*Risk and Compliance Process*

*Questions and methodologies for calculating the*

*Organizational Self-assessment of Compliance and Performance*

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| [PROCUREMENT](#Procurement) | | | | |
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| **Question** | **Result Type** | **Result that would flag compliance concern** | **Policy/Legislative requirement** | **Why this is important** |
| [How frequently does the Deputy Head meet with the Senior Designated Official for Procurement to discuss procurement matters?](#Q1Proc) | Frequency:   * Less frequently than annually * Annually * Less frequently than quarterly but more frequently than annually * Quarterly * More frequently than quarterly | Annually or less frequently than annually | [Policy on the Planning and Management of Investments (Policy) 4.1](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32593#:~:text=Deputy%20heads%20are%20responsible%20for%20the%20following%3A)    [Directive on the Management of Procurement (Directive) 4.1.5.2](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32692#:~:text=procurement%20management%20function%3B-,4.1.5.2,-Significant%20gaps%20in) | Senior Designated Officials play a critical role in providing advice to deputy heads on an organization’s procurement management function, including significant gaps in performance, non-compliance, and departmental procurement plans. |
| [Does the organization have a process in place to identify long-term contracts at least two years before their expiration and to assess whether the associated requirements should be re-solicited or the contracts extended?](#Q2Proc) | Extent of systems in place:   * No process in place * Process in place, but not integrated   into departmental procurement plan   * Process in place and integrated   into departmental procurement plan   * Process in place, integrated into   departmental procurement plan and  discussed at governance table | No Process in place or Process in place but not integrated into department procurement plan | [Directive 4.10.7](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32692#:~:text=procurement%20management%20function%3B-,4.1.5.2,-Significant%20gaps%20in) | Poor procurement planning, particularly for renewals of long-term contracts risks not having adequate time to appropriately compete a new contract, resulting in situations requiring high risk directed procurements. |
| [Does the organization have risk-based internal controls over procurement that have been reviewed within the past year to confirm that they provide reasonable assurance that procurement transactions are carried out in accordance with the procurement framework, applicable laws, regulations and policies?](#Q3Proc) | Yes/No | No | [Directive 4.1.2.15](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32692#:~:text=procurement%20management%20function%3B-,4.1.5.2,-Significant%20gaps%20in) | Internal controls are critical to well managed and safeguarded procurement process. Regular reviews support effective controls that are appropriately calibrated to organizational risks. |
| [Has the organization conducted a capacity assessment within the last three years to assess whether the organization has adequate resources to address its procurement needs?](#Q4Proc) | Yes/No | No | [Policy 4.1.1](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32593#:~:text=Deputy%20heads%20are%20responsible%20for%20the%20following%3A)  [Directive 4.1.6](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32692#:~:text=procurement%20management%20function%3B-,4.1.5.2,-Significant%20gaps%20in) | Effective management of procurement relies on having a workforce with the capacity, competency, and knowledge to appropriately execute on its responsibilities. |
| [What](#Q5Proc) [is](#Q5Proc) [the level of maturit](#Q5Proc)[y of the organization’s Procurement Management Framework?](#Q5Proc) | Maturity Model | Level 0 | [Directive 4.1.1](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32692#:~:text=procurement%20management%20function%3B-,4.1.5.2,-Significant%20gaps%20in) | Organizations with strong management frameworks (processes, systems and controls) in place with respect to its procurement function helps to mitigate organizational procurement risks. |
| [What is the level of maturity of the organization’s procurement monitoring and control practices?](#Q6Proc) | Maturity Model | Level 0 | [Directive 4.1.2](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32692#:~:text=procurement%20management%20function%3B-,4.1.5.2,-Significant%20gaps%20in) | Organizations with strong monitoring and controls with respect to its procurement function helps to identify and mitigate organizational procurement risks. |
| [What is the level of maturity of the organization’s procurement planning?](#Q7Proc) | Maturity Model | Level 0 | [Directive 4.1.2](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32692#:~:text=procurement%20management%20function%3B-,4.1.5.2,-Significant%20gaps%20in) | Organizations with strong procurement planning can better align resources with departmental needs, mitigate delays, and achieve better value. |
| [What is the level of maturity of the organization’s procurement governance?](#Q8Proc) | Maturity Model | Level 0 | [Directive 4.1.2](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32692#:~:text=procurement%20management%20function%3B-,4.1.5.2,-Significant%20gaps%20in) | Organizations with strong governance and oversight mechanisms in place with respect to its procurement function helps to mitigate organizational procurement risks (e.g., entering into risky contracts or contracts that provide poor value for money). |
| [What is the level of maturity of the organization’s procurement resource competency and capacity?](#Q9Proc) | Maturity Model | Level 0 | [Directive 4.1.6](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32692#:~:text=procurement%20management%20function%3B-,4.1.5.2,-Significant%20gaps%20in) | Organizations with strong competency and capacity for procurement mitigate compliance risks, achieve better outcomes, and are better supported by their procurement functions in the delivery of their mandate. |

**PROCUREMENT: How organizations will calculate self-assessment responses**

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| **Q1: How frequently does the Deputy Head meet with the Senior Designated Official for Procurement to discuss procurement matters?** |
| Organizations are asked to select the frequency that best represents their response.   * Less frequently than annually * Annually * Less frequently than quarterly, but more frequently than annually * Quarterly * More frequently than quarterly   A response of **less frequently than annually** or **annually** indicates a potential compliance concern that may require deputy head attention. |
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| **Q2: Does the organization have a process in place to identify long-term contracts at least two years before their expiration and to assess whether the associated requirements should be re-solicited or the contracts extended?** |
| Organizations are asked to select the answer that best represents their response:   * No process in place * Process in place, but not integrated into departmental procurement plan * Process in place and integrated into departmental procurement plan * Process in place, integrated into departmental procurement plan and discussed at governance table   A response of **no process in place** or **process in place but not integrated into departmental procurement plan** indicates a potential compliance concern that may require deputy head attention. |
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| **Q3: Does the organization have risk-based internal controls over procurement that have been reviewed within the past year to confirm that they provide reasonable assurance that procurement transactions are carried out in accordance with the procurement framework, applicable laws, regulations and policies?** |
| Organizations are asked to select the answer that best represents their response.   * Yes * No   A response of **no** indicates a potential compliance concern that may require deputy head attention. |
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| **Q4: Has the organization conducted a capacity assessment within the last three years to assess whether the organization has adequate resources to address its procurement needs?** |
| Organizations are asked to select the answer that best represents their response.   * Yes * No   A response of **no** indicates a potential compliance concern that may require deputy head attention. |

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| **Q5: What i****s the level of m****aturity of the organization’s Procurement Management Framework?** | | | | |
| **Organizations should choose the maturity level which best represents its level of compliance and performance. However, if an organization selects levels 1,2,3 or 4, but has not met the question’s compliance elements (provided in Level 0), its response must indicate that there is a potential compliance concern and provide details about the issue. For example, “Level 3, with potential compliance concern”. Additional guidance about how to self-assess RCP maturity model questions can be found in the “guide on how to complete the RCP self assessments.”** | | | | |
| **Level 0**  **Response indicates a potential compliance concern that may require deputy head attention** | **Level 1** | **Level 2** | **Level 3** | **Level 4** |
| An organizational Procurement Management Framework (PMF) does not exist. | Some elements of the PMF as set out in section 4.1.2 of the Directive on the Management of Procurement are documented.  The PMF has some guidelines for monitoring and controlling procurement activities. | An organizational PMF is documented.  The PMF encompasses standards and processes to manage procurement planning, conduct, oversight and reporting.  The PMF considers other related departmental stakeholder processes (including project management).  The PMF includes guidelines for monitoring and control processes for procurement activities. | An organizational PMF is documented.  The PMF encompasses standards and processes to manage procurement planning, conduct, oversight and reporting.  The PMF considers other related departmental stakeholder (including project management) and common service provider processes (as appropriate).  The PMF includes guidelines for monitoring and control processes for procurement activities.  The PMF is periodically reviewed and updated to incorporate lessons learned. | An organizational PMF is documented.  The PMF encompasses standards and processes to manage procurement planning, conduct, oversight and reporting.  The PMF considers other related key departmental stakeholder (including project management) processes, common service provider processes (as appropriate) and other external stakeholder processes (as applicable).  The PMF includes guidelines for monitoring and control processes for procurement activities.  There is a systematic and documented process to regularly review the framework and incorporate lessons learned and evolving best practices. |

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| **Q6: What is the level of maturity of the organization’s procurement monitoring and control practices?** | | | | |
| **Organizations should choose the maturity level which best represents its level of compliance and performance. However, if an organization selects levels 1,2,3 or 4, but has not met the question’s compliance elements (provided in Level 0), its response must indicate that there is a potential compliance concern and provide details about the issue. For example, “Level 3, with potential compliance concern”. Additional guidance about how to self-assess RCP maturity model questions can be found in the “guide on how to complete the RCP self assessments.”** | | | | |
| **Level 0**  **Response indicates a potential compliance concern that may require deputy head attention** | **Level 1** | **Level 2** | **Level 3** | **Level 4** |
| Processes to monitor and control procurements have not been defined or documented. | Processes to monitor and control procurements are documented and periodically[[1]](#footnote-2) applied.  Contract deliverable issues are periodically reported to the contracting authority throughout the procurement process.  Procurement control responses to address variances or mitigate procurement risks are periodically defined and tend to be reactive.  Governance structures receive periodic updates (e.g. only when decisions are required). | Processes to monitor and control processes for procurements are documented and regularly[[2]](#footnote-3) applied.  Contract deliverable issues are regularly reported to the contracting authority throughout the procurement process.  Procurement control responses to address variances or mitigate procurement risks are regularly defined.  Governance structures receive regular updates. | Processes to monitor and control processes for procurements are documented and consistently[[3]](#footnote-4) applied.  Contract deliverable issues are consistently reported to the contracting authority throughout the procurement process.  Procurement control responses to address variances or mitigate procurement risks are consistently defined.  Governance structures are consistently engaged and informed of the results of monitoring and control activities.  Lessons learned are regularly identified and documented. | Processes to monitor and control processes for procurements are documented and actively[[4]](#footnote-5) applied.  Contract deliverable issues are actively reported to the contracting authority throughout the procurement process.  Procurement control responses to address variances or mitigate procurement risks are actively defined. Responses to improve procurement performance may also be defined.  Governance structures are actively engaged and have timely access to information on monitor and control activities, including procurement performance reports.  Lessons learned and best practices are consistently identified and documented. |

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| **Q7: What is the level of maturity of th****e organization’s procurement planning?** | | | | |
| **Organizations should choose the maturity level which best represents its level of compliance and performance. However, if an organization selects levels 1,2,3 or 4, but has not met the question’s compliance elements (provided in Level 0), its response must indicate that there is a potential compliance concern and provide details about the issue. For example, “Level 3, with potential compliance concern”. Additional guidance about how to self-assess RCP maturity model questions can be found in the “guide on how to complete the RCP self assessments.”** | | | | |
| **Level 0**  **Response indicates a potential compliance concern that may require deputy head attention** | **Level 1** | **Level 2** | **Level 3** | **Level 4** |
| Procurement planning documentation tends to be ad hoc[[5]](#footnote-6) and unstructured. | Procurement management plans are periodically[[6]](#footnote-7) documented.  Procurement plans may be informed by project management plans and input from key stakeholders.  Procurement plans are updated periodically.  There is some capacity within the organization to deliver procurements. | Procurement management plans are regularly[[7]](#footnote-8) documented. Plans are developed for complex, high risk procurements.  Procurement plans are informed by project management plans and input from key stakeholders.  Procurement plans regularly consider broader departmental procurement plans and strategies.  Plans are updated regularly. | Procurement management plans are consistently[[8]](#footnote-9) documented. Plans are developed for complex, high risk procurements. Plans may be scaled and tailored relative to the type, complexity and risk of the procurement.  Procurement plans are aligned with project management plans and consider input from key stakeholders and lessons learned.  Procurement plans consistently consider intradepartmental procurement plans and strategies as well as interdependencies between procurement requirements.  Plans are updated consistently. | Procurement management plans are actively[[9]](#footnote-10) documented. Plans are developed for complex, high risk procurements. Plans are scaled and tailored using a common approach relative to the type, complexity and risk of the procurement.  Procurement plans are aligned with project management plans (as applicable) and consider input from key stakeholders, lessons learned and best practices.  Procurement plans actively consider intradepartmental procurement plans and government-wide procurement strategies as well as interdependencies between procurement requirements within and across the department.  Plans are actively updated. |

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| **Q8: What is the level of maturity of the organization’s procurement governance?** | | | | |
| **Organizations should choose the maturity level which best represents its level of compliance and performance. However, if an organization selects levels 1,2,3 or 4, but has not met the question’s compliance elements (provided in Level 0), its response must indicate that there is a potential compliance concern and provide details about the issue. For example, “Level 3, with potential compliance concern”. Additional guidance about how to self-assess RCP maturity model questions can be found in the “guide on how to complete the RCP self assessments.”** | | | | |
| **Level 0**  **Response indicates a potential compliance concern that may require deputy head attention** | **Level 1** | **Level 2** | **Level 3** | **Level 4** |
| Procurement management governance has not been established.  There are no defined accountabilities, roles, or responsibilities for procurement management. | Procurement management governance is fragmented and inconsistently documented with limited coordination between key stakeholders.  There are some defined roles,  responsibilities and accountabilities for procurement management.  Governance processes and decisions related to procurement are periodically[[10]](#footnote-11) communicated to key stakeholders (as appropriate). | Organizational procurement management governance is documented, approved and includes representation of key departmental stakeholders (including project management).  There are fully defined authorities, roles and responsibilities and accountabilities for procurement management.  Governance processes and decisions related to procurement are regularly[[11]](#footnote-12) communicated to key stakeholders (as appropriate). | Organizational procurement management governance is documented, approved, and includes participation and coordination of key departmental stakeholders (including project management).  There are fully defined authorities, roles and responsibilities and accountabilities for procurement management.  Governance processes and decisions related to procurement are consistently[[12]](#footnote-13) communicated to key stakeholders (as appropriate).  Organizational procurement governance is periodically reviewed and informed by lessons learned. | Organizational procurement management governance is documented and approved. It includes participation and coordination of key stakeholders (including project management) (both internal and external to the organization as applicable).  There are fully defined authorities, roles and responsibilities and accountabilities assigned for procurement management.  Governance processes and decisions related to procurement are actively communicated to stakeholders (as appropriate).  Organizational procurement governance is regularly reviewed and informed by lessons learned and best practices. |

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| **Q9: What is t****he lev****el of maturity of the organization’s procurement resource competency and capacity?** | | | | |
| **Organizations should choose the maturity level which best represents its level of compliance and performance. However, if an organization selects levels 1,2,3, or 4, but has not met the question’s compliance elements (provided in Level 0), its response must indicate that there is a potential compliance concern and provide details about the issue. For example, “Level 3, with potential compliance concern”. Additional guidance about how to self-assess RCP maturity model questions can be found in the “guide on how to complete the RCP self assessments.”** | | | | |
| **Level 0**  **Response indicates a potential compliance concern that may require deputy head attention** | **Level 1** | **Level 2** | **Level 3** | **Level 4** |
| Procurement competencies are not documented.  The organization offers little, or no training opportunities related to procurement.  There is little to no capacity within the organization to deliver procurements. | Some procurement competencies have been identified and documented but are not consistent from branch to branch within the organization.  The organization offers training related to procurement; however, these offerings are not integrated into a systematic training curriculum.  There is some capacity within the organization to deliver procurements. | Procurement competencies are identified and documented.  The organization has a training curriculum for procurement and offers access to training.  The organization has developed its capacity to deliver procurements. | Organizational procurement competencies are identified and documented.  The organization has a procurement training curriculum and offers access to training. The training curriculum includes training for the role of the business owner (where applicable) and project team.    The organization has developed and maintains its capacity to deliver procurements. | Organizational procurement competencies are identified and documented.  The organization has a procurement training curriculum and offers access to training. The training curriculum includes training for the role of the business owner (where applicable) and project team.  The organization offers a procurement career pathway, talent management and/or professional development.  The organization has developed and maintains its capacity to deliver procurements.  Training is informed by best practices and lessons learned. |

| [REAL PROPERTY](#RealProperty) | | | | |
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| **Question** | **Result Type** | **Result that would flag compliance concern** | **Policy/Legislative requirement** | **Why this is important** |
| [How frequently does the Deputy Head meet with the Senior Designated Official for Real Property to discuss real property matters?](#Q1RP) | Frequency:   * Less frequently than annually * Annually * Less than quarterly but more than annually * Quarterly * More frequently than quarterly | Less frequently than annually or annually | [Policy on the Planning and Management of Investments (PPMI)](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32593) 4.1 | The deputy head has ultimate accountability for the sound management of real property. As such, regular briefings from the Senior Designated Official for Real Property are critical in the deputy ensuring that their delegated authorities within the real property program are being managed. |
| [Based on data reported in the Directory of Federal Real Property, how has the condition of the organization’s real property portfolio changed over the last 3 fiscal years?](#Q2RP) | Percentage | Less than 0% for good and fair  Higher than 0% for poor and critical | [PPMI](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32593) 4.1.4.1  [Directive on the Management of Real Property (DMRP)](https://www.tbs-sct.canada.ca/pol/(S(fbqflz453pfvmz25lnyrgc45))/doc-eng.aspx?id=32691#:~:text=and%20expected%20results-,4.%20Requirements,-5.%20Roles%20of) 4.2.4 | A robust real property portfolio strategy drives change by describing how an organization’s real property assets will be intentionally and proactively managed. It shows an organization’s ability to make real property investment decisions that demonstrate best value and sound stewardship. |
| [For transactions completed by the organization in the last fiscal year, what proportion of these transactions have complete documentation to demonstrate compliance with relevant legal and policy requirements?](#Q3RP) | Percentage | Less than 90% | [PPMI](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32593) 4.1.3  [DMRP](https://www.tbs-sct.canada.ca/pol/(S(fbqflz453pfvmz25lnyrgc45))/doc-eng.aspx?id=32691#:~:text=and%20expected%20results-,4.%20Requirements,-5.%20Roles%20of) 4.1.1.4 | There are numerous legal and policy requirements to ensure that real property transactions are conducted in a fair, open and transparent manner, while demonstrating proper delegation of authorities and value to the Crown. |
| [What is the organization’s actual reinvestment rate for real property compared to its target reinvestment rate?](#Q4RP) | Percentage | Less than 60% | [PPMI](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32593) 4.1.18.8 | Establishing a target rate of annual reinvestment and understanding deferred maintenance liabilities for Crown-owned (custodial) real property is essential to assessing whether adequate resources are being dedicated to maintaining real property assets in an acceptable condition. Further, a comparison of the actual rate of reinvestment with the target rate may identify opportunities for deputy heads to adjust resource allocations to demonstrate sound stewardship and best value to the Crown. If the rate is not met, it suggests that real property assets are at risk of deteriorating faster than life-cycle forecasts predict, which may compromise program and service delivery. |
| [What is the level of maturity of the organization’s real property governance?](#Q5RP) | Maturity Model | Level 0 | [PPMI](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32593) 4.1, 4.1.3.3, 4.1.3.4, 4.1.4.1,  [DMRP](https://www.tbs-sct.canada.ca/pol/(S(fbqflz453pfvmz25lnyrgc45))/doc-eng.aspx?id=32691) 4.1.2 | The Real Property Management Framework and associated governance structure outlines the organization’s ability to make real property investment decisions that demonstrate best value and sound stewardship. |
| [What is the level of maturity of the organization’s management of its real property assets?](#Q6RP) | Maturity Model | Level 0 | [PPMI](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32593) 4.1.18.1,  [DMRP](https://www.tbs-sct.canada.ca/pol/(S(fbqflz453pfvmz25lnyrgc45))/doc-eng.aspx?id=32691) 4.1.4, 4.1.1 | A strong asset management regime ensures that organizations have the real property necessary to accomplish their mandates and that their real property holdings provide best value. Having a lifecycle management plan in place minimizes the risk of loss and damage to real property holdings to ensure operational continuity. It also provides real property management practitioners with up-to-date information on the state of their real property assets to enable effective management through data-driven decision making for lifecycle maintenance, and the identification of surplus real property. |
| [What is the level of maturity of the organization’s real property transaction management?](#Q7RP) | Maturity Model | Level 0 | [PPMI](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32593) 4.1.18.1,  [DMRP](https://www.tbs-sct.canada.ca/pol/(S(fbqflz453pfvmz25lnyrgc45))/doc-eng.aspx?id=32691) 4.1.4, 4.1.1 | There are numerous legal and policy requirements to ensure that real property transactions are conducted in a fair, open and transparent manner, while demonstrating proper delegation of authorities and value to the Crown. |
| [What is the level of maturity of how the organization identifies and tracks against the target reinvestment rate using asset data?](#Q8RP) | Maturity Model | Level 0 | [PPMI](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32593) 4.1.18.1, 4.1.3.4, 4.1.3.5 | Understanding the need for a specific target rate of annual reinvestment and understanding deferred maintenance liabilities for Crown-owned (custodial) real property demonstrates an understanding of the portfolio’s requirements and is essential to assessing whether adequate resources are being dedicated to maintaining real property assets in an acceptable condition. Further, a comparison of the actual rate of reinvestment with the target rate may identify opportunities for deputy heads to adjust resource allocations in order to demonstrate sound stewardship and best value to the Crown. If the rate is not met, it suggests that real property assets are at risk of deteriorating faster than life-cycle forecasts predict, which may compromise program and service delivery. |

**REAL PROPERTY: How organizations will calculate self-assessment responses**

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| **Q1: How frequently does the Deputy Head meet with the Senior Designated Official for Real Property to discuss real property matters?** |
| Organizations are asked to select the frequency that best represents their response.   * Less frequently than annually * Annually * Less frequently than quarterly but more frequently than annually * Quarterly * More frequently than quarterly   A response of **less frequently than annually** or **annually** indicates a potential compliance concern that may require deputy head attention. |

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| **Q2: Based on data reported in the Directory of Federal Real Property, how has the condition of the organization’s real property portfolio changed over the last 3 fiscal years?** |
| **Calculation method:**  **For properties in “good” and “fair” condition: Percentage of an organization’s real property portfolio in “good” and “fair” condition for the most recent fiscal year – Percentage of an organization’s real property portfolio in good or fair condition 3 fiscal years ago = Response**  **How to calculate the percentage of an organization’s real property portfolio in “good” and “fair” condition for the most recent fiscal year.**  **Step 1:** The organization is asked to count the number of its real property assets in “good” and “fair” building condition as per asper the Directory of Federal Real Property (DFRP) in the most recent fiscal year.  **Step 2:** The organization is asked to count the total number of its real property buildings per the DFRP in the most recent fiscal year.  **Step 3:** Divide the total number ofreal property assets in “good” and “fair” building condition by the total number of real property buildings per the data available in the DFRP.  **Step 4: Multiply the number calculated in Step 3 by 100** to determine the **percentage of an organization’s real property portfolio in “good” and “fair” condition for the most recent fiscal year**.  **How to calculate the percentage of an organization’s real property portfolio in “good” and “fair” condition 3 fiscal years ago**  **Step 5:** The organization is asked to count the number of its real property assets in “good” and “fair” building condition as per asper the DFRP from 3 fiscal years ago.  **Step 6:** The organization is asked to count the total number of its real property assets from 3 fiscal years ago.  **Step 7:** Divide the total number ofreal property assets in “good” and “fair” building condition from 3 years fiscal ago by the total number of real property assets from 3 fiscal years ago.  **Step 8: Multiply the number calculated in Step 7 by 100** to determine the **percentage of an organization’s real property portfolio in “good” and “fair” condition 3 fiscal years ago**.  **How to calculate the response**  **Step 9: Subtract the percentage of an organization’s real property portfolio in “good” and “fair” condition from the percentage of an organization’s real property portfolio in “good” and “fair” condition 3 fiscal years ago** to determine the organization’s response to this question in the self-assessment.  **For properties in “poor” and “critical” condition: Percentage of an organization’s real property portfolio in “poor” and “critical” condition for the most recent fiscal year – Percentage of an organization’s real property portfolio in “poor” and “critical” condition 3 fiscal years ago = Response**  **How to calculate the percentage of an organization’s real property portfolio in “poor” and “critical” condition for the most recent fiscal year.**  **Step 1:** The organization is asked to count the number of its real property assets in “poor” and “critical” building condition as per asper the DFRP in the most recent fiscal year.  **Step 2:** The organization is asked to count the total number of its real property buildings per the DFRP in the most recent fiscal year.  **Step 3:** Divide the total number ofreal property assets in “poor” and “critical” building condition by the total number of real property buildings per the data available in the DFRP.  **Step 4: Multiply the number calculated in Step 3 by 100** to determine the **percentage of an organization’s real property portfolio in “poor” and “critical” condition for the most recent fiscal year**.  **How to calculate the percentage of an organization’s real property portfolio in “poor” and “critical” condition 3 fiscal years ago**  **Step 5:** The organization is asked to count the number of its real property assets in “poor” and “critical” building condition as per asper the DFRP from 3 fiscal years ago.  **Step 6:** The organization is asked to count the total number of its real property assets from 3 fiscal years ago.  **Step 7:** Divide the total number ofreal property assets in “poor” and “critical” building condition from 3 years fiscal ago by the total number of real property assets from 3 fiscal years ago.  **Step 8: Multiply the number calculated in Step 7 by 100** to determine the **percentage of an organization’s real property portfolio in “poor” and “critical” condition 3 fiscal years ago**.  **How to calculate the response**  **Step 9: Subtract the percentage of an organization’s real property portfolio in “poor” and “critical” condition from the percentage of an organization’s real property portfolio in “poor” and “critical” condition 3 fiscal years ago** to determine the organization’s response to this question in the self-assessment.  If the condition trend of properties in “good” and “fair” condition shows a decrease **(a response less than 0%)**, it indicates a potential compliance concern that may require a response from the deputy head.  If the condition trend of properties in “poor” and “critical” condition shows an increase **(a response higher than 0%)**, it indicates a potential compliance concern that may require a response from the deputy head.  **Notes:**  **The DFRP contains core information about the properties and buildings that currently support the fulfillment of federal program requirements**. It excludes certain types of real property assets, including easements and access roads, interests under a certain size, offshore oil and gas lands, real property that is a reserve as defined in the Indian Act, non-agent Crown corporation holdings, and engineering assets. Please see the DFRP Input Guide for the complete list of exclusions.  A **property** is defined as a contiguous portion of land or improvements on the land administered by a single custodian and held under a single interest type.  A **building** is defined as a structure that is permanently fixed to the land, usually roofed and walled, used or built for the shelter, accommodation or enclosure of persons, animals, materials or equipment. The definition excludes any structure or work, such as an object, that serves the purpose of a building but that is not fixed to the land. Such temporary structures, such as a trailer or mobile home, are considered materiel and not real property and are therefore not reportable in the DFRP. |

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| **Q3: For transactions completed by the organization in the last fiscal year, what proportion of these transactions have complete documentation to demonstrate compliance with relevant legal and policy requirements?** |
| **Calculation method:**  **(Total number of real property transactions with completed documentation / Total number of real property transactions) \* 100 = Response**  **Step 1:** The organization is asked to count the **total number of real property transactions with completed documentation** in the last fiscal year.  **Step 2:** The organization is asked to count the **total number of real property transactions** in the last fiscal year.  **Step 3:** **Divide** the **total number of real property transactions with completed documentation by the total number of real property transactions**.  **Step 4: Multiply the number calculated in Step 3 by 100** to determine the organization’s response to this question in the self-assessment.  A response of **less than 90%** indicates a potential compliance concern that may require deputy head attention.  **Notes:**  **Supporting definitions** can be found in Appendix C of the[*Policy on the Planning and Management of Investments*](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32593)  **Clarification on service provider use:** Service providers are required to maintain documentation to demonstrate compliance with relevant legal and policy requirements. Clients should be able to request this documentation from service providers for their own records. |

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| **Q4: What is the organization’s actual reinvestment rate for real property compared to its target reinvestment rate?** |
| **Calculation method**  **(Actual reinvestment rate / Target reinvestment rate) \* 100 = Response**  **Step 1:** The organization is asked to provide its **actual reinvestment rate** in the last fiscal year.  **Step 2:** The organization is asked to provide its **target reinvestment rate** in the last fiscal year.  **Step 3:** **Divide** the **actual reinvestment rate by the target reinvestment rate**.  **Step 4: Multiply the number calculated in Step 3 by 100** to determine the organization’s response to this question in the self-assessment.  A response of **less than 60%** indicates a potential compliance concern that may require deputy head attention.  **Notes:**  **Target Investment Rate:** the estimated target rate of reinvestment should be what is required to maintain the portfolio in an acceptable condition and to address any deferred maintenance.  Departmental Real Property Portfolio Strategies should be informed by updated Building Condition Reports for all assets, which should identify the target rate of reinvestment by taking into account normal repairs/maintenance and any deferred maintenance.  TBS does not have a formal published calculation method for determining target reinvestment rates. A proposed approach for calculating a rate is as follows: the numerator should account for 1) regular expected maintenance and 2) some investment to address outstanding deferred maintenance over time. This value (total estimated expenditures required) would be divided by the denominator (current replacement value) and multiplied by 100.  It is likely that *actual* reinvestment rates will fall below the target reinvestment rate. This is a space to identify the level of investment actually required, not how much custodians intend to invest, based on current funding allocations. |

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| **Q5: What is the level of maturity of the organization’s real property governance?** | | | | |
| **Organizations should choose the maturity level which best represents its level of compliance and performance. However, if an organization selects levels 1,2,3 or 4, but has not met the question’s compliance elements (provided in Level 0), its response must indicate that there is a potential compliance concern and provide details about the issue. For example, “Level 3, with potential compliance concern”. Additional guidance about how to self-assess RCP maturity model questions can be found in the “guide on how to complete the RCP self assessments.”** | | | | |
| **Level 0**  **Response indicates a potential compliance concern that may require deputy head attention** | **Level 1** | **Level 2** | **Level 3** | **Level 4** |
| Organizational real property governance does not exist in a consistent and traceable way.  There are no defined accountabilities, roles or responsibilities for real property management.  There is no process in place to monitor compliance with Treasury Board or departmental policy requirements related to real property.   There are no defined processes to document and review lessons learned and make process improvements. | Organizational real property governance is fragmented and inconsistently documented with limited coordination between key partners or enabling functions.  Engagement with external stakeholders is limited and does not feed into decision-making.  The Real Property Management Framework (RPMF) has been developed but does not contain all the following: authorities, oversight and control mechanisms, roles, responsibilities and accountabilities assigned for real property management. Governance and control processes (the RPMF) and decisions are not widely communicated to real property practitioners and leaders[[13]](#footnote-14).  There is a process in place to monitor compliance with less than 50% of Treasury Board or departmental policy requirements.   Fewer than 50% of transactions have defined processes to document and review lessons learned and make process improvements. | Organizational real property governance is documented and approved and includes participation of key partners and enabling functions.  Engagement with external stakeholders has structure and can feed into decision-making but is not consistent.  The RPMF has been developed and contains authorities, oversight and control mechanisms, roles and responsibilities and accountabilities assigned for real property management, though they are not fully defined.  Governance and control processes (the RPMF) and decisions are regularly communicated to real property leaders but not practitioners.  There is a process in place to monitor compliance with more than 50%, but less than 100% of Treasury Board or departmental policy requirements.   Fewer than 60% of real property transactions have defined processes to document and review lessons learned and make process improvements. | Organizational real property governance is documented and approved and includes participation of key partners and enabling functions. Governance processes are integrated with the processes for departmental investment planning decisions and include a Senior Advisory Board for RPPS discussion.  Engagement with external stakeholders is structured and feeds into decision-making.  The RPMF is complete with fully defined authorities, oversight and control mechanisms, roles and responsibilities and accountabilities assigned for real property management.  Governance and control processes (the RPMF) and decisions are communicated on a set schedule (e.g., every two months) to both real property leaders and practitioners.  There is a process in place to monitor compliance with all Treasury Board or departmental policy requirements. Governance is engaged when deficiencies are identified.  At least 75% of transactions have defined processes to document and review lessons learned and make process improvements. | Organizational real property governance is documented and approved and includes participation of key partners and enabling functions. Governance processes are integrated with the processes for departmental investment planning decisions and include a Senior Advisory Board for RPPS discussion.  Engagement with external stakeholders is structured and feeds into decision-making.  The RPMF is complete with fully defined authorities, oversight and control mechanisms, roles and responsibilities and accountabilities assigned for real property management.  Governance and control processes and decisions (the RPMF) are communicated as decisions are made to both real property leaders and practitioners.  There is a process in place to monitor compliance with all Treasury Board or departmental policy requirements. Governance is engaged when deficiencies are identified.  All real property transactions have defined processes to document and review lessons learned and include the implementation of process improvements. |

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| **Q6: What is the level of maturity of the organization’s management of its real property assets?** | | | | | | | | |
| **Organizations should choose the maturity level which best represents its level of compliance and performance. However, if an organization selects levels 1,2,3 or 4, but has not met the question’s compliance elements (provided in Level 0), its response must indicate that there is a potential compliance concern and provide details about the issue. For example, “Level 3, with potential compliance concern”. Additional guidance about how to self-assess RCP maturity model questions can be found in the “guide on how to complete the RCP self assessments.”** | | | | | | | | |
| **Level 0**  **Response indicates a potential compliance concern that may require deputy head attention** | | **Level 1** | | **Level 2** | **Level 3** | | **Level 4** | |
| Current supply (real property assets) and demand (program requirements) are not understood. No options to optimize the portfolio have been developed.  No key performance indicators or targets have been developed at the portfolio level.  A portfolio strategy is not developed. | | Current supply (real property assets) and demand (program requirements) are understood over the short term (one to three years) and considered in the development of options to optimize the real property portfolio.  Asset management options have been assessed but not fully developed, and the real property portfolio strategy includes some elements of an implementation plan.  Less than 50% of key performance indicators and targets have been developed at the real property portfolio level.  A real property portfolio vision has been developed but does not integrate government priorities.  The real property portfolio strategy is not reviewed and updated at least every five years. | | Current supply (real property assets) and demand (program requirements) are understood over a longer term (three to five years) and considered in the development of options to optimize the real property portfolio.   Asset management options have been assessed, fully developed but not costed, and the real property portfolio strategy includes an affordable[[14]](#footnote-15) implementation plan. The implementation plan is updated every three years.  ​More than 50% but less than 100% of key performance indicators and targets have been developed at the real property portfolio level.  A real property portfolio vision has been developed and integrates some government priorities.   The real property portfolio strategy is reviewed and updated every five years or sooner if there is a considerable change that affects the management of the real property portfolio. | Current and forecasted supply (real property assets) and demand (program requirements) are understood over the long term (five years or more) and considered in the development of options to optimize the real property portfolio.   Asset management options are fully developed and costed, and the real property portfolio strategy includes an affordable implementation plan. The implementation plan is updated annually in alignment with investment planning activities.  Real property requirements are integrated during the design, development, and implementation of government policies and programs.  All key performance indicators and targets have been developed at the real property portfolio level.  A real property portfolio vision has been developed and fully integrates government priorities.   The portfolio strategy is reviewed and updated every three to five years or sooner if there is a considerable change that affects the management of the real property portfolio. | | Current and forecasted supply (real property assets) and demand (program requirements) are understood over the long term (five years or more) and considered in the development of options to optimize the real property portfolio.   Asset management options are fully developed, costed, prioritized, and incorporated into an affordable implementation plan as specific investments, activities or projects that aligns to the real property portfolio strategy. The implementation plan is updated annually in alignment with investment planning activities.  Alternative ways to address program requirements are incorporated into the strategy and the implementation plan. Real property requirements are integrated during the design, development and implementation of government policies and programs.  All key performance indicators and targets have been developed at the real property portfolio level.  A real property portfolio vision has been developed and fully integrates government priorities, opportunities to increase efficiencies, and unlock value.  The portfolio strategy is reviewed and updated every three to five years or sooner if there is a considerable change that affects the management of the real property portfolio. | |
| **Q7: What is the level of maturity of the organization’s real property transaction management?** | | | | | | | | |
| **Organizations should choose the maturity level which best represents its level of compliance and performance. However, if an organization selects levels 1,2,3 or 4, but has not met the question’s compliance elements (provided in Level 0), its response must indicate that there is a potential compliance concern and provide details about the issue. For example, “Level 3, with potential compliance concern”. Additional guidance about how to self-assess RCP maturity model questions can be found in the “guide on how to complete the RCP self assessments.”** | | | | | | | | |
| **Level 0**  **Response indicates a potential compliance concern that may require deputy head attention** | **Level 1** | | **Level 2** | | | **Level 3** | | **Level 4** |
| The current state of the real property portfolio (the supply) is not understood (less than 50% of properties).  The real property inventory contains at least 75% of assets, but not all. There is an information management system or systems to store asset data.  There is anecdotal information on asset performance and condition. Risks are not understood.   There is no life-cycle costing information (capital and O&M) for real property assets.  Asset data is not referenced for real property decisions. | The current state of the real property portfolio (the supply) is partially understood (at least 50% of properties).  The real property inventory contains most assets (e.g., greater than 75% but less than 100%). There is an information management system or systems to store asset data.   There is performance and condition data for critical assets. General risks are understood.  There is life-cycle costing information (capital and O&M) for less than 50% of real property assets.  Asset data is referenced for less than 50% of real property decisions to ensure that real property management and investments demonstrate best value and sound stewardship. | | The current state of the real property portfolio (the supply) is mostly understood (more than 75% but less than 100% of properties).  The real property inventory contains all assets. There is an information management system or systems to store asset data.   There is performance and condition data for all assets within each asset class. Critical assets have been identified. Most risks are understood.  There is life-cycle costing information (capital and O&M) for more than 50%, but less than 100% of real property assets.  Asset data is referenced for more than 50%, but less than 100% of real property decisions to ensure that real property management and investments demonstrate best value and sound stewardship. | | | The current state of the real property portfolio (the supply) is fully understood and is based on a complete set of performance metrics (for 100% of properties).  The real property inventory contains all assets. There is an information management system or systems to store asset data.   There is performance and condition data for all assets within each asset class. Critical assets have been identified. Risks are fully understood.  There is life-cycle costing information (capital and O&M) for all real property assets. Departments with an accrual accounting regime have capital estimates over the full life of most assets.  Asset data is referenced for all real property decisions to ensure that real property management and investments demonstrate best value and sound stewardship. | | The current state of the real property portfolio (the supply) is fully understood and is based on a complete set of performance metrics.  The real property inventory contains all assets. There is one consolidated information management system to store asset data. Technical modeling of the data is being used (e.g., building information models).  There is performance and condition data for all assets within each asset class. Critical assets have been identified. Risks are fully understood.  There is life-cycle costing information (capital and O&M) for all real property assets. Departments with an accrual accounting regime have detailed capital estimates over the full life of all assets.  Asset data is referenced for all real property decisions to ensure that real property management and investments demonstrate best value and sound stewardship. |

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| **Q8: What is the level of maturity of how the organization identifies and tracks against the target reinvestment rate using asset data?** | | | | |
| **Organizations should choose the maturity level which best represents its level of compliance and performance. However, if an organization selects levels 1,2,3 or 4, but has not met the question’s compliance elements (provided in Level 0), its response must indicate that there is a potential compliance concern and provide details about the issue. For example, “Level 3, with potential compliance concern”. Additional guidance about how to self-assess RCP maturity model questions can be found in the “guide on how to complete the RCP self assessments.”** | | | | |
| **Level 0**  **Response indicates a potential compliance concern that may require deputy head attention** | **Level 1** | **Level 2** | **Level 3** | **Level 4** |
| The organization does not have a target reinvestment rate; or the organization has a target reinvestment rate but does not have a method for tracking against that rate.  The condition of the organization’s real property holdings is unknown. | The organization’s target reinvestment rate is based on the archived guidance of 2%.  The organization tracks the reinvestment rate, but not in consideration of its target reinvestment rate.    The condition of each asset within the organization’s holdings is known, but without tracking trends of the overall condition of the portfolio. | The organization’s target reinvestment rate is based on the archived guidance of 2% (or using this as a target base plus inflation).  The organization tracks but does not meet its target reinvestment rate.  The condition of each asset within the organization’s holdings is known, with some tracking of trends of the overall condition of the portfolio. | The organization has a target reinvestment rate based on the level of reinvestment required to support optimizing the useful life of the organization’s real property assets.  The organization tracks but does not meet its target reinvestment rate.  The condition of each asset within the organization’s holdings is known, and the overall condition of the portfolio has been improving over time. | The organization has a target reinvestment rate based on the level of reinvestment required to support optimizing the useful life of the organization’s real property assets.  The organization tracks and meets its target reinvestment rate.  The condition of each asset within the organization’s holdings is known, and the overall condition of the portfolio has been improving over time. |

| FINANCIAL AND EXPENDITURE MANAGEMENT | | | | |
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| **Question** | **Result Type** | **Result that would flag compliance concern** | **Policy/Legislative requirement** | **Why this is important** |
| [Did the organization conduct a full risk assessment or environmental scan of its internal controls over financial management and internal controls over financial reporting in 2024-25 and use the results to inform its internal control monitoring strategy?](#Q1FM) | Yes/No | No | [Guide to Ongoing Monitoring of Internal Controls over Financial Management, Section 5](https://www.tbs-sct.canada.ca/pol/(S(mp01m055uhtdsl55oja4ga55))/doc-eng.aspx?id=32651#:~:text=5.%20Approach%20to%20ongoing%20monitoring)  [Financial Administration Act](https://laws-lois.justice.gc.ca/eng/acts/f-11/page-4.html#h-228342:~:text=Marginal%20note%3A-,Accountability%20of%20accounting%20officers%20within%20framework%20of%20ministerial%20accountability,-16.4%C2%A0(1) 16.4  [Policy on Financial Management](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32495#:~:text=and%20expected%20results-,4.%20Requirements,-4.1) 4.1.6 | Organizations should be aware of their current risk environment to ensure controls are designed to mitigate organizational risks are based on the most recent information available.  Organizations must also ensure the rigour of the risk assessments are sufficiently high. Organizations need to be confident that they understand their risks thoroughly so that they are testing their controls in accordance with their business process risk level. A thorough understanding of risks also provides an opportunity for the organization to ensure controls are designed appropriately to mitigate the organizational risks based on the most recent information available. |
| [What percentage of remediation actions for medium and high-risk internal control gaps or weaknesses were fully implemented within the established timelines during fiscal years 2022-23 to 2024-25?](#Q2FM) | Percentage - Organizations should select not applicable (N/A) if no remediation actions have been identified in the past three years. | Less than 75% | [Guide to Ongoing Monitoring of Internal Controls over Financial Management](https://www.tbs-sct.canada.ca/pol/(S(mp01m055uhtdsl55oja4ga55))/doc-eng.aspx?id=32651#:~:text=5.%20Approach%20to%20ongoing%20monitoring), Section 5  [Policy on Financial Management](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32495#:~:text=and%20expected%20results-,4.%20Requirements,-4.1) 4.1.6 | Deficiencies in internal controls over financial management and reporting should be remediated in a timely fashion to ensure controls are effective and risks are mitigated. |
| [What is the organization’s level of maturity in financial governance, particularly in ensuring effective oversight and integrating financial management into decision-making?](#Q3FM) | Maturity Model | Level 0 | [Policy on Financial Management](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32495#:~:text=and%20expected%20results-,4.%20Requirements,-4.1), 4.1.2, 4.2.2 | Organization-wide financial governance ensures strong oversight, strategic alignment, and accountability in managing public resources. By embedding financial management into decision-making, organizations can anticipate risks, optimize resource allocation, and enhance program efficiency. A strong governance model maintains compliance while building on it, integrating financial insights into strategic planning to support long-term sustainability and performance. At its highest level, financial governance enables data-driven decision-making, fosters transparency, and strengthens public confidence in financial stewardship. |
| [What is the organization’s level of maturity in ensuring its financial information is accurate, timely and relevant to support decision-making and meet financial reporting requirements?](#Q4FM) | Maturity Model | Level 0 | [Policy on Financial Management](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32495#:~:text=and%20expected%20results-,4.%20Requirements,-4.1), 4.1.7, 4.2.11, 4.2.12, 4.2.13 | Organizations must ensure the accuracy, timeliness, and reliability of financial information to support informed decision-making, accountability, and transparency. High-quality financial data strengthens financial stewardship, minimizes errors, enhances forecasting, and ensures compliance with Treasury Board policies. The financial information maturity model helps organizations assess and improve their ability to produce and use financial information effectively. Ensuring robust financial information reduces reporting risks and aligns with government-wide financial management requirements. |

**FINANCIAL AND EXPENDITURE MANAGEMENT: How organizations will calculate self-assessment responses**

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| **Q1: Did the organization conduct a full risk assessment or environmental scan of its internal controls over financial management and internal controls over financial reporting in 2024-25 and use the results to inform its internal control monitoring strategy?** |
| Organizations are asked to select the answer that best represents their response.   * Yes * No   A response of **no** indicates a potential compliance concern that may require deputy head attention. |

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| **Q2: What percentage of remediation actions for medium and high-risk internal control gaps and weaknesses were fully implemented within the established timelines during fiscal years 2022-23 to 2024-25?** |
| **Calculation method**  **Organizations should select not applicable (N/A) if no remediation actions have been identified in the past three years (2022-23 to 2024-25).**    or  **(Total number of corrective actions implemented within established timelines / Total number of corrective actions identified) \* 100 = Response**  **Step 1:** The organization is asked to count the **total number of medium and high-risk corrective actions implemented within established timelines** in response to instances of internal control gaps or weaknesses for all years with outstanding remediation action plans.  **Step 2:** The organization is asked to count the **total number of medium and high-risk corrective actions identified** in response to instances of internal control gaps or weaknesses **in the last three years (2022-23 to 2024-25)**.  **Step 3:** **Divide** the **total number of medium and high-risk corrective actions implemented by the total number of corrective actions identified**.  **Step 4: Multiply the number calculated in Step 3 by 100** to determine the organization’s response to this question in the self-assessment.  A response of **less than 75%** indicates a potential compliance concern that may require deputy head attention.  **Definition:** The term **medium and high-risk control areas** is not explicitly defined in guidance but should align with the methodology and convention that the organization uses to determine their testing frequency associated with their internal controls over financial reporting and financial management testing. |

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| **Q3: What is the organization’s level of maturity in financial governance, particularly in ensuring effective oversight and integrating financial management into decision-making?** | | | | | |
| **Organizations should choose the maturity level which best represents its level of compliance and performance. However, if an organization selects levels 1,2,3 or 4, but has not met the question’s compliance elements (provided in Level 0), its response must indicate that there is a potential compliance concern and provide details about the issue. For example, “Level 3, with potential compliance concern”. Additional guidance about how to self-assess RCP maturity model questions can be found in the “guide on how to complete the RCP self assessments.”** | | | | | |
| **Level 0**  **Response indicates a potential compliance concern that may require deputy head attention** | **Level 1** | **Level 2** | **Level 3** | **Level 4** |  |
| Governance structures are not well-defined, and financial management lacks formalization. Meetings are infrequent, with no structured agenda. Financial data is outdated or unavailable, leading to reactive decision-making and limited oversight of budget issues.  Oversight mechanisms are weak, and governance tends to be reactive. Financial reports are rarely reviewed, and audit findings go unaddressed. The CFO is seen as a financial controller, with minimal involvement in strategic discussions. Financial advice is transactional and compliance focused.  Senior delegated managers have varying awareness of financial responsibilities and need additional support to oversee financial management. Financial management is not consistently integrated into decision-making.  Budget setting is informal, disconnected from strategic planning, and primarily reactive. Funding allocations are based on past spending rather than priorities, with little coordination. Adjustments are made on an ad-hoc basis.  Budget managers have little visibility at the start of the fiscal year. Funding decisions are delayed, leading to uncertainty and reactive spending. Surpluses are identified late, leading to year-end overspending or lapsed funds, with no trend monitoring. | Governance exists at a basic level but is inconsistently applied. Meetings occur sporadically, and financial data is inconsistent. Reports are retrospective, focusing on past expenditures rather than trends. Decision-makers lack timely data for proactive oversight.  Oversight mechanisms such as regular financial reporting focus on compliance rather than strategy. Efforts to improve oversight are emerging, but gaps remain in coordination and strategic alignment. The CFO is recognized and ensures compliance but has limited influence on strategic decisions. Provides financial reports but is not fully engaged in shaping strategies.  Senior delegated managers have minimal awareness of financial matters, leading to gaps in accountability and decision-making.  Some structured budget processes exist but are inconsistently applied and not fully integrated. Funding data is available, but budget managers receive incomplete or delayed details, causing spending delays.  Basic financial monitoring exists, but surplus identification is inconsistent and reactive. Budget managers may learn of available funds late, limiting opportunities for reinvestment. | Governance structures are established, and oversight is improving. Meetings are scheduled, and financial data is provided, though depth and timeliness may still lack. Efforts are made to provide more relevant insights, but integration with decision-making is still developing.  Oversight mechanisms exist, but silos remain. Financial risk assessments are conducted but not consistently shared across departments, leading to fragmented decision-making. The CFO plays an active role in financial guidance. Senior managers understand financial responsibilities but integration into decision-making is inconsistent.  Senior delegated managers have a basic understanding of financial management but review performance inconsistently.  Budget-setting processes are improving, with alignment to strategy. Multi-year considerations are beginning, and budget managers gain visibility into expectations. However, gaps remain in linking planning with objectives.  Budget managers receive preliminary funding information before April 1, but allocations remain subject to adjustments. Awareness of permanent vs. temporary funding is improving, but forecasting inconsistencies create spending uncertainty. Surpluses are tracked more systematically, but reallocation is reactive. | Governance frameworks are in place, supporting accountability. Meetings follow a set schedule, providing decision-makers with timely financial data, including budget variances and forecasts. Discussions incorporate financial insights, allowing for data-driven adjustments, but full strategic integration is still developing.  Oversight mechanisms are proactive and refined. Financial dashboards are regularly reviewed, and risk mitigation plans are implemented based on timely budget analysis. The CFO provides operational and strategic financial leadership, playing an integral role in decision-making and managing financial risks.  Senior delegated managers are aware of financial responsibilities, execute them effectively, and monitor performance within their responsibility areas.  Annual budget setting is structured and fully integrated. Allocations align with priorities, and decision-makers use financial data, scenario analysis, and forecasting to assess needs.  Budget managers receive clear and timely funding availability at the start of the new fiscal year. Processes ensure well-documented allocations, allowing early and confident spending decisions. Surplus identification is embedded in monitoring, enabling proactive reallocation. | Governance is fully integrated into decision-making, ensuring accountability. Meetings are held regularly, using timely and accurate financial information to inform strategies. Decision-making is forward-looking, driving strategy, sustainability, and proactive resource allocation across the organization.  Oversight mechanisms are data-driven and continuously improved. For example, financial monitoring tools flag discrepancies in timely fashion, allowing immediate corrective action. The CFO is a trusted strategic advisor, aligning governance with enterprise objectives. Financial sustainability, long-term planning, and continuous improvement are key.  Senior delegated managers are highly knowledgeable of financial responsibilities and situation. They monitor the financial situation across the organization and facilitate sound stewardship of resources.  Budget setting is fully integrated into multi-year planning, ensuring alignment with strategy and long-term sustainability. Allocations are data-driven, transparent, and prioritized, supporting sustainability.  Multi-year financial analyses and strategies provide timely information, ensuring optimal resource utilization from the start of the fiscal year. Budget managers have clear visibility into resource availability, supporting investment and continuous evaluation. Funding allocations are finalized well in advance. Surpluses are identified early and reallocated effectively. |

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| **Q4: What is the organization’s level of maturity in ensuring its financial information is accurate, timely and relevant to support decision-making and meet financial reporting requirements?** | | | | | |
| **Organizations should choose the maturity level which best represents its level of compliance and performance. However, if an organization selects levels 1,2,3 or 4, but has not met the question’s compliance elements (provided in Level 0), its response must indicate that there is a potential compliance concern and provide details about the issue. For example, “Level 3, with potential compliance concern”. Additional guidance about how to self-assess RCP maturity model questions can be found in the “guide on how to complete the RCP self assessments.”** | | | | | |
| **Level 0**  **Response indicates a potential compliance concern that may require deputy head attention** | **Level 1** | **Level 2** | **Level 3** | **Level 4** |  |
| Financial information is unreliable, inconsistent and prone to inaccuracies. Processes for validation and reconciliation are weak, leading to frequent errors. Decision-makers lack confidence in reports due to frequent inaccuracies.  Decision-makers face challenges relying on financial reports due to ongoing inconsistencies. Reports from various sources (e.g., SAP, Excel spreadsheets) do not align, causing confusion among management. Financial reporting is compliance-driven rather than decision-supportive.  CFO attestation in Cabinet documents is primarily procedural, with financial assumptions inadequately validated due to gaps in reliable financial information. Reconciliation and financial oversight mechanisms are weak.  Reporting processes are informal, with errors frequently detected post-reporting rather than proactively addressed. Compliance risks exist due to fragmented financial reporting, limiting transparency and accuracy.  Financial information in external reports is inconsistent and prone to inaccuracies, with weak validation processes and oversight mechanisms failing to ensure compliance with policy expectations. | Financial information is becoming more structured but still lacks consistency, timeliness and clarity for decision-making. Manual data entry errors lead to discrepancies. Efforts are ongoing to improve data accuracy and standardization.  Decision-makers have access to reports, but reconciliation and alignment across functions remain inconsistent. Financial reporting is improving but still lacks full integration for strategic decision-making.  CFO attestation in Cabinet documents is improving, incorporating stronger due diligence and validation of financial assumptions, but remains limited in strategic validation and risk assessment.  Reporting processes are improving, with standardized reporting cycles in place. However, integration of variance analysis remains inconsistent, limiting its application in financial planning and decision support.  Efforts to enhance accuracy and reasonableness are ongoing, with greater emphasis on validation and quality control measures to reduce risks of misstatement. Transparency in reporting is increasing but still requires improvements. | Financial information is increasingly structured and reliable, with occasional inaccuracies and delays that impact decision-making and reporting. New reports and analytical tools are introduced, but user adoption lags, affecting reliability.  Financial insights inform planning and budgeting, but they are not yet fully embedded in decision-making. Reporting structures are in place, but consistency and timeliness require enhancements.  CFO attestation in Cabinet documents is more rigorous, leveraging due diligence and financial risk assessment to ensure sound decision-making. Stronger validation processes are being implemented.  Data governance frameworks are established, ensuring consistency and reliability in financial decision-making. Financial reporting aligns with policy requirements but is not yet fully optimized for efficiency.  External reporting is more accurate and policy-compliant, supporting transparent financial disclosures. Strong validation controls and oversight mechanisms improve reliability. Compliance risks are being mitigated through improved governance structures. | Financial information is consistently accurate and timely, supporting decision-making at all levels. Automated reconciliation processes reduce discrepancies and increase confidence in financial data. Integration across financial functions is strong.  Financial insights are well integrated across functions, improving decision-making and performance monitoring. Analytical tools are leveraged to support strategic initiatives.  CFO attestation in Cabinet documents follows a structured due diligence approach, ensuring validation of financial assumptions aligned with Treasury Board expectations. Strategic validation is embedded into financial decision-making.  High-quality financial information enables continuous performance monitoring, scenario analysis, and sustainability planning. Reporting cycles are well-established and standardized.  External reporting is fully aligned with policy requirements, ensuring accuracy, transparency and reliability in financial disclosures. Governance frameworks are in place to ensure compliance with financial policies. Reliable financial data allows for efficient and proactive communication with Central Agencies, ensuring alignment with government expectations and timely resolution of reporting issues. | Financial information is fully integrated, consistently updated, and highly reliable. Reconciliation and monitoring processes eliminate discrepancies, enhancing confidence in financial data. Integration across financial functions ensures alignment with operational and strategic priorities, supporting informed and proactive decision-making.  Decision-makers have seamless access to updated financial information supported by forecasting tools. Reporting is automated where possible, ensuring accuracy and transparency. Forward-looking trend analysis supports strategic planning.  CFO attestation in Cabinet documents includes comprehensive validation of financial assumptions, ensuring that financial decisions are based on the best available information. Advanced risk assessments are embedded in financial processes.  Financial analytics capabilities are fully embedded, supporting strategic decision-making and long-term planning. Forecasts are tied to operational planning, allowing management to make informed decisions based on timely data.  Advanced quality assurance processes and validation frameworks safeguard the integrity of financial information presented to external stakeholders. Reporting is automated, ensuring compliance and transparency in financial disclosures. High-quality financial information enables effective engagement with Central Agencies, ensuring seamless coordination, compliance, and a proactive approach to resolving reporting concerns. |

| GRANTS AND CONTRIBUTIONS | | | | |
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| **Question** | **Result Type** | **Result that would flag compliance concern** | **Policy/Legislative requirement** | **Why this is important?** |
| [Does the or](#Q1GC)[ganization have and use a risk management framework that applies to all grant](#Q1GC)[s and contributions programs?](#Q1GC) | To what extent has the organization implemented a risk management framework:   * No, not implemented * No, but some risk-based practices exist * Under development * Yes, partially implemented * Yes, fully implemented | No, not implemented | [Policy on Transfer Payments](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=13525) section 5.4.12 | Compliance with a risk management framework that adjusts recipient reporting, monitoring, and auditing based on risk is critical to efficiently managing Grants and Contributions programs. This question ensures that organizations apply proportionate administrative requirements aligned with the risk profile of each program and recipient, thereby optimizing resource allocation. |
| [What percentage of planned recipient audits were conducted during the 2023-24 fiscal](#Q2GC) [year?](#Q2GC) | * Not applicable * Less than 50% (minimally met plan) * 50-74% (partially met plan) * 75-89% (mostly met plan) * 90-100% (fully met plan) | Less than 50% | [Policy on Transfer Payments](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=13525) section 5.4.12  Directive on Transfer Payments Section 6.5 | Tracking and reporting the percentage of planned recipient audits conducted annually is essential for ensuring accountability and compliance with oversight responsibilities in Grants and Contributions programs. |
| [Does the organization have a pr](#Q3GC)[ocess in place to identify, monitor and manage real or potential conflict of interest in the administration of gran](#Q3GC)[ts](#Q3GC) [and contributions?](#Q3GC) | * No process in place * No formal process, but informal practices exist * Yes, process in place but limited in scope * Yes, comprehensive process in place | No process in place | [Directive on Transfer Payments](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=14208) - Appendices F and G.  Information Note – Further Distribution of a Contribution | In the administration of Grants and Contributions (Gs&Cs), the Policy on Transfer Payments and the Directive on Transfer Payments emphasize the importance of managing conflicts of interest to uphold integrity, transparency, and accountability. |

**GRANTS AND CONTRIBUTIONS: How organizations will calculate self-assessment responses**

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| **Q1:** [**Does the organization have and use a risk management framework that applies to all grants and contributions programs?**](#Q2TP) |
| Organizations are asked to select the answer that best represents the extent to which they have implemented a risk management framework.   * **No, not implemented** – The organization does not have a risk management framework, and administrative requirements are applied uniformly without considering program risk, the value of funding (project risk), or recipient risk profiles. * **No, but some risk-based practices exist** – While there is no formal risk management framework, some recipient reporting, monitoring, and auditing adjustments are made on a case-by-case basis. * **Under development** – A risk management framework is being developed or formalized but is not yet fully implemented. * **Yes, partially implemented** – A risk management framework exists, addressing some risk factors, but it is not consistently applied across all Grants and Contributions programs or does not regularly inform adjustments to administrative requirements. * **Yes, fully implemented** – A risk management framework is in place for all Gs&Cs programs and systematically considers all three aspects of risk (program risks, funding value, and recipient risk profiles) to review and adjust recipient reporting, monitoring, and auditing requirements throughout the funding agreement.   A response of **no** or **not implemented** indicates a potential compliance concern that may require deputy head attention.  **Notes:**  Deputy heads are responsible for ensuring that the administrative requirements on recipients, including those related to elements of funding agreements, recipient reporting, monitoring and auditing, are to be in proportion to the risk level, specific to the transfer payment program, the value of funding in relation to administrative costs, and the risk profile of applicants and recipients.  Source: [Directive on Transfer Payments- Canada.ca](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=14208)  A **Risk Management Framework** for Gs&Cs is a formalized structure that helps organizations:   * Identify, assess, and categorize risks associated with transfer payment programs. * Apply proportionate administrative requirements (e.g., recipient reporting, monitoring, auditing) based on the risk level of the program, funding value, and recipient profile. * Standardize decision-making processes while allowing flexibility for risk-based adjustments. * Ensure compliance with Treasury Board policies and improve efficiency in program administration. |

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| **Q2: What percentage of planned recipient audits were conducted during the 2023-24 fiscal year?** |
| **Calculation method:**  **(Total number of planned recipient audits conducted during the fiscal year 2023-24 / Total number of recipient audits planned for the fiscal year 2023-24) \* 100 = Response**  **Step 1:** The organization is asked to count the **total number planned recipient audits conducted during the fiscal year 2023-24**.  **Step 2:** The organization is asked to count the **total number of recipient audits that were planned to be conducted during the fiscal year 2023-24**.  **Step 3:** **Divide** the **total number of planned recipient audits conducted during the fiscal year 2023-24 by the total number of recipient audits that were planned to be conducted during the fiscal year 2023-24.**  **Step 4: Multiply the number calculated in Step 3 by 100** to determine the organization’s response to this question in the self-assessment.  **Step 5: Select the option below** that corresponds with the organization’s response calculated in Step 4.   * **Not applicable** – The organization administers only grants, which are not normally subject to audits. * **Less than 50% (minimally-met plan)** – Less than half of planned audits were conducted, suggesting major delays, resource constraints, or shifting priorities. * **50-74% (partially-met plan)** – A significant portion of planned audits were not conducted, indicating challenges in execution. * **75-89% (mostly-met plan)** – Most planned audits were conducted, but some were postponed, canceled, or rescheduled. * **90-100% (fully- met plan)** – Nearly all planned audits were conducted, demonstrating strong execution of the audit plan.   A response of **less than 50% (minimally-met plan)** indicates a potential compliance concern that may require deputy head attention.  **Notes:**  A **recipient audit** is defined as an independent assessment to provide assurance on a recipient’s compliance with a funding agreement. The scope of a recipient audit may address any or all financial and non-financial aspects of the funding agreement.  The recipient audit process generally has three stages: recipient audit planning, execution and reporting.  Departmental managers are responsible for determining when recipient audits are necessary to complement other departmental monitoring activities. They are also responsible for developing and executing a risk-based plan for these recipient audits.  A recipient audit does not encompass other unrelated activities of the recipient, and it is not an audit of financial statements of the recipient that has a broader scope. A recipient audit is also different from a departmental internal audit.  An overview of the recipient audit process and detailed guidance can be found in the following link.  Source: [Guideline on Recipient Audits Under the Policy on Transfer Payments and the Directive on Transfer Payments- Canada.ca](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=19061) |

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| **Q3: [Does the organization have a process in place to identify, monitor and manage real or potential conflict of interest in the administration of grants and contributions?](#Q6TP)** |
| Organizations are asked to select the answer that best represents their response.   * **No process in place** - The organization does not currently have a process for monitoring or managing conflicts of interest. * **No formal process, but informal practices exist** - The organization addresses conflicts of interest reactively or on a case-by-case basis without a formalized framework. * **Yes, process in place but limited in scope** - The organization has a process, but it addresses only specific types of conflicts (e.g., addressing only recipient-related conflicts but not public servant conflicts). * **Yes, comprehensive process in place** - The organization has a formal, documented, and consistently applied process to manage conflicts of interest across key areas such as: Management conflict, Lobbying activities, further distribution models, recipient affiliations (e.g., relationships with stakeholders), board members or governance structures, other potential conflicts.   A response of **no process in place** indicates a potential compliance concern that may require deputy head attention.  **Notes:** Several key areas where conflict of interest may arise:  1. **Public Servants and Public Office Holders**  Ensuring that no current or former public servant or public office holder, subject to the [*Conflict of Interest Act*](https://laws.justice.gc.ca/eng/acts/c-36.65/), the *Conflict of Interest and Post-Employment Code for Public Office Holders*, or [*Values and Ethics Code for the Public Sector*](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=25049), derives direct benefit from a funding agreement unless compliant with relevant legislation and codes.  2. **Members of Parliament**  Preventing any member of the Senate or the House of Commons from benefiting from a funding agreement beyond what is available to the general public.  3. **Lobbying Activities**  Requiring recipients and their lobbyists to comply with the [*Lobbying Act*](https://laws.justice.gc.ca/eng/acts/l-12.4/), ensuring transparency and accountability in efforts to obtain funding.  4. **Funding Departments Conflict of Interest**  Addressing situations where individuals in decision-making positions within funding departments or agencies have personal interests that could improperly influence the allocation or oversight of funds.  5**. Recipient Organizations and Affiliations**  Conflicts that arise when individuals within recipient organizations or their affiliates have personal or external relationships that could compromise the fair allocation, oversight, or objective use of funds.  6. **Initial Recipients in a further distribution model**  Conflicts arising when initial recipients responsible for further distributing funds have interests or affiliations that could compromise their impartiality, fairness, or performance in allocating resources. |

| VALUES AND ETHICS | | | | |
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| **Question** | **Result Type** | **Result that would flag compliance concern** | **Policy/Legislative requirement** | **Why this is important** |
| [What is the organization’s level of maturity in fostering a positive culture of values and ethics?](#Q1VE) | Maturity Model | Level 0 | [Values and Ethics Code for the Public Sector (Code), Appendix – Duties and Obligations – Chief Executives](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=25049#:~:text=Avenues%20for%20Resolution-,Appendix,-Footnotes)  [Tasking by the Clerk](https://www.canada.ca/en/privy-council/services/values-ethics/message-clerk-hannaford-deputy-ministers-heads-separate-agencies-heads-federal-agencies-october-2024.html) (Renewed Values and Ethics Conversation) | Having a well-established values and ethics culture where public servants live up to high expectations of our behaviour as we execute our roles is more important than ever. An impartial, unbiased and professional public service is critical to our democratic system of government and maintaining public trust. |
| [What is the organization’s level of maturity in providing employees with information, advice and assistance on identifying, preventing and resolving real, apparent or potential conflict of interest situations?](#Q2VE) | Maturity Model | Level 0 | [The Policy on People Management](https://www.tbs-sct.canada.ca/pol/(S(e021jvamqbhco5551teiyz55))/doc-eng.aspx?id=32621) – Section 4.1.29-4.1.32)  [Directive on Conflict of Interest 3.1, 3.2.1, 3.2.2 and 4](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32627#:~:text=3.%20Objectives%20and%20expected%20results)  [Tasking by the Clerk](https://www.canada.ca/en/privy-council/services/values-ethics/message-clerk-hannaford-deputy-ministers-heads-separate-agencies-heads-federal-agencies-october-2024.html) (Renewed Values and Ethics Conversation) | All organizations need to support employees in meeting their responsibilities under the Code and the Directive on Conflict of Interest in order to reduce the possibility of conflicts of interest that damage the organization’s or government’s reputation and/or public trust. |

**VALUES AND ETHICS: How organizations will calculate self-assessment responses**

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| **Q1: What is the organization’s level of maturity in fostering a positive culture of values and ethics?** | | | | | |
| **Organizations should choose the maturity level which best represents its level of compliance and performance. However, if an organization selects levels 1,2,3 or 4, but has not met the question’s compliance elements (provided in Level 0), its response must indicate that there is a potential compliance concern and provide details about the issue. For example, “Level 3, with potential compliance concern”. Additional guidance about how to self-assess RCP maturity model questions can be found in the “guide on how to complete the RCP self assessments.”** | | | | | |
| **Level 0**  **Response indicates a potential compliance concern that may require deputy head attention** | **Level 1** | **Level 2** | **Level 3** | **Level 4** |
| The organization has not appointed a Values and Ethics Champion. | The organization has appointed a Values and Ethics Champion. | All elements of Level 1 plus:  The organization has appointed a Values and Ethics Champion at the senior management level, and defined the roles and responsibilities associated with the position. | All elements of Level 2 plus:  The Values and Ethics Champion communicates at least annually with senior management, the office responsible for the Values and Ethics or Integrity function, and employees (e.g., management meetings, townhalls, etc.). | All elements of Level 3 plus:  The Values and Ethics Champion communicates at least quarterly with senior management, the office responsible for the Values and Ethics or Integrity function, and employees (e.g., management meetings, townhalls, etc.) |
| The organization has not established a code of conduct aligned with the Values and Ethics Code for the Public Sector. | The organization has established a code of conduct aligned with its operational realities and with the Values and Ethics Code for the Public Sector. The organizational code has been reviewed since January 2024 or is currently under review. | The organization reviews its organizational code of conduct every five years, to ensure it is aligned with the operational realities of the organization and with the Values and Ethics Code for the Public Sector. | The organization reviews its organizational code of conduct every three years to ensure it is aligned with evolving trends and with the Values and Ethics Code for the Public Sector. | The organization applies its code of conduct both as a foundation and reinforcement of values-based ethical culture and as a condition of employment to address ethical breaches within the organization. |
| The organization does not have an option for reporting ethical concerns in the workplace such as an Ombudsman Office or Values and Ethics or Integrity function. | The organization has at least one option for reporting ethical concerns in the workplace such as through an Ombudsman Office or Values and Ethics or Integrity function. | The organization provides more than one option for reporting ethical concerns in the workplace and trains managers in having ethical discussions, so that employees are comfortable and encouraged to have ethical discussions. | The organization is developing a plan to address fear of reprisal when ethical concerns are reported in the workplace. | The organization has developed a plan to address fear of reprisal and has a documented approach/procedure to take action when reprisal occurs. |
| The organization does not communicate on values and ethics. | The organization communicates on values and ethics on a reactive basis, e.g., only after an ethical issue is made public or an organizational crisis occurs. | The organization communicates annually on values and ethics and has annual conversations with employees on values and ethics through activities such as departmental meetings, workshops or information sessions, or one-on-one conversations as part of the performance cycle. | The organization communicates quarterly on values and ethics and has annual conversations with employees on values and ethics through activities such as departmental meetings, workshops or information sessions, or one-on-one conversations as part of the performance cycle. | Up to date information on values and ethics reporting and advice mechanisms, policies, obligations and material is available to employees via an organizational website.  The organization holds at least quarterly conversations on values and ethics at the senior management level. |
| The organization is not working on producing a misconduct and wrongdoing report. | The organization is working to produce, or has produced, a misconduct and wrongdoing report for the 2024-25 fiscal year. | The organization has produced a misconduct and wrongdoing report for the 2024-25 fiscal year and has a plan in place to collect comprehensive data on misconduct. | The organization has produced a misconduct and wrongdoing report for the 2024-25 fiscal year that includes comprehensive data on misconduct. | The organization has established a process to produce the misconduct and wrongdoing report on an annual basis. |
| The organization does not monitor employee completion of the mandatory Values and Ethics Foundations courses named in the [Treasury Board Mandatory Training Inventory - Canada.ca](https://www.canada.ca/en/government/publicservice/learning/treasury-board-mandatory-training-inventory.html) for values and ethics training. | The organization monitors and has procedures to ensure employee completion of the mandatory Values and Ethics Foundations courses named in the [Treasury Board Mandatory Training Inventory - Canada.ca](https://www.canada.ca/en/government/publicservice/learning/treasury-board-mandatory-training-inventory.html) for values and ethics training. | The organization has established its own internal mandatory and elective training on values and ethics issues relevant to the organization’s operating environment and expectations. | The organization has set a completion target and tracks the uptake of its own internal mandatory and elective training on values and ethics issues based on the percentage of population trained in a fiscal year. | The organization has met the completion target for uptake of its own internal mandatory and elective training on values and ethics issues. |

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| **Q2: What is the organization’s level of maturity in providing employees with information, advice and assistance on identifying, preventing and resolving real, apparent or potential conflict of interest situations?** | | | | |
| **Organizations should choose the maturity level which best represents its level of compliance and performance. However, if an organization selects levels 1,2,3 or 4, but has not met the question’s compliance elements (provided in Level 0), its response must indicate that there is a potential compliance concern and provide details about the issue. For example, “Level 3, with potential compliance concern”. Additional guidance about how to self-assess RCP maturity model questions can be found in the “guide on how to complete the RCP self assessments.”** | | | | |
| **Level 0**  **Response indicates a potential compliance concern that may require deputy head attention** | **Level 1** | **Level 2** | **Level 3** | **Level 4** |
| The organization has not appointed a Senior Official for Conflict of Interest. | The organization has appointed a Senior Official for Conflict of Interest and defined the roles and responsibilities for the position. | All elements of Level 1 plus:  The organization has provided clear guidance to the Senior Official for Conflict of Interest on the roles and responsibilities. | All elements of Level 2 plus:  The Senior Official for Conflict of Interest communicates at least annually with senior management, the office responsible for the Values and Ethics or Integrity function, and employees (e.g., management meetings, townhalls, etc.) | All elements of Level 3 plus:  The Senior Official for Conflict of Interest communicates at least quarterly with senior management, the office responsible for the Values and Ethics or Integrity function, and employees (e.g., management meetings, townhalls, etc.) |
| The organization does not communicate with employees on conflict of interest.  The organization is not working to ensure that all employees submit conflict of interest attestations at least annually. | The organization communicates on conflict of interest on a reactive basis, e.g., only after an issue is made public or an organizational crisis occurs.  The organization is working to ensure, or has ensured, that all employees submit conflict of interest attestations at least annually starting in Spring 2025. | The organization communicates conflict of interest expectations to all employees at least annually, including on annual attestation requirements. | The organization communicates conflict of interest expectations to all employees at least quarterly, and on specific aspects of conflict of interest (i.e., designated at risk positions, annual attestations and follow up declarations where needed, contracting and procurement). | Up to date information on conflict of interest reporting and advice mechanisms, policies and obligations is available to employees on the organizational website. |
| The organization does not offer training for employees on conflict of interest issues relevant to the organization’s operating environment and expectations. | The organization offers external training for employees on conflict of interest issues relevant to the organization’s expectations. | The organization has established mandatory and elective internal training for employees on conflict of interest issues relevant to the organization’s operating environment and expectations. | The organization has set a completion target and monitors the uptake for mandatory and elective internal training. | The organization has met the completion target for mandatory and elective internal training. |

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| WORKPLACE HEALTH | | | | |
| **Question** | **Result Type** | **Result that would flag compliance concern** | **Policy/Legislative requirement** | **Why this is important** |
| [What is the organization’s level of maturity in developing and implementing measures to prevent workplace harassment, violence and discrimination?](#Q1WH) | Maturity Model | Level 0 | [Work Place Harassment and Violence Prevention Regulations Sections 5 to 9](https://laws-lois.justice.gc.ca/eng/Regulations/SOR-2020-130/page-1.html#h-1250766:~:text=Prevention%20and%20Protection%20Measures)  [Canada Occupational Health and Safety Regulations 19.7](https://laws-lois.justice.gc.ca/eng/regulations/SOR-86-304/page-40.html#h-896591) | The identification of departmental risk factors through a workplace assessment is a foundational step to preventing harassment and discrimination in the workplace.  Ensuring that proper preventive measures are in place, such as identifying and addressing workplace hazards that may lead to harassment and violence, is a necessary step in preventing incidents in the workplace. Measuring the effectiveness of its initiatives will provide organizations with an indication of their progress in implementing the new regulations for preventing workplace harassment and violence as well as identify gaps in the health and safety management system. |

**WORKPLACE HEALTH: How organizations will calculate self-assessment responses**

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| **Q1: What is the organization’s level of maturity in developing and implementing measures to prevent workplace harassment, violence and discrimination?** | | | | |
| **Organizations should choose the maturity level which best represents its level of compliance and performance. However, if an organization selects levels 1,2,3 or 4, but has not met the question’s compliance elements (provided in Level 0), its response must indicate that there is a potential compliance concern and provide details about the issue. For example, “Level 3, with potential compliance concern”. Additional guidance about how to self-assess RCP maturity model questions can be found in the “guide on how to complete the RCP self assessments.”** | | | | |
| **Level 0**  **Response indicates a potential compliance concern that may require deputy head attention** | **Level 1** | **Level 2** | **Level 3** | **Level 4** |
| Organization does not have a workplace assessment (or a three-year update to the workplace assessment) that has been jointly developed with the applicable partner[[15]](#footnote-16) or there is a workplace assessment, but it has not been communicated to employees.  Risk factors that contribute to, workplace harassment, violence and discrimination have not been identified in alignment with section 8 of the Work Place Harassment and Violence Prevention Regulations (WPHVPR).  Organization does not have a plan in place to implement preventative measures to mitigate the risk of discrimination, workplace harassment and violence. | Organization has a workplace assessment (or a three-year update to the workplace assessment) that has been jointly developed with the applicable partner and communicated to employees.  Risk factors have been identified in alignment with section 8 of the WPHVPR and communicated to employees.  Organization has a plan in place to implement preventative measures to mitigate the risk of discrimination, workplace harassment and violence and this plan has been communicated to employees. In addition, employees have been trained on these preventative measures. | All elements of Level 1 plus:  Organization is actively monitoring the implementation of its preventative measures to mitigate the risk of discrimination, workplace harassment and violence.  Organization has developed a plan to collect data about the effectiveness of its preventive measures and emerging risk factors, at least annually using Key Performance Indicators (KPIs), which includes obtaining feedback from employees. | All elements of Level 2 plus:  The organization collects data on the effectiveness of its preventive measures and emerging risk factors, including employee feedback. This information is reported to senior management and the applicable partner at least annually to inform decision-making.  Evaluations are conducted for each occurrence of harassment and violence in the workplace, after completion of the resolution process and incorporate feedback from stakeholders.  Organization is collecting data about the effectiveness of its preventive measures and emerging risk factors, at least annually using KPIs, which includes obtaining feedback from employees.  Workplace assessments are integrated within the Hazard Prevention program (HPP)[[16]](#footnote-17), along with the mental health initiatives. | All elements of Level 3 plus:  Organization is proactively using data about the effectiveness of its preventive measures and emerging risk factors, which includes obtaining feedback from employees, to continuously improve its workplace assessment throughout the organization.  Organization is proactively using data about the effectiveness of its preventive measures and emerging risk factors, at least annually using KPIs, which includes obtaining feedback from employees, to continuously improve its preventative measures.  The prevention of discrimination, workplace harassment and violence is integrated with the organization’s framework for the management of risk and its Executive Performance Management Program. The integration should include aligning preventive measures with performance objectives of the executive team and reporting on results achieved. |

| PERFORMANCE MANAGEMENT | | | | |
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| **Question** | **Result Type** | **Result that would flag compliance concern** | **Policy/Legislative requirement** | **Why this is important** |
| [What is the level of maturity of the organization’s executive performance management program?](#Q1PM) | Maturity Model | Level 0 | [Policy on People Management, 2.3, 4.1.23](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32621)  [Policy on the Management of Executives, 4.1.8](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=25583), 4.1.9  [Directive on Performance and Talent Management for Executives, Appendix A](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32637#:~:text=Appendix%20A%3A%20Standard%20on%20the%20Administration%20of%20Executive%20Performance%20and%20Talent%20Management) | Performance management enables executives to deliver results and excellence in their work. It aims to provide clear expectations and continuous feedback to improve the performance and productivity of individuals, teams and organizations. Organizations are accountable to establish an executive performance management program and practices that empower a high-performing workforce that delivers results for Canadians and that embodies the Key Leadership Competencies (KLCs) and the Values and Ethics Code for the Public Sector in its actions and decisions. |
| [What is the level of maturity of the organization’s employee performance management program?](#Q2PM) | Maturity Model | Level 0 | [Policy on People Management, 2.3, 4.1.23](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32621)  [Directive on Performance Management, 4.1.3, Appendix A](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=27146)  [Directive on Mandatory Training, subsection 4.3.2](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32628#:~:text=4.3.2,the%20Treasury%20Board%3B) | Performance management enables employees to deliver results and excellence in their work. It aims to provide clear expectations and continuous feedback to improve the performance and productivity of individuals, teams and organizations. Organizations are accountable to establish an employee performance management program and practices that empower a high-performing workforce that delivers results for Canadians and that embodies the Core Competencies and the Values and Ethics Code for the Public Sector in its actions and decisions. |

**PERFORMANCE MANAGEMENT: How organizations will calculate self-assessment responses**

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| **Q1: What is the level of maturity of the organization’s executive performance management program?** | | | | |
| **Organizations should choose the maturity level which best represents its level of compliance and performance. However, if an organization selects levels 1,2,3 or 4, but has not met the question’s compliance elements (provided in Level 0), its response must indicate that there is a potential compliance concern and provide details about the issue. For example, “Level 3, with potential compliance concern”. Additional guidance about how to self-assess RCP maturity model questions can be found in the “guide on how to complete the RCP self assessments.”** | | | | |
| **Level 0**  **Response indicates a potential compliance concern that may require deputy head attention** | **Level 1** | **Level 2** | **Level 3** | **Level 4** |
| For the 2024-2025 performance management cycle, the percentage of eligible executives who have a completed annual performance agreement and assessment in the Executive Talent Management System (ETMS) is less than 95%.  Year-end assessments are finalized within 60 days of the completion of the performance cycle. | For the 2024-2025 performance management cycle, the percentage of eligible executives who have a completed annual performance agreement and assessment in ETMS is at least 95%.  At least 75% of performance agreements are developed and discussed in a timely manner\*.  \*Timely manner is defined as:   * Beginning of the year occurring within 60 days following the official launch of the cycle and system module by TBS. * Mid-year occurring before October 31. * Year-end assessment within 60 days of the completion of the performance cycle. | All elements of Level 1 plus:  The organization issues instructions to ensure that:   * Government-Wide Corporate Priorities are cascaded to all levels and that performance agreements include clear performance measures for each commitment/priority. * Performance assessments include a written assessment of results achieved against established commitments and of how they were achieved through demonstration of the Key Leadership Competencies. | All elements of Level 2 plus:  The organization actively monitors the annual performance management cycle, and manages corrective actions, as required. This includes (but is not limited to) ensuring:   * Government-Wide Corporate Priorities and performance measures are incorporated in all executive performance agreements; * Other policy requirements are met. | All elements of Level 3 plus:  In the last three years, the organization has formally evaluated the effectiveness of their executive performance management program and responded to the results. |
| The organization does not initiate Performance Improvement Plans (PIP) for all executives who received a rating of “Did Not Meet (Level 1)” or where performance is deemed to be unsatisfactory.  The organization has not established an approach to enable consequential accountability[[17]](#footnote-18) for executive performance management. | The organization initiates PIPs for all executives who received a rating of “Did Not Meet (Level 1)” or where performance is deemed to be unsatisfactory.  The organization has established an approach to enable consequential accountability for executive performance management. | The organization has a process in place to monitor the status of cases of where a PIP has been initiated or is in progress.  The organization has outlined and communicated the measures to address issues of unsatisfactory and non-performance and enable consequential accountability. | Where performance continues to be unsatisfactory, the organization has implemented processes to address non-performance, including withholding performance pay. | In the last three years, the organization has formally evaluated the effectiveness of their processes to address unsatisfactory performance and responded to the results. |
| The organization does not have a review mechanism/panel in place to ensure a fair and consistent performance assessment. | The organization has a review mechanism/panel in place to ensure a fair and consistent performance assessment. | The organization’s review panel includes a challenge function that focuses on:   * Ensuring results (what) and behaviours (how) receive equal consideration in reaching a final evaluation and that narrative assessments properly support the assigned performance ratings. * Reducing or mitigating bias and barriers in performance management (i.e., Inclusion Stewards). | At least annually, the review panel reviews the organization’s management of performance, including:   * Progress made against individual PIPs. * Making recommendations to recognize exceptional performance, as applicable, in accordance with the organizational recognition and performance pay programs. * Reviewing areas where bias may exist and proposing corrective actions, as required. | The review panel makes recommendations to the deputy head and head of human resources to improve the organization's performance management programs. |

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| **Q2: What is the level of maturity of the organization’s employee performance management program?** | | | | |
| **Organizations should choose the maturity level which best represents its level of compliance and performance. However, if an organization selects levels 1,2,3 or 4, but has not met the question’s compliance elements (provided in Level 0), its response must indicate that there is a potential compliance concern and provide details about the issue. For example, “Level 3, with potential compliance concern”. Additional guidance about how to self-assess RCP maturity model questions can be found in the “guide on how to complete the RCP self assessments.”** | | | | |
| **Level 0**  **Response indicates a potential compliance concern that may require deputy head attention** | **Level 1** | **Level 2** | **Level 3** | **Level 4** |
| For the 2024-2025 performance management cycle, the percentage of eligible employees who have a completed annual performance agreement and assessment in the Public Service Performance Management Application (PSPM) is less than 85%.  Less than 75% of performance agreements are developed and discussed in a timely manner\*.  *\*Timely manner is defined as:*   * *Beginning of year occurring by May 31* * *Mid-year occurring before October 31* * *Year-end assessment by April 30.* | For the 2024-2025 performance management cycle, the percentage of eligible employees who have a completed annual performance agreement and assessment in PSPM application is at least 85%.  At least 75% of performance agreements are developed and discussed in a timely manner\*.  *\*Timely manner is defined as:*   * *Beginning of year occurring by May 31* * *Mid-year occurring before October 31* * *Year-end assessment by April 30.* | All elements of Level 1 plus:  The organization issues instructions to ensure that:   * Government-Wide Corporate Priorities are cascaded to all levels, as appropriate, and that performance agreements include clear performance measures for each work objective. * Performance assessment for all employees includes a written assessment of results achieved against established work objectives and of how they were achieved through demonstration of the Core Competencies. | All elements of Level 2 plus:  The organization actively monitors the annual performance management cycle, and manages corrective actions, as required. This includes (but is not limited to) ensuring that policy requirements are met. | All elements of Level 3 plus:  In the last three years, the organization has formally evaluated the effectiveness of their employee performance management program and responded to the results. |
| The organization does not initiate Performance Improvement Plans (PIP) for all employees who received a rating of “Did Not Meet (Level 1)” or where performance is deemed to be unsatisfactory. | The organization initiates PIPs for all employees who received a rating of “Did Not Meet (Level 1)” or where performance is deemed to be unsatisfactory. | The organization has a process in place to monitor the status of cases of where a PIP has been initiated or is in progress. | Where performance continues to be unsatisfactory, the organization has processes in place to address non-performance. | In the last three years, the organization has formally evaluated the effectiveness of their processes to address unsatisfactory performance and responded to the results. |
| The organization does not have a review mechanism/ panel in place to ensure a fair and consistent performance assessment. | The organization has a review mechanism/panel in place to ensure a fair and consistent performance assessment. | The organization’s review panel includes a challenge function that focuses on:   * Ensuring results (what) and behaviours (how) receive equal consideration in reaching a final evaluation and that narrative assessments properly support the assigned performance ratings. * Reducing or mitigating bias and barriers in performance management (i.e., Inclusion Stewards). | At least annually, the review panel reviews the organization’s management of performance, including:   * Progress made against individual PIP. * Making recommendations to recognize exceptional performance, as applicable, in accordance with the organizational recognition and performance pay programs. * Reviewing available data to identify areas where bias may exist and proposing corrective actions, as required. | The review panel makes annual recommendations to the deputy head and head of human resources to improve the organization's performance management programs. |
| Percentage of managers and supervisors who have completed the Performance Management for the Government of Canada (COR109) training is less than 95%. | Percentage of managers and supervisors who have completed the Performance Management for the Government of Canada (COR109) training is above 95%. | The organization recommends or provides additional training for managers relevant to performance management (i.e., training on reducing bias and barriers, managing unsatisfactory performance, providing and receiving constructive feedback, and for managers of providing difficult feedback, etc.). | The organization monitors the completion rates of recommended training and responds to feedback on improving training for managers and supervisors. | In the last three years, the organization has formally evaluated their training relevant to performance management and responded to the results. |

| SECURITY | | | | |
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| **Question** | **Result Type** | **Result that would flag compliance concern** | **Policy/Legislative requirement** | **Why this is important** |
| [How frequently do security officials report to the organization’s security governance committees on the performance of security controls?](#Q1Sec) | Frequency:   * At least monthly * At least quarterly * At least annually * Never | Never | [Directive on Security Management](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32611) 4.2.1 | Frequent reporting to governance committees supports the ability of senior management to maintain security management objectives and make security decisions. |
| [How frequently does the Chief Security Officer report to the Deputy Head on the progress in achieving the departmental security plan priorities?](#Q2Sec) | Frequency:   * At least monthly * At least quarterly * At least annually * Never | Never | [Directive on Security Management](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32611) 4.1.5 | Frequent reporting of the progress in achieving the priorities defined in the organization’s security plan supports the deputy head in responding to implementation challenges and provides the opportunity to course correct or re-prioritize activities as needed. |
| [How frequently does the Chief Security Officer receive reports on the effectiveness of security practices and security controls?](#Q3Sec) | Frequency:   * At least monthly * At least quarterly * At least annually * Never | Never | [Directive on Security Management](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32611) 4.3.3 | Frequent reporting supports the Chief Security Officer in monitoring and maintaining security programs to ensure continued compliance with policy requirements. |
| [Does the organization have a documented process in place to track non-compliance with the Policy on Government Security and its related directives?](#Q4Sec) | Yes/No | No | [Policy on Government Security](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=16578) 4.1.10 | When security non-compliance is identified, timely corrective action is required to maintain the integrity of the security management program and to prevent a reoccurrence. |
| [How frequently are security awareness materials shared with individuals to reinforce their security responsibilities?](#Q5Sec) | Frequency:   * At least monthly * At least quarterly * At least annually * Never | Never | [Directive on Security Management](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32611) H 2.2.2 | It is crucial to ensure that individuals are informed of their security responsibilities and maintain the necessary knowledge and skills to effectively carry out their functions. |
| [What is the level of maturity of the organization’s security management governance?](#Q6Sec) | Maturity Model | Level 0 | Section 4 of the [Policy on Government Security](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=16578) | A governance system with high maturity in security management is better prepared to effectively prevent security risks from becoming security incidents. |
| [What is the level of maturity of departmental security planning?](#Q7Sec) | Maturity Model | Level 0 | [Directive on Security Management](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32611) | Achieving compliance and performance expectations for departmental security planning is important, as these practices contribute to and support departmental decision-making, effectiveness and accountability. |
| [What is the level of maturity of the organization’s overall guidance and processes in security management?](#Q8Sec) | Maturity Model | Level 0 | [Policy on Government Security](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=16578)  [Directive on Security Management](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32611) | More mature guidance and processes are the foundation of a mature risk management system as they support consistent and effective security operations ensuring the protection of government information and assets for the trusted and secure delivery of services to Canadians. |
| [What is the level of maturity of the organization’s security incident response processes?](#Q9Sec) | Maturity Model | Level 0 | Appendix G [Directive on Security Management](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32611) | More mature security incident response processes support an improved ability to identify and respond to incidents quickly, mitigating the effect of the incident while minimizing the risk of its reoccurrence. |
| [What is the level of maturity of the organization’s security awareness and training processes?](#Q10Sec) | Maturity Model | Level 0 | Appendix H [Directive on Security Management](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32611) | More mature security awareness and training processes drive continuous improvement across all eight security controls, supporting integrated security risk mitigation throughout the organization. |

**SECURITY: How organizations will calculate self-assessment responses**

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| **Q1: How frequently do security officials report to the organization’s security governance committees on the performance of security controls?** |
| Organizations are asked to select the frequency that best represents their response.   * At least monthly * At least quarterly * At least annually * Never   A response of **never** indicates a potential compliance concern that may require deputy head attention.  Note: Reports can be written or verbal |

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| **Q2: How frequently does the Chief Security Officer report to the Deputy Head on the progress in achieving the departmental security plan priorities?** |
| Organizations are asked to select the frequency that best represents their response.   * At least monthly * At least quarterly * At least annually * Never   A response of **never** indicates a potential compliance concern that may require deputy head attention.  Note: Reports can be written or verbal |

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| **Q3: How frequently does the Chief Security Officer receive reports on the effectiveness of security practices and security controls?** |
| Organizations are asked to select the frequency that best represents their response.   * At least monthly * At least quarterly * At least annually * Never   A response of **never** indicates a potential compliance concern that may require deputy head attention.  Note: Reports can be written or verbal |

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| **Q4: Does the organization have a documented process in place to track non-compliance with the Policy on Government Security and its related directives?** |
| Organizations are asked to select the answer that best represents their response.   * Yes * No   A response of **no** indicates a potential compliance concern that may require deputy head attention. |

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| **Q5: How frequently are security awareness materials shared with individuals to reinforce their security responsibilities?** |
| Organizations are asked to select the frequency that best represents their response.   * At least monthly * At least quarterly * At least annually * Never   A response of **never** indicates a potential compliance concern that may require deputy head attention. |

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| **Q6: What is the level of maturity of the organization’s security management governance?** | | | | |
| **Organizations should choose the maturity level which best represents its level of compliance and performance. However, if an organization selects levels 1,2,3 or 4, but has not met the question’s compliance elements (provided in Level 0), its response must indicate that there is a potential compliance concern and provide details about the issue. For example, “Level 3, with potential compliance concern”. Additional guidance about how to self-assess RCP maturity model questions can be found in the “guide on how to complete the RCP self assessments.”** | | | | |
| **Level 0**  **Response indicates a potential compliance concern that may require deputy head attention** | **Level 1** | **Level 2** | **Level 3** | **Level 4** |
| Security governance responsibilities and authorities may be broadly defined but are not consistently documented or implemented as required in Section 4 of the [Policy on Government Security](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=16578).  Governance and risk-management decisions are rarely documented or/and monitored throughout the organization.  Governance and control processes, and decisions are periodically communicated (e.g., less than 50% of the time).  There may be procedures in place to monitor compliance with some Treasury Board and organizational policy requirements related to security management, but they are not implemented consistently.    There may be some procedures to document and review lessons learned and make process improvements related to security management, but they are not implemented consistently.  There is no coordination between key partners or enabling functions. | Security governance responsibilities and authorities are defined as required in Section 4 of the [Policy on Government Security](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=16578), but they may not be consistently documented or implemented as required in Section 4 of the [Policy on Government Security](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=16578).  Governance and risk-management decisions are generally documented, implemented and monitored throughout the organization.  Governance and control processes and decisions are often communicated throughout the organization.  Procedures to monitor compliance with most Treasury Board and organizational policy requirements are generally implemented consistently.  Procedures to document and review lessons learned, and to make process improvements, are generally implemented consistently.  There is some coordination between key partners or enabling functions. | Governance and risk-management decisions are documented, implemented, and monitored throughout the organization in a consistent manner.  Governance and control processes and decisions are consistently communicated throughout the organization.  There are procedures in place to monitor compliance with all Treasury Board or organizational policy requirements related to security management. Governance is engaged when deficiencies are identified.  There is consistent implementation of procedures to document and review lessons learned and make process improvements.  Governance includes participation of key partners and enabling functions.  The organization is occasionally represented at the GC security governance committees, such as the Council of Chief Security Officers, and the Government of Canada Security and Readiness Committee. | Organizational governance processes are in full compliance with the [Policy on Government Security](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=16578) and the [Directive on Security Management](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32611).  Governance performance metrics have been defined and are tracked and reported on to measure progress toward the organization’s security management goals.  The organization is actively engaged in the GC security governance committees. | Many elements of this security control program are aligned with industry best practices and standards.  Many elements of this security control program are leading best practices at the international level. |

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| **Q7: What is the level of maturity of departmental security planning?** | | | | |
| **Organizations should choose the maturity level which best represents its level of compliance and performance. However, if an organization selects levels 1,2,3 or 4, but has not met the question’s compliance elements (provided in Level 0), its response must indicate that there is a potential compliance concern and provide details about the issue. For example, “Level 3, with potential compliance concern”. Additional guidance about how to self-assess RCP maturity model questions can be found in the “guide on how to complete the RCP self assessments.”** | | | | |
| **Level 0**  **Response indicates a potential compliance concern that may require deputy head attention** | **Level 1** | **Level 2** | **Level 3** | **Level 4** |
| The organization may have a departmental security plan, but it has not been updated within the last three years.  Security management decisions are not generally aligned with the departmental security plan. | The organization’s departmental security plan has been updated within the last three years, but the update may not have been approved by the deputy head.  Security management decisions are generally aligned with the departmental security plan.  The departmental security plan may include some strategies, priorities, responsibilities and timelines for maintaining, strengthening, monitoring and continuously improving all the security practices and security controls described in the appendices of the [Directive on Security Management](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32611). | The organization’s three-year departmental security plan is approved by the deputy head, and is reviewed annually to meet departmental security requirements, and to support government-wide security priorities.  Security management decisions align with the departmental security plan.  The departmental security plan includes strategies, priorities, responsibilities and timelines for maintaining, strengthening, monitoring and continuously improving all the security practices and security controls described in the appendices of the [Directive on Security Management](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32611).  Initiatives in the departmental security plan are either addressed as planned, or the plan is updated when there are changes in security plans and priorities within the organization. | The departmental security plan includes:   1. clearly articulated goals or outcomes for the security management program; and 2. performance metrics to measure progress toward the stated goals   The departmental security plan is informed by organizational performance metrics related to all eight security controls[[18]](#footnote-19).  The departmental security plan is reviewed and updated as appropriate throughout the year if security risks or priorities change.  The departmental security plan is consulted during the development of new initiatives[[19]](#footnote-20) to ensure alignment between the plan and the security risk assessment and security management plan for the new initiative. | Many elements of this security control program are aligned with industry best practices and standards.  Many elements of this security control program are leading best practices at the international level. |

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| **Q8: What is the level of maturity of the organization’s overall guidance and processes in security management?** | | | | |
| **Organizations should choose the maturity level which best represents its level of compliance and performance. However, if an organization selects levels 1,2,3 or 4, but has not met the question’s compliance elements (provided in Level 0), its response must indicate that there is a potential compliance concern and provide details about the issue. For example, “Level 3, with potential compliance concern”. Additional guidance about how to self-assess RCP maturity model questions can be found in the “guide on how to complete the RCP self assessments.”** | | | | |
| **Level 0**  **Response indicates a potential compliance concern that may require deputy head attention** | **Level 1** | **Level 2** | **Level 3** | **Level 4** |
| There may be some documented procedures to monitor compliance with the [Policy on Government Security](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=16578), but they are not implemented consistently.  There may be documented procedures to monitor compliance with some of the appendices of the [Directive on Security Management](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32611), (e.g., less than 50%).  There may be some documented procedures to monitor compliance with organizational directives and procedures related to security management, but they are not implemented consistently.  There may be documented procedures to document and review lessons learned, and to make process improvements, but they are not implemented consistently. | Documented procedures to monitor compliance with the [Policy on Government Security](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=16578) are generally implemented consistently.  There are documented procedures to monitor compliance with each appendix of the [Directive on Security Management](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32611). The procedures are generally implemented consistently.    Documented procedures to monitor compliance with organizational directives and procedures related to security management are generally implemented consistently.  Documented procedures to record and review lessons learned, and to make process improvements, are generally implemented consistently. | Procedures to monitor compliance with the [Policy on Government Security](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=16578) are implemented consistently.  Procedures to monitor compliance with each appendix of the [Directive on Security Management](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32611) are implemented consistently.  Documented procedures to monitor compliance with organizational directives and procedures related to security management are implemented consistently.  Procedures to document and review lessons learned, and to make process improvements, are implemented consistently.  Security management senior officials occasionally participate in security management interdepartmental communities of practice, committees, etc. to share best practices, discuss challenges, etc. | Organizational guidance and processes are in full compliance with the [Policy on Government Security](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=16578) and the [Directive on Security Management](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32611).  Performance metrics are reviewed annually to inform updates to the departmental security plan.  Established performance metrics are analyzed to measure the effectiveness of security controls. Performance data is reviewed annually to inform updates to organizational directives and procedures related to security management.  Security management senior officials are actively engaged in security management interdepartmental communities of practice, committees, etc. to share best practices, discuss challenges, etc. | Many elements of this security control program are aligned with industry best practices and standards.  Many elements of this security control program are leading best practices at the international level. |

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| **Q9: What is the level of maturity of the organization’s security incident response processes?** | | | | |
| **Organizations should choose the maturity level which best represents its level of compliance and performance. However, if an organization selects levels 1,2,3 or 4, but has not met the question’s compliance elements (provided in Level 0), its response must indicate that there is a potential compliance concern and provide details about the issue. For example, “Level 3, with potential compliance concern”. Additional guidance about how to self-assess RCP maturity model questions can be found in the “guide on how to complete the RCP self assessments.”** | | | | |
| **Level 0**  **Response indicates a potential compliance concern that may require deputy head attention** | **Level 1** | **Level 2** | **Level 3** | **Level 4** |
| There may be some documented security incident response procedures, but they are not implemented consistently. | The organization has documented security incident response procedures, which are generally implemented consistently.  The documented security incidence response procedures are generally integrated with organizational and interdepartmental security management governance. | The organization’s documented security incidence response procedures include reviewing/updating the departmental security plan and supporting security control directives and procedures.  The documented security incident response procedures include recording and reviewing lessons learned to make process improvements.  The documented security incidence response procedures are fully integrated with organizational and interdepartmental security governance.  The organization is developing an insider risk program that focuses on identifying, managing, and mitigating risks posed by individuals within the organization. | Data collected from security incident reports is analyzed to inform security management program updates and improvements, including updates to the departmental security plan.  Established performance metrics are analyzed to measure the effectiveness of security incident response procedures. Performance data is reviewed annually to inform updates to organizational directives and procedures related to security incident response.  The organization has implemented an insider risk program that focuses on identifying, managing, and mitigating risks posed by individuals within the organization. | Many elements of this security control program are aligned with industry best practices and standards.  Many elements of this security control program are leading best practices at the international level. |

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| **Q10: What is the level of maturity of the organization’s security awareness and training processes?** | | | | |
| **Organizations should choose the maturity level which best represents its level of compliance and performance. However, if an organization selects levels 1,2,3 or 4, but has not met the question’s compliance elements (provided in Level 0), its response must indicate that there is a potential compliance concern and provide details about the issue. For example, “Level 3, with potential compliance concern”. Additional guidance about how to self-assess RCP maturity model questions can be found in the “guide on how to complete the RCP self assessments.”** | | | | |
| **Level 0**  **Response indicates a potential compliance concern that may require deputy head attention** | **Level 1** | **Level 2** | **Level 3** | **Level 4** |
| There may be some security training and awareness requirements and practices in place, but there is little to no monitoring, tracking, or reporting to ensure all individuals are up to date on training related to all the security responsibilities of their position.  Completion of security briefings for individuals commencing work with the organization is not consistently monitored and tracked.  Completion of debriefings for individuals terminating work with the organization is not consistently monitored and tracked.  Contractor compliance with security requirements throughout the life of the contract is not consistently monitored and tracked.  Security awareness and training materials do not address all eight security controls  There is limited coordination among implicated organizational enabling functions. | Standardized and regular security awareness and training requirements and practices are implemented. Monitoring, tracking, and reporting on the status of security training for each individual is generally conducted.  Standardized security briefing and debriefing requirements and practices are implemented. Monitoring, tracking, and reporting on the status of security briefings and debriefings for each individual is generally conducted.  Standardized requirements and practices for security monitoring of contractors are in place and are generally implemented consistently.  All 8 security controls are generally integrated into security awareness and training materials to ensure security risk mitigation throughout the organization.  There is consistent coordination among implicated organizational enabling functions. | Standardized and regular awareness and training requirements and practices are implemented, monitored, tracked, and reported on throughout the organization in a consistent manner.  Program awareness and training records are maintained to ensure all individuals have taken the training that is required to maintain the security responsibilities of their current position.  Standardized security briefing and debriefing requirements and practices are implemented, monitored, tracked, and reported on throughout the organization in a consistent manner.  Standardized requirements and practices for security monitoring of contractors are implemented, monitored, tracked, and reported on throughout the organization in a consistent manner.  All 8 security controls are consistently integrated into security awareness and training materials to ensure security risk mitigation throughout the organization.  There is consistent coordination among implicated organizational enabling functions. | The status of completion of security awareness and training requirements is integrated into organizational enabling functions to ensure that security requirements are met prior to changing access to Information Management/Information Technology, onboarding/offboarding, etc.  Established performance metrics are analyzed to measure the effectiveness of security awareness and training. Performance data is reviewed annually to inform updates to organizational directives and procedures related to security awareness and training. | Many elements of this security control program are aligned with industry best practices and standards.  Many elements of this security control program are leading best practices at the international level. |

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| SERVICE | | | | |
| **Question** | **Result Type** | **Result that would flag compliance concern** | **Policy/Legislative Requirement** | **Why is this important** |
| [What is the level of maturity in the organization's mechanisms for reviewing and improving services based on client feedback, specifically for internal enterprise and external services?](#Q1Serv) | Maturity Model | Level 0 | [Policy on Service and Digital, Section 4.2.1](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32603) | Regular service reviews and feedback integration drive continuous improvement, ensuring services remain relevant, efficient, and responsive to changing needs. |
| [What is the organization’s level of maturity in ensuring it has the workforce capability to meet departmental and enterprise service, information, data, IT and cybersecurity requirements in support of effective service delivery?](#Q2Serv) | Maturity Model | Level 0 | [Policy on Service and Digital, Section 4.5.2](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32603) | Ensuring employees have the right skills is critical to adapting to evolving service, digital, IT, and cybersecurity demands, thus supporting effective service delivery. |

**SERVICE: How organizations will calculate self-assessment responses**

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| **Q1: What is the level of maturity in the organization's mechanisms for reviewing and improving services based on client feedback, specifically for internal enterprise and external services?** | | | | |
| **Organizations should choose the maturity level which best represents its level of compliance and performance. However, if an organization selects levels 1,2,3 or 4, but has not met the question’s compliance elements (provided in Level 0), its response must indicate that there is a potential compliance concern and provide details about the issue. For example, “Level 3, with potential compliance concern”. Additional guidance about how to self-assess RCP maturity model questions can be found in the “guide on how to complete the RCP self assessments.”** | | | | |
| **Level 0**  **Response indicates a potential compliance concern that may require deputy head attention** | **Level 1** | **Level 2** | **Level 3** | **Level 4** |
| Regular service reviews are not conducted and client feedback is not collected and/or used in improving services. | Regular service reviews are conducted for each service, at least every 5 years, in alignment with the Government of Canada Digital Standards.  Feedback mechanisms to solicit client feedback exist but are rarely used to inform service improvement.  Usability testing is rarely conducted for services with diverse client groups to enhance accessibility and ease of use. | Regular service reviews are conducted, for each service, at least every 5 years with alignment with the Government of Canada Digital Standards.  Feedback mechanisms to solicit client feedback exist and include a variety of tools such as user research, client surveys and/or journey mapping, and are sometimes used to inform service improvement.  Usability testing is conducted for some services with diverse client groups to enhance accessibility and ease of use. | Regular service reviews are conducted for each service, at least every 3 years, in alignment with the Government of Canada Digital Standards.  Feedback mechanisms to solicit client feedback exist and include a variety of tools such as user research, client surveys and/or journey mapping, and are used most of the time to inform service improvement.  Usability testing is conducted for most services with diverse client groups to improve accessibility and ease of use.  Client feedback is collected at key steps in the journey (e.g. call centre, information web pages, forms) and at the conclusion of the service journey using a post-transaction survey. | Regular service reviews are conducted for each service, at least every 3 years, in alignment with the Government of Canada Digital Standards.  Continuous service improvement is embedded in the organization’s culture, with real-time feedback loops and agile responses to client needs.  Usability testing is conducted for all services with diverse client groups to improve accessibility and ease of use.  Client feedback is collected across all channels to ensure a complete view of the client experience.  The organization actively benchmarks against global leaders, assessing the time, effort and stress experienced by clients. Insights are used to streamline processes, eliminate reduce unnecessary steps and adopt cutting-edge practices. |

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| **Q2: What is the organization’s level of maturity in ensuring it has the workforce capability to meet departmental and enterprise service, information, data, IT and cyber security requirements in support of effective service delivery?** | | | | | | | | |
| **Organizations should choose the maturity level which best represents its level of compliance and performance. However, if an organization selects levels 1,2,3, or 4, but has not met the question’s compliance elements (provided in Level 0), its response must indicate that there is a potential compliance concern and provide details about the issue. For example, “Level 3, with potential compliance concern”. Additional guidance about how to self-assess RCP maturity model questions can be found in the “guide on how to complete the RCP self assessments.”** | | | | | | | | |
| **Level 0**  **Response indicates a potential compliance concern that may require deputy head attention** | **Level 1** | | **Level 2** | | **Level 3** | | | **Level 4** |
| No planning exists for workforce management and development[[20]](#footnote-21), leading to ad hoc efforts in recruitment without consideration of organizational priorities.    The organization does not participate in the CIO of Canada’s enterprise-wide talent management and community development initiatives. | Planning exists for workforce management and development to address requirements in all these areas: service, information, data, IT, and cyber security.    The organization passively participates (e.g., attends meetings) in the CIO of Canada’s enterprise-wide talent management and community development initiatives. | | Planning processes exist for workforce management and development that address requirements in all these areas: service, information, data, IT, and cyber security including identification of skills gaps in these areas.  Professional services are relied on as appropriate for specific expertise.  Employees have access to training to maintain their role-specific skills.  The organization participates (e.g., leverages talent management tools or recruitment processes where appropriate) in the CIO of Canada’s enterprise-wide talent management and community development initiatives. | | Planning processes exist for workforce management and development that address requirements in all these areas: service, information, data, IT, and cyber security, including the identification of skills gaps in these areas. These plans are reviewed and updated on an ad hoc basis to address changing organizational priorities.  The organization uses this information to develop and deploy targeted interventions to address short-term needs. Professional services are relied on for specific expertise as appropriate, with efforts being made to develop in-house capacity.  Employees have dedicated time to access training opportunities for developing role-specific skills.  The organization proactively participates (e.g., nominate candidates for talent management initiatives, identify collaboration opportunities) in the CIO of Canada’s enterprise-wide talent management and community development initiatives. | | | Planning processes exist for workforce management and development that address requirements in all these areas: service, information, data, IT, and cyber security, including the identification of skills gaps in the short-term, and takes into account longer term trends (e.g. planned retirements. These plans are reviewed and updated on a regular basis (e.g., at least annually) to address changing organizational priorities.  The organization uses this information to develop and deploy targeted interventions to address needs. Professional services are used as appropriate for specific expertise, but processes are in place to develop in-house capacity and prevent reliance.  Employees are supported and have dedicated time to access training opportunities for developing role-specific and emerging skills that adapt to evolving technological demands and organizational needs.  The organization proactively participates in and helps further develop the CIO of Canada’s enterprise-wide talent management and community development initiatives. |
| [TECHNOLOGY](#Tech) | | | | | | | | | |
| **Question** | | **Result Type** | | **Result that would flag compliance concern** | | **Policy/Legislative Requirement** | **Why is this important** | | |
| [What is the maturity level of the organization’s annual forward-looking three-year departmental plan for the integrated management of service, information, data, IT and cyber security, which aligns with the CIO of Canada’s enterprise-wide integrated plan?](#Q1Tech) | | Maturity Model | | Level 0 | | [Policy on Service and Digital, Section 4.1.2.7](https://056gc.sharepoint.com/sites/PPS-PID1_PPS-DIP1/Shared%20Documents/MAF/RCP/DRAFT%20----%20AoF%20indicators%20(DO%20NOT%20USE%20-%20see%20Approval%20of%20Indicators)/What%20is%20the%20maturity%20level%20of%20your%20department’s%20digital%20transformation%20planning,%20including%20alignment%20with%20the%20CIO%20of%20Canada’s%20enterprise-wide%20plan%20and%20progress%20reporting?) | Having a forward-looking digital plan aligns organizational initiatives with broader government strategies, ensuring cohesive progress towards modernization. | | |
| [Has the organization’s Designated Official for Cyber Security informed the Deputy Head of the results of the organization’s Cyber Maturity Self-Assessment in the past 12 months?](#Q2Tech) | | Yes/No | | No | | [Policy on Service and Digital, Section 4.4.2.7](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32603) | Robust cybersecurity practices protect sensitive information and maintain public trust by effectively managing risks and responding to incidents. | | |

**TECHNOLOGY: How organizations will calculate self-assessment responses**

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| **Q1: What is the maturity level of the organization’s annual forward-looking three-year departmental plan for the integrated management of service, information, data, IT and cyber security, which aligns with the CIO of Canada’s enterprise-wide integrated plan[[21]](#footnote-22)?** | | | | |
| **Organizations should choose the maturity level which best represents its level of compliance and performance. However, if an organization selects levels 1,2,3, or 4, but has not met the question’s compliance elements (provided in Level 0), its response must indicate that there is a potential compliance concern and provide details about the issue. For example, “Level 3, with potential compliance concern”. Additional guidance about how to self-assess RCP maturity model questions can be found in the “guide on how to complete the RCP self assessments.”** | | | | |
| **Level 0**  **Response indicates a potential compliance concern that may require deputy head attention** | **Level 1** | **Level 2** | **Level 3** | **Level 4** |
| No departmental plan for service and digital (DPSD) in place. Digital and service initiatives are uncoordinated and ad hoc. | A three-year DPSD that is aligned with the Digital Ambition has been approved by the deputy head within the last 12 months. | A three-year DPSD that is aligned with the Digital Ambition has been approved by the deputy head within the last 12 months. The plan is reviewed and updated on a quarterly basis. | All elements of Level 2 plus:  The plan is used by internal governance to make informed decisions, set direction, and achieve results based on data. | All elements of Level 3 plus:    The organization supports the implementation of the plan by actively using IT and digital indicators to monitor continuous improvement over time and to prioritize where to make investments.  Organizational investments in digital and service are aligned with enterprise GC direction. |

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| **Q2: Has the organization’s Designated Official for Cyber Security informed the Deputy Head of the results of the organization’s Cyber Maturity Self-Assessment in the past 12 months?** |
| Organizations are asked to select the answer that best represents their response.   * Yes * No   A response of **no** indicates a potential compliance concern that may require deputy head attention. |

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| [DATA](#Data1) | | | | |
| **Question** | **Result Type** | **Result that would flag compliance concern** | **Policy/Legislative Requirement** | **Why is compliance important** |
| [What is the maturity level of the organization’s data inventory management in supporting operations, service delivery and decision-m](#Q1Data)[aking?](#Q1Data) | Maturity Model | Level 0 | [Policy on Service and Digital, Section 4.3.2](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32603) | Treating data as a strategic asset ensures quality data management, reduces duplication, and promotes data sharing, enhancing decision-making and service delivery. |
| [Does the organization have processes in place to ensure the information that is required to be proactively published under the Access to Information Act is complete, accurate and timely?](#Q2Data) | Yes/No | No | Sections 74 to 78 (requirements that apply to ministers) and 82 to 88 (requirements that apply to government institutions of the [*Access to Information Act*](https://can01.safelinks.protection.outlook.com/?url=https%3A%2F%2Flaws-lois.justice.gc.ca%2Feng%2FACTS%2FA-1%2Fpage-10.html%23h-1171902%3A~%3Atext%3D18%252C%2520s.%252037-%2CGovernment%2520Institutions%2C-Marginal%2520note%253A&data=05%7C02%7CChristine.Lau%40tbs-sct.gc.ca%7Cb4e9ab6c72a74ec690cc08dd51ccfb13%7C6397df10459540479c4f03311282152b%7C0%7C0%7C638756663004920162%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=xkahNoGMknu6HszLiH3ew%2B%2BqC8fL2I4nQ%2Bbu1o%2BknX8%3D&reserved=0).    [Policy on Access to Information](https://can01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tbs-sct.canada.ca%2Fpol%2Fdoc-eng.aspx%3Fid%3D12453&data=05%7C02%7CChristine.Lau%40tbs-sct.gc.ca%7Cb4e9ab6c72a74ec690cc08dd51ccfb13%7C6397df10459540479c4f03311282152b%7C0%7C0%7C638756663004942423%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=NEISlIpX1c%2FrAqICCLtMNi4Yq8GoQSvqm2aw1Xv1QzQ%3D&reserved=0), Section 4.5.1    [Directive on Proactive Publication under the Access to Information Act](https://can01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tbs-sct.canada.ca%2Fpol%2Fdoc-eng.aspx%3Fid%3D32756&data=05%7C02%7CChristine.Lau%40tbs-sct.gc.ca%7Cb4e9ab6c72a74ec690cc08dd51ccfb13%7C6397df10459540479c4f03311282152b%7C0%7C0%7C638756663004957286%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=EEtPedwLRc2kWu6zYGp8cwZeGiahlSCb95Pbt1LgQzE%3D&reserved=0), Section 4.1.2 | In addition to meeting legal obligations under the *Access to Information Act*, complete, accurate and timely proactive publication of this information is critical to government transparency and accountability. |

**DATA: How organizations will calculate self-assessment responses**

| **Q1: What is the maturity level of the organization’s data inventory management in supporting operations, service delivery and decision-making?** | | | | |
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| **Organizations should choose the maturity level which best represents its level of compliance and performance. However, if an organization selects levels 1,2,3, or 4, but has not met the question’s compliance elements (provided in Level 0), its response must indicate that there is a potential compliance concern and provide details about the issue. For example, “Level 3, with potential compliance concern”. Additional guidance about how to self-assess RCP maturity model questions can be found in the “guide on how to complete the RCP self assessments.”** | | | | |
| **Level 0**  **Response indicates a potential compliance concern that may require deputy head attention** | **Level 1** | **Level 2** | **Level 3** | **Level 4** |
| Some efforts are being made to identify and catalog data assets, but the process is inconsistent and incomplete.  ***Example:*** A department starts a project to list all data assets but only covers a few areas due to resource constraints. For example, they catalog data from the finance department but have yet to address data from operations or HR, falling short of the [Policy on Service and Digital](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32603) requirements.  The CIOs/or CDOs has limited knowledge of the data assets, resulting in partial support for operations and decision-making.  ***Example****:* The CIOs/or CDOscan provide some data insights but often misses critical information due to incomplete data inventory[[22]](#footnote-23). For instance, they can generate financial reports but lack data on operational performance, as highlighted in the [Guidance on Metadata Life Cycle Management](https://can01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.canada.ca%2Fen%2Fgovernment%2Fsystem%2Fdigital-government%2Fdigital-government-innovations%2Finformation-management%2Fguidance-metadata-life-cycle-management.html&data=05%7C02%7CSally.Tewolde%40tbs-sct.gc.ca%7C3ed7f80cd8d547abce5e08dd47ab41ef%7C6397df10459540479c4f03311282152b%7C0%7C0%7C638745523054206328%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=JtJKchqwPA%2FHBjcDXxjlgBQDSqVa4PubnNo%2FUr9Q2mw%3D&reserved=0).    Documentation exists for some data assets, but it is not comprehensive or regularly updated.  *Example****:*** Some data sources have basic documentation, but it is outdated and lacks detail. For instance, the documentation for the HR database was last updated two years ago, contrary to the [Guidance on Prescribing Metadata Reference Standards](https://can01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tbs-sct.canada.ca%2Fpol%2Fdoc-eng.aspx%3Fid%3D32716&data=05%7C02%7CSally.Tewolde%40tbs-sct.gc.ca%7C3ed7f80cd8d547abce5e08dd47ab41ef%7C6397df10459540479c4f03311282152b%7C0%7C0%7C638745523054331195%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=Cvq2BtDEL%2F8w%2BuY%2BFJlGwPfmFzvITkoPKAONQBtLgdE%3D&reserved=0). | At least half of the departmental data assets have been identified and catalogued with plans to improve consistency and completeness.  ***Example:*** A department initiates a comprehensive project to list all data assets, starting with the finance department and planning to include operations and HR. This aligns with the [Policy on Service and Digital](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32603) requirements.    The CIOs/or CDOs are actively working to enhance their knowledge of priority data assets, aiming for better support for operations and decision-making.  ***Example****:* The CIOs/or CDOsare implementing a strategy to complete the data inventory, enabling them to generate both financial and operational reports, as per the [Guidance on Metadata Life Cycle Management](https://can01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.canada.ca%2Fen%2Fgovernment%2Fsystem%2Fdigital-government%2Fdigital-government-innovations%2Finformation-management%2Fguidance-metadata-life-cycle-management.html&data=05%7C02%7CSally.Tewolde%40tbs-sct.gc.ca%7C3ed7f80cd8d547abce5e08dd47ab41ef%7C6397df10459540479c4f03311282152b%7C0%7C0%7C638745523054206328%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=JtJKchqwPA%2FHBjcDXxjlgBQDSqVa4PubnNo%2FUr9Q2mw%3D&reserved=0).    Documentation for data assets is being updated and expanded to ensure comprehensiveness and regular updates.  ***Example:*** Documentation for data sources is being revised to include detailed and up-to-date information. For instance, the HR database documentation is now updated annually, in line with the [Guidance on Prescribing Metadata Reference Standards](https://can01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tbs-sct.canada.ca%2Fpol%2Fdoc-eng.aspx%3Fid%3D32716&data=05%7C02%7CSally.Tewolde%40tbs-sct.gc.ca%7C3ed7f80cd8d547abce5e08dd47ab41ef%7C6397df10459540479c4f03311282152b%7C0%7C0%7C638745523054331195%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=Cvq2BtDEL%2F8w%2BuY%2BFJlGwPfmFzvITkoPKAONQBtLgdE%3D&reserved=0). | A structured approach to inventorying data assets is being developed, with increasing consistency and coverage.  ***Example****:* The department implements a data inventory tool and begins systematically cataloging data assets. For instance, they start with the most critical data sources and gradually expand to cover all areas, aligning with the [Policy on Service and Digital](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32603).  The CIOs/or CDOs has a growing understanding of the data assets, enabling better support for operations and decision-making.  ***Example****:* Regular data reviews are conducted, improving the accuracy of reports and insights. For example, the  CIOs/or CDOs holds quarterly data review meetings to ensure all data assets are accounted for, as recommended in the [Guidance on Metadata Life Cycle Management](https://can01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.canada.ca%2Fen%2Fgovernment%2Fsystem%2Fdigital-government%2Fdigital-government-innovations%2Finformation-management%2Fguidance-metadata-life-cycle-management.html&data=05%7C02%7CSally.Tewolde%40tbs-sct.gc.ca%7C3ed7f80cd8d547abce5e08dd47ab41ef%7C6397df10459540479c4f03311282152b%7C0%7C0%7C638745523054296914%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=OsYSKlPn12WkFzAyr49tBQ%2BLMRGixmG0jCKNs2BXHiI%3D&reserved=0).  Documentation is more comprehensive and regularly updated, though some gaps remain in the data inventory.  ***Example:***Most data sources have detailed documentation, but a few areas still need improvement. For example, the finance and HR databases have up-to-date documentation, but the operations database documentation is still being developed, as per the [Guidance on Prescribing Metadata Reference Standards](https://can01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tbs-sct.canada.ca%2Fpol%2Fdoc-eng.aspx%3Fid%3D32716&data=05%7C02%7CSally.Tewolde%40tbs-sct.gc.ca%7C3ed7f80cd8d547abce5e08dd47ab41ef%7C6397df10459540479c4f03311282152b%7C0%7C0%7C638745523054331195%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=Cvq2BtDEL%2F8w%2BuY%2BFJlGwPfmFzvITkoPKAONQBtLgdE%3D&reserved=0). | A comprehensive inventory of data assets is maintained, with regular updates and audits.  ***Example:***The department has a complete and up-to-date data inventory accessible to all relevant stakeholders. For instance, they use a centralized data management system that is regularly audited to ensure accuracy, meeting the [Policy on Service and Digital](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32603) requirements.  The CIOs/or CDOs has a strong understanding of the data assets, providing adequate support for operations and decision-making.  ***Example:***The CIOs/or CDOs can quickly generate accurate reports and insights based on a well-maintained data inventory. For example, they can produce comprehensive performance reports for all departments, as outlined in the [Guidance on Metadata Life Cycle Management](https://can01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.canada.ca%2Fen%2Fgovernment%2Fsystem%2Fdigital-government%2Fdigital-government-innovations%2Finformation-management%2Fguidance-metadata-life-cycle-management.html&data=05%7C02%7CSally.Tewolde%40tbs-sct.gc.ca%7C3ed7f80cd8d547abce5e08dd47ab41ef%7C6397df10459540479c4f03311282152b%7C0%7C0%7C638745523054383892%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=XfagcdfWicSwygvMejL0%2BRQkNZwBnkh9A3CGJGuZMDk%3D&reserved=0).  Documentation is thorough and up to date, covering all critical data assets.  ***Example:***Every data source has detailed, current documentation that is easily accessible. For example, the department maintains a centralized documentation repository that is regularly updated, as per the [Guidance on Prescribing Metadata Reference Standards](https://can01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tbs-sct.canada.ca%2Fpol%2Fdoc-eng.aspx%3Fid%3D32716&data=05%7C02%7CSally.Tewolde%40tbs-sct.gc.ca%7C3ed7f80cd8d547abce5e08dd47ab41ef%7C6397df10459540479c4f03311282152b%7C0%7C0%7C638745523054412930%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=JPCQol%2BgQD6sovhORYkJcLZwJiXjUSPcYjWLe1Bdvbs%3D&reserved=0). | The inventory of data assets is not only comprehensive but also integrated with advanced analytics and reporting tools.  ***Example:***The department uses a centralized data platform that integrates with analytics tools for real-time insights. For instance, they use machine learning algorithms to analyze data trends and predict future needs, exceeding the [Policy on Service and Digital](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32603) requirements.  The CIOs/or CDOs has an in-depth understanding of the data assets, enabling strategic insights and innovation.  ***Example:***The CIOs/or CDOs leverages data assets to drive strategic initiatives and innovation within the department. For example, they use data to identify areas for process improvement and implement innovative solutions, as recommended in the [Guidance on Prescribing Metadata Reference Standards](https://can01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tbs-sct.canada.ca%2Fpol%2Fdoc-eng.aspx%3Fid%3D32716&data=05%7C02%7CSally.Tewolde%40tbs-sct.gc.ca%7C3ed7f80cd8d547abce5e08dd47ab41ef%7C6397df10459540479c4f03311282152b%7C0%7C0%7C638745523054466376%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=VZhthOydrmKSNems7eBuiRedSAuDW9%2FIOux7YM2cBIg%3D&reserved=0).  Documentation is dynamic and interactive, providing real-time updates and insights into data assets.  ***Example:***Interactive documentation platforms are used, allowing real-time updates and collaboration. For example, the department uses a collaborative documentation tool that allows multiple users to update and comment on documentation simultaneously, as per the [Guidance on Prescribing Metadata Reference Standards](https://can01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tbs-sct.canada.ca%2Fpol%2Fdoc-eng.aspx%3Fid%3D32716&data=05%7C02%7CSally.Tewolde%40tbs-sct.gc.ca%7C3ed7f80cd8d547abce5e08dd47ab41ef%7C6397df10459540479c4f03311282152b%7C0%7C0%7C638745523054502664%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=Z0gf1UAP30pzptI27EMHnjepCg4LdxcgDcl4YHqcARk%3D&reserved=0). |

|  |
| --- |
| **Q2: Does the organization have processes in place to ensure the information that is required\* to be proactively published under the Access to Information Act is complete, accurate and timely?** |
| Organizations are asked to select the answer that best represents their response.   * Yes * No   A response of **no** indicates a potential compliance concern that may require deputy head attention.  \* Part II of the Access to Information Act requires certain organizations to proactively publish information related to the use of public funds (including travel and hospitality expenses, contracts over $10,000, and grants and contributions over $25,000), reports tabled in Parliament, briefing materials prepared for ministers and deputy heads for parliamentary committee appearance, briefing materials prepared for new ministers and deputy heads, Question Period notes, memoranda prepared for and received by ministers and deputy heads, and position reclassifications. A complete list of proactive publication requirements, including to which organizations they apply, is available in Appendix B of the [*Directive on Proactive Publication under the Access to Information Act*](https://can01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.tbs-sct.canada.ca%2Fpol%2Fdoc-eng.aspx%3Fid%3D32756&data=05%7C02%7CDenise.Sampson%40tbs-sct.gc.ca%7Cbf2d68042a5f42eadbb908dd5cf56fd6%7C6397df10459540479c4f03311282152b%7C0%7C0%7C638768931389244963%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=gmyXIELpC6%2FIH6FaZbnN1z9jO88coL9jUa2vTz5Wcdo%3D&reserved=0). |

# ANNEX A: How organizations will be assessed in the Risk and Compliance Process

| **Organizations** | **Procurement** | **Real Property\*** | **Financial and Expenditure Management** | **Grants and Contributions**  **\*\*** | **Values and Ethics** | | **Workplace Health** | **Performance Management** | **Security** | **Services** | **Technology** | **Data** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Q1** | **Q2** |
| 1. Administrative Tribunals Support Service of Canada | ü | Not assessed | ü | Not assessed | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Agriculture and Agri-Food Canada | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Atlantic Canada Opportunities Agency | ü | Not assessed | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Canada Border Services Agency | ü | ü | ü | Not assessed | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Canada Economic Development for Quebec Regions | ü | Not assessed | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Canada Energy Regulator | ü | Not assessed | ü | ü | ü | Optional | ü | Optional | ü | ü | ü | ü |
| 1. Canada Revenue Agency | Optional | Not assessed | ü | Not assessed | ü | Optional | ü | Optional | Optional | Optional | Optional | Optional |
| 1. Canada School of Public Service | ü | Not assessed | ü | Not assessed | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Canadian Food Inspection Agency | ü | ü | ü | ü | ü | Optional | ü | Optional | ü | ü | ü | ü |
| 1. Canadian Grain Commission | ü | Not assessed | ü | Not assessed | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Canadian Heritage | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Canadian Human Rights Commission | ü | Not assessed | ü | Not assessed | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Canadian Institute of Health Research | ü | Not assessed | ü | ü | ü | Optional | ü | Optional | ü | ü | ü | ü |
| 1. Canadian Northern Economic Development Agency | ü | Not assessed | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Canadian Nuclear Safety Commission | ü | Not assessed | ü | ü | ü | Optional | ü | Optional | ü | ü | ü | ü |
| 1. Canadian Radio-television and Telecommunications Commission | ü | Not assessed | ü | Not assessed | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Canadian Security Intelligence Service | ü | ü | ü | Not assessed | ü | Optional | ü | Optional | ü | ü | ü | ü |
| 1. Canadian Space Agency | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Canadian Transportation Agency | ü | Not assessed | ü | Not assessed | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Communications Security Establishment Canada | ü | ü | ü | Not assessed | ü | Optional | ü | Optional | ü | ü | ü | ü |
| 1. Correctional Service Canada | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Courts Administration Service | ü | Not assessed | ü | Not assessed | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Crown-Indigenous Relations and Northern Affairs Canada | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Employment and Social Development Canada | ü | Not assessed | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Environment and Climate Change Canada | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Federal Economic Development Agency for Northern Ontario (FedNor) | ü | Not assessed | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Federal Economic Development Agency for Southern Ontario (FedDev) | ü | Not assessed | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Finance Canada | ü | Not assessed | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Financial Consumer Agency of Canada | ü | Not assessed | ü | Not assessed | ü | Optional | ü | Optional | ü | ü | ü | ü |
| 1. Financial Transactions and Reports Analysis Centre of Canada | ü | Not assessed | ü | Not assessed | ü | Optional | ü | Optional | ü | ü | ü | ü |
| 1. Fisheries and Oceans Canada | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Global Affairs Canada | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Health Canada | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Housing, Infrastructure and Communities Canada | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Immigration and Refugee Board of Canada | ü | Not assessed | ü | Not assessed | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Immigration, Refugees and Citizenship Canada | ü | Not assessed | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Impact Assessment Agency of Canada | ü | Not assessed | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Indigenous Services Canada | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Innovation, Science and Economic Development Canada | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Justice Canada | ü | Not assessed | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Library and Archives Canada | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. National Defence | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. National Film Board | ü | Not assessed | ü | Not assessed | ü | Optional | ü | Optional | ü | ü | ü | ü |
| 1. National Research Council Canada | ü | ü | ü | ü | ü | Optional | ü | Optional | ü | ü | ü | ü |
| 1. Natural Resources Canada | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Natural Sciences and Engineering Research Council of Canada | ü | Not assessed | ü | ü | ü | Optional | ü | Optional | ü | ü | ü | ü |
| 1. Office of the Registrar of the Supreme Court of Canada | ü | Not assessed | ü | Not assessed | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Office of the Secretary to the Governor General | ü | Not assessed | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Office of the Superintendent of Financial Institutions Canada | ü | Not assessed | ü | Not assessed | ü | Optional | ü | Optional | ü | ü | ü | ü |
| 1. Pacific Economic Development Agency of Canada | ü | Not assessed | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Parks Canada | ü | ü | ü | ü | ü | Optional | ü | Optional | ü | ü | ü | ü |
| 1. Parole Board of Canada | ü | Not assessed | ü | Not assessed | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Prairies Economic Development Canada | ü | Not assessed | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Privy Council Office | ü | Not assessed | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Public Health Agency of Canada | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Public Prosecution Service of Canada | ü | Not assessed | ü | Not assessed | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Public Safety Canada | ü | Not assessed | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Public Service Commission of Canada | ü | Not assessed | ü | Not assessed | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Public Services and Procurement Canada | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Royal Canadian Mounted Police | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Shared Services Canada | ü | Not assessed | ü | Not assessed | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Social Sciences and Humanities Research Council of Canada | ü | Not assessed | ü | ü | ü | Optional | ü | Optional | ü | ü | ü | ü |
| 1. Statistics Canada | ü | Not assessed | ü | Not assessed | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Transport Canada | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Transportation Safety Board of Canada | ü | Not assessed | ü | Not assessed | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Treasury Board of Canada Secretariat | ü | Not assessed | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Veterans Affairs Canada | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |
| 1. Women and Gender Equality Canada | ü | Not assessed | ü | ü | ü | ü | ü | ü | ü | ü | ü | ü |

\* Organizations marked as “not assessed” are not subject to the [Directive on the Management of Real Property (DMRP)](https://www.tbs-sct.canada.ca/pol/(S(fbqflz453pfvmz25lnyrgc45))/doc-eng.aspx?id=32691#:~:text=and%20expected%20results-,4.%20Requirements,-5.%20Roles%20of) as they are not real property custodians.

\*\* Organizations marked as “not assessed” do not have Grants and Contributions and therefore are not subject to this area of focus

\*\*\* Organizations marked as “optional” may voluntarily respond to questions in these areas.

ANNEX B: Risk Self-Assessment

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Risk Statement**  Describe the risk. | **Risk Response**  Select the risk response.  *Refer to the Instructions tab for definitions of risk responses.* | **Mitigation Measures**  List the organization's mitigation measures.  The level of detail provided should be enough to succinctly communicate the actions to be taken to respond to the risk (e.g., bullet format). | **Residual Likelihood**  Considering the organization's risk response and mitigation measures (if applicable), select the likelihood of the risk occurring in the next year.  *Refer to the Instructions tab for definitions of likelihood levels.* | **Residual Impact**  Considering the organization's risk response and mitigation measures (if applicable), select the level of impact on the organization if the risk were to occur in the next year.  *Refer to the Instructions tab for definitions of impact levels.* | **Residual Risk Level**  The residual risk level is automatically calculated (impact x likelihood). The result will read "FALSE" until the other inputs are provided.  *Refer to the Instructions tab for details of this calculation.* | | **Additional Information**  If required, provide any additional information to support deputy head attestation of results. |
| **Corporate Risks**  *Organizations should identify a minimum of three to a maximum of five corporate risks (if more than 5, choose the top 5).* | | | | | | | |
|  | Select a response |  | Select a response | Select a response | |  |  |
|  | Select a response |  | Select a response | Select a response | |  |  |
|  | Select a response |  | Select a response | Select a response | |  |  |
|  | Select a response |  | Select a response | Select a response | |  |  |
|  | Select a response |  | Select a response | Select a response | |  |  |
| **Area of Focus Risks**  *Organizations should identify a minimum of one to a maximum of three risks per Area of Focus (if more than 3, choose the top 3).* | | | | | | | |
|  | Select a response |  | Select a response | Select a response | |  |  |
|  | Select a response |  | Select a response | Select a response | |  |  |
|  | Select a response |  | Select a response | Select a response | |  |  |

1. Periodically: at the beginning and end of a contract or procurement plan, and as issues arise [↑](#footnote-ref-2)
2. Regularly: following an established schedule, in addition to periodically [↑](#footnote-ref-3)
3. Consistently: tracked and followed up on by the Senior Designated Official on large or sensitive procurements or procurement plans, in addition to regularly [↑](#footnote-ref-4)
4. Actively: the Senior Designated Official, or another authorized individual on their behalf, reviews the work of contracting officers and business owners on large or sensitive procurements or procurement plans, in addition to consistently [↑](#footnote-ref-5)
5. Ad hoc: reactional actions not benefiting from expected planning [↑](#footnote-ref-6)
6. Periodically: at the beginning and end of a contract or procurement plan, and as issues arise [↑](#footnote-ref-7)
7. Regularly: following an established schedule, in addition to periodically [↑](#footnote-ref-8)
8. Consistently: tracked and followed up on by the Senior Designated Official on large or sensitive procurements or procurement plans, in addition to regularly [↑](#footnote-ref-9)
9. Actively: the Senior Designated Official, or another authorized individual on their behalf, reviews the work of contracting officers and business owners on large or sensitive procurements or procurement plans, in addition to consistently [↑](#footnote-ref-10)
10. Periodically: at the beginning and end of a contract or procurement plan, and as issues arise [↑](#footnote-ref-11)
11. Regularly: following an established schedule, in addition to periodically [↑](#footnote-ref-12)
12. Consistently: tracked and followed up on by the Senior Designated Official on large or sensitive procurements or procurement plans, in addition to regularly [↑](#footnote-ref-13)
13. Real property practitioners are those whose positions are involved in the planning, acquisition, use and disposition of real property that supports the delivery of programs and services to Canadians, while ensuring best value to the Crown. Real property leaders are practitioners holding executive level positions.  [↑](#footnote-ref-14)
14. Within expected or reasonable funding available. [↑](#footnote-ref-15)
15. Applicable partner” is to be read as a reference to the organization’s policy committee or, if there is no policy committee, as a reference to the workplace committee or the health and safety representative as defined in the Work Place Harassment and Violence Prevention Regulations (section 1 (2)). [↑](#footnote-ref-16)
16. The Hazard Prevention Program is a risk management framework required to be in place for each organization by the Canada Labour Code, Part II. The Hazard Prevention Program is a structured approach to managing risks associated with workplace hazards, aligning with the principles of integrated risk management. [↑](#footnote-ref-17)
17. Please consult [the Guide for Executive Performance Management and Consequential Accountability](https://www.gcpedia.gc.ca/gcwiki/images/2/2f/Guide_for_Executive_Performance_Management_and_Consequential_Accountability_.pdf) found on [Executive Management and Leadership Development/Performance Management — GCpedia](https://www.gcpedia.gc.ca/wiki/Executive_Management_and_Leadership_Development/Performance_Management) for more information. [↑](#footnote-ref-18)
18. Security screening, information technology security, physical security, business continuity management, information management security, security requirements associated with contracts and other arrangements, security event management, and security awareness and training. [↑](#footnote-ref-19)
19. Initiative refers to a proposal or a strategy such as a request to the Treasury Board to fund, launch or transform a program or service, etc. [↑](#footnote-ref-20)
20. Workforce management and development may include recruitment, retention, and succession planning efforts that address and influence organizational priorities. [↑](#footnote-ref-21)
21. GC CIO enterprise-wide integrated plan is the Digital Ambition. [↑](#footnote-ref-22)
22. Based on the guidelines of the Policy on Service and Digital (PSD), a **data inventory** is a comprehensive list of an organization's information and data assets. This inventory should be regularly updated and include details such as:

    * **What information and data you have**: A clear description of the data assets.
    * **Where they are located**: Physical or digital storage locations.
    * **How they are stored**: Formats and storage methods.
    * **Who stewards and has access to them**: Responsible individuals or teams and access permissions.
    * **Whether they are shared**: Information on data sharing within the organization, across borders, or jurisdictions.
    * **How they are accessed and searched**: Methods and tools for data retrieval.
    * **Their release eligibility**: Criteria for data release.
    * **Privacy and security considerations**: Any associated privacy and security measures.

    [This detailed inventory](https://www.canada.ca/en/government/system/digital-government/guideline-service-digital.html#ToC3_1_3) helps organizations manage their data effectively, ensuring compliance with governance policies and facilitating better data utilization.

    [↑](#footnote-ref-23)