MANAGEMENT PERFORMANCE ASSESSMENT TOOL

KEY PERFORMANCE AREA 1: STRATEGIC MANAGEMENT

1.1 Performance Area: Strategic Planning
1.1.2 Standard name: Annual Performance Plans (2017/18 Annual Performance Plan)
Standard definition: Extent to which the contents of the Annual Performance Plan (APP) 1) comply with the Framework for Strategic Plans and Annual Performance Plans 2) and are aligned to the departmental Strategic Plan
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 and must form the basis for the annual reports of accounting officers as required by sections 40(1)(d),(e), and (f) of the Public Finance Management Act, 1999; Programme Performance Information Framework Chapter 3 Page 14; Framework for Strategic plans and Annual Performance Plans N. Treasury Page 1 – 2 and Annexure B and C.

Standards	Evidence Documents	Moderation criteria
• Department does not have an approved 2017/18 Annual Performance Plan, **or** • Department's approved 2017/18 Annual Performance Plan does not adhere to the Framework for Strategic Plans and Annual Performance Plans		

• Department's approved 2017/18 Annual Performance Plan is **partially compliant**[1] with the Framework for Strategic Plans and Annual Performance Plans.	• Approved 2017/18 Annual Performance Plan.	Moderators to make use of the checklist to assess partial compliance to the Framework for Strategic Plans and Annual Performance Plans and confirm: • Partial compliance – indicates that a department has strategic objectives and programme performance indicators however these do not meet all the minimum requirements as per the checklist.
• Department's approved 2017/18 Annual Performance Plan is **fully compliant**[2] with the Framework for Strategic Plans and Annual Performance Plans. • Department's approved 2017/18 Annual Performance Plan has a clear link to the Strategic Plan.	• 2017/18 Annual Performance Plan. • Strategic objectives and targets are carried through from the Strategic Plan to the 2017/18 Annual Performance Plan **(indicate page numbers in the comments column)**.	Moderators to confirm and assess: • If the 2017/18 Annual Performance Plan is fully compliant with the Framework for Strategic Plans and Annual Performance Plans by making use of the checklist (inclusive of strategic objectives that are measurable with SMART 5 year targets broken down over the MTEF period. • If there is a clear link between the approved 2015-2020 Strategic Plan and the approved 2017/18 Annual Performance Plan (see page numbers provided in the comments column).

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[1]Partially compliant indicates that a department has strategic objectives and programme performance indicators however these do not meet all the minimum requirements as per the checklist (***please see annexure to KPA 1 standard for the checklist based on the framework***).

[2] Fully compliant indicates that the department fully complies with the checklist (***please see annexure to KPA 1 standard for the checklist based on the framework***).

All level 3 requirements and:	All level 3 evidence documents and:	Moderators to confirm:

• The department assesses 2017/18 Annual Performance Plans of public entities (only for departments with public entities).
• The department has mechanisms to operationalize the 2017/18 Annual Performance Plan.
• Department reviews it's performance against the 2015- 2020 strategic plan[3] to inform development of the 2017/18 Annual Performance Plan.
• The approved 2017/18 Annual Performance Plan is published on the department's website.
	• Official communiqué on the analysis of the 2017/18 APP for all public entities (Emails, feedback analysis reports, minutes, etc.)
	• Signed-off operational plan *or* [4] any formal documents used to implement the **entire** 2017/18 Annual Performance Plan.
	• Documented evidence of review of Strategic Plan (**review occurred in 2016-17 to inform the 2017/18 APP)** with consideration of previous year's performance[5]
	• A screenshot of the approved 2017/18 Annual Performance Plan which is uploaded on the department's website OR a link to the approved 2017/18 Annual Performance Plan on the department's website
		• If the communication contains analysis of the 2017/18 Annual Performance Plan.
		• If operational plans are linked to the delivery of the Annual Performance plan and include actions, with timeframes and responsible officials that will be undertaken towards achievement of the programme performance indicator
		• If evidence of the review shows that:
		  - Progress against the strategic goals and objectives was considered when planning for its implementation for the ensuing year and;
		  - Previous year's performance and the changing environment have been considered.
		
		• If the approved 2017/18 Annual Performance Plan is uploaded on the department's website.

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[3] The assessment of the Strategic Plan should have taken place in the **2016/17 financial year** to inform the development of the **2017/18 APP.**

[4] Operational plan refers to plans that outlines the outputs, activities and budget with timeframes and responsible persons to implement the APP.

[5] Examples of documented evidence include: signed-off reports by head of planning/ presentations accompanied by signed-off minutes of the strategic planning session/ annexure to the APP.

1.3 Performance Area: Monitoring

1.3.1 Standard name: Integration of performance monitoring and strategic management

Standard definition: The department's ability to do monitoring and reporting, produce 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 to inform performance improvement in a department.

Further, the standard seeks to entrench the ownership culture of organizational performance by management as a collective.

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, 2001.

Performance Indicator 3: Auditor General finding on the reliability of performance information

Standards	Evidence Documents	Moderation criteria
• Department does not have a M&E or Performance Management Information Policy or Framework.		
• Department has a signed-off M&E or Performance Information Management Policy or Framework.	• Signed-off M&E or Performance Information Management Policy / Framework (this is a framework that governs management of performance information) .	Moderators to confirm: • If the department has a signed-off/approved M&E or Performance Information Management Policy.

• Department has an approved M&E or Performance Information Management Policy or Framework that covers the following :
 - Roles and Responsibilities;
 - Data validation;
 - Processes and procedures to collect manage and store data that enable the monitoring of progress against targets in the APP (standard operating procedures for management of performance information/data).
 	
 • **Signed-off comprehensive**[6] quarterly performance reports which are based on progress of planned targets as stipulated in the APP (standardized and customized indicators):
 	
   : **Quarter 2, 3 and 4 of 2016/17**
   : **Quarter 1 of 2017/18**
 	
 • **The signed-off** quarterly performance reports are submitted to OTP/DPME/ Relevant Treasury on time (30 days after end of each quarter).
	• **Signed-off** M&E or Performance Information Management Policy / Framework.
	 • **Signed-off Comprehensive** quarterly performance reports for:
	
	 - Quarter 2, 3 and 4 of 2016/17
	 - Quarter 1 of 2017/18 (The report can be provided a month after the self-assessment closes)
	
	 • Proof of submission to OTP/DPME/ Relevant Treasury (e.g., email, letter of acknowledgement, signed route form with a date, receipt register with a date).
		Moderators to confirm:
		 • If the signed-off departmental M&E or Performance Information Management Policy has the following elements:
		 - Roles and Responsibilities
		 - Data validation
		 - Processes and procedures to collect manage and store data that enable the monitoring of progress against targets in the APP.
		 • If the comprehensive quarterly reports are signed-off by the Accounting Officer, and that the targets relate to the targets in the:
		 - 2016/17 APP for Q2, Q3 and Q4 and;
		 - 2017/18 APP for Q1
		 • If the signed-off quarterly performance reports are submitted to provincial /national treasury/DPME on time by benchmarking the evidence provided with the official submission date (30 days after end of each quarter).

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[6] Comprehensive quarterly performance reports that reflect progress against all quarterly performance targets as captured in the 2016/17 and 2017/18 Annual Performance Plan respectively as well as the QPR model for national departments and for customised indicators (including province specific targets) for provincial departments.

All level 3 requirements and:	All level 3 evidence documents and:	Moderators to confirm:

• Department confirms the reliability and accurateness of performance information (Internal audit report and or M&E consolidated report confirming the reliability and accurateness of performance information).
 	
• Department's reported performance information for the 2016/17 APP is **reliable.**
 	
• Departmental **top** management engages with the quarterly progress reports and uses the reports to inform improvements.
 	
• Management engages with the 2016/17 Annual Report: **focus on predetermined objectives**.
 	
• The 2016/17 Annual Report is published on the department's website
	• Signed-off internal audit report by Head of Internal audit or consolidated report from the M&E unit signed-off by Head of M&E **confirming the reliability and accurateness of reported performance information (at least one report for 2016/17 and one report for 2017/18).**
	
	• 2016/17 Annual Report (Auditor-General's finding on predetermined objectives: **reliability of performance information**)
	
	• **Signed-off** minutes of departmental **top** management meeting showing evidence of discussions of departmental performance or presentation with a signed-off resolution register of the following:
	   ○ 2016/17 2nd, 3rd and 4th quarter/ annual progress report **and**
	   ○ 2017/18 1st quarter report
	
	• A 2016/17 **signed-off** Audit Remedial Plan based on the shortcomings in the 2016/17 Annual Report **or**,
	
	• The signed-off departmental top management minutes showing discussion of the outcomes of the 2016/17 Annual Report (unless there were no shortcomings, e.g. all targets were achieved, no audit concerns raised on the usefulness or reliability of performance information)
		• If the department provided at least one signed-off internal audit report/M&E report for 2016/17 and one report for 2017/18 that confirms credibility of quarterly performance information.
		
		• If there are no AG findings for the reliability of reported performance information for 2016/17 APP.
		
		• If the minutes of management meetings reflect use of quarterly performance assessments to inform improvements.
		
		• If there is a signed 2016/17 audit remedial plan based on the shortcomings in the 2016/17 Annual Report **or;**
		
		• If the management minutes show discussions of progress based on the shortcomings of the 2016/17 Annual Report.
		
		• If the 2016/17 Annual Report is uploaded on the department's website.

	• A screenshot of the 2016/17 Annual Report which is uploaded on the department's website OR a link to the 2016/17 Annual Report on the department's website.	

1.3.2   Evaluation

Standard name: Integration of evaluation and strategic management

Standards Definition: The extent of capacity, organisation and implementation of evaluations that inform programme/policy/plans or systems design, planning and improvement.

Importance of the standards: Departments are using evaluations to inform the design, management and/or improvement of programmes/policies/plans or systems, and so undertaking continuous improvement.

Relevant Legislation and Policy: National Evaluation Policy Framework (2011)

Standards	Evidence	Moderation Criteria
• Evaluation system in the department is not formalised and implemented.		
• Department has planned capacity to manage/conduct evaluation.	• Function including evaluation mandate and expertise. • Job description or current performance agreement includes evaluation	Moderators to confirm if: • Post exists on the approved structures and is funded • Evaluation is one of the key functions of the job description or performance agreement
Level 2+ • Relevant staff are in place. • Department has approved or adopted guidelines that follow the national evaluation system.	• Filled position (Evidence of appointed staff with an evaluation responsibility). • Approved departmental document using DPME evaluation guidelines that indicates how they undertake evaluations.	Moderators to confirm if: • Post is filled (e.g. current performance agreements or appointment letter) • Evidence that departmental evaluation guidelines are in line with, or they have adopted the DPME guidelines

		Moderator to:
• Multi-year evaluation plan that follows the national evaluation system	• Current approved multiyear departmental evaluation plan (DEP) that follows the guidelines on the DEP	• Verify the existence of the departmental evaluation plan which summarises the evaluation to be conducted over 1-3 years, details of the evaluation to be conducted, funding roles and responsibilities, etc.
• Department has undertaken at least 1 evaluation of a major programme, policy, plan, project or system in the previous 2 years, or is currently undertaking one • Each evaluation has a steering committee ensuring effective oversight of the evaluation process • Each completed evaluation has an approved management response and improvement plan • Departmental evaluation are made public on departmental websites.	• Evidence of approved terms of reference or proposal and budget is allocated; *or* • An approved evaluation report from the last 2 years (not a research report, i.e. has recommendation for specific policies or programmes) • Approved minutes of steering committee including the final meeting which approved the report or if approval was via email, then another meeting) • Copy of management response and improvement plan for each evaluation and evidence of approval (e.g. minutes, signatures of DG etc.) • URL link and screenshot of website showing availability of evaluation reports on the departmental website.	Moderator to confirm/verify: • Evidence that evaluation is underway or was completed in the previous 2 years. • A steering committee operated to provide effective oversight on the evaluation • Existence and approval of management response to the evaluation report • Existence and approval of improvement plan based on recommendations from evaluation report • Departmental website for evaluations conducted and published.

The Planning Implementation Programme remains a pilot for MPAT 1.7

1.3.3 Planning of Implementation Programmes [7]
Standard name: Planning of Implementation Programmes
Standards Definition: The extent of capacity, organisation and implementation of Guidelines for Planning of Implementation Programmes that inform programme design, planning and improvement. **Importance of the standards:** To determine if departments use Guidelines for Planning of New Implementation Programmes to inform the design, management and/or improvement of programmes.
Relevant Legislation and Policy: Planning of Implementation Programmes (DPME Guideline 2.2.3 for 2014), Cabinet Memorandum 10 of 2014

Standards	Evidence	Moderation Criteria
• Guidelines for Planning of New Implementation Programmes are not implemented.		
• Guidelines for Planning of New Implementation Programmes[8] partially implemented.	• An Implementation Programme Plan which includes diagnostic analysis, high level analysis of options for addressing the problem, target group of the programme.	Moderators to confirm if: • An Implementation Programme Plan exits with a diagnostic analysis, high level analysis of options for addressing the problem, target group of the programme (Refer to page 6 and 7 of the guidelines).

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[7] A programme is a set of organized but often varied activities directed towards the achievement of specific policy aims. A programme may encompass several different projects, activities and processes and may cross departments or spheres.

[8] Implementation programme refers to policy programmes such as National School Nutrition Programme, Expanded Public Works Programme (EPWP), Maternal Health Programme.

• Guidelines for Planning of New Implementation Programmes fully implemented.	• All of the above and
	• An Implementation Programme Plan reflecting the following:
	  - the Theory of Change;
	  - the Logical Framework;
	  - roles and responsibilities;
	  - risk management plan;
	  - cost estimates;
	  - Plan for the Life-Cycle Evaluation for the programme
		Moderator to confirm:
		• The Implementation Programme Plan includes information on page 6 - 7 and 9 – 10 of the guidelines.

• Implementation programme plan is communicated to all the relevant stakeholders	• Minutes of meetings of inter-sectorial engagements and or email communications	Moderator to confirm if: • Minutes of meetings do reflect that the Implementation Programme Plan has been communicated to stakeholders.

Annexure A

CHECKLIST FOR THE EVALUATION OF STRATEGIC PLANS			
DEPARTMENT	Yes	No	Comment
Part A			
1. Vision, Mission, Values and Legislative Mandates			
1.1 Does the strategic plan reflect the department's vision, mission, values and legislative mandates?			
2. Situational Analysis			
2.1 Does the situational analysis provide actual statistics relevant to the sector?			
2.2 Is there reference to the policy environment (medium and long terms)?			
2.3 Does the performance environment include the challenges experienced by the department?			
2.4 Does the organisational environment provide information on the capacity of the institution to deliver on its mandate?			
3. Strategic Goals			
3.1 Do strategic goals relate to the achievement of the mission?			
3.2 Is the goal clearly an outcome statement and not an output (product/service of the department)?			
Part B			
4. Strategic Objectives			
4.1 Does the strategic objective state what the institution intends doing to achieve its strategic goal?			
4.2 Is the strategic objective "SMART"? (*The strategic objective should be measurable with a SMART 5 year target.)*			
5. Resource Considerations			
5.1 Are expenditure trends discussed per programme?			
5.2 Are personnel trends of the department discussed?			
5.3 Are any other resource related issues discussed?			
6. Risk Management			
6.1 Are key risks discussed per programme as well as the department's plans to mitigate these risks?			
Part C (Where applicable)			
7.1 Is there a table for infra-structure projects that the Department intends implementing during the period of the strategic plan?			
7.2 Are there Conditional Grant tables completed for each conditional grant that a Department is administering?			
7.3 Are there Public Entity tables completed for each of the public entities that fall within the ambit of the Department?			
7.4 Is there table completed per strategic plan for the list of public private partnerships managed by the department?			

Technical Indicator Descriptions for Strategic Objectives			
8.1 Are there technical descriptions for the strategic objectives?			

ANNEXURE B

CHECKLIST FOR THE EVALUATION OF ANNUAL PERFORMANCE PLANS			
DEPARTMENT	Yes	No	Comment
Part A: Overview			
Updated Situational Analysis			
1.1 The situational analysis in the tabled strategic plan must be updated in the APP and should broadly correlate to what was presented in the strategic plan			
Overview of the budget and the MTEF estimates			
1.2 Does the APP reflect how the budget and MTEF allocations contribute to the realisation of the institutions strategic goals (table and narrative) ?			
Part B : Programme and Subprogramme plans			
Strategic Objectives			
2.1 Are the strategic objectives in the tabled Strategic Plan the same as in the APP?			
2.2 If there are changes to the strategic objectives in the tabled Strategic Plan (include changes effected during the previous financial years but within SP period) , is there an annexure in the APP reflecting the changes?			
2.3 Have the strategic objectives been planned for separately from the programme performance indicators?			
2.4 Has the department broken down the 5 year strategic objective target into annual targets in the APP?			
Programme Performance Indicators			
3.1 Has the department incorporated programme performance indicators in Part B of the APP?			
3.2 Are standardized/customized indicators incorporated in the plan? (applicable to provinces)			
3.3 Are province specific indicators incorporated in the plan? (applicable to provinces)			
3.4 Is there a Technical Indicator Descriptions for programme performance indicators attached as an annexure or published on the website?			
Part C : Links to other plans (where applicable)			
4.1 Is reference made to the factors influencing the institutions ability to deliver on the infrastructure plan?			

4.2	Is specific information provided on any significant changes to the status quo relating to the relevant conditional grants?			
4.3	Is specific attention paid to plans to evaluate public entities?			
4.4	Is reference made to the steps that will be put in place to ensure a smooth transfer in the case of agreements that will expire (PPP)?			

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: Public Service Regulations 2016 sections 36 – 38 and White Paper on Transforming Public Service Delivery (1997)		
Standards	**Evidence Documents**	**Moderation Criteria**
• 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	• Moderators to check steps taken by the department towards the drafts and process for their approval. • Evidence of consultation with stakeholders/ service recipients.
Level 2+ • Department has an approved SDIP, DPSA Assessment rating of the SDIP is between 0 and 2 and approved Service Charter displayed *however has not consulted its stakeholders/service recipients.*	**Evidence to be viewed from level 3** • Reports or minutes (including agendas and attendance registers) of consultation with stakeholders/ service recipients has not been provided.	• **As per level 3 criteria excluding consultation reports**
• Department has an approved SDIP inclusive service standards signed and approved by Accounting Officer and Executive Authority (2+)	• Secondary data from DPSA: approved SDIP	• Moderators to check secondary data from DPSA on the submission of SDIPs and Service Delivery Charters
• Department has an approved service charter and is displayed at service points (2+)	• Secondary data from DPSA: Approved service charter	• Moderators to check secondary data from DPSA on the submission of SDIPs and Service Delivery Charters
• Department has a quality SDIP (2015/16 – 2017/18) as per DPSA quality criteria	• Secondary data from DPSA: Quality assessment report by the DPSA	The following moderation criteria emanates from the DPSA SDIP Assessment Tool: The calculation will be based on the number of key services addressed which will be up to 3. Hence a minimum and a

- *If the Department obtains a score between 3 and 5 for the quality of its SDIP based on the DPSA Assessment Tool, the SDIP will be considered a quality document and will be rated at level 3 in MPAT. A score between 0 and 2 will be interpreted as the SDIP not meeting the quality criteria as set by DPSA*		maximum score allocated per area of assessment. The total score acquired will be divided by the qualifying total score which will be based on the number of key services addressed.
		Where 1 key service is addressed the qualified total score will be: 176
		Where 2 key services are addressed the qualified total score will be: 312
		Where 3 key services are addressed the qualified total score will be: 448
		
		The rating score of 0 to 5 will be interpreted as follows:
		Total score will be equal to:
		1. (Allocated score of professional package/ sub-total total score) X 0.1) PLUS
		2. (Allocated score of SDIP introductory part/ sub-total score X 0.8) PLUS
		3. (Allocated score of regulatory, legal & strategic planning process/ sub-total X 2) PLUS
		4. Allocated score of SDIP template:
		   a. (Allocated score of identified key services & service beneficiaries/ sub-total X 0.1) PLUS
		   b. (Allocated score of Performance standards (Quantity)/ sub-total X 0.4) PLUS
		   c. (Allocated score of Professional standards/ sub-total X 0.1) PLUS
		   d. (Allocated score of Legal standards/ sub-total X 0.2) PLUS
		   e. (Allocated score of Batho Pele standards/ sub-total X 1) PLUS
		   f. (Allocated score of HR, Cost & Time/ sub-total X 0.1) PLUS
		5. (Allocated score of other compliance requirements/ sub-total X 0.1)
		
		Ratings:
		0 = Did not use the template (Did not meet the minimum set standards)
		0.1 to 1 = Very Poor (Did not meet the minimum set standards)

		1.1 to 2.4 = Poor (Did not meet the minimum set standards) 2.5 to 2.9 = Average (Met the minimum set standards) 3 to 3.9 = Good (Met the minimum set standards) 4 to 4.4 = Very Good (Met the minimum set standards) 4.5 to 5 = Excellent (Met the minimum set standards) If the Department obtains a score between 3 and 5 for the quality of its SDIP based on the DPSA Assessment Tool, the SDIP will be considered a quality document and will be rated at level 3 in MPAT. A score between 0 and 2 will be interpreted as the SDIP not meeting the quality criteria as set by DPSA
• [9]Department regularly and/or systematically consults stakeholders/service recipients on service standards and SDIP.	• Reports or minutes (including agendas and attendance registers) of consultation with stakeholders/ service recipients.	**Consultation with Stakeholders:** • Moderators to check that minutes and/or reports includes discussion on progress of towards achieving the key services and service standards. • Moderators to check whether departments servicing external beneficiaries/stakeholders have consulted externally.
All level 3 requirements and: • Department conducts a satisfaction survey on departmental services rendered as per SDIP	**All level 3 evidence documents and:** • Report on the findings of the satisfaction survey	**Level 3 plus:** • Moderators to check that reports includes findings of the satisfaction survey in relation to the key services identified for improvement as well as recommendations and way forward

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[9] Regularly consults: consultation with beneficiaries and stakeholders conducted on a quarterly, bi-annual or annual basis
Systematically consults: consultation with beneficiaries and stakeholders when drafting the SDIP and service standards

• Department regularly monitors compliance to service delivery standards and implementation of the approved SDIP.	• Progress and monitoring reports *(annual reports sent to DPSA by 30 June).*	**Service standards**: • Monitoring reports and complaints are analysed, be annual and feed into improvement plans. **Service Charter:** • Must be service point-specific.
• Management considers monitoring reports on service delivery standards and are used to inform improvements to business processes.	• Minutes of management meetings reflecting discussion of results of monitoring of service standards and action plans for improvements.	**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.

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 professional ethics and discourage unethical behaviour and corruption.

Importance of the Standard: The Code of Conduct requires public servants to act in the best interests 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 result of ulterior motives.

Relevant Legislation and Policy: Public Service Regulations, 2016, Section 195 of the Constitution, no 108 of 1996. DPSA Guide on Managing Ethics in the Public Service, 2015

Standards	Evidence Documents	Moderation Criteria
• Department does not have the required designated Ethics Officer/s in place • Department does not have Ethics Committee in place • Department has no mechanism or standard of providing/ communicating the Code of Conduct to new and existing employees		
• Department has a designated/appointed ethics officer(s) performing ethics and anti-corruption functions in accordance with section 23 of the PSR 2016	• Job Description of the ethics officer/s or designation letter (provide relevant evidence)	• Moderators to verify the existence of a job description for the designated Ethics Officer/s and Ethics Committee as required by PSR 2016.
Level 2+ • *The department has an appointed/designated Ethics Officer and have mechanisms in place for providing/communicating the Code of Conduct to new and existing employees, however it does not have an Ethics Committee in place*	• **Evidence to be viewed from level 3**	**As per level 3 moderation criteria**
• Department has a designated/appointed ethics officer(s) performing ethics and anti-corruption functions in accordance with section 23 of the PSR 2016	• Appointed function: Job description for the Ethics Officer(s) and signed performance agreement	• Moderators to verify the existence of designated Ethics Officer/s and Ethics Committee as required by PSR 2016

	• Delegated function: designation letter for the Ethics Officer/s and signed performance agreement	
• Department has an Ethics Committee in place (or designate an existing committee) in accordance with section 23 (2) of the PSR 2016	• Appointment letters for the Ethics Committee members • Approved terms of reference for the Ethics Committee • Approved/signed minutes, agenda and attendance registers for two recent Ethics Committee meetings	• Verification of the content, roles and responsibilities of the Ethics Committee in the approved TOR
• Department has a mechanism of providing/ communicating sections or provisions of the Code of Conduct to new and existing employees annually.	Mechanism of providing Code of Conduct to: - **New employees:** internal induction programmes conducted (attendance register, programme/agenda **and/or** proof of attendance to the NSG Compulsory Induction Programme), and - **Existing employees:** internal awareness sessions conducted on provisions of selected topical issues on the Code of Conduct accompanied by schedule of departmental training/awareness sessions, attendance registers, programme/agenda, presentations and training material).	• Moderators to verify existence of code of conduct mechanisms or standards. • Moderators to check whether attendance registers for **new employee's** induction programmes/workshops is accompanied by induction programme/course programme. • Moderators to check whether attendance registers for **existing employee's** code of conduct programmes/workshops is accompanied by topical programme/presentation etc.
All level 3 requirements plus: (must still update) • All Ethics officers completed NSG online training course	**All level 3 evidence documents and:** • List of Ethics Officers completed online training course. (Secondary data from NSG). Certification to be uploaded by departments as evidence.	**Level 3 plus:** Moderators to verify whether: • Ethics Officers completed online course using secondary data from NSG and evidence from departments.

2.4 Performance Area: Ethics		
2.4.2 Standard Name: Assessment of Financial Disclosures		
Standard Definition: Departments have systems and policies in place to promote professional ethics and discourage unethical behaviour and corruption. **Importance of the Standard:** The Code of Conduct requires public servants to act in the best interests 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 result of ulterior motives.		
Relevant Legislation and Policy: Chapters 2 and 3 of the Public Service Regulations, 2016, 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**	**Moderation Criteria**
• Less than 50% of SMS members completed financial disclosures.		
• More than 50 per cent and less than 100 per cent of SMS members completed financial disclosures on time to the AO (30 April of every year). • EA has submitted more than 50 per cent and less than 100 per cent of SMS financial disclosures on time to the Public Service Commission (31 May of every year). • Disciplinary action taken for non-compliance (with reference to SMS who have not completed financial disclosures by the due date).	• E-Disclosure status report • Secondary data from the PSC on the status of departmental submission • Report on disciplinary action for non-compliance.	• PSC secondary data to verify submission of SMS financial disclosure. • Verify that disciplinary action has been taken for non-compliance for those who did not complete the financial disclosures on time or at all.
Level 2+ • ***All SMS members completed financial disclosures, these were approved (electronically) by the EA and submitted to PSC on time (31 May of every year), however, EA does not take action against conflict of interest emanating from the disclosures***	• **Evidence to be viewed from level 3**	**As per level 3 moderation criteria**

• All SMS members completed financial disclosures on time to the AO (30 April of every year).	• E-Disclosure status report	• PSC secondary data to verify 100 per cent submission of SMS financial disclosures by the due date.
• EA has submitted 100 per cent of SMS financial disclosures on time to the Public Service Commission (31 May of every year). [2+]	• Secondary data from the PSC on the status of departmental submission	• Moderators to check whether the PSC secondary data corresponds with the e-Disclosure status report
• Report by the EA within 30 days of referral by the PSC on action taken against conflict of interest in accordance with section 21 of the PSR 2016	• Report by the EA on action taken against conflict of interest	• Moderators to check whether the report by the EA was done within 30 days of receipt of referral by the PSC; states whether any steps were taken; and if steps were taken does it provide a description of those steps or provides reasons if no steps were taken
All level 3 requirements plus: • Department has a financial disclosure policy in place which is effectively implemented	**All level 3 evidence documents and:** • Financial Disclosure policy	**Level 3 plus:** Moderators to verify whether: • departments have the requisite Financial Disclosures Policy in place approved by the AO
• All employees (levels 1 – 12) in critical units (e.g. SCM, Finance, Ethics Officers) completed financial disclosures	• Status report on financial disclosures for critical units (e.g. SCM, Finance, Ethics Officers) (levels 1 – 12) submitted to the EA	Moderators to verify whether: • departments have the report on the Financial Disclosures for SCM, Finance and Ethics Officers on levels 1 -12
• All employees (11 – 12) irrespective of unit completed financial disclosures	• Status report on financial disclosures for employees on levels 11 – 12 irrespective of unit	Moderators to verify whether: • departments have the report on the Financial Disclosures for all employees levels 11 - 12

DISCLOSURE OF FINANCIAL INTERESTS STANDARDS

Members of Senior Management Service (SMS)

- Disclosure by members of SMS – 30 April

- Submission to PSC – 31 May

- Disclosure by newly appointed SMS members – 30 days after assumption of duty

- Submission to PSC (newly appointed SMS members) – 30 days after submission to HOD/EA

- Use of the eDisclosure system compulsory

- Verification of disclosed financial interests – done by PSC (for those departments which do the function it is a +)

Other categories of employees' standards

Other categories of designated employees	Period to disclose financial interest	Period to verify the disclosure
Employees earning an equivalent of salary level 13 and above through the OSD	01 – 30 June of the year in question	By 31 July of the year in question
Employees appointed at salary level 12 including employees earning the equivalent of salary level 12 through the OSD		
Employees who are authorised by the Minister, EA, HOD, or the chairperson of the Public Service Commission (PSC) for purposes of record keeping and the effective implementation of Part 2 of Chapter 2 of the PSR, 2016	01 – 30 June of the year in question	By 31 July of the year in question
Employees appointed at salary level 11 including employees earning the equivalent of salary level 11 through the OSD	01 – 31 July of the year in question	By 30 August of the year in question
Employees in supply chain management and finance units, irrespective of their salary level		
New employees appointed in the above categories	Up to 30 days after assumption of duty	Up to 30 days after disclosure of financial interest is made

- Use of the eDisclosure system is compulsory
- HOD report to Minister for Public Service and Administration – 31 August

2.4 Performance Area: Ethics

2.4.3 Standard name: Anti-Corruption and Ethics Management

Standard Definition: Departments have measures in place to promote ethical behaviour and combat corruption in the public service.

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: Public Finance Management Act; Part 3 of the Public Service Regulations 2016, The Protected Disclosure Act 26 of 2000, and Section 195 of the Constitution, no 108 of 1996.

Standards	**Evidence Documents**	**Moderation Criteria**
• Department does not have a Whistle-Blowing Policy. • Department does not have an Ethics Management Strategy		
• Department has a draft Whistle-Blowing Policy. • Department has a draft Ethics Management Strategy	• Draft and whistle-blowing policy. • Draft Ethics Management Strategy	• Moderators to verify existence of Draft Ethics Management Strategy and Whistle-Blowing Policy.
Level 2+ • Department has an approved whistle-blowing policy, *however, with no implementation plan.* • *Department has an approved* ethics and corruption risk assessment report, with no implementation plan • *Department has approved Ethics Management Strategy with no implementation plan.*	• **Evidence to be viewed from level 3**	
• Department has an approved whistle-blowing policy	• Approved whistle-blowing policy	Approved Whistle-Blowing Policy and Implementation Plan (incorporated or separate document). Moderators to check that the Whistle-Blowing Policy includes the following: • Personal note from the AO; • Purpose of the policy;

		• Scope; • Who can raise a concern; • Promotion of a culture of openness; • Management assurance towards whistle-blowers (safety, confidentiality, how matters will be handled, raising concerns internally, independent advice, external contacts, alternative measures for unsatisfied whistle-blowers)
• Whistle-blowing implementation plan	• Whistle Blowing implementation plan.	• Moderators to check whether implementation plans contains clear activities and timeframes within the current financial year
• Department has an approved Ethics Management Strategy	• Approved ethics management strategy	• Moderators to check if the ethics management strategy responds to all the risks identified as part of the ethics and corruption risk assessment conducted by the department. • Check if human and financial resources have been allocated to implement the strategy, e.g. budget and number of ethics officers appointed to roll-out the strategy • Check if the strategy is popularized in the department through workshops, communication and training.
• Department has an Ethics Management Strategy implementation plan	• Ethics Management Strategy implementation plan	• Moderators to check whether implementation plans contains clear activities and timeframes within the current financial year

• Department conducts ethics and corruption risk assessment	• Approved ethics and corruption risk assessment report with the implementation plan as well as progress on mitigation action plan.	• Updated progress on mitigating unethical (including fraud and corruption) activities and improving internal controls.
• Department provides feedback on anti-corruption hotline cases to PSC within 40 days	• Statistic from PSC on NACH cases (secondary data)	• Moderators to check secondary data from the PSC on responses to NACH cases
• Department has established an information system (electronic or manual) in terms of section 22(d) of the PSR 2016	• Evidence of the required information system (e.g. list of cases with progress made OR system's generated report which includes all relevant case information as well as progress made)	Information system should: • Record of all allegations of corruption and unethical conduct; • Monitor the management of the allegations of corruption and unethical conduct; • Identify any systemic weaknesses and recurring risks; • Maintain records of the outcomes of the allegations of corruption and unethical conduct
All level 3 requirements and: Management acts on the ethics and corruption risk assessment report and mitigation action plans	**All Level 3 evidence documents and:** • Minutes of management meetings when the report was discussed • Evidence of progress (quarter 1) against mitigation action plans discussed at management meetings	Level 3 plus: Moderators to check: • 1 set of management meeting minutes when the ethics and corruption risk assessment report was tabled and discussed in detail • 1 set of management meeting minutes when progress (quarter 1) against mitigation action plans discussed

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 Public Sector Risk Management Framework (2010) and Chapter 4 of the King III report (2009).

Standards	Evidence Documents	Moderation Criteria
• Department does not have a risk management function/capacity.		
• Department has a risk management function/capacity with suitably qualified and skilled staff, or combined with internal audit unit or the unit is outsourced.	• Risk Management Structure *Note: do not upload the structure, the moderator to check the organisational structure uploaded under 3.1.2 Organisational Design and Implementation. In the case of shared service upload the structure* • Staff profile of risk management capacity or function (number, rank and qualifications) or service level agreement with service provider.	
• Department has risk management committee in place.	• Appointment letters for RMC members • Approved RMC terms of reference. • Approved/signed minutes of last 3 consecutive Risk Committee meetings.	**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.

All level 2 requirements and: • Department has completed a strategic risk register or reviewed it in the past financial year.	**All level 2 evidence requirements have been met** • Risk assessment report • RMC/AC minutes reflecting the review process followed • Strategic Risk Register (2017/18)	• Process of review must be checked in the relevant Risk Management Committee minutes and Audit Committee minutes where the Risk Register was reviewed and adopted.
• Department has a risk management policy and risk management plan recommended by the RMC and approved by the Accounting Officer.	• Approved risk management policy • Approved risk management plan.	Public Sector 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 • Alignment between risk identified in the Strategic plan and APP and the risk management plan (check evidence in KPA1 under 1.1.2).
• Risk management function/capacity regularly reports to the Risk Management Committee on the implementation of the risk management plan and emerging risks (if any).	• Quarterly progress reports (quarter 3&4 of previous year and quarters 1 of current year) on the implementation of the risk management plan and emerging risks (if any) to the Risk Management Committee or the Audit Committee.	Public Sector Risk Management Framework to be basis of criteria: • Quarterly reports on implementation of the risk management plan to Risk Management Committee and/or Audit Committee.

All level 3 requirements and:	All Level 3 evidence documents and:	Level 3 plus:
• Management acts on risk management reports.	• Minutes of 3 consecutive management meetings (EXCO and SMS Fora) reflecting engagement on risk information and action taken. • Strategic planning session minutes/report reflecting integration of risk management in the departmental planning process	• Moderators to check the EXCO/ MANCO minutes if risk management information was used or considered in making the decision. • If the department indicates that the EXCO forms part of the RMC hence there will not be comprehensive risk management discussion in the EXCO minutes, the moderator to check the RMC terms of reference whether all EXCO members indeed form part of the RMC.

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 Corporate Governance of ICT Policy Framework as approved by Cabinet in November 2012.

Performance Indicator: % of projects delivered as per project plan

% of accessibility of applications

Standards	Evidence Documents	Moderation Criteria
Department does not have: • Corporate Governance of ICT Policy • Corporate Governance of ICT Charter • ICT Plan (IT Strategic Plan) • ICT Implementation Plan (IT Annual Performance Plan) • ICT Operational Plan (IT Annual Operational Plan)		• Documents in development. • Documents developed but not approved. • Documents approved but do not conform to the evidence criteria in the standard. • All draft documents must be in compliance with the CGICT Assessment Standard by DPSA data November 2012 and in conjunction with the 2017 CGICT Compliance tick list by DPSA. • Evidence provided was approved more than three (3) years ago.
Department has draft: • Corporate Governance of ICT Policy • Corporate Governance of ICT Charter • ICT Plan (IT Strategic Plan)	Draft policy, charter and plans	• Moderators to verify that the evidence documents comply to level 2 standard criteria approval of these plans.

• ICT Implementation Plan (IT Annual Performance Plan) • ICT Operational Plan (IT Annual Operational Plan)		• Evidence must be in compliance with the CGICT Assessment Standard by DPSA data November 2012 and in conjunction with the 2017 CGICT Compliance tick list by DPSA.
Department has approved: • Corporate Governance of ICT Policy • Corporate Governance of IT Charter • ICT Plan (IT Strategic Plan) • ICT Implementation Plan (IT Annual Performance Plan) • ICT Operational Plan (IT Annual Operational Plan)	Approved policy, charter and plans:	• Moderators to verify that documents comply with level 3 standard criteria commensurate the approved plans. • Evidence must be in compliance with the CGICT Assessment Standard by DPSA data November 2012 and in conjunction with the 2017 CGICT Compliance tick list by DPSA.
All level 3 requirements and: • Department has implemented: - Corporate Governance of ICT Policy - Corporate Governance of IT Charter - ICT Plan (IT Strategic Plan) - ICT Implementation Plan (IT Annual Performance Plan) - ICT Operational Plan (IT Annual Operational Plan) • Management engage the implementation reports and action is taken.	**All level 3 evidence documents and:** • Implementation report for: (a) Corporate Governance of ICT (b) ICT Plans • Minutes of management meetings.	• Evidence must be in compliance with the CGICT Assessment Standard by DPSA data November 2012 and in conjunction with the 2017 CGICT Compliance tick list by DPSA.

CGICT TICK LIST

		Tick relevant block			Document reference:	
Standard Paragraph 3: Evidence 1: Corporate Governance of ICT Framework						
		Yes	**No**	**Notes**	**Document as attached on MPAT**	**Departmental Comments**
				Note 1: Evidence for compliance on Level 4 of CGICT is the same evidence for both CGICT Policy (Evidence 1) and CGICT Charter (Evidence 2)		
	Level 1 Compliance					
1	No evidence was provided					
2	Evidence provided does not adhere to the assessment criteria					
3	Department did not complete the CGICT Compliance Tick list					
		Yes	**No**			
	Level 2 Compliance					
	CGICT Framework contains the following information as per the Assessment Standard Page 7, paragraph 3, Evidence 1:					
1	The draft document complies to the assessment criteria.					
2	Document is in Draft format			Department to indicate approval status of the document.		

#	Criteria	Yes	No	Description	Reference	
3	The CGICT Policy shows the departmental interpretation of how all seven of the principles will be applied. (CGICTPF Para 14)			The departmental interpretation can exclude Principle 1. **Note: The adoption of the DPSA published CGICT Policy Framework is recognized as a valid departmental Policy in the MPAT 1.5 and departments that used it as their own policy should adopt it as such.**	**Document name and page reference number:**	
4	The CGICT Policy shows the departmental interpretation of how the practices will be applied. (CGICTPF Para 15)			Practices must reflect to which role-players they are allocated for implementation.	**Document name and page reference number:**	
5	Role of the ICT unit in the business is described			In terms of this statement, the HoD declares the purpose of the existence of the ICT function in the department and to what extent to which the department will use ICT to enable its business service delivery.	**Document name and page reference number:**	
6	Stakeholder analysis is provided			Stakeholders to the use and provisioning of ICT in the department are defined and their roles described.	**Document name and page reference number:**	
7	Prescriptive landscape defined			Relates to all external laws and regulations that the use and conduct of the ICT function in the department must adhere to.	**Document name and page reference number:**	
		Yes	No			
	Level 3 Compliance					
1	The approved document complies to the assessment criteria.					
2	CGICT Policy document is approved by the HoD.				**Document name and page reference number(s):**	

		Yes	No			
	Level 4 Compliance					
1	Corporate governance is implemented and operationalized.			The department can either provide a report that indicates the implementation of the CGICT or can alternatively provide **minutes of the ICT Strategic Committee and ICT Steering Committee meetings** for the past year. The minutes of the ICT **Strategic Committee** must reflect that ICT related decisions were taken in the past 5 months.	**Document name and page reference number(s):**	

Standard Paragraph 3: Evidence 2: Corporate Governance of ICT Charter						
					Document reference:	
		Yes	No	Notes	Document as attached on MPAT	Departmental Comments
	Level 1 Compliance					
1	No evidence was provided					
2	Evidence provided does not adhere to the assessment criteria					
3	Department did not complete the CGICT Compliance Tick list					
		Yes	No			
	Level 2 Compliance				Document name and page reference number:	

	CGICT Charter contains the following information as per the Assessment Standard paragraph 3, Evidence 2:					
1	The draft document complies to the assessment criteria.					
2	The document is in draft format.			Department to indicate approval status of the document.		
3	The Charter allocates accountability, responsibilities, delegations and decision making powers for the implementation of the CGICT Framework in the department			A RACI Chart is provided that allocates accountability and responsibility for the specific practices of the CGICT Policy Framework (Paragraph 15) to departmental role-players.	**Document name and page reference number:**	
4	It shows the organizational structures required and how the functions will be allocated and integrated into existing structures (if so implemented) within the organization, as a minimum it must show the following three departmental structures and show their functions (see Implementation Guideline V.1 paragraph 9): o ICT Strategic Committee o ICT Steering Committee o ICT Operational Committee			The CGICT Charter of the department clearly spells out the role of each one of the committees mentioned.

Note 1: The terms of reference or constitution of a ICT Steering Committee does not adhere to a CGICT Charter as it does not address all levels of committees of the Framework as intended CGICTPF Paragraph 15. | **Document name and page reference number:** | |
		Yes	**No**			
	Level 3 Compliance					
1	The approved document complies to the assessment criteria.					
2	CGICT Charter document approved by the HoD.					
		Yes	**No**			

		Yes	No	Notes	Document reference:	Departmental Comments
	Level 4 compliance					
1	**Note: Evidence for compliance on 4 of CGICT is the same evidence for both CGICT Policy (Evidence 1) and CGICT Charter (Evidence 2).**					

		Yes	No	Notes	Document reference:	Departmental Comments
Standard Paragraph 3: Evidence 3: ICT Strategic Plan						
		Yes	No	Notes	Document reference:	Departmental Comments
	Level 1 Compliance					
1	No evidence was provided					
2	Evidence provided does not adhere to the assessment criteria					
3	Department did not complete the CGICT Compliance Tick list					
		Yes	No			
	Level 2 Compliance					
1	The draft document complies to the assessment criteria.					
2	The ICT Strategic Plan spans more than one financial year			The last financial year of the ICT Strategic Plan may not be the current year	**Document name and page reference number:**	
3	That a multi-year high-level implementation roadmap is provided			This does not have to reflect specific projects in specific years.		
4	That critical ICT risk factors were identified in the plan					
		Yes	No			
	Level 3 Compliance					
1	The approved document complies to the assessment criteria.					

2	ICT Strategic Plan document is approved				**Document name and page reference number(s):**	
		Yes	**No**			
	Level 4 compliance					
1	The ICT Strategic Plan and ICT Annual Performance Plan are being implemented via the current year ICT Annual Operational Plan.			A quarterly progress report shows that the department is in process to implement the current year ICT Annual Operational Plan.	**Document name and page reference number(s):**	

Standard Paragraph 3: Evidence 5: ICT Annual Performance Plan						
		Yes	**No**	**Notes**	**Document reference:**	**Departmental Comments**
				Note: It is recommended that this be a separate document from the ICT Plan as it contains budget (MTEF) elements. If the department choose to combine this with the ICT Plan, it must be clearly indicated as such in the comments field.	**Document as attached on MPAT**	
	Level 1 Compliance					
1	No evidence was provided					
2	Evidence provided does not adhere to the assessment criteria					
3	Department did not complete the CGICT Compliance Tick list					

		Yes	No			
	Level 2 Compliance					
	The draft document complies to the assessment criteria.					
1	Provide an implementation roadmap that reflects annual milestones or projects				**Document name and page reference number:**	
2	Plan reflects the MTEF budget requirements for its implementation				**Document name and page reference number:**	
		Yes	No			
	Level 3 Compliance					
1	The approved document complies to the assessment criteria.					
2	ICT Implementation Plan document is approved				**Document name and page reference number:**	
		Yes	No			
	Level 4 compliance					
1	**Note: Evidence for compliance on Level 4 of business and ICT alignment is the same evidence for ICT Strategic Plan.**					

Standard Paragraph 3: Evidence 6: ICT Annual Operational Plan						
		Yes	No	Notes	Document reference:	Departmental Comments

	Level 1 Compliance					
1	No evidence was provided					
2	Evidence provided does not adhere to the assessment criteria					
3	Department did not complete the CGICT Compliance Tick list					
		Yes	No			
	Level 2 Compliance					
1	Draft ICT Annual Operational Plan for the current year is provided				Document name:	
2	Draft ICT Annual Operational Plan reflects quarterly deliverables					
3	Draft ICT operational policies are provided ICT Risk Register			If not provided, this has no bearing on the outcome of the moderation.	Document name: 1. Risk register 2. Security Policy	
		Yes	No			
	Level 3 Compliance					
1	The approved document complies to the assessment criteria.					
2	ICT Operational Plan is approved. Approved Risk Register.				Document name and page reference number:	
		Yes	No			
	Level 4 compliance					

1	Note: Evidence for compliance on 4 of business and ICT alignment is the same evidence for ICT Strategic Plan.					

KEY PERFORMANCE AREA 3:

HUMAN RESOURCE MANAGEMENT

Standards	Evidence Documents	Moderation Criteria

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. The MTEF Human Resource Plan must be 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: Public Service Regulations

Standards	Evidence Documents	Moderation Criteria
LEVEL 1 • Department does not have a MTEF Human Resource Plan covering at least three years. • Department does not have an Annual Human Resource Planning Implementation Report for the previous cycle.		
LEVEL 2 • Department has a draft MTEF Human Resource Plan covering at least three financial years including the year of assessment. • Department has a draft Human Resource Planning Implementation Report for the previous HR planning cycle.	• Draft MTEF Human Resource Plan and proof of submission to the EA or delegated Authority prior to the due date for submitting to DPSA (national departments)/OTP (provincial departments). • Draft Annual Human Resource Planning Implementation Report and proof of submission to the EA or delegated Authority prior to the due date to submitting to DPSA (national departments)/OTP (provincial departments)	MODERATORS TO CHECK: • Evidence documents are valid for Level 2.
LEVEL 2+ • Department has an approved MTEF Human Resource Plan covering at least three financial years, including year of assessment, approved by the Minister, MEC or Delegated Authority but submitted to DPSA and/or OTP after the due date (30 June). • Department has an approved Annual Human Resource Planning Implementation Report approved by the Minister, MEC or Delegated	• Approved MTEF Human Resource Plan and proof of submission to DPSA (national departments) and/or OTP (provincial departments). • Approved Annual Human Resource Planning Implementation Report and proof of submission to DPSA (national departments)/ and/or OTP (provincial departments). • All of the above require confirmation of the late submission (may be approved earlier but submitted late) date from the DPSA and the Offices of the	MODERATORS TO CHECK: • Department has an approved MTEF Human Resource Plan covering at least three financial years, including year of assessment and proof of submission to DPSA and/ or OTP. • Department has an approved Annual Human Resource Planning Implementation Report and proof of submission to DPSA and/or OTP.

Authority but submitted to DPSA and/or OTP after the due date (31 May).	Premier for national and provincial departments respectively.	
LEVEL 3 • Department has a MTEF Human Resource Plan covering at least three financial years, including year of assessment, approved by the Minister, MEC or Delegated Authority and submitted to DPSA and/or OTP by the due date (30 June). • Department submitted the Annual Human Resource Planning Implementation Report for the previous cycle to DPSA and/or OTP by 31 May.	• An approved MTEF HR Plan covering at least three financial years, including year of assessment. The approved MTEF HR Plan must meet the quality requirements as per HR Planning Assessment Tool. • Specific Human Resource Delegation to approve the Human Resource Plan if not approved by the Minister or MEC. • Approved Annual HRP Implementation Report. • Proof of timeous submission to DPSA and/or OTP for both MTEF HRP and Annual HRP Implementation Report (acknowledgement from DPSA or OTP on proof of submission)	MODERATORS TO CHECK: • Department used DPSA's format (templates). • Department has an approved MTEF HR Plan covering at least 3 financial years (which must cover the current assessment cycle). • DPSA and/or OTP acknowledgement letter for submission of MTEF HR Plan and HR Planning Implementation Report. • Annual Human Resource Planning Implementation Report submitted by due date. Moderators will check against information provided by the DPSA to see that the departments have submitted their respective plans and reports. • Moderators will check against information provided by the DPSA to see that the submitted HR Plan meets the quality requirements as per the HR Planning Assessment Tool. • MTEF Human Resource Plan is approved by the Minister, MEC or delegated authority (verify HR delegation if signed by a delegated person). • Annual HR Planning Implementation Report submitted to DPSA and/or OTP by due date.
LEVEL 4: • Top management discusses the MTEF HR plan. • Top management reviewed the progress reflected on the Annual Human Resource Planning Implementation Report.	• Evidence on the discussion of MTEF Human Resource Plan at top management, including Line Managers, (dated prior to the approval of the HR Plan). • Evidence of the discussion of the progress reflected on the Annual Human Resource Implementation Report in terms of achievements of Departmental HR Planning objectives and implications of any deviations. • Evidence of the discussion and decision taken on whether the MTEF HR Plan is still valid or if there is	MODERATORS TO CHECK: • Evidence reflect discussions on development and implementation of the MTEF HRP. • Evidence reflecting the review of progress reflected in the Annual HRP Implementation Report. • Evidence that the MTEF HR Plan is informing and aligned with other departmental processes such as recruitment, HRD, OD, etc. to support implementation and is reflected in the HRP Implementation Report.

	a need for the complete review of the Plan where small or minor adjustments will not suffice. • Evidence of integration of HR planning with other HRM&D processes and strategic planning of the Department.	• Evidence shows Top Management uses the implementation report to take decisions pertaining to organisational/strategy changes, limitations of current plans, other impediments and decide and oversee the implementation of appropriate actions.

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 organisational structure.		
Importance of the standard: An approved organisational structure defines the purpose and functions that are aligned to the department's strategic goals and objectives.		
Relevant Legislations and Policy: Public Service Act, 1994, Public Service Regulations		
Standards	**Evidence Documents**	**Moderation Criteria**
LEVEL 1: • Department does not have an approved organisational structure.		
LEVEL 2: • Department has an organisational structure approved and signed by the EA or Delegated Authority. • The organisational structure supported by the EA, was consulted with the MPSA prior to approval in line with the requirements of the approved directive.	• Memorandum approving the organisational structure by the EA. • Delegation to approve the organisational structure if not approved by the EA. • Letter signed by the EA to MPSA for consultation/ concurrency, letter to the EA from the MPSA.	MODERATORS TO CHECK: • Submission for approval by the relevant EA. • Approved organisational structure by the relevant EA. • Consultation letters between the EA and the MPSA.
LEVEL 3: • Approved structure is in line with annual budget.	• Secondary evidence will be used	MODERATORS TO CHECK: • Approved structure is fully funded in line with the department's annual budget. • % differences between budget allocation for compensation of employees in current year and cost structure (variation: over/under spending not more than 5 percent of the total employee compensation budget).
LEVEL 4: • Organisational structure is reviewed periodically. • Management reviews vacancy rates and spending trends on compensation of employees.	• Report on the findings of the review in the past five years. • Evidence (e.g. minutes/reports) of senior management review of vacancies and spending.	MODERATORS TO CHECK: • Proof of review of the organisational structure in the past five years. • Minutes/reports of senior management review of vacancies and spending on compensation of employees.

3.2 Performance Area: Human Resource Practices and Administration		
3.2.2 Standard name: Application of recruitment and retention practices		
3.2.2 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 practice in a department plays a crucial role in ensuring that the department has the human resource capacity to deliver quality services to the public.		
Relevant Legislations and Policy: Public Service Regulations and SMS Directives on Compulsory capacity development, mandatory training days and minimum entry requirements and Implementation of competency based assessments.		
Standards	**Evidence Documents**	**Moderation Criteria**
LEVEL 1: • Department does not have a recruitment policy or other employment protocol in place that is used consistently by all parties involved in the recruitment process.		
LEVEL 2: • Department has a draft Recruitment protocol or policy that is compliant to the prescripts referred to above as well as the relevant MPSA directives.	• Draft Recruitment protocol or policy.	MODERATORS TO CHECK: • Department has a draft Recruitment protocol or policy.
LEVEL 2+ • A Recruitment protocol or policy has been approved that is compliant to the prescripts referred to above as well as the relevant MPSA and SMS directives	• An approved Recruitment protocol or policy.	MODERATORS TO CHECK: • Department has an approved Recruitment protocol or policy.

LEVEL 3:		MODERATORS TO CHECK:
• A Recruitment protocol or policy has been approved that is compliant to the prescripts referred to above as well as the relevant MPSA and SMS directives. • All employees leaving the department are requested to complete the departmental exit interview template. • The exit interview template complies with the specifications contained in the MPSA directive. • All newly appointed SMS employees met minimum entry requirements (2016 – 2017). • Competency assessment conducted prior to filling SMS post.	• An approved Recruitment protocol or policy. • One completed exit interview template used for an exit interview (not older than 12 months). • Data on number of exits and exit interviews conducted. If the number of exit interviews does not correspond with the number of exits, the difference must be explained. • Print out of the Persal Report for the period 1 April 2016 to 31 March 2017. Departments were required to ensure that the relevant functions were completed by the 01 June 2017. (Implementation report pertaining to the Directive on compulsory capacity development, mandatory training days and minimum entry requirements for SMS)	• The department has an approved Recruitment protocol or policy. • Exit interviews are conducted with employees leaving the department. • The department's exit interview template provides for the areas prescribed in the MPSA directive. • The number of exit interviews correspond with the number of exits and reasons should be provided where exit interviews were not conducted. • The relevant functions were completed on Persal by the 01 June 2017 and the department complied with all the requirements. • Department must adhere to the minimum entry requirements for newly appointed SMS members.
LEVEL 4:		MODERATORS TO CHECK:

• Analysis must be done on exit interviews which must be tabled at management meeting and remedial actions be recommended where appropriate.
• Analysis must be done on the turnover, vacancy rate and time to fill posts for the scarce skills and critical occupations as defined in the HR Plan for at least the previous financial year.
• Climate or employee satisfaction survey performed that is representative of the whole department in the past 36 months and improvements implemented.
	• Report or official document (not older than 12 months) on analysis of exit interviews that:
	  ✓ Reflects on the areas prescribed in the MPSA directive.
	  ✓ Indicates noteworthy trends in the areas prescribed in the MPSA directive.
	  ✓ Identifies problematic organisational matters for redress.
	  ✓ Contains recommendations in respect of matters to be attended to.
	• Evidence where management was engaged on the analysis of exit interviews and the decisions taken in this regard.
	• Analysis of the turnover, vacancy rate and time to fill posts for the scarce skills and critical occupations as identified during the HR Planning process for at least the previous financial year.
		• Existence of analysis of exit interviews conducted within the past 12 months.
		• Analysis report on exit interviews was discussed at management meeting and decisions were taken to address areas of concern.
		• Analysis on turnover, vacancy rate and time to fill posts for the scarce skills and critical occupations as defined during the HR Planning process for at least the previous financial year.
		• A representative climate or employee satisfaction survey report.
		• A climate or employee satisfaction survey that was discussed at management meeting and decisions were taken to address areas of concern.

      	• Representative Climate or employee satisfaction survey report (not older than 36 months). • Minutes of management meeting/other documentation where the findings of the climate or employee satisfaction survey report are discussed and actions taken.	

3.2 Performance Area: Delegations		
3.2.6 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 delegation's framework set out in the Directive on Public Administration and Management Delegations, 2014 issued on 4 August 2014. **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, Public Service Regulations 2016, The Directive on Public Administration and Management Delegations, 2014		
Standards	**Evidence**	**Moderation Criteria**
LEVEL 1: • Department has no HR delegations in place.		• 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.
LEVEL 2: • Delegation(s) in place but these do not comply with the Public Service Act and Public Service Regulations.	• Delegations documents available in any format.	MODERATORS TO CHECK: • Evidence documents are valid for level 2.
LEVEL 2+ • Department's delegations are compliant with the Public Service Act, Public Service Regulations and the 2014 Directive on Delegations.	• Approved delegation documents in the prescribed format.	MODERATORS TO CHECK: • Departments have delegations in the prescribed format.

| LEVEL 3:
• Department's delegations are compliant with the Public Service Act, Public Service Regulations and the 2014 Directive on Delegations. | • Approved delegation document(s) in the prescribed format.
• Evidence of delegations from EA to HoD and from HoD to other performer levels.
• Delegation documents updated with the latest legislative amendments.
• Approved delegation appropriately signed and initialled on every page (Reflecting when last it was approved). | MODERATORS TO CHECK THAT DEPARTMENT HAVE:
• Implemented the Delegation registers set out in annexures D1 to D4 of the Directive, namely:
  – Executive Authority to Head of Department delegations (EA can only delegate to HoD) in terms of the PSA.
  – Executive Authority to Head of Department delegations in terms of the PSR.
  – Delegations from Head of Department to other performer levels (only the HoD can delegate to lower levels in the organisation) in terms of the PSA.
  – Delegations from Head of Department to other performer levels in terms of the PSR.
• Delegation registers in terms of the PSA updated with the latest amendments to the PSA (verify sections 13 to 17 of the PSA).
• Evidence of EA to HoD and HoD to other performer level delegations, for the following sections in the PSA:
  – Use Section 9 of the PSA (appointment) or Section 13 (appointment on probation).
  – Use Section 17(1)(a) of the PSA (dismissal).
• 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 (validate sections 9 or 13 of the PSA). |
| LEVEL 4:
• Delegations from the EA to the HoD and to all relevant performer levels are appropriate for the levels. | • Delegations comply with the minimum levels of delegation as contained in the Directive. | MODERATORS TO CHECK:
• Delegations comply with the minimum levels of delegation as contained in the Directive. |

3.3 Performance Area: Management of Performance		
3.3.1 Standard name: Implementation of Level 1-12 Performance Management System		
Standard definition: Departments implement their PMDS policy in terms of all employees on salary Level 1-12, within the requisite policy provisions. "current cycle" refer to the cycle that is running at the time of the MPAT moderation **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: Public Service Regulations		
Standards	**Evidence Documents**	**Moderation Criteria**
LEVEL 1: • Department does not have an approved PMDS policy in place.		
LEVEL 2: • Department has an approved PMDS policy in place.	• Approved policy with timelines and structures including roles and responsibilities.	MODERATORS TO CHECK: • Existence of PMDS policy.
LEVEL 3: • Performance agreements were concluded for the current performance cycle (2017-18) and captured on the Persal system. • Mid-year assessments and feedback sessions were performed in previous cycle (2016-17) and captured on the Persal system. • Annual assessments for the previous cycle were finalized by due date (2016-17) and captured on the Persal system. • Moderation concluded for previous cycle by due date (2016-17).	• Persal report: 80 percent or more of the employees PA's captured on the Persal system on or before the 30 June 2017. • Persal report: 80 percent or more of the employees' mid-year and annual assessments that have been concluded for employees on levels 1-12 for the previous cycle have been captured on the Persal system. • Signed Moderation Report on annual assessment for previous cycle (2016/17). • Moderation concluded for previous cycle by due date as stipulated in departmental policy. • Document/memorandum approving payments of performance incentives.	MODERATORS TO CHECK: • Submission for implementation against policy: ✓ Timelines ✓ Reviews ✓ Annual Assessment ✓ Performance incentives • The assessment of all employees were completed by due date as stipulated in the departmental policy • The completion of the moderation process as stipulated in the departmental policy.
LEVEL 4: • All employees finalize their PAs, work plans or agreement of similar nature, and it is captured on the Persal system. • Department recognises performance that exceeds expectations. • Department actively communicates and manages poor performance. • The department has no outstanding annual assessments for past 3 performance cycles (i.e., 2014-	• Persal report: 100% of the employees' PAs, work plans or agreement of similar nature captured on the Persal system on or before the 30 June 2017. • Evidence of remedial action and/or disciplinary action taken for non-compliance on the signing of PAs, work plans or agreement of similar nature. • Examples of recognition of good performance e.g., letter or certificate of appreciation and /or final assessment outcome for previous performance cycle (2016/2017).	MODERATORS TO CHECK: • 100% compliance to the signing and capturing of PAs, work plans or agreement of similar nature on the Persal system or corrective/remedial or disciplinary action taken for non-compliance. • Department recognise good performance not necessarily only in monetary value, and that it is included in their departmental policy. • If there are cases of poor performing employees in the department how they are managed.

2015, 2015-2016 and 2016/17). The past 3 performance cycles have been concluded and there are no employees with outstanding evaluations.	• Examples of remedial action, performance improvement plans and/or disciplinary actions taken to address poor performance for the previous performance cycle (2016/2017). • Declaration from the HoD that there are no outstanding annual assessments for past 3 performance cycles.	• Declaration from HoD indicating that there are no outstanding annual assessments for the past 3 performance cycles.

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: Public Service Regulations		
Standards	**Evidence Documents**	**Moderation Criteria**
LEVEL 1: • No performance agreements for the current cycle are in place		
LEVEL 2: • Not all SMS members have signed performance agreements for the current cycle and no disciplinary action taken for non-compliance.	• Persal report on the signing of performance agreements for 2017-18.	MODERATORS TO CHECK: • Department has a Persal report on the signing of SMS Performance Agreements.
LEVEL 2+ • All SMS members have signed performance agreements and submitted by 31 May/newly appointed SMS members have 3 months to comply or corrective/remedial or disciplinary action taken for non-compliance (2017-18).	• Persal report on the signing of performance agreements for 2017-18. • Evidence of remedial/disciplinary action taken to address non-compliance. • Report on non-submission of performance agreements for SMS members.	MODERATORS TO CHECK: • Department has 100 per cent compliance to signing of performance agreements by the due date of 31 May each year for existing SMS members, and 3 months after the appointment of new SMS members or corrective/remedial or disciplinary action taken for non-compliance.
LEVEL 3: • All SMS members have signed performance agreements and submitted by 31 May/newly appointed SMS members have 3 months to comply or corrective/remedial or disciplinary action taken for non-compliance (2017-18). • All mid-year assessments and feedback sessions were performed in previous cycle (2016-17). • All annual assessments for the previous cycle (2016/2017) were conducted between supervisor and SMS member (not moderated).	• A Persal report on the signing of performance agreements for SMS members (2017-18). • Evidence of remedial/disciplinary action taken to address non-compliance. • Report on non-submission of performance agreements. • A Persal report that shows all mid-year assessments for previous cycle were captured. • A report/declaration that annual assessments for the previous cycle (2016/2017) between supervisors and SMS members have been conducted.	MODERATORS TO CHECK: • 100 per cent compliance to the signing of performance agreements by the due date of 31 May each year for existing SMS members, and 3 months after the appointment of new SMS members or corrective/remedial or disciplinary action taken for non-compliance. • Mid-year reviews were completed for all SMS members. • Annual assessments between supervisors and SMS members were conducted.
LEVEL 4: • Annual assessment for the previous cycle (2016/2017) is moderated and finalized. • Department recognises performance that exceeds expectations. • Department actively manages poor performance.	• A Persal report on annual assessment. • Evidence on recognition of good performance for the previous cycle (2016/2017) not just in monetary value e.g. letter of recognition.	MODERATORS TO CHECK: • Annual assessments for previous cycle (2016/2017) were finalized. • Poor performance for the mid-year reviews and annual assessments for the 2016/2017 cycles are reported by 31 March 2017 (for mid-year review) and 30 September 2017 (for annual assessments).

• The department has no outstanding annual assessments for past 3 performance cycles (i.e., 2014/2015, 2015/2016 and 2016/17). The past 3 performance cycles have been concluded and there are no SMS members with outstanding evaluations.	• Evidence of remedial action, performance improvement plans and/or disciplinary actions taken to address poor performance for the previous cycle (2016/2017). • Copy of the report on poor performance that was sent to DPSA (31 March 2017). • Declaration from the HoD that there are no outstanding annual assessments for past 3 performance cycles.	• Department recognise good performance not necessarily only in monetary value. • There is a process in place to manage poor performance. • Declaration from the HoD indicating that there are no outstanding annual assessments for the past 3 performance cycles for SMS members.

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: Public Service Commission Guidelines for the evaluation of Head of Departments		
Standards	**Evidence Documents**	**Moderation Criteria**
LEVEL 1: • HoD did not submit a signed performance agreement to the EA.		
LEVEL 2: • HoD submitted a signed performance agreement to the EA for the current cycle. • Performance agreement was not filed with the relevant authority, i.e. DPME.	• Proof of submission of performance agreement to EA.	MODERATORS TO CHECK: • Evidence documents are valid for level 2.
LEVEL 2+ • The performance agreement for the current cycle was signed on or before 31 May and was filed with relevant authority by 30 June for existing HoDs/newly appointed HoDs have 3 months from date of appointment to comply.	• Proof of submission to DPME. • Persal report, indicating that HoD PA information is captured on the Persal system.	MODERATORS TO CHECK: • Performance agreement was signed on time and submitted to DPME by due date.
LEVEL 3: • The performance agreement for the current cycle was signed on or before 31 May and was filed with relevant authority by 30 June for existing HoDs/newly appointed HoDs have 3 months from date of appointment to comply. • Annual performance assessment between the EA and HOD for the previous cycle (2016/2017) has been conducted and submitted to the DPME. • There are no outstanding annual assessments of the HoD for past 3 performance cycles (i.e. 2014/2015, 2015/2016 and 2016/17).	• Proof that HoD performance agreement was submitted to DPME. • Annual Assessment document between EA and HOD. • Proof that annual assessment was submitted to the DPME. • Declaration from the EA or HOD to indicate that there are no outstanding annual assessments of the HoD for the past 3 performance cycles	MODERATORS TO CHECK: • Performance agreement was signed on time and submitted to DPME by due date. • Existence of annual performance assessment document and proof of submission to the DPME. • Declaration from the EA or HOD indicating that there are no outstanding annual assessments of the HoD for the past 3 performance cycles.

LEVEL 4:		MODERATORS TO CHECK:
• Recognition is given for performance that exceeds expectations or poor performance is actively managed for the previous cycle (2016/2017).	• Example of recognition of performance including letter or certificate of recognition or example of remedial and/or disciplinary action taken to address poor performance for previous cycle (2016/2017).	• Letter or certificate for recognition of performance that exceeds expectations. • There is a process in place to manage poor performance. If there is poor performance check for a performance improvement plan.

3.4 Performance Area: Employee Relations		
3.4.2 Standard name: Management of disciplinary cases		
Standard definition: Departments manage disciplinary cases within the prescribed framework		
Importance of the standard: It is essential to have a disciplined workforce for effective service delivery to take place.		
Relevant Legislations and Policy: Public Service Regulations, PSCBC Collective Agreement Resolution 1 of 2003, the Chapter 7 of the SMS Handbook, FOSAD Plan and the Delivery Agreement for Outcome 12, Public Service Act, 1994 (as amended)		
Standards	**Evidence Documents**	**Moderation Criteria**
LEVEL 1: • Department does not finalise disciplinary cases within the prescribed timeframe.		
LEVEL 2: • Department captures disciplinary cases on Persal but does not finalise within policy requirements.	• Persal report that shows disciplinary cases are captured.	MODERATORS TO CHECK: • Evidence documents are valid for level 2.
LEVEL 3: • Department finalises at least 90% of all disciplinary cases within the prescribed timeframe (Case commences when 1st level supervisor becomes aware of the transgression). • All disciplinary cases are captured on Persal. • Department submits approved manual report on disciplinary cases quarterly to FOSAD.	• Departmental report on finalisation of disciplinary cases. • Secondary data from DPSA on the finalisation of disciplinary cases • Persal report that shows all disciplinary cases are captured. • Manual report on disciplinary cases submitted to FOSAD (January to March 2017 and April to June 2017)	MODERATORS TO CHECK: • Secondary data from DPSA. • 90% of all cases are finalised within 90 days from supervisory awareness of the transgressions. • Departments capture all disciplinary cases on Persal. • Manual reports on disciplinary cases are submitted quarterly for FOSAD.
LEVEL 4: • Department conducts trend analysis (10 or more cases) for the period July 2016 to June 2017 on nature of misconduct and makes recommendations. • The Department implements preventative measures for the period July 2016 to June 2017.	• Proof of trend analysis undertaken on misconduct cases. Where no analysis is provided department must confirm that there were less than 10 disciplinary cases. (The trend analysis must be signed by HR manager, include types of misconducts and recommendations to be put in place). • Examples of implemented recommendations from trend analysis • Evidence on preventative measures taken.	MODERATORS TO CHECK: • Trend analysis should include the nature of misconduct cases. • Evidence of implementation of the recommendation from the trend analysis. • If no analysis was performed there must be evidence of preventative measures undertaken.

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 strategic 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, National Treasury SCM Instruction note 2 of 2016/17
Performance Indicator 1: Extent to which projects in procurement plan are forecast and monitored

Standards	Evidence Documents	Moderation Criteria
• Department does not have a procurement plan[10]		
• Department has an approved procurement plan in place but did not submit to Treasury on time.	• Approved Procurement plan in line with the template prescribed by National Treasury	MODERATORS TO CHECK • that evidence documents are valid for level 2

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

• Department has an approved procurement plan in place • Procurement plan is submitted to Treasury on time (31 March). • Department submits quarterly reports against procurement plan to relevant Treasury by the 15th of the month following the end of the quarter	• Approved procurement plan in line with the template prescribed by National Treasury • Proof that procurement plan was submitted on time (31 March). • Quarterly report using the template as prescribed by National Treasury. (First Quarter Report) • Proof that quarterly report was submitted on time	MODERATORS TO CHECK • That procurement plan was submitted on time, reflecting project name, description, start and end date, estimated cost, number of projects, responsible section and manager. • Department's procurement plan is linked to programme plans and budgets • Check date that procurement plan was submitted to relevant Treasury. • Check that departments have used template as prescribed by Treasury for Quarterly reporting and have submitted on time • Quarterly reports reflect deviation and compliance to procurement plan as well as management actions to address deviations; look at status , no deviations from procurement plan
All level 3 requirements and : • Department has a demand management plan[11] in place . • Department has a commodity sourcing strategy.	All level 3 evidence documents and: • Demand management plan. • Commodity Sourcing strategy	Level 3 plus: MODERATORS TO CHECK • Demand plan covers all the departmental procurement needs above and below R500 000 • Department's sourcing strategy reflects an assessment of which procurement options are appropriate for its spend.

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

4.1 Performance Area: Supply Chain Management

4.1.2 Standard name: Acquisition Management

Standard definition: Department has processes in place for the effective and efficient acquisition of goods and services.

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	Moderation Criteria
• Department does not make use of the National Treasury Central Supplier Database (CSD)		
LEVEL2: • Department uses the National Treasury Central Supplier Database (CSD)	• Proof that the department uses National Treasury CSD (CSD registration/summary report)	MODERATORS TO CHECK • the existence of the required evidence for level 2
LEVEL3: • Bid Committees in place and meet when required. • Bid Committee members are from cross functional units	• Three current Bid Committee appointment letters for adjudication committee, evidence of appointment for specification and evaluation committees. • Sample of 3 attendance registers, declaration of confidentiality and conflict of interest for each committee • Proof that bid committee members come from cross functional units.	MODERATORS TO CHECK • That Bid committees meet (3 attendance registers from at least three meetings). Moderator can accept less than three based on the activities indicated in the procurement plan. • Cross functional composition of bid committees. • SCM practitioners and Bid Committee members are aware of their ethical obligations.

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[3]Sourcing Strategy: A sourcing strategy must reflect on how the department is going to harness the procurement process to attain efficiency; effectiveness and economy (Historical and future spending analysis; analysis of existing suppliers, supply markets; sourcing plans etc). Highlight activities that will contribute to efficiency, effectiveness and economy. This could be in any format.

• Codes of Conduct signed by Bid Committee members and SCM practitioners.	• Signed Codes of Conduct by Bid Adjudication Committee members and SCM practitioners (sample of at least, three for each)	
All level 3 requirements and: • Department reviews suppliers' performance	**All Level 3 evidence documents and:** • Suppliers' performance report.	Level 3 plus: • Check that the department reviews supplier performance

4.1 Performance Area: Supply Chain Management

4.1.4 Standard Name: Movable Asset Management

Standard definition: Tangible and intangible assets

Importance of the standard: To ensure that manual or electronic processes and procedures are in place for the effective, efficient, economic and transparent management of the state movable assets over the entire life cycle.

Relevant Legislations and Policy: S38(1)(d) of the PFMA, Treasury Regulation 10, Treasury Regulation 16A

Performance Indicator 2: Departments audit report does not reflect adverse findings on movable assets

Standards	Evidence Documents	Moderation Criteria
• Department does not have an asset management strategy/ policy.		
• Department has an asset management policy	• Asset management policy	• Moderators to verify existence of asset management policy.

• Department has an Asset Management Plan linked to the MTEF budget.
 	
• Department implements the Asset Management Plan.
 	
• Disposal committee appointed and disposal meetings are held.
 	
• Department maintains a record of redundant, unserviceable and obsolete assets.
• Department considers financial, social and environmental factors in the disposal processes or there was no requirement for disposal.
	• Asset management plan that contains all the elements of acquisition, utilization, maintenance and disposal
	• Three year asset management strategy linked to department's strategic plan, annual performance plan, and budget
	• Note on asset in the Quarterly Financial Statement
	    o Updated Asset register;
	    o Asset Disposal Report
	• Appointment letters of Disposal Committee members.
	• Attendances register of Disposal Committee meetings (last 3 meetings, if applicable).
	• Minutes of Disposal Committee (last 3 meetings, if applicable).
	• Record on redundant, unserviceable and obsolete assets
	• Disposal Report
		• Three year asset management strategy (including acquisitions, utilization, maintenance and disposal) linked to the department's strategic plan, annual performance plan, and budget.
		• Asset management register include information on acquisition date, description, purchase price, location, expected lifespan, accumulated depreciation.
		• Appointment letters of Disposal Committee members.
		• Attendance register of Disposal Committee
		• Disposal Committee minutes reflecting disposable of goods and the reasons thereof
		• Record on redundant unserviceable and obsolete assets.
		• Disposal report shows that financial, social and environmental factors in disposal processes are considered, where relevant.

All level 3 requirements and: • Department periodically reviews the asset management policy.	**All Level 3 evidence documents and:** • Revised policy or minutes of meeting or decision showing no need for changes to asset management policy.	Level 3 plus: • Evidence that the Department reviewed existing asset management policy.

4.2 Performance Area: Expenditure Management

4.2.2 Standard Name: Payment of Suppliers

Standard definition: Effective and efficient process for the timely payment of suppliers.

Importance of the standard: To ensure that departments pay suppliers within 30 days of receiving a valid invoice.

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	Moderation Criteria
• Department does not submit monthly exception reports to Treasury on payment of suppliers.		
• Department submits monthly exception reports to Treasury on payment of suppliers later than the 7th of each month for national departments and later than the 15th of each month for provincial departments.	• Exception reports submitted for each month from September 2016 to August 2017 using template prescribed by National Treasury	• Moderators to confirm the existence of exception reports
• Department has an invoice tracking system. • Department submits monthly exception reports to Treasury on the payment of suppliers by the 7th of each month <u>for national departments and by the 15th of each month for provincial departments.</u> • Department pays all its valid invoices within 30 days • Department investigates cases where invoices are not paid after 30 days and takes appropriate action or there is no need for intervention	• Evidence of an invoice tracking system • Proof of timely submission to Treasury • Evidence that department pays all its suppliers within 30 days • Proof of investigations where invoices are paid after 30 days and appropriate action taken (where applicable).	• Proof of invoice tracking system showing suppliers, invoice submission date, invoice payment authorisation, invoice payment date as minimum requirements. • Confirm that exception reports were submitted within the stipulated timeframe. • Exception reports for the period September 2016 to August 2017 reflects that the department pays all its suppliers within 30 days. • Proof of investigations and appropriate actions against implicated officials, where invoices are paid after 30 days.

All level 3 requirements and:	All Level 3 evidence documents and:	Level 3 plus:
• Department reviews the effectiveness of the business processes for managing payments and makes improvements	• Evidence of process reviews and risk mitigating plans	• Moderator to check for evidence that the department reviewed its business processes and implemented improvements or the exception reports reflect that the department paid all its suppliers within 30 days.

4.2 Performance Area: Expenditure Management

4.2.3 Standard name: Management of Unauthorized, Irregular, Fruitless, and Wasteful Expenditure

Standard definition: Ensure efficient and effective process in place to prevent and detect unauthorized, 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 unauthorized, 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	Moderation Criteria
• Department does not have a process in place to prevent and detect unauthorised, irregular, fruitless and wasteful expenditure.		
• Department has a documented process or policy in place to prevent and manage unauthorised, irregular, fruitless and wasteful expenditure.	• Documented process / policy	• Moderators to verify existence of the process to prevent and detect unauthorised, irregular, fruitless and wasteful expenditure.
• Management identifies and manages 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 or proof of clean audit.	• Investigation report on reasons for unauthorized, irregular, fruitless and wasteful expenditure not older than 12 months. • Management feedback to responsible officials • Evidence of disciplinary action taken against negligent officials or condonation of unauthorized, irregular, fruitless and wasteful expenditure. • Approved action plan to address audit findings emanating from the previous financial year or proof of clean audit.	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 • Reasons for condonation of unauthorised, irregular, fruitless and wasteful expenditure or proof of clean audit

All level 3 requirements and:	All Level 3 evidence documents and:	Level 3 plus:
• Management effectively manages unauthorised, irregular, fruitless and wasteful expenditure or proof of clean audit	• No findings on unauthorised, irregular, fruitless and wasteful expenditure in the Audit Report and no emphasis of matter relating to unauthorised, irregular, fruitless and wasteful expenditure in the annual financial statements	Moderators to check: • Check that there are no findings and no emphasis of matter relating to unauthorised, irregular, fruitless and wasteful expenditure in the Audit Report and annual financial statements • That the department obtained a clean audit.