CM557/40A

2019/2020 Individual Performance Scorecard
Executive Director: Corporate Services
1 July 2019 - 30 June 2020

PERFORMANCE DASHBOARD

No.	Objective	Key Performance Indicator	Definition	Baseline as at 30 June 2019	Proposed Annual Target 2019/20	Quarter 1 30 Sep 2019 Target	Quarter 2 31 Dec 2019 Target	Quarter 3 31 Mar 2020 Target	Quarter 4 30 Jun 2020 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: ..... Contact person: Monica Pregnolato 021 400 9221
2	Customer Centricity (3.1 Excellence in basic service delivery)	3.A Community Satisfaction Survey (Score 1 - 5) - citywide	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-systemmatic Likert scale where 1 is poor, 2 is fair, 3 is good, 4 is very good, 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 (Actual achieved as at 30 June 2019 - per directorate individual achievement 2.26 +0.05)	2.31	AT	AT	AT	2.31	1%	Department: Organisational Performance Management: CPPM Source document: PPM assessment 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: Organisational Performance Management: CPPM Source document: PPM report Contact person: Ben Peters

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					2019/20	Target	Target	Target	Target		
6	5.1 Operational Sustainability	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 Source document: CMS (Contract Management System) report to APAC Contact person: Maureen Whare 021 400 9206
7		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 Source document: CMS (Contract Management System) report to APAC Contact person: Maureen Whare 021 400 9206
8		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 Source document: CMS (Contract Management System) report to EMT Contact person: Maureen Whare 021 400 9206
9		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 Source document: 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. Contact person: Peter De Vries Manager: Demand and Risk Management, Supply Chain Management
10		Average turnaround time (weeks) 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 Source document: TTS report per directorate measuring turnaround time from closing to awards against the planned weeks. Contact person: Peter De Vries Manager: Demand and Risk Management, Supply Chain Management
11		Average turnaround time (weeks) 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 Source document: TTS report per directorate measuring turnaround time from closing to awards against the planned weeks. Contact person: Peter De Vries Manager: Demand and Risk Management, Supply Chain Management
12		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 Source document:Evidence: Formula: Number of SCM deviations reduced by the target percentage % year on year for the department/ directorate. Contact person: Gillian Meyer Manager: Supplier Management & Admin Ser, Supply Chain Management

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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 Source document: Sharepoint tracking Contact person: Delyno du Toit
14		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 Source document: Sharepoint tracking 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 Source document: EE Stats Report Contact person: Sabelo Hlanganisa 021 444 1338
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	Actual as at 30 June 2019	85%	85%	85%	85%	85%	1%	Department: Organisational Effectiveness and Innovation Source document: EE Stats Report Contact person: Sabelo Hlanganisa 021 444 1338
17		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 Source documents: Quarterly vacancy report Contact person: Yolanda Scholtz 021 400 9249
18		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 Source documents: WSP report per quarter Contact person: Nonzuzo Ntubane 021 400 4056

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19	5.1 Operational Sustainability	Percentage of Probity functions recommendations implemented	**Internal audit:** Number of Internal Audit (IA) recommendations as per previous audit reports; and/ or number of original tests as per previous continuous audit 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 audit 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 percentage 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 directorate ethics recommendation register marked as "implemented" by Ethics, as a percentage of the total number of ethics recommendations. This relates to ethics reports that are older than 90 days and 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 percentage 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 Source documents: refer to definition 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%	WW projected cash flow/ total budget	WW projected cash flow/ total budget	WW projected cash flow/ total budget	90%	6%	Directorate Finance Manager
21		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%	WW projected cash flow/ total budget	WW projected cash flow/ total budget	WW projected cash flow/ total budget	95%	2%	Directorate Finance Manager
22		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

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			SERVICE DELIVERY/GOOD GOVERNANCE							**60%**	
23	1.2 Leveraging technology for progress	Approved business and management review of the Broadband Infrastructure Programme (BIP)	This will measure the business and management review of the Broadband Infrastructure Programme (BIP) that will be approved by the delegated authority.	New	Approved Broadband business and management review	Annual Target	Annual Target	Annual Target	Approved Broadband business and management review	**15%**	
24	3.1 Excellence in basic service delivery	Community satisfaction survey (Score 1 - 5) - citywide	Community Satisfaction survey completed and results presented	Actual as at 30 June 2019	100%	Annual Target	Annual Target	Annual Target	100%	**15%**	
25	4.3 Building Integrated Communities	Percentage of people from employment equity target groups employed in the three highest levelsof management in compliance with the City's approved employment equity plan (EE)(NKPI)	Approved Employment Equity Plan updated and adopted.	Actual as at 30 June 2019	100%	Annual Target	Annual Target	Annual Target	100%	**15%**	
26	5.1 Operational sustainability	Opinion of the Auditor-General on PDO (Pre-determined Objectives)	The indicator measures good governance and accounting practices and will be evaluated and considered by the Auditor-General in determining his opinion relating to the Pre-determined Objectives (PDO). An unqualified audit opinion refers to the position where the auditor, having completed his audit, has no reservation as to the fairness of presentation of financial statements and their conformity with General Recognised Accounting Practice. This is referred to as 'clean audit'. Alternatively, in relation to a qualified audit opinion, the auditor would issue this opinion in whole, or in part, over the financial statement if these are not prepared in accordance with General Recognised Accounting Practice, or could not audit one or more areas of the financial statements. Future audit opinions will cover the audit of predetermined objectives.	Actual as at 30 June 2019	100%	Annual Target	Annual Target	Annual Target	100%	**15%**	
			SPECIAL PROJECTS							**7%**	
27	1.4 Resource Efficiency and Security	Adoption of Resilience Strategy	Approval of the Cape Town Resilience Strategy by the Council	New	Resilience Strategy adopted	NA	Resilience Strategy adopted	NA	NA	2%	ED
28	1.4 Resource Efficiency and Security	Completion of Resilience Operational Plan	Completion of Resilience Operational Plan	New	Resilience Operational Plan completed	NA	Resilience Operational Plan completed	NA	NA	2%	
29	1.2 Leveraging technology for progress	Completion of Broadband Sector Plan	Completion of broadband sector plan aligned to implementation plan to deliver on sector plan Q1 =25% Q2 = 50% Q3 = 75% Q4 = 100%	New	100%	25%	50%	75%	100%	2%	
30	1.2 Leveraging technology for progress	Completion of Core Application Review Implementation Plan	Program roadmap plan n and a detailed 3 - 5 year implementation plan Q1 =25% Q2 = 50% Q3 = 75% Q4 = 100%	New	100%	25%	50%	75%	100%	1%	

01/10/19

Executive Director

City Manager
Lungelo Mbandazayo 2019 -10- 04