

CM57776

2019/2020 Individual Performance Scorecard for Water & Waste Executive Director: Michael John Webster 1 July 2019 - 30 June 2020											
PERFORMANCE DASHBOARD											
No.	Objective	Key Performance Indicator	Definition	Baseline as at 30 June 2019	Proposed Annual Target	Quarter 1 30 Sep 2019	Quarter 2 31 Dec 2019	Quarter 3 31 Mar 2020	Quarter 4 30 Jun 2020	WEIGHTING	Contact Department
					2019/20	Target	Target	Target	Target		
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 Pregnotato 021 400 9221
2	Customer centricity (3.1. Excellence in basic service delivery)	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 developed	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: Organisational Performance Management: CPPM Source document: PPM assessment Contact person: Ben Peters 021 400 9206

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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
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 Source document: CMS (Contract Management System) report to APAC Contact person: Maureen Whare 021 400 9206
7	Transversal Management	Percentage of changes made to active contracts	Number of contract changes made to active contracts 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

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					2019/20	Target	Target	Target	Target		
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 Source document: CMS (Contract Management System) report to APAC 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 021 400 2813
10		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 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 021 400 2813
11		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 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 021 400 2813
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 Services 021 400 3007

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					2019/20	Target	Target	Target	Target		
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 be 0%.	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

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					2019/20	Target	Target	Target	Target		
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 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
19		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

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					2019/20	Target	Target	Target	Target		
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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					2019/20	Target	Target	Target	Target		
SERVICE DELIVERY/GOOD GOVERNANCE										60%	
23	1.4. Resource efficiency and security	1.H Percentage compliance with drinking water quality standards	Measures the potable water sample pass rate according to the SANS 241 standard.	Actual as at 30 June 2019	98%	98%	98%	98%	98%	7%	Water & Sanitation
24	3.1 Excellence in Basic Service delivery	3.B Number of outstanding valid applications for water services expressed as a percentage of total number of billings for the service	This indicator reflects the number of outstanding valid applications (down-payments received) for water services (where valid applications translate into an active account), expressed as a percentage of total number of active billings for the service. Billing equates to active contract accounts (water services) for domestic customers, as extracted from the City's SAP database. Proxy measure for NKPI.	Actual as at 30 June 2019	< 0.7%	< 0.7%	< 0.7%	< 0.7%	< 0.7%	6%	Water & Sanitation
25		3.C Number of outstanding valid applications for sewerage services expressed as a percentage of total number of billings for the service	This indicator reflects the number of outstanding valid applications (down-payments received) for sewerage services (where valid applications translate into an active account), expressed as a percentage of total number of active billings for the service. Billing equates to active contract accounts (sewerage services) for domestic customers, as extracted from the City's SAP database. Proxy measure for NKPI.	Actual as at 30 June 2019	< 0.7%	< 0.7%	< 0.7%	< 0.7%	< 0.7%	6%	Water & Sanitation
26		3.E Number of outstanding valid applications for refuse collection service expressed as a percentage of total number of billings for the service	This indicator reflects the number of outstanding valid applications (external service requests) for new refuse collection services at the end of a reporting period, expressed as a percentage of total number of active billings for formal residential refuse collection services as at the end of the same reporting period. Billing equates to active contract accounts (formal kerb-side refuse collection services) for domestic customers, as extracted from the City's SAP database. Proxy measure for NKPI.	Actual as at 30 June 2019	< 0.4%	< 0.4%	< 0.4%	< 0.4%	< 0.4%	6%	Solid Waste Management
27	3.2. Mainstreaming basic service delivery to informal settlements and backyard dwellers	3.K Percentage of informal settlements receiving a door-to-door refuse collection service	This indicator reflects the percentage of informal settlements receiving a weekly door-to-door refuse collection service for the period under review. The collection of domestic refuse in informal settlements is done through contract services, employing local labour. Three-year contracts are awarded to a legitimate main contractor through the procurement tender process.	Actual as at 30 June 2019	99%	99%	99%	99%	99%	8%	Solid Waste Management
28		3.J Number of sanitation service points (toilets) provided to informal settlements	This indicator reflects the number of toilets provided in informal settlements during the period under review. Some toilets may however have been vandalised or removed after provision. Proxy measure for NKPI.	Actual as at 30 June 2019	2500	500	1000	1750	2500	6%	Water & Sanitation
29		3.I Number of water services points (taps) provided to informal settlements	The indicator reflects the number of taps provided in informal settlements during the period under review. Some taps may however have been vandalised or removed after provision.	Actual as at 30 June 2019	700	100	300	500	700	4%	Water & Sanitation
30	5.1 Operational Sustainability	Percentage spend on repairs and maintenance	Percentage reflecting year to date spend (including secondary cost) / total repairs and maintenance budget (Note that the in-year reporting during the financial year will be indicated as a trend (year to date spend). Maintenance is defined as the actions required for an asset to achieve its expected useful life. Planned Maintenance includes asset inspection and measures to prevent known failure modes and can be time or condition-based. Repairs are actions undertaken to restore an asset to its previous condition after failure or damage. Expenses on maintenance and repairs are considered operational expenditure. Primary repairs and maintenance cost refers to Repairs and Maintenance expenditure incurred for labour and materials paid to outside suppliers. Secondary repairs and maintenance cost refers to Repairs and Maintenance expenditure incurred for labour provided In-house / internally.)	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%	5%	Directorate Finance Manager

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					2019/20	Target	Target	Target	Target		
31	5.1 Operational Sustainability	Revenue collected as a percentage of billed amount:	To measure the receipts as a percentage of billing covering the immediate 12 months period.								
32		- Water		Actual as at 30 June 2019	73%	73%	73%	73%	73%	4%	Directorate Finance Manager
33		- Sanitation		Actual as at 30 June 2019	86%	86%	86%	86%	86%	4%	
34		- Refuse		Actual as at 30 June 2019	93%	93%	93%	93%	93%	4%	
SPECIAL PROJECTS										7%	
35	5.1 Operational Sustainability	Percentage completion of MFMA Competency by Executive Directors	The indicator measures the adherence to the MFMA. Section 16 of the MFMA requires Executive Directors to meet the minimum competency levels. The attainment of competency levels must be obtained within prescribed timeframes and must be included in performance agreements.	New	Registered and commenced MFMA Training according to course timetable	N/A	N/A	N/A	Registered and commenced MFMA Training according to course timetable	1%	Note: Only for specific ED's that does not meet minimum requirements.
36	3.1 Excellence in Basic Service delivery	Metres of water reticulation mains replaced this year	Metres of water reticulation mains replaced this year	Actual as at 30 June 2019	45 000	4 000	17 000	36 000	45 000	1%	ED
37	3.1 Excellence in Basic Service delivery	Metres of sewer reticulation mains replaced this year	Metres of sewer reticulation mains replaced this year	Actual as at 30 June 2019	28 000	5 000	11 000	19 000	28 000	2%	
38	1.4 Resource efficiency and security	SWM Project: Waste minimisation (Percentage of waste diverted from landfill sites through council waste minimisation initiatives)	Waste diverted from landfill sites through council waste minimisation initiatives	Actual as at 30 June 2019	20%	20%	20%	20%	20%	2%	
39		Progress on water augmentation plan	Volume of additional water resource capacity measured in megalitres per day added to the water supply system based on phasing indicated in the Water Strategy	New	5 MLD	0 MLD	0 MLD	2 MLD	5 MLD	1%	

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Executive Director: Water & Waste

Michael John Webster

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City Manager

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CORE MANAGEMENT COMPETENCIES
ANNEXURE B

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%						



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City Manager
Lungelo Mbandazayo

Date

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