

**Fourth session**

The Hague

28 November to 3 December 2005

**Report of the Office of Internal Audit**

**Note by the Secretariat**

The Secretariat of the Assembly of States Parties has received the following report from the Office of Internal Audit and has been requested to submit it to the Assembly, through the Committee on Budget and Finance.

Letter of Transmittal

7 July 2005

Pursuant to the decision of the Assembly, adopted at its second session in September 2003, the Office of Internal Audit submits its annual report to the Assembly, through the Committee on Budget and Finance.

(Signed) Joe Martire  
Director  
Office of Internal Audit

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## Summary

This first report on the activities of the Office of Internal Audit covers the ten-month period from August 2004 to May 2005. Future plans and reports will be synchronized with the Court's calendar-year reporting period.

Since the Office of Internal Audit commenced operations on 17 July 2004, the priority has been to establish a well performing office that provides senior management with objective assurance and information regarding the internal controls of the Court, the use of funds, and whether clear accountability exists for the results achieved. The Office's work will also help the Committee on Budget and Finance and the Assembly of States Parties discharge their oversight role.

The Office's efforts during the reporting period focused primarily on achieving the following objectives:

- Staffing the approved posts of the Office
- Adopting a Charter for Internal Audit
- Identifying and assessing risks
- Coordinating with the External Auditor
- Undertaking an in-depth performance audit
- Developing a process to assess and report progress on the implementation of recommendations
- Responding to ad hoc requests from senior management.

The results achieved against each of these objectives, together with work remaining, are summarized in Parts II and III of this report and in the related annexes. Part IV looks ahead and lists the areas and subjects that are likely to be audited during the period from June 2005 through December 2006.

The Court has provided the Office access to all persons, books, records and other documents which were, in the Office's opinion, necessary for the performance of its work. However, supporting documentation was not always available and responses to reports and recommendations need to be provided on a timelier basis.

The heads of organ and staff of the Court have assisted, cooperated with and supported the Office's work. The Office looks forward to continuing to work hand in hand with management and staff as they continue to develop and implement the Court's management and administrative policies and strengthen its internal controls.

## I. Introduction

1. This first report of the Office of Internal Audit (“the Office”) of the International Criminal Court (“the Court”) is submitted to the Assembly of States Parties (“the Assembly”), pursuant to the decision of the Assembly, adopted at its second session in September 2003, wherein it endorsed the recommendation of the Committee on Budget and Finance that “the internal auditor should be able to decide his or her annual work programme independently, including any issues raised by the Committee, and that the internal auditor should submit an annual report about the activities of the Office to the Assembly, through the Committee.”<sup>1</sup>

2. This report covers the ten-month period from August 2004 to May 2005. Future plans and reports will be synchronized with the Court’s calendar-year budgeting and reporting period.

3. Although the Office is a relatively small organizational unit, comprising two staff members in the Professional category and one in the General Service category, it forms an integral part of the organization and holds a unique and important place in the oversight systems of the Court. While it works internally with management and staff, it sets its work programme independently and has a dual reporting relationship.

4. By its nature, auditing uncovers problems. But the objective of the Office is to make a difference by providing the heads of organ of the Court with objective and timely information, assurance and advice about whether the organization’s internal controls, management systems and practices are suitably designed and effectively operated. The Office’s work will also help the Committee on Budget and Finance and the Assembly of States Parties discharge their oversight role.

5. The Office acts in accordance with the provisions of the Rome Statute, the Financial Regulations and Rules, as well as relevant resolutions of the Assembly of States Parties. The work of the Office is conducted in accordance with generally accepted common auditing standards. Our audit plans are risk-based, focusing on areas of high risk and importance. Our audit reports will be pointed and results-oriented, but also balanced and constructive.

6. In a venture as new and unprecedented as the International Criminal Court, the internal audit function, too, will have to develop and come into its own over a period of time. To be truly effective, the Office requires sufficient independence and the continuous endorsement and support of senior management. It is also critical that appropriate records are maintained and that important management decisions are well documented. Moreover, senior management must ensure that audit recommendations are addressed in a timely manner. An initiative aimed at helping senior management monitor the extent of progress in implementing recommendations is discussed later in this report.

7. Senior management recognizes that an important part of everyone’s job is demonstrating that funds are spent wisely and that clear accountability exists for resources used and results achieved. They have informed the Office that they are actively working to put in place the necessary management structures and policies to address strategic and operational issues more

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<sup>1</sup> *Official Records of the Assembly of States Parties to the Rome Statute of the International Criminal Court, Second session, New York, 8-12 September 2003* (United Nations publication, Sales. No. E.03.V.13) part II, A.1, para. 1 and part II, A.6, para. 29.

formally. They have also informed the Office that tighter decision-making procedures are being developed and refined in various parts of the Court. The Office has urged senior management to finalize and implement these improvement initiatives as soon as possible and plans to monitor progress, as appropriate.

8. The heads and staff of the Court have assisted, cooperated with and supported the Office's work. The Office looks forward to continuing to work hand in hand with management and staff as they continue to develop and implement the Court's management and administrative policies and strengthen its internal controls.

## **II. Staffing/budget of the Office**

9. The Office is now fully staffed and operational. The Office's approved budget for 2005 of 282,000 euros represents less than half of one per cent of the Court's total budget for 2005 of 66,891,200 euros. A rule of thumb used by many publicly funded organizations is that the audit budget should represent about 0.5 to 1.0 per cent of total annual planned expenditures. Although the Office's budget is slightly below the above range, it is sufficient given the early state of development of the Court.

## **III. Key activities carried out by the Office during the reporting period**

### **A. Charter for Internal Audit**

10. The broad mandate and reporting requirements of the Office are set out in rule 110.1 of the Financial Regulations and Rules and in the 2003 Report of the Committee on Budget and Finance.<sup>2</sup> However, ambiguity and uncertainty existed within the Court concerning how the Office would operate and report in practice. To help address this matter, a Charter for Internal Audit for the Court was drafted (see annex I). The Charter clarifies and elaborates the Office's legal mandate, including its operating and reporting mechanisms. The Charter also refers to the role of the External Auditor and describes his relationship with the Office of Internal Audit. Lastly, the Charter establishes an Oversight Committee as a means of strengthening internal oversight and supporting and enhancing the visibility of audit functions.

### **B. Risk assessment**

11. The Court does not yet have a formal integrated risk management framework. Consequently, during the period from August to October 2004, an initial identification and assessment of the management and administrative risks was carried out using a generally accepted risk management model (see annex II). Although many risks affect more than one area of the Court, they were identified and assessed in the context of four categories (Strategic, Operational, Performance Measurement and Reporting, and Compliance) against generally accepted management and administrative criteria used by organizations to manage risks, taking into account the early stage of the Court's development. The ratings of the potential impact and the likelihood of risks occurring for each category are summarized in annex III.

12. The draft report was discussed with senior management and appropriate staff. Their comments as well as their commitment to manage the identified risks were taken into account in drafting the final report, which was presented to the Coordination Council. It is important to note, however, that although efforts were made to corroborate the information supporting the risk

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<sup>2</sup> Ibid., part II, A.6.

assessments, it was not examined in detail and therefore does not provide an audit level of assurance. Moreover, the underlying causes that affect many of the risks are complex and would need to be examined in detail before any definitive conclusions could be drawn.

13. Nevertheless, what emerged from the risk assessment exercise is that while the Court has achieved significant progress to date, much work remains to be done in developing and implementing more formal management and administrative processes to identify risks as soon as they arise and manage them in a cost-effective manner. The Office is pleased that management plans to use the administrative and management criteria and detailed risk assessments contained in the report as input when setting their management and administrative priorities and action plans over the near and medium term.

14. The exercise also enabled the Office to quickly acquire a general knowledge of the management and administrative systems and practices of the Court. The results were used to guide the strategic planning of the activities of the Office over the near term. The Office plans to update the risk assessment periodically and monitor management's progress in implementing its commitments to manage the identified risks, as appropriate.

### **C. Audit of recruitment, selection and appointment of staff and non-staff personnel**

15. In late 2004, the Office decided that the first official internal audit of the Court would examine the recruitment, selection and appointment of staff and non-staff personnel. In deciding on the worthiness of the audit the Office took into account the following factors:

- the overall materiality and risk
- management control framework and practices
- issues raised by the Committee on Budget and Finance
- input of the Coordination Council
- the work plan of the External Auditor
- the capacity of the Office.

16. An audit plan detailing the audit objectives, scope and criteria, approach, timing and staffing was discussed with appropriate officials and was fully endorsed by the Coordination Council.

17. The objectives of the audit are to:

- (i) Assess whether the Court's human resource policies, practices and systems relating to the recruitment, selection and appointment of staff and non-staff personnel:
  - enable the Court to secure people with the highest standards of efficiency, competence and integrity;
  - reflect due regard to economy, efficiency and effectiveness; and
  - are in compliance with the Statute and Staff Regulations of the Court.
- (ii) Identify good practices and recommend areas for improvement.

18. At the time of writing this report, the examination phase of the audit was nearing completion and work had started in drafting the audit report.

**D. Assessing and reporting progress in implementing recommendations**

19. Further to discussions with the Coordination Council in February 2005, the Office proposed that it should develop a database of all recommendations as well as establishing guidelines and criteria for systematically assessing and reporting on progress in implementing audit recommendations. The aim is to provide information on the status of recommendations to the Oversight Committee and summary information to the Assembly of States Parties through the Committee on Budget and Finance.

20. Monitoring work would be based on self-reporting by responsible manager(s) and subsequently reviewed by the Office. Review by the Office of management's representation on progress is to assess whether their claims are consistent with the Office's knowledge of Court systems and practices and are within usual achievement norms given the complexity and resources assigned.

21. A guide on monitoring recommendations and assessing progress (see annex IV) was developed by the Office and provided to senior management. An initial database was also developed and populated with all audit recommendations that have been reported to the Court. Management's response and action plan to each recommendation are recorded in the database as soon as the information is made available to the Office. The Office welcomes the assurance by senior management that responses and action plans to address audit recommendations will be provided on a timelier basis.

22. The Office plans to assess and report on progress made in the implementation of recommendations, using the above-mentioned guide, internally every six months. Summary information will be reported to the Assembly of States Parties through the Committee on Budget and Finance annually, starting in 2006.

**E. Reports on management improvement**

23. During the reporting period, the Office provided the Registrar and/or Registry staff with several ad hoc reports aimed at improving management methods and processes and strengthening internal controls. The Office made eight recommendations that impacted the areas noted in Exhibit I below, using the above-mentioned system for classifying recommendations. Some recommendations impacted more than one area.

**Exhibit I: Number of recommendations by impact area**

IMPACT AREA	RECOMMENDATIONS
Management systems & practices	7
Stewardship information	2
Efficiency/Productivity	2
Cost effectiveness	2
Revenue collection	
Compliance with authority	3
Other areas	

24. The Office also provided senior management with advice on various budgetary and control, strategic planning and risk assessment issues. At the request of the Coordination Council,

the Office assisted the work of the Panel of External Security Experts tasked to review and assess the security arrangements of the Court.

#### **F. Coordination with the External Auditor**

25. An excellent working relationship has been established between the two offices, information has been exchanged and work plans have been coordinated.

#### **IV. Looking ahead**

26. The annual audit programme of the Office will continue to be based on an assessment of risks, materiality, and management systems and practices to manage or accept risks. The plan takes into account: issues raised by the Assembly of States Parties, including the Secretariat, by the Committee on Budget and Finance and by the Oversight Committee; the work plan of the External Auditor; and the capacity of the Office. In addition, the plan allows flexibility to consider any ad hoc requests by senior management for internal audit services that may arise following the adoption of the plan.

27. In order to synchronize the Office's annual report with the Court's calendar-year budgeting and reporting period, the operational audit plan covers the period June 2005 to December 2006. The plan has been presented to and endorsed by the Internal Oversight Committee. The list below provides an indication of the expected areas of planned audit work. However, the final decision as to what areas are to be examined must involve a degree of flexibility to take into account updated risks or new circumstances that may arise.

- Implementation of the Court's new SAP Resource Planning Information System.
- Asset management
- Planning and accountability for the new premises of the Court
- Field offices
- Contracting for goods and (non-staff) services
- Budgetary control systems – the budget setting, control and reporting systems.

28. All audits will be preceded by a thorough planning phase during which relevant managers will be consulted on which areas the audit is to concentrate, the timing of the audit and what data is required in order for the audit to be undertaken. It is only after this planning phase has been conducted that a final decision will be taken on whether an audit is to be undertaken and its exact scope, objective and criteria. This information will be clearly communicated as an audit's terms of reference to all relevant persons.

## **Annex I**

### **CHARTER FOR INTERNAL AUDIT**

#### **1. Introduction**

##### **1.1. Administrative authority and accountability**

i) With regard to the administration of the Court, article 38 of the Rome Statute states that the Presidency shall be responsible for the proper administration of the Court, with the exception of the Office of the Prosecutor, and that in discharging this responsibility the Presidency shall coordinate with and seek the concurrence of the Prosecutor on all matters of mutual concern. The Prosecutor's independence and management and administrative authority are further underscored in article 42, which states that the Prosecutor shall have full authority over the management and administration of the Office. Article 43(1) then assigns the Registry responsibility for the non-judicial aspects of the administration and servicing of the Court, without prejudice to the functions and powers of the Prosecutor. The Registrar is named as the principal administrative officer of the Court but exercises his functions under the authority of the President of the Court.

ii) In accordance with the financial regulations and financial rules, the Registrar oversees the preparation and submission of the Court's annual budget and its financial statements, two of the Court's main financial accountability documents.

##### **1.2. Office of Internal Audit: mandate and reporting requirements**

i) Financial rule 110.1 describes the mandate and reporting relationship of the Office of Internal Audit. Paragraph (a) states:

“There shall be an Office of Internal Audit which shall conduct independent audits of the financial transactions and the administrative systems underlying such transactions, in conformity with generally accepted common auditing standards and notably evaluating compliance of all transactions with established regulations, rules, policies, procedures and administrative instructions. As a result of its audit, the Office of Internal Audit shall provide comments and recommendations to the Registrar and, in areas falling under the authority of the Prosecutor, by virtue of article 42, paragraph 2, of the Rome Statute, also to the Prosecutor.”

ii) Paragraph (b) confers on the Office of Internal Audit “free access to all books, records and other documents which are, in its opinion, necessary for the performance of the audit”.

iii) At its second session in September 2003, the Assembly of States Parties endorsed the recommendation of the Committee on Budget and Finance, contained in its August 2003 report, that “the internal auditor should be able to decide his or her annual work programme independently, including any issues raised by the Committee, and that the internal auditor should submit an annual report about the activities of the Office to the Assembly, through the Committee.”<sup>3</sup>

iv) The Office forms an integral part of the organization and falls, for administrative purposes, under the Registry.

## **2. Purpose**

The purpose of this document is to clarify and elaborate the Office’s legal mandate, including its operating and reporting mechanisms.

## **3. Objective and scope of internal audit**

i) The objective of internal audit is to provide the heads of organ of the Court with objective and timely information, assurance and advice about whether the organization’s internal controls, management systems and practices are suitably designed and effectively operated. The Office acts in accordance with the provisions of the Rome Statute, the Financial Regulations and Rules, as well as relevant resolutions of the Assembly of States Parties and recommendations of the Committee on Budget and Finance. The work of the Office is conducted in accordance with generally accepted common auditing standards. In brief, the primary function of the Office of Internal Audit is to examine, review and appraise financial transactions and the administrative systems underlying such transactions of the Court to determine if they are being used economically, efficiently, effectively and in compliance with the applicable legislative authority, regulations and rules to implement approved programmes. The audit report will make recommendations for corrective action or improvements, where necessary. The Office shall also monitor and report management’s progress in implementing recommendations and identify areas of non-compliance.

ii) The Internal Auditor decides on his / her annual work programme independently. The annual audit programme will be based on an assessment of risks, and will take into account: issues raised by the Assembly of States Parties, including the Secretariat, by the Committee on Budget and Finance and by the Oversight Committee; the work plan of the External Auditor; and the capacity of the Office.

iii) The provision of audit services by the Office can only be properly implemented over time as the capacity to meet the objectives and standards is developed and as the management practices and performance information of the Court improve. To be effective in this regard, the internal audit function requires the active involvement and support of senior management.

## **4. The Oversight Committee**

i) In order to ensure that the Court establishes and maintains internal control with regard to the reliability of financial reporting, the effectiveness and efficiency of operations and compliance with applicable authorities, regulations and rules, an Oversight Committee shall be established.

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<sup>3</sup> Ibid., part II, A.1, para. 1 and part II, A.6, para. 29.

ii) The main function of the Committee shall be to act as an advisory panel to the Office of Internal Audit in the exercise of its audit functions and to monitor the implementation of relevant recommendations. The Oversight Committee will respect the independence of the organs under the Statute for matters falling within their responsibility.

The Oversight Committee shall also review progress in implementing action plans that have been agreed to by the responsible officials. The Committee shall also ensure that an effective administrative reporting relationship exists for the Office of Internal Audit, taking into account the need for the Office to be independent of the entities subject to audit. The Oversight Committee authorizes the dissemination of audit reports, except for those requested by the Committee on Budget and Finance pursuant to paragraph 29 of the report on the work of its third session, August 2003, or those requested by the Assembly of States Parties.

iii) The Committee can also invite external expertise, such as in corporate governance, to help management meet the ever-increasing challenges of accountability and responsibility and to add more credibility and independence to the oversight process. The Committee will define its operating modalities, including its relationship with the Committee on Budget and Finance.

iv) The Oversight Committee is comprised of the heads of organ, with secretarial support by the Office of Internal Audit.

## **5. The Role of the External Auditor**

The External Auditor is one of the main external oversight mechanisms and reports to the Governing Bodies. The External Auditor's role and responsibility are as set out in regulation 12 of the Financial Regulations and Rules of the Court and in the additional terms of reference contained in the annex thereto. The Office of Internal Audit liaises with the External Auditor to ensure optimal oversight coverage without duplication. The Registrar is responsible for formulating a response to the External Auditor's observations and recommendations.

## **6. Authority and reporting**

i) The Office of Internal Audit reports to the Oversight Committee for matters falling within the Committee's competence.

ii) The organizational status of the Office of Internal Audit indicates the extent to which the function is independent of the matters subject to audit, investigation and evaluation. The audit plans and reports of the Office of Internal Audit, together with management's action plans to address the observations and recommendations, are submitted to the appropriate heads of organ and to the Oversight Committee.

iii) In order to preserve the operational independence of the Office, the staff of the Office of Internal Audit shall have no managerial authority over, or responsibility for, any of the activities which they audit, investigate or evaluate.

iv) The Office of Internal Audit shall have free access to all persons, books, records and other documents which are, in its opinion, necessary for the performance of its annual work programme.

v) The Office of Internal Audit shall submit an annual report about the activities of the Office to the Assembly of States Parties, through the Committee on Budget on Finance.

Procedurally, the report is sent through the Registrar, who is not authorized to change it, but has the opportunity to add his own comments.

#### **7. Date of adoption**

- i) This Charter was adopted by the Coordination Council on 3 June 2005.
- ii) Should the need arise this Charter will be amended by the Coordination Council in consultation with the Internal Auditor.

**Annex II****Risk management model**

<b>IMPACT</b>	<b>RISK MANAGEMENT ACTIONS</b>		
<b>Significant</b>	Considerable management required	Must manage and monitor risk	Extensive management essential
<b>Moderate</b>	Risk may be worth accepting with monitoring	Management effort worthwhile	Management effort required
<b>Minor</b>	Accept risks	Accept, but monitor risks	Manage and monitor risks
<b>LIKELIHOOD</b>	<b>Low</b>	<b>Medium</b>	<b>High</b>

**Annex III**

**Risk ratings**

**I. STRATEGIC RISKS →**

Impact	Significant
Likelihood	Medium

**II. OPERATIONAL RISKS →**

Impact	Moderate to Significant
Likelihood	Medium to High

HUMAN RESOURCES		INFORMATION TECHNOLOGY		FINANCIAL MANAGEMENT & CONTROL	
Impact	Significant	Impact	Moderate to Significant	Impact	Moderate to Significant
Likelihood	Medium to High	Likelihood	Medium to High	Likelihood	Medium to High

PROCUREMENT		SECURITY & SAFETY		CORPORATE ASSETS	
Impact	Significant	Impact	Significant	Impact	Moderate
Likelihood	Medium to High	Likelihood	Medium to High	Likelihood	Medium to High

**III. PERFORMANCE MEASUREMENT & REPORTING →**

Impact	Moderate to Significant
Likelihood	Medium to High

**IV. COMPLIANCE →**

Impact	Moderate to Significant
Likelihood	Medium

## **Annex IV**

### **I. Guide on monitoring recommendations and assessing progress**

#### **a) Monitoring recommendations**

The primary purpose of monitoring is to ascertain the extent to which recommendations have been addressed, and to provide information on the status of recommendations to the Oversight Committee and summary information to the Assembly of States Parties through the Committee on Budget and Finance.

Monitoring work is based on self-reporting by responsible manager(s) and subsequent review by the Office of Internal Audit. The review by the Office of management's representation on progress is to assess whether their claims are consistent with the Office's knowledge of the systems and practices of the Court and are within usual achievement norms given the complexity and resources assigned. Accordingly, this monitoring work is neither an audit nor a review.

#### **b) Applicability**

The status of corrective action on all recommendations from audits and other work is to be monitored for five years. If a report does not contain recommendations, monitoring may still be warranted. The Office of Internal Audit will decide whether observations raised in the reports require monitoring in the first year in which the audit is entered into the recommendations database.

#### **c) Recommendations database**

The recommendations database is the repository of all monitoring data. It consists of: recommendations from all audits, data classifying each recommendation (recommendation identifier by subject area / issue, difficulty rating, impact area), whether management accepted the recommendation, the level of the Oversight Committee's endorsement of recommendations, self-reporting returns from each responsible manager, the Office of Internal Audit assessment of management progress and the rationale for the assessment.

The Office of Internal Audit is responsible for the recommendations database.

#### **d) Annual monitoring steps**

To ensure uniformity, the semi-annual monitoring exercise will be carried out in the following manner:

- The process will start with an internal call letter to managers from the Office of Internal Audit. The call letter will provide a timetable, pro forma letters to heads of organ and recommendations to be forwarded to the responsible manager(s);
- Managers are requested to provide a factual report on achievements and rate their own progress using the "Guide on monitoring recommendations and assessing progress";
- The Office of Internal Audit will review the assessments and discuss any ratings with managers that the Office may wish to question;

- The Office of Internal Audit will then enter an assessment into the database, recording any disputes along with the rationale for the rating;
- The database will facilitate summary reporting on the status of recommendations.

## *Recommendation Classification System*

### **Impact area**

**A = Management systems and practices**

**B = Stewardship information**

**C = Efficiency/Productivity**

**D = Cost effectiveness**

**E = Revenue collection**

**F = Compliance with authority**

**G = Other areas**

#### **e) Assessing progress**

The following guide has been developed to determine and assess progress in implementing a recommendation. While the definitions provided are intended to cover most situations, there will be instances where they will not.

### **II. Measurement of implementation of recommendations**

#### **a) Complex recommendations**

It can be difficult to rate the implementation of a single complex recommendation because some aspects may be accepted while others are rejected. Therefore, it is important to partition complex recommendations into two or more unique and manageable recommendations. Each unique recommendation should be rated separately.

The task of 'partitioning' complex recommendations needs to be done with careful deliberation as it affects the method of rating for subsequent years.

#### **b) Level of difficulty to implement the recommendation**

Recommendations vary with respect to how easy they are to implement. Using the criteria listed in appendix A, categorize each recommendation as either Easy or Difficult to implement. This task does not have to be done for ratings of the recommendation in subsequent years.

**Question 1: Determine the level of difficulty of the recommendation (see attached guidance).**

- Easy
- Difficult

Please provide a rationale **and proceed to question 2.**

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**c) The response of the Court to the recommendation**

It is important to record management’s response to the recommendation, at the time of reporting, and during subsequent years. Management might reverse its position regarding a recommendation, or action may have been taken that renders the recommendation obsolete.

**Question 2: What was management’s initial/current response to the recommendation?**

- Accepted
- Implied acceptance (no response but certain actions under way)
- Rejected

If “Rejected” or “No response” summarize management’s rationale **and proceed to question 3, and then stop.**

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**Question 3: Has the recommendation become obsolete?**

- No, it is not obsolete
- Yes, it has become obsolete

If “Yes”, please explain why, **and stop.**

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**d) Evaluating the implementation of the recommendation**

If the recommendation was accepted, and is not obsolete, then answer the remaining questions regarding the level of implementation, and the level of satisfaction with the implementation.

**Question 4: Are you able to determine the status of the recommendation?**

- Yes, I can determine the status
- No, there is insufficient information from the Court to determine the status
- No, the recommendation is stated such that it is difficult to determine its status (e.g. the recommendation is vague)

If “No”, please explain why not, **and stop**.

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**Question 5: Select a category that best describes the progress made towards fulfilling the intent of the recommendation. (See attached guidance in appendix B.)**

- Level 1: No progress or insignificant progress
- Level 2: Planning stage
- Level 3: Preparations for implementation
- Level 4: Substantial implementation
- Level 5: Full implementation

**Question 6: Considering both the level of difficulty of the recommendation and the timeliness of the progress, are you satisfied with the Court’s progress regarding this recommendation?**

- Satisfied with progress
- Not satisfied with progress

Please justify your answer citing both complexity of recommendation and expectations for progress.

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**Appendix A: Guidance for rating the implementation of the recommendation (Question 1)**

The following factors should be considered in assigning a rating of either “Easy” or “Difficult” to a recommendation:

**Management**

<i>Rating</i>	<i>Definition</i>
<i>Low</i>	Only has to implement or make minor modifications to existing policies or practices.
<i>High</i>	Problem must be further defined through additional study. It is likely that major new management systems will be required to address the deficiencies identified.

**Entity culture (evolving)**

<i>Rating</i>	<i>Definition</i>
<i>Low</i>	Recommendation is consistent with the existing attitudes and behaviour of the organization.
<i>High</i>	Recommendation would require major change in attitudes and behaviour throughout the workforce.

**Scientific/technological readiness**

Rating	Definition
Low	Only known scientific technique or technology that is in use elsewhere is required to implement the recommendation.
High	New techniques or unproven technology would be required.

**Political**

<i>Rating</i>	<i>Definition</i>
<i>Low</i>	No political content to the recommendation.
<i>High</i>	Recommendation will require CBF and/or ASP approval.

**Appendix B: Guidance for rating the implementation of the recommendation (Question 5)**

When trying to gauge the level of implementation of a recommendation, choose the highest rating that is achieved fully. For example, if you feel that the implementation efforts are close, but do not meet the criteria for level 4, assign a level 3 to the recommendation.

**Level 1: No progress or insignificant progress**

Actions such as striking a new committee, holding meetings and generating informal plans are to be regarded as insignificant progress.

**Level 2: Planning stage**

Formal plans for organizational changes have been created and approved by the appropriate level of management (at a sufficiently senior level, usually executive committee level or equivalent) with appropriate resources and a reasonable timetable.

**Level 3: Preparations for implementation**

Management has made preparations for implementation, such as hiring or training staff, or developing or acquiring the necessary resources to implement the recommendation.

**Level 4: Substantial implementation**

Structures and processes are in place and integrated within at least some parts of the organization and some achieved results have been identified. Management has a short-term plan and timetable for full implementation.

**Level 5: Full implementation**

Structures and processes are operating as intended and implemented fully in all intended areas of the organization.