cm55442

PERFORMANCE DASHBOARD

2019/2020 S57 Individual Performance Scorecard
Executive Director: Community Services & Health: Ernest Sass
1 July 2019 - 30 June 2020

No.	Objective	Key Performance Indicator	Definition	Baseline as at 30 June 2019	Annual Target 2019/20	Quarter 1 30 Sep 19 Target	Quarter 2 31 Dec 19 Target	Quarter 3 31 Mar 20 Target	Quarter 4 30 Jun 20 Target	WEIGHTING	Contact Department
MUNICIPAL INSTITUTIONAL DEVELOPMENT AND TRANSFORMATION										23%	
MUNICIPAL FINANCIAL VIABILITY										10%	
SERVICE DELIVERY/GOOD GOVERNANCE										60%	
SPECIAL PROJECTS										7%	
										100%	
MUNICIPAL INSTITUTIONAL DEVELOPMENT AND TRANSFORMATION										23%	
TRANSVERSAL MANAGEMENT										13%	
1	Organisational culture	Number of Culture assessment interventions held for the year	Number of interventions implemented to address the lowest scoring directorate level attributes resulting from the 2019 organisational culture survey (City Pulse)	New	2	N/A	N/A	N/A	2	1%	Department: Organisational Effectiveness and Innovation Source document: To be provided by each ED as this will vary based on the type of intervention Contact person: Monica Pregnolato 021 400 9221
2	Customer Centricity	3.A Community satisfaction survey (Score 1 - 5) - city wide	A statistically valid, scientifically defensible score from the annual survey of residents' perceptions of the overall performance of the City's services. The measure is given against the non-symmetrical Likert scale where 1 is poor, 2 is fair, 3 is good, 4 is very good, and 5 is excellent. The objective is to improve the current customer satisfaction level.	Actual as at 30 June 2019	3	N/A	N/A	N/A	3	2%	Department: Organisational Effectiveness and Innovation Source document: Customer survey results Contact person: Bridgette Morris 021 400 3812
3	Transversal management	Number of prioritised actions in the Resilience Strategy implemented	The prioritised actions will be different for each Directorate in terms of the draft Resilience Strategy, each directorate have to achieve one. The actions that should be delivered on will be communicated via a memorandum from ED: Corporate Services.	New	1	N/A	N/A	N/A	1	1%	Department: Resilience Source document: Memorandum from ED: Corporate Services and Annual results Contact person: Cayley Green 021 400 1257
4	Transversal management	Increase in the PPM maturity level based on the PPM Operating Model	The original PPM maturity level is based on the PPM Operating Model maturity assessment that was tabled at EMT during June 2018. The maturity assessment will reflect the maturity at Portfolio and Project level and will occur on an annual basis in order to assess the increase in the maturity level. The maturity level is measured on a scale of 1 - 5. The maturity levels: * Level 1 – Initial Process: No standard process or tracking system – informal process * Level 2 – Repeatable Process: Minimum standards for processes and procedures * Level 3 – Defined Process: Defined Process which allow for flexibility * Level 4 – Managed Process: Obtain and retain specific measurements and quality requirements * Level 5 – Optimised Process: Continuous process improvement and proactive technology and problem management for future improvements The EDs for Finance and Corporate Services will be measured on a City-wide maturity level. All other EDs will be measured per the individual directorate.	2.26	2.31	AT	AT	AT	2.31	1%	Department: OPM: CPPM Contact person: Ben Peters 021 400 9206
5	Transversal management	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 - Upload photos (at the start of project, at the end of a project and every 6month interval)	Actual as at 30 June 2019	95%	95%	95%	95%	95%	1%	Department: OPM: CPPM Contact person: Ben Peters
6	Transversal management	Percentage of contracts reported as poor performance out of all assessed contracts per month	Monitoring the performance of contracts under contract management is required in terms of section 116(2) of the MFMA. Contract managers must monitor the performance of the contractor and assess whether they are performing satisfactorily or non-performing on a monthly basis. Finance managers is responsible to confirm monthly monitoring by contract managers. Poor performance depends on the performance of the contractor in terms of the delivering on the scope, time and cost according to the contract. Non-performance is reported to the EMT, City Manager on a monthly basis. Non-performance is also reported to APAC for oversight purposes.	New	<3%	<3%	<3%	<3%	<3%	1%	Department: OPM: Contract Management Contact person: Maureen Whare 021 400 9206
7	Transversal management	Percentage of changes made to active contracts	Number of contract changes as a percentage over the total number of contracts per directorate. The goal is to keep contract changes across all contracts to a "healthy" amount (8%) of acceptable changes.	New	≤ 8%	≤ 8%	≤ 8%	≤ 8%	≤ 8%	1%	Department: OPM: Contract Management Contact person: Maureen Whare 021 400 9206

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8	5.1. Operational sustainability	Percentage non-compliance of contracts with MFMA section 116(3)	Contract managers have to indicate on CMS whether section 116 applies. All contracts, if applicable, must adhere to section 116(3) of the MFMA further rolled out in Directive 22. Non-compliance to section 116(3) give rise to irregular expenditure. Irregular expenditure is defined as expenditure that is in contravention of, or not in accordance with, a requirement of the Local Government: Municipal Finance Management Act 56 of 2003, the Local Government: Municipal Systems Act 32 of 2000, the Remuneration of Public Office Bearers Act 20 of 1998, or the municipality's supply chain management (SCM) policy	New	0%	0%	0%	0%	0%	1%	Department: OPM - Contract Management Contact person: Maureen Whare 021 400 9206
9	5.1. Operational sustainability	Percentage of Capex and Opex items (finance) matched to demand plan items	Percentage of operating and capital line items created on this demand plan for MTREF plan.	Actual as at 30 June 2019	75%	75%	75%	75%	75%	1%	Department: SCM Contact person: Peter De Vries Manager: Demand and Risk Management, Supply Chain Management
10	5.1. Operational sustainability	Average turnaround time of **regular** tender processes in accordance with demand plan	Average turnaround time (weeks) of **regular** tender processes in accordance with the demand plan. To increase the through-put of tenders from closing of advert to award of tenders (with fewer than 500 line items (complexity) above R200 000.	Actual as at 30 June 2019	22 weeks	22 weeks	22 weeks	22 weeks	22 weeks	1%	Department: SCM Contact person: Peter De Vries Manager: Demand and Risk Management, SCM
11	5.1. Operational sustainability	Average turnaround time of **complex** tender processes in accordance with demand plan	Average turnaround time (weeks) of **complex** tender processes in accordance with the demand plan. 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.	Actual as at 30 June 2019	35 weeks	35 weeks	35 weeks	35 weeks	35 weeks	1%	Department: SCM Contact person: Peter De Vries Manager: Demand and Risk Management, SCM
12	5.1. Operational sustainability	Percentage reduction in the number of SCM deviations	The indicator only applies to Supply Chain Management (SCM) deviations above R200 000. Sole/single service provider deviations and deviations relating to disasters such as fires and floods will be excluded from the measurement. The indicator will measure the percentage year on year reduction from the previous year's number of SCM deviations. Formula: (No. of SCM deviations for current year – No of SCM deviations for prior year)/ Number of SCM deviations for prior year X 100"	Actual as at 30 June 2019	20%	N/A	N/A	N/A	20%	1%	Department: SCM Contact person: Gillian Meyer Man: Supplier Man. & Admin Ser, SCM
			MANAGEMENT INDICATORS							**10%**	
13	5.1. Operational sustainability	Percentage of final **Council decisions** implemented within timeframes	The indicator excludes all council decisions for noting. The percentage will be calculated by dividing the number of actions implemented in the period, by the number of final Council decisions allocated to the Directorate in the period. The target remains 100% throughout. If no timeframe was allocated the timeframe is deemed to be one month for implementation.	New	100%	100%	100%	100%	100%	1%	Each ED is responsible for implementation, evidence and updates to the tracking system. Department: OPM Contact person: Delyno du Toit
14	5.1. Operational sustainability	Percentage of final **Mayco decisions** implemented within timeframes	The indicator excludes all mayco decisions for noting. The percentage will be calculated by dividing the number of actions implemented in the period, by the number of final MAYCO decisions allocated to the directorate in the period. The target remains 100% throughout. If no timeframe was allocated the timeframe is deemed to be one month for implementation.	New	100%	100%	100%	100%	100%	1%	Each ED is responsible for implementation, evidence and updates to the tracking system. Department: OPM Contact person: Delyno du Toit
15	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	Actual as at 30 June 2019	2%	2%	2%	2%	2%	1%	Department: Organisational Effectiveness and Innovation Contact person: Sabelo Hlanganisa 021 444 1338

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16	4.3. Building integrated communities	Percentage adherence to EE target in all appointments (internal & external) per directorate	Formula: Number of EE appointments (external, internal and disabled appointments) / Total number of posts filled (external, internal and disabled) This indicator measures: 1. External appointments - The number of external appointments across all directorates over the preceding 12 month period. The following job categories are excluded from this measurement: Councillors, students, apprentices, contractors and non-employees. This will be calculated as a percentage based on the general EE target. 2. Internal appointments - The number of internal appointments, promotions and advancements over the preceding 12 month period. This will be calculated as a percentage based on the general EE target. 3. Disabled appointments - The number of people with disabilities employed at a point in time. This excludes foreigners, but includes SA White males with disabilities. Note: If no appointments were made in the period preceding 12 months, the target will be 0%.	Actual as at 30 June 2019	85%	85%	85%	85%	85%	1%	Department: Organisational Effectiveness and Innovation Contact person: Sabelo Hlanganisa 021 444 1338
17	5.1. Operational sustainability	Percentage vacancy rate	"A vacancy rate measures the number of positions in the fixed establishment that is not occupied at any specific point in time. The number of vacant positions is expressed as a percentage of the total approved positions on structure for filling, (vacant positions not available for filling are excluded from the total number of positions). Vacancy excludes positions where a contract was issued and the appointment accepted. The percentage vacancy rate will further be measured at a specific point in time. Determination of the target: To provide a realistic and measurable vacancy rate target two factors had to be considered, the flat rate of 7% plus the percentage turnover within the Department and Directorate. The percentage turnover is calculated as the number of terminations over a 12 month rolling period divided by the average number of staff over the same 12 month rolling average period."	Actual as at 30 June 2019	≤7% + Turnover rate	≤7% + Turnover rate	≤7% + Turnover rate	≤7% + Turnover rate	≤7% + Turnover rate	2%	Department: Human Resources Contact person: Yolanda Scholtz 021 400 9249
18	5.1. Operational sustainability	Percentage budget spent on implementation of Workplace Skills Plan per directorate	A Workplace Skills Plan is a document that outlines the planned education, training and development interventions for the organisation. Its purpose is to formally plan and allocate budget for appropriate training interventions that will address the needs arising out of Local Government's Skills Sector Plan, the IDP, the individual departmental staffing strategies, individual employees' personal development plans and the employment equity plan. Proxy measure for NKPI	Actual as at 30 June 2019	95%	10%	30%	70%	95%	2%	Department: Human Resources Contact person: Nonzuzo Ntubane 021 400 4056
19	5.1. Operational sustainability	Percentage of Probity functions recommendations implemented	**Internal audit**: Number of Internal Audit (IA) recommendations as per previous reports; and/or number of original tests as per previous continuous reports, Minus the number of unresolved recommendations (i.e. **recurring**) and/or "failed" tests (i.e. **recurring**), expressed as a percentage of the number of internal audit recommendations as per previous reports and/or number of original tests as per previous continuous audit reports. **Forensics:** Number of recommendations on the directorate's forensics recommendation register marked as "implemented" by Forensics, as a % of the total number of forensic recommendations. This relates to forensic reports issued to the ED that are older than 90 days. Note: The total number of forensic recommendations counted: - Includes recommendations relating to forensic reports issued before 1 July 2017 and not implemented before the commencement of the 2018/2019 financial year; and - excludes recommendations where it was recommended that the investigations be closed. **Risk:** Number of action plans assigned to the ED, due within the quarter ending and marked as "100%" complete based on action owner feedback; expressed as a percentage of the total number of action plans assigned to the ED and due within the quarter ending, excluding the number of duplicated action plans assigned to the ED and due within the quarter ending. **Ethics:** Number of recommendations on the dir. ethics recommendation register marked as "implemented" by Ethics, as a % of the total number of ethics recommendations. This relates to ethics reports that are older than 90 days & excludes recommendations where it was recommended that the investigations be "closed". Note: "Closed" means there was no recommended action required by line management. **Ombudsman:** Number of **accepted** recommendations, marked as implemented by the Ombudsman as a % of the total number of accepted recommendations. This relates to **recommendations with acceptance dates** that are older than 90 days as per reports issued to the ED.	Actual as at 30 June 2019	85%	85%	85%	85%	85%	2%	Department: Probity Contact person: Denise Flack 021 400 9279
MUNICIPAL FINANCIAL VIABILITY										**10%**	
20	5.1. Operational sustainability	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.	Actual as at 30 June 2019	90%	15.2%	29.4%	48.9%	90%	6%	Directorate Finance Manager
21	5.1. Operational sustainability	Percentage of operating budget spent	Formula: Total actual to date as a percentage of the total budget including secondary expenditure.	Actual as at 30 June 2019	95%	22.1%	47.4%	71.0%	95%	2%	Directorate Finance Manager

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22	5.1. Operational sustainability	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 Q2 = N/A Q3 = 60% of the assets have been verified by the directorate/ department Q4 = 100% represents All assets have been verified. A target of 95% of assets verified will equate to fully effective performance	Actual as at 30 June 2019	100%	N/A	N/A	60%	100%	2%	Directorate Finance Manager
SERVICE DELIVERY/GOOD GOVERNANCE										**60%**	
23	4.3. Building integrated communities	CSC 4E: Number of Strengthening Families Programmes implemented	Corporate Scorecard: The Strengthening Families programme (SFP) is a structured, evidence-based life skills programme that improves family relationships and reduces vulnerability to substance abuse. It is an eight-week prevention programme presented in the form of facilitated sessions with parents, youth and, finally, the family as a unit. The programme can accommodate up to 15 families per eight weeks, covering ten sessions.	18	18	2	8	10	18	7%	Director: SD&ECD
24	3.2. Mainstreaming basic service delivery to informal settlements and backyard dwellers	CSC 3O: Number of Community Services Facilities in informal settlements	This indicator measures the number of temporary multipurpose, flexible community spaces provided in informal settlements.	1	1	N/A	N/A	N/A	1	9%	Manager: PDPMO
25	4.3. Building integrated communities	CSP: 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 & 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.	25 500	25 500	25 500	25 500	25 500	25 500	8%	Director: LIS
26	4.3. Building integrated communities	Number of monitoring visits to informal settlements to identify potential Health Hazards	Monitoring visits include non-compliance with service standards in terms of the provision of refuse, toilets and potable water. The frequency of these visits is outlined in internal Environmental Health Policy, where the target is set at the number of informal settlements within the city, visited once per week (ie. No of informal settlements x 52 weeks).	19 708	19 708	5 625	11 250	16 875	19 708	8%	Director: CH
27	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.	55	55	55	55	55	55	7%	Director: R&P
28	4.3. Building integrated communities	Number of Health & Hygiene Interventions related to informal settlements completed	Health and Hygiene interventions are projects run by environmental health within communities which educate the communities on various topics. These aim to improve the knowledge of the community on health and hygiene issues which affect their lives. Interventions may be pre planned or in response to a specific incident eg outbreak. H&H Interventions related to informal settlements include rodent control, waste management, hand washing, diarrheal disease prevention & awareness, proper use of sanitation, clean-up campaigns, food hygiene for informal food traders, community health risk awareness, pollution control awareness, door-to-door awareness, etc.	New indicator	1 000	250	500	750	1 000	6%	Director: CH
29	4.3. Building integrated communities	Number of informal settlements receiving LIS services and initiatives	This indicator measures the number of informal settlements from which beneficiaries receive library services and programmes that are being rendered e.g. reader's guidance & referral services, library activities e.g. story-telling and outreach activities & library programmes e.g. reading programmes. The broad range of library services include the following categories of library users viz. Primary (ages 12 to 13); Youth (ages 14 to 18), Youth (ages 19 to 25), adults & the elderly.	New indicator	17	17	17	17	17	5%	Director: LIS
30	4.3. Building integrated communities	Number of Rec. & Parks initiatives implem. in targeted informal settlements	Must differentiate between programmes and projects. The number of ongoing recreation programmes being implemented within the 4 areas. The ongoing programme categories have been identified as: 1. Youth Development Programme 2. Holiday Programme 3. Seniors Programme 4. After school Programmel 5. Healthy Lifestyle Programme 6. ECD Programme Target is based on number of engagements / actual delivery of initiatives in IS. Target calculation based on a total of 9 initiatives on average per service delivery area over the 12 month period Initiatives are specific interventions aligned to a programmes which can be delivered repetitively or in a once off manner.	New indicator	36	9	18	27	36	5%	Director: R&P
31	4.3. Building integrated communities	Number of Social Development initiatives implemented in targeted informal settlements	This indicator measures the number of initiatives tailored to address specific needs of the community and includes, but not limited to, the following: responsible citizenry, leadership skills and conflict resolution.	New indicator	36	8	16	24	36	5%	Director: SD&ECD

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SPECIAL PROJECTS										**7%**	
32	4.3. Building integrated communities	Number of days when air pollution exceeds RSA ambient air quality standards	The number of days where one of the identified air pollutants is above the levels set by the RSA Ambient Air Quality Standard daily average (except Ozone which has an 8 hr running average).	≤ 40	≤ 40	≤ 10	≤ 20	≤ 30	≤ 40	2%	Director: CH
33	4.3. Building integrated communities	Percentage eligible facilities achieving Ideal Clinic status in SD PPTICRM (Perfect Permanent Team for Ideal Clinic Realisation and Maintenance) Peer Review & Update	PPTICRM Peer Review is conducted on health facilities in scale-up programme, to assess Ideal Clinic status. This is reported to the National Health Department. 85% of these facilities should achieve Ideal Status	New Indicator	85%	N/A	N/A	N/A	85%	2%	Director: CH
34	3.1. Excellence in basic service delivery	Percentage progess on implementing sector plan (Community Services & Health Infrastructure Plan: 2018 - 2033)	The Community Services & Health Infrastructure Plan (CSHIP) is a Directorate infrastructure and investment plan, responding directly to the community/social services needs of the City's residents as efficiently, effectively and sustainably as possible. It is a guide for high level decision-making regarding infrastructure, including multi-year budgeting. A key objective is to align to the City's corporate strategies, policies and plans. The plan addresses short and medium term priorities, while taking a long term view. As such, it addresses a 15-year time period and is to be reviewed every 5 years.	New Indicator	TBD	TBD	TBD	TBD	TBD	1%	Manager: PDPMO
35	2.1. Safe communities	Number of assessments/ recommendations to ECDs in informal settlements, to assist to become compliant	The aim of the visits to the ECDs is to complete assessment/recommendation forms and refer non-compliant ECDs to the relevant Departments for further engagement.	New indicator	200	0	50	150	200	2%	Director: SD&ECD

Executive Director
Ernest Sass

24/07/19
Date

City Manager
Lungelo Mbandazayo

2019 -07- 31
Date

CSM 6521B

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CORE MANAGEMENT COMPETENCIES

Core Competency Requirements	Core Managerial Competencies	Competency Definitions	Weighting	Quarter 1 30 Sep 2019	Quarter 2 31 Dec 2019	Quarter 3 31 Mar 2020	Quarter 4 30 Jun 2020	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.	20%						
	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.	10%						
	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%						

Executive Director

Ernest Sass

24/07/19

Date

City Manager

Lungelo Mbandazayo

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Date