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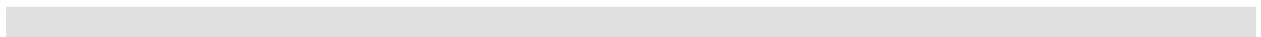
Population and Public Health Contract and Grant Agreements

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Abbreviations

ADM	Associate Deputy Minister
CPPM	Core Policy and Procedures Manual
FCS	Finance and Corporate Services Division
Government or Province	Government of British Columbia
PPH or the Division	Population and Public Health Division within the Ministry of Health
the Ministry	British Columbia Ministry of Health

Executive Summary

Within the Ministry of Health (the Ministry), the Population and Public Health Division (PPH or the Division) focuses on improving peoples' overall health and well-being by promoting health, preventing disease, protecting people from harm and ensuring focus on key groups including Indigenous peoples, women and children.

To help deliver its mandate, PPH issues contract and grant agreements with public sector groups, non-governmental organizations and external contractors. PPH projects include one-time initiatives (e.g. parent education materials) and ongoing, multi-year programs (e.g. smoking cessation, nutrition programs).

PPH projects are funded through the Ministry's annual budget process. If the overall Ministry budget is underspent at the end of the fiscal year, additional PPH projects may be funded through a grant process. Typically, year-end grants are distributed between the Ministry's divisions from a pool of unspent funds. Year-end grants vary each year and are not guaranteed.

The Government of British Columbia (Government or the Province) has established policy for contract and grant agreements to ensure ministries maintain accountability over public funds and payments are managed in a manner that is fair, open and transparent.

Purpose and Results

Internal Audit & Advisory Services carried out this review to assess whether PPH activities related to planning and managing its contract and grant agreements were consistent with Government and Ministry policies, guidelines and procedures. The review found that the Division's activities were generally consistent with these expectations. However, opportunities exist to strengthen internal policies and practices to support and guide staff, as well as enhance accountability of contractors and funding recipients. Further, PPH is encouraged to establish a project evaluation framework and divisional strategic plan to promote continuous improvement and show how PPH supports higher-level provincial health goals.

This review also found that Ministry decision-making processes, related to the Division's budget and project approvals, are affecting PPH's ability to efficiently and effectively deliver projects. These areas are beyond the control of PPH, and any changes will require acceptance and approval by Ministry senior executives.

Project Funding

The Ministry's division budgets should be established in a way that allows program areas to plan and fund their priority activities through base funding. If a portion of the overall budget remains unspent at the end of the fiscal year, grants may be available to provide financial assistance to non-governmental organizations for health-related initiatives. Due to the unpredictable nature of year-end grants, they are more suitable for one-time projects than ongoing programs.

This review found that, historically, a significant portion of PPH project funding has been received through the year-end grant process. In 2017/18, PPH spent \$7.6 million of its annual budget on projects. An additional \$11.2 million was used to fund projects through the year-end grant process. Many of these grants are provided to programs that received similar funding in past years, which suggests they are priorities of PPH and the Ministry.

Relying on year-end monies to fund priority ongoing programs creates risks and uncertainties to PPH and potentially undermines the ability to achieve its overall mandate. For example, this approach limits the Division's ability to conduct thoughtful planning to advance the achievement of its goals and priorities. In addition, year-end grant money is unpredictable, and grants have limited accountability mechanisms compared to contract agreements.

While year-end grants may be suitable for one-time initiatives, a more appropriate way to manage ongoing programs would be for them to be funded through the annual budget planning process.

Project Approvals

The project approval process can take several months which leads to projects that are delayed, postponed or cancelled. This creates a risk where priority projects may not be completed and PPH's ability to meet population and public health goals is impacted.

The primary way to mitigate the approval delays would be to delegate authority for project approvals from the Ministry executive level to the division level. This would allow PPH to make timely decisions, promote greater efficiency for day-to-day business and enable more effective use of its allocated budget.

We would like to thank the management and staff of the Population and Public Health Division, who participated in and contributed to this review, for their cooperation and assistance.



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Introduction

The Ministry of Health (the Ministry) has a strategic vision for an integrated system of care that helps people maintain their health, recover from illness and surgery, improve their quality of life, stay independent longer and avoid unnecessary hospital visits. Disease prevention, health promotion and protection services are critical to achieve these goals and support a sustainable public health system into the future.

Chronic disease, injuries and mental health disorders are the largest contributors to the burden of illness in British Columbia and drive a significant part of downstream health costs. Responding to these issues creates pressure on the whole health system in terms of capacity, efficiency and resources.

Research studies have shown that investment in health promotion and disease prevention initiatives can lead to quantifiable cost savings. For example, every \$1 spent on tobacco prevention programs saves up to \$20 in future health care costs.

Population and Public Health Division

Within the Ministry, the Population and Public Health Division (PPH or the Division) focuses on improving peoples' overall health and well-being by promoting health, preventing disease, protecting people from harm, and ensuring focus on key groups including Indigenous peoples, women and children. The intent is to promote a healthier population and reduce current and future demands on the health care system.

The Division establishes and manages strategic initiatives to support its mandated responsibilities. In some cases, specialized expertise is required to supplement staff skills, or external organizations are better equipped to implement the work. For these situations, PPH creates agreements with other public sector groups, non-governmental organizations or external contractors. PPH projects include one-time initiatives (e.g. health surveys) and ongoing multi-year programs (e.g. smoking cessation, nutrition programs).

As illustrated below, there are three branches within the Division. These branches are responsible for providing leadership, expertise, and strategic policy direction for a broad range of public health services and programs.

Public Health and Services Branch



- Advancing women, maternal, child and family health.
- Reducing harms from psychoactive substances, healthcare infections, and communicable disease.

Health Protection Branch



- Oversight in areas such as drinking and recreational water quality, sewage systems, air quality, food safety, industrial camps.

Healthy Living & Health Promotion Branch



- Health and wellness strategies related to tobacco control, healthy eating and food security, physical activity, injury prevention, alcohol harm reduction, among other related areas.

There are three main types of agreements that PPH uses to structure its projects: general services agreements, shared cost arrangements and grants. The choice of agreement primarily depends on whether the Government of British Columbia (Government or the Province) receives goods/services and has an expectation of control over the recipient's activities.

For the purposes of this report, general services agreements and shared cost arrangements will be referred to as "contracts", as both create a contractual relationship with PPH. Grants are a less stringent written agreement, requiring, for example, an application form or written correspondence to initiate. The correct classification of these agreements requires professional judgment and understanding of government policy requirements.

General Services Agreement	Shared Cost Arrangement	Grant
<ul style="list-style-type: none"> • Legal agreement where the ministry pays for services to a person or company • Government receives goods/services • Government has significant control over how funds are spent • E.g. Agreement to provide professional services 	<ul style="list-style-type: none"> • Reimbursement or financing arrangement under contract or formal written agreement • Government does not receive goods/services • Government has significant control over how funds are spent • E.g. Agreement to provide social services such as job training programs 	<ul style="list-style-type: none"> • Written agreement (e.g. application form or correspondence) • Government does not receive goods/services • Government does not control or participate in the ongoing activities of the recipients • E.g. Research and development grant

Policies and
Procedures

The Core Policy and Procedures Manual (CPPM) is a compilation of Government's financial and management policies and procedures. Within CPPM, Government has established expectations for managing contract and grant agreements. The overall policy objectives are to maintain accountability over public funds and to ensure payments are managed in a manner that is fair, open and transparent.

CPPM uses principles-based management practices, so requirements in the manual are written broadly. To supplement CPPM, ministries often have detailed policies and procedures which adhere to the principles but are based on the specifics of their programs.

This review used CPPM and Ministry policies and procedures to help form the basis of the evaluation.

Purpose, Scope and Approach

This review assessed the activities of PPH related to planning and managing contract and grant agreements to ensure consistency with CPPM and Ministry guidelines and procedures.

This review evaluated and, as appropriate, made recommendations relating to the following:

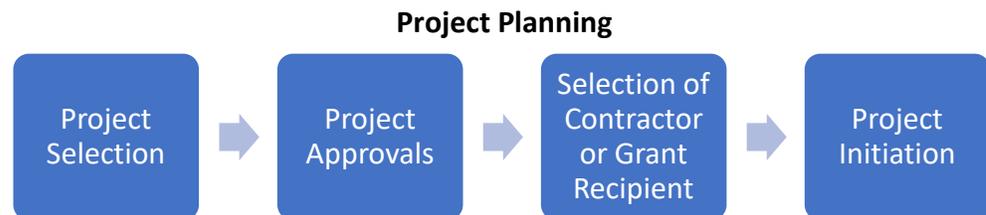
- the planning process to identify and select PPH projects;
- the management of project agreements, including internal approvals, recipient selection, monitoring, evaluation and reporting activities; and
- other matters that arose over the course of the review deemed appropriate by the review team.

The approach involved:

- interviewing PPH staff;
- reviewing relevant policy and procedures governing contract and grant agreements; and
- reviewing a sample of contract and grant agreements.

1.0 Project Selection

As illustrated below, there are a few distinct planning steps that PPH follows before initiating a project, including: selecting the project, obtaining internal approvals, and selecting the contractor or grant recipient.



Annual Project Selection Process

At the beginning of each fiscal year, PPH conducts a strategic exercise to identify, select and prioritize its projects for the upcoming year. Due to the numerous areas of focus within the Division's mandate, there are always more projects identified than funding available. The project selection process includes recommendations from each branch and considers Government priorities, the division mandate, risk factors and population health impacts. Division staff put considerable thought and effort towards determining worthwhile projects in their respective areas. The Division's Executive Lead ultimately decides which projects advance to the approval phase.

This review found that the selection process and the rationale to explain decisions were not clearly documented. PPH could enhance overall transparency and communication with staff through clearly documenting the planning process, including the rationale to support project selection decisions.

Once projects are selected and approved, funds ear-marked for a project must be spent during the fiscal year. As a result of this time constraint, it is important for project selection to occur as early as possible, so staff can move quickly to the approval and contractor/recipient selection phases. If there are long delays in any of these phases, there may not be enough time to begin the project before the fiscal year-end, or the project might be limited in what it can deliver.

The project selection exercise typically begins in mid-February and ends in late April/early May. It would be beneficial for PPH to consider options to shorten the project selection timeline and begin earlier to accelerate the necessary project approvals.

Recommendations:

- (1) PPH should document the project selection process and rationale for decisions to enhance overall transparency.**
- (2) PPH should review its annual project selection process to ensure it is not inhibiting timely project initiation.**

2.0 Project Approval

CPPM contains guidance for managing Government expenses to help ensure ministries create adequate frameworks for the control and spending of public money. Ministers and deputy ministers authorize others to make spending decisions on their behalf through delegation of authority. To advise these decisions, CPPM includes guidelines for delegating expense authority based on organizational positions such as assistant deputy minister, executive director, manager, etc.

Ministry Approval Policy

Ministries are directed to balance risks, costs and efficiencies when delegating authority to approve expenditures. We expected that Division staff at the executive level would have authority to make the final project selection decisions and approve the related expenditures, consistent with CPPM expense authority level guidelines.

This review found that Ministry policy requires all agreements, regardless of risk or dollar value, to be individually approved at the Associate Deputy Minister (ADM) level prior to proceeding. As a result, approvals may be delayed for several months, stalling the next steps in the procurement process. Subsequent approvals required from Ministry corporate finance executives and Treasury Board are often delayed which also contributes to a lengthy process.

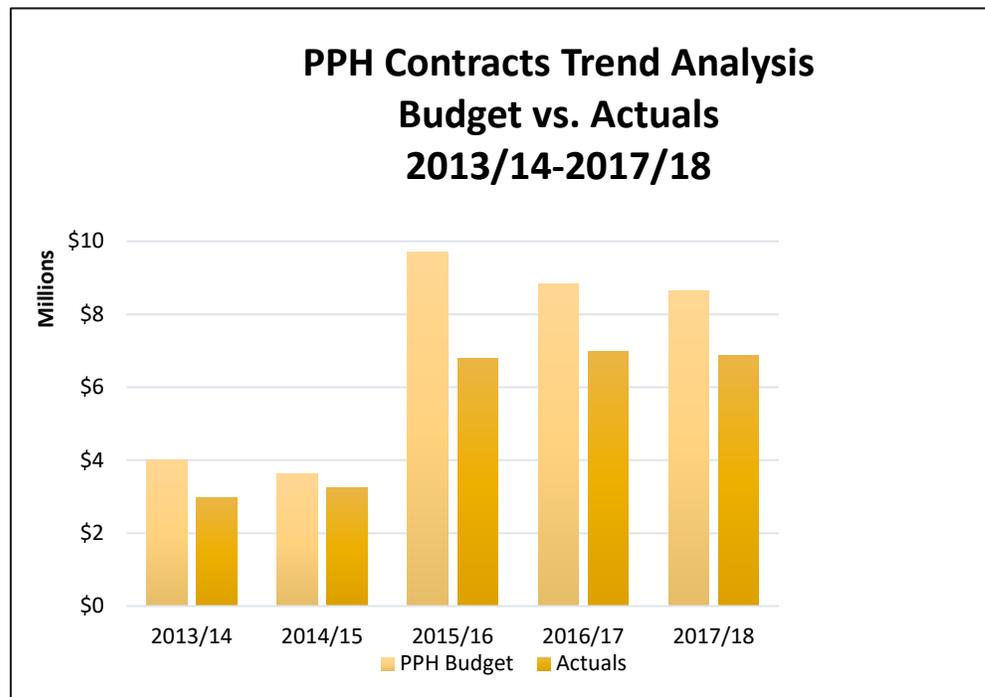
The entire project approval process can take six months or longer, limiting the time available to complete the project before the fiscal year-end deadline. Projects have been cancelled or postponed to subsequent years due to approval delays.

The process also makes it challenging for PPH to address unanticipated changes that arise during the year. For example, projects may be awarded for less than their planned budgets, recipients may not spend their entire budget or PPH may need to remove a project from their plan for operational or strategic reasons. In these situations, PPH cannot use the unspent funds to initiate another project due to the lengthy approval process, which creates a risk that priority projects are not completed. This may impact PPH's ability to meet population and public health goals.

The approval delays are partly due to time constraints as Ministry executives manage multiple competing priorities. There are additional complexities, as the approving ADMs provide oversight for multiple divisions and are not involved in the day-to-day operations of the Division. When ADMs are approving projects one at a time, the strategic links to Ministry or Division goals are not always apparent and, at times, projects are perceived as “ad-hoc.” This leads to a delay period as ADMs seek additional information to justify the project’s need. An option to mitigate this issue would be for PPH to submit a spending plan to senior executives for approval that clearly demonstrates how projects align with Ministry objectives.

PPH Budget Trends

Over the last five years, PPH has not fully spent its planned project budget. From 2013/2014 to 2017/2018, PPH underspent its contract budgets by a total of \$8 million or approximately \$1.6 million per year. This review found that the approval delays are impacting PPH’s ability to fully use its contract budgets.



Source: PPH data

There are opportunities to reduce the administrative burden and improve the efficiency of the Ministry's current approval process. Delegating authority for project approvals from the Ministry executive level to the division level would allow PPH to make timely decisions, promote greater efficiency for day-to-day business and enable more efficient use of its allocated budget. It would also help PPH to address the unanticipated, but inevitable, changes that occur throughout the year.

In addition, it would be beneficial for the Ministry to establish reasonable timelines for the necessary approvals by finance executives, and work with Treasury Board Staff to address the delays with obtaining their approvals.

As approvals affect all Ministry divisions, the recommendations will likely have broad impacts across the Ministry.

Recommendation:

(3) The Ministry should review the approval process to identify and address the process inefficiencies. The following should be considered:

- **PPH to submit a spending plan, for senior executives' approval, that clearly demonstrates how projects align with Ministry objectives.**
- **Delegate spending authority to staff in the Division based on project risk and/or dollar threshold.**

3.0 Project Funding

Ministries are provided with an annual budget at the beginning of the fiscal year for allocation within their divisions and branches. This funding is intended to enable organizations to achieve the goals and priorities of their mandates.

PPH's base budget has averaged \$25 million over the past five years which includes salaries and benefits, training, legal and administration fees. The annual budget also includes project costs related to health promotion, prevention and protection.

3.1 Project Spending Decisions

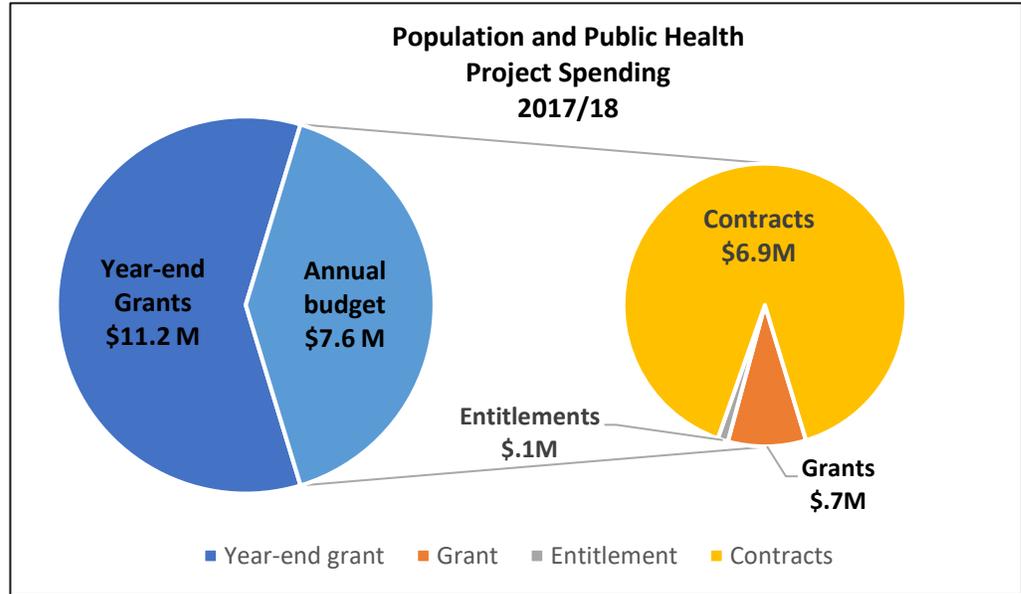
In addition to projects funded through the base budget, PPH may have an opportunity to recommend projects to receive funding at the end of the fiscal year through a pool of unspent Ministry funds. The *Financial Administration Act* does not allow annual spending amounts to be carried over to the next fiscal year. One way the Ministry avoids losing unspent funds is through distributing the money across its divisions in the form of grants to non-governmental organizations. Over the past five years, population and public health projects have received year-end grants ranging from \$3 million to \$30 million per year.

Year-end Grants

Year-end grants provide financial assistance to non-governmental organizations and may be suitable for one-time initiatives. However, from a strategic perspective, relying on unpredictable year-end grants to support ongoing Ministry programs is not ideal.

This review identified that a significant portion of PPH project funding is received through year-end grants. In 2017/18, PPH spent \$7.6 million of its annual budget on projects including: contracts, grants and entitlements.¹ An additional \$11.2 million in funding was provided to population and public health projects through year-end grants.

¹ Entitlements are non-discretionary payments set out in statute or regulation (e.g. social assistance to individuals).



Source: PPH data

Many of the initiatives that received year-end grant monies have received it on an ongoing basis which suggests they are priorities of PPH and the Ministry.

As described below, using year-end monies to fund priority ongoing programs creates unnecessary risks and uncertainties to PPH and potentially undermines the ability to achieve its overall mandate. A more appropriate way to manage ongoing programs would be for them to be funded through the annual budget planning process.

Year-end funding is unpredictable

PPH is not guaranteed year-end funding in any given year, and when funding is available it varies annually. Therefore, having to rely on year-end funding limits the Division’s ability to conduct thoughtful planning to advance the achievement of its goals and priorities. It also creates uncertainty for recipients which influences their ability to plan and manage their program content and staffing needs. Ultimately, this can affect the overall success of the program.

Evaluation of ongoing year-end grants is challenging

It is important for PPH to critically monitor and evaluate its ongoing programs and make continuous improvements such as adjusting content or scope. This is necessary to ensure that programs achieve their intended impact and are managed efficiently. However, investing time and money in this type of evaluation has limited value if the program does not receive funding the subsequent year. If ongoing programs were funded through the annual budget planning process, regular evaluation could be built into the program.

Grants have limited accountability mechanisms

Year-end funding is provided in the form of a grant, as opposed to a formal contract. A contract represents a legally binding agreement to deliver a product or service. Grant agreements do not have the same legal consequences if the result is not achieved.

For contracts, CPPM and supplemental guidance have expectations for administration, deliverables, monitoring, evaluating and reporting. CPPM requirements for managing grants is more flexible and less rigorous. CPPM stipulates that the Government does not control grant recipient activities, so ministries do not have significant control over how funds are spent. This creates challenges with ensuring accountability, particularly in situations where more control over project deliverables is desirable.

PPH, as with other divisions within the ministry, put forward recommendations for projects to receive year-end grant funding. Decisions are ultimately made under tight deadlines by senior Ministry executives. It is not unusual for these decisions to be made in a matter of days. All year-end grant agreements are drafted centrally, and PPH staff may not have an opportunity to provide input on the grant expectations. Grant agreements are written using general language, so project deliverables may not be measurable or enforceable.

Recommendation:

- (4) The Ministry should review its budgeting allocation to PPH and ensure that priority ongoing programs are funded through the Division's annual budget planning process, rather than through year-end grants.**

4.0 Management of Contract and Grant Agreements

This review examined a selection of projects within the PPH 2017/18 project portfolio with a focus on how projects were planned, monitored and evaluated throughout their lifecycle. CPPM requires ministries to ensure agreements are awarded and managed in a fair, open and transparent manner. Accountability mechanisms must also be in place to evaluate whether value for money is achieved.

4.1 Project Management

Guidance, Process and Practices

Formally documented policies and procedures are important to guide consistent and effective decision-making. We expected to find that PPH had established internal processes and guidance that supplement and align with CPPM principles. Overall, the review found that PPH has not clearly documented its guidance related to managing contract and grant agreements throughout their lifecycles. There are gaps in process documentation, records management and related activities. When processes are not clearly defined, activities may be performed inconsistently, inefficiently or not in compliance with policy. This review has identified opportunities for PPH to strengthen the following areas:

- establishing guidance to assist staff with setting measurable deliverables and appropriate project budgets;
- promoting accountability through including eligible expenses in contracts and grants, such as the amount of administrative fees permitted (% of contract), and the types of expenses deemed eligible;
- establishing multi-year contracts for ongoing projects to create administrative efficiencies, save time for staff, and provide more certainty for PPH and proponents; and
- formalizing the guidelines for project monitoring to ensure consistency across the Division.

Contract Payments

Ministries are accountable for ensuring payments and reimbursements made to contractors are appropriate and properly supported with documentation. CPPM requires ministries to maintain adequate records for contract payments. This requires collecting evidence to support expenses claimed by the contractor. Government's contract template stipulates that all expenses claimed must be supported by a receipt.

This review identified that controls should be strengthened to ensure that contractors are not reimbursed for unsupported expenses. PPH's typical practice is to review a listing of expenses claimed each quarter. However, staff do not ensure that contractors provided receipts, as stipulated in the contracts, to allow verification of the expenses claimed. This step is necessary to identify potential overbilling and to ensure that the Government Sales Tax or other relevant taxes are not being improperly paid by the Province. PPH advised that it has not been the Division's general practice to review detailed invoices.

Contract
Management
Oversight and
Training

A small team of staff within the Finance and Corporate Services Division (FCS) provides contract management oversight and guidance for all Ministry divisions.

FCS coordinates the solicitation process and helps ensure compliance with CPPM requirements throughout the contract lifecycle by, for example, ensuring approvals are in place and reviewing direct award justification. PPH staff do not necessarily have contract management experience or expertise when they join the Division, and some staff noted that additional training would be beneficial. As well, staff indicated that the contract process has duplications and can be complex, confusing and time-consuming. It would be beneficial for PPH to work with FCS to identify opportunities to create efficiencies in the process.

Recommendations:

- (5) PPH should develop written policies and guidance, where gaps currently exist, to ensure that staff are provided with adequate direction and agreements are managed consistently.**
- (6) PPH should work with the Finance and Corporate Services Division to develop a policy for invoice review that aligns with CPPM.**
- (7) PPH should work with the Finance and Corporate Services Division to provide contract management training opportunities and refreshers for staff.**

4.2 Program Evaluation

The Ministry is responsible for ensuring public funds are used economically and efficiently to deliver projects that effectively meet Government's goals. Evaluation supports this objective through critical examination of a project's activities, characteristics and outcomes to improve effectiveness or to inform programming decisions. While evaluation is important for PPH projects that are one-time initiatives, it is particularly important for programs that have been ongoing for several years.

Types of Evaluation

There are various methods of evaluation depending on what, why and for whom you are evaluating. The illustration below describes process and outcome evaluation.

Process Evaluation	Outcome Evaluation
<ul style="list-style-type: none">• Useful to identify inefficiencies, streamline processes, improve future activities.• Can determine whether the program is reaching its target population.• Provides an opportunity to avoid problems by spotting them early.	<ul style="list-style-type: none">• Useful for determining the degree of benefit provided by the program.• Helps program managers tell whether a program is meeting objectives.

PPH Ongoing Program Evaluations

PPH manages programs that have been in place for several years such as the smoking cessation, nutrition, problematic substance use and immunization programs. PPH does not have guidelines or use a consistent approach to assess whether ongoing programs are achieving their intended results. Program evaluations are conducted on a case-by-case basis. PPH may contract an expert to conduct an independent evaluation or require it as a mandatory term of the contract.

While evaluation using expert contractors is an objective way to measure program effectiveness, internal evaluations can also be used as a less costly method to exercise organizational control and improve performance. It is good practice to carry out internal evaluations periodically over a program's lifetime to answer the question: Is Government getting value for its money?

It would be beneficial for PPH to develop an evaluation framework to guide planning and manage long-term programs consistently and effectively across the Division. PPH is encouraged to leverage evaluative strategies or tools, such as **logic models**, currently being used in some areas of the Division.

PPH does not report on the Division's performance against goals or the progress of its project activities. Producing reports is important to communicate results to staff, stimulate discussion, identify opportunities and help management prepare for information requests by Ministry executives. At a minimum, it would be worthwhile for PPH to periodically report on the progress of ongoing programs - some of which have been in place for more than a decade.

Logic models are planning and evaluation tools tailored to individual programs. They may include short term outputs, long term outcomes and objectives that link to key division goals. As well, logic models may include considerations for measuring, monitoring and reporting performance.

Logic models can be used as the basis for both process and outcome evaluations.

Recommendations:

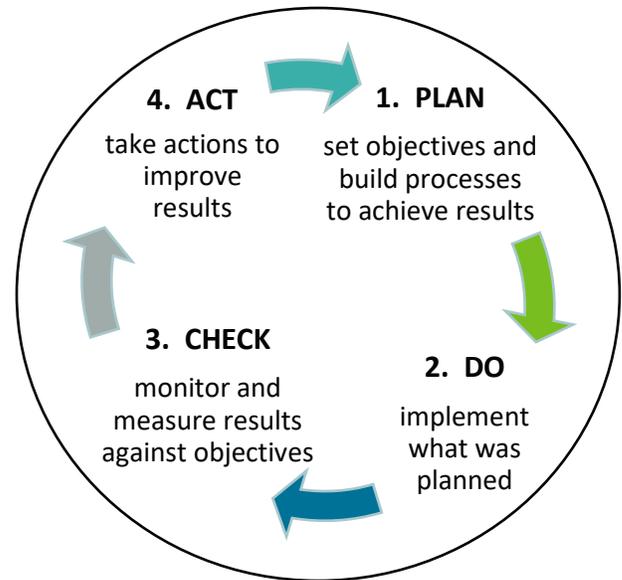
- (8) **PPH should establish an evaluation framework to help manage ongoing programs consistently and effectively.**
- (9) **PPH should periodically report on how ongoing or significant projects are supporting mid to long-term outcomes.**

5.0 Division Strategic Planning

Strategic planning is a management tool used to set priorities, focus resources and align individual and team activities with an organization's goals. Effective strategic planning articulates clear direction, necessary actions and how success will be measured.

In practice, a comprehensive planning framework incorporates the broad principles of a "Plan-Do-Check-Act" cycle --an iterative approach that promotes continuous improvement through assessing performance and revising activities as needed.

In 2013, the Ministry created *BC's Guiding Framework for Public Health* which established long-term direction, goals and performance measures (with 2023 targets) for the public health system. PPH uses this high-level framework to guide its work. However, the Division has not established a forward-looking strategic plan under its control that includes measurable goals and objectives.



PPH staff view the division as being siloed from other Ministry divisions. At times, staff have found it challenging to clearly demonstrate how its health promotion and prevention activities align with the broader Ministry priorities focused on outcomes such as reducing surgical wait times and improving primary care. At PPH, a comprehensive strategic planning framework could help demonstrate links between individual initiatives and higher-level organizational goals. It may also help PPH better demonstrate how it is supporting the goals in *BC's Guiding Framework for Public Health*.

To promote continuous improvement, facilitate communication and help address organizational issues, the Division is encouraged to incorporate a formalized and iterative approach to planning and performance assessment. This would include engaging staff to develop a strategic plan that integrates with the annual plan and outlines the vision, goals, objectives and key performance indicators for the Division.

Good practice would also include annual reporting to staff on the achievement of expectations in the annual operational plan and the strategic plan.

Recommendation:

(10) PPH should establish a divisional strategic plan that integrates with the annual plan and outlines the vision, goals, objectives and key performance indicators for the division.

Appendix 1 - Summary of Recommendations

1	PPH should document the project selection process and rationale for decisions to enhance overall transparency.
2	PPH should review its annual project selection process to ensure it is not inhibiting timely project initiation.
3	<p>The Ministry should review the approval process to identify and address the process inefficiencies. The following should be considered:</p> <ul style="list-style-type: none"> • PPH to submit a spending plan, for senior executives' approval, that clearly demonstrates how projects align with Ministry objectives. • Delegate spending authority to staff in the Division based on project risk and/or dollar threshold.
4	The Ministry should review its budgeting allocation to PPH and ensure that priority ongoing programs are funded through the Division's annual budget planning process, rather than through year-end grants.
5	PPH should develop written policies and guidance, where gaps currently exist, to ensure that staff are provided with adequate direction and agreements are managed consistently.
6	PPH should work with the Finance and Corporate Services Division to develop a policy for invoice review that aligns with CPPM.
7	PPH should work with the Finance and Corporate Services Division to provide contract management training opportunities and refreshers for staff.
8	PPH should establish an evaluation framework to help manage ongoing programs consistently and effectively.
9	PPH should periodically report on how ongoing or significant projects are supporting mid to long-term outcomes.
10	PPH should establish a divisional strategic plan that integrates with the annual plan and outlines the vision, goals, objectives and key performance indicators for the division.