CM01584

2018/2019 S57 Individual Performance Scorecard
Executive Director: Social Services: E. Sass
1 July 2018 - 30 June 2019

PERFORMANCE DASHBOARD

No.	Objective	Key Performance Indicator	Baseline as at 30 June 2018	Proposed Annual Target 2018/19	Quarter 1 30 Sep 2018 Target	Quarter 2 31 Dec 2018 Target	Quarter 3 31 Mar 2019 Target	Quarter 4 30 Jun 2019 Target	WEIGHTING
MUNICIPAL INSTITUTIONAL DEVELOPMENT AND TRANSFORMATION									**26%**
MUNICIPAL FINANCIAL VIABILITY									**20%**
SERVICE DELIVERY/GOOD GOVERNANCE									**44%**
SPECIAL PROJECTS									**10%**
									100%
MUNICIPAL INSTITUTIONAL DEVELOPMENT AND TRANSFORMATION									**26%**
		TRANSVERSAL MANAGEMENT							**12%**
1	Organisational Culture	Increase in Culture assessment survey value for identified attributes (Score 1-5) per directorate	3.20	0.5	N/A	N/A	N/A	0.5	4%
2	Transversal Management	Percentage of approved policies, by-laws and corporate SOPs assessed and communicated	New	100%	100%	100%	100%	100%	3%
3		Percentage of assigned Resilience pathfinding questions actioned	New	100%	N/A	N/A	100%	N/A	1%
4		Increase in the PPM maturity level based on the PPM Operating Model	2.03	1	0.25	0.5	0.75	1	2%
5		Percentage of repeatable contracts with timelines indicating the process to start contract	New	95%	95%	95%	95%	95%	2%
		MANAGEMENT INDICATORS							**14%**
6	4.3 Building Integrated Communities	Percentage adherence to equal or more than 2% of complement for persons with disabilities (PWD)	Actual as at 30 June 2018	2.0%	2.0%	2.0%	2.0%	2.0%	1%
7		Percentage adherence to EE target in all appointments (internal & external) per directorate	Actual as at 30 June 2018	85%	85%	85%	85%	85%	2%
8	5.1 Operational Sustainability	Percentage of absenteeism	Actual as at 30 June 2018	≤5%	≤5%	≤5%	≤5%	≤5%	2%
9		Percentage vacancy rate	Actual as at 30 June 2018	≤7%	≤7%	≤7%	≤7%	≤7%	1%
10		Percentage of Probity functions recommendations implemented	Actual as at 30 June 2018	85%	85%	85%	85%	85%	5%
11		Percentage budget spent on implementation of Workplace Skills Plan per directorate	Actual as at 30 June 2018	95%	10%	30%	70%	95%	3%
MUNICIPAL FINANCIAL VIABILITY									**20%**
12	5.1 Operational Sustainability	Percentage of projects screened in SAP PPM	Actual as at 30 June 2018	95%	95%	95%	95%	95%	4%
13		Percentage spend of capital budget	Actual as at 30 June 2018	90%	15.2%	29.4%	48.9%	90%	6%
14		Percentage of operating budget spent	Actual as at 30 June 2018	95%	22.1%	47.4%	71.0%	95%	5%
15		Percentage of assets verified	Actual as at 30 June 2018	100%	N/A	N/A	60%	100%	5%

No.	Objective	Key Performance Indicator	Baseline as at 30 June 2018	Proposed Annual Target 2018/19	Quarter 1 30 Sep 2018 Target	Quarter 2 31 Dec 2018 Target	Quarter 3 31 Mar 2019 Target	Quarter 4 30 Jun 2019 Target	WEIGHTING
SERVICE DELIVERY/GOOD GOVERNANCE									**44%**
16	1.3. Economic Inclusion	CSC 1F: City Wide: Number of Mayoral Job Creation Programme (MJCP) work opportunities created	Actual as at 30 June 2018	35 500	8 875	17 750	26 625	35 500	8%
17	3.1. Excellence in basic service delivery	CSC 3P: Number of Social Services Facilities developed in informal settlements	Actual as at 30 June 2018	1	0	0	0	1	7%
18	4.3. Building integrated communities	Number of "Give Responsibly" campaigns in support of a humane approach to homelessness	Actual as at 30 June 2018	32	8	16	24	32	6%
19	4.3. Building integrated communities	Number of monitoring visits to informal settlements to identify potential Health Hazards	Actual as at 30 June 2018	19 708	5 625	11 250	16 875	19 708	6%
20	3.1. Excellence in basic service delivery	Average number of library visits per library	Actual as at 30 June 2018	25 500	25 500	25 500	25 500	25 500	6%
21	3.1. Excellence in basic service delivery	Number of Recreation Hubs where activities are held on a minimum of at least 5 days a week	Actual as at 30 June 2018	55	55	55	55	55	6%
22	5.1. Operational Sustainability	Percentage of CAPEX and OPEX items (finance) matched to demand plan items	New	75%	75%	75%	75%	75%	1%
23	5.1. Operational Sustainability	Average turnaround time (16 weeks) of regular tender processes in accordance with demand plan	New	16 weeks	16 weeks	16 weeks	16 weeks	16 weeks	1%
24	5.1. Operational Sustainability	Average turnaround time (20 weeks) of complex tender processes in accordance with demand plan	New	20 weeks	20 weeks	20 weeks	20 weeks	20 weeks	1%
25	5.1. Operational Sustainability	Percentage reduction in the number of SCM deviations	New	N/A	N/A	N/A	N/A	20%	2%
SPECIAL PROJECTS									**10%**
26	2.1. Safe Communities	Number of days when air pollution exceeds RSA ambient air quality standards	Actual as at 30 June 2018	≤40	≤10	≤20	≤30	≤40	3%
27	4.3. Building integrated communities	Number of Clinics achieving "Ideal" status	Actual as at 30 June 2018	12	N/A	N/A	N/A	12	2%
28	3.2. Mainstream basic service delivery to informal settlements and backyard dwellers	Number of R&P programmes implemented in targeted informal settlements	Actual as at 30 June 2018	12	3	6	9	12	2%
29	4.3. Building integrated communities	Number of visits to ECDs to assist towards compliance	Actual as at 30 June 2018	200	50	100	150	200	3%

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City Manager
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2018 -07- 25
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DEFINITIONS

No.	Objective	Key Performance Indicator		WEIGHTING	CONTACT DEPARTMENT
MUNICIPAL INSTITUTIONAL DEVELOPMENT AND TRANSFORMATION				**26%**	
MUNICIPAL FINANCIAL VIABILITY				**20%**	
SERVICE DELIVERY/GOOD GOVERNANCE				**44%**	
SPECIAL PROJECTS				**10%**	
MUNICIPAL INSTITUTIONAL DEVELOPMENT AND TRANSFORMATION				**26%**	
		TRANSVERSAL MANAGEMENT		**12%**	
1	Organisational Culture	Culture assessment survey (Score 1 - 5) per directorate	A statistically valid and reliable composite score which measures employee perceptions of shared values, employee engagement and leading change through the annual cultural assessment survey as measured per directorate. A positive outcome of the cultural assessment survey would be a score of ≥ 2.5. The measure is given against the Likert scale ranging from: 1 strongly disagree and 5 strongly agree. The objective is an annual increase of 0.5 on the respective baseline for Directorates e.g. - Target: Baseline + increase ---> 3.2 + 0.5 = 3.7	4%	**Department:** Org. Effectiveness & Innovation **Source document:** Survey results **Contact person:** Monica Pregnolato
2	Transversal Management	Percentage of approved policies, by-laws and corporate SOPs assessed and communicated	Number of SOPs assessed and communicated to management as a percentage of all approved policies, by-laws and corporate SOPs for implementation for the financial year.	3%	**Department:** SPU **Source document:** List of policies, by-laws % SOPs **Contact person:** Daniel Sullivan; Hugh Cole (Director: OPP) sends a list of approved policies and by-laws to the CM quarterly
3		Percentage of assigned Resilience pathfinding questions actioned	This indicator measures: the number of assigned pathfinding questions actioned per ED according to the action plans and terms of reference set out by the Resilience Department and signed off by EMT, divided by the total number of assigned pathfinding questions assigned to the ED. The questions will feed into the Resilience Strategy which will be approved by Council on 31 March 2019. Note: Where a pathfinding question is assigned to more than one directorate, then both EDs shall be scored for the delivery thereof.	1%	**Department:** Resilience **Source document:** Q. results and report to EMT **Contact person:** Cayley Green
4		Increase in the PPM maturity level based on the PPM Operating Model	This is based on the roll-out of the PPM Operating Model on a scale of 1 - 5. The Maturity Levels: * Level 1 – Initial Process: No standard process or tracking system – informal processes * Level 2 – Repeatable Process: Minimum standards for processes and procedures * Level 3 – Defined Processes: Defined processes which allow for flexibility * Level 4 – Managed Process: Obtain & retain specific measurements & quality man. requirements * Level 5 – Optimised Processes: Continuous process improvement and proactive technology and problem management for future improvements The EDs for Finance and Strategic Governance will be measured on a City-wide maturity level. This indicator is cumulative.	2%	**Department:** Organisational Performance Management: CPPM **Source document:** PPM assessment **Contact person:** Ben Peters
5		Percentage of repeatable contracts with timelines indicating the process to start contract	Monthly Tender Tracking System (TTS) report indicating the percentage of repeatable contracts with agreed timelines as agreed with SCM and marked as such in TTS, measured at the end of the quarter (not cumulative). Five percent (5%) error rate to account for the contracts created in the last week of the quarter. Monthly TTS report will be made available by the Contract Management Unit from the Contract Monitoring System to EMT. Repeatable contracts refers to contracts where the goods and services are recurring as opposed to once off.	2%	**Department:** Organisational Performance Management: Contract Management **Source document:** Monthly TTS report to EMT **Contact person:** Maureen Whare
		MANAGEMENT INDICATORS		**14%**	
6	4.3 Building Integrated Communities	Percentage adherence to equal or more than 2% of complement for persons with disabilities (PWD)	This indicator measures: The disability plan target: This measures the percentage of disabled staff employed at a point in time against the target of 2%. This category forms part of the `Percentage adherence to EE target', but is indicated separately for focused EE purpose. This indicator measures the percentage of people with disabilities employed at a point in time against the staff complement e.g. staff complement of 100 target is 2% which equals to 2.	1%	**Department:** Organisational Effectiveness and Innovation **Source document:** EE Stats Report **Contact person:** Sabelo Hlanganisa
7		Percentage adherence to EE target in all appointments (internal & external)	Formula: Number of EE appointments (external and internal appointments) / Total number of posts filled (external and internal appointments). This indicator measures: 1. External appointments - Number of external appointments across all appointments made by the directorates over the preceding 12 month period. The following job categories are excluded from this measurement: Councillors, students, apprentices, contractors and non-employees, calculated as a percentage based on the organisational EE plan and the directorate EE target. 2. Internal appointments - Number of internal appointments, promotions & advancements over the preceding 12 month period, calculated as a percentage based on the general EE target.	2%	**Department:** Organisational Effectiveness and Innovation **Source document:** EE Stats Report **Contact person:** Sabelo Hlanganisa
8		Percentage of absenteeism	The indicator measures the actual number of days absent due to sick, unpaid/unauthorised leave in the department or directorate expressed as a percentage over the number of working days in relation to the number of staff employed. Sick, unpaid/unauthorised leave will include 4 categories namely normal sick leave, unpaid unauthorised leave, leave in lieu of sick leave and unpaid in lieu of sick leave.	2%	**Department:** HR **Source documents:** Quarterly absenteeism rep. **Contact person:** Charl Prinsloo
9		Percentage vacancy rate	This is measured as the number of vacant positions expressed as a percentage of the total approved positions on the structure for filling, (vacant positions not available for filling are excluded from the total number of positions). To provide a realistic and measurable vacancy rate the percentage turnover within the Department and Directorate needs to be factored in. Vacancy excludes positions where a contract was issued and the appointment accepted. This indicator will therefore be measured as a target vacancy rate of 7%, (or less), plus the percentage turnover (Turnover: number of terminations over a rolling 12 month period divided by the average number of staff over the same period]. This indicator will further be measured at a specific point in time.	1%	**Department:** Human Resources **Source documents:** Quarterly vacancy report **Contact person:** Yolanda Scholtz

No.	Objective	Key Performance Indicator		WEIGHTING	CONTACT DEPARTMENT
10	5.1 Operational Sustainability	Percentage of Probity functions recommendations implemented	• Internal Audit: Number of implemented recommendations confirmed as "Closed" via a follow-up audit. Closed means – "Implemented recommendations verified via a follow-up audit and assigned a closed status i.e. "closed – verified", "closed – not verified", "closed – no longer applicable" or "closed – management accepts the risk" by Internal Audit. (Source: Follow-up Audit Reports issued for the Directorate) • Forensic: Number of outstanding recommendations "Closed", relating to forensic reports issued that are older than 90 days. Closed means – "Forensic investigations marked as "closed" by Forensic Services, after considering feedback and evidence provided by the directorate nodal in respect of the related recommendations." (Source: Directorate's Forensic Case register on its TeamSite) • Ethics: Number of outstanding recommendations "Closed", relating to ethics reports issued that are older than 90 days. Closed means – "Ethics investigations marked as "closed" by Ethics, after considering feedback and evidence provided by the directorate nodal in respect of the related recommendations." (Source: Directorate's Ethics Case register on its TeamSite) • Ombudsman: Number of accepted recommendations marked as implemented by the Ombudsman as a percentage of the total number of accepted recommendations. This relates to recommendations with acceptance dates that are older than 90 days as per the reports issued to the ED • Risk Management: Number of agreed management actions marked as "100%" complete within the estimated implementation date. 100% Complete means - "Management actions assigned to the respective ED as per the corporate risk register, that are due as at the quarter ending with an assigned status of "100%" complete based on feedback from the ED/ directorate nodal." (Source: IRM Barnowl System)	5%	**Department:** Probity **Source documents**: refer to definition **Contact person:** Denise Flack
11		Percentage budget spent on implementation of Workplace Skills Plan per directorate	A Workplace Skills Plan is a document that outlines the planned education, training & dev. interventions for the organisation. Its purpose is to formally plan and allocate budget for appropriate training interventions which will address the needs arising out of Local Government's Skills Sector Plan, the City's strategic requirements as contained in the IDP & the individual dept. staffing strategies and individual employees' PDPs. The WSP shall also take into account the Employment Equity Plan, ensuring incorporation of relevant developmental equity interventions into the plan. Formula: Measured against training budget. The measure will be per directorate.	3%	**Department:** Human Resources **Source documents:** WSP report per quarter **Contact person:** Nonzuzo Ntubane
MUNICIPAL FINANCIAL VIABILITY				**20%**	
12	5.1 Operational Sustainability	Percentage of projects screened in SAP PPM	Projects Screened in SAP PPM for the budget (95%) – per budget cycle for the current fiscal year and next fiscal year, measured at adjustment budget stage and at draft budget stages. Measurement: Metrics extracted from SAP PPM from budget submissions. Screening includes: - Screening Questionnaire - Implementation Complexity Questionnaire - Strategic Themes Questionnaire - GIS Location Mapping	4%	**Department:** Organisational Performance Management: CPPM **Source document:** PPM report **Contact person:** Ben Peters
13		Percentage spend of capital budget	Percentage reflecting year to date spend / Total budget less any contingent liabilities relating to the capital budget. The total budget is the council approved adjusted budget at the time of the measurement. Contingent liabilities are only identified at the year end.	6%	Directorate Finance Manager
14		Percentage of operating budget spent	Formula: Total actual to date as a percentage of the total budget including secondary expenditure.	5%	Directorate Finance Manager
15		Percentage of assets verified	The indicator reflects the percentage of assets verified annually for audit assurance. Quarter one will be the review of the Asset Policy, In Quarter two, the timetable in terms of commencing and finishing times for the process is to be communicated, and will be completed. Both Quarters will only be performed by Corporate Finance. The asset register is an internal data source being the Quix system scanning all assets and uploading them against the SAP data files. Data is downloaded at specific times and is the bases for the assessment of progress. Q1+N/A for ALL other department, except Corporate Finance (responsible) (25%) Q2= N/A for ALL other department, except Corporate Finance (50%) Q3= 75% represent that 60% of the assets have been verified by the directorate/ department Q4= 100% represents All assets have been verified.	5%	Directorate Finance Manager
SERVICE DELIVERY/GOOD GOVERNANCE (at least one Corporate scorecard indicator and one indicator from each department)				**44%**	
16	1.3. Economic Inclusion	CSC 1F: City Wide: Number of Mayoral Job Creation Programme (MJCP) work opportunities created	An MJCP opportunity is a paid work opportunity for an individual on an EPWP project for any period of time, within the employment conditions of the Code of Good Practice for Special Public Works Programmes.	8%	Manager: EPWP
17	3.1. Excellence in basic service delivery	CSC 3P: Number of Social Services Facilities developed in informal settlements	Social services facilities includes sport, recreational, park, library, ECD and clinic facilities. The indicator reports on such facilities that have been newly developed within informal settlements.	7%	Manager: PD&PMO
18	4.3. Building integrated communities	Number of "Give Responsibly" campaigns in support of a humane approach to homelessness	The "Give Responsibly" campaign seeks to educate the public to rather give to registered organizations and NGO's working with street people, than to street people themselves, as this may result in street people refusing social assistance. The campaign is driven through local interventions, supported by print media and social media.	6%	Director: SD&ECD
19	4.3. Building integrated communities	Number of monitoring visits to informal settlements to identify potential Health Hazards	Target set at Number of informal settlements visited once per week, multiply by 12 for the year. Cumulative target.	6%	Director: City Health
20	3.1. Excellence in basic service delivery	Average number of library visits per library	Utilisation rate is indicative of the supply & demand for community facilities such as libraries. It can be used to inform planning and performance of facilities. The number of visits is a direct measure of utilisation, whether to access books or to use the space for one of its other community functions.	6%	Director: LIS

No.	Objective	Key Performance Indicator		WEIGHTING	CONTACT DEPARTMENT
21	3.1. Excellence in basic service delivery	Number of Recreation Hubs where activities are held on a minimum of at least 5 days a week	A Recreation Hub is a community facility & surrounding precinct, which focuses on implementing a variety of sport, recreation and community development programmes for at least five days a week, for at least 3 hours per day. Programmes will target all sectors of the community. Other general community related activities such as community meetings, weddings, birthday parties, church, etc. will not be included in the measurement of this indicator. Non-cumulative; reported monthly/quarterly.	6%	Director: R&P
22	5.1. Operational Sustainability	Percentage of CAPEX and OPEX items (finance) matched to demand plan items	Definition: Percentage of operating and capital line items created on this demand plan for MTREF plan. Evidence: The project plan on the operating and capital budget matched to and reflected on the Demand Plan (TTS) by 30 September (90 days) of the start of the MTREF period.	1%	Manager: Finance
23	5.1. Operational Sustainability	Average turnaround time (16 weeks) of regular tender processes in accordance with demand plan	Definition: Average turnaround time (weeks) of regular tender processes in accordance with the demand pan. To increase the throigh-put of tenders from closing of advert to award of tenders (with fewer than 500 line items (complexity) above R200 000. Evidence: TTS report per directorate measuring turnaround time from closing to awards against the planned 16 weeks.	1%	Manager: PD&PMO
24	5.1. Operational Sustainability	Average turnaround time (20 weeks) of complex tender processes in accordance with demand plan	Definition: Average turnaround time (weeks) of complex tender processes in accordance with the demand pan. To increase the through-put of tenders from closing of advert to award of tenders (with more than 500 line items (complexity) above R200 000. Evidence: TTS report per directorate measuring turnaround time from closing to awards against the planned 20 weeks.	1%	Manager: PD&PMO
25	5.1. Operational Sustainability	Percentage reduction in the number of SCM deviations	Definition: The number of deviations (excluding sole single provider deviations and deviations relating to disaster such as fire, floods) reduced year on year (based on previous year's achievement). Number of SCM deviations reduced by the target percentage % year on year for the department/ directorate. Evidence: Number of SCM deviations reduced by the target percentage % year on year for the department/ directorate.	2%	Manager: Finance
SPECIAL PROJECTS (ED to list Special projects applicable - one indicator from each Department within the Directorate)				**10%**	
26	2.1. Safe Communities	Number of days when air pollution exceeds RSA ambient air quality standards	The number of days where one of the identified air pollution particles is above the levels set by the RSA Ambient Air Quality Standards.	3%	Director: City Health
27	4.3. Building integrated communities	Number of Clinics achieving "Ideal" status	Number of Clinics receiving Ideal Status: 12 Sites to be identified.	2%	Director: City Health
28	3.2. Mainstream basic service delivery to informal settlements and backyard dwellers	Number of R&P programmes implemented in targeted informal settlements	Service/ programme must take place in the informal settlement.	2%	Director: SD&ECD
29	4.3. Building integrated communities	Number of visits to ECDs to assist towards compliance	This indicator measures number of visits to ECDs to assist towards compliance. A visit is accompanied by an ECD inspection report that must be completed and communicated, including referral to appropriate other departments, DSD/ECD and NGO's for assistance with registration.	3%	Director: SD&ECD

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CORE MANAGEMENT COMPETENCIES

Core Competency Requirements	Core Managerial Competencies	Competency Definitions	Weighting	Quarter 1 30 Sep 2018	Quarter 2 31 Dec 2018	Quarter 3 31 Mar 2019	Quarter 4 30 Jun 2019	Rating ED	Rating Panel
	Moral Competence	Able to identify moral triggers, apply reasoning that promotes honesty and integrity and consistently display behaviour that reflects moral competence.	20%						
	Planning and Organising	Able to plan, prioritise and organise information and resources effectively to ensure the quality of service delivery and built efficient contingency plans to manage risk.	20%						
	Analysis and Innovation	Able to critically analyse information, challenges and trends to establish and implement fact-based solutions that are innovative to improve institutional processes in order to achieve key strategic objectives.	10%						
	Knowledge and Information Management	Able to promote the generation and sharing of knowledge and information through various processes and media, in order to enhance the collective knowledge base of local government.	20%						
	Communication	Able to share information, knowledge and ideas in a clear, focused and concise manner appropriate for the audience in order to effectively convey, persuade and influence stakeholders to achieve the desired outcome.	10%						
	Results and Quality Focus	Able to maintain high quality standards, focus on achieving results and objectives while consistently striving to exceed expectations and encourage others to meet quality standards. Further, to actively monitor and measure results and quality against identified outcomes.	20%						

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