

**PERFORMANCE AGREEMENT**

Made and entered into by and between

**THE CITY OF JOHANNESBURG METROPOLITAN MUNICIPALITY**

("the City")

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

and

**Siyabonga Nodu**

("the Acting Group Executive Director")

for the financial year: 1 July 2023 to 30 June 2024

**1. INTRODUCTION**

- 1.1 The City has entered into a contract of employment with the Acting Group 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 Acting Group 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 Acting Group 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 Acting Group 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 Acting Group 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 will terminate on the termination of the City Manager's contract of employment regardless of the reason for such termination.

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 Acting Group 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 Acting Group Executive Director and are based on the Growth and Development Strategy, Integrated Development Plan, 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 must be achieved. The weightings show the relative importance of the key objectives to each other.

4.4 The Acting Group 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 Acting Group Executive Director will be required to engage in performing their job.

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

5.3 The Acting Group 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 Acting Group Executive Director to perform to the standards required.

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

5.5 The Acting Group 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 KPAs.

**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 Acting Group Executive Director, a Group Performance Audit Committee and Performance Evaluation Panel have been established to assist the City Manager and in the process of evaluating the Performance of the Acting Group Executive Director.

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

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

- 6.3 The Acting Group Executive Director must avail themselves for scheduled performance reviews. Failure to do so, may result in the City Manager concluding on the Acting Group 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 Acting Group 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 Acting Group 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 Acting Group 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 Acting Group 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.
- 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.

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**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 Acting Group 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 Acting Group Executive Director delegate such powers reasonably required by the Acting Group Executive Director to enable them to meet the performance objectives and targets established in terms of the agreement; and
- 7.5 Make available to the Acting Group Executive Director such resources as the Acting Group Executive Director may reasonably require from time to time to assist them to meet the performance objectives and targets established in terms of the agreement.

**8. CONSULTATION**

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

**9. MANAGEMENT OF OUTCOMES**

- 9.1 The evaluation of the Acting Group 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 Acting Group Executive Director in recognition of outstanding performance, in accordance with the City's policy and system referred to in this agreement.
- 9.3 An increase may be awarded to the Acting Group Executive Director in accordance with the City's policy and system referred to in this agreement.

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9.4 Should the Acting Group 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 Acting Group Executive Director not be entitled to a performance bonus in line with the Acting Group 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 Acting Group Executive Director to improve their performance.

9.6 Where the City Manager is, at any time during the Acting Group Executive Director's employment, not satisfied with the Acting Group Executive Director's performance with respect to any matter dealt with in this Agreement, the City Manager will give notice to the Acting Group Executive Director to attend a meeting with the City Manager.

9.7 The Acting Group Executive Director will have the opportunity at the meeting to satisfy the City Manager of the measures being taken to ensure that the Acting Group 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 Acting Group 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.

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 Acting Group 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.

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

SIGNED at Braamfontein on this the 19<sup>th</sup> day of July 2023

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

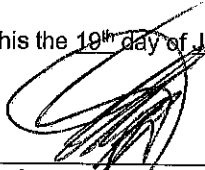


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**Floyd Brink**  
**City Manager**

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

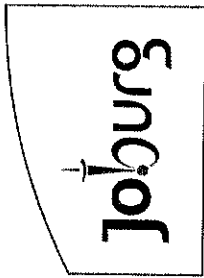
SIGNED at Braamfontein on this the 19<sup>th</sup> day of July 2023



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**Siyabonga Nodum**  
**Acting Group Executive Director**

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_



a world class African city

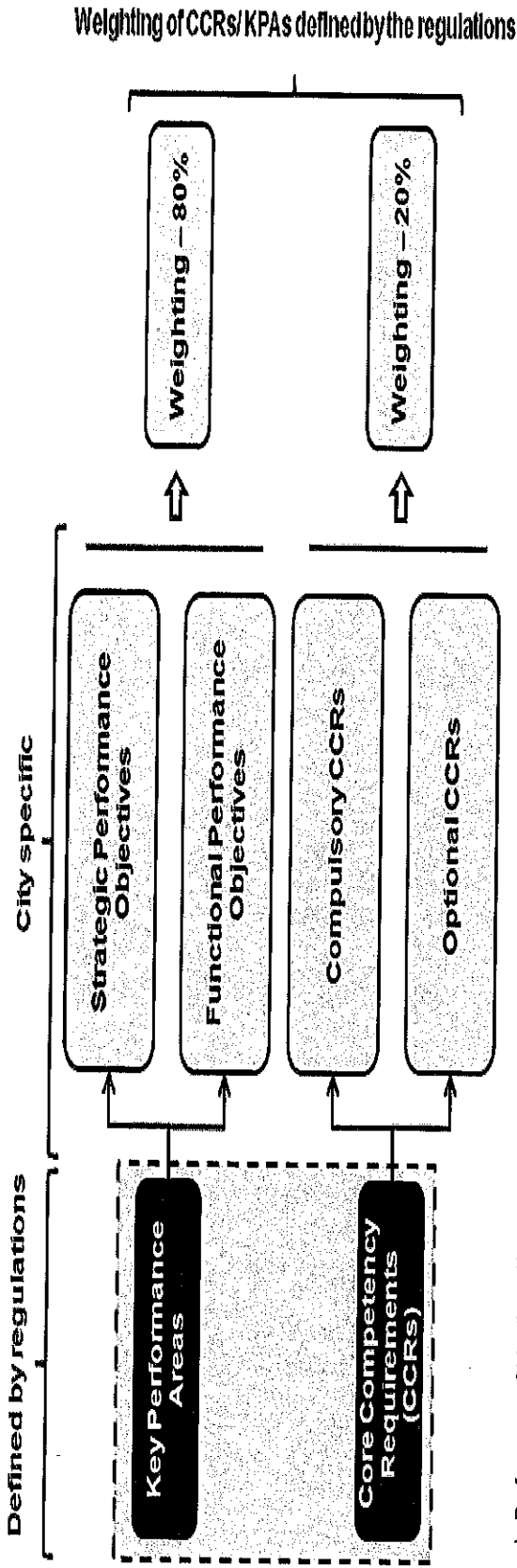
Annexure A

PERFORMANCE SCORECARD	
Employee	Siyabonga Nodu : Acting Group Executive Director
Manager	Floyd Brink : City Manager
Department	Group Corporate and Shared Service
Position purpose	Group Occupation Health & Safety, Logistical Services Management and Human Capital Management
The period of this Performance Plan is from 1 July 2023 to 30 June 2024	

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The individual performance scorecards shall be made up of Key Performance Areas (KPA) and Core Competency Requirements (CCRs) which shall have a relative weighting of 80% to 20% respectively.

The CCR scorecard is attached as Annexure "B"



Strategic Performance Objectives (SPOs) are those KPAs which are derived from key citywide and sector based objectives and strategies. Of the total 80% KPA weighting, the relative weighting for SPOs should not be less than 50%. The SPOs are developed to reflect the City's strategic priorities within the individual employee scorecard.

Functional Performance Objectives (FPOs) relate to the employee's functional areas, objectives and responsibilities. Of the total 80% KPA weighting, the relative weighting for FPOs should not exceed 30%.

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KPA No	Key Performance Area	KPI No	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification(MOV)
<b>STRATEGIC PERFORMANCE OBJECTIVES (SPO)</b> (TOTAL WEIGHTING = 50%)						
1	Competent workforce and productive government	1.1	Percentage of Departments assessed on Performance Management (PM) implementation Note that this KPI excludes Section 54A & 56)	<60%	1 = 80% 2 = 90% 3 = 100% of Departments assessed on Performance Management (PM) implementation 4= Two Interventions to enhance PMS 5= Three Interventions to enhance PMS	2023/24 PMS compliance close-out report
		1.2	Percentage support and monitoring of Employment Equity; qualitative and quantitative measures (inclusive of Gender and Disability)	100%	1 = 65% 2 = 80% 3 = 100% support and monitoring of Employment Equity; qualitative and quantitative measures (inclusive of Gender and Disability) 4= Two interventions to enhance Transformation 5= Three interventions to enhance Transformation	<ul style="list-style-type: none"> <li>Action Plan</li> <li>Quarterly EE Progress Reports</li> <li>DoL EE Annual Report</li> </ul>
		1.3	Percentage implementations on of skills audit interventions for people assessed as part of the Skills Audit process for levels 5 and 6	<30%	1 = 15% 2 = 20% 3= 30% 4= 32% 5=33%	<ul style="list-style-type: none"> <li>SLA signed for each intervention</li> <li>Programmes / Modules covered per interventions</li> <li>List of employees in scope on various skills audit interventions programme/s</li> </ul>
		1.4	Percentage Monitoring 1 & Oversight of Disciplinary Procedure Collective Agreement in finalising disciplinary cases within specified timelines by line departments	<90%	1 = 90% 2 = 95% 3= 100% monitoring & Oversight of Disciplinary Procedure Collective Agreement in finalising disciplinary cases within specified timelines by line departments	Quarterly progress reports to EMT

<sup>1</sup> Action plan on means of verification of "Monitoring & Oversight" signed by the City Manager in Quarter 1 – by no later than the end of July 2023

*Handwritten initials/signature*

KPA No.	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification(MOV)
2	Smart City -4th Industrial Revolution and Safe work environment	1.5	Percentage Implementation of the organisational redesign of the city.	New indicator	4=Two interventions to avoid issues 5=100% monitoring & Oversight without issues 1=10% 2=30% 3=45% <b>Implementation of the organisational redesign of the city.</b> 4=46% 5=47%	<ul style="list-style-type: none"> <li>Action plan to be approved by CM</li> <li>2-4 Quarterly Progress reports to CM</li> </ul>
		2.1	Percentage Development of the City Core consolidated Workforce Plan of the City Core in line with City's vision, and the Future World of Work for 2023/24	Workforce Planning Framework and Action Plan	1= Consultations with 14 Departments 2= Consultations with 21 Departments 3= <b>100% Development of City Core consolidated workforce plan</b> 4= Two interventions to ensure Development of City Core consolidated workforce plan without issues 5= Three interventions to ensure Development of City Core consolidated workforce plan any without issues and on time.	Close up report
		2.2	DIFR (Disabling Incident Frequency rate)	1, 520	1= 1.76 2=1.75 3= <b>1.72</b> 4= 1.717 5= 1.715	Signed DIFR Dashboard
		2.3	Percentage monitoring and reporting SHE standard at all CoJ corporate buildings and facilities to improve OHASA compliance across the City	New indicator	1= 95% 2= 98% 3= <b>100%</b> 4= Two interventions to ensure compliance 5= Three interventions to ensure compliance	SHE Report approved

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KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification(MOV)
3	Enhanced employee management and development	3.1	Percentage of municipal skills development levy recovered	100%	1 = 75% 2 = 80% <b>3 = 100% of municipal skills development levy recovered</b> 4 = One Intervention to enhance skills development 5 = Two Interventions to enhance skills development	Skills Development Levy report
		3.2	Percentage of days in a year that all S56 positions are filled by fulltime appointed staff not in acting capacity <sup>23</sup> Top management stability	78%	1 = 60% 2 = 70% <b>3 = 80% of days in a year that all S56 positions are filled by fulltime appointed staff not in acting capacity</b> 4 = 82% 5 = 84%	Quarterly filling of positions reports
		3.3	Number of active suspensions longer than three months (for sections 54a and section 56) Circular 88	New indicator	1 = Number of active suspensions longer than three months reduced by 4 2 = Number of active suspensions longer than three months reduced by 5 <b>3 = Number of active suspensions longer than three months reduced by 6</b> 4 = Two interventions to ensure line departments comply with relevant processes and requirements. 5 = Three interventions to ensure line departments comply with relevant processes and requirements.	Active Suspensions report signed by GED:GCSS

<sup>2</sup> Citywide Section 56 is a total of 33 positions

<sup>3</sup> Citywide Section 56 is a total of 33 positions

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KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification(MOV)
		3.4	Percentage Decrease in Quarterly salary bill of all suspended officials <sup>5</sup> for City Group  +circular 88	60%	1= 55% Decrease in Quarterly salary bill of all suspended officials <sup>6</sup> for City Group 2= 60% Decrease in Quarterly salary bill of all suspended officials <sup>7</sup> for City Group 3=72% Decrease in Quarterly salary bill of all suspended officials for City Group 4= 73% decrease in the salary bill of suspended officials 5= 74% decrease in the salary bill of suspended officials	Decrease in the salary bill of suspended officials report
		3.5	Citywide Staff vacancy rate  +Circular 88	<10%	1= 12% 2= 11% 3=< 10% 4= < 9% 5=< 8%	Vacancy report
		3.6	Percentage of vacant posts filled within 4 <sup>8</sup> months in core departments  +Circular 88	10% vacant posts Filled within 4 months	1=8 % 2= 10% 3=12% vacant posts filled within 4 months 4= 13% vacant posts filled within 4 months 5=14% vacant posts filled within 4 months	STA and Quarterly Reports
4	Accountability and Good Governance	4.1	Percentage of agreed recommendations implemented by department emanating from concluded forensic investigation within 90 days	67%	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	<ul style="list-style-type: none"> <li>GFIS Dashboard of concluded investigations</li> <li>Copy of concluded investigation report</li> <li>Acknowledgment of receipt by clients</li> </ul>

<sup>4</sup> This figure is for both Section 54A & 56

<sup>5</sup> This figure is for both Section 54A & 56

<sup>6</sup> This figure is for both Section 54A & 56

<sup>7</sup> This figure is for both Section 54A & 56

<sup>8</sup> C88 circular indicates recruitment within 3 months, however the Group Talent Acquisition Policy Framework of the City stipulates 4 months and the City shall be reporting on 4 months in alignment with its Group Policy Framework

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KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification(MOV)
					days 5 = 100% implemented within 30 days or less days	<ul style="list-style-type: none"> <li>Implementation plan by clients.</li> <li>Implementation/status report signed off by HOD/CEO.</li> <li>Quarterly monitoring report signed off by signed-off by the Head of GFIS</li> <li>Tracking sheet of all requests received indicating status of responses signed by secretariat/chairperson.</li> <li>POCM analysis dashboard</li> </ul>
5	Good Governance	4.2	Turnaround times to respond to oversight & advisory committees' requests  GPAC MPAC GAC S79 Committees	Not recorded	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	<ul style="list-style-type: none"> <li>Tracking sheet of all requests received indicating status of responses signed by secretariat/chairperson.</li> <li>POCM analysis dashboard</li> </ul>
		5.1	Audit opinion <sup>9</sup>	Unqualified Audit Report	1= Adverse Audit report <sup>10</sup> 2= Qualified Audit Report <sup>11</sup> 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
		5.2	% Resolution of internal audit findings <sup>12</sup>	75%	1 < 85% resolution 2 = 85% - 90% resolution 3 = 91% - 95% resolution 4 = 96% -97% resolution 5 =98% - 100% resolution	<ul style="list-style-type: none"> <li>GAC Internal Audit Report on Findings</li> <li>Minutes</li> </ul>

<sup>9</sup> The opinion may be that given for the department/entity where applicable.  
<sup>10</sup> This is where AGSA is unable to and does not express an audit opinion due to uncertainty.  
<sup>11</sup> This is where there is a disagreement between AGSA and COJ on fair presentation & disclosure.  
<sup>12</sup> These are findings by internal audit only that are picked up on an ongoing basis.

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KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification(MOV)
		5.3	% Resolution of external (AGSA) audit findings <sup>13</sup>	43%	(including no findings) 1 < 85% resolution 2 = 85% - 90% resolution 3 = 91% - 95% resolution 4 = 96% - 97% resolution 5 = 98% - 100% resolution (including no findings)	<ul style="list-style-type: none"> <li>GAC Internal Audit Report on Findings</li> <li>Minutes</li> </ul>
		5.4	% Compliance with response timelines for the submission of the Annual Performance Report <sup>14</sup>	100% compliance	1 < 90% compliance 2 = 90% - 99% compliance 3 = 100% compliance 4 = 100% compliance 2 days earlier 5 = 100% compliance 3 days earlier	GSPCR tracking report signed by M&E Unit Head
<b>SECTION 2: FUNCTIONAL PERFORMANCE OBJECTIVES (FPO)</b> (TOTAL WEIGHTING = 30%)						
1.	Procurement and Contract Management	1.1	Percentage management of contracted supplier contract within the department <sup>15</sup>	100% management of all contracts without incurring and deviations).	1 = contract expired without starting new procurement process 2 = Contract expired while procuring 3 = 90% management of all contracts without incurring and deviations 4 = 95% management of all contracts without incurring and deviations 5 = 100% management of all contracts without incurring and deviations <sup>16</sup>	<ul style="list-style-type: none"> <li>Status of the Contracts Register</li> <li>Sign-off by the OGCFO</li> </ul>
		1.2	% Compliance to acquisition of goods and services as per the	100% compliance	1 = Acquisition plan 2 = Procurement delayed	<ul style="list-style-type: none"> <li>Approved Acquisition plan</li> <li>Departmental Quarterly</li> </ul>

<sup>13</sup> This is for only findings classified as matters affecting audit opinion and others important matters  
<sup>14</sup> Relates to response in terms of supply of full performance information as required by GSPCR for the development of the CoJ Integrated Annual Report  
<sup>15</sup> 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.  
<sup>16</sup> New contract secured/ appointed (not through deviation or regulation 32 or 36) within a month or two of expiry of old contract.

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KPA No	Key Performance Area	KPI No	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification(MOV)
2	UIFW Strategy Implementation		approved demand plan	e with the acquisition plan and all existing contracts in force	3 = 100% compliance 4 = Target met within 15 days ahead of delivery date 5 = Target met within 1 month ahead of delivery date	Acquisition Status Reports • SCM Assessment reports
		2.1	Percentage reduction in historical <b>Unauthorised</b> expenditure reported 30 June 2023	0 - 54% reduction	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 <b>Unauthorised</b> expenditure	Zero UIFW	1= 0% reduction 2= 1% - 69% 3 = 70% -75% 4 = 76%- 80% 5 = 81%-85%	
		2.3	Percentage reduction in historical <b>Irregular</b> expenditure reported 30 June 2023	0 - 54% reduction	1= 0% reduction 2= 1% - 69% 3 = 70% -75% 4 = 76%- 80% 5 = 81%-85%	
		2.4	Percentage reduction in current and/or new <b>Irregular</b> expenditure	Zero UIFW	1= 0% reduction 2= 1% - 69% 3 = 70% -75% 4 = 76%- 80% 5 = 81%-85%	
		2.5	Percentage reduction in historical <b>Fruitless and Wasteful</b> expenditure reported 30 June 2023	0 - 54% reduction	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 <b>Fruitless and Wasteful</b> expenditure	Zero UIFW	1= 0- 69% 2= 70%- 89% 3 = 90%-95% 4 = 95%-100% 5 = 0% incurrence of fruitless and wasteful expenditure.			

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KPA No.	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification(MOV)
3.	Risk Management	3.1	% Of risks action plan for departmental top strategic risks implemented towards the reduction of departmental risks	65%	wasteful expenditure. 1 < 50% implemented 2 = 51% - 84% implemented 3 = 85% implemented 4 = 95% of departmental top strategic risks implemented 5 = 100% of departmental top strategic risks implemented	GRGC Risk analysis reports and Minutes
4	Departmental performance monitoring and reporting	4.1	% Of departmental SDBIP escalated matters resolved	New indicator	1 < 75% resolved 2 = 75% - 84% resolved 3 = 85% - 89% resolved 4 = 90% - 99% resolved 5 = 100% resolved	Mitigation plans reflecting the status of resolution signed by the HoD approved by the CM
5	Policies	5.1	% Management <sup>17</sup> of policies in the department	New indicator	1 < 85% (some policies expired/not implemented) 2 = 85% (some policies reviewed after 1 month of expiry) 3 = 100% (all policies implemented/valid/merged/reviewed within 1 month before expiry) 4 = 130% (all policies implemented/valid/merged/reviewed within 15 days before expiry) 5 = 150% (all policies implemented/valid/merged)	<ul style="list-style-type: none"> <li>Database of all policies and their status</li> <li>Progress reports</li> </ul>
6	mSCOA reporting	6.1	% Compliance with mSCOA reporting timelines	15% compliance	1 < 80% Compliance with mSCOA data quality for NT strings submission 2 = 80% Compliance with mSCOA data quality for NT strings submission 3 = 85% Compliance with mSCOA data quality for NT strings submission 4 = 90% Compliance with mSCOA data quality for NT strings submission 5 = 100% Compliance with mSCOA data quality for NT strings submission	<ul style="list-style-type: none"> <li>Quarterly mSCOA compliance reports</li> </ul>

<sup>17</sup> Management entails implementation, timeous reviews and merging and / or discarding redundant policies where applicable.

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KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification(MOV)
<b>SECTION 3: CORE MANAGERIAL COMPETENCIES (TOTAL WEIGHTING = 20%)</b>						
<b>Financial Competence (Compulsory)</b>						
1	Expenditure Management	1.1	% Spent of allocated departmental Opex budget	80%	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"> <li>SAP Report</li> <li>Midyear and Annual financial expenditure report by Group Finance</li> </ul>
		1.2	Percentage of valid departmental invoices paid within 30 days of submission to Group Finance for payment <sup>18</sup>	89%	1 = 90% of valid invoices paid within 30 days 2 = 92% of valid invoices paid within 30 days 3 = 95% of valid invoices paid within 30 days of invoice date 4 = 97% of valid invoices paid within 30 days 5 = 100% of valid invoices paid within 30 days	<ul style="list-style-type: none"> <li>Midyear and Q4 Finance Reports on UIFWs.</li> </ul>
<b>People Management and Empowerment (Compulsory)</b>						
2	Skills Development	2.1	% Implementation of skills development initiatives for CoJ employees <sup>19</sup>	100%	1 < 80% (Establishment of a Departmental Training Committee) 2 = 80% (Development and sign off a Departmental Workplace Skills Plan) 3 = 85% Implementation (of a Departmental Workplace Skills Plan <sup>20</sup> ) 4 = 90% implementation (of Departmental Workplace Skills Plan)	<ul style="list-style-type: none"> <li>Terms of Reference, Minutes, Agendas for the Training Committee;</li> <li>Signed Compliant WSP</li> <li>Annual Training Reports reflecting status and levels trained.</li> </ul>

<sup>18</sup> 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.

<sup>19</sup> 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., ILP and others.

<sup>20</sup> General training to improve skills including Individual Learning Plans trainings.

BAN

KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification(MOV)
3	People Management	3.1	% Compliance to the performance management cycle as per the policy for employees of the CoJ <sup>22</sup> in the department	86%	and all competency gaps identified in the skills audits <sup>21</sup> 5 = 95% implementation (of all competency gaps identified in the skills audits for level 5 – 6 employees) 1 = <65% 2 = 65% - 84% 3 = 85% - 100% 4 = 100% compliance, up to 50% of employees achieved 3.1 or more on their set targets 5 = 100% compliance, more than 50% of employees achieved 3.1 or more on their set targets	PMS Assessment close out report by GCSS
		3.2	% Establishment of the Departmental Performance Management Moderation Committee	New indicator	1 = < 65% (Draft TORs in place) 2 = 66% - 84% (Approved TORs) 3 = 85% - 100% (Committee members appointed and induction meeting held) 4 = First (or midyear) assessment done 5 = Final assessment done	<ul style="list-style-type: none"> <li>Approved Departmental TOR's</li> <li>Appointment letters</li> <li>Agenda and minutes of meetings</li> </ul>
		3.3	Percentage of disciplinary cases resolved within 120 days <sup>23</sup>	No cases	1 = ≥75% 2 = 76 - 80% 3 = 81 - 85% 4 = 86 - 90% 5 = 91 - 100%	<ul style="list-style-type: none"> <li>Appointment letters of Prosecutor and Presiding Officer</li> <li>Disciplinary sanction</li> <li>GCSS consolidated disciplinary cases report</li> </ul>
4	Employee safety	4.1	Percentage compliance to SHE Policy/ Directives to promote health and safety in the department <sup>24</sup>	100%	1 = 40% compliance to SHE audits 2 = 60% compliance to SHE audits	Quarterly assessment reports by SHELA & FCM tabled at EMT

<sup>21</sup> 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.  
<sup>22</sup> This is performance for the entire staff complement in the department unless specified otherwise for departments with very large numbers of employees.  
<sup>23</sup> 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.  
<sup>24</sup> 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

BSN

KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification(MOV)
					3 = 80% - 89% compliance to SHE audits 4 = 90% - 94% compliance to SHE audits 5 = 95% - 100% compliance to SHE audits	
<b>Change Management (optional)</b>						
5	Human Capital Management and Empowerment	5.1	% Compliance with the implementation of EE in departments	80%	1 < 40% <sup>25</sup> 2 = 41% - 59% <sup>26</sup> 3 = 60% - 79% <sup>27</sup> 4 = 80% - 99% <sup>28</sup> 5 = 100% <sup>29</sup>	<u>Departmental Level</u> <ul style="list-style-type: none"> <li>Approved Departmental Action Plan;</li> <li>Manco/SMT Minutes</li> <li>Training Manuals &amp; Presentations</li> <li>DEE&amp;SDF and/or Quarterly Staff meetings' minutes &amp; Annual Schedules</li> <li>Signed Quarterly Progress reports</li> </ul> <u>EE Office Level</u> <ul style="list-style-type: none"> <li>Training Manuals &amp; Presentations</li> <li>Annual EE Report (EEA2 &amp;</li> </ul>

- 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 COID 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

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



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

<sup>27</sup> 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)

<sup>28</sup> Training done in line with the employee's upward mobility requirements.

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

BAN

KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification(MOV)
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 Indicator	1 = 0% - 19% <sup>30</sup> 2 = 20% - 45% <sup>31</sup> 3 = 46% - 79% <sup>32</sup> 4 = 80% - 99% <sup>33</sup> 5 = 100% <sup>34</sup>	EEA4) • City Group Quarterly Progress reports by EE Unit tabled at EMT • Close out report • Training Manuals & Presentations • Signed Quarterly Progress reports • Recruitment reports • SAP Reports • Memorandum of Understanding (MOU) or Partnership Agreements
<b>Customer Orientation and Customer Focus (Compulsory)</b>						
7	Customer Satisfaction	7.1	Percentage increase in customer satisfaction levels <sup>35</sup>	62% (2020/21 QoL)	1 = decrease. 2 = no change or <1% increase. 3 = 1% increase. 4 = 2% increase. 5 = > 2% increases.	Satisfaction results
<p>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.</p> <p>Siyabonga Nodu :Acting Group ED Signature:  Date: 19 July 2023</p> <p>Group Corporate and Shared Services Signature:  Date: 19 July 2023</p>						

<sup>30</sup> Identify position targeted for suitably qualified PWDs across occupational levels i.e., from Unskilled to Senior Management occupational levels.  
<sup>31</sup> Awareness creation on Disability to all employees within the department.  
<sup>32</sup> 0 - 1% of total staff complement as an improvement to the minimum 2% Disability target

<sup>33</sup> >1% of total staff complement as an improvement to the minimum 2% Disability target

<sup>34</sup> Partnership with external Organisation to recruit disability learners or to improve on workplace accessibility

<sup>35</sup> 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.