with rural communities via groups (Norfolk, Suffolk and Cambridge) Meeting with Macmillan Representative in diary to discuss project – Nov TBC
		Liaise with related charities e.g. cancer charities to ensure we understand how to reach their patient groups	AT	ONGOING Meeting with Macmillan Representative in diary to discuss project
2.3 Wider stakeholders – targeting public, media, MPs etc				
	Ensure wider target audiences are fully aware of the project and have all necessary information in a simple	News releases distributed to relevant radio, TV and print media specific to area (following up on meetings with editors) To include:	NM&E Comms	

Date/ stage	Aim / Purpose / Objective	Action	Lead	Timescale and comments	
	format Publicise the project as widely as possible	<ul style="list-style-type: none"> ▪ Launch news release ▪ Publicise feedback channels ▪ Letters to the editor publicising event ▪ Post engagement news release and outcome summary 			
	Ensure that everyone has an understanding of the positives ensuring transparency about the implications	Submit to Trust and CCG / comms colleagues on behalf of AT: <ul style="list-style-type: none"> ▪ Public-facing publications ▪ Information for their website 	NM&E Comms		
	Ensure MPs are aware of the changes and are supportive, where appropriate	Discovery / engagement events <ul style="list-style-type: none"> ▪ Respond to MPs / MEPS with a vested interest in the designation ▪ Write letters/briefings for MPs ▪ Follow-up with offers to meet with MPs ▪ All meetings with MPs to include at least 1 x clinical lead (only IF required) 	AT	<i>See section 2.5</i>	
	2.4 Producing engagement documents				
	Core Materials for key stakeholders: <i>Stakeholder information pack</i>	Pull together the following documents for engagement: <ul style="list-style-type: none"> • Case for change / fact file (with links to / copies of National standards) • Two-side summary (also for wider distribution beyond the packs) • FAQs • List of engagement events • Stakeholder presentation template • Timelines and milestones 	AT	Send final copy to: <ul style="list-style-type: none"> • Project group members • Project manager • Lead commissioners • Clinicians • HOSC • Regional and Local Area Team Directors • Any interested patient groups • Provider/trust/CCG/CSU comms 	
Core Materials: Ensure consistent and clear messages are given to <u>clinical staff and other</u> informed stakeholders	<ul style="list-style-type: none"> • Clinical / commissioner newsletter to be developed and distributed to clinicians • Regular stakeholder newsletter to be distributed to key stakeholders etc. 	AT			
Ensure messages are consistent and clear in a high quality engagement document	<ul style="list-style-type: none"> • First rough draft of engagement document completed and meet with project lead to discuss/amend • Send the final draft to project group for feedback (IF required) 	AT			
	<ul style="list-style-type: none"> • Identify copies required as well as 	AT			

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	Ensure high quality documents are produced and any design reflects NHS England brand guidelines	<ul style="list-style-type: none"> paper/electronic copies Source pictures for use and secure the appropriate permissions Procure design/print services and agree final design of the document with printers (e.g. booklet, A4, feedback forms etc.) Document to be proofed before submission to printers 		
2.5 Planning and executing engagement events				
	<p>How long should we run events for and how many?</p> <p><i>Ensure that everyone has a fair opportunity to take part especially those who are deemed in 'hard to reach' or rural communities.</i></p>	<ul style="list-style-type: none"> Engage with local HOSC to seek advice recommendation for engagement Confirm timescale for engagement in line with proportionate engagement 	AT	<p>ONGOING (Subject to final agreement)</p> <ul style="list-style-type: none"> Have confirmed to the JHOSC that Engagement period to take place over 12 week period
	Identify the types of event required for engagement	<p>To include but not an exhaustive list:-</p> <ul style="list-style-type: none"> Discovery events (<i>Drop in style</i>) Clinical meetings Meetings with patient groups <p><i>Mixture of talks, information sharing and gathering views</i> - Focus groups - Patient/Carer Panels</p>	AT	<p>ONGOING (Subject to final agreement)</p> <ul style="list-style-type: none">
		Identify hotspots and issues that would benefit from discovery/ clinical event.	AT	<p>ONGOING</p> <ul style="list-style-type: none"> Will be concentrating a larger number of events in Norfolk as biggest area of changes A smaller number of events will be held in Suffolk and Cambridge
	Attending patient/public meetings to present proposals	<p>Research/attend patient/public meetings to inform and present recommendation/case for change will depend on when groups hold their meetings.</p> <ul style="list-style-type: none"> Trust/provider patient groups CCG patient groups Healthier Together Healthwatch Health and Well Being Boards 	AT	<p>ONGOING</p> <ul style="list-style-type: none"> Links already made with Healthwatch reps and Macmillan Cancer Support CCGs have been kept regularly up to date of progress throughout the project

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		<ul style="list-style-type: none"> Community groups Racial Equality Councils 		
2.6 Recording responses/feedback from events				
How are we doing? How can the public input into engagement	Attendance sheet taken to all group meetings (Includes questions about the engagement, recruitment of patient reps, type of person responding etc.)		AT	
	Recording attendees at events and getting them to fill out feedback forms		AT	
	Log all written/digital responses, correspondence and survey monkey results		AT	
	Digital feedback form available		AT	
2.7 Clear distribution and feedback channels in place for the engagement				
Ensure there are clear channels for disseminating information in place	Ensure AT wider stakeholder and internal contact list is up to date		AT	ONGOING
	Use provider/trust/AT/AT comms to disseminate information on our behalf where appropriate		NM&E Comms	ONGOING
	Using available internal channels within AT to feed information upwards		AT	ONGOING
	Utilising links with NHS England Patient and Patient and Public Voice leads to disseminate information on behalf AT where appropriate		AT	ONGOING
	Send regular information and progress updates to local HOSCs and key HOSC contacts		AT	
	Work with regional Strategic Clinical Networks to identify relevant PPI links and distribution channels such as: <ul style="list-style-type: none"> Health Watch Third Sector/Voluntary organisations Patient Groups Hard to reach groups 		AT	ONGOING PPI lead at SCN has been involved with development of engagement plan and identifying routes link with stakeholders
Ensuring clear and identified feedback channels are in place to gain feedback	Creation of email address for engagement		AT	

Date/ stage	Aim / Purpose / Objective	Action	Lead	Timescale and comments
	from our key audiences	Digital feedback form available on request/through website/intranet	AT	
		Distributing feedback forms at events e.g. clinical and patient group meetings	AT	
		Freepost address to allow people to post back completed feedback forms	AT	

Engagement exercise takes place

Stage 3: Data collection

Date TBC	Data collection	Identify lead for data collection	AT	
	Response database	Create response database	AT	
	Review responses during engagement period	If response rate is low, contingency plan	AT	

Stage 4: Analysis

Date TBC	4.1 Beginning the analysis			
	Will analysis be carried out in house or will external help be required?	Assess once responses begin to come in	AT	
	4.2 What needs to be completed during the analysis			
	First stage analysis	In-depth analysis of all responses to be completed (coding each comment and quantifying occurrences of codes)	AT	
	Second stage analysis	Dividing the codes into themes and prioritising these according to number of occurrences of codes within each	AT	
	Final stage analysis/final report	Bringing all of the themes together to create a final report for the project group	AT	

Stage 5: Feeding back the results

Date	5.1 Produce the outcome summary			
	Ensure we feed back to our	Outcome summary produced <ul style="list-style-type: none"> ▪ Include information about the decision made 	AT	Distributed to all respondents (who requested it) and

Date/ stage	Aim / Purpose / Objective	Action	Lead	Timescale and comments
TBC	stakeholders the findings of the engagement <i>'You said, we did'</i>	<ul style="list-style-type: none"> and why it was made Include information about who you engaged with and how Include data from 'yes' and 'no' responses Include summary of main feedback points 		other relevant stakeholders e.g.: <ul style="list-style-type: none"> HOSC, JHOSC, GPs/MPs NHS England AT and SCNs CCG/CSU Comms/Trusts/Providers Project Group Healthier Together, Healthwatch, Health and Wellbeing Boards
		Distribute to relevant media accompanied by a news release	NM&E Comms	
5.2 Going to the Board / Final ratification				
	Ensure the engagement outcome is on the agenda at Area Team Executive meetings	Engagement outcome on the agenda – at least one week before date Prepare the cover paper based on recommendations made by the project group based on feedback received to the engagement	AT	
5.3 Implementation				
	Ensure that key stakeholders are kept up to date of developments once implementation starts following the outcome of the engagement and a decision around next steps	Produce regular newsletter for respondents who asked to be kept updated	AT	
Stage 6: Evaluation				
Date TBC	Evaluate the engagement	Evaluate all parts of the process including the six stages in this communication and engagement plan	NM&E Comms	
		Evaluate analysis process	NM&E Comms	
		Produce an evaluation presenting key achievements and areas for improvement in a lessons learned report	NM&E Comms	

Key: **NM&E Comms = North, Midlands and East Communications Services**
AT = East Anglia Area Team, NHS England.

This plan has been created by North, Midlands and East Communication Services (NM&E Communications) on behalf of East Anglia AT. Plan updated on 12 November 2013 by Jenni Gospel, Head of Service Delivery (Specialised Commissioning), NM&E Communications

Outstanding actions (updated 12 November 2013)

Timing	Action	Lead	Comments/Completed
29 November 2013	Present this Communications and engagement action plan to JHOSC	AT	
7 - 11 November 2013	Draft communications plan submitted for comment to key stakeholder for comment and then approval by project lead and AT Director	AT/NM&E Comms	
29 November 2013	Attend and engage with the formal JHOSC process and present this communications and engagement action plan	AT	
End Nov/Early Dec	Full stakeholder mapping exercise	NM&E Comms	
End Nov/Early Dec	Creation of separate horizon scan	NM&E Comms	
End Nov/Early Dec	Media plan to be created (if required)	NM&E Comms	
End Nov/Early Dec	Identify appropriate spokespeople for any interviews/media requests	NM&E Comms	
ONGOING	All proposals for reconfiguration of services must demonstrate the four tests	AT	
ONGOING	Co-ordination and managing of this communications and engagement plan and monitoring progress and delivery	NM&E Comms	
ONGOING	Meeting with local Health Overview and Scrutiny Committees (HOSCs) to update	AT	
ONGOING	Identify 'champions' for all stages of the project	AT	
ONGOING	Link with AT/CSU and provider Communication Teams to use all available communication and engagement opportunities	NM&E Comms	
ONGOING	Proactive/reactive media handling for the duration of the project – drafting press	NM&E Comms	
ONGOING	Attend regional HOSC meeting to update on project progress and next steps	AT	
ONGOING	Ensuring any recommendations from the JHOSC are included/taken account of	AT	
ONGOING	Monthly updates/briefings to clinical and commissioning staff	AT	
ONGOING	Recruit a patient representative(s) to sit on Project Board and sub-groups etc.	AT	
ONGOING	Ensure user champions/relevant support groups are regularly targeted for their	AT	
ONGOING	Attend meetings to discuss project with key patient groups and opinion formers	AT	
ONGOING	Liaise with related charities	AT	
ONGOING	Seek advice recommendation from HOSC for engagement	AT	

ONGOING	Confirm timescale for engagement in line with proportionate engagement	AT	
ONGOING	Identify the type of events required	AT	
ONGOING	Attending patient/public meeting to update about project	AT	
ONGOING	Map items required for event	AT	
ONGOING	Ensure AT wider stakeholder and internal contact list is up to date	AT	
ONGOING	Use provider/trust/AT/AT comms to disseminate information on our behalf where	NM&E Comms	
ONGOING	Using available internal channels within AT to feed information upwards	AT	
ONGOING	Utilising links with NHS England Patient and Patient and Public Voice leads	AT	
ONGOING	Work with regional Strategic Clinical Networks to identify relevant PPI links	AT	
TBC	Quarterly clinical newsletter to be developed and distributed to clinical staff	AT	
TBC	Submit articles to Trust and CSU internal publications/intranets	AT	
TBC	Submit articles/letters to CCG bulletins and piggy back onto GP events	AT	
TBC	Piggy back onto any CCG /GP events to discuss the project and ask for feedback on potential proposals	AT	
TBC	Investigate opportunities for case studies	AT	
TBC	News releases distributed on engagement launch and following publication of engagement summary	NM&E Comms	
TBC	Submit to info to Trust and CCG / comms colleagues	NM&E Comms	
TBC	Discovery / engagement / pre implementation events	AT	
TBC	Ensure MPs are aware of the changes	AT	
TBC	Pull together engagement documents	AT	
TBC	Clinical / commissioner newsletter to be developed and distributed to clinicians	AT	
TBC	Regular stakeholder newsletter to be distributed and distributed to key stakeholders etc.		
TBC	First rough draft of engagement document completed	AT	
TBC	Send the final draft to project group for feedback (IF required)	AT	
TBC	Identify how many copies are required and secure printing services	AT	

TBC	Attendance sheet taken to all group meetings	AT	
TBC	Recording attendees at events	AT	
TBC	Log all written/digital responses	AT	
TBC	securing survey monkey to allow people to feedback online	AT	
TBC	Creation of email address for engagement	AT	
TBC	Digital feedback form available on request/through website/intranet	AT	
TBC	Securing Survey monkey to allow people to feedback online	AT	
TBC	Distributing feedback forms at events e.g. clinical and patient group meetings	AT	
TBC	Freepost address to allow people to post back completed feedback forms	AT	
TBC	Development of bespoke pages on the NHS England East Anglia AT intranet pages and any other appropriate websites	AT	
TBC	Ensure digital feedback form is available for download	AT	
TBC	Identify lead for data collection	AT	
TBC	Create response database	AT	
TBC	In-depth analysis of all responses to be completed	AT	
TBC	Bringing all of the themes together to create a final report for the project group	AT	
TBC	Outcome summary produced	AT	
TBC	Distribute completed Outcome Summary to relevant media accompanied by a news release	NM&E Comms	
TBC	Ensure the engagement outcome is on the agenda at Area Team meetings and Regional Management Team Meetings	AT	
TBC	Ensure that key stakeholders are kept up to date of developments once implementation	AT	
TBC	Evaluate the engagement	NM&E Comms	