Public Health Agency of Canada   Agence de la santé publique du Canada

AUDIT REPORT

Crisis Communications

Audit Services Division

October 2010

Approved by Chief Public Health Officer
on October 19, 2010

Canada

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Executive Summary

1. The overall objective of the audit was to provide Public Health Agency of Canada (PHAC or the Agency) management with an independent assessment of the extent to which the crisis communications activities are being managed with due regard to effectiveness, efficiency, timeliness and risks. It was also to determine if these activities fully meet the Agency's mandate and relevant plans, policies and protocols. The audit was conducted between June and September 2010.

2. The audit examined governance, management framework and accountability structure, plans, processes, and practices of the Agency and Communications Directorate's Crisis Communications. It assessed whether the management of crisis communications activities were effective, timely and took into consideration risks, and whether the personnel and surge capacity involved in crisis communication were properly trained. The audit also assessed whether there were proper controls over crisis communications expenditures. Our audit criteria and sub-criteria (Appendix A) were derived from Treasury Board policies, generally accepted management practices and the Office of the Comptroller General's Core Management Controls.

Audit Findings

3. There is an appropriate governance structure for crisis communications in PHAC. Overall, communications activities are aligned with the communications requirements of the Government of Canada. The recent update of pan-Canadian emergency plans for certain diseases and situations which include communications sections will facilitate the collaboration and coordination of communications with other federal departments, provinces and territories when future crisis or emergency situations occur.

4. Nonetheless, we have identified some areas for improvement including the approval process for communications products, the advance preparation of strategic communications plans for crises deemed of high risk, the quality of translation, the enunciation of crisis communications triggering factors and better alignment with the Health Portfolio Emergency Response Plan HPERP.

5. The Communications Directorate has implemented some elements of a good management framework. The development of a Protocol represents an important element of a sound management framework. Risk communications is also a discipline that is well internalized by staff within the Communications Directorate.

6. We have noted that the Protocol needs to be revised to include improvements proposed through the lessons learned exercises from the H1N1 crisis response. This is currently part of the Directorate's workplan for this fiscal year. This update should also reflect the roles and responsibilities of various functions within the Agency that support the Communications Directorate in its ability to discharge its responsibility in times of crisis. Testing and training on the Protocol need to be conducted regularly in order for staff to implement the Protocol requirements more effectively.

7. The development of a Human Resource Plan for emergency situations would ensure better coordination and management of surge capacity requirements. These improvements are important to address the capacity challenges facing the Communications Directorate.

8. Furthermore, internal expenditure controls need to be improved to ensure stewardship of resources during crises remains strong despite higher volumes of expenditures and, better ways of assessing operational risks and the development of a performance measurement framework must be explored as part of improving the Directorate's management framework.

9. The Communications Directorate in cooperation with the Strategic Policy Directorate broadened the engagement of non-government organizations during both waves of H1N1 to the satisfaction of these organizations. Internally, the articulation of these communications roles should be reflected in the Protocol.

Audit Conclusion

10. While the Communications Directorate was able to deliver sound communications response during various crises, there are some issues identified in the audit that need to be addressed to improve its ability to fulfil its mandate. In order to respond more effectively to another potential crisis, the Agency needs to maintain its focus on building crisis communications response capacity, improve operational risk management, revise, disseminate and test the Crisis and Emergency Communications Protocol; establish performance and quality control frameworks in order to deliver its crisis communications activities in the most economical, effective and efficient manner.

Statement of Assurance

11.   In my professional judgment as Chief Audit Executive, sufficient and appropriate audit procedures have been conducted and evidence gathered to support the accuracy of the audit conclusion provided and contained in this report. The audit conclusion is based on a comparison of the conditions, as they existed at the time, against pre-established audit criteria (see Appendix A) within the scope described herein.

Christian Asselin, CA, CMA, CFE
Chief Audit Executive

Management Response

12.   The Agency's management agrees with our findings and recommendations and a management action plan is presented in Appendix B.

Background

13. Events like the emergence of Severe Acute Respiratory Syndrome (SARS) in 2003, and most recently, the Listeriosis and H1N1 outbreaks, in addition to the increasing likelihood of widespread pandemic disease outbreaks due to globalization, demonstrated the need for Canada to have a national point of focus for public health issues. The Public Health Agency of Canada was created within the federal Health Portfolio in 2004. One of the Agency's key roles is to provide a clear focal point for federal leadership in managing public health emergencies.

14. The Agency's efforts related to building emergency preparedness and response capacity have recognized the importance of public communications to support and enhance the Canadian health response.

15. Recognizing that crisis communications is a relatively recent trend in emergency preparedness, crisis communications serve to:
    - maintain public confidence during a crisis or emergency;
    - describe what is happening to Canadians in a way that balances information to citizens with the need to avoid panic; and
    - advise Canadians on what they should do in their homes, with their families and in their businesses and communities.

16. The 2006 Communications Policy of the Government of Canada defines a crisis as "a situation that somehow challenges the public's sense of appropriateness, tradition, values, safety, security or the integrity of government". The aim of crisis communications is to coordinate the flow of information and opinions to the target audiences in such a way as to maintain and restore the government's credibility and integrity. In summary, crisis communications represents the need to communicate about the crisis to the public and stakeholders. Additionally, the policy defines an emergency as "an abnormal situation that requires prompt action, beyond normal procedures, in order to limit damage to persons, property or the environment".

17. Health Canada and PHAC have developed a Crisis and Emergency Communications Protocol (March 2009) to guide their actions in supporting and enhancing the response efforts of Health Canada and PHAC during events of public health crisis or emergency. The H1N1 response was the first test of this latest version. The protocol does not distinguish between a crisis and emergency in its application.

18. Crisis and Emergency Communications efforts within the Communications Directorate of PHAC are undertaken under the overarching guidance provided by the Minister of Health in the Health Portfolio Emergency Response Plan (HPERP) to meet the requirements outlined in the

Emergency Management Act (EMA). PHAC, as a federal agency, is also mandated by the Government of Canada Communications Policy to communicate, together with other federal departments or agencies, to the Canadian public before, during and after a crisis or emergency. The purpose of the policy is to ensure that communications across the Government of Canada are well co-ordinated, effectively managed and responsive to the diverse information needs of the public.

19.   Treasury Board Secretariat has also issued other guidance having an impact on crisis communications. It includes the Procedures to the Communications Policy of the Government of Canada, the Government Security Policy and the Policy on the Management of Government Information.

20.   Additionally, Public Safety Canada (PSC) is responsible for both the *Emergencies Management Act* and the Federal Emergency Response Plan (FERP).

21.   The Communications Directorate is responsible for managing communications within the Agency. It provides management of day-to-day issues as well as strategic communications planning and advice to the Minister of Health, the Chief Public Health Officer and Agency management and staff. Among its activities, the Directorate:

- o plans and supports events for the Minister of Health and the Chief Public Health Officer;
- o provides media relations services and manages public relations activities;
- o manages risk and crisis communications, to prepare for and respond to public health crises;
- o promotes the Agency through a variety of communications tools and activities (e.g., exhibits, website, outreach, publications); and
- o uses social marketing and public education to understand/change unhealthy behaviours.

22.   Communications services are centrally managed at national headquarters in Ottawa. Regional Communications Advisors are located in all six regional offices. While these advisors report to the Regional Directors, they have a functional relationship with the Communications Directorate in headquarters.

23.   As of June 2010, there were approximately 82 positions in the Communications Directorate at headquarters and 12 positions in the regions. In some regions, Communications Advisors are responsible for other related functions.

24.   The communications Directorate is organized around three key divisions in headquarters, with an office supporting the Director General (3FTEs) :

    o Marketing, Creative Services and E-Communications (35 FTEs)
    o Public Affairs (25 FTEs)
    o Corporate Communications and Business Operations (19FTEs)

25. The Public Health Agency of Canada (PHAC) and Health Canada (HC), which constitute the Health Portfolio (HP), work closely with other federal departments, Provincial, Territorial and local authorities during a crisis or emergency events. These working relationships extend to the management of communication issues.

26. PHAC works closely with the following federal departments and agencies in the provision of crisis and emergency communications:
    o Health Canada (HC)
    o Public Safety Canada (PSC)
    o Privy Council Office (PCO)

27. Depending on the nature of the crisis or emergency, PHAC may also work with the following federal departments and agencies:
    o Treasury Board Secretariat (TBS)
    o Canadian Border Services Agency (CBSA)
    o Canadian Food Inspection Agency (CFIA)
    o Indian and Northern Affairs Canada (INAC)
    o Foreign Affairs and International Trade Canada (DFAIT)
    o Correctional Services Canada (CSC)
    o Department of National Defence (DND)
    o Agriculture and AgriFood Canada (AAFC)
    o Public Works and Government Services Canada (PWGSC)

28. Other stakeholders and collaborators may include:
    o Provincial and Territorial health authorities;
    o International organizations such as World Health Organization (WHO), Pan-American Health Organization (PAHO), Centre for Disease Control and Prevention (CDC) in the United States;
    o Nongovernmental organizations (NGOs).

29. During a crisis or emergency event, a number of collaborators will work with the Communications Directorate to enable an effective and rapid communications response. These are:
    o subject matter experts, both inside and outside the Health Portfolio who will vary depending on the crisis or emergency event;
    o the communications group of the Office of the Minister of Health Canada;
    o the communications group of the Privy Council Office;
    o the Agency's support groups such as Human Resources/Finance/Procurement etc. who will support the Emergency Operations Centre (EOC) and the Communications Directorate during a crisis or emergency event;

o Health Canada communications group, who will support and complement the actions of the Agency's Communications Directorate. Depending on the nature of the crisis or emergency event, PHAC or Health Canada will take the lead on the management of communications.

30. The Communications Directorate expenditures for fiscal year 2009-10 were $45 million. This was a significant increase over its usual annual expenditure, due to the extra resources required to manage the H1N1 outbreak response. In the previous fiscal year the Directorate spent $10.5 million, and in fiscal year 2010-11, the amount budgeted is $11.3 million.

About the Audit

Objectives

31. The objectives of this audit were to:
    o Assess the alignment of PHAC management framework, plans and processes, systems and practices related to crisis and emergency communications with relevant policies, protocols and mandates;
    o Assess whether the management of crisis and emergency communications activities:
        • are effective, efficient, timely;
        • take into consideration risks;
        • are performed in cooperation with key collaborators and stakeholders; and
        • that personnel involved in crisis and emergency communications are qualified and properly trained;
    o Assess whether PHAC support services in the delivery of crisis and emergency communications are effective and responsive; and
    o Identify relevant opportunities and best practices for improvement.

Scope

32. The scope of the audit included an examination of selected PHAC activities related to crisis and emergency communications. Specifically, the audit addressed the following elements:

    o governance, mandate and strategic direction;
    o management framework;
    o operational planning;
    o human, financial, material, and Information Technology resources; and,
    o relationships with collaborators and stakeholders.

33. The scope of the audit covered a two year period to capture two major crises, the Listeriosis and H1N1 outbreaks. The audit primarily focused on crisis and emergency communications. If necessary, complementary and related activities conducted in other Branches of the Agency were considered in the scope of the audit.

34. For reasons of significance and ASD resources, the audit scope did not include the examination of the quality, reliability and relevance of public messages communicated to Canadians during crises or emergencies.

Approach and Methodology

35. The audit was conducted in accordance with the Treasury Board policy on Internal Audit and the Institute of Internal Auditors' (IIA) International Standards for the professional Practice of Internal Auditing, except that no complete external assessment was performed to demonstrate full compliance with the IIA Standards. The audit was approved by the Audit Committee as an audit project for 2010-2011 in the Results-based Audit Plan for 2009-2014, and was performed between June and September 2010.

36. We based audit criteria and sub-criteria (Appendix A) on applicable legislation, TB Policies, generally accepted management practices and the OCG's Core Management Controls to develop the. Audit methods included an assessment of processes, procedures and management practices related to crisis and emergency communications. The audit team, which was assisted by a communication expert, conducted interviews with key PHAC personnel as well as representatives of programs collaborators and stakeholders; reviewed documents and processes; and conducted an assessment of processes used during major crisis events such as the Listeriosis and H1N1 outbreaks to gather sufficient evidence to arrive at a conclusion with respect to the audit criteria. We also tested transactions for key financial controls. A sample of eighty-five transactions for fiscal year 2009-10 was examined.

Findings and Recommendations

Governance and Strategic Directions

37. We expected that essential elements such as mandate, internal coherence, an appropriate governance structure, and alignment with the Government of Canada Communication Policy and the Health Portfolio Emergency Response Plan were in place to provide strategic directions to the Communications Directorate for crisis communications.

Governance structure for crisis communications

38. We found that there is an appropriate governance structure in place to support the activities related to crisis communication. The Agency approved the Health Portfolio Emergency Response Plan (HPERP) in early 2010, outlining the operational and planning guidelines in addressing emergency situations.

39. The HPERP sets the overall governance structure within the Health Portfolio for the management of crises and emergencies. It defines the functions of the Executive Group (EG) which include decision making, priority resolution and financial management. It is the EG also that authorizes the release of public communications material.

40. In the event of a crisis or emergency, acting on the Emergency Response Plan, an Emergency Operating Centre (EOC) is activated and an EOC Emergency Manager is appointed to coordinate the overall emergency response activities, including the review of public communications material prepared by the Communications Directorate.

Approval process

41. The approval of communications products during crises could be better outlined and communicated. The Communications Directorate has established a "proposed fast track communications for urgent approval" process during crises that reduces the chain of required approvals within the Agency to respond to the need for quicker turnaround of communications products in an emergency. This process is documented in the draft March 2009 Crisis and Emergency Communications Protocol (Protocol), prepared by the Agency Communications Directorate in collaboration with HC.

42. In the "proposed fast track communications for urgent approval template" included in the Protocol, the approval process is restricted to the affected Program's Director General and Assistant Deputy Minister, the Director General of Communications, the Senior Assistant Deputy Minister and Chief Public Health Officer (CPHO). The Minister's Office of HC and the Privy Council Office are also part of the approval process. During the spring and fall of 2009, the approval process was tested through the H1N1 Influenza outbreak response. We were informed that communication products were not submitted for approval to the Emergency Manager and the EG although both the Protocol and the HPERP state that the Emergency Manager and the EG have a role to play in the approval process.

43. As per the HPERP, a Communications Advisor has a seat in the EOC to monitor the situation and to serve as the Agency's public information

coordination point and as the source of Agency information to the media, public and stakeholders. Among other duties, the Communications Advisor is expected to manage the communications approval process with the Emergency Manager and the Executive Group. The Protocol identifies the Communications Coordinator and the Communications Event Manager as being responsible for expediting the fast-track approval process. The Communications Advisor may not be the same person or have the same responsibility for approvals as the Communications Coordinator and the Communications Event Manager identified in the protocol. This situation could create confusion in roles and responsibilities.

44.   While the chain of approval needs to be limited to allow rapid communications to the public and stakeholders, the delegation of approvals, in order to streamline that process, needs to be documented consistently in both the Protocol and the HPERP.

45.   The approval process was also pointed out as being one of the greatest challenges by several staff, managers and external stakeholders. Delays in approving communication products have been experienced. While the chain of approval has been reduced to the greatest extent possible, those with approval responsibilities need to provide their approval within the time limit agreed for that type of communication products, based on the urgency of the situation. Expectations for urgent circumstances are that such approval needs to be exercised within a set period of time. It was noted that the Protocol does not set timeframe expectations for decision-makers to approve communications products.

Strategic Communications Plans

46.   Pan-Canadian Emergency Plans exist for some diseases or situations which facilitate the coordination with other federal departments, Provinces and Territories. We have examined two of these plans, the Canadian Pandemic Influenza Plan and the Foodborne Illness Outbreak Response Protocol. These two plans include an Annex dealing with communications.

47.   For instance, Annex K to the Canadian Pandemic Influenza Plan deals with communications and it was updated in October 2009 to reflect the approach with regard to the Federal/Provincial/Territorial roles and responsibilities. The annex was also aligned with the World Health Organization's (WHO) pandemic phases and communications actions, including those for H1N1.

48.   In the same manner, the guidelines for communications included in the Foodborne Illness Outbreak Response Protocol were modernized in 2010 to incorporate a more comprehensive approach to communications within the Federal/Provincial/Territorial arena. Public Communications Leads were clearly identified and coordination among agencies was addressed.

49.   The advance preparation of strategic communications plans for public health crises deemed of high risk would enhance the planning process. In line with the Protocol, a strategic communications plan should be drafted at the beginning of a crisis. Such strategic plans would clearly delineate the approach, strategic considerations, key communications messages, background information, emergency spokesperson and key stakeholders to respond to communication needs and establish the communications priorities of the Communications Directorate.

Quality Assurance Framework

50.   The Crisis and Emergency Communications Protocol is aligned with the 2006 Communications Policy of the Government of Canada. Improvements are nonetheless required with respect to the quality of the translation of communications products.

51.   A comparison of the Crisis and Emergency Communications Protocol with the 2006 Communications Policy of the Government of Canada indicates that the Protocol aligns well with the requirements of the policy. Among the requirements of the policy are the need to provide the public with timely, accurate, clear, objective and complete information, to consult the public and take account of people's interests and concerns when establishing priorities. The policy also requires that the Agency be prepared with the necessary plans, partnerships, tools and methods to communicate effectively and efficiently during a crisis. It also emphasizes the need for collaboration and coordination with other government agencies at the national, provincial and local level as well as with industry or community leaders and non-governmental organizations. Efforts have been made by the Communications Directorate to facilitate these partnerships and organize the sharing and input of information into communications products.

52.   In times of crisis, rapid translation of communications products may create greater need for quality assurance of translation. This emphasis needs to be reflected in the Crisis and Emergency Communications Protocol in order to be fully compliant with the requirements of the Communications Policy of the Government of Canada and the Official Languages Act. Given certain weaknesses in the existing quality assurance process relating to translation, the Communications Directorate is vulnerable to discrepancies in the quality of English and French-language documents and products.

53.   The 2006 Communications Policy of the Government of Canada requires that the Agency employ a variety of ways and means to communicate and provide information in multiple formats to accommodate diverse needs. During the H1N1 response, the Communications Directorate employed various means of communicating including print media, television, radio, the

internet, the 1-800-O Canada information line and the web site "fightflu.ca". It has also experimented with the social media such as YouTube, Twitter and Facebook. For instance, online video messages by the Minister, the CPHO and other spokespersons using YouTube were developed and posted at different times to explain the evolution of both the Listeriosis and H1N1 crises. The Communications Directorate is using social media with caution at this time, as there is yet no government policy on their use. We noted that video messages have been posted online by various people referring to the Agency in ways that could damage the Agency's credibility. We believed that increased monitoring of social media to respond appropriately to such commentary would enhance the Agency's ability to maintain its reputation in time of crisis.

Factors to activate the Crisis and Emergency Communications Protocol

54.   The triggering factors to activate the Crisis and Emergency Communications Protocol should be clearly articulated in the Protocol and aligned with the Health Portfolio Emergency Response Plan (HPERP) where necessary. The HPERP sets out the factors that the Agency will use to determine whether a situation of crisis exists and to activate the response plan. The Crisis and Emergency Communications Protocol indicates that crisis communications response is triggered when the CPHO communicates his decision to launch a crisis communications response to the DG Communications.

55.   During the H1N1 crisis, the Communications Directorate needed to remain operational at a high level (at times with staff working 12 hour shifts 24/7) even though the Health Portfolio Emergency Operations Centre was not working at that level. It is therefore important to identify in the Protocol those triggering factors that will influence the activation of the Protocol which may be different from the factors related to the activation of the Emergency Operating Centre. The triggers for de-activation or winding-down should also be clearly identified. Including such information in the protocol could facilitate invoking the emergency exception of the Contracting Regulations to better enable rapid response in time of crisis.

Conclusion

56.   There is an appropriate governance structure for crisis communications. Overall, communications activities are aligned with the communications requirements of the Government of Canada. The recent update of pan-Canadian emergency plans which include communications sections for certain diseases and situations will facilitate the collaboration and coordination of communications with other federal departments, provinces and territories when future crisis or emergency situations occur. Nonetheless, we have identified some areas for improvement including the approval process for communications products, the preparation of strategic

communications plans for crises, the quality of translation and the enunciation of crisis communications triggering factors.

Recommendations

57. The Communications Directorate should:

    a. Define the fast track approval process for crisis communications products in a consistent manner in both the Crisis and Emergency Communications Protocol and the Health Portfolio Emergency Response Plan;

    b. Develop, in advance, strategic communications plans for public health crises deemed of high risk. Such plans would clearly delineate the strategic considerations, key communications messages, and strategic approach to respond to communication needs and establish the communications priorities of the Communications Directorate;

    c. Develop and document a quality assurance framework to improve the quality of translation of communications products; and

    d. Articulate and document the triggering factors to activate and de-activate the Crisis and Emergency Communications Protocol.

Areas for improvement

58. The Communications Directorate should consider:

    a. Pursuing, in collaboration with key collaborators and stakeholders, the development of Agency policy, procedures and guideline on the use of social media; and

    b. Increasing the monitoring of social media to appropriately address certain messages regarding the Agency in times of crisis.

Management Framework

59. We expected that elements of a good management framework would be in place to ensure the efficient and effective use of resources. These elements include the existence of policies, plans, guidelines and other relevant tools, HR planning, training and testing of the tools, stewardship in the management of resources, risk management mechanisms and performance measurement framework.

Crisis and Emergency Communications Protocol

60. While the preparation of a draft Crisis and Emergency Communications Protocol providing a crisis communication framework and concept of operations is laudable, areas of improvement exist with respect to its scope, content and approval.

61. The Communications Directorate has developed, in cooperation with HC a draft Crisis and Emergency Communications Protocol (Protocol). A number of iterations were produced since the creation of the Agency in 2004. First developed as guidelines, the document was revised in 2007 and again in March 2009. This document is meant to guide the Communications Directorate actions when a crisis or emergency arises.

62. While the initial guidelines document was presented to the Executive Committee (EC) soon after the creation of the Agency, the further revisions to the Protocol were not presented to PHAC EC for approval. The Communications Directorate is now planning to review the Protocol based on lessons learned from the H1N1 event. At this time, it is envisaged that the document will be presented for recommendation to the Joint Emergency Preparedness Committee (JEPC) and for approval by the PHAC EC.

63. The Protocol compares well to other organizations that have developed crisis communications guidelines. It has more details on roles and responsibilities and proposes templates to be used to assist in the management of crisis communications. It has also incorporated a human resources checklist as a reminder of specific issues that may impact communication staff during a crisis. The comparison has nonetheless identified some potential areas of improvement related to defining triggers for activating crisis communications, more linkages to the Health Portfolio's Emergency Response Plan, the articulation of the approval process for various types of communications products and the clarification of roles and responsibilities between HQ and regions and decision makers involved in crisis communication.

64. We have identified a number of areas where the Protocol could be improved. The key areas that need to be addressed in the Protocol are:

   i) The improvements proposed through the communications lessons learned exercises from H1N1, for both waves.

   ii) Adjusting the Protocol document to better define the roles and responsibilities of:

   a. internal services functions (i.e. Human Resources, Contracting, Information Technology and Chief Financial Officer) of PHAC in crisis communications situations including expectations regarding the level of service;
   b. the Strategic Policy Directorate vs. that of the Communications Directorate with respect to communications with Provinces/Territories and non-government organizations;
   c. the single window concept for managing communication products including the quality control and fast track approval process;
   d. regional communications including the need for regions to address surge capacity and scheduling of regional communication staff;
   e. the Corporate Communications and Business Operations Division in terms of surge capacity planning, scheduling and shift transition, care and nurturing of staff, internal expenditure controls, internal communications, speech writing etc.;
   f. the E-Communications Executive with respect to a more strategic approach to social media to support crisis communications, and
   g. the administrative support function.

   iii) Clarification of some processes in the Protocol such as:

   a. the quality control process of both English and French communications products from a content, editorial and translation perspective and assignment of specific responsibilities for this function;
   b. the approval process for different types of communications products and the timeframe for decision-makers to approve communications products;
   c. articulation of the triggers to activate the Protocol, with emphasis on the differences that exist with the activation level of the Health Portfolio Emergency Operations Center ;
   d. the winding-down or de-activation process; and
   e. when updates are to be done and who approves the changes;

   iv) In the protocol, ensure better linkages with the HPERP in terms of the use of terminology, (e.g. Event Manager vs. Emergency Manager, Communications Advisor vs. Communications

> Coordinator), clarify definition of committees, (e.g. Executive Committee vs. Heath Portfolio Executive Group, the Health Emergency Communications Network, the NGO Emergency Communications Network) and update the approval process of communication products.

65. The Protocol is not sufficiently disseminated and tested with all Communications staff nor shared with Internal Support Services staff and decision-makers.

66. Senior Management within PHAC is generally aware of the existence of the Protocol but not necessarily its content as it may relate to them. It is also well mastered by managers within the Communications Directorate. However, it could be better understood by all staff working within the Communications Directorate given that, at any time, they could play key roles in crisis communications. While most do not need a thorough understanding of the protocol to carry out their functions, they should be aware of how the protocols operate and can affect their work.

67. The crisis communications function was tested as part of Exercise Silver in early 2009, in preparation for the 2010 Winter Olympic Games. This took the form of a full exercise. It did not test the preparation of communications products, the quality control framework and the fast track approval process as outlined in the protocol. The internal support functions and decision-makers normally expected to support the Communications Directorate and to approve communications products in a time of crisis were not involved in the process. While valuable as an exercise, it did not permit full testing of the Protocol.

Capacity

68. The Communications Directorate realigned its priorities to manage crisis communications after the Listeriosis event. However, the Communications Directorate needs to be fully staffed given the critical role it plays in public health emergency response. As well, it requires the flexibility to quickly bring on surge capacity to adequately respond to crises. For both of these to exist, agreements need to be made with the Human Resources Directorate.

69. Given the number of vacant positions within the Directorate, there is a certain level of vulnerability that the Communications Directorate will not be able to deliver on its mandate if faced with another crisis. While the rate of turnover is low compared to communications directorates in other departments, the Communications Directorate is facing a constant challenge. Consistent with mobility of various classifications in federal departments, the turnover rate in communication is higher when compared to other Branches or Directorates within PHAC.

70.   Furthermore, the Crisis Communications Unit is small with only three staff and two of those positions are currently unstaffed. This overall situation does not facilitate the implementation of actions identified as part of the recovery from the H1N1 response or the lessons learned exercises that were conducted subsequent to both the Listeriosis and the H1N1 crises. It creates a risk of not being able to respond quickly if a crisis arises prior to the Communications Directorate being able to recover and staff vacant positions.

71.   We also noted the absence of a Human Resources Plan for emergency situations. Without such a plan, it is difficult for the Communications Directorate to identify its requirements under an emergency or crisis situation and makes it challenging for the Human Resources Division to assist the Communication Directorate in building surge capacity. In order to build surge capacity during the second wave of the H1N1 outbreak response, the Communications Directorate in collaboration with the Human Resources Division established a Memorandum of Understanding (MOU) with the Public Service Commission to hire additional resources. In addition, the Director of Corporate Communications and Business Operations devoted the greater part of one month to find and hire additional resources to deal with the H1N1 outbreak response in the Fall of 2009. Better planning through the development of an HR Plan for emergency situations and the development of a roster of resources would facilitate the hiring and contracting of additional personnel with the appropriate skills.

Training Plan

72.   There is no comprehensive annual or multi-year training plan for staff involved in crisis communications to support or improve the effectiveness and efficiency of communications activities during a crisis. Efforts by the Communications Directorate to offer training with respect to media and risk communications are commendable and were perceived to be very positive by numerous staff interviewed during this audit.

73.   Regional Communications Advisors have had crisis communications training by attending courses offered by outside organizations. Regions identified a need to be trained on the content of the Protocol so that it becomes a more useful document. The staff of the Communications Directorate expressed the same desire and felt that the Protocol had not been sufficiently understood when it was issued, because the H1N1 crisis materialized soon after its completion in March of 2009.

74.   The Strategic Policy Directorate has an important role to play with respect to stakeholder management and communication during a crisis. They should also be trained on crisis communication.

Financial Internal Controls

75.   While internal controls are in place, the Communications Directorate needs to strengthen those controls related to the management of additional contracts carried out in times of crisis to ensure appropriate management of financial resources.

76.   The Communications Directorate budget for 2009-10, including salary and operating costs, totalled $8.9 million. An additional $36.3 million was provided to help the Communications Directorate cope with additional requirements related to H1N1. In total, the Communications Directorate spent approximately $45 million in 2009-10. Such an increase in financial resources meant significant additional administrative work for the Directorate.

77.   We examined whether appropriate internal controls related to payments were exercised during the H1N1 crisis. This examination was limited to reviewing the procedure in place to manage financial resources and approve invoices. We conducted an analysis of expenditures and examined eighty-five (85) invoices.

78.   Expenditure initiations were performed by managers with delegated financial authority. The vast majority of invoices were supported by timesheets for temporary help services and consultants working under contract although four did not have supporting information. In addition, we found that the information recorded on timesheets was insufficient to confirm the services rendered. For instance, timesheets would only indicate the start and end time of the day with no detail as to the nature of services rendered during the day. This situation is particularly serious when consultants were working for an inordinately high number of hours due to the nature of the crisis and need for extraordinarily long workdays. Some consultants worked more than 75 hours per week.

79.   We concluded that internal expenditure controls need to be improved by the Communications Directorate to ensure that stewardship of resources remains strong when a crisis arises and volumes of expenditures increase. Such improvement would include the requirement for the completion of timesheets containing information related to the nature of work performed and an adequate verification process by the officer with delegated signing authority.

Risk management

80.   While risk communications is a respected guiding principle in the Communications Directorate, the process for managing operational risks is event driven and in need of improvements.

81. Risk communication was not included in the scope of this audit. Risk communication is defined as the intelligence that enables Communications experts to facilitate well-informed decision making and the appropriate communications with clients and stakeholders. Although risk communication was not the focus of attention, we have nonetheless observed that risk communication is a discipline that is well understood and applied by staff within the Communications Directorate. Other fora also exist with federal/provincial/territorial governments as well as with NGOs which also enable communication experts to undertake risk communication. Therefore, public health issues are well identified and addressed to minimize negative reaction by involved parties and enhance the confidence of national and international clients, stakeholders and collaborators.

82. From an operational point of view, it is not clear how the Communications Directorate identifies and assesses its operational risks and relevant mitigating strategies. For instance, although the Communications Directorate had developed a Protocol to facilitate the management of communications during a crisis, a number of issues arose during the first wave of H1N1 which had not been identified as potential risks. Among those issues are the lack of comprehensive and documented strategies/plans for surge capacity, internal communications and quality control.

83. While surge capacity is always a challenge during a crisis, additional potential resources were identified and recruited after H1N1 wave 1. During the first wave of H1N1, staff within the Communications Directorate worked 12-hour shifts for extended periods. Many worked without days off for 14 consecutive days or more. No pre-arranged agreements had been made with other government departments to access resources during crisis periods. An MOU was signed with the Public Service Commission to accommodate additional needs for wave 2 of the H1N1 outbreak response. Job descriptions and statements of merit criteria did not always contain information about the potential requirement to work overtime and on week-ends for extended periods of time.

84. Internal communications was identified by staff as being an issue, particularly the lack of information provided during the first wave of H1N1. The Communications Directorate was able to correct the situation by drafting and implementing an internal communication strategic plan in time for the second wave of H1N1.

85. Quality control with respect to translation was also identified as an issue during the first wave of H1N1. Again the Communications Directorate was able to rectify the situation by hiring translators. These actions were taken in reaction to the crisis and were not anticipated as part of a risk assessment exercise.

86. Appropriate corrective measures were taken prior to the second wave of H1N1 to address challenges identified in the previous paragraphs. It is unknown if any other potential future crisis would offer that lead time. In order for the Communications Directorate to be ready to face a crisis, it should document relevant structure and guidelines. The Communications Directorate is at risk of not being able to replicate what was done so well during H1N1, particularly during wave 2. This is mainly due to the Directorate's high number of vacancies of full time staff. Related plans and tools need to be updated. Furthermore, there is no documented Human Resource plan for emergency or crisis surge capacity. This leaves the Directorate vulnerable to be able to respond effectively to a crisis or emergency.

87. Overall, the Communications Directorate needs to explore better ways of assessing its operational risks so that it can more effectively mitigate them and be ready for the next major communications crisis.

Performance Measurement Framework

88. The Communications Directorate is gathering valuable performance information, but it has not yet developed a performance measurement framework to assess internal and external crisis communication performance.

89. The Treasury Board suggested a Performance Measurement Framework (2005) designed to work within the Government of Canada Communications Policy. The framework identifies four key strategic outcomes for communication: listening; advising; delivering and informing. Various sections of the Crisis and Emergency Communications Protocol provide information on these outcomes.

90. The Communications Directorate has, however, not yet defined its performance measurement framework. The Directorate is currently gathering information which could be used to assess its performance. For instance, the Directorate conducts public opinion research which is consolidated and reported upon. This information is also used for the preparation of communication products to inform the population on the crisis situation. However, this activity is not done as part of a structured performance measurement framework. This is the case as well for the lessons learned exercises that are regularly conducted by the Communications Directorate. These too are an element of a performance measurement framework.

91. The Communications Directorate is not capturing any measurement information on its operational effectiveness, such as the level of effort it dedicates to producing and delivering communications products and services. This information would be useful to assess how effectively communications products and services are delivered.

Conclusion

92.   The Communications Directorate has implemented some elements of a good management framework. The development of a Protocol represents an important element of a sound management framework. Risk communication is also a discipline that is well understood and applied by staff within the Communications Directorate. We have, however, noted that the Protocol needs to be revised to include improvements proposed through the lessons learned exercises from the H1N1 crisis response. The Protocol needs also to be updated to reflect the roles and responsibilities of various functions within the Agency that support the Communications Directorate in its ability to discharge its responsibility in times of crisis. Increased training and exercising on the Protocol needs to be envisaged so that it becomes a more useful document. The development of a Human Resource Plan for emergency situations would ensure better coordination and management of surge capacity requirements. These improvements are important to address the capacity challenges facing the Communications Directorate. Furthermore, internal expenditure controls during crises need to be improved to ensure stewardship of resources. Finally, better ways of assessing operational risks and the development of a performance measurement framework must be explored as part of improving the Directorate's management framework.

Recommendations

93.   The Communications Directorate should:

   a. Revise the Crisis and Emergency Communications Protocol based on lessons learned and other elements identified in this audit. Once reviewed, it should be approved by the Executive Committee and disseminated more broadly within the organization and tested with all those having key responsibilities under it;

   b. Document and communicate a Human Resource Plan for emergency situations that includes the following elements:
      i. Analysis of crisis communications current and future resources requirements and competency needs;
      ii. Analysis of key positions and competencies for those positions as well as a succession planning/retention strategy;
      iii. Development of a roster of surge resources to facilitate the hiring and contracting of additional personnel with appropriate skills sets; and
      iv. Detailed training and development plan (as required) to ensure that staff involved in crisis communications are qualified to

support or improve the effectiveness and efficiency of communications activities during a crisis.

    c. Obtain more detailed inputs from contractors when submitting invoices to strengthen internal controls to ensure that appropriate stewardship of expenditures is exercised;

    d. Conduct a comprehensive operational risk assessment and develop a risk management plan, including mitigating strategies; and

    e. Develop a performance measurement framework to assess both its internal and external crisis communications performance.

Support Services

94.   We expected that the Communications Directorate used its strategic planning process to identify opportunities for collaboration with support function groups, including internal stakeholders, and that regular communication occurs between the Communications Directorate and its enablers (other support functions such as Information Technology, Human Resources, Finance, Legal and Administration and other directorates who may from time to time assist the Communications Directorate).

Communications with Stakeholders

95.   The roles and responsibilities of the Communications and Strategic Policy Directorates in the management of crisis communications and the sharing of information with major non-governmental organizations (NGO's) need to be articulated and communicated.

96.   The Communications Directorate is generally responsible for communications with various collaborators and stakeholders and the Canadian public.

97.   Through experience gained from the Listeriosis crisis, the Communications Directorate strengthened its relationship with other federal departments and agencies and Provinces and Territories. In particular, the Communications Directorate established the Federal/Territorial/Provincial (F/P/T/) Communication Network. This network is currently co-chaired by the DG PHAC Communications Directorate and the Executive Director of Communications, Ontario Ministry of Health. Most provincial ministries indicated that communications between the federal and provincial governments have significantly improved after the Listeriosis crisis response in 2008.

98.　During the H1N1 crisis response, certain major non-governmental organizations (NGO), representing professional associations and national Aboriginal organizations, expressed the need to improve communications and for clear communications messages tailored to their needs. They also requested additional meetings with PHAC to share relevant H1N1 information. The PHAC response was led by the Strategic Policy Directorate which drafted a "Strategic Relations Strategy" in May of 2009, followed by a "Strategic Relations Plan" in September of 2009. The objective was to engage and communicate with key national stakeholders and collaborators in a proactive and timely manner, to demonstrate responsiveness and federal leadership and to address public health concerns, opportunities and challenges related to the outbreak. The Strategic Relations/Planning and Public Health Integration Division of the Strategic Policy Directorate facilitated the liaison with major NGOs and used various mechanisms to reach these stakeholders, including written communications (e-mail or fax), teleconference briefings and individual meetings. Stakeholders expressed their appreciations for the management and sharing of information.

99.　The Communications Directorate also played a supporting role in the management of communication with major NGOs during the H1N1 crisis. According to the Protocol, the Communications Directorate's single point of contact (Inter-organization coordinator) was responsible to distribute information to NGOs and to advise the Chair of the Crisis and Emergency Communications Group (CECG) on the requirement for teleconferences / briefings with NGOs throughout the crisis. The Communications Directorate provided strategic insight, approved communications materials and participated in the teleconferences with stakeholders that were organized by the Strategic Policy Directorate.

100.　We observed that the role played by the Strategic Policy Directorate with major NGOs could be better integrated with that of the Communications Directorate. For instance, the role and responsibilities of each group could be reflected in the Crisis and Emergency Communications Protocol. Furthermore, the communications' mechanisms need to be documented in the Protocol and, when necessary, the materials produced for communicating with stakeholders be subject to the same approval process as any other crisis communication products.

101.　It was also noted that minimal information was gathered from the discussions that took place during these teleconferences. For instance, only short internal debriefs were prepared to summarize the discussions occurring during these teleconferences. The debriefs may not have captured all critical information shared during these meetings, which could serve to inform adjustments to messages or tactics in future stakeholders communications. While there is no doubt that information needs to be shared with major NGOs during a public health event, the sharing needs always to be done within a

well-defined structure. Without such a structure, there is a risk that information and communication shared in these fora may not be consistent or well understood. Because Communications does not lead in such discussions, measures need to be taken and documented to ensure that messages are delivered in a way that is consistent with the overall communications approach.

Internal Support Roles and Responsibilities

102. The role and responsibilities of and expectations for internal support services are not well articulated in order to adequately support the Communications Directorate during crises and emergencies. The absence of clear roles and responsibilities and unclear expectations for internal support services have caused delays in services and misunderstanding between internal support services and the Communications Directorate during the H1N1 outbreak.

103. The Communications Directorate is in need of support from various internal service organizations, particularly when a crisis occurs. For instance, it may need support from the Human Resources Directorate to facilitate the planning and hiring of temporary resources with communications expertise during a crisis and for advice on the interpretation of collective agreements related to extended hours of work, week-ends shifts, meal entitlements and transportation home. The Communications Directorate may also need support from the Assets and Material Management Division to facilitate the recruitment of contractors and other assets that may be required to support communications needs. Other needs may include accommodation for additional resources, telephone, hook-up to information technology networks, and security access cards to the building. These latter services are provided by the Information Management and Information Technology Directorate and the Facilities and Security Management Division. The Chief Financial Officer must also be in a position to facilitate access to additional funding if this becomes needed in a crisis.

104. We noticed that there were no set agreements between the Communications Directorate and any of these internal support services that would clearly define expectations, role and responsibilities and expected levels of service during a public health crisis.

105. We stated earlier that a better integration of the roles and responsibilities of internal support services in the Crisis and Emergency Communications Protocol would allow improved service to the Communications Directorate in periods of crisis. We also believe that other mechanisms need to be in place to facilitate the interactions between the Communications Directorate and various internal service functions. For instance, the role of the Director, Corporate Communications and Business Operations in acting as a single

window with internal support services functions during a crisis is essential. In addition, during non-crisis periods, the Communications Directorate needs also to request that the various internal support service functions provide information sessions to the Communications Directorate management and staff on expected levels of service and on rules, regulations and policies that need to be adhered to. Such initiatives would allow the Communications Directorate to be better positioned to face future crises.

Conclusion

106. The Communications Directorate, in cooperation with the Strategic Policy Directorate, needs to broaden the engagement of non-government organizations during both waves of H1N1 to the satisfaction of these organizations. Internally, the articulation of these communications roles is not well outlined in the Protocol. Similarly the roles and responsibilities as well as the expectations of internal services functions are not sufficiently articulated to support the Communications Directorate during crises and emergencies.

Recommendations

107. The Communications Directorate should:

a. Articulate, document and communicate the roles and responsibilities of the Strategic Policy Directorate in communicating and in sharing information with major non-governmental organizations;

b. Establish an appropriate structure and process to document discussions and critical information shared with major non-governmental organizations during a crisis; and

c. Define and document the needs and expectations from internal support services and develop the necessary administrative arrangements to ensure that Communications management and staff clearly understands financial, administrative, legal and human resources rules, regulations and restrictions during crises.

Overall Conclusion

108. While the Communications Directorate was able to deliver sound communications response during various crises, there are some issues identified in the audit that need to be addressed to improve its ability to fulfil its mandate. In order to respond more effectively to another potential crisis, the Agency needs to maintain its focus on building crisis communications response capacity, improve operational risk management, revise, disseminate and test the Crisis and Emergency Communications Protocol; establish performance and quality control frameworks in order to deliver its crisis communications activities in the most economical, effective and efficient manner. These measures need to be implemented so that the Agency manages its crisis communications in an effective and efficient manner.

Acknowledgments

109. We wish to express our appreciation for the cooperation and assistance afforded to the audit team by management and staff during the course of this audit.

Appendix A: Audit Criteria

1.0   Governance and strategic directions are in place and adequately communicated.

#	Sub-Criteria	Link to audit objective #	Link to MAF
1.1	An appropriate governance structure is established, communicated and monitored.	Objective # 1	Governance and Strategic Direction
1.2	Authority and accountability are clearly defined so that decisions and actions are taken. It includes the responsibility of other units within PHAC in supporting the Communications Directorate in periods of crisis and emergency events.	Objective # 1 and 3	Accountability
1.3	Roles and responsibilities are clearly defined, understood and communicated within PHAC and with respect to Other Government Departments (OGD's, stakeholders and support functions).	Objective # 1and 3	Governance and Strategic Direction / Accountability

2.0   The management framework in place ensures the efficient and effective use of resources.

#	Sub-Criteria	Link to audit objective #	Link to MAF
2.1	Formal communication processes, using various media alternatives exist and support sharing of timely, relevant and reliable information to users and other external stakeholders.	Objective # 1	Citizen-focused Service
2.2	The organizational structure is conducive to the achievement of objectives and operational requirements.	Objectives # 1	Governance and Strategic Direction / Accountability
2.3	The Communications Directorate has the resource capacity (human, financial and information) including surge capacity to achieve its objectives during a crisis or emergency.	Objective # 1	Policy and Programs

2.4	Policies, plans, guidelines and other relevant tools have been developed to support crisis communications: o Strategic plans are developed for every crisis/emergency events; o PHAC is compliant with Treasury Board relevant policies; o Regular updates of policies, plans, guidelines and tools occur to ensure usefulness in case of crisis and emergency	Objectives # 1 & 2	Policy and Programs/People
2.5	Training and exercise programs are in place to ensure sufficient trained resources are available to provide crisis communications services.	Objectives # 1 & 2	People / Risk Management
2.6	The Communications Directorate is exercising stewardship with respect to the resources it is managing (i.e. advertising)	Objectives # 1 & 2	People / Stewardship
2.7	Management has reliable information that supports decision-making and accountability including measurement systems.	Objectives # 1 & 2	Stewardship
2.8	Risk management mechanisms exist to identify, assess, monitor, mitigate and report on operational risks.	Objective # 2	Risk Management
2.9	The organization has in place formal plans and approaches to lessons learned methods and practices, including the assessment on a timely basis of media coverage.	Objectives # 1 & 2	Learning , Innovation and Change management / Results and Performance
2.10	Management has identified appropriate performance measures and quality assurance processes to assess communication responses to a crisis or emergency.	Objectives # 1 & 2	Results and Performance
2.11	The organization uses its strategic planning process to identify opportunities for collaboration with support function groups including internal stakeholders.	Objective 3	Citizen-Focused Service

2.12	Regular communication occurs between the organization and its enablers (support functions such as IT, HR, Finance, Legal Administration etc)	Objective 3	Citizen-Focused Service

Management has reviewed the audit plan including the audit criteria and deemed them to be appropriate for this engagement.

Appendix B: Management Action Plan

Recommendation	Management Action Plan	Officer of Prime Interest	Target Date
Governance and Strategic Directions			
57. The Communications Directorate should:	Agreed.		
a. Define the fast track approval process for crisis communications products in a consistent manner in both the Crisis and Emergency Communications Protocol and the Health Portfolio Emergency Response Plan;	The Director General of Communications will work with the Director General of the Centre for Emergency Preparedness and Response to clarify and articulate the fast-track approval process and ensure it is consistently reflected in the Protocol and the HPERP.	Director General Communications in collaboration with the Director General Emergency, Preparedness and Response	March 2011
b. Develop, in advance, strategic communications plans for public health crises deemed of high risk. Such plans would clearly delineate the strategic considerations, key communications messages, and strategic approach to respond to communication needs and establish the communications priorities of the Communications Directorate;	Strategic communications plans for public health crises deemed to be the highest risk through CEPR's risk assessment exercise will be developed.

The CEPR risk assessment exercise will be completed later on during the next fiscal year. | Director General Communications | March 2012 |
| c. Develop and document a quality assurance framework to improve the quality of translation of | The DG Communications will develop a quality assurance framework for communications products produced by the Communications Directorate. The framework will outline standards and | Director General Communications | March 2011 |

Recommendation	Management Action Plan	Officer of Prime Interest	Target Date
communications products; and	principles for the development of communications products. Additionally, options will be developed to identify resources requirements to support the overall quality assurance initiative and ultimately improve content consistency for audiences.		
d. Articulate and document the triggering factors to activate and de-activate the Crisis and Emergency Communications Protocol.	The Crisis Communications Protocols will be updated to elaborate on activation and de-activation.	Director General Communications in collaboration with the Director General Emergency Preparedness and Response	March 2011
Areas for improvements			
58. The Communications Directorate should consider:	Agreed.		
e. Pursuing, in collaboration with key collaborators and stakeholders, the development of Agency policy, procedures and guideline on the use of social media; and f. Increasing the monitoring of social	The Communications Directorate has begun developing a social media strategy to integrate social media channels in engaging and building relationships with Canadians. It will also provide protocols on strategic and appropriate uses of social media by designated PHAC	Director General Communications	June 2011

Recommendation	Management Action Plan	Officer of Prime Interest	Target Date
media to appropriately address certain messages regarding the Agency in times of crisis.	employees. Additionally, the DG Communications is engaging Health Canada and the Privy Council Office in an initiative to begin monitoring social media channels with the support of a media monitoring agency.		
Management Framework			
93. The Communications Directorate should:	Agreed.		
a. Revise the Crisis and Emergency Communications Protocol based on lessons learned and other elements identified in this audit. Once reviewed, it should be approved by the Executive Committee and disseminated more broadly within the organization and tested with all those having key responsibilities under it;	The Crisis and Emergency Communications Protocol is being revised based on lessons learned and these audit findings and will be brought to the Joint Emergency Preparedness Committee for approval before being brought to the Deputy Heads of PHAC and Health Canada for approval.	Director General Communications in collaboration with Health Canada	March 2011
b. Document and communicate a Human Resource Plan for emergency situations that includes the following elements: i. Analysis of crisis communications current	In collaboration with the Director General of Human Resources, the Director	The Director General	April 2011

Recommendation	Management Action Plan	Officer of Prime Interest	Target Date
and future resources requirements and competency needs;	General of Communications will direct the development of a human resource plan for emergency situations that will build on lessons learned. This plan could serve as a template for other parts of the Agency that will need similar plans.	Communications in collaboration with the Director General Human Resources	
ii. Analysis of key positions and competencies for those positions as well as a succession planning/retention strategy;	Work is already under way for analyzing resource requirements, competencies for key positions, succession and retention strategies and developing rosters of surge resources for future crisis response.	The Director General Communications in collaboration with Agency key collaborators.	April 2011
iii. Development of a roster of surge resources to facilitate the hiring and contracting of additional personnel with appropriate skills sets; and	Same action as mentioned in 93b ii above	Director General Communications	April 2011
iv. Detailed training and development plan (as required) to ensure that staff involved in crisis communications are qualified to support or improve the effectiveness and efficiency of communications activities	As part of the existing work plan for Crisis and Emergency Communications, a training module on crisis communications is being developed this fiscal year. Once the Protocols are revised and approved, all Communications staff and key Communications collaborators within the Agency will be provided training on their applicability and operation. In the	Director General Communications in collaboration with the Director General Human Resources.	December 2010

Recommendation	Management Action Plan	Officer of Prime Interest	Target Date
during a crisis.	meantime, should a crisis arise, at the beginning of the response, a refresher on the Protocol will be given to staff involved in the response.		
c. Obtain more detailed inputs from contractors when submitting invoices to strengthen internal controls to ensure that appropriate stewardship of expenditures is exercised;	The Director General Communications will develop standards for timesheets reporting by contractors.	Director General Communications in collaboration with the Chief Financial Officer	December 2010
d. Conduct a comprehensive operational risk assessment and develop a risk management plan, including mitigating strategies; and	The DG Communications will conduct an operational risk assessment and develop risk management plan with mitigating strategies.	Director General Communications	March 2011
e. Develop a performance measurement framework to assess both its internal and external crisis communications performance.	The DG Communications in collaboration with the Chief Financial Officer will develop a performance measurement framework.	Director General Communications	September 2011
Support services 107. The Communications Directorate should: a. Articulate, document and communicate the roles and responsibilities of the Strategic	Agreed. The Director General of Communications will work with the Director General of Strategic Policy to articulate each	Director General Communications in collaboration	March 2011

Recommendation	Management Action Plan	Officer of Prime Interest	Target Date
Policy Directorate in communicating and in sharing information with major non-governmental organizations;	directorate's roles and responsibilities with regard to stakeholder communications. This will be included in the Protocol and will be communicated to collaborators.	with the Director General Strategic Policy	
b. Establish an appropriate structure and process to document discussions and critical information shared with major non-governmental organizations during a crisis; and	As part of this, a process for documenting and sharing the results of stakeholder discussions will be set and included in the Protocol.	Director General Communications in collaboration with the Director General Strategic Policy	March 2011
c. Define and document the needs and expectations from internal support services and develop the necessary administrative arrangements to ensure that Communications management and staff clearly understands financial, administrative, legal and human resources rules, regulations and restrictions during crises.	The DG Communications will work with counterparts in corporate and administrative support services to define service level expectations and delivery models during times of crisis response.	The Director General Communications in collaboration with Support Services Directorate	March 2011

Appendix C: List of Acronyms

Agency	Public Health Agency of Canada
ASD	Audit Services Directorate
CEGG	Crisis and Emergency Communications Group
CPHO	Chief Public Health Officer
EMA	Emergency Management Act
EOC	Emergency Operations Centre
EG	Executive Group
FERP	Federal Emergency Response Plan
FTE	Full-time equivalent
HC	Health Canada
HEPG	Health Portfolio Executive Group
H1N1	Pandemic Influenza type
HPERP	Health Portfolio Emergency Response Plan
JEPC	Joint Emergency Preparedness Committee
NGO	Non-government organizations
MOU	Memorandum of Understanding
PHAC	Public Health Agency of Canada
PSC	Public Safety Canada