2020/2021 S57 Individual Performance Scorecard
Executive Director: Community Services & Health: E. Sass
1 July 2020 - 30 June 2021 (Mid-Year Amendments)

No.	Objective	Key Performance Indicator	Definition	Baseline 30 June 2019	Annual Target 2019/20	Q1 30 Sep 20 Target	Q2 31 Dec 20 Target	Q3 31 Mar 21 Target	Q4 30 Jun 21 Target	WEIGHTING	Contact Department
MUNICIPAL INSTITUTIONAL DEVELOPMENT AND TRANSFORMATION										**20%**	
MUNICIPAL FINANCIAL VIABILITY										**10%**	
SERVICE DELIVERY/GOOD GOVERNANCE										**60%**	
SPECIAL PROJECTS										**10%**	
TOTAL										**100%**	
MUNICIPAL INSTITUTIONAL DEVELOPMENT AND TRANSFORMATION										**20%**	
1	Organisational culture	An increase in City Pulse score for the 3 lowest scoring attributes	City Pulse 2021 survey results to reflect an increase of **0.1 points** for the 3 lowest scoring questions in the City Pulse 2019 survey, **where the score achieved was ≥ 3.1 and an increase of 0.2 for scores of <3.1** of which one must be within the People Dimension. Performance rating: Fully effective: **- minimum increased score of 0.1 achieved for 2 of 3 attributes where scored ≥ 3.1 or** - the minimum increased score of 0.2 achieved for 2 of 3 attributes **where scored <3.1** Significantly above expectation: **- minimum increased score of 0.1 achieved for 3 of 3 attributes where scored ≥ 3.1 or** - the minimum increased score of 0.2 achieved for 3 of 3 attributes **where scored <3.1** Outstanding performance: **- exceed 0.1 in all 3 attributes where scored ≥ 3.1 or** - exceed 0.2 in all 3 attributes **where scored <3.1** (Baseline+Targets as per City Pulse worksheet)	3.2	Increase of 0.1 on the 3 lowest scoring attributes	AT	AT	AT	Increase of 0.1 on the 3 lowest scoring attributes	2%	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: 0214009221
2	Transversal Management	PPM maturity level based on the PPM Operating Model	Community Services & Health actual score 2019/20 = 2.52. 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. 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. Performance rating: Fully effective = achieve increase of 0.05 Significantly above expectation= range between 0.06 to 0.08 Outstanding performance= achieve increase 0.09	2.44	2.13	AT	AT	AT	2,57	2%	Department: C3PM Source document: PPM assessment Contact person: Ben Peters 021 400 9206
3	5.1. Operational sustainability	Effective and efficient management of contracts and achievement of zero irregular expenditure	The measurement will be a combination of the: Average score of the following measures: (a) Compliance with Section 116(3) of the MFMA **AMENDMENT process** (b) Reduction in SCM deviations (c) **Average percentage reduction in the number and value of irregular expenditure identified** Performance rating: Unacceptable performance= **an average** below 60% **across all 3 factors** Not fully effective= **an average** range between 60 to 79% **across all 3 factors** Fully effective = **an average** achievement of 80% **across all 3 factors** Significantly above expectation= **an average** range between 81% to 99% **across all 3 factors** Outstanding performance= 100% Refer to CM and Irregular expenditure worksheet	New	New	80%	80%	80%	80%	8%	Each ED is responsible for calculation as per the worksheet in the document. Individual evidence can be obtained from contact person as per worksheet. Refer to CM and Irregular Exp worksheet in the document
4	5.1. Operational sustainability	Percentage of external **(Auditor General)** audit actions completed as per audit action plan	This indicator measures how many actions was completed in the financial cycle within in the unique deadline set, as per the audit action plan. Audit Action Plan sets out the total number audit actions required to address the internal control deficiencies as identified by the Auditor-General in their management report. Completed would mean that the actions as stipulated in the audit action plan has been executed by the relevant ED and/or Director. Should there be no actions required for an Executive Director and/or Director the indicator will not be applicable. Performance rating: Fully effective =100%	New	New	100%	100%	100%	100	2%	Department: Investor Relations Source document: Completed Audit Action plan Contact person: Lynn Fortune:021 400 5987
5	4.3 Building Integrated Communities	Percentage adherence to the EE target of overall representation by employees from the designated groups. (see EE act definition)	This indicator measures the overall representation of designated groups across all occupational levels at City, directorate and departmental level as at the end of the preceding month. Performance rating: Fully effective =90% Significant performance=between range of 91% to 94%. Outstanding performance=95% and above	97.84%	85%	90%	90.00%	90%	90%	2%	Department: Organisational Effectiveness and Innovation Source document: EE Stats Rep Contact person: Sabelo Hlanganisa/Elize Madella 021 444 1338

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6	5.1. Operational sustainability	All final Council decisions implemented within timeframes	The indicator excludes all council decisions for noting. All final Council decisions allocated to the ED with implementation date for the quarter must be implemented and reported on for the quarter to achieve the target. **Implementation that runs over a period longer than a financial year will be measured according to milestones identified for implementation within the current financial year.** Each ED must **ensure that** a date **is allocated** of when action will be completed and implemented. This must be captured in the CDIT system by **the relevant implementer.** If no timeframe was allocated the timeframe is deemed to be one month for implementation. Implementation is the date of completion of the actions **or** achievement of councils request or expectation. <u>Performance rating:</u> Outstanding performance= 100% Score of 5 and scoring will apply downwards where decisions were not implemented. Significant performance= range between 99% - 80% of ALL decisions Fully effective= range between 79% -70% of ALL decisions <u>Below 70% not effective</u>	New	100%	All	All	All	All	1%	Each ED is responsible for implementation, evidence and updates to the tracking system. Source document: SharePoint tracking Tracking System contact person: Rehana Razack (021 400 1246)
7	5.1. Operational sustainability	All final MAYCO decisions implemented within timeframes	The indicator excludes all mayco decisions for noting. All final Mayco decisions allocated to the ED with implementation date for the quarter must be implemented and reported on for the quarter to achieve the target. **Implementation that runs over a period longer than a financial year will be measured according to milestones identified for implementation within the current financial year.** Each ED must **ensure that** a date **is allocated** of when action will be completed and implemented. This must be captured in the CDIT system by **the relevant implementer.** If no timeframe was allocated the timeframe is deemed to be one month for implementation. Implementation is the date of completion of the actions **or** achievement of maycos request or expectation. <u>Performance rating:</u> Outstanding performance= 100% Score of 5 and scoring will apply downwards where decisions were not implemented. Significant performance= range between 99% - 80% of ALL decisions Fully effective= range between 79% -70% of ALL decisions Below 70% not effective	New	100%	All	All	All	All	1%	Each ED is responsible for implementation, evidence and updates to the tracking system. Source document: SharePoint tracking Tracking System contact person: Rehana Razack (021 400 1246)
8	5.1 Operational Sustainability	Percentage of internal independent assurance provider's recommendations implemented	It is the monitoring and reporting of implementation (expressed as a percentage) of corrective actions to address internal independent assurance providers' (IIAP) recommendations, issued within the directorate of the responsible Executive Director. The IIAP included in this KPI are Internal Audit, Ombudsman, Integrated Risk Management, Ethics and Forensics functions. Each IIAP as mentioned above has their own unique input to this KPI. This KPI will be "not applicable" to management when there are no recommendations, thus only those that could provide inputs will be included in the calculation. <u>Performance rating</u>: Fully effective =85% Significant performance=between range of 86% to 90%. Outstanding performance=91% and above	84%	85%	85%	85%	85%	85%	2%	Department: Probity Source documents: refer to definition Contact person: Denise Flack 021 400 9279
MUNICIPAL FINANCIAL VIABILITY										**10%**	
9	5.1 Operational Sustainability	5.C Percentage spend of capital budget (NKPI)	Percentage reflecting year-to-date spend in relation to the 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 year-end. <u>Performance rating</u>: Fully effective =90% Significant performance= range between 91% to 94%. Outstanding performance=95% and above	93.7%	90%	15.2%	29.4%	48.9%	90.0%	6%	Directorate Finance Manager
10	5.1 Operational Sustainability	Percentage of operating budget spent	This indicator measures the total actual expenditure to date as a percentage of the total budget including secondary expenditure. <u>Performance rating</u>: Fully effective =90% Significant performance= range between 91% to 94%. Outstanding performance=95% and above	96.9%	90%	22.1%	47.4%	71.0%	90.0%	4%	Directorate Finance Manager

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SERVICE DELIVERY/GOOD GOVERNANCE										**60%**	
11	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. The programme is presented in the form of facilitated sessions with parents, youth and, finally, the family as a unit. Performance rating: Fully effective = 12 programmes Significant performance = 13 programmes Outstanding performance= Above 13 programmes	19	10	2	0	3	12	12%	Manager: SD&ECD
12	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 (i.e.. No of informal settlements x 52 weeks). Performance rating: Fully effective = 20 000 visits Significant performance = 20 001 - 21 000 visits Outstanding performance= Above 21 000 visits	19 708	19 708	5 708	11 416	17 125	20 000	15%	Director: City Health
13	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). Performance rating: Fully effective = 39 - 40 days Significant performance = 37-38 days Outstanding performance = ≤ 36 days	≤ 40	≤ 40	≤ 10	≤ 20	≤ 30	≤ 40	15%	Director: City Health
14	4.3. Building integrated communities	Establish an additional safe space	A Safe Space is transitional measure to assist homeless persons living on the streets of Cape Town with pre-shelter opportunities, coupled with access to a secure space to sleep, access to social and health services and basic services such as ablutions, water and storage lockers. The intention being that instead of sleeping all over the City, allocated spaces are provided for sleeping during the night from 17:00 to 08:00. Performance rating: Fully effective = 1 Safe Space established	New Indicator	New Indicator	Site identification	Submit land use approval application	Renovations completed	Safe Space established	18%	Director: SD&ECD
SPECIAL PROJECTS										**10%**	
15	3.1. Excellence in basic service delivery	Number of identified facilities becoming Safety at Sports and Recreational Act (SASREA) compliant	Facilities brought up to a standard to comply with the Safety at Sports and Recreational Act (SASREA) Performance rating: Fully effective = 3 facilities Significant performance = 4 facilities Outstanding performance = Above 4 facilities	New Indicator	New Indicator	0	0	0	3	5%	Director: R&P
16	4.3. Building integrated communities	Implement an agreed-to Interface Model with NGOs and coordination structures working with Street People	This will be implemented in conjunction with the Shelter Forum and the Street People NGO Forum Performance rating: Fully effective = Interface model implemented	New Indicator	New Indicator	Submit Interface Model	Project Plan approved	Engagement with Stakeholders	Interface Model implemented	2%	Director: SD&ECD
17	3.1. Excellence in basic service delivery	Percentage progress 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. Performance rating: Fully effective = 10% Significant performance= range between 11% to 15%. Outstanding performance= Above 15%	New Indicator	5%	5%	7%	9%	10%	3%	Manager: PD&PMO

Executive Director:
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City Manager:
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