



PERFORMANCE AGREEMENT

Made and entered into by and between

THE CITY OF JOHANNESBURG METROPOLITAN MUNICIPALITY

("the City")

(Represented by **City Manager**, duly authorised by Municipal Council Resolution)

and

Vincent Campbell

("the Executive Director")

for the financial year: 1 July 2022 to 30 June 2023

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1. INTRODUCTION

- 1.1 The City has entered into a contract of employment with the Executive Director in terms of Section 57(1)(a) of the Local Government: Municipal Systems Act 32 of 2000 ("the Systems Act").
- 1.2 Section 57(1)(b) of the Systems Act, read with the contract of employment concluded between the parties, requires the parties to conclude an annual performance agreement.
- 1.3 The parties wish to ensure that they are clear about the goals to be achieved and secure the commitment of the Executive Director reporting to the City Manager, to a set of actions that will secure local government policy goals.

2. PURPOSE OF THIS AGREEMENT

- 2.1 The parties agree that the purpose of this Agreement is to:
- 2.1.1 comply with the provisions of Section 57(1)(b), 4(A), (4B) and (5) of the Systems act; and the employment contract entered into between the parties;
- 2.1.2 specify objectives and targets established for the Executive Director;
- 2.1.3 specify accountabilities as set out in the performance plan (scorecard) attached as Annexure 'A';
- 2.1.4 monitor and measure performance against set targeted outputs;
- 2.1.5 use the performance agreement and scorecard as the basis for assessing whether the employee has met the performance expectations applicable to their job;
- 2.1.6 in the event of outstanding performance, to appropriately reward the employee in accordance with the City's performance management policy; and
- 2.1.7 give effect to the City's commitment to a performance-orientated relationship with the Executive Director in attaining equitable and improved service delivery.

3. COMMENCEMENT AND DURATION

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- 3.1 Notwithstanding the date of signature hereof, this Agreement will commence on the date of appointment of the Executive Director, and, subject to paragraph 3.3, will continue in force until a new performance agreement is concluded between the parties as contemplated in paragraph 3.2.
- 3.2 The parties will review the provisions of this Agreement during June each year. The parties will conclude a new performance agreement that replaces this Agreement at least once a year by not later than July each year.
- 3.3 This Agreement, with the current City Manager, may terminate on the termination of the City Manager's appointment regardless of the reason for such termination and a new performance agreement may be entered into with a new City Manager.
- 3.4 The content of this agreement may be revised at any time during the abovementioned period to determine the applicability of the matters agreed upon.
- 3.5 If at any time during the validity of this agreement the work environment alters (whether as a result of government or council decisions or otherwise) to the extent that the contents of this agreement are no longer appropriate, the contents shall be revised.

4. PERFORMANCE OBJECTIVES

- 4.1 The scorecard in Annexure "A" sets out:
- 4.1.1 the performance objectives and targets that must be met by the Executive Director; and
- 4.1.2 the time frames within which those performance objectives and targets must be met.
- 4.2 The performance objectives and targets reflected in Annexure "A" (scorecard) are set by the City Manager and the Group Performance Audit Committee after consultation with the Executive Director and are based on the Mayoral Priorities Service Delivery and Budget Implementation Plan (SDBIP) and Budget of the City, and include key objectives; key performance indicators; target dates and weightings.
- 4.3 The key objectives describe the main tasks that need to be done. The key performance indicators provide the details of the evidence that must be provided to show that a key objective has been achieved. The target dates describe the timeframe in which the work

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must be achieved. The weightings show the relative importance of the key objectives to each other.

- 4.4 The Executive Director's performance will, in addition, be measured in terms of contributions to the goals and strategies set out in the City's Integrated Development Plan.

5. PERFORMANCE MANAGEMENT POLICY

- 5.1 The Parties record that the City has a Performance Management Policy, which may be amended from time to time. It describes the systems and procedures of performance management in the City in which the Executive Director will be required to engage in performing their job.

- 5.2 The Executive Director agrees to participate in the performance management system that the City adopts or introduces.

- 5.3 The Executive Director accepts that the purpose of the performance management policy and system is to provide a comprehensive system with specific performance standards to assist the City, City Manager and Executive Director to perform to the standards required.

- 5.4 The Executive Director undertakes to actively focus towards the promotion and implementation of the Key Performance Areas (KPA's) (including special projects relevant to the employee's responsibilities) within the local government framework.

- 5.5 The Executive Director's assessment will be based on their performance in terms of the outputs/outcomes (performance indicators) identified as per the performance plan which are linked to the KPA's.

6. EVALUATING PERFORMANCE

- 6.1 It is recorded that in terms of the City's performance management policy and system, for purposes of evaluation of the performance of the Executive Director, a Group Performance Audit Committee / Performance Evaluation Panel has been established to assist the City Manager and in the process of evaluating the Performance of the Executive Director.

- 6.2 The performance of the Executive Director in relation to their performance agreement shall be reviewed on a quarterly basis as follows:

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First quarter	:	July – September
Second quarter	:	October – December
Third quarter	:	January – March
Fourth quarter	:	April - June

- 6.3 The Executive Director must avail himself/herself for scheduled performance reviews. Failure to do so, may result in the City Manager concluding on the Executive Director's review in absentia and the outcome of the review is final.
- 6.4 The City Manager shall ensure that the Group Performance Audit Committee be convened to conduct review sessions on the performance of the Executive Director at least twice a year.
- 6.5 The City Manager shall ensure that a record is kept of the mid-year review and final review sessions.
- 6.6 Performance feedback shall be based on the assessment of the Executive Director's performance by the City Manager and Group Performance Audit Committee, as well as the Performance Evaluation Panel and may include recommendations for corrective steps to be taken to improve performance.
- 6.7 The City will be entitled to review and make reasonable changes to the provisions of the performance plan (scorecard) from time to time for operational reasons. The Executive Director will be consulted before any such change is made.
- 6.8 Despite the establishment of agreed intervals for evaluation, the City Manager may, in addition, review the Executive Director performance at any stage while the contract of employment remains in force.
- 6.9 Personal growth and development needs identified during any performance review discussion must be documented and, where possible, actions agreed.

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- 6.10 The annual performance appraisal will involve assessment of the achievement of results as outlined in the performance plan and each KPA and CCR should be assessed according to the extent to which the specified standards or performance indicators have been met.

7. OBLIGATIONS OF EMPLOYER

The City must -

- 7.1 Create an enabling environment to facilitate effective performance by the employee;
- 7.2 Provide access to skills development and capacity building opportunities;
- 7.3 Work collaboratively with the Executive Director to solve problems and generate solutions to common problems that may impact on the performance of the employee;
- 7.4 On the request of the Executive Director delegate such powers reasonably required by the Executive Director to enable him or her to meet the performance objectives and targets established in terms of the agreement; and
- 7.5 Make available to the Executive Director such resources as the Executive Director may reasonably require from time to time to assist him or her to meet the performance objectives and targets established in terms of the agreement.

8. CONSULTATION

The City Manager agrees to consult the Executive Director timeously in respect of decisions which will have a significant impact on the performance of the duties of the Executive Director.

9. MANAGEMENT OF OUTCOMES

- 9.1 The evaluation of the Executive Director's performance will form the basis for rewarding performance or correcting unacceptable performance.
- 9.2 A performance bonus not exceeding 14% may be paid to the Executive Director in recognition of outstanding performance, in accordance with the City's policy and system referred to in this agreement.

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- 9.3 An increase may be awarded to the Executive Director in accordance with the City's policy and system referred to in this agreement.
- 9.4 Should the Executive Director be entitled to a performance bonus referred to in paragraph 9.2, this will be paid out after the tabling of the annual report.
- 9.4.1 However, should the Executive Director not be entitled to a performance bonus in line with Executive Director's employment contract, alternative performance rewards will be awarded as per the relevant policy.
- 9.5 In the case of unacceptable performance, the City Manager shall provide systematic remedial or developmental support to assist the Executive Director to improve their performance.
- 9.6 Where the City Manager is, at any time during the Executive Director's employment, not satisfied with the Executive Director's performance with respect to any matter dealt with in this Agreement, the City Manager will give notice to the Executive Director to attend a meeting with the City Manager.
- 9.7 The Executive Director will have the opportunity at the meeting to satisfy the City Manager of the measures being taken to ensure that the Executive Director's performance becomes satisfactory and any programme, including any dates, for implementing these measures.
- 9.8 Where there is a dispute or difference as to the performance of the Executive Director under this Agreement, the parties will confer with a view to resolving the dispute or difference.

10. DISPUTES

- 10.1 Any dispute arising out of this Agreement, shall be submitted to and determined by arbitration in accordance with the arbitration rules of an accredited private dispute resolution agency, as amended. The arbitrator shall be mutually agreed upon, and shall be selected from a list of arbitrators supplied by an accredited private dispute resolution agency.


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- 10.2 The parties shall, prior to the arbitration date, be required to meet with the arbitrator in order to determine the appropriate terms of reference for the arbitrator, and their powers, and to submit an agreement in writing to the arbitrator.
- 10.3 Should the parties fail to agree on the identity of the arbitrator within a period of 14 days after the date of the submission of the dispute to the City Manager, either of the parties shall be entitled to request a private dispute resolution agency, to appoint the arbitrator. The accredited private dispute resolution agency, in making the appointment, shall have regard to the nature of the dispute, and shall have regard to the parties' requirement of speedy arbitration in the selection of arbitrators. If the appointment is to be made in this manner, preference shall be given to the attorneys or advocates on the Panel of arbitrators of the accredited private dispute resolution agency.
- 10.4 The arbitrator shall be entitled further to determine the procedure to be followed in the arbitration, but to ensure that each party has the right to be heard, lead appropriate witnesses, submit documentation, and to argue in respect of the appropriate outcome and remedy. The arbitrator shall, in determining the procedures to be followed, be guided by the parties' intention to have the dispute finally adjudicated upon within as short as possible a period from the date of the dismissal, or of the dispute, arising.
- 10.5 The parties shall be entitled to be represented by a representative of choice at the arbitration, and the outcome of the arbitration shall be final and binding. The Executive Director shall be bound to the dispute resolution procedures contained herein.
- 10.6 The fact that any dispute has been referred to, or is the subject of an arbitration, as well as any information submitted or furnished to the arbitrator, or in any other matter forming part of the record of any arbitration proceeding, shall be kept confidential by the parties to such proceeding.

11. GENERAL

- 11.1 The contents of the Agreement and the outcome of any review conducted in terms of Annexure "A" (scorecard) will not be confidential and may be made available to the public by the City, where appropriate.


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11.2 Nothing in this Agreement diminishes the obligations, duties or accountabilities of the Executive Director in terms of their contract or employment, or the effects of existing or new regulations, circulars, policies, directives or other instruments.

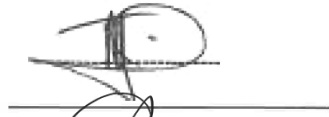
SIGNED at Braamfontein on this the 4th day of July 2022.

For: **THE CITY OF JOHANNESBURG**
METROPOLITAN MUNICIPALITY



City Manager

Witness:



Witness:



SIGNED at Braamfontein on this the 4th day of July 2022.



Vincent Campbell
Executive Director

Witness:



Witness:

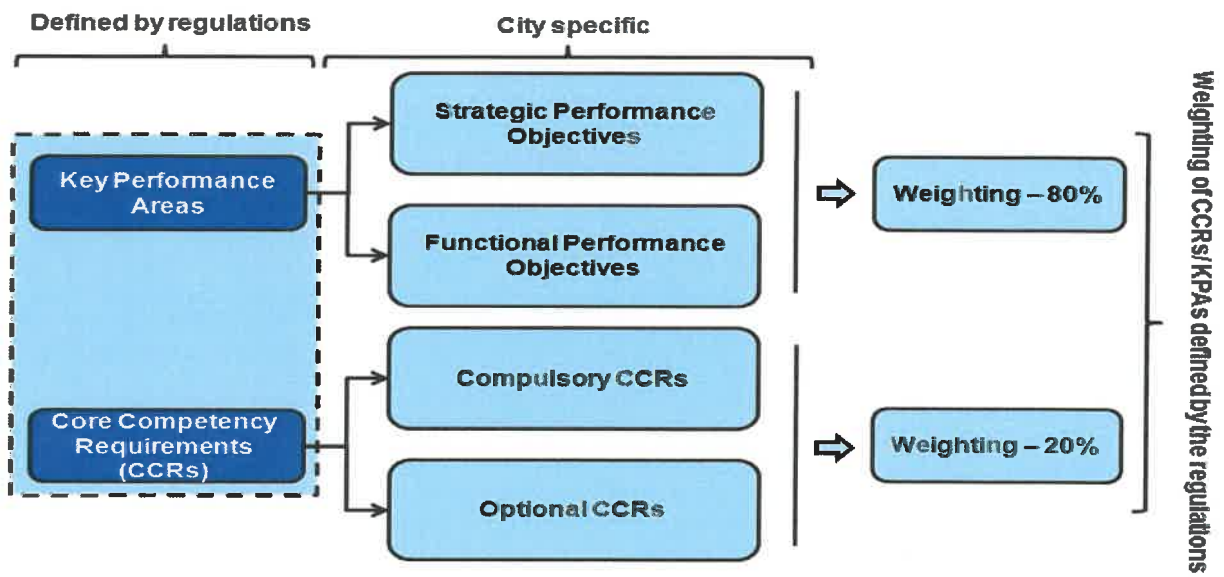




ANNEXURE "A"

PERFORMANCE SCORECARD	
Employee	Vincent Campbell: Executive Director
Manager	City Manager
Department	Community Development
Position Purpose	To provide comprehensive community development services to the citizens through Arts, Culture and Heritage, Libraries and Information Services, Sport and Recreation & Facilities management.
The period of this Performance Plan is from 1 July 2022 to 30 June 2023	

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Annexure "A"


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SECTION 1: STRATEGIC PERFORMANCE OBJECTIVES

KPA No	Key Performance Area	KPI No.	Key Performance Indicator	Baseline	Target	Means of Verification
STRATEGIC PERFORMANCE OBJECTIVES TOTAL WEIGHTING = 50%						
1	Citywide Job Creation Programme	1.1	No. of EPWP job opportunities created through the departmental projects ¹	560 work opportunities created through EPWP	1=300 2=400 3=600 4=650 5=700	<ul style="list-style-type: none"> • Certified ID Copy of Participant • Contract of Employment • Attendance register • Proof of Payment • DED Performance Report
		1.2	No. of SMMEs supported through departmental projects	40 SMMEs supported	1=30 2=35 3=50 4=55 5=60	Financial support: <ul style="list-style-type: none"> • Signed-off main contract or sub-contract; or • Purchase order(s), or invoice(s) or payment report(s) Non-Financial Support <ul style="list-style-type: none"> • Training /workshops & exhibitions = attendance registers Non-Financial Support <ul style="list-style-type: none"> • Business consultation reports on Business consultation, business registration and compliance, business planning and market research, back-office support: accounting, legal; advice and mentorship, coaching, tendering assistance, funding facilitation

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¹ The department to comply with DED guidelines and criteria

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KPA No	Key Performance Area	KPI No.	Key Performance Indicator	Baseline	Target	Means of Verification
STRATEGIC PERFORMANCE OBJECTIVES TOTAL WEIGHTING = 50%						
2	Social Cohesion	2.1	Number of Arts and Culture programmes implemented ²	10 programmes	1=8 2=10 3=12 4=14 5=16	<ul style="list-style-type: none"> Approved programme implementation reports Annual close out reports Visual photos Attendance registers/statistics
		2.2	Number of Museum programmes implemented ³	10 programmes	1=8 2=10 3=12 4=14 5=16	<ul style="list-style-type: none"> Approved programme implementation reports Annual close out report Visual photos Attendance registers
		2.3	Number of Heritage programmes implemented	5 programmes	1=4 2=5 3=6 4=7 5=8	<ul style="list-style-type: none"> Approved programme implementation reports Annual close out report Visual photos Attendance registers
3	Sports and healthy lifestyle	3.1	Number of lifestyle programmes implemented ⁴	12 programmes	1=10 programmes 2=12 programmes 3=14 programmes 4=15 programmes 5=16 programmes	<ul style="list-style-type: none"> Approved programme implementation reports Annual close out reports Visual photos Attendance registers

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² Our core programmes are Arts Alive, Social Cohesion, Dialogues, cultural programmes, schools programmes, heritage programmes, collaboration programmes with other organization

³ Labour of Love (JAG); Fashion from the early 1900 (MA); Constance Stuart Larrabee (Bensusan Museum); Joburg Art Fair (JAG); For Future Generations- Hugh Tracy and International Library for African Music Exhibition (MA); Missionary Encounters (MA); Exhibition: Maritz Collection (JAG); Exhibition: Decorative Pieces from JAG collection/ to correspond with school syllabus (JAG);

⁴ KPI 46 on SDBIP. Programmes includes Aerobics, active walking/ running, active cycling, club participation

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KPA No	Key Performance Area	KPI No.	Key Performance Indicator	Baseline	Target	Means of Verification
STRATEGIC PERFORMANCE OBJECTIVES TOTAL WEIGHTING = 50%						
		3.2	Number of priority sporting codes implemented ⁵	9 competitive sporting codes	1=8 competitive sporting codes 2=9 competitive sporting codes 3=10 competitive sporting codes 4=11 competitive sporting codes implemented through collaborations 5=12 competitive sporting code implemented through collaborations	<ul style="list-style-type: none"> Approved programme implementation reports Annual close out report. Visual photos Attendance registers
4	Access to facilities	4.1	No. of people accessing facilities ⁶	800,000	1= 800,000 2= 900,000 3= 1,000,000 4= 1,250,000 5= 1,500,000	<ul style="list-style-type: none"> Departmental Performance Quarterly Report Register of participants/Record of venue utilization Visual photos
5	Literacy and learning	5.1	No. of digital transformation programmes implemented in LIS ⁷	75,000 individuals accessing eLearning	1= 1 programme 2= 2 programmes 3= 3 programmes, with 40,000 participants 4= 3 programmes with 50,000 participants 5= 3 programmes with, 55,000 participants	<ul style="list-style-type: none"> Approved programme implementation programme reports Annual close out report Registers/ Statistics

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⁵ Basketball, Boxing, Cricket, Rugby, Aquatics (Gala, Dragon Boat, Canoeing, Water Polo, Synchronized Swimming, Diving), Tennis, Athletics, Netball, Marginalized Soccer (Female, Indian), Volleyball, Hockey, Goalball (PWD)

⁶ –Utilization for various community activities arranged directly Community Development services or vulnerable community services (workshops, clubs) etc.). ACH Museums, Art Gallery, Access to Sport and recreation and stadiums. Accessing to Libraries and information Services programmes. Accessing to Arts, Culture and Heritage programmes.


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KPA No	Key Performance Area	KPI No.	Key Performance Indicator	Baseline	Target	Means of Verification
STRATEGIC PERFORMANCE OBJECTIVES TOTAL WEIGHTING = 50%						
6	Community building	6.1	Number of collaboration agreements signed with stakeholders ⁸	28 organizations supported	1= 27 2= 28 3= 29 4= 30 5= 32	<ul style="list-style-type: none"> Departmental Performance Quarterly Report Signed MOU/MOA/SLA or Approved Collaboration reports
7	Accountability and Good Governance	7.1	% Implementation of the ombudsman's recommendations ⁹	No Recommendations received	1 = less than 50% implemented within 90 days or more days 2 = 50% - 84% implemented within 90 days or more days 3 = 85% - 100% implemented within 90 days 4 = 100% implemented within 60 days 5 = 100% implemented within 30 days or less days	Quarterly dashboard of the Ombudsman's recommended cases implemented signed-off by the Ombudsman

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⁷ KPI 70 on Institutional SDBIP target of 3 programmes

⁸ Inclusive of LIS, ACH and Sport and Rec as partner organizations

⁹ Department/Entity/ Employee must provide the Office of the Ombudsman with a written confirmation within 14 days of receiving the recommended corrective action stating if the recommended corrective action will be implemented or not. In the event that the recommendation will not be implemented a compressive report must be written to the Ombudsman stating why the recommended corrective action will not be implemented. The recommendations may include but not limited to negotiations, conciliation or mediation, apology, action that may result in disciplinary measures and any other justified way to obtain a settlement.

Any person who fails to comply with any lawful instruction issued by the Office of the Ombudsman shall be found guilty of an offence and liable for a fine or imprisonment.



KPA No	Key Performance Area	KPI No.	Key Performance Indicator	Baseline	Target	Means of Verification
STRATEGIC PERFORMANCE OBJECTIVES TOTAL WEIGHTING = 50%						
		7.2	Percentage of agreed recommendations implemented by department emanating from concluded forensic investigation within 90 days	0%	1 = less than 50% implemented within 90 days or more days 2 = 50% - 84% implemented within 90 days or more days 3 = 85% - 100% implemented within 90 days 4 = 100% implemented within 60 days 5 = 100% implemented within 30 days or less days	GFIS Dashboard of concluded investigations Copy of concluded investigation report Acknowledgment of receipt by clients Implementation plan by clients. Implementation/status report signed off by HOD/CEO. Quarterly monitoring report signed off by signed-off by the Head of GFIS
		7.3	Turnaround times to respond to oversight & advisory committees' requests. GPAC MPAC GAC GRGC S79 Committees	Within approved timelines	1 = 2 days after the approved timelines 2 = 1 day after the approved timelines 3 = Within the approved timelines 4 = 1 day ahead of approved timelines 5 = 2 days ahead of approved timelines	Departmental quarterly tracking reports signed by HoD POCM analysis dashboard tabled at EMT





KPA No	Key Performance Area	KPI No.	Key Performance Indicator	Baseline	Target	Means of Verification
STRATEGIC PERFORMANCE OBJECTIVES TOTAL WEIGHTING = 50%						
8	Good Governance	8.1	Audit outcome ¹⁰	Unqualified Audit Report	1= Adverse Audit report ¹¹ 2= Qualified Audit Report ¹² 3= Unqualified without material finding 4= Unqualified report with audit findings classified as other matters and administrative matters 5= Unqualified audit report with no findings (clean audit)	AG Management Letter
		8.2	% Resolution of internal audit findings ¹³	100%	1 ≤ 85% resolution 2 = 86% - 90% resolution 3 = 91% - 95% resolution 4 = 96% -97% resolution 5 =98% - 100% resolution	<ul style="list-style-type: none"> GAC Internal Audit Report on Findings Minutes from GAC
		8.3	% Resolution of external (AGSA) audit findings ¹⁴	100%	1 ≤ 85% resolution 2 = 86% - 90% resolution 3 = 91% - 95% resolution 4 = 96% -97% resolution 5 =98% - 100% resolution	<ul style="list-style-type: none"> GAC Internal Audit Report on Findings Minutes

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¹⁰ The opinion may be that given for the department/entity where applicable.

¹¹ This is where AGSA is unable to and does not express an audit opinion due to uncertainty.

¹² This is where there is a disagreement between AGSA and COJ on fair presentation & disclosure.

¹³ These are findings by internal audit only that are picked up on an ongoing basis.

¹⁴ These are AGSA findings from departmental/entity annual reports, as well as the main CoJ annual report.



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KPA No	Key Performance Area	KPI No.	Key Performance Indicator	Baseline	Target	Means of Verification
STRATEGIC PERFORMANCE OBJECTIVES TOTAL WEIGHTING = 50%						
		8.4	% Compliance with response timelines for the development of the Annual Performance Report ¹⁵	100%	1 = 85% compliance 2 = 90% compliance 3 = 100% compliance 4 = 100% compliance 2 days earlier 5 = 100% compliance 3 days earlier	GSPCR tracking report signed-off by GH

SECTION 2: FUNCTIONAL PERFORMANCE OBJECTIVES (FPO)

KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification
SECTION 2: FUNCTIONAL PERFORMANCE OBJECTIVES (FPO) (TOTAL WEIGHTING = 30%)						
1	Procurement and Contract Management	1.1	Percentage management of contracted supplier contract within the department ¹⁶	100%	1 = contract expired without starting new procurement process 2 = Contract expired while procuring 3 = 100% management of all contracts without incurring and deviations. 4 = New contract secured/ appointed (not through deviation or regulation 32 or 36) 5 = New contract secured/ appointed (not through deviation or regulation 32 or 36) within more than a	<ul style="list-style-type: none"> Status of the Contracts Register Sign-off by the OGCFD

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¹⁵ Relates to response in terms of supply of full performance information as required by GSPCR for the development of the CoJ Integrated Annual Report

¹⁶ Each department is responsible for ensuring that they have internal processes to monitor the lifespan of their supplier contracts. Contracts must always be in force for as long as the projects are ongoing to avoid Irregular Expenditure. The HoD must engage and respond to the GCFO in terms of updating the contracts register.



KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification
					month of expiry of old contract.	
		1.2	% Compliance to acquisition of goods and services as per the approved demand plan	100%	1 = Acquisition plan 2 = Procurement delayed 3 = 100% compliance 4 = Target met ahead of delivery date (1 month) 5 = Target met ahead of delivery date (2 months)	<ul style="list-style-type: none"> Approved Acquisition plan Departmental Quarterly Acquisition Status Reports SCM Assessment reports
2	UIFW Strategy Implementation	2.1	Percentage reduction in historical Unauthorised expenditure reported 30 June 2022	New indicator	1= 0% reduction 2= 1% - 69% 3 = 70% -75% 4 = 76%- 80% 5 = 81%-85%	UIFW report tabled at GAC and GPAC
		2.2	Percentage reduction in current and/or new Unauthorised expenditure	New indicator	1= 0% reduction 2= 1% - 69% 3 = 70% -75% 4 = 76%- 80% 5 = 81%-85%	
		2.3	Percentage reduction in historical Irregular expenditure reported 30 June 2022	New indicator	1= 0% reduction 2= 1% - 69% 3 = 70% -75% 4 = 76%- 80% 5 = 81%-85%	
		2.4	Percentage reduction in current and/or new Irregular expenditure	New indicator	1= 0% reduction 2= 1% - 69% 3 = 70% -75% 4 = 76%- 80% 5 = 81%-85%	

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KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification
		2.5	Percentage reduction in historical Fruitless and Wasteful expenditure reported 30 June 2022	New indicator	1= 0- 69% 2= 70%- 89% 3 = 90%-95% 4 = 95%-100% 5 = 0% incurrence of fruitless and wasteful expenditure.	
		2.6	Percentage reduction in current and/or new Fruitless and Wasteful expenditure	New indicator	1= 0- 69% 2= 70%- 89% 3 = 90%-95% 4 = 95%-100% 5 = 0% incurrence of fruitless and wasteful expenditure.	
3	Risk Management	3.1	% of risks mitigation strategies action plan for departmental top strategic risks implemented towards the reduction of departmental risk	85%	1 ≤ 50% implemented 2 = 51% - 69% implemented 3 = 70% -100% implemented 4 = 40% of departmental top strategic risks improved 5 = 60% of departmental top strategic risks improved	GRGC Risk analysis reports and Minutes
4	Departmental performance monitoring and reporting	4.1	% Attainment of performance targets on departmental SDBIP/BP	86%	1 ≤ 75% 2 = 76% - 84% 3 = 85% - 89% 4 = 90% - 99% 5 =100%	<ul style="list-style-type: none"> GSPCR assessment reports presented at Sub-Mayoral Cluster meeting; Minutes of Sub-Mayoral Cluster Committee
5	mSCOA compliance	5.1	% Compliance with mSCOA compliance timelines by the department	<40% compliance	1<40% Compliance with mSCOA compliance per NT requirement by 01 June 2023	Quarterly mSCOA compliance reports


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KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification
					2= 45% Compliance with mSCOA compliance per NT requirement by 01 June 2023 3= 50% Compliance with mSCOA compliance per NT requirement by 01 May 2023 4= 51% Compliance with mSCOA compliance per NT requirement 01 April 2023 5= 53% Compliance with mSCOA compliance per NT requirement 01 March 2023	
		5.2	% Compliance with mSCOA unbundling process by the department	<40% compliance	1<65% Compliance with mSCOA data quality for NT strings submission 2= 65% Compliance with mSCOA data quality for NT strings submission 3= 70% Compliance with mSCOA data quality for NT strings submission 4= 75% Compliance with mSCOA data quality for NT strings submission 5= 80% Compliance with mSCOA data quality for NT strings submission	Quarterly mSCOA compliance reports
SECTION 3: CORE COMPETENCY REQUIREMENTS						
(TOTAL WEIGHTING = 20%)						
Financial Competence (Compulsory)						
1	Expenditure	1.1	% Spent of allocated	22%	1 ≤ 92% Capex spent	• SAP Report

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KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification
	Management		departmental Capex ¹⁷		2 = 93% - 94% Capex spent 3 = 95% - 97% Capex spent 4 = 98% - 99% Capex spent 5 = 100% Capex spent	<ul style="list-style-type: none"> Midyear and Annual financial expenditure report by Group Finance
		1.2	% Spent of allocated departmental Opex budget	73%	1 ≤ 92% Opex spent 2 = 93% - 94% Opex spent 3 = 95% - 97% Opex spent 4 = 98% - 99% Opex spent 5 = 100% Opex spent	<ul style="list-style-type: none"> SAP Report Midyear and Annual financial expenditure report by Group Finance
		1.3	Percentage of valid departmental invoices paid within 30 days of submission to Group Finance for payment ¹⁸	96%	1 < 95% of valid invoices paid within 30 days 2 = 95% of valid invoices paid within 30 days 3 = 100% of valid invoices paid within 30 days of invoice date 4 = 100% of valid invoices paid within 25 days 5 = 100% of valid invoices paid within 20 days	Midyear and Q4 Finance Reports on UIFWs.
People Management and Empowerment (Compulsory)						

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¹⁷ This is applicable to departments with large capex budget – threshold to be determined.

¹⁸ By paying service provider within required 30 days, there will be a reduction or elimination of unnecessary auditing findings which will lead to improved control environment within SCM and City as a whole. Each department must ensure that submission of invoices to Group Finance are not delayed. The Finance Manager must ensure that the invoice meets all requirements and all relevant attachments are submitted with the invoice to avoid it being rejected by the Merchants thereby causing a delay in the payment. The department is liable for this compliance.



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KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification
2	Skills Development	2.1	% Implementation of skills development initiatives for CoJ employees ¹⁹	85%	1 = Establishment of a Departmental Training Committee 2 = Development and sign off a Departmental Workplace Skills Plan 3 = 100% Implementation of a Departmental Workplace Skills Plan ²⁰ 4 = 80% implementation of all competency gaps identified in the skills audits for level 3 – 4 employees ²¹ 5 = 80% implementation of all competency gaps identified in the skills audits for level 5 – 6 employees	<ul style="list-style-type: none"> Terms of Reference, Minutes, Agendas for the Training Committee; Signed Compliant WSP Annual Training Reports reflecting status and levels trained.
3	Performance and People Management	3.1	% Compliance to the performance management cycle as per the policy for employees of the CoJ ²² in the department	77%	1 = <65% 2 = 65% - 84% 3 = 85% - 100% 4 = 100% compliance and +40% of employees achieved 90% of their set scorecards targets 5 = 100% compliance and +60% of employees	<ul style="list-style-type: none"> Assessment report by GCSS

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¹⁹ Some Skills Audit interventions will be handled centrally by HCM, but departments will be responsible for budgets. Other interventions will be implemented via the departmental WSP – own training budgets, VIA Line Managers and HR Field through training budget. This includes other training initiatives, e.g. LP and others.

²⁰ General training to improve skills including Individual Learning Plans trainings.

²¹ This is specific to outcomes of the skills audits conducted. The HoD must ensure that employees within the department comply and participate as per the GCSS programme.

²² This is performance for the entire staff complement in the department unless specified otherwise for departments with very large numbers of employees.



 TT MM 18/11

KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification
		3.2	Percentage of disciplinary cases resolved within 120 days ²³	100%	achieved 90% of their set scorecards targets 1 = >75% 2 = 75 - 80% 3 = 81 - 85% 4 = 86 - 90% 5 = 90 - 100%	<ul style="list-style-type: none"> Appointment letters of Prosecutor and Presiding Officer Disciplinary sanction
4	Employee safety	4.1	Percentage compliance to SHE Policy/ Directives to promote health and safety in the department ²⁴	100%	1 = 40% compliance to SHE audits and ≥ 1 Disabling injuries 2 = 60% compliance to SHE audits and ≥ 1 Disabling injuries 3 = 80% - 89% compliance to SHE audits and ≥ 1 Disabling injuries 4 = 90% - 94% compliance to SHE audits and 0 Disabling injuries 5 = 0 Fatalities and 95% - 100% compliance to SHE audits	Quarterly assessment reports by SHELA & FCM tabled at EMT

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²³ The counting begins with the charge (charge sheet date) laid on the employee up to the day of approval by the Chairperson and committee, of the recommended disciplinary action to be implemented.
²⁴ This relates to prevention of workplace incident classified as disabling injuries and fatalities by Group SHE. The department to provide the following documents to Group SHE to determine the compliance level of the department

- I. List of employees attended training for SHE representatives' course, First Aids, Evacuation Marshalls, and Fire Fighting
- II. Minutes confirming employees attending SHE Committee meeting
- III. Progress report on the implementation of the recommended corrective measures
- IV. SLA with JPC to address repairs and maintenance matters of the building
- V. List of employees referred to Group SHE for pre-employment medical examination, periodic and exit medical examination
- VI. Reporting of injury on duty cases/claims to COLD office within 2 days after the incident
- VII. List of employees provided with Personal Protective Equipment
- VIII. Reporting of employees tested positive for COVID-19
- IX. Reporting of employees vaccinated for COVID-19
- X. Confirmation of provision desk screen to maintain social distancing


 TT MM 15/11

KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification
Change Management (optional)						
5	Human Capital Management and Empowerment	5.1	% Compliance with the implementation of EE in departments	80%	1 < 40% ²⁵ 2 = 40% - 59% ²⁶ 3 = 60% - 79% ²⁷ 4 = 80% - 99% ²⁸ 5 = 100% ²⁹	Departmental Level <ul style="list-style-type: none"> Approved Departmental Action Plan; Manco/SMT Minutes Training Manuals & Presentations DEE&SDF and/or Quarterly Staff meetings' minutes & Annual Schedules Signed Quarterly Progress reports EE Office Level <ul style="list-style-type: none"> Training Manuals & Presentations Annual EE Report (EEA2 & EEA4) City Group Quarterly Progress reports by EE Unit tabled at EMT Close out report
6	Disability Mainstreaming	6.1	% Attraction of suitably qualified People with Disabilities (PWDs) within departments (including measures to enhance universal access and reasonable accommodation)	New	1 = 0% - 19% ³⁰ 2 = 20% - 45% ³¹ 3 = 46% - 79% ³² 4 = 80% - 99% ³³ 5 = 100% ³⁴	<ul style="list-style-type: none"> Training Manuals & Presentations Signed Quarterly Progress reports Recruitment reports SAP Reports Memorandum of Understanding (MOU) or Partnership Agreements
Customer Orientation and Customer Focus (Compulsory)						
7	Customer satisfaction	7.1	Percentage increase in Polling	59%	1 = decrease.	Polling Survey results

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²⁵ Establish functional EE, Disability and Gender structures and development of the EE Annual Action Plan on the achievement of identified AA Measures.

²⁶ Developing measures of compliance with set EE (gender and racial targets) in line with the City's Approved EE Plan.

²⁷ Consultation with the Departmental EE & Skills Development Forum and/or feedback with the general staff members on EE & Skills Development issues. (This includes awareness campaigns and training done in the department)

²⁸ Training done in line with the employee's upward mobility requirements.

²⁹ Plan and celebrate annual transformation events e.g., Women's Day, 16th Days of Activism against Women and Children Abuse, National Disability Day etc.

³⁰ Identify position targeted for suitably qualified PWDs across occupational levels i.e., from Unskilled to Senior Management occupational levels.

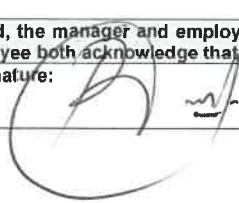
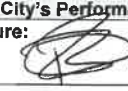
³¹ Awareness creation on Disability to all employees within the department.

³² 0 – 1% of total staff compliment as an improvement to the minimum 2% Disability target

³³ >1% of total staff compliment as an improvement to the minimum 2% Disability target

³⁴ Partnership with external organization to recruit disability learners or to improve on workplace accessibility

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KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification
			Survey satisfaction levels ³⁵	2019/20 polling results	2 = no change or <1% increase. 3 = 1% increase. 4 = 2% increase. 5 = > 2% increase.	
By signing this performance scorecard, the manager and employee hereby indicate their full understanding of, and agreement with the contents of the scorecard. The manager and the employee both acknowledge that this is in full compliance with the City's Performance Management Policy.						
Vincent Campbell Executive Director: Community Development		Signature: 		City Manager	Signature: 	Date: 4 July 2022

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³⁵ Every two years the Quality of Life survey is conducted in partnership with GCRO and GPG; and in alternate years a Customer Satisfaction Survey is carried out by COJ with a private sector service provider. 2021/22 (Customer satisfaction survey), 2022/23 (Polling survey) 2023/24 (Quality of Life survey), 2024/25 (Customer satisfaction survey) 2025/26 (Quality of Life survey). An action plan for implementation will be developed following the finalisation of survey results.

