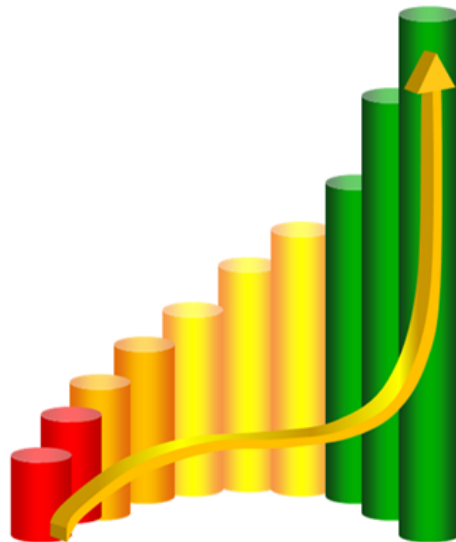# ANNEXURE A:
MPAT STANDARDS FOR 2013

MPAT

**Management Performance
Assessment Tool**

Management Performance
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MPAT progressive levels of management performance

MPAT covers the following four Key Performance Areas:

- Key Performance Area 1: Strategic Management
- Key Performance Area 2: Governance and Accountability
- Key Performance Area 3: Human Resource Management
- Key Performance Area 4: Financial Management

Within the four KPAs there are 32 standards which are based on existing policies and regulations. Following a review of the MPAT standards in 2012, some modifications were made to the standards to improve their clarity. The following new standards were added for the 2013/14 assessments:

- KPA 2: 2.2.2 MPAT implementation
- KPA 2: 2.9.1 Access to Information
- KPA 3: 3.2.5 Employee Wellness

MPAT identifies four progressive levels of management performance. Each management practice is assessed and scored against these four levels of performance. The table below illustrates the four levels.

Level	Description
Level 1	Department is non---compliant with legal/regulatory requirements
Level 2	Department is partially compliant with legal/regulatory requirements
Level 3	Department is fully compliant with legal/regulatory requirements
Level 4	Department is fully compliant with legal/regulatory requirements and is doing things smartly

A department that scores at Level 1 or Level 2 for a standard is non---compliant with the minimum legal prescripts in that management area and is performing poorly in terms of its management practices in that management area.

On the other hand a department that scores at Level 3 is compliant with the legal prescripts in that management area. A Level 4 department is compliant and operating smartly in terms of its management

practices in that management area. The objective of MPAT is to get the majority of departments to operate at Level 4. In such cases, good practice case studies are developed and disseminated through learning networks.

In many standards, departments need to meet multiple requirements within each level to be scored at that level. If one requirement in a level is not met, the department's score will default to the lower level. In the example below, to be scored at Level 3, a department must meet the requirements of:

i)   provide all new employees with a Code of Conduct;

ii)   provide training on understanding and applying the Code of Conduct; and

iii)   all SMS members must complete financial disclosures that are signed by the EA and submitted to the PSC on time, as well as disciplinary action taken for non---compliance.

If one of these requirements is not met, the department is scored at Level 2. The improvement plan of the department would accordingly need to focus on achieving the Level 3 requirement it did not meet, so it can improve to Level 3 in the next assessment round. It is conceivable that a department could be performing at Level 4, but because it did not meet one of the Level 3 compliance elements, their score will default to Level 2.

Complying with the legal prescripts (Level 3) is essentially a minimum requirement for departments although all departments must work towards operating at Level 4 – being fully compliant and working smartly. It is only when a critical mass of departments operate at Level 4 that we will achieve the goal of "an efficient and effective public service" (outcome 12) or a "capable and developmental state", as envisioned in the National Development Plan. For example getting departments to procure smartly would result in better service delivery by suppliers and contractors, and savings from reducing corruption and increasing value for money.

Departments not yet at Level 4 in a standard are encouraged to interact with colleagues from departments that achieved Level 4 for information on how they can improve their management practice.

Each MPAT standard is defined according to these four levels. The framework also identifies the documents that departments are required to submit as evidence as well as the criteria to be used during an external moderation process that follows self---assessment.

MPAT KEY PERFORMANCE AREAS, PERFORMANCE AREAS AND STANDARDS			
1. Strategic Management	**2. Governance and Accountability**	**3. Human Resource Management**	**4. Financial Management**
1.1 Strategic Planning 1.1.1 Strategic Plans 1.1.2 Annual Performance Plans	**2.1 Service Delivery Improvement** 2.1.1 Service delivery charter, standards and SDIP	**3.1 Human Resource Strategy and Planning** 3.1.1 HR planning 3.1.2 Organisational design 3.1.3 Assessment of Human Resources Development	**4.1 Supply Chain Management** 4.1.1 Demand management 4.1.2 Acquisition management 4.1.3 Logistics management 4.1.4 Disposal management
1.3 Monitoring and Evaluation 1.3.1 Use of monitoring and evaluation outputs	**2.2 Management Structures** 2.2.1 Functionality of management structures 2.2.2 MPAT implementation (new)	**3.2 Human Resource Practices & Administration** 3.2.1 Payroll certification 3.2.2 Application of recruitment and retention practices 3.2.4 Management of diversity 3.2.5 Employee Wellness (new)	**4.2 Expenditure Management** 4.2.1 Management of cash flow and expenditure vs. budget 4.2.2 Payment of suppliers 4.2.3 Management of unauthorised, irregular, fruitless and wasteful expenditure
	2.3 Accountability 2.3.2 Assessment of Accountability Mechanism (Audit Committee)	**3.3 Performance Management** 3.3.1 Implementation of level 1---12 PMDS 3.3.2 Implementation of SMS PMDS (exc HOD) 3.3.3 Implementation of SMS PMDS for HOD	
	2.4 Ethics 2.4.1 Assessment of policies and systems to ensure professional ethics 2.4.2 Fraud prevention	**3.4 Employee Relations** 3.4.2 Management of disciplinary cases	
	2.5 Internal audit 2.5.1 Assessment of internal audit arrangements		
	2.6 Risk management 2.6.1 Assessment of risk management arrangements		
	2.7 Delegations 2.7.1 Delegations in terms of PSA 2.7.2 Delegations in terms of PFMA		
	2.8 ICT 2.8.1 Corporate governance of ICT		
	2.10 Access to Information 2.10.1 Promotion of access to information (new)		

New Standard

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Key Performance Area 1:
Strategic Management

1.1 Performance Area: Strategic Planning

1.1.1: Standard name: Strategic Plans

Standard definition: Extent to which strategic planning is 1) based on analysis, 2) aligned with the MTSF and/or PGDS, and with Delivery Agreements as well as 3) considered on an annual basis in respect of relevance of the strategic plan and performance against the strategic plan.

Importance of the Standard: A strategy is a systematic plan of action that departments intend to take in order to achieve their objectives. Strategies are dynamic and may need to be modified based on new knowledge or changing circumstances. Strategic plans must therefore be updated annually or as often as required to address issues in the current operating environment of a department.

Relevant Legislation and Policy: Strategic Planning Framework N. Treasury; TR 5.2.1, the strategic plan must form the basis for the annual reports of accounting officers as required by sections 40(1)(d),e, and (f) of the Act; TR 5.3 Evaluation of performance [Section 27(4) read with 36(5) of the PFMA; Public Service Regulations: Treasury regulations require strategic plans to comply with Chapter 1, Part III B of the Public Service Regulations, 1999.

Standards	Evidence Documents
• Department's strategic plan is not compliant with Treasury Regulations and planning guidelines in respect of submission dates and format • Department's strategic plan does not have clear links with MTSF/ PGDS and/or Delivery Agreements	
• Department's strategic plan is compliant with Treasury Regulations and planning guidelines in respect of submission dates and format • Department's strategic plan contains analysis based on information relevant to external and internal factors facilitating or constraining department's operations and delivery	• Strategic plan, unless current and previously submitted
All Level 2 statements AND • Link between the strategic plan and MTSF/ PGDS and/or Delivery Agreements is clear and follows a logic progression	• Strategic plan, unless current and previously submitted
All Level 3 Statements AND • Department reviews its performance against the strategic plan within the period and revises it, if necessary	All Level 3 evidence AND • Proof of formal performance assessments against strategic plan • Documented evidence of review of strategic plan • 2012/13 APP --- Annexure reflecting minor changes to strategic plan (if applicable) • Copy of 2013 re---tabled Strategic Plan in the case of material changes (if applicable)

Moderation Criteria
Moderators to assess compliance against: • Strategic plan follows the format proposed by Treasury planning guidelines   • Information contained in the situational analysis of the strategic plan is according to the Framework for Strategic Planning
Moderators to assess compliance against: • Treasury Planning Framework
Moderators to assess compliance: • Against all level 3 statements   • Proof of formal performance assessments against strategic plan   • Revisions to the strategic plan illustrated as an annexure to the APP, where applicable

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1.1 Performance Area: Strategic Planning	
1.1.2 Standard name: Annual Performance Plans	

Standard definition: Extent to which the contents of the APP 1) comply with Treasury planning guidelines 2) are aligned to the departmental strategic plan 3) are aligned toquarterly performance reporting.

Importance of the Standard: The objective of this standard is to determine if a department's Annual Performance Plan sets out how, in a given financial year and over the MTEF period, it will realise its goals and objectives set out in its Strategic Plan. In elaborating upon this, the document should set out performance indicators and quarterly targets for budget programmes (and sub---programmes where relevant).

Relevant Legislation and Policy: TR (Chapter 5) 5.2.1, The Annual Performance Plan should link to the strategic plan must form the basis for the annual reports of accounting officers as required by sections 40(1)(d),e, and (f) of the Act; Programme Performance Information Framework Chapter 3 Page 14; Strategic Planning Framework N. Treasury Page 1 – 2 and Annexure B and C.

Standards	Evidence Documents
• Department's APP does not comply with Treasury Regulations and planning guidelines in respect of submission dates and format • Department's APP does not have clear links to the strategic plan and/or the department's responsibilities in respect of delivery agreements/programme of action	
• Department's APP complies with Treasury Regulations and planning guidelines in respect of format • Department's APP has clear links to the department's strategic plan and/or the department's responsibilities in respect of delivery agreements and follows a logic progression	• 2012/13 Annual Performance Plan
All Level 2 statements AND Departmental Quarterly Performance Reports are submitted to EA and Treasury on time APP complies with Treasury Regulations and planning guidelines in respect of: • containing analysis based on information relevant to external and internal factors facilitating or constraining department's operation and delivery • containing strategic objectives and performance indicators (with annual and quarterly targets) which conform to the "SMART" principles, are adequately quantified and linked to specific budget programmes	All Level 2 evidence AND • 2012/13 Quarterly Performance Reports
All Level 3 statements AND • Management engages with the quarterly progress report and uses the report to inform improvements • APP Performance targets were substantially met and expressed in the Annual Report	All Level 3 evidence AND • Minutes of management meetings showing evidence of discussion of quarterly report • Annual Report

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Moderation Criteria
Moderators to verify that: • APP follows the format proposed by Treasury planning guidelines • APP is logically and explicitly linked to delivery agreements and/ or programmes of action • The relevance, reliability and verifiability of the information contained in the situational analysis of the strategic plan is according to the Framework for Managing Programme Performance Information
Moderators to assess compliance i.r.o. • All Level 2 statements • QPRs relate to targets and indicators in APP • Targets in the APP are listed over budget year and MTEF period for each budget programme identified • Annual targets are broken down in quarterly targets • Expression/quantification of strategic objectives and annual and quarterly targets in terms of "SMART" principle in the APP • There is a logical and explicit link between the strategic objectives and targets in the APP and the departmental strategic objectives, as contained in the strategic plan, delivery agreements and/or programmes of action • There is a logical and explicit link between the strategic objectives and targets to budget programmes contained in the APP
Moderators to assess compliance i.r.o.: • All Level 3 statements • Minutes of management meetings reflect use of quarterly performance assessments to inform improvements • Moderators to assess the achievement of targets as expressed in annual report

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1.3 Performance Area: Monitoring and Evaluation

1.3.1 Standard name: Integration of monitoring and evaluation in performance and strategic management

Standard definition: The department's ability to do monitoring and evaluation, produce useful and reliable information, and use this information to inform performance improvement.

Importance of the Standard:

The objective of this standard is to determine if departments use performance information in strategic management meetings as a management tool to inform performance improvement in a department.

Relevant Legislation and Policy: TR 5.3.1, The accounting officer of an institution must establish procedures for quarterly reporting to the executive authority to facilitate effective performance monitoring, evaluation and corrective action. Chapter 1, Part III B of the Public Service Regulations, 1999.

Standards	Evidence Documents
• Department does not have a M&E or Performance Management Information Policy or Framework	
• Department has a M&E or Performance Management Information Policy or Framework • Department does not have standardised mechanisms and/or processes and procedures to collect, manage and store data	• M&E or Performance Management Information Policy / Framework
• Department has a M&E or Performance Management Information Policy or Framework • Department has standardised mechanisms and/or processes and procedures to collect, manage and store data that enable the monitoring of progress made towards achieving departmental goals, targets and core objectives	• M&E or Performance Management Information Policy / Framework • Proof of a formal departmental performance information source(s) (i.e. Departmental Information Plan, Reports drawn from the Departmental Information Mechanism etc.)
All Level 3 statements AND • At least one evaluation of a major programme is conducted or planned	All Level 3 evidence AND • Formal Evaluation Reports • Formal Evaluation Plan

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Moderation Criteria
• Verification of the existence of departmental M&E or Performance Management Information Policy / Framework Public Service Regulation Chapter 3 dealing with strategic planning
• Verification of the existence of departmental M&E or Performance Management Information Policy / Framework • Formal departmental information collection, management and storage mechanism relate to programmes in the APP with "SMART" targets/indicators • Department does not obtain findings by AG on the reliability of performance information
Moderators to assess compliance i.r.o. • All Level 3 statements • Verification of the department conducting formal evaluations

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Key Performance Area 2: Governance and Accountability

2.1 Performance Area: Service Delivery Improvement	
2.1.1 Standard name: Service delivery improvement mechanisms	

Standard definition: Departments have an approved service delivery charter, standards and service delivery improvement plans and adheres to these to improve services.

Importance of the Standard: Responsiveness to the needs of clients (both internal and external) through the promotion of continuous improvement in the quantity, quality and equity of service provision.

Relevant Legislation and Policy: Chapter 1, Part III C.1 to C.2 of the Public Service Regulations , 2001, as amended on 31 July 2012 and White Paper on Transforming Public Service Delivery (1997).

Standards	Evidence Documents
• Department does not have a service charter, service standards and SDIP	
• Department has a draft service charter, service standards and SDIP	• Drafts of Service charter, service standards and SDIP
• Department has an approved service charter, service standards and SDIP • Department displays its service charter • Department has consulted stakeholders/service recipients on service standards and SDIP	• Approved service charter, service standards and SDIP • Service charter displayed at service points and or website (e.g. photos of display -- departments must ensure that evidence includes the criteria on the language predominately used at the service point) • Reports or minutes of consultation with stakeholders/ service recipients
Level 3 plus: • Department regularly monitors compliance to service delivery standards and implementation of the approved SDIP • Management considers monitoring reports on service delivery standards • Reports are used to inform improvements to business processes	Level 3 plus: • Progress and monitoring reports • Minutes of management meetings reflecting discussion of results of monitoring of service standards and action plans for improvements

Moderation Criteria

- Moderators to check steps taken by the department towards the drafts and process for their approval
- Evidence of consultation with stakeholders/ service recipients

Service standards:

- Cover all services internal and external
- Service recipients (internal and external) clearly identified
- Service standards are SMART (*Secondary Data from DPSA)*

Service charter:

- List and cost of services offered and service standards
- Departmental contact details
- Redress mechanisms must be specified (e.g. complaints officer, how to lodge complaint)
- Hours of operation
- Published (e.g. website, booklets, posters, reception)
- In the official language predominantly used at that service point
- Displayed at service points and/or website
- Accessible to people with disability

SDIP:

- Must be a 3 year plan with only one, two or three key services identified for improvement
- Prescribed template has been applied according to the SDIP checklist (e.g. covering letter, situational analysis, problem statement, process mapping, quantity, quality, the Batho Pele principles, HR, time and cost)
- Must be signed off by EA and HOD and submitted to DPSA

Level 3 plus:

Service standards:

- Monitoring reports and complaints are analysed, be annual and feed into improvement plans

Service Charter:

- Must be service point---specific

SDIP:

- Reporting on the proposed solutions captured in the SDIP as per proposed reporting template, identification of barriers/challenges towards implementation of further improvement plans
- Improvements proposed to business processes are appropriate for improving service delivery
- Periodic citizens report must be submitted to DPSA

2.2 Performance Area: Management structures	
2.2.1 Standard name: Functionality of management structures	
Standard definition: Departments have functioning and effective management structures. **Importance of the Standard:** Departments having formalised structures that make decisions, and monitor the implementation of their decisions.	

Standards	Evidence Documents
• Department's management structures do not have formal terms of reference and meetings do not take place	
• Department has management structures with draft terms of reference (examples of structures: EXCO, MANCO, MINEXCO, MEC & Dept. EXCO) • Management meetings are scheduled and meetings take place	• Draft terms of reference (or roles and responsibilities) for the management structures • 3 sets of recent and consecutive meetings: approved minutes of meetings and attendance registers signed by the Chairperson and the Secretariat • Schedule of meetings
• Department has management structures with formal terms of reference • Management meetings are scheduled and meetings take place • Management decisions are documented, clear, responsibility allocated and followed through	• Approved terms of reference for the management structures signed by the EA or AO • 3 sets of recent and consecutive meetings: agenda, approved minutes of meetings signed by the Chairperson and Secretariat and attendance register reflecting designations • Schedule of meetings • 3 sets of recent and consecutive action lists or matrix for follow up on decisions
Level 3 plus: • Senior Management meeting agenda focuses on strategic objectives and priorities of department as described in the strategic plan and APP • Senior Management also discuss IGR/ Interdepartmental reports/ resolutions such as Clusters, Outcomes Implementation Fora and indicators monitored by FOSAD, and assign responsibility for implementation	Level 3 plus: • Minutes and agenda of last 3 management meetings • Action lists or matrix for follow up on IGR/ Interdepartmental requests/ resolutions

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Moderation Criteria
• Moderators to check that evidence documents are valid for level 2
• Check if department has main structures (EXCO, MANCO, MINEXCO, MEC &Dept. EXCO) • Look for frequency of meetings for each to see if it is in line with TORS for each structure • Check action list – is it clear who has to do what, by when and that actions are followed through
Level 3 plus: • Check agendas and minutes to see if focus is on strategic priorities of department • Check the action lists or matrix for implementation of IGR/ Interdepartmental resolutions/ requests

2.2 Performance Area: Management Structures	
2.2.2 Standard name: MPAT implementation	
Standard definition: How well MPAT self---assessment was done and improvements implemented	
Importance of the Standard: Management structures in a department must monitor compliance with national policies aimed at improving the efficiency, effectiveness and accountability of the public service and put in place measures to improve compliance.	
Standards	**Evidence Documents**
• Department has not submitted self---assessment or evidence	
• Department has completed self---assessment but HoD has not signed---off on it	• MPAT system sign---off as per due date
• Senior management team of the department discussed and agreed scores • Department has MPAT scores captured on MPAT website with evidence by due date verified by IA and signed off by HoD • Improvement plan developed	• Agenda and minutes of meeting • Score, evidence, IA and HOD sign off captured on website • Improvement plan
Level 3 plus: • Improvement plan monitored at least quarterly • Department's moderated score improves in more than 50% of standards assessed / 80% of standards are at level 3 or 4	Level 3 plus: • Agenda and minutes of meeting • Comparative moderated score

Moderation Criteria
• Moderators to check sign off on MPAT system (for current year)
• Check agenda and minutes to see if MPAT was discussed • Check MPAT system to see compliance levels • Review copy of an administrative improvement plan (for previous year)
Level 3 plus: • Check agendas and minutes to see if focus is on improving management and administrative practices • Compare data of moderated score for two consecutive years (will be done by DPME)

2.3 Performance Area: Accountability	
2.3.2 Standard name: Assessment of accountability mechanisms (Audit Committee)	
Standard definition: Departments have properly constituted Audit Committees (or shared Audit Committee) which function in terms of Treasury regulations requirements.	
Importance of the Standard: To provide assurance on a continuous basis with regard to whether set goals and objectives are achieved in a regular, effective and economical manner.	
Relevant Legislation and Policy: Section 77 of the Public Finance Management Act No. 1 of 1999, Section 3.1 of the National Treasury Regulations (2005) and Section 2 of the Internal Audit Framework (2009).	

Standards	Evidence Documents
• Department does not have an audit committee in place	
• Department has an audit committee in place and constituted in accordance with Chapter 3 of the National Treasury Regulations	• Appointment letters or Service Level Agreement for shared audit committee • *AND/ OR* • Letter on renewal or extension of contract for AC members
Level 2 plus • Audit committee meets as scheduled • Audit Committee has an approved Audit Committee Charter with clearly defined objectives, key performance indicators and reviewed annually	Level 2 Plus • Approved minutes of last 4 Audit Committee meetings and attendance registers • Approved Audit Committee Charter accepted by the Audit Committee and approved by the Accounting Officer in consultation with the EA • Process document of the Review of the audit charter Report by Chairperson of Audit Committee
Level 3 plus: • Assessment of Audit committee by stakeholders such as AG and departmental managers • Audit Committee reviews management responses to audit issues and reports thereon	Level 3 plus: • Copy of the assessment report on the Audit Committee by stakeholders • Minutes of the audit committee meetings or a report of the audit committee on management responses

Moderation Criteria
• Composition of Audit Committees: capacity of the chairperson, members must be from external person non state (if from state must be approved by NT)   • Must be on contract, appointed for a minimum of between 2 and 3 years   • Documentation stating period of appointment and where contract is renewed reflect period of both appointment and renewal
• Four meetings per annum for Audit Committees as in the annual report   • Evidence that the Audit Committee has reviewed its Audit Committee Charter annually   • Audit Committee Charter to include Purpose, Authority, Composition, Meetings, Remuneration, Responsibilities, Audit Committee must have at least reviewed and gave recommendations to management on Financial Statements; Risks assessment; Internal Controls; Reports of Internal and External Audits; and/or audit of performance information   • Check in the AC annual report progress made by AC as well as whether management responded to specific recommendations of the internal audit
Level 3 plus: • Stakeholder satisfaction levels on the performance of the functionality of the Audit Committee   • AC resolutions on Internal Audit feedback on management responses

2.4 Performance Area: Ethics	
2.4.1 Standard name: Assessment of policies and systems to ensure professional ethics	

Standard definition: Departments have systems and policies in place to promote ethics and discourage unethical behaviour and corruption.

Importance of the Standard: The Code of Conduct requires public servants to act in the best interest of the public, be honest when dealing with public money, never abuse their authority, and not use their position to obtain gifts or benefits or accepting bribes. The SMS financial disclosure framework aims to prevent and detect conflicts of interest where they occur. Promotion of just and fair administrative actions of officials in senior positions protects the public service from actions that may be detrimental to its functioning and that may constitute unlawful administrative actions as a results of ulterior motives.

Relevant Legislation and Policy: Chapters 2 and 3 of the Public Service Regulations ,2001, as amended on 31 July 2013, Chapter 9 of the SMS Handbook (2003)---Financial Disclosure Framework, Section 6 of the Public Sector Integrity Management Framework, Section 195 of the Constitution, no 108 of 1996 and PAJA Act 3 of 2000.

Standards	Evidence Documents
• Department has no mechanism or standard of providing/ communicating the Code of Conduct to employees • Less than 25% of SMS members completed financial disclosures	
• Department has a mechanism of providing/ communicating the Code of Conduct to employees • At least 75% of SMS members completed financial disclosures, these were signed by EA and submitted to PSC on time (31 May of every year)	• Mechanism of providing Code of Conduct to employees---such as training and induction programme (e.g. schedule of departmental training/awareness sessions, attendance register and programme/agenda) • List showing number and percentage of SMS financial disclosures submitted to PSC, and date of submission
• All SMS members completed financial disclosures, these were signed by EA and submitted to PSC on time (31 May of every year) • Disciplinary action taken for non---compliance	• List showing number and percentage of SMS financial disclosures submitted to PSC, and date of submission • Report on disciplinary action for non---compliance
Level 3 plus: • Department analyses financial disclosures, identifies potential conflicts of interests and takes action to address these	Level 3 plus: • Document showing that analysis has been done and indicating actions taken

Moderation Criteria
• Moderators to verify existence of mechanism or standard • PSC secondary data to verify submission of SMS financial disclosure
• PSC secondary data to verify submission of SMS financial disclosures • Verify that disciplinary action has been taken for non---compliance such as conflict of interest, external work done by employees without prior approval of EA and for those who did not complete the financial disclosures on time or at all
Level 3 plus: • Moderators to verify that actions to address specific risks emanating from the assessment of the disclosures are appropriate

2.4 Performance Area: Ethics	
2.4.2 Standard name: Prevention of Fraud and Corruption	

Standard definition: Departments have measures and the requisite capacity in place to prevent and combat corruption.

Importance of the Standard: Combating corruption will improve service delivery, reduce waste, increase respect for human rights, and increase investor confidence.

Relevant Legislation and Policy: Prevention and Combating of Corrupt Activities Act 12 of 2004, The Protected Disclosure Act 26 of 2000, The Public Service Anti---Corruption Strategy of 2002, Guidelines for implementing Minimum Anti---Corruption Capacity Requirement in Departments, Organisational Components in the Public Sector, 2003 and Section 195 of the Constitution, no 108 of 1996.

Standards	Evidence Documents
• Department does not have a Fraud Prevention Plan and Whistle Blowing Policy • Department does not have a Minimum Anti---Corruption Capacity (MACC) Requirements Implementation Plan	
• Department has a draft fraud prevention plan and Whistle Blowing Policy • Department has a draft Minimum Anti---Corruption Capacity (MACC) Requirements Implementation Plan	• Draft fraud prevention plan and whistle blowing Policy • Draft Minimum Anti---Corruption Capacity Requirements Implementation Plan
• Department has an approved fraud prevention plan that includes a policy statement and implementation plan • Department has an approved whistleblowing policy and implementation plan (separately or part of the fraud prevention plan) • Department has an approved Minimum Anti---Corruption Capacity (MACC) Requirements Implementation Plan • Department provides feedback on anti---corruption hotline cases to PSC within 40 days • Department applies disciplinary procedures and/or institutes criminal procedures and/or civil procedures where fraud and corruption occur	• Approved fraud prevention plan • Approved whistleblowing policy and implementation plan • Approved Minimum Anti---Corruption Capacity Requirements Implementation Plan • Examples of cases where disciplinary action has been taken
Level 3 plus: • Department conducts proper fraud and corruption risk assessment to improve internal controls	Level 3 plus: • Risk assessment on fraud prevention as well as progress on mitigation action plan

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Moderation Criteria
• Moderators to verify existence of draft fraud prevention plan • Moderators to verify existence of draft Minimum Anti---Corruption Capacity (MACC) Requirements Implementation Plan
• Approved fraud prevention plan which includes: - Thorough risk assessment including a corruption risk assessment - Measures to prevent fraud and corruption - Capacity building on fraud prevention and corruption - To whom and how fraud and corruption should be reported - Reporting on investigations - Making provision that investigations are conducted without interference • MACC requirements implementation plan to include the integrated anticorruption strategy, how the department will address corruption risks, the establishment of the specific anticorruption components as well who will be responsible for oversight and monitoring role • Moderators to check secondary data from PSC on responses to anti---corruption hotline cases • If the department reported on 80% of its cases to the anti---corruption hotline, give them the score. • Moderators to assess progress on disciplinary actions taken
Level 3 plus: • Progress on mitigating fraud activities and improving internal controls

2.5 Performance Area: Internal Audit
2.5.1 Standard name: Assessment of internal audit arrangements
Standard definition: Departments have internal audit units/capacity that meets requirements of the PFMA.
Importance of the standard: For improved assurance and provision of advisory services on internal control, risk management and corporate governance within departments.
Relevant Legislation and Policy: Section 38 (1)(a)(i---ii); 51 (1) (a) (i---ii), 76 of the Public Finance Management Act No. 1 of 1999, Section 3.1 of the National Treasury Regulations (2005) and the Internal Audit Framework (2009) and Chapter 5 of the King III Report (2009).

Standards	Evidence
• Department does not have an internal audit unit or shared capacity	
• Department has an internal audit unit/capacity or shared unit with suitably qualified staff, and skilled staff, or the unit is outsourced	• Structure and staff profile of internal audit unit (number, rank and qualifications) or service level agreement with service provider
Level 2 plus: • Department has an approved three---year strategic internal audit plan and an operational plan that is risk based and monitored quarterly • The internal audit unit/ capacity or shared unit has an approved internal audit charter • The Internal Audit Unit periodically conducts internal assessments in terms of ISPPIA 1311 • Internal audit unit/capacity or shared unit has been subjected to an external review at least once every 5 years in terms of ISPPIA 1312. (if applicable)	Level 2 plus: • Approved Three---year and annual internal audit plan • An approved operational plan with process followed for its review • Quarterly progress reports • Approved Internal Audit Charter as accepted by the Accounting Officer and approved by the Audit Committee • Internal IA assessment report • Latest External Quality Assurance Review Report (External 5 year Review) by the IIASA or other Accredited Assessor who meets the requirements of Standard 1312
Level 3 plus: • Management acts on Internal Audit recommendations	Level 3 plus: • Progress on management responses to findings and recommendations

Moderation Criteria
• Moderators to check that evidence documents are valid for level 2
• The three (3) year and annual audit plan is based on the risk assessment, conducted during the year under review audit work scope detailingwhat the audit coverage will be and approved by the Audit Committee • Quarterly Internal Audit performance reports submitted to Audit Committee members and management summarising results of audit activities • Auditor General South Africa assess review the work of internal audit to determine whether to place reliance on their work or not and its effectiveness thereof • Moderators to check the assessment whether it appraise among others compliance with IAA charter, IAA methodology and IIA standards • Moderators to check whether the Internal assessment conducted appraises amongst others the compliance with the IAA Charter, compliance with the IAA methodology and compliance with the IIA standards • External Quality Assurance who meets the Standard 1312 requirements --- review by the Institute of Internal Auditors • Internal Audit Charter signed by the Accounting Officer and Chairperson of the Audit Committee
Level 3 plus: • Internal Audit reports reflecting progress on management responses, findings and recommendations/action plan (follow---up)

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2.6 Performance Area: Risk Management	
2.6.1 Standard name: Assessment of risk management arrangements	

Standard definition: Departments have basic risk management elements in place and these function well.

Importance of the standard: Unwanted outcomes or potential threats to efficient service delivery are minimised or opportunities are created through a systematic and formalised process that enables departments to identify, assess, manage and monitor risks.

Relevant Legislation and Policy: Section 38 (1)(a)(i); 51 (1) (a) (i), 77 of the Public Finance Management Act No. 1 of 1999, Section 27.2 of the National Treasury Regulations (2005) and Risk Management Framework (2010) and Chapter 4 of the King III report (2009).

Standards	Evidence Documents
• Department has not conducted a risk assessment in the past year	
• Department has risk management committee in place but not in accordance with chapter 13 of risk management framework	• Appointment letters for RMC members *AND / OR* Terms of Reference
• Department has risk management committee in place in accordance with chapter 13 of risk management framework • Department has completed a risk assessment or review in the past year • Department has a risk assessment and risk management implementation plan approved by the Accounting Officer and Audit Committee • Risk management committee regularly reports to the Audit Committee on the implementation of the risk management plan • Department updates risk register based on new risks	• Risk management committee membership (indicating which ones are external and internal) and approved Terms of Reference • Risk assessment report reflecting review process followed • Approved Risk management implementation plan • Quarterly progress reports on the implementation of the Risk Management Plan to the Audit Committee • Process document on the review of risk register Approved / signed minutes of last 3 consecutive Risk Committee meetings
Level 3 plus: • Management acts on risk management reports	Level 3 plus: • Minutes of management meetings reflecting engagement on risk reports and action taken

Moderation Criteria
• Moderators to check that evidence documents are valid for level 2
• Composition of Risk Management Committee: - The RMC appointed by Accounting officer/ EA - RMC Comprise both management and external members - Chairperson of the RMC should be an independent external person appointed by the Accounting Officer of EA • Office of the Accountant General Risk Management Framework to be basis of criteria - Copy of risk management plan (annual) signed off by the Chairperson of the Risk Committee and Accounting Officer - Reviewed annually - Quarterly reports on implementation of the risk management plan to Risk Management Committee and Audit Committee • Alignment between risk identified in the Strategic plan and APP and the risk management plan
Level 3 plus: • Moderators to assess if actions proposed are commensurate with the risks identified. (Moderators to assess the impact of actions taken/implemented)

2.7 Performance Area: Delegations	
2.7.1 Standard name: Approved EA and HOD delegations for public administration in terms of the Public Service Act and Public Service Regulations	
Standard definition: EA and HOD have implemented the delegations framework set out in the PSA and PSR. **Importance of the standard:** Effective delegations result in improved service delivery through more efficient decision making closer to the point where services are rendered. The workload of EAs and HODs are also reduced enabling them to devote more attention to strategic issues of their departments.	
Relevant Legislation and Policy: Section 42A of the Public Service Act, 1994, as amended by the Act 30 of 2007, Chapter 1, Part II and III of the Public Service Regulations, 2001, as amended on 31 July 2012.	
Standards	**Evidence**
• Department has no HR delegations in place	• No delegations document • Delegation withdrawal letter
• Delegation(s) in place but these do not comply with the Public Service Act and Public Service Regulations	• Delegations documents available in any format
• Department's delegations are compliant with the Public Service Act and Public Service Regulations	• Approved delegation document(s) in the prescribed format
Level 3 plus: • Delegations from the EA to the HOD and to all relevant performer levels are appropriate for the levels	Level 3 plus: Delegation document(s) clearly indicates delegations to different levels and regional offices if applicable

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Moderation Criteria
• Delegations vests only with a Minister/Premier/Member of the Executive Council and in a Head of Department   • All Delegations withdrawn by Minister/Premier/Member of the Executive Council
• Moderators to check that evidence documents are valid for level 2
• Delegation document(s) must specify the following: - Delegations in terms of the PSA   - Delegations in terms of the PSR   - Delegations from Executive Authority to Head of Department (EA can only delegate to HOD)   - Delegations from Head of Department to other Performer Levels (only the HOD can delegate to lower levels in the organisation)   • Verify evidence of EA to HOD and HOD to other Performer Levels delegations for the following sections in the PSA: - Use section 9 of the PSA (about appointments) or section 13 (appointments, promotion and transfers); and   - Use section 17 (1) (a) of PSA (deals with dismissals)   • Cover/first page of delegation document(s) must be dated and signed by the Delegator (EA or HOD)   • All pages of delegation document(s) must be initialled by the Delegator (EA or HOD) to avoid unauthorised changes   • Conditions of delegations must be specified
Level 3 plus: • HOD delegations to lower tiers e.g. Regional Office of large departments (Check Section 9 and 17 (1) (a) for Regional delegations)   • Appropriate levels against the DPSA guidelines

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2.7 Performance Area: Delegations	
2.7.2 Standard name: Approved HOD delegations for financial administration in terms of the PFMA	

Standard definition: Departments have financial delegations in place in format prescribed by the PFMA

Importance of the standard: Effective delegations result in improved service delivery through more efficient decision making closer to the point where services are rendered. The workload of HODs is also reduced enabling them to devote more attention to strategic issues of their departments.

Relevant Legislation: Section 44 of the Public Finance Management Act 1, of 1999.

Standards	Evidence
• Department has no financial management delegations of authority	
• Department has financial management delegations in place and such are not aligned to National Treasury guidelines	• Delegations documents available in any format
• Department has financial management delegations in place and aligned to National Treasury guidelines and approved structure	• Approved delegations of authority document --- Internal Audit to verify and ensure that the delegations are initialled on each page *(reflecting when last were they approved)* • Delegations aligned to organisational structure, strategic plan, annual performance plan and risk assessment register
Level 3 plus: • Delegations from Accounting Officer to all relevant performer levels are appropriate for the levels	Level 3 plus: • Approved delegations

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Moderation Criteria
• Moderators to check that evidence documents are valid for level 2
• Delegations of authority must be from Accounting Officer to CFO and other officials: • Delegations register must be approved - Cover/first page must be dated and signed by Accounting Officer - All pages must be initialled by Accounting Officer to avoid unauthorised changes • Conditions of and limitations to the delegations must be specified
Level 3 plus: • Delegations to other financial management including supply chain management committees (e.g. Bid Committee) • The delegations document must cover both PFMA and the Treasury Regulations • Check the levels against the NT guidelines

2.8: Performance Area: ICT

2.8.1 Standard name: Corporate governance of ICT

Standard definition: Departments implement the requirements for corporate governance of ICT.

Importance of the Standard: Improved corporate governance of ICT leads to: effective public service delivery through ICT---enabled access to government information and services, ICT enablement of business, improved quality of ICT service, stakeholder communication, trust between ICT, the business and citizens, lowering of costs, increased alignment of investment towards strategic goals, protection and management of the departmental and employee information.

Relevant Legislations and Policy: Section 195 of the Constitution , Act 108 of 1996, Section 3 (1) (g) and Section 7 (3) (b) of the Public Service Act, 103 of 1994, Chapter 1, Part III B and Part III E of the Public Service Regulations 2001, as amended on 31 July 2012 and the King III report (2009).

Standards	Evidence Documents
Department does not have (or only has draft): • Corporate Governance of ICT Policy • Corporate Governance of ICT Charter • ICT Plan • ICT Implementation Plan • ICT Operational Plan	Draft copies of : • Corporate Governance of ICT Policy • Corporate Governance of ICT Charter • ICT Plan • ICT Implementation Plan • ICT Operational Plan
Department has approved: • Corporate Governance of ICT Policy • Corporate Governance of ICT Charter • ICT Plan • ICT Implementation Plan • ICT Operational Plan	Approved copies of : • Corporate Governance of ICT Policy • Corporate Governance of ICT Charter • ICT Plan • ICT Implementation Plan • ICT Operational Plan
Department has implemented: • Corporate Governance of ICT Policy • Corporate Governance of IT Charter • ICT Plan • ICT Implementation Plan • ICT Operational Plan	Progress Reports on the implementation of : • Corporate Governance of ICT Policy • Corporate Governance of IT Charter • ICT Plan • ICT Implementation Plan • ICT Operational Plan
Level 3 plus: • The department periodically improves its ICT plan	Level 3 plus: Approved and implementation in progress: • ICT Plan and ICT Implementation plan revised and approved during last (3) three years

Moderation Criteria
• Evidence provided that documents are in development • Evidence provided that documents are completed but not approved yet • All or some evidence are approved but do not conform to the evidence criteria in the standard • Evidence provided was approved more than three (3) years ago
• Moderators to verify that the approval of these plans
• Moderators to verify that reports commensurate the approved plans
Level 3 plus: • ICT Plan and ICT Implementation Plan reviewed and approved during last (3) three years •

2.10 Performance Area: Access to information

2.10.1 Standard name: Promotion of Access to Information

Standard definition: The department follows the prescribed procedures of PAIA when granting requests of information.

Importance of the standard: To encourage openness and to establish voluntary and mandatory mechanisms or procedures which give effect to the right of access to information in a speedy, inexpensive and effortless manner as reasonably possible, striving towards transparency, accountability and effective governance in the public sector..

Relevant Legislation: The Promotion of Access to Information Act 2, 2000, Government Notice: No. R. 1244, Government Notice: No. R. 990, Government Notice: No. R. 187, Government Notice: No. R. 223

Standards	Evidence
• Department has not appointed a deputy information officer • Department does not have a manual on functions and index of records held by public body (PAIA section 14) • Department does not automatically issue and disclose records/notices (section 15) without a person having to request access at least once a year • Department fails to submit accurate report/s to the Human Rights Commission on how it handles information requests as required in section 32 of PAIA	
• Department has appointed a deputy information officer(s). • Department has a section 14 manual but does not comply with all requirements of this section. • Department issued a section 15 notice but does not voluntarily disclose information and automatically make records available. • Department submits a Section 32 report to the Human Rights Commission annually but it is not fully compliant to the requirements of Section 32	• Designation letter as deputy information officer(s) • Performance Agreement of the deputy information officer(s) • Roadmap documents for implementation of PAIA (Sections 14 Manual, Latest annual Section 32 Report, Section 15 Notice)
• Department has appointed a deputy information officer(s). • Department has a section 14 manual, updated annually which complies with all the requirements of this section. • Department issued a section 15 notice, voluntary disclose information and automatically make records available. • Department submit a Section 32 report to the Human Rights Commission annually that is fully compliant to the requirements	• Designation letter as deputy information officer(s) • Performance Agreement of the deputy information officer(s) • Manual in terms of section 14 • Section 15 Notice as gazetted by DOJCD (secondary data) • records management policy (enabling proper implementation of PAIA) • Section 32 report as submitted to SAHRC
Level 3 plus: • Management discussions informs compliance to the PAIA and the periodic review of the implementation plan	Level 3 plus: • Report on PAIA compliance in annual report to Parliament • Minutes of management meeting where PAIA discussion took place and actions emanating from discussions • Process document on the review of the implementation plan (includes training of deputy information officers on PAIA)

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Moderation Criteria
• Moderators to check whether evidence documents are valid for level 2 • Moderators to check whether the section 14 manual by the department is according to the requirements stipulated in PAIA Section • Moderators to check whether section 15 notice was submitted to the DOJCD • Section 32 reports was submitted to the SAHRC
• Moderators to check whether evidence documents fully meet the statutory requirements to enable implementation.
Level 3 plus: • Check whether resolutions taken in the management meetings are captured in the reviewed implementation plan

Management Performance
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Key Performance Area3:
Human Resource Management

Management Performance
Standards
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3.1 Performance Area: Human Resource Strategy and Planning

3.1.1 Standard name: Human Resource Planning

Standard definition: Departments comply with, and implement, the human resource planning requirements. A Human Resources plan has been developed and approved by the relevant authority. **Importance of the standard:** A Human Resource Plan addresses both the current and future workforce needs in order to achieve organizational objectives.

Relevant Legislations and Policy: Part III.D of Chapter 1 of the Public Service Regulations, 2001 (as amended).

Standards	**Evidence Documents**
• Department does not have an Annual Adjusted Human Resources Plan	
• Department has a draft Annual Adjusted Human Resources Plan or process not finalised to assess whether adjustment is required • Have approved plan but submitted after due date or not at all or submit implementation report	• Draft Annual Adjusted Human Resources plan or evidence of review process
• Department has an Annual Adjusted Human Resources Plan approved by the Minister, MEC or Delegated Authority or confirmation that no adjustment required signed by MEC or Delegated Authority • Annual Adjusted Human Resources Plan was submitted to DPSA by 30 June • Department submitted the Annual Human Resource Planning Implementation Report for the previous cycle to DPSA by 31 March	• HR Plan if not submitted last year • Evidence of approval of Annual Adjusted HR Plan • Annual Adjusted Human Resources Plan • Confirmation letter from DPSA that there was no adjustment required for HRP • Human Resource Delegation Register is approved by Delegated Authority • Acknowledgement letter received by department from DPSA • HR Planning implementation report • Acknowledgement letter received by department from DPSA
Level 3 plus: Revisions to Annual Adjusted Human Resources Plan based on review of human resource planning information by Top Management	Level 3 plus: • Minutes of review of previous year's HRP at top management level

Moderation Criteria
• Moderators to check that evidence documents are valid for Level 2
Moderators to check that department's plans are compliant to: • DPSA's format (template)   • Submission by due date   • Quality of the plan meets DPSA standards   • Approved Annual Human Resource Plan is in line with Human Resource Delegation Register   • (DPSA will provide a report reflecting how departments are meeting the above criteria and this report will be used for the moderation)   • HRP implementation reports submitted by due date
Level 3 plus: Evidence reflects :   • Management consideration of statistics on recruitment and retention of skills   • Management consideration of statistics leads to changes to the Annual Adjusted Human Resources Plan

Management Performance
Standards

3.1 Performance Area: Human Resource Strategy and Planning
3.1.2 Standard name: Organisational Design and Implementation
Standard definition: Departments comply with the requirements for consultation, approval and funding of their organisation structure.   **Importance of the standard:** An approved organisational structure defines the roles and responsibilities of employees and is aligned to the department's strategic goals and objectives.
Relevant Legislations and Policy: Section 3(3)(e) of the Public Service Act, 1994, Regulation 1/III/B.2.A of the Public Service Regulations.

Standards	Evidence Documents
• Department does not have an approved organisational structure	
• Department has an approved structure as approved and signed by the Minister, MEC or Delegated Authority • Approved structure is not implemented	• Proof of Organogram approved and signed by the Minister, MEC or Delegated Authority (Approved Memorandum/Submission) • Delegation Register
• Department is implementing the approved organisational structure • Approved structure is in line with MTEF • Only funded posts are captured on PERSAL • Consultation with the MPSA if required	• Capture on template provided: number of approved posts, full year cost of structure, budget allocation for compensation and number of positions on PERSAL, additional appointments filled as at 30 June • Concurrency letter or communication on organisational structure from MPSA
Level 3 plus: • Department's organisation structure is based on assessment of functions • Organisational structure is reviewed periodically	Level 3 plus: • Proof of application of Organisational Functionality Assessment tool or similar assessment • Proof of review in the last 5 years

Moderation Criteria
• Moderators to check that the organogram is approved and signed by the Minister, MEC or Delegated Authority
• Reflect against PERSAL report on the unfunded ratio that only funded structure is captured • Reflect on info provided by department • Moderators will check against the DPSA information to see that department has consulted on their structure and the date • Moderators to check if there was communication on organisational structure between the department and MPSA
Level 3 plus: • Evidence reflects service delivery model, mandates and budget • Review must have been done in last 5 years

3.1 **Performance Area:** Human Resource Strategy and Planning	

3.1.3 **Standard name:** Human Resources Development Planning	

Standard definition: Departments have a Human Resources Development Implementation Plan that is approved and implemented.

Importance of the standard: The Human Resource Development Implementation Plan addresses skills gaps of employees so that the department is able to fulfil its goals and objectives.

Relevant Legislations and Policy: Skills Development Act, 1998.

Standards	Evidence Documents
• Department does not have an HRD Implementation plan	
• Department has a draft HRD Implementation plan	• Draft HRD Implementation plan
• Department submits annual HRD Implementation plan approved by DG to the DPSA (first draft – 31 March and final HoD plan – 31 May) • Department submits HRD monitoring questionnaire on implementation by (first draft – 31 March and final plan – 31 May)	• Approved and signed HRD Implementation plan • Acknowledgement letter from DPSA to department on submission of HRD Implementation plan HRD Monitoring Questionnaire
Level 3 plus: • Management annually reviews the HRD Implementation plan based on analysis of human resource development planning information	Level 3 plus: • Minutes of review of previous years HRD implementation plan at top management level •

Moderation Criteria
• Moderators to check that department has a draft HRD Implementation plan
• Verify submission of approved HRD Implementation plan • HRD Implementation plan must be signed by the DG/HOD
Level 3 plus: Evidence reflects : • Management consideration of human resource development planning information • Changes to HRD Implementation plan informed by management consideration of human resource development planning information

3.2 Performance Area: Human Resource Practices and Administration

3.2.1 Standard name: Pay sheet certification

Standard definition: Departments have a process in place to manage pay sheet certification and quality control.

Importance of the standard: The pay sheet certification aims to ensure that correct employees are paid at the correct pay point in order to avoid fruitless expenditure.

Relevant Legislations and Policy: Public Finance Management Act, 1999, Part VII of Chapter 1 of the Public Service Regulations, 2001.

Standards	Evidence Documents
• No process in place to manage monthly pay sheet certification	
• Pay sheet certification process is in place but is not implemented or only partially implemented	• Documented process on pay sheet certification
• Pay sheet certification process is in place • Pay sheet certification process is fully implemented on a monthly basis • Process of transferring and terminating staff in place to avoid fruitless expenditure	• Documented process or procedure on pay sheet certification • AG report on pay sheet certification if audited • Return of pay sheets April to June • Termination and transfer procedures
Level 3 plus: • Analysis is performed on payroll certification to identify possible "ghost workers" and implement corrective measures if necessary	Level 3 plus: • Report on physical payroll verification that was conducted and analysis

Moderation Criteria
• Moderators to check that departments have a process in place for pay sheet certification
• Moderators to reflect on the existence of the documented process or procedure on pay sheet certification • Moderators reflect on sample of 3 months signed payroll report
Level 3 plus: • Check if the payroll report reconciliation variances are being addressed by the department

3.2 Performance Area: Human Resource Practices and Administration	
3.2.2 Standard name: Application of recruitment and retention practices	
Standard definition: Departments have recruitment practices that adhere to regulatory requirements and retention strategies are in line with generally acceptable management standards.	
Importance of the standard: The recruitment policy and practice in a department plays a crucial role in ensuring that the department has the capacity to deliver quality services to the public.	
Relevant Legislations and Policy: Part VII of Chapter 1 of the Public Service Regulations, 2001.	
Standards	**Evidence Documents**
• Department does not comply with PSR for recruitment processes	
• A recruitment process has been approved which is compliant to PSR, but is not fully or consistently implemented	• Standard operating procedure or policy for recruitment
• A recruitment process with clear roles and responsibilities has been approved and is fully and consistently implemented • Exit interviews are conducted with all employees leaving the department	• Standard operating procedure or policy for recruitment • Completed questionnaire used for exit interview • Number of exit interviews conducted and number of people who left the department
Level 3 plus: • Analysis done on exit interviews, and actions taken • Assessment of working environment performed and improvements implemented	Level 3 plus: • Report on analyses of exit interviews • Working environment assessment report

Moderation Criteria
• Moderators to check that standard operating procedures or policy is in line with PSR
• Verify the existence of a recruitment process • Appointment of DG and DDGs in line with provisions of protocol document will be verified against DPSA report • Delegation register clarifying roles and responsibilities regarding recruitment • Moderation will use DPSA reports on filling of vacancies to check against department's assessment • Verify number of exit interviews conducted versus number of people who left the department
Level 3 plus: • Verify existence of analysis of exit interviews • Existence of working environment assessment report

3.2 Performance Area: Human Resource Practices and Administration	
3.2.4 Standard name: Management of diversity	
Standard definition: Departments have management practices that support the management of diversity within the department. **Importance of the standard:** To encourage departments to reflect the communities that we serve by meeting equity targets set by government. It is also intended to improve working relationships of the diverse workforce.	
Relevant Legislations and Policy: Employment Equity Act, 55 of 1998.	

Standards	Evidence Documents
• Department does not have a Job Access Strategic Framework Implementation Plan • Department does not have a Gender Equality Strategic Framework Implementation Plan	
• Department has a Job Access Strategic Framework Implementation Plan • Department has a Gender Equality Strategic Framework Implementation Plan	• Job Access strategic framework Implementation Plan • Gender Equality Strategic Framework Implementation Plan
• Department submits its Job Access Strategic Framework Implementation Report bi---annually to DPSA • Department submits Gender Equality Strategic Framework Implementation Report bi---annually to DPSA • Department meets minimum targets of 50% for SMS Female and 2% for disability	• Proof of submission of Job Access Framework to DPSA • Proof of submission of Job Access Framework Report • Gender Equality Strategic Framework Implementation Report • Employment Equity Plan implementation report
Level 3 plus: • Department has initiatives to address perceptions (e.g. stereotyping) regarding diversity	Level 3 plus: • Example of initiatives to address perceptions

Moderation Criteria
• Moderators to check existence of Job Access Strategic Framework and Gender Equality Strategic Framework Implementation Plan
• Check if Framework is in line with DPSA requirements • Check if the Job Access report disaggregated across department (race, gender & disability) • Gender Equality Strategic Framework is in line with DPSA requirements • Department must meet designated thresholds 50% for female SMS; disability above 2% • Strategy in place to meet equity targets • Reflect on DPSA report on quality assessment of the compliance with PSWMW activities
Level 3 plus: • Verify existence of initiatives to address perceptions

3.2 Performance Area: Human Resource Practices and Administration	
3.2.5 Standard name: Management of Employee Health	

Standard definition: Departments have Employee Health and Wellness management practices that adhere to regulatory requirements in Part VI of the Public Service Regulations as amended, and are in line with the Employee Health and Wellness Strategic Framework (EHWSF).

Importance of the standard: Work place health promotion programs can improve health---related knowledge, attitudes, behaviours and objective health conditions of employees.

Relevant Legislations and Policy: Part VI of the Public Service Regulations, EHWSF and PSCBC resolution 2 of 2012

Standards	Evidence Documents
• Department does not implement all 4 Employee Health and Wellness policies • Department does not submit annual System Monitoring Tool (SMT)	
• Department has a draft annual EH&W Operational Plan which addresses Gender and Human Rights Dimensions of HIV&AIDS and TB	• Draft annual EH&W Operational Plan which addresses Gender and Human Rights Dimensions of HIV&AIDS and TB
• Submit Systems Monitoring Tool (SMT) report to DPSA by 30 September every year • Department implements all 4 Employee Health and Wellness policies • Approved GSRB HIV&AIDS Mainstreamed Operational Plan for the next financial year is submitted to DPSA by 31 March • Quarterly (31st July, 31st October, 31st January) and Annual EH&W (15th May) Implementation Review reports are submitted to DPSA	• Signed annual SMT report (and evidence of submission to DPSA) • All 4 EHW policies • Approved GSRB HIV&AIDS Mainstreamed Operational Plan • Acknowledgment letter from DPSA regarding the submission of GSRB HIV&AIDS Mainstreamed Operational Plan • Quarterly and Annual EH&W Implementation Review reports • Acknowledgment letter from DPSA regarding the submission of Quarterly and Annual EH&W Implementation Review reports
Level 3 Plus: • Department has a committed budget for EH&W programme • Department carries out a health risk assessment which informs GSRB HIV&AIDS Mainstreamed Operational Plan	Level 3 plus: • Budget report • Risk assessment report

Moderation Criteria
Moderators to check: • That the draft operational plan is in line with the DPSA template.   • Draft GSRB HIV&AIDS Mainstreamed Operational Plan
Moderators to check that departments reports are compliant to :   • DPSA reporting format   • Submission due date
Level 3 plus: • Evidence reflects approved budget against the EH&W Operational plan   • Check that GSRB HIV&AIDS Mainstreamed Operational Plan includes actions to address issues raised in risk assessment

3.3 Performance Area: Management of Performance	
3.3.1 Standard name: Implementation of Level 1---12 Performance Management System	
Standard definition: Departments implement the PMDS in terms of all employees Level 1---12, within the requisite policy provisions.	
Importance of the standard: The aim of performance management is to optimise every employee's output in terms of quality and quantity, thereby improving the department's overall performance and service delivery.	
Relevant Legislations and Policy: Part VIII, Chapter 1 of the Public Service Regulations, 2001.	

Standards	Evidence Documents
• Department does not have an approved PMDS policy in place	
• Department has an approved PMDS policy in place	• Approved policy with timelines and structures including roles and responsibilities
• Mid---year assessments and feedback sessions were performed in previous cycle • Annual assessment for previous cycle were finalised by due date • Moderation concluded for previous cycle by due date	• An example of signed performance agreement • Example of midterm and annual assessment for previous cycle finalized by due date as stipulated in departmental policy • Moderation Report on annual assessment for previous assessment cycle • Moderation concluded for previous cycle by due date as stipulated in departmental policy • Memorandum approving payments of performance incentives
Level 3 plus: • Department actively manages performance outcomes in relation to the development of employees, managing poor performance and recognition of performance	Level 3 plus: • Examples of remedial , performance improvement plans and/or disciplinary actions taken to address poor performance • Examples of recognition of performance

Moderation Criteria
• Moderators to check existence of PMDS policy
• Check submission for implementation against policy: • Signing of agreements /work ---plans • Timelines • Reviews • Annual Assessment • Performance incentives • Verify that assessment of all were completed by due date as stipulated in departmental policy • Verify completion of the moderation process as stipulated in departmental policy
Level 3 plus: • Check if there is a process in place to manage poor performance • Verify that the department does recognise performance not necessarily only in monetary value

3.3 Performance Area: Management of Performance
3.3.2. Standard name: Implementation of SMS Performance Management System (excluding HODs)
Standard definition: Departments implement the SMS PMDS in terms of all SMS Members within the requisite policy provisions. **Importance of the standard:** The key purpose of PAs, reviews or appraisals is for supervisors to provide feedback and enable managers to find ways of continuously improving what is achieved.
Relevant Legislations and Policy: Part III.B of Chapter 4 of the Public Service Regulations, 2001 (PSR).

Standards	Evidence Documents
• No performance agreements for current cycle are in place	
• Not all SMS members have signed performance agreements for the current cycle and disciplinary action not taken for non-compliance	• Report on signing of performance agreements
• All SMS members have signed performance agreements and submitted by due date or disciplinary action taken for non-compliance • Mid-year assessments and feedback sessions were performed in previous cycle • Annual assessment for previous cycle finalised by due date • Moderation concluded for previous cycle by due date	• Report on signing of performance agreements • Report on non-submission of performance agreements and disciplinary action taken for non-compliance • Report on midterm assessments for previous cycle • Report on annual assessments for previous cycle • Report on the moderation process • Memorandum approving payments of performance incentives
Level 3 plus: • Department actively manages performance outcomes in relation to development, managing poor performance and recognition of performance	Level 3 plus: • Examples of remedial and/or disciplinary actions taken to address poor performance • Examples of recognition of performance

Moderation Criteria
• Moderators to check that evidence documents are valid for level 2 verify the existence of a report on the signing of the Performance Agreement
• Verify 100% compliance to signing of performance agreements or disciplinary action taken for non---compliance • Verify reporting in Annual Report on non---compliance with signing of performance agreement and actions taken in respect of non---compliance • Verify that mid---term reviews were completed for all SMS by 30 September of each year • Verify that annual assessments were completed for the relevant assessment cycle by due date • Verify that assessment of all SMS were completed by due date • Verify completion of the moderation process
Level 3 plus: • The performance reviews should show that there is a process in place to manage poor performers. Check for performance improvement plans

Standards	Evidence Documents
3.3 Performance Area: Management of Performance	
3.3.3 Standard name: Implementation of Performance Management System for HOD	
Standard definition: Performance of the Head of Department is managed.	
Importance of the standard: Performance Agreements have been introduced as part of the performance management system to provide a uniform minimum basis for the performance management of senior managers to assist departments in realising their annual strategic objectives.	
Relevant Legislations and Policy: Part III.B of Chapter 4 of the Public Service Regulations, 2001 (PSR).	

Standards	Evidence Documents
• HOD did not submit a signed performance agreement to the EA	
• HOD submitted a signed performance agreement to the EA for the current cycle • Performance agreement was not filed with relevant authority	• Proof of submission of performance agreement to EA
• The signed performance agreement for the current cycle was filed with relevant authority by the 31 May • Changes incorporated as directed by relevant authority • Submission of the verification statement was submitted on time to relevant authority for the previous year	• Secondary data from PSC
Level 3 plus: • Performance is managed in relation to the development of poor performance and recognition of performance	Level 3 plus: • Examples of remedial and/or disciplinary action taken to address poor performance • Examples of recognition of performance

Moderation Criteria
• Moderators to check that evidence documents are valid for level 2
• Moderators to reflect on PSC report on submission of performance agreements of HODs
Level 3 plus: • There must be a process in place to manage poor performance. If there is poor performance check for a performance improvement plan • Feedback from the moderation process

Standards	Evidence Documents

3.4 Performance Area: Employee Relations

3.4.2 Standard name: Management of disciplinary cases

Standard definition: Departments manage disciplinary cases within the prescribed policies and ensure implementation of recommendations.

Importance of the standard: Departments must ensure that employees conform to the required behaviour in the public service.

Relevant Legislations and Policy: Public Service Regulations, 2001 (PSR), PSCBC Collective Agreement Resolution 1 of 2003 and the Chapter 7 of the SMS Handbook.

Standards	Evidence Documents
• Department does not finalise disciplinary cases within policy requirements	
• Department finalises disciplinary cases within policy requirements but does not capture all cases on PERSAL	• Report on finalisation of disciplinary cases
• Department finalises disciplinary cases within policy requirements • All disciplinary cases are captured on PERSAL	• Report on finalisation of disciplinary cases
Level 3 plus: • Department conducts analysis on nature of misconduct and/or implements preventative measures unless the department has less than 10 disciplinary cases for the previous 12 months	Level 3 plus: • Proof of analysis undertaken on misconduct cases • Examples of implementation of recommendations and corrective measures taken

Moderation Criteria
• Moderators to check that evidence documents are valid for level 2
• Reflect on secondary data from DPSA and: • Check if any suspensions are longer than 60 days   • Check if cases are finalised within 90 days of identification and 60 days from notice   • Check if captured on PERSAL
Level 3 plus: • Analysis should include % of misconduct cases by types of misconduct cases   • Evidence of implementation of a programme or strategy to reduce level of misconduct

Management Performance
Standards
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Key Performance Area 4:
Financial Management

4.1 Performance Area: Supply Chain Management	
4.1.1 Standard name: Demand Management	

Standard definition: Departments procure goods and services, based on needs assessment and specifications of goods and services, and linked to departmental budget.

Importance of the standard: To encourage proper procurement planning and compliance with legislative requirements which are meant to enhance efficiency, value for money, accountability and transparency in state procurement.

Relevant Legislations and Policy: S38(1)(a)(iii) of the PFMA, Treasury Regulation 16A, Instruction Note Number 32 of 31 May 2011; National Treasury Circular: Guidelines on the Implementation of Demand Management

Standards	Evidence Documents
• Department does not have a procurement plan[1]	
• Department has an approved procurement plan in place but did not submit to Treasury on time.	• Approved Procurement plan
• Department has a procurement plan in place that meets Treasury requirements. • Procurement plan is submitted to Treasury on time (30 April)	• Approved Procurement plan • Proof that procurement plan was submitted on time (30 April)
Level 3 plus: • Department has a demand management plan[2] in place • Department regularly reviews reports on the procurement plan • Department has a sourcing strategy that reflects various procurement options for different categories of spend	Level 3 plus: • Demand management plan • Performance/ progress review reports on the procurement plan • Sourcing strategy

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[1] Procurement plan: This refers to all the departmental procurement above R500 000 as per the Treasury requirement

[2] Demand Management plan: This is the comprehensive plan that covers all the departmental procurement needs above and below R500 000

Moderation Criteria
• Moderators to check that evidence documents are valid for level 2
• Moderators to check that procurement plan was submitted on time, reflecting project name, description, start and end date, estimated cost, number of projects, responsibility section and manager, order note.
Level 3 plus: Moderators to check that: • Department's procurement plan is linked to programme plans and budgets • Performance/ progress review reports showing deviation and compliance to procurement plan as well as management actions to address deviations. • Department's sourcing strategy reflects an assessment of which procurement options are appropriate for its spend

4.1 Performance Area: Supply Chain Management
4.1.2 Standard name: Acquisition Management
Standard definition: Departments have processes in place for the effective and efficient management of entire acquisition process. **Importance of the standard**: To encourage departments to procure goods and services in a manner that promotes the constitutional principles of fairness, equity, transparency, competitiveness and cost---effectiveness.
Relevant Legislation and Policy: S38(1)(a)(iii) of the PFMA, Treasury Regulation 16A, National Treasury Practice Note NO 8 of 2007/2008, Code of Conduct for Bid Adjudication Committees – 24 March 2006,Practice Note 7 of 2009/10 (Signing of code of conduct by SCM officials), National Treasury Contract Management Guide, NT's General Conditions of Contract

Standards	Evidence Documents
• Department does not have a supplier database in place/ does not use a centralised database	
• Department has a supplier database in place which does not meet minimum NT requirements.	• Sample of supplier database • Reasons for not meeting NT minimum requirements
• Department has a supplier database in place which meets NT minimum requirements • Bid Committees in place and meet when required • Codes of Conduct signed by Bid Committee members and SCM practitioners	• Sample of supplier database per commodity • Advertisement to register suppliers • Bid Committee appointment letters for all 3 committees (specification, evaluation and adjudication) • Sample of 3 attendance registers per committee • Signed Codes of Conduct by Bid Committee members and SCM practitioners (sample of at least 3)
Level 3 plus: • Suppliers' performances are reviewed and updated on the supplier database and information used in future acquisitions	Level 3 plus: • Updated supplier report/schedule that reflects supplier performance

Moderation Criteria
• Moderators to check the existence of the required evidence for level 2
Moderators must check for evidence that: • Department has a supplier database in place showing suppliers and goods/services offered • Suppliers are invited to register on supplier database • Supplier rotation takes place • Cross functional composition of bid committees • Bid committees meet. • SCM practitioners and Bid Committee members are aware of their ethics obligations • Record of supplier performance on the supplier database
Level 3 plus: • Updated supplier database showing supplier performance • Defaulters register

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4.1 Performance Area: Supply Chain Management	
4.1.3 Standard name: Logistics Management	
Standard definition: Departments have processes in place for managing the entire process of logistics **Importance of the standard:** To encourage departments to adopt policies and procedures that promote the principles of efficiency, effectiveness and economy in managing goods held as inventory.	
Relevant Legislations and Policy: S38(1)(a)(iii) of the PFMA, Treasury Regulation 16A, Treasury Regulation 10.1	
Standards	**Evidence Documents**
• Department does not have documented policy/processes for setting inventory levels, placing orders, receiving, inspection and issuing goods	
• Department has documented policy/processes for setting inventory levels, placing orders, receiving, inspection and issuing goods	• Documented policy/process
• Department has stock holding and distribution policy which minimises stock holdings to minimise costs • Department implements policy/processes for stock---taking, setting inventory levels, placing orders, receiving, inspection and issuing goods	• Departmental policy on stock holding and distribution • Reports/ records on receiving and issuing of goods (e.g. LOGIS or equivalent) • Latest stock---taking report
Level 3 plus: • Department progressively reviews inventory management techniques to minimise stock holding costs while ensuring uninterrupted service. • Department conducts internal customer satisfaction survey and takes action on the findings.	Level 3 plus: • Review reports • Report on results of customer survey

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Moderation Criteria
• Moderators to check that evidence documents exist for level 2
• Policy on stock holding and distribution • Moderators to check that an inventory system is used (A report reflecting current/ recent inventory movement) • Latest stock taking report
Level 3 plus: • Moderator to verify the existence of inventory management improvement plans Moderator to verify the existence of the improvement plans based on the findings of the customer satisfaction survey

4.1 Performance Area: Supply Chain Management	
4.1.4 Standard name: Disposal Management	
Standard definition: Departments have a strategy or policy in place to dispose of unserviceable, redundant or obsolete goods **Importance of the standard**: To encourage departments to adopt disposal techniques which are consistent with the PFMA principles of efficiency, effectiveness and economy and promote the constitutional principles of fairness, transparency, competitiveness and cost---effectiveness.	
Relevant Legislations and Policy: S38(1)(a)(iii) of the PFMA, Treasury Regulation 16A	
Standards	**Evidence Documents**
• Department does not have a disposal strategy/ policy	Department to provide reasons for non---compliance
• Department has a disposal strategy/ policy but not implemented	• Disposal strategy /policy documents
• Department has a disposal strategy/ policy and it is implemented • Disposal committee appointed and disposal meetings are held • Department maintains a record of redundant assets unserviceable and obsolete assets • Department considers financial, social and environmental factors in the disposal processes	• Disposal report • Appointment letters of Disposal Committee members • Attendances register of Disposal Committee meetings (last 3 meetings) • Minutes of Disposal Committee (last 3 meetings) • Record on redundant, unserviceable and obsolete assets
Level 3 plus: • Department periodically reviews the disposal policy/strategy on the basis of reports on disposals	Level 3 plus: • Reports on disposals • Revised policy / strategy or minutes of meeting or decision showing no need for changes to policy / strategy

Moderation Criteria
• Moderators to verify existence of disposal policy/strategy describing how department disposes of unserviceable, redundant and obsolete goods
• Moderators to verify existence of: • Disposal report/ Minutes of Disposal Committee showing disposable goods and reasons thereof • Appointment letters of Disposal Committee members • Attendance register of Disposal Committee • Record on redundant unserviceable and obsolete assets • Disposal report shows that financial, social and environmental factors in disposal processes are considered
Level 3 plus: • Moderator to verify that at least some revisions to disposal policy/strategy are aimed at addressing issues raised in disposal report

4.2 Performance Area: Expenditure Management
4.2.1 Standard name: Management of cash flow and expenditure vs. budget
Standard definition: Ensure efficient and effective process for management of cash flow and expenditure vs. budget
Importance of the standard: To encourage effective budget management, compliance with the reporting requirements of the PFMA and the implementation of measures to prevent under/over expenditure and spending spikes.
Relevant Legislations and Policy: S40(4) of the PFMA, Treasury Regulation 15

Standards	Evidence Documents
• Department does not have a cash‑‑‑flow projection	
• Department has a cash‑‑‑flow projection and not submitted to relevant Treasury on time	• Cash‑‑‑flow projection
• Department has a Cash‑‑‑flow projection and is submitted to relevant Treasury on time • Department spending falls within planned projections	• Proof of submission to relevant treasury • Department expenditure report
Level 3 plus: • Management regularly reviews expenditure vs planned budgets and takes actions to prevent under/over expenditure	Level 3 plus: • Report on reviews of expenditure vs budget

Moderation Criteria
• Moderators to verify: existence of Cash---flow projection
• Moderators to verify: • submission of Cash---flow projections • Cash---flow was submitted on time • whether department spend is within projections • reasons for deviations
Level 3 plus: • Moderators check management action to correct deviations in expenditure versus budget

4.2 Performance Area: Expenditure Management	
4.2.2 Standard name: Payment of suppliers	
Standard definition: Effective and efficient process for the payment of suppliers. **Importance of the standard:** To encourage efficient and economical management of available working capital, and compliance with the legislative reporting requirements in this regard.	
Relevant Legislations and Policy: S38(1)(f) of the PFMA, Treasury Regulation 8.2.3, NT Instruction Note Number 34 of 2011	

Standards	Evidence Documents
• Department does not submit monthly exception reports to Treasury on payment of suppliers	
• Department does submit monthly exception reports to Treasury on payment of suppliers after stipulated timeframe	• Exception reports for the previous months in the current financial year
• Department does submit monthly exception reports to Treasury on payment of suppliers • Department has an invoice tracking system • Department pays all its valid invoices within 30 days	• Exception reports for the previous months in the current financial year • Evidence of the invoice tracking system
Level 3 plus: • Department investigates reasons for late or non‐payment of invoices and reviews the effectiveness of the business processes for managing payments where necessary	Level 3 plus: • Investigation report • Process improvements where necessary

Moderation Criteria
• Moderators to confirm submission of exception reports
• Moderators to confirm submission of exception reports • Proof of invoice tracking system/supplier invoice reports showing suppliers, invoice submission date, invoice payment authorisation, invoice payment date • Exception reports for the previous months reflect that the department is paying all its suppliers within 30 days
Level 3 plus: • Moderator to check that department has introduced measures to improve accounts payable processes

Standards	Evidence Documents

4.2 Performance Area: Expenditure Management

4.2.3 Standard name: Management of unauthorised, irregular, fruitless, and wasteful expenditure

Standard definition: Ensure efficient and effective process in place to prevent and detect unauthorised, irregular, fruitless and wasteful expenditure

Importance of the standard: To encourage departments to have documented policies and procedures in place to detect and prevent the incurrence of unauthorised, irregular, fruitless and wasteful expenditure and to take disciplinary measures against negligent officials in this regard.

Relevant Legislations and Policy: S38(1)(c)(iii) and S38(1)(g) and s38(1)(h)(iii) of the PFMA, Treasury Regulation 9

Standards	Evidence Documents
• Department does not have a process in place to prevent and detect unauthorised, irregular, fruitless and wasteful expenditure	
• Department has a process in place to prevent and detect unauthorised, irregular, fruitless and wasteful expenditure	• Documented process
• Management identifies unauthorised, irregular, fruitless and wasteful expenditure, investigates reasons, communicates management findings to responsible officials and takes disciplinary action against negligent officials • Department addresses audit findings on fruitless, unauthorised and irregular expenditure	• Investigation report on reasons for unauthorised, irregular, fruitless and wasteful expenditure • Management feedback to responsible officials • Evidence of disciplinary action taken against negligent officials or condonation of unauthorised, irregular, fruitless and wasteful expenditure • Approved action plan to address audit findings
Level 3 plus: • Management analyses and reviews the effectiveness of controls and systems to prevent recurrence of unauthorised, irregular, fruitless and wasteful expenditure • Department implements corrective measures	Level 3 plus: • Report on analysis and review of controls and systems or minutes of meetings where this was discussed • Evidence of corrective measures

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Moderation Criteria
• Moderators to verify existence of the process to prevent and detect unauthorised, irregular, fruitless and wasteful expenditure
Moderators to verify existence of: • Investigation reports showing the nature of fruitless and wasteful expenditure, reasons for such expenditure, responsible officials   • Management feedback to responsible officials.   • Disciplinary action taken against negligent officials   or   • Reasons for condonation of unauthorised, irregular, fruitless and wasteful expenditure
Level 3 plus: Moderators to check: • Existence of the report on analysis and review of controls and systems or minutes of the meetings where this was discussed   • Existence of corrective measures

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