2021/2022 Executive Director Performance Scorecard
Executive Director: Ernest Sass
1 July 2021 - 30 June 2022

No.	Objective	Key Performance Indicator	Definition	Baseline 30 June 2020	Annual Target 2020/2021	Q1 30 Sep 2021 Target	Q2 31 Dec 2021 Target	Q3 31 Mar 2022 Target	Q4 30 Jun 2022 Target	WEIGHTING	Contact Department
MUNICIPAL INSTITUTIONAL DEVELOPMENT AND TRANSFORMATION										**20%**	
MUNICIPAL FINANCIAL VIABILITY										**10%**	
SERVICE DELIVERY/GOOD GOVERNANCE										**60%**	
SPECIAL PROJECTS										**10%**	
										100%	
MUNICIPAL INSTITUTIONAL DEVELOPMENT AND TRANSFORMATION										**20%**	
1	Transversal Management	Percentage increase in 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, Programme 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. Performance rating: Fully effective = achieve increase of 0.1 Significantly above expectation = range between 0.2 - 0.8 Outstanding performance = achieve increase 0.9	2.52	2.81	AT	AT	AT	2.91	2%	Department: CPPM Source document: PPM assessment Contact person: Ben Peters 021 400 9206
2	Operational Sustainability	Percentage compliance of contracts with MFMA section 116(3) AMENDMENT process	Contract managers have to indicate on the Contract Monitoring System (CMS) whether an AMENDMENT in terms of section 116(3) has occurred. Section 116(3) states: Contracts procured through SCM process maybe amended only after reasons have been tabled in council and public participation process have been followed. 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. Formula: Total number of contracts where 116(3) Amendments occurred and compliant with prescribed process ÷ Total number of contracts where 116(3) Amendments occurred Performance rating: Unacceptable performance = below 60%. Not fully effective = range between 60 % and 99% There is no room for non-compliance as the MFMA requires 100% compliance. Outstanding =100%	0%	100%	100%	100%	100%	100%	2%	Department: OPM - Contract Management Source document: CMS (Contract Management System) report to EMT Contact person: Maureen Whare 021 400 9206
3	Operational Sustainability	Percentage reduction in the number of SCM deviations	The objective is to achieve a 20% reduction on 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" Performance rating: Unacceptable performance = any positive increase in deviations. Not fully effective = decrease deviations between 1% and 19%. Fully effective = decrease deviations by 20%. Significant performance = decrease deviations between 21% and 99%. Outstanding performance = 100%	20%	20%	AT	AT	AT	20%	2%	Department: SCM Source document: Evidence: Formula: Number of SCM deviations reduced by the target percentage % year on year for the department/ directorate. Contact person: Darren Cupido (Acting) SCM: Demand & Risk Analyst 021 400 1111

No.	Objective	Key Performance Indicator	Definition	Baseline 30 June 2020	Annual Target	Q1 30 Sep 2021	Q2 31 Dec 2021	Q3 31 Mar 2022	Q4 30 Jun 2022	WEIGHTING	Contact Department
					2020/2021	Target	Target	Target	Target		
4	Operational Sustainability	Average percentage reduction in the number and value of irregular expenditure identified for the Directorate (year-on-year)	The objective is to achieve a 50% reduction on irregular expenditure. The indicator will measure the average percentage reduction in the number and value of irregular expenditure ie. contravention of legislation as defined in the irregular expenditure definition. 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. Formula: (Non-compliance Instances for the current year – Non-compliance instances for prior year)/ Non-compliance instance for prior year X 100" + (Irregular expenditure amount for current year – Irregular expenditure amount for prior year)/ Irregular expenditure amount for prior year X 100" / 2 Performance rating: Not fully effective = a reduction of less than 50% Fully effective = a reduction between 50%-99% Outstanding =100%	New	50%	AT	AT	AT	50%	4%	Department: City Manager Office Source document: Irregular Register and the AG's findings in the quarter that it is available. Contact person: Gayle Postings 021 400 1268
5	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. The 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: Outstanding =100% No scores for fully effective or significant.	New	New	100%	100%	100%	100%	2%	Department: Investor Relations Source document: Completed Audit Action plan Contact person: Lynn Fortune:021 400 5987
6	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 = 93.8% Significant performance = between range of 93.8% to 95%. Outstanding performance = above 95%	85%	90%	90%	90%	90%	90%	2%	Department: OE and I Source document: EE Stats Report Contact person: Harold Peters 021 444 1338
7	Operational Sustainability	Percentage of 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. Weighting must be reallocated where there were no council decisions for the year. Performance rating: 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	100%	All	100%	100%	100%	100%	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) Weighting must be reallocated where there were no council decisions for the year.
8	Operational Sustainability	Percentage of 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 of achievement of mayco's request or expectation. Weighting must be reallocated where there were no mayco decisions for the year. Performance rating: 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	100%	All	100%	100%	100%	100%	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) Weighting must be reallocated where there were no mayco decisions for the year.

No.	Objective	Key Performance Indicator	Definition	Baseline 30 June 2020	Annual Target	Q1 30 Sep 2021	Q2 31 Dec 2021	Q3 31 Mar 2022	Q4 30 Jun 2022	WEIGHTING	Contact Department
					2020/2021	Target	Target	Target	Target		
9	1.3 Economic Inclusion	1.F Percentage budget spent on implementation of Workplace Skills Plan (WSP) (NKPI)	The Workplace Skills Plan 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. Formula: % spent on the implementation of the WSP measured against the training budget. (A/B)*100 A: Actual spend per quarter on training budget B: Planned spend on training Budget for the year Performance rating: Fully effective = 95% Significant performance = 96% to 97%. Outstanding performance = 98% and above	73.6%	95%	10%	30%	60%	90%	2%	Directorate HRBP
10	5.1 Operational Sustainability	Percentage of internal independent assurance provider's recommendations implemented	It is the monitoring and reporting of the implementation (expressed as a percentage) of corrective actions to address internal independent assurance providers' recommendations, issued within the directorate of the responsible Executive Director. The internal independent assurance providers included in this KPI are Internal Audit, Ombudsman, Integrated Risk Management, Ethics and Forensics functions. Each internal independent assurance provider 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. Performance rating: Fully effective = 85% Significant performance = between range of 86% to 90%. Outstanding performance = 91% and above	85%	85%	85%	85%	85%	85%	2%	Department: Probity Source documents: refer to definition Contact person: Denise Flack 021 400 9279
MUNICIPAL FINANCIAL VIABILITY										**10%**	
11	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. Performance rating: Fully effective = 90% Significant performance = range between 91% to 94%. Outstanding performance = 95% and above	93.7%	90%	15.2%	29.4%	48.90%	90.0%	6%	Directorate Finance Manager
12	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. Performance rating: Fully effective = 95% Significant performance = range between 96% to 98%. Outstanding performance = 99% and above	96.9%	95%	22.1%	47.4%	71.0%	95.0%	4%	Directorate Finance Manager

No.	Objective	Key Performance Indicator	Definition	Baseline 30 June 2020	Annual Target	Q1 30 Sep 2021	Q2 31 Dec 2021	Q3 31 Mar 2022	Q4 30 Jun 2022	WEIGHTING	Contact Department
					2020/2021	Target	Target	Target	Target		
SERVICE DELIVERY/GOOD GOVERNANCE										**60%**	
13	1.4. Resource efficiency and security	CSC 3O: Number of Community Services Facilities in informal settlements	Corporate Scorecard: Community Services Facilities includes "but not limited to" sport, recreational, park, library, ECD and clinic facilities. The indicator reports on such facilities, of a permanent or temporary nature, that have been newly developed within informal settlements. Performance rating: Unacceptable performance = less than 2 additional facilities Not fully effective = 2 additional facilities Fully effective = 3 additional facilities Significant performance = 4 additional facilities Outstanding performance = 5 additional facilities	1	1	0	0	0	0	0%	Manager: PDPMO
14	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: Unacceptable performance = below14 programmes Not fully effective = 14-15 programmes Fully effective = 16 programmes Significant performance = 17-18 programmes Outstanding performance = above 19 programmes.	10	12	0	0	10	16	12%	Director: SD&ECD
15	4.3 Building Integrated Communities	Percentage of eligible ECD registration applications processed on the ECD Modernization tool	The indictor measures the percentage of unregistered ECD Centres with NPO registration applications initiated using the City's online ECD Modernisation Tool. The ECD Modernisation Tool enables the various CCT departments (Spatial Planning, Fire and Safety, Environmental Health and SDECD) responsible for City ECD compliance matters to work collectively in order to fast track processes leading to the ECD Centres' registration with the Provincial Department of Social Development. Performance rating: Fully effective = 100%	New Indicator	100%	100%	100%	100%	100%	12%	Director: SD&ECD
16	4.3 Building Integrated Communities	Percentage of health hazards identified escalated to internal line departments	A. Number of health hazards identified by Health during weekly assessments of informal settlements. (source document – weekly informal settlement assessment sheet.) B. Number of service requests directed to applicable line departments responsible for addressing health hazard. (C3 reference number) Formula: Number of hazards escalated / number of hazards identified, expressed as percentage. Performance rating: Unacceptable performance = below 90%. Not fully effective = range between 90% and 95% Fully effective = 95% Significant performance = 96% - 99% Outstanding performance = 100%	New Indicator	95%	95%	95%	95%	95%	12%	Director: City Health
17	3.1 Excellence in basic service delivery	Percentage of all Recreation & Parks Departments' Facilities inspected fortnightly	The inspections will be visual assessments with regards to the overall condition of the facility. Each visit will be recorded in terms of the date of the visit and completion of a generic checklist. The standard is considered met in the following instances: - Facility open for the full scheduled open hours (service hours) on the particular day; - Facility intermittently closed for less than a scheduled working day; - Facility closed for planned occurrences e.g. maintenance or stocktaking, team coaching, planned upgrade of infrastructure internal/external to the facility that impacts operations e.g. IT and closures related to the maintenance of the facility; - Facility closed for occurrences that place staff or public at risk as well as the security of the building, equipment and materials e.g. burglaries / vandalism, community unrest. Facilities who meet the minimum open hour standards are required to complete the fortnightly spreadsheet. Timeline adherence: A facility must be inspected at least once a fortnight. Count: The sum of all facilities inspected within the timeline (1 facility equals 1 count). The following facilities are included in the measurement (but are not limited to): Civic Centres, Community Halls; Swimming Pools; Sportfields; Community Parks, District Parks and Cemeteries. A single system to be applied within the Department in line with operational accountabilities and authorities in terms of conducting of checks , as well as reviewing and endorsement of results. Performance rating: Fully effective = 100%	New Indicator	100%	100%	100%	100%	100%	6%	Director: Recreation & Parks

No.	Objective	Key Performance Indicator	Definition	Baseline 30 June 2020	Annual Target	Q1 30 Sep 2021	Q2 31 Dec 2021	Q3 31 Mar 2022	Q4 30 Jun 2022	WEIGHTING	Contact Department
					2020/2021	Target	Target	Target	Target		
18	4.3 Building Integrated Communities	Number of Libraries open according to minimum planned open hours, including ad hoc unforeseen closing hours	The minimum standards per library category are: Community libraries: 35 hours/per week; Regional libraries: 45 hours/per week; City wide libraries: 63 hours/per week. The standard is considered met in the following instances, i.e. - Library open for the full scheduled open hours (service hours) on the particular day, Monday – Saturday; - Library intermittently closed for less than a scheduled working day; and - Library closed for planned occurrences e.g. maintenance or stocktaking, team coaching, planned upgrade of infrastructure internal/external to the library that impacts operations e.g. IT and closures related to the maintenance of the automated library management system. - Library closed for occurrences that place staff at risk as well as the security of the library building, equipment and materials e.g. burglaries / vandalism, community unrest. The standard is considered not met in the following instances, i.e. - Library closed for 1 or more full days of scheduled open hours (service hours), Monday - Saturday, excluding planned maintenance or stocktaking, loadshedding, team coching / maintenance issues / electrical issues related to book detection systems and power outages; burglaries / vandalism, community unrest. Only libraries who meet the minimum open hour standards are required to complete the daily Open Hours spreadsheet. Performance rating: Unacceptable performance = below 85. Not fully effective = range between 85 and 90 Fully effective = 90 Significant performance = 91 - 95 Outstanding performance = Greater than 95	New Indicator	≥90	≥90	≥90	≥90	≥90	10%	Director: LIS
19	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: Unacceptable performance = more than 43 days Not fully effective = range between 40 and 43 days Fully effective = 40 days Significant performance = 37-39 days Outstanding performance = Less than 37 days	≤ 40	≤ 40	≤ 10	≤ 20	≤ 30	≤ 40	8%	Director: City Health
SPECIAL PROJECTS (RELATING TO DIRECTORATE FUNCTIONAL AREA)										**10%**	
20	5.1 Operational Sustainability	*COVID-19 recovery plan:* Library & Information Services' (LIS) Rationalization/Optimization report submitted to Council	The aim is to investigate & prepare for rationalization/optimization of Library & Information Services' (LIS) facilities that have become unpractical to keep operational, thus lowering costs and realizing savings. Performance rating: Fully effective = Report submitted to Council	New	New	AT	AT	AT	1	3%	Executive Director
21	4.3 Building Integrated Communities	*SMF:* Approval of Environmental Health resource plan to ensure that mandate is carried out effectively	The plan aims to ensure City Health is appropriately resourced so as to carry out the Environmental Health mandate, and will include a proposed staffing model. Performance Rating: Fully effective = Plan developed	New	New	A/T	A/T	A/T	Plan Approved	3%	Director: City Health
22	4.3 Building Integrated Communities	*Less Formal Township Establishment Act (LFTEA) areas:* Number of transversal informal settlement initiatives	This is a transversal indicator for the directorate. These transversal informal settlement initiatives focus on integration and alignment with other Community Services and Health departments. Once an initiative is completed, a report should be drafted by the responsible line department official who was involved in the intervention. This report describes the activities each department was responsible for and the outcomes. The desired outcome is extended to community impact and benefit. Performance rating: Unacceptable performance = below 7 initiatives Not fully effective = 7 initiatives Fully effective = 8 initiatives Significant performance = 9 initiatives Outstanding performance = more than 9 initiatives	New Indicator	8	0	0	0	8	4%	Director: Recreation & Parks

Digitally signed by Ernest Sass
Date: 2022.05.09 12:41:50 +02'00'

09 May 2022

Executive Director

Ernest Sass

Date

Digitally signed by Lungelo Mbandazayo
Date: 2022.05.27 16:45:56 +02'00'

City Manager

Lungelo Mbandazayo

Date