Management Performance Assessment Tool (MPAT) Implementation Guide

August 2012

THE PRESIDENCY
REPUBLIC OF SOUTH AFRICA

DEPARTMENT: PERFORMANCE MONITORING AND EVALUATION

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REPUBLIC OF SOUTH AFRICA
DEPARTMENT: PERFORMANCE MONITORING AND EVALUATION

CO-OPERATION REPUBLIC OF SOUTH AFRICA FEDERAL REPUBLIC OF GERMANY

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Acronyms and Abbreviations

AG	Auditor-General
DCOG	Department of Cooperative Governance
DG	Director-General
DPME	Department of Performance Monitoring and Evaluation
DPSA	Department of Public Service and Administration
EA	Executive Authority
HR	Human Resources
HOD	Head of Department
M&E	Monitoring and Evaluation
MTSF	Medium Term Strategic Framework
MPSA	Minister for the Public Service and Administration
NT	National Treasury
OAG	Office of the Accountant General
OoP	Office of the Premier
OPSC	Office of the Public Service Commission
PALAMA	Public Administration Leadership and Management Academy
PFMA	Public Finance Management Act
PGDS	Provincial Growth and Development Strategy
PMDS	Performance Management and Development System
PSA	Public Service Act
PSC	Public Service Commission
PSR	Public Service Regulations
PT	Provincial Treasury
SMS	Senior Management Service

1. Introduction

1.1 Background

Improved management practices are the key to improving government performance and service delivery. Government has committed itself to improving the public service in order to achieve the Priority Outcomes it has set for 2009-2014. These Priority Outcomes are underpinned by Outcome 12: 'An Efficient, Effective and Development Orientated Public Service'.

In October 2010 Cabinet approved a proposal from the Department of Performance Monitoring and Evaluation (DPME) to work with transversal departments and Offices of the Premier to develop and pilot the implementation of a management performance assessment tool, in support of achieving Outcome 12. DPME was mandated by Cabinet to lead the development of the Management Performance Assessment Tool (MPAT). DPME collaborated with transversal departments, namely, the Department of Public Service and Administration (DPSA), National Treasury (including the Office of the Accountant General), the Department of Cooperative Governance (DCOG), PALAMA and Offices of Premiers of various provinces. Independent bodies, namely, the Auditor-General and the Office of the Public Service Commission have also been involved in the development of MPAT. A Technical Committee comprising senior officials from DPME, DPSA and National Treasury has been responsible for guiding the technical inputs and processes of MPAT.

MPAT is based on similar methodologies used by India, Brazil, Kenya, Canada and New Zealand

The "Management Performance Framework" used in MPAT is based on reviews of similar management performance assessment methodologies used by India, Brazil, Kenya, Canada, and New Zealand. Lessons from international experiences indicated that such methodologies can make a significant contribution to improving the performance of government, particularly if the leadership of the departments being assessed take ownership of the assessment process and the findings, if the results are made public thus encouraging competition between departments, if the management of departments implement and monitors improvement plans, and if transversal policy departments implement support programmes.

DPME officially launched MPAT in October 2011. Provincial governments through the Offices of the Premier further facilitated their own launches and self-assessments in their departments. A total of 30 national departments and 73 departments from eight provinces participated in the self-assessment process. The self-assessments were subjected to independent moderation under the guidance of DPME. The moderation process had some limitations and provided valuable lessons for improving MPAT. The results of the first round of MPAT were reported to Cabinet in June 2012 and published on the DPME website. All departments received feedback on their individual MPAT scores.

1.2 About the MPAT Guide

Purpose of the Guide

The purpose of the Guide is:

- to provide practical support to departments with the implementation of MPAT; and
- to ensure consistency in the application of MPAT across the Public Service.

Who should use the Guide

This MPAT Guide is intended for use by national and provincial departments.[1] The main users of the Guide are:

- Departmental MPAT coordinators
- Departmental Key Performance Area (KPA) Managers
- Internal audit units
- MPAT Facilitators
- MPAT Moderators

It is important that Heads of Department and departmental managers have a good understanding of MPAT and they are encouraged to use the Guide as a reference.

1 *There are slight variations in process for national and provincial departments. The Guide will identify these variations, where required.*

How the Guide was developed

The Guide was developed through the practical experiences of national and provincial departments implementing the first round of MPAT self-assessments and the moderation process. In addition, DPME solicited feedback from national and provincial departments about their experiences of the MPAT process and tools and their suggestions for improvement. DPME revised the MPAT tool in a workshop with the main policy departments, MPAT coordinators and moderators from national and provincial departments.

DPME will update the Guide annually to reflect revisions in the MPAT tool and accompanying processes.

Structure of the Guide

The MPAT Guide is structured into the following sections:

Section	Description
Section 1: Introduction	The aim of this chapter is to introduce the Guide. It briefly outlines the following: • Purpose of the Guide • Who should use the Guide • How the Guide was developed
Section 2: Overview of MPAT	This chapter provides an overview of MPAT. The aim is to introduce the concept and ensure that the users have a good understanding of the rationale for MPAT
Section 3: Regulatory and institutional Framework	This chapter gives a brief overview of the regulatory basis for MPAT. • Policies and regulations pertaining to management administration • Roles and responsibilities (DPME, OoP, Accounting Officers, EAs, Cabinet/Provincial Executive, other transversal departments)
Section 4: Key features of MPAT	This section outlines the key features of MPAT: • MPAT standards • Four levels of management capability • MPAT tools (secondary data, self-assessment and MPAT scorecard)
Section 5: Implementing MPAT	This section outlines the main phases and steps in implementing MPAT for the 2012/2013 round of assessments.
Section 6: MPAT Standards for 2012/2013	This section sets out the MPAT Standards, Evidence and Moderation Criteria that will be used in the 2012/2013 assessment.
Annex	• Guidance notes for Internal Audit

2. Overview of MPAT

2.1. What is MPAT?

The MPAT is a tool that benchmarks good management practice. MPAT assesses the quality of management practices across a comprehensive range of management areas, from supply chain management to strategic planning. In each management area, performance is assessed against the management standards established by the relevant transversal departments (e.g. National Treasury for financial management; and the DPSA for human resource management and development).

MPAT does not duplicate existing monitoring... or auditing

MPAT does not duplicate existing monitoring by the National Treasury, the DPSA or the Public Service Commission, nor does it duplicate the auditing conducted by the Auditor-General. Instead, MPAT draws on secondary data of these departments and oversight bodies to moderate the self-assessments of departments.

The MPAT framework is built around four management Key Performance Areas (KPAs), namely, Strategic Management; Governance and Accountability; Human Resource Management; and Financial Management. MPAT is designed to assess compliance and the quality of management practices in these four KPAs. The four KPA's are further broken down into 17 Management Performance Areas (Figure 1). Performance is measured against 31 standards across the management performance areas.

What differentiates MPAT from other monitoring processes is that it provides a consolidated view of a department's performance across several critical performance areas, making it easier to prioritise areas that are in need of significant improvement. The value of MPAT for transversal policy departments such as the DPSA and National Treasury is that it can assist them in identifying areas where departments need assistance or where frameworks and guidelines could be improved.

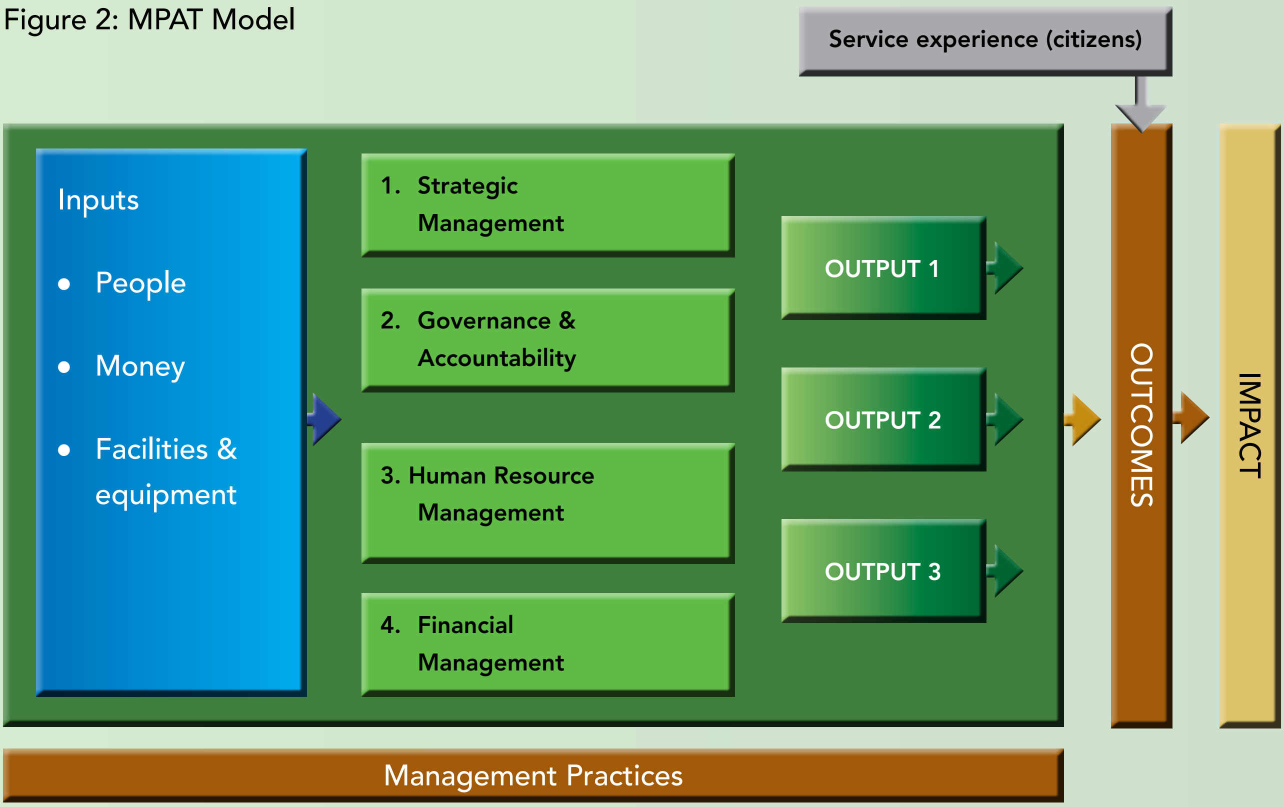
MPAT provides a consolidated view of a department's performance

Figure 1: Management Performance Areas

2.2 How does MPAT relate to service delivery?

Figure 2 illustrates how the MPAT fits into the systems and process through which a department provides public services. It shows how departments use resources (inputs) and management practices in the four KPAs in implementing the activities required to deliver the results (outputs). In terms of the results chain, the outputs contribute to the achievement of the outcomes that in turn have an impact on the lives of citizens.

Figure 2: MPAT Model



It is through effective application of management practices that we can improve service delivery. The 'theory of change' underpinning MPAT is as follows:

The quality of management practices - how we how plan; how we manage staff, finances, and infrastructure; how we govern ourselves and how we account for our performance - has a significant influence on the quality of the outputs our department produces, the outcomes achieved, and ultimately, the impact our services have on society. Therefore, to improve the performance of a department, it is essential that the management practices of a department are assessed and strengthened. Good management practice is a precondition for effective, sustainable service delivery.

Good management practice is a precondition for effective, sustainable service delivery

2.3 Why was MPAT developed?

A number of factors have contributed to the introduction of MPAT:

1. There are departments at national and provincial level that have consistently under-performed over the past few years, in delivering services to citizens. With Government's unequivocal commitment to delivery, persistently poor organisational performance cannot be tolerated. The challenge for transversal departments and Offices of the Premier is how to support departments and raise their level of performance.
2. The diagnostics used in designing support interventions for poorly performing departments show that poor management practices are prevalent in these departments. Yet, little or no attention has been paid in the past to assessing the quality of management practices.
3. Where management practices are monitored, efforts are fragmented across the Public Service. Each transversal department has its own set of indicators or criteria pertaining to their mandates, for example, Treasury focusing on financial management practices, while the DPSA focuses on human resource management practices. Nowhere in the system are these different management practices brought together in a single, coherent framework that provides a snapshot of the state of management practices in a department.

The DPME, in collaboration with other transversal departments and Offices of the Premier therefore undertook to develop the Management Performance Assessment (Framework and) Tool. MPAT does not duplicate existing frameworks. It simply integrates these into a single framework that provides a holistic snapshot of the state of management practices in a department.

2.4 What are the objectives of MPAT?

The objectives of MPAT are to:

- Collate benchmarks for management performance;
- Establish the baseline performance of departments
- Provide managers with useful information to inform improvements;
- Catalyse improvements in management practices;
- Develop agreed improvement strategies and provide targeted support to departments; and
- Track improvements against the baseline performance.

2.5 What is the scope of MPAT?

1. MPAT focuses on the management practices in the four Key Performance Areas, namely, Strategic Management; Governance and Accountability; Human Resource and Systems Management; and Financial Management.
2. MPAT will be assessing these management practices, based on the existing policies, regulations and frameworks of the Public Service. It does not introduce any new or additional requirements beyond what already exists.
3. MPAT does not monitor policy and programme results or actual service delivery. This type of monitoring is done through other vehicles, for example, National Treasury's monitoring of departments' Quarterly Performance and monitoring and evaluating the implementation of delivery agreements for the Priority Outcomes.
4. MPAT focuses on the management performance of the department as an organisation. It does not focus on the performance of individuals – it is not an individual performance management and development system. However, how well a department scores in its management practices is in part a reflection of the performance of its senior managers.
5. It is envisaged that the MPAT will form part of the assessment of Heads of Department. This is intended to overcome the problem of HoDs scoring well on their individual performance assessments while the department performs poorly, for example, receiving qualified audits.

2.6 What are the principles underpinning MPAT?

The following principles underpin MPAT:

MPAT Principle	What does it mean
Progressive improvement in management performance	MPAT places emphasis on the progressive improvement made by a department against its initial baseline performance. Departments are expected to improve their level of performance each year, "lifting their game".
Ownership of assessment process, results and improvements	The success of MPAT depends to a large extent, on ownership of the assessment process, results and improvements by departments. The leadership provided by Heads of Department and the Senior Management team is essential if the department is to benefit from MPAT.
Simple processes and tools	Keeping the assessment process and tools simple enhances the prospect of successful application of MPAT. MPAT should not burden departments with excessive reporting.
Evidence-based approach	While MPAT aims to keep the process and tools simple this is not at the expense of robustness. The tool and process should be sufficiently detailed to accurately assess management practices. MPAT places emphasis on the evidence provided in support of performance ratings.
Assessment beyond compliance	MPAT approach to assessment goes beyond compliance with policies and regulations. The approach requires departments to also be efficient and effective in their application of management practices, that is, work "smartly".
Using existing regulations, policies and frameworks	MPAT is based on existing regulations, policies and frameworks and uses the standards and indicators in existing frameworks, where these standards and indicators exist. MPAT therefore is not introducing new management practice requirements.
Continuous improvement of MPAT	DPME will improve MPAT, based on lessons learned and feedback from departments. It is important to have continuity in the assessment and so dramatic changes to content of MPAT are not envisaged. DPME and transversal departments will raise the bar once the majority of departments have reached an acceptable level of performance on a particular management practice.

2.7 What are the phases in the MPAT process?

There are six phases in the MPAT process:

Collate Secondary Data	DPME collects and consolidates secondary data from transversal departments and oversight bodies.
Self-Assessment and Internal Audit verification	Departments conduct self-assessments through a structured process coordinated by the departmental MPAT Coordinator. Internal Audit verifies evidence. Senior Management deliberates on MPAT scores.
Internal Audit MPAT process report	Internal Audit prepares a brief report on process followed in implementing MPAT in department.
DG/HOD review and ap-proval	Director-General/Head of Department reviews and approves final departmental self-assessment
Moderation and Feedback	External team led by DPME moderates the self-assessment. DPME discusses the moderated results with departments and submits MPAT results to Cabinet.
Improve and Monitor	Departments develop improvement strategies and monitor their implementation. Departments prepare for the next MPAT cycle.

Section 5 of the Guide describes these phases in greater detail.

Summary of key points about MPAT

1. MPAT assesses compliance and quality of management practices of the department.
2. MPAT serves two important purposes, namely, learning or improvement, and accountability.
3. MPAT provides a consolidated snapshot of the state of management practices within a department.
   The information can be used by the management of the department to improve performance.
   The information can be used by transversal departments, or the Office of the Premier to provide targeted support.
4. MPAT is intended to establish a uniform level of management competence and capability across the Public Service.
5. MPAT does not include assessments of policy and programme results. These are done through other mechanisms, for example, monitoring and evaluating the implementation of delivery agreements for the Priority Outcomes.
6. MPAT does not include an assessment of actual deliverables against planned deliverables. These are the focus of the Auditor-General's performance audits. MPAT is not a performance audit.
7. MPAT does not duplicate existing policy, regulation and frameworks for management practices. It draws these together into a single coherent framework.
8. MPAT does not include an assessment of the performance of individual officials. Individual performance assessment is dealt with through the departmental Performance Management and Development System, and its equivalent for the Senior Management Service and Heads of Department.
9. Although MPAT is not an assessment of an individual's performance, the results will in future be linked to the performance assessments of Heads of Department.

3.Regulatory and institutional framework for MPAT

3.1 Mandates

In terms of Chapter 5, Section 85 of the Constitution, the President is empowered to exercise executive authority, together with other members of the Cabinet, by coordinating the functions of state departments and administration. Section 125 of Chapter 6 of the Constitution provides for a similar role for Premiers in the provincial sphere of government. There is therefore a need for the Presidency to monitor the performance of national departments and to work with the Offices of the Premiers that have oversight responsibility for provincial departments. The President has mandated DPME to carry out this function.

Key legislation, regulations, policies and frameworks

MPAT draws on the existing regulatory framework. The table below shows the main regulatory documents used in MPAT. The list is not exhaustive and departments should familiarise themselves with all the relevant regulatory documents.

Regulatory documents	**Custodian**
Annual Report Guideline	Office of Accountant General
Code of Conduct for Public Service	Public Service Commission
Departmental Bargaining Chamber Agreements	Departments (Office of the Premier in the case of Provinces)
Directives of Minister for Public Service & Administration (e.g. Directive on Organisational Design, Directive on Human Resource planning)	Department of Public Service & Administration
Employment Equity Act	Department of Labour
Gender Equality Strategic Framework	Department of Women, Children, Youth and People with Disabilities
Government –wide monitoring and evaluation framework	Department of Performance Monitoring and Evaluation
Human Resource Strategy for the Public Service	Department of Public Service & Administration
Incentive policy framework	Department of Public Service & Administration

Regulatory documents	Custodian
Inter-Governmental Relations Framework Act	Department of Cooperative Governance
Labour Relations Act	Department of Labour
Managing HIV/AIDS in the workplace	Department of Public Service & Administration
Minimum Requirements for Anti-Corruption Capacity	Department of Public Service & Administration
Policy and procedures on incapacity and ill-health	Department of Public Service & Administration
Prevention and Combating of Corrupt Activities Act	Department of Justice and Constitutional Development
Programme and budget structure	National Treasury
Programme Performance Information Framework	National Treasury
Public Finance Management Act, 1999	National Treasury
Public Service Act, 1994	Department of Public Service & Administration
Public Service Regulations, 2001	Department of Public Service & Administration
Sector-agreed performance measures	National Treasury
Senior Management Services Handbook and Directives	Department of Public Service & Administration
Skills Development Act	Department of Higher Education and Training
Strategic Framework for Employees Health and Well-ness	Department of Public Service & Administration
Strategic Planning Framework and Annual Performance Plan Framework	National Treasury
Treasury Regulations	National Treasury
White papers on public service	Department of Public Service & Administration

3.3 Roles and responsibilities

The success of MPAT requires role players to understand their roles and carry out their responsibilities diligently.

Departmental level

Executive Authorities
• Ensure that their respective departments participate in MPAT • Use the report cards to monitor management performance
Head of Department
• Ensures that self-assessment is completed in accordance with DPME (and provincial-specific procedures in the case of provinces). • Convenes the senior management deliberations on MPAT • Signs off on completed self-assessment • Ensures that the department takes action to improve management practices
Departmental managers
• Participate in self-assessment process • Submit evidence for areas of assessment that fall within their responsibility and ensure that evidence is valid and reliable • Develop improvement strategies if required
Departmental MPAT Coordinators
• MPAT Coordinator is the focal point or contact with DPME • MPAT Coordinator guides the self-assessment • Liaises with Internal Audit on confirmation of evidence
Departmental KPA Managers
• Ensure completion of MPAT self-assessment for their designated Key Performance Area • Liaises with Internal Audit on queries with regard to evidence and draft scores
Internal Audit
• Verification of evidence submitted by departments with self-assessment • Provide technical guidance during self-assessment, if requested • Prepares brief report on process followed in self-assessment

Coordination of MPAT in national and provincial spheres

Department of Performance Monitoring and Evaluation
• Overall coordination of MPAT in all spheres of government
• Raises awareness and understanding of MPAT
• Facilitates MPAT assessments at national departments
• Collates secondary data to be used in moderation
• Supports the Offices of the Premier in their provincial coordination role
• Issues national guidelines for application of MPAT
• Manages the external moderation process for national departments and provinces
• Provides scorecards and feedback on MPAT results to departments
• Submits a report to Cabinet on the consolidated outcomes of MPAT (national and provincial)
• Works with transversal departments to develop interventions where required
• Updates and refines MPAT
• Develops case studies and learning networks for good practices
Office of the Premier
• Overall coordination of MPAT in the province
• Raises awareness and understanding of MPAT in the province
• Trains MPAT facilitators and coordinators with assistance from DPME, if requested
• Facilitates MPAT self-assessments at provincial departments
• Provides provincial-specific guidance to departments
• Monitors completion of self-assessments in the province
• Gives feedback to DPME on areas for improving MPAT
• Submits a report to the Provincial Executive and Legislature on the outcome of provincial assessments
• Supports departments to develop improvement plans
• Monitors implementation of improvement plans
Transversal departments
• Provide secondary data to DPME
• Work with DPME in refinement and update of their respective areas in MPAT
• Lead the moderation process for KPAs that fall within their competency or mandate
• Develop intervention and support strategies to address common weaknesses in management practices

4. Key features of MPAT

4.1 Standards of management practice

As discussed under Section 2.1, MPAT covers the following Key Performance Areas:

- Strategic Management
- Governance and Accountability
- Human Resource Management
- Financial Management

These KPAs focus on management and should not be confused with service delivery KPAs. The four KPAs are broken down into Performance Areas. Each performance area has at least one standard against which performance is assessed (some performance areas have more than one standard.

The standards cover two dimensions which must be measured to obtain a complete picture of the quality of management practices. These are:

- compliance with regulatory frameworks; and
- the efficiency and effectiveness of management practices.

Getting to full compliance with regulatory frameworks is important, but MPAT seeks to go beyond compliance to assess if departments are working smartly.

Why do we measure both dimensions of quality of management practices?

A department can be compliant with the regulatory frameworks for a certain management practice, but simultaneously it can be inefficient and ineffective. The reason for this is that most of the frameworks provide for decentralised decision-making. It is in the application of this management discretion that an important element of the quality of management practices lies. For example, a procurement process can be compliant with the supply chain management regulations, but can be slow and unresponsive, and fail to deliver value for money. In other words, the managers may not have chosen the most appropriate procurement approach within the range of approaches allowable within the regulatory framework

4.2 Levels of Management Performance

MPAT identifies four progressive levels of management performance. Each management practice is assessed and scored against these four levels of performance. This gives the department an indication of how it performs in each Performance Area, in each KPA and as a whole (its overall management practices). The department thus has an aggregated picture of its management performance and can disaggregate the picture to pinpoint specific areas of good performance and those areas that require improvement. It also assists transversal departments to target the support they provide. The table below shows the levels of management performance used in MPAT.

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

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

A department which scores at Level 3 is fully compliant with the legal prescripts in that management area. A Level 4 department on the other hand is fully compliant and operating smartly in terms of its management practices in that management area. In such cases, good practice case studies will be developed and disseminated through learning networks.

All departments should aspire to operating at Level 4

Level 3, complying fully with the legal prescripts is essentially a minimum requirement for departments and all departments should aspire to operating at Level 4 – being fully compliant and working smartly. It is only when a critical mass of departments operate at Level 4 that we will achieve the goal of "An Efficient, Effective and Development Orientated Public Service".

4.3 Self-assessment

Value of self-assessment

Each department is required to complete a self-assessment of its management practices in the four Key Performance Areas.

Active participation of senior management in the MPAT process can motivate the department to improve its management practices

The purpose of the self-assessment is to assess the current level of performance of the department and to pinpoint specific areas that are in need of improvement.

The self-assessment is an important aspect of the MPAT process as it gives the department's leadership the opportunity to honestly reflect on how they are managing the organisation. Experience with the roll-out of MPAT in 2011 shows that:

Where the senior management of the department is actively engaged, the self-assessment process motivates people to identify improvements and take specific actions to address them.

The self-assessment process identifies gaps in knowledge and understanding of management policies and prescripts that can be addressed through training in the application of these policies and prescripts.

The details of the self-assessment are described in Section 5 of the Guide.

MPAT electronic system

The MPAT tool is web-based. The department selects (clicks) the boxes that best describe its level of performance. DPME will provide detailed guidance to MPAT Coordinators and KPA Managers on how to use the web-based tool.

The key points to note are:

- Each performance area in MPAT has at least one standard (or performance indicator) against which the department assesses its performance.
- The MPAT tool contains descriptive statements for each level of that standard.
- Each level of the standard shows the evidence that the department must have in order to justify its rating.
- Each level of the standard sets out the criteria that will be used by the moderators when reviewing the department's self-assessments.
- The department does not submit hard copies of documents to DPME. All evidence is uploaded onto the MPAT system.

Figure 4 shows a sample of an MPAT Standard.

1.3.1 Standard name: Integration of monitoring and evaluation in performance and strategic management			
Standard definition: the department's ability to do monitoring and evaluation, produce useful and reliable information, and use performance information in performance and strategic management			
Standards	Evidence Documents	Moderation criteria	Level
Department does not have M&E or Performance Management Information Policy or Framework			Level 1
Department has M&E or Performance Management Information Policy or Framework. Department does not have standardised mechanisms and or processes and procedures to collect, manage and store data.	• M&E or Performance Management Information Policy/ Framework	• Verfication of the existence of departmental M&E or Performance Management Information Policy/Framework Public Service Regulation Chapter 3 dealing with strategic planning	Level 2
Department has M&E or Performance Management Information Policy or Framework. Department has standardised mechanisms and or processes and procedures to collect, manage and store data.	• M&E or Performance Management Information Policy/ Framework • Standardised monitoring reports generated from formal departmental performance information source(s)	• Verfication of the existence of departmental M&E or Performance Management Information Policy/Framework • Standardised monitoring reports relate to programmes in the APP with "SMART" targets.	Level 3
Level 3 plus: At least one evaluation of a major programme is conducted or in process or planned.	Level 3 plus: • Evaluation Reports or • Evaluation plans	Level 3 plus: • Department does not obtain findings by AG on performance information. • Verfication of the department conducting formal evaluations	Level 4

Facilitated MPAT self-assessments

- For the 2012/2013 self-assessments, there must be a senior management discussion of the MPAT scores before they are submitted to the Head of Department for approval.
- This discussion must be facilitated by DPME (for national departments) and by the Office of the Premier (for provincial departments). These external facilitators steer the process and provide guidance on technical aspects of MPAT. They do not participate in the discussion of the scoring.
- Internal audit officials should attend the senior management discussions as observers and provide technical advice, if required.

Role of Internal Audit (See Annex A for details on Internal Audit)

- Internal Audit plays an important role in the departmental self-assessment process:
- It has verify the existence of the evidence for the particular level at which the department has assessed itself. Its role is simply to verify the existence of the evidence.
- If Internal Audit disagrees with the self-assessment scores of the department, Internal Audit can discuss with the relevant KPA Managers and request additional evidence to support the score.
- Internal Audit is not responsible for collecting evidence. The collection and uploading of evidence is the responsibility of the KPA Managers.
- Internal Audit prepares a brief report indicating how MPAT was implemented in the department.

Moderation of self-assessment

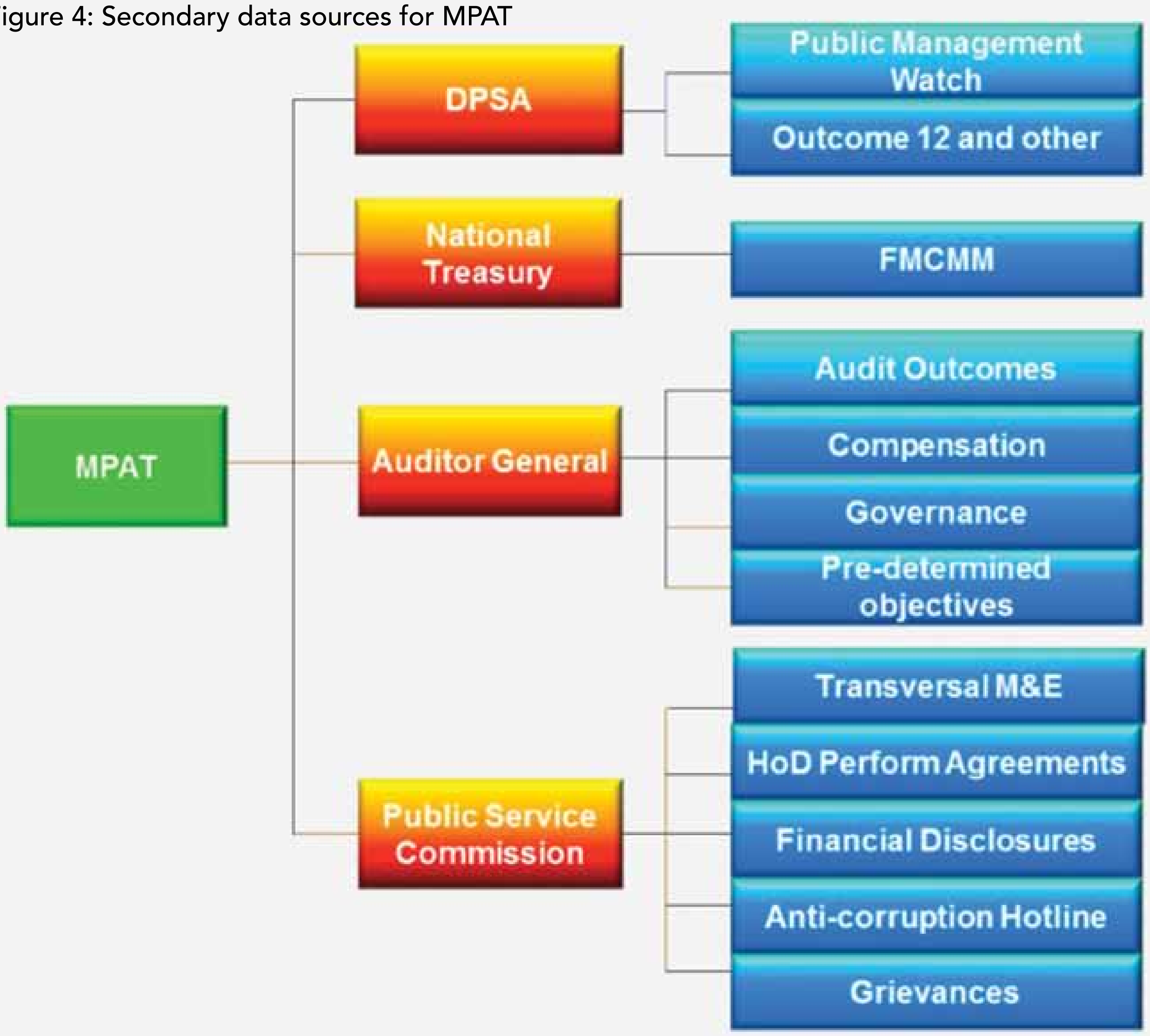
- The self-assessments will be moderated by an external panel of moderators.
- DPME will appoint the moderators from the public service. These moderators must have experience in the subject matter being moderated.
- Officials from the transversal or policy departments will form part of the moderation panels.
- Moderators will use the moderation criteria to moderate the scores and will rely on the evidence submitted by departments during the moderation process.

4.4 Secondary data

MPAT will draw on secondary data to use when moderating the self-assessments of departments. The secondary data will be drawn from existing data systems of transversal departments and reports from oversight bodies. Examples of secondary data sources are shown in Figure 5.

Most data on transversal systems in government are based on input data provided by departments. It is therefore essential that departments provide accurate information and update their information regularly.

Figure 4: Secondary data sources for MPAT



4.5 MPAT Scorecard

The MPAT scores for each department are stored in the electronic database from which reports are generated. There is a scorecard for each department for each year that the assessment is conducted. This enables the department, province and the DPME to monitor changes in performance over time.

The scorecard provides a visual illustration of the department's overall performance for each Key Performance Area as well as the Department's performance in each Performance Area. The department will therefore have the 'big picture' as well as being able to drill down to specific performance areas.

Annexure 1

Management Performance Assessment Tool
Self Assessment Score Card

National Department:

1. Strategic Management				1.7	2.8
Performance Area	**Your score**	**Nat Dept Average**	**Standard**	**Your score**	**Nat Dept Average**
1.1 Strategic Planning	2.0	3.0	1.1.1 Strategic planning alignment	2	2.9
			1.1.2 Annual Performance Plans	2	3.0
1.2 Programme Management	2.0	3.0	1.2.1 Programme Management Alignment	2	3.0
1.3 Monitoring and Evaluation	1.0	2.5	1.3.1 Use of monitoring and evaluation outputs	1	2.5

2. Governance and Accountability				2.7	2.6
Performance Area	**Your score**	**Nat Dept Average**	**Standard**	**Your score**	**Nat Dept Average**
2.1 Service Delivery Improvement	1.0	1.9	2.1.1 Service delivery charter, standards and SDIP	1	1.9
2.2 Management Structures	3.0	2.6	2.2.1 Functionality of management structures	3	2.6
2.3 Accountability	3.0	3.4	2.3.1 Annual reporting	3	3.6
			2.3.2 Functioning of Audit Committee	3	3.1
2.4 Ethics	2.0	2.3	2.4.1 Systems and policies to ensure professional ethics	2	2.2
			2.4.2 Fraud prevention	2	2.4
2.5 Internal audit	3.0	2.9	2.5.1 Assessment of internal audit arrangements	3	2.9
2.6 Risk management	3.0	2.8	2.6.1 Assessment of risk management arrangements	3	2.8
2.7 Delegations	4.0	2.6	2.7.1 Delegations in terms of PSA	4	2.5
			2.7.2 Delegations in terms of PFMA	4	2.7

3. Human Resource and Systems Management				2.5	2.4
Performance Area	**Your score**	**Nat Dept Average**	**Standard**	**Your score**	**Nat Dept Average**
3.1 Human Resource Strategy and Planning	3.0	2.6	3.1.1 HR planning	3	2.6
			3.1.2 Organisational design	2	2.4
			3.1.3 Assessment of Human Resources Development	4	2.9
3.2 HR Practices & Administration	3.5	2.2	3.2.1 Assessment of personnel administration systems	4	2.5
			3.2.2 Application of recruitment practices	4	2.4
			3.2.3 Staff retention	3	1.9
			3.2.4 Management of diversity	3	2.0
3.3 Management of Performance	2.3	2.6	3.3.1 Implementation of level 1-12 PMDS	2	2.9
			3.3.2 Implementation of SMS PMDS (exc HOD)	2	2.3
			3.3.3 Implementation of SMS PMDS for HOD	3	2.5
3.4 Employee Relations	2.5	2.7	3.4.1 Functional departmental bargaining chamber	2	2.9
			3.4.2 Management of disciplinary cases	3	2.5
3.5 IT Systems	1.0	1.7	3.5.1 IT Governance Framework	1	1.7

4. Financial Management				2.5	2.4
Performance Area	**Your score**	**Nat Dept Average**	**Standard**	**Your score**	**Nat Dept Average**
4.1 Supply Chain Management	2.5	2.4	4.1.1 Demand management	2	2.4
			4.1.2 Acquisition management	2	2.4
			4.1.3 Logistics management	3	2.6
			4.1.4 Disposal management	3	2.4

Figure 6: Example of departmental scorecard

5. Implementing MPAT

This section of the Guide discusses the MPAT process in more detail. Figure 7 shows the phases and main steps in the MPAT process. Annex A contains a detailed process map for the self-assessment and internal audit verification at departmental level.

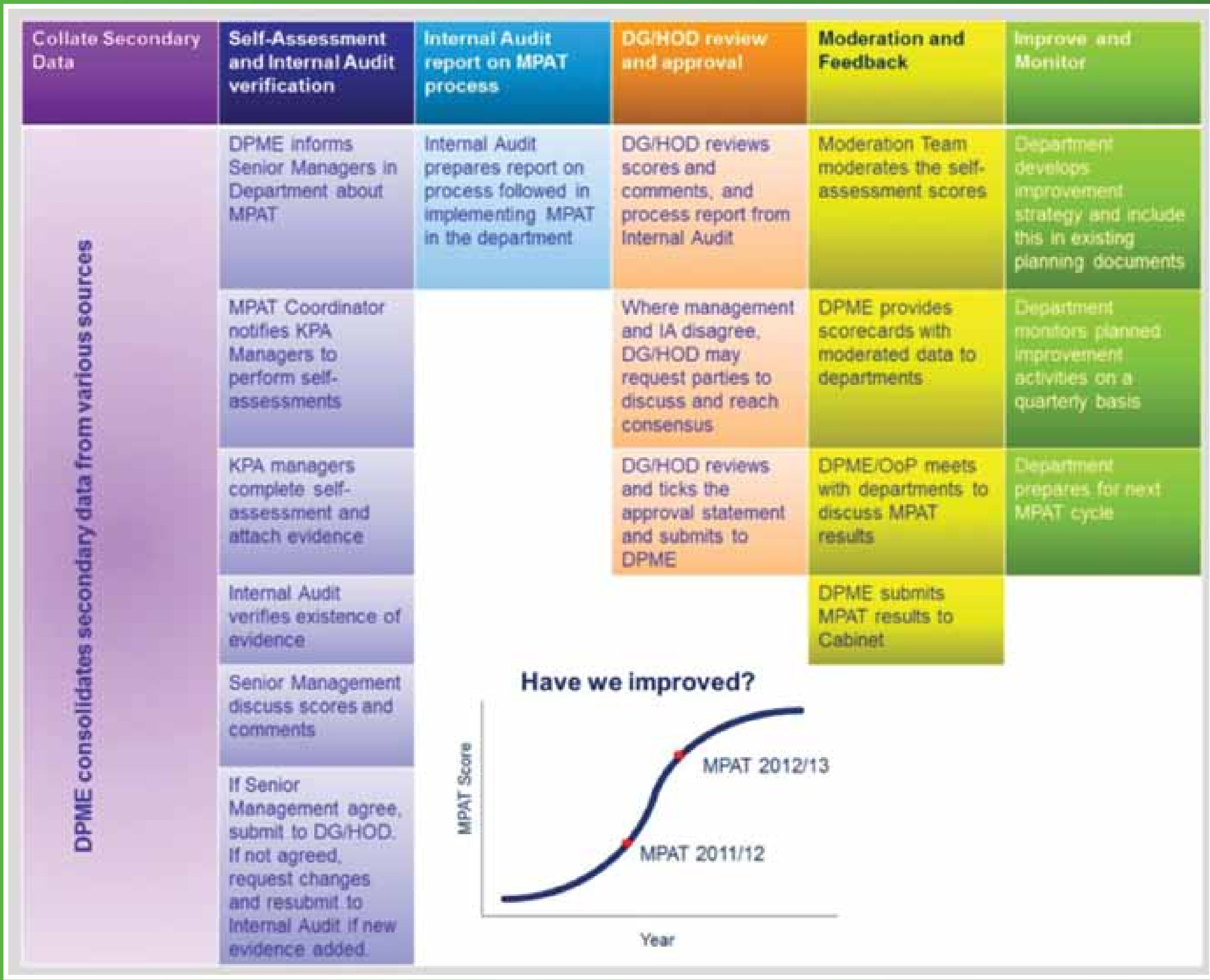


Figure 7: MPAT Process

5.1 Collate Secondary Data

Collate Secondary Data	DPME collects and consolidates secondary data from transversal departments and oversight bodies

DPME collects secondary data from various sources, for example, Human Resource Planning and Service Delivery Improvement Plans from the DPSA; and information on financial disclosures and Head of Department Performance Agreements from the Public Service Commission. DPME stores the information electronically for use by the external moderators.

5.2 Self-Assessment and Internal Audit verification

Self-Assessment and Internal Audit verification	Departments conduct self-assessments through a structured process coordinated by the departmental MPAT Coordinator. Senior Management deliberates on MPAT scores.

Step 1: DPME informs Senior Managers in the department about MPAT

DPME notifies national and provincial departments when the MPAT self-assessment process will begin. National departments and Offices of the Premier should have an official briefing/training session on MPAT in their department or province.

Step 2: Department appoints MPAT Coordinators and KPA Managers

The department appoints a MPAT Coordinator and designates a Key Performance Area (KPA) Manager for each of the KPAs in MPAT. The MPAT Coordinator is responsible for coordinating the MPAT process in the department. The KPA Managers are responsible for ensuring that the assessment is completed for their designated KPA. They are also responsible for discussions with Internal Audit regarding evidence to be submitted.

Step 3: Internal Audit verification

Internal Audit reviews the evidence to verify whether or not the evidence submitted by the respective KPA Managers exists for the level at which the department has rated itself.

If the evidence exists, Internal Audit completes the comments section of the MPAT to indicate verification. The MPAT Coordinator arranges a senior management meeting for a group discussion of the MPAT self-assessment.

If the evidence does not exist, Internal Audit completes the comments section indicating that the evidence could not be verified and provides reasons for this. Internal Audit returns the self-assessment to the MPAT Coordinator and the KPA Manager(s). KPA Managers and Internal Audit discuss and additional evidence may be added.

If Internal Audit is not able to verify the additional evidence, it completes the relevant statement and provides reasons for not verifying the evidence. The MPAT assessment with Internal Audit comments are submitted to the MPAT Coordinator for discussion by Senior Management.

Step 4: Senior Management discussion

Senior Management review and evaluate the self-assessment and may ratify the assessment or request changes. An external facilitator (from DPME or Office of the Premier) guides the discussion. Internal Audit attends the meeting as an observer and may be asked to provide guidance.

If changes are not required, the self-assessment scores and comments are submitted to the Director-General/Head of Department for review and approval.

If changes are required, the relevant KPA Managers make changes and add evidence as requested by Senior Management. If there is additional evidence, the self-assessment is referred to Internal Audit to verify the additional evidence.

5.3 Internal Audit report on MPAT process

Internal Audit MPAT process report	Internal Audit prepares a report on processes followed by the department in implementing MPAT.

Internal Audit prepares a brief report on the MPAT process followed. Key points to cover in the report are:

- Confirmation that the scores were discussed and agreed to at a Senior Management meeting.
- Indicate if Senior Management discussion was facilitated by an external facilitator
- Indicate if the Director-General/Head of Department was present at the Senior Management discussion.
- List of senior managers present and list of senior managers absent.
- Date of senior management discussion(s).
- Start time and end time of discussion(s).
- Any other points about the process followed.

5.4 Director-General/Head of Department review

DG/HOD review and approval	Director-General/Head of Department reviews and approves final departmental self-assessment

The Director-General/Head of Department reviews the MPAT scores and comments.

If the Director-General/Head of Department is satisfied with the scores and comments, he/she ticks the approval statement and the MPAT self-assessment is submitted to DPME.

If the Director-General/Head of Department has queries, these may be referred to the relevant parties. Once the Director-General/Head of Department is satisfied, he/she ticks the approval statement and the MPAT self-assessment is submitted to DPME.

The Director-General/Head of Department consider the Internal Audit report on the application of the MPAT process.

5.5 Moderation and Feedback

Moderation and Feedback	External team led by DPME moderates the self-assessment. DPME discusses the moderated results with departments and submits MPAT results to Cabinet.

Step 1: Moderation of self-assessments

Moderators review the self-assessment scores against the criteria set out for each standard in MPAT, using the evidence submitted by the department and the secondary data drawn from other sources.

The moderators will confirm the scores or modify the scores. Where they modify the scores, moderators provide reasons for the modification.

Moderators may not call for additional evidence from the department.

Step 2: DPME provides scorecards with moderated scores to departments

The MPAT tool prepares a scorecard for each department. DPME provides each department with a copy of its scorecard and moderated scores and comments.

Step 3: DPME meets with departments to discuss MPAT results

On request, DPME meets with departments to discuss their MPAT results. In the case of provinces, these discussions involve the Office of the Premier. There may be provincial variations to the feedback process.

Step 4: DPME submits MPAT results to Cabinet

DPME is required to report to Cabinet on the national MPAT results. The draft report is submitted via the government clusters and FOSAD.

It is recommended that the Office of the Premier submits the provincial results to the Provincial Executive Committee.

Step 5: DPME publishes MPAT report and National Report Cards

The overall report and National Report Card are published on the DPME website and presented to legislature.

It is recommended that the Office of the Premier publishes provincial results.

5.6 Improve and Monitor

Improve and Monitor	Departments develop improvement strategies and monitor their implementation. Departments prepare for the next MPAT cycle.

Step 1: Plan for improvements

Departments are expected to improve their management practices and address problems identified during the MPAT process. There should be progressive improvement in each year's MPAT results.

Improvement strategies may be incorporated in existing planning documents, for example, the Annual Performance Plan. In some cases, there are already improvement plans in place and the department may simply need to update these plans.

Step 2: Monitor improvements

Departments are expected to monitor implementation of improvement activities and discuss progress.

Step 3: Prepare for next MPAT cycle

With the MPAT cycle complete, departments prepare for the next MPAT cycle. In preparing, departments may reflect on the MPAT process, what worked well and what could be improved by the department and by DPME.

DPME reviews the MPAT tool and process, solicits feedback from departments and revises MPAT.

6. MPAT Standards 2012/2013

This section shows the Standards, Evidence and Moderation Criteria that will be used for the 2012/2013 round of MPAT assessments.

DPME will provide all departments with the access to the web-based self-assessment, with instructions on how to complete the self-assessment electronically and upload the evidence documents.

There have been some modifications and additions to MPAT for the 2012/2013 assessment. These changes are reflected in the table overleaf.

MPAT KEY PERFORMANCE AREAS, PERFORMANCE AREAS AND STANDARDS			
Strategic Management	**Governance and Accountability**	**Human Resource Management**	**Financial Management**
1.1 Strategic Planning 1.1.1 Strategic Plans 1.1.2 Annual Performance Plans	**2.1 Service Delivery Improvement** 2.1.1 Service delivery charter, standards and SDIP	**3.1 Human Resource Strategy and Planning** 3.1.1 HR planning 3.1.2 Organisational design 3.1.3 Assessment of Human Resources Development	**4.1 Supply Chain Management** 4.1.1 Demand management 4.1.2 Acquisition management 4.1.3 Logistics management 4.1.4 Disposal management
1.2 Programme Management 1.2.1 Programme Management Alignment (discontinued)	**2.2 Management Structures** 2.2.1 Functionality of management structures	**3.2 Human Resource Practices & Administration** 3.2.1 Payroll certification 3.2.2 Application of recruitment and retention practices 3.2.3 Staff retention (incorporated in 3.2.2) 3.2.4 Management of diversity	**4.2 Expenditure Management (new)** 4.2.1 Management of cash flow and expenditure vs. budget 4.2.2 Payment of suppliers 4.2.3 Management of unauthorised, irregular, fruitless and wasteful expenditure
1.3 Monitoring and Evaluation 1.3.1 Use of monitoring and evaluation outputs	**2.3 Accountability** 2.3.1 Annual reporting (discontinued) 2.3.2 Assessment of Accountability Mechanism (Audit Committee)	**3.3 Performance Management** 3.3.1 Implementation of level 1-12 PMDS 3.3.2 Implementation of SMS PMDS (exc HOD) 3.3.3 Implementation of SMS PMDS for HOD	
	2.4 Ethics 2.4.1 Assessment of policies and systems to ensure professional ethics 2.4.2 Fraud prevention	**3.4 Employee Relations** 3.4.1 Functional departmental bargaining chamber (discontinued) 3.4.2 Management of disciplinary cases	

	2.5 Internal audit 2.5.1 Assessment of internal audit arrangements	**3.5 HR IT Systems** 3.5.1 IT Governance Framework (now 2.8.1 in KPA 2)	
	2.6 Risk management 2.6.1 Assessment of risk management arrangements		
	2.7 Delegations 2.7.1 Delegations in terms of PSA 2.7.2 Delegations in terms of PFMA		
	2.8 ICT 2.8.1 Corporate governance of ICT		
	2.9 Promotion of Administrative Justice (new) 2.9.1 Compliance with PAJA		

Key Performance Area 1: Strategic Management

1.1 Performance Area: Strategic Planning	
1.1.1: Standard name: Strategic Plans	
Standard definition: Extent to which strategic planning is 1) based on analysis, 2) aligned with the MTSF and/or PGDS, and with Delivery	
Standards	**Evidence Documents**
Department's strategic plan is not compliant with Treasury Regulations and planning guidelines in respect of submission dates and format Department's strategic plan does not have clear links with MTSF/ PGDS and/or Delivery Agreements	
Department's strategic plan is compliant with Treasury Regulations and planning guidelines in respect of submission dates and format Department's strategic plan contains analysis based on information relevant to external and internal factors facilitating or constraining department's operations and delivery	• Strategic plan
Department's strategic plan is compliant with Treasury Regulations and planning guidelines in respect of submission dates and format Department's strategic plan contains analysis based on information relevant to external and internal factors facilitating or constraining department's operation and delivery Link between the strategic plan and MTSF/ PGDS and/or Delivery Agreements is clear and follows a logic progression.	• Strategic plan
Level 3 plus: Department reviews its performance against the strategic plan within the period and revises it, if necessary	Level 3 plus • Proof of formal performance assessments against strategic plan • Documented evidence of review of strategic plan • Annexure to APP reflecting minor changes to strategic plan (if applicable). • Copy of re-tabled Strategic Plan in the case of material changes (if applicable).

Agreements		
	Moderation Criteria	**Level**
		Level 1
	Moderator to verify that: • Strategic plan has been submitted to DPME, NT and Provincial Treasuries (secondary data) • Strategic plan follows the format proposed by Treasury planning guidelines • Information contained in the situational analysis of the strategic plan is according to the Framework for Managing Programme Performance Information	Level 2
	Moderators to assess compliance against: • Treasury Planning Framework • Treasury Programme Performance Information Framework • Treasury Regulations – Money Bill of parliament (Secondary data will inform timely tabling).	Level 3
	Level 3 plus: • Verification that a review of the strategic plan took place during the assessment period • Revisions to the strategic plan illustrated as an annexure to the APP, where applicable • The relevance, reliability and verifiability of the information contained in the situational analysis of the strategic plan is according to the Framework for Managing Programme Performance Information	Level 4

1.1 Performance Area: Strategic Planning	
1.1.2 Standard name: Annual Performance Plans	
Standard definition: Extent to which the contents of the APP comply with 1) Treasury planning guidelines and 2) is aligned to the departmental strategic plan	
Standards	**Evidence Documents**
Department's APP does not comply with Treasury Regulations and planning guidelines in respect of submission dates and format Department's APP does not have clear links to the strategic plan and/or the department's responsibilities in respect of delivery agreements/programmes of action	
Department's APP complies with Treasury Regulations and planning guidelines in respect of submission dates and format Department's APP has clear links to the department's strategic plan and/or the department's responsibilities in respect of delivery agreements and follows a logic progression	• Annual Performance Plan
Department's APP complies with Treasury Regulations and planning guidelines in respect of submission dates and format Department's APP has clear links to the department's strategic plan and/or the department's responsibilities in respect of delivery agreements and follows a logic progression Departmental Quarterly Performance Reports are submitted to EA and Treasury on time. APP complies with Treasury Regulations and planning guidelines in respect of: • containing analysis based on information relevant to external and internal factors facilitating or constraining department's operation and delivery. • containing strategic objectives, which conform to the "SMART" principles, performance indicators (with annual and quarterly targets) that are adequately quantified and linked to specific budget programmes	• Annual Performance Plan • Quarterly Performance Reports for current year
Level 3 plus: Management engages with the quarterly progress report and uses the report to inform improvements Information contained in performance management reports generated from formal departmental performance information sources corresponds with targets expressed in the APP and Annual Reports	Level 3 plus: • Minutes of management meetings showing evidence of discussion of quarterly report • Annual report

Moderation Criteria	Level
	Level 1
Moderators to verify that: • APP has been submitted to DPME, NT and Provincial Treasuries (secondary data) • APP follows the format proposed by Treasury planning guidelines • APP is logically and explicitly linked to delivery agreements and/ or programmes of action as well as the departmental strategic objectives contained in the strategic plan • The relevance, reliability and verifiability of the information contained in the situational analysis of the strategic plan is according to the Framework for Managing Programme Performance Information	Level 2
Moderators to verify that: • APP has been submitted to DPME, NT and Provincial Treasuries (secondary data) • APP follows the format proposed by Treasury planning guidelines • APP is logically and explicitly linked to delivery agreements and/ or programmes of action as well as the departmental strategic objectives contained in the strategic plan • The relevance, reliability and verifiability of the information contained in the situational analysis of the APP is according to the Framework for Managing Programme Performance Information • QPRs are submitted to National and Provincial Treasuries (secondary data) • APP contains evidence of reconsideration of the situational analysis in the strategic plan irrespective of whether it resulted in confirming the continued validity of the situational analysis or the amendment of the APP. • Targets in the APP are listed over budget year and MTEF period for each budget programme identified • Annual targets are broken down in quarterly targets • Expression/quantification of strategic objectives and annual and quarterly targets in terms of "SMART" principle in the APP. • There is a logical and explicit link between the strategic objectives and targets in the APP and the departmental strategic objectives, as contained in the strategic plan, delivery agreements and /or programmes of action. • There is a logical and explicit link between the strategic objectives and targets to budget programmes contained in the APP.	Level 3
Level 3 plus • Minutes of management meetings reflect use of quarterly performance assessments to inform improvements • Indicators in annual report and APP are the same and reflect actual annual performance	Level 4

1.3 Performance Area: Monitoring and Evaluation	
1.3.1 Standard name: Integration of monitoring and evaluation in performance and strategic management	
Standard definition: The department's ability to do monitoring and evaluation, produce useful and reliable information, and use performance information in performance and strategic management.	
Standards	**Evidence Documents**
Department does not have a M&E or Performance Management Information Policy or Framework	
Department has a M&E or Performance Management Information Policy or Framework. Department does not have standardised mechanisms and/or processes and procedures to collect, manage and store data.	• M&E or Performance Management Information Policy / Framework
Department has a M&E or Performance Management Information Policy or Framework. Department has standardised mechanisms and/or processes and procedures to collect, manage and store data.	• M&E or Performance Management Information Policy / Framework • Standardised monitoring reports generated from formal departmental performance information source(s)
Level 3 plus: At least one evaluation of a major programme is conducted or in process or planned	Level 3 plus: • Evaluation Reports or • Evaluation plans

Moderation Criteria	Level
	Level 1
Verification of the existence of departmental M&E or Performance Management Information Policy / Framework Public Service Regulation Chapter 3 dealing with strategic planning.	Level 2
Verification of the existence of departmental M&E or Performance Management Information Policy / Framework Standardised monitoring reports relate to programmes in the APP with "SMART" targets	Level 3
Level 3 plus: • Department does not obtain findings by AG on Performance information. • Verification of the department conducting formal evaluations	Level 4

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.	
Standards	**Evidence Documents**
Department does not have a service charter and service standards.	
Department has a draft service charter and service standards.	• Service charter and Service standards
Department has an approved service charter, service standards and SDIP. Department has consulted stakeholders/service recipients on service standards and SDIP Department displays its service charter.	• Service charter, service standards and SDIP • Evidence of consultation with stakeholders/ service recipients
Level 3 plus: Department quarterly monitors compliance to service delivery standards Management considers monitoring reports Reports are used to inform improvements to business processes	Level 3 plus: • Minutes of management meetings reflecting discussion of service delivery improvement • Progress reports and monitoring reports

Moderation Criteria	Level
	Level 1
• Moderators to check that evidence documents are valid for level 2	Level 2
Service standards: • Cover all services (internal and external)/ programmes • Evidence of consultation with stakeholders/ service recipients • Service recipients (internal and external) clearly identified • Service standards are SMART **Service charter:** • List of services offered and service standards • Departmental contact details • Redress mechanisms must be specified (e.g. complaints officer, how to lodge complaint) • Hours of operation • Published (e.g. website, booklets, posters, reception) • In the official language predominantly used at that service point • Displayed at service points and/or website • Accessible to people with disability • Periodic citizens report must be submitted to MPSA **SDIP:** • Must be a 3 year plan with only one or two key services identified for improvement • Prescribed template has been applied (e.g. quality, quantity, time, cost) and Batho Pele principles • Must be signed off by EA and HOD and submitted to DPSA	Level 3
Level 3 plus: **Service standards:** • Monitoring reports are analysed, be annual and feed into improvement plans **Service Charter:** • Must be service point-specific **SDIP:** • Improvements proposed to business processes are appropriate for improving service delivery	Level 4

2.2 Performance Area: Management structures			
2.2.1 Standard name: Functionality of management structures			
Standard definition: Departments have functioning and effective management structures.			
Standards	**Evidence Documents**	**Moderation Criteria**	**Level**
Department's management structures do not have formal terms of reference and meetings do not take place			Level 1
Department has management structures with no formal terms of reference. Management meetings are scheduled and meetings take place.	• Approved minutes of meetings and attendance register • Schedule of meetings	Moderators to check that evidence documents are valid for level 2	Level 2
Department has management structures with formal terms of reference. Management meetings are scheduled and meetings take place.	• Agenda, approved minutes of meetings and attendance register reflecting designations • Action lists or matrix for follow up on decisions	• Check if department has main structures (EXCO, MANCO, MINEXCO, MEC &Dept. EXCO) • Look for frequency of meetings for each to see if it is in line with TORS for each structure. • Check action list – is it clear who has to do what and by when.	Level 3
Level 3 plus: Management decisions are documented, clear, responsibility allocated and followed through Senior Management meeting agenda focuses on strategic objectives and priorities of department as described in the strategic plan and APP.	Level 3 plus: • Minutes and agenda of last 3 management meetings	Level 3 plus: • Check agendas and minutes to see if focus is on strategic priorities of department	Level 4

2.3 Performance Area: Accountability			
2.3.2 Standard name: Assessment of accountability mechanisms (Audit Committee)			
Standard definition: Departments have a properly constituted Audit Committee (or shared Audit Committee) that functions in terms of Treasury requirements.			
Standards	**Evidence Documents**	**Moderation Criteria**	**Level**
Department does not have an audit committee in place.			Level 1
Department has an audit committee in place that is constituted in according to Treasury requirements.	• Appointment letters or agreement for shared audit committee	• Composition of Audit Committees: capacity of the chairperson, members must be form external person non state (if from state must be approved by NT)	Level 2
Audit committee meets as scheduled. Audit Committee has an Audit Charter with clearly defined objectives and key performance indicators	• Approved minutes of last 3 Audit Committee meetings • Audit Charter signed by the Chairperson of the Audit Committee and the Accounting Officer • Report(s) by Chairperson of Audit Committee. • Three year internal audit plan approved by Audit Committee.	• Composition of Audit Committees: capacity of the chairperson, majority of the members must be from external person non state (if from state must be approved by NT • Four meetings per annum for Audit Committees • Audit Committee must have at least considered Financial Statements; Risk; Internal Controls; Internal and External Audits; and Compliance	Level 3
Level 3 plus: Audit Committee review management responses to audit issues and reports thereon Assessment of Audit committee by stakeholders such as AG and departmental managers	Level 3 plus: • Minutes of last 3 audit committee meetings • Report(s) by Chairperson of Audit Committee on management responses • Copy of the assessment report of Audit Committee by stakeholders	Level 3 plus: • Evidence that Audit Committee has reviewed its Audit Charter • Evidence that the Audit Committee has conducted a performance self-assessment • Stakeholder satisfaction levels on the performance or functionality of the Audit Committee	Level 4

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 ethical behaviour and discourage unethical behaviour and corruption.			
Standards	**Evidence Documents**	**Moderation Criteria**	**Level**
Department has no mechanism or standard of providing/ communicating the Code of Conduct to employees Less than 25% of SMS members completed financial disclosures, these were signed by EA and submitted to PSC by due date			Level 1
Department has a mechanism or standard of providing/ communicating the Code of Conduct to employees At least 75% of SMS members completed financial disclosures, these were signed by EA and submitted to PSC on time (31 May of every year)	• Mechanism or standard of providing Code of Conduct to employees-such as training and induction programme • Report that financial disclosures have been submitted to PSC	Moderators to verify existence of mechanism or standard PSC secondary data to verify submission of SMS financial disclosure	Level 2
Department provides all new employees with a Code of Conduct Department provides training on understanding and applying the Code of Conduct. All SMS members completed financial disclosures, these were signed by EA and submitted to PSC on time, and disciplinary action taken for non-compliance	• Report confirming that new employees received Code of Conduct • Attendance register of training conducted • List showing number and percentage of SMS financial disclosures submitted to PSC, and date of submission • Report on disciplinary action for non-compliance	• Moderators to verify distribution of Code of Conduct, and training • PSC secondary data to verify submission of SMS financial disclosures • Verify that disciplinary action has been taken for non-compliance .	Level 3
Level 3 plus: Department analyses financial disclosures, identifies potential conflicts of interests and takes action to address these	Level 3 plus: • Document showing that analysis has been done and kind of action taken	Level 3 plus: • Moderators to verify that actions to address specific risks emanating from the assessment of the disclosures are appropriate	Level 4

2.4 Performance Area: Ethics			
2.4.2 Standard name: Fraud prevention			
Standard definition: Departments have measures in place to prevent fraud and corruption.			
Standards	**Evidence Documents**	**Moderation Criteria**	**Level**
Department does not have a fraud prevention plan.			Level 1
Department has a draft fraud prevention plan	• Draft fraud prevention plan	Moderators to verify existence of draft fraud prevention plan	Level 2
Department has an approved fraud prevention plan that includes a policy statement and implementation plan. Department has an approved whistleblowing policy and implementation plan (separately or part of the fraud prevention plan) Department provides feedback on anti-corruption hotline cases within 40 days to PSC.	• Approved fraud prevention plan • Approved whistleblowing policy and implementation plan	• Approved fraud prevention plan which includes: Thorough risk assessment including a corruption risk assessment Measures to prevent fraud and corruption Capacity building on fraud prevention and corruption To whom and how fraud and corruption should be reported Reporting on investigations Making provision that investigations are conducted without interference • Moderators to verify existence of whistleblowing policy and implementation plan • Moderators to check secondary data from PSC on responses to anti-corruption hotline cases	Level 3
Level 3 plus: Department applies disciplinary procedures and/or institutes criminal procedures and/or civil procedures where fraud and corruption occur	Level 3 plus: • Examples of cases where disciplinary action has been taken	Level 3 plus: • Moderators to assess if action taken is commensurate with the significance of the fraud or corruption	Level 4

2.5 Performance Area: Internal Audit			
2.5.1 Standard name: Assessment of internal audit arrangements			
Standard definition: Departments have internal audit units/capacity that meet requirements of the PFMA			
Standards	**Evidence**	**Moderation Criteria**	**Level**
Department does not have an internal audit unit/ capacity or shared unit			Level 1
Department has an internal audit unit/capacity or shared unit with suitably qualified staff, or sourcing arrangement	• Structure and staff profile of internal audit unit (number, rank and qualifications) or service level agreement with service provider	Moderators to check that evidence documents are valid for level 2	Level 2
Department has an internal audit unit/capacity or shared unit with suitably qualified staff, or sourcing arrangement Department has an approved three-year strategic internal audit plan and operational plan based on risk assessment The internal audit unit/ capacity or shared unit has an internal audit charter Internal audit unit reports administratively to the Accounting Officer and functionally to the Audit Committee. Department updates internal audit plan annually. Internal audit unit/ capacity or shared unit complies with standards of Institute of Internal Auditors	• Structure and staff profile of internal audit unit • Three-year and annual internal audit plan • Internal Audit Charter • Latest Quality Assurance Review Report (External 5 year Review)	Office of the Accounting General Internal Audit Framework will be basis of criteria The 3 year and annual audit plan is based on the risk assessment, scope of each audit on what the audit project will cover, Quarterly performance reports issued Internal Audit to Audit Committee members Auditor General South Africa assess the functionality of the Internal Audit Quality review by the Institute of Internal Auditors Internal Audit Charter signed by the Accounting Officer , the Chief Audit Executive and the Chairperson of the Audit Committee	Level 3
Level 3 plus: Management acts on Internal Audit recommendations	Level 3 plus: • Progress on management responses to findings and recommendations	Level 3 plus: • Internal Audit reports reflecting progress on management responses, findings and recommendations/ action plan (follow up)	Level 4

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 how well these function.			
Standards	**Evidence Documents**	**Moderation Criteria**	**Level**
Department has not conducted a risk assessment in the past year.			Level 1
Department has risk management committee in place Department has completed a risk assessment profile in the past year	• Risk management committee membership and terms of reference • Risk assessment profile	• Moderators to check that evidence documents are valid for level 2	Level 2
Department has risk management committee in place Department has completed a risk assessment profile in the past year Department has a risk assessment, monitoring and management plan approved by the Accounting Officer and Audit Committee. Risk management committee regularly reports to the Audit Committee on the implementation of the risk management plan. Department has reviewed the risk assessment, monitoring and management plan. Department updates risk register based on new risks	• Risk management committee membership and terms of reference • Risk assessment profile • Risk management plan and evidence of review • Updated risk register, if necessary • Approved minutes of last 3 Risk Committee meetings	• Office of the Accountant General Risk Management Framework to be basis of criteria Copy of risk management plan (annual) signed off by the Chairperson of the Risk Committee and Accounting Officer Reviewed annually Quarterly reports on implementation of the risk management plan to Risk Management Committee and Audit Committee • Alignment between risk identified in the Strategic plan and APP and the risk management plan	Level 3
Level 3 plus: Management acts on risk management reports.	Level 3 plus: • Minutes of management meetings reflecting engagement on risk reports and action taken	Level 3 plus: • Moderators to assess if actions proposed are commensurate with the risks identified	Level 4

2.7 Performance Area: Delegations			
2.7.1 Standard name: Approved EA and HOD delegations for public administration in terms of the Public Service Act and Public Service Regulations			
Standard definition: EA and HOD have implemented the delegations framework set out in the PSA and PSR.			
Standards	**Evidence**	**Moderation Criteria**	**Level**
Department has no delegations in place.			Level 1
Department delegation(s) in place but these do not comply with the Public Service Act and Public Service Regulations	• Documents to show actions taken thus far	• Moderators to check that evidence documents are valid for level 2	Level 2
Department's delegations are compliant with the Public Service Act and Public Service Regulations	• Approved delegation document(s)	• Delegation document(s) must specify the following: Delegations in terms of the PSA Delegations in terms of the PSR Delegations from Executive Authority to Head of Department (EA can only delegate to HOD) Delegations from Head of Department to other Performer Levels (only the HOD can delegate to lower levels in the organisation) • Verify evidence of EA to HOD and HOD to other Performer Levels delegations for the following sections in the PSA: • Use section 9 of the PSA (about appointments) or section 13 (appointments, promotion and transfers); and • Use section 17 (1) (a) of PSA (deals with dismissals). • Cover/first page of delegation document(s) must be dated and signed by the Delegator (EA or HOD) • All pages of delegation document(s) must be initialled by the Delegator (EA or HOD) to avoid unauthorised changes • Conditions of delegations must be specified.	Level 3
Level 3 plus: Delegations from the EA to the HOD and to all relevant performer levels are appropriate for the levels	Level 3 plus: • Delegation document(s) clearly indicates delegations to different levels and regional offices if applicable	Level 3 plus: • Check if delegations are referenced in performance agreements of two (2) DDG positions/ or one level below HOD positions) • HOD delegations to lower tiers e.g. Regional Office of large departments (Check Section 9 and 17 (1) (a) for Regional delegations) • Check against guidelines	Level 4

2.7 Performance Area: Delegations			
2.7.2 Standard name: Approved HOD delegations for financial administration in terms of the PFMA			
Standard definition: Departments have financial delegations in place in format prescribed by the PFMA and audited.			
Standards	**Evidence**	**Moderation Criteria**	**Level**
Department has no financial delegations.			Level 1
Department has financial delegations in place not aligned to Treasury guidelines.	• Documents to show actions taken thus far	• Moderators to check that evidence documents are valid for level 2	Level 2
Department has financial delegations in place and aligned to Treasury guidelines and approved structure.	• Approved delegations document - IA to verify and ensure that the delegations are initialled on each page *(reflecting when last were they approved)* • Delegations register updated • Delegations aligned to organisational structure	• Delegations must at least be from Accounting Officer to CFO and other officials: • Delegations register must be approved • Cover/first page must be dated and signed by Accounting Officer • All pages must be initialled by Accounting Officer to avoid unauthorised changes • Conditions of delegations must be specified	Level 3
Level 3 plus: Delegations from Accounting Officer to all relevant performer levels are appropriate for the levels.	Level 3 plus: • Delegations adhere to guideline	Level 3 plus: • Conditions of delegations to be specified for risk management • Delegations to financial committees (e.g. Bid Committee) • There must be two sets of delegations – one for PFMA and one for Treasury Regulations (move to level 3 next year).	Level 4

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			
Standards	**Evidence Documents**	**Moderation Criteria**	**Level**
Department does not have: Corporate Governance of ICT Policy Corporate Governance of ICT Charter ICT Plan ICT Implementation Plan ICT Operational Plan			Level 1
Department has draft: Corporate Governance of ICT Policy Corporate Governance of ICT Charter ICT Plan ICT Implementation Plan ICT Operational Plan	• Draft policy, charter, and plans	• Moderators to verify that the evidence documents are valid for level 2	Level 2
Department has approved: Corporate Governance of ICT Policy Corporate Governance of IT Charter ICT Plan ICT Implementation Plan ICT Operational Plan	• Approved policy, charter and plans	• Moderators to verify that documents have been approved by the relevant authority	Level 3
Level 3 plus: Department reviews its ICT plan, ICT implementation and ITC operational plan at least every three years	Level 3 plus: • Evidence of review of plans	Level 3 plus: • Moderators to verify that ICT Plan, ICT Implementation Plan and ICT Operational Plan reviewed at least every 3 years	Level 4

2.9 Performance Area: Promotion of Administrative Justice			
2.9.1 Standard name: Compliance with PAJA			
Standard definition: The department follows the prescribed procedures of PAJA when making administrative decisions			
Standards	**Evidence Documents**	**Moderation Criteria**	**Level**
Department has not documented processes of core functions, for administrative decisions or processes for communicating administrative decisions, or procedures for appeals against administrative decisions			Level 1
Department has documented processes of core functions (e.g. social grant) for its administrative decisions Department has documented processes for communicating its administrative decisions Department has documented procedures for appeals where applicable or judicial reviews against its administrative decisions	• Procedures documents for administrative decisions	• Moderators to check that evidence documents are valid for level 2	Level 2
Department makes administrative decisions in terms of empowering legislation. Department's administrative decisions are made by those with delegated authority. Department makes administrative decisions that are procedurally fair. Department follows prescribed procedures for communicating its administrative decisions Department provides the opportunity to request reasons.	• Procedures documents for administrative decisions	**PSC secondary data to be used (where available)** **Lawful decisions:** • Decisions are made in terms of empowering legislation or policy. • Decision-maker is authorised to make the decision in terms of delegation **Reasonable and procedurally fair decisions:** • Prior notice given • Adequate reasons provided for the decision • Opportunities given for representation • Persons notified of their right to appeal the decision • Reasons for decision are provided within 90 days of request	Level 3
All above in level 3 plus: Department periodically reviews and improves its processes to ensure that they comply with PAJA. Department engages in on-going process of awareness and capacity building of staff on PAJA	All above in level 3 plus: • Report on review of process to meet PAJA requirements • Evidence of actions taken as a result of the process review • Examples of awareness and capacity building programmes	All above in level 3 plus: Moderators to check that evidence documents are valid for level 4.	Level 4

NOTE: PAJA will not be moderated in 2012/2013 round of MPAT, so evidence documents should not be uploaded

Key Performance Area 3: Human Resource Management

3.1 Performance Area: Human Resource Strategy and Planning			
3.1.1 Standard name: Human Resource Planning			
Standard definition: Departments comply with and implements the human resource planning requirements. A MTEF Human Resources plan has been developed and approved by the relevant authority.			
Standards	**Evidence Documents**	**Moderation Criteria**	**Level**
Department does not have an Human Resources Plan			Level 1
Department has a draft Human Resources Plan	• Draft Human Resources plan	Moderators to check that evidence documents are valid for Level 2	Level 2
Department has an approved Human Resources Plan Human Resources Plan was submitted to DPSA by due date Department submits implementation progress reports to DPSA	• Plan submitted to DPSA • Implementation progress report	Moderators to check that department's plans are compliant to: • DPSA's format (template) • Submission by due date • Quality of the HR plan meets DPSA standards • (DPSA will provide a report reflecting how departments are meeting the above criteria and this report will be used for the moderation)	Level 3
Level 3 plus: Department has a plan to ensure the continuous supply of critical skills Management considers and acts on analysis of human resource planning information.	Level 3 plus: • Plan to ensure supply of critical skills • Progress report on the plan to ensure supply of critical skills • Minutes of management meetings where human resource planning information was discussed.	Level 3 plus: • Evidence reflects the implementation against the plan • Evidence of robust discussions is reflected in the minutes of the management meeting • Evidence reflects that informed decisions are taken and reflected in action plans	Level 4

3.1 Performance Area: Human Resource Strategy and Planning			
3.1.2 Standard name: Organisational Design and Implementation			
Standard definition: Departments comply with requirements for consultation, approval and funding of their organisation structure			
Standards	**Evidence Documents**	**Moderation Criteria**	**Level**
Department does not have an approved organisational structure			Level 1
Department has an approved structure Approved structure is not implemented	• EA approval of organogram	• Moderators to check that evidence documents are valid for level 2	Level 2
Department is implementing the approved organisational structure Approved structure in line with MTEF Only funded posts are captured on PERSAL. Consultation with the MPSA if required	• Schedule of changes in terms of numbers and levels of SMS • Concurrency letter from MPSA	• Reflect against PERSAL report on the unfunded ration that only funded structure is captured • Moderators will check against the DPSA information to see that they have approved structure, date, etc.	Level 3
Level 3 plus: Department organisation structure is based on assessment of functions	Level 3 plus: • Proof of application of Organisational Functional Assessment tool or similar assessment	Level 3 plus: • Evidence reflects service delivery model, mandates and budget • Review must have been done in last or current financial year	Level 4

3.1 Performance Area: Human Resource Strategy and Planning			
3.1.3 Standard name: Human Resources Development Planning			
Standard definition: Departments have a Human Resources Development Plan that is approved and implemented			
Standards	**Evidence Documents**	**Moderation Criteria**	**Level**
Department does not have an HRD plan			Level 1
Department has a draft HRD plan	• Draft HRD plan	• Moderators to check that evidence documents are valid for level 2	Level 2
Department submits annual HRD implementation plan to the DPSA (first draft – 31 March and final plan - 30 June) Department submits HRD Monitoring & Evaluation report on implementation by 30 September Department meets target for interns and interns with disabilities HRD plan meets race, gender and disability targets	• Approved HRD plan • DPSA report on submission of HRD plans (secondary data will be provided by DPSA) • HRD Monitoring and Evaluation report • Report on interns, learnerships, artisan and technical apprenticeships	• Verify submission of approved plan to DPSA • HRD plan must be signed by the DG/HOD • Verify that department's HRD plan incorporates equity targets • Verify if 5% of total employment must comprise interns, learnerships, artisan and technical apprenticeships • 4% of all internships must be for people with disability	Level 3
Level 3 plus: HRD plan ensures adequate quality and quantity of skills required in the department	Level 3 plus: • DPSA assessment report of HRD plan (secondary data)	Level 3 plus: • Moderators will reflect on the DPSA assessment of HRD plan.	Level 4

3.2 Performance Area: Human Resource Practices and Administration			
3.2.1 Standard name: Pay sheet certification			
Standard definition: Departments have a process in place to manage pay sheet certification and quality control.			
Standards	**Evidence Documents**	**Moderation Criteria**	**Level**
No process in place to manage monthly pay sheet certification			Level 1
Pay sheet certification process is in place but is not implemented or only partially implemented	• AG report on pay sheet certification (secondary data)	• Moderators to check that evidence documents are valid for level 2	Level 2
Pay sheet certification process is in place Pay sheet certification process is fully implemented on a monthly basis Discrepancies are corrected in the system	• AG report on pay sheet certification (secondary data) • Internal audit report if audited	• Moderators reflect on the existence of the evidence • Moderators reflect on the AG report on pay sheet certification	Level 3
Level 3 plus: Process of transferring and terminating staff in place to avoid fruitless expenditure. Analysis is performed on payroll certification to identify possible "ghost workers" and implement corrective measures if necessary	Level 3 plus: • Termination and transfer procedures • Analysis of pay sheet certification	Level 3 plus: • Evidence exists reflecting procedures at termination and transfers to avoid "ghost-workers" • Check payroll analysis report to see if risks are identified and actions are taken	Level 4

3.2 Performance Area: Human Resource Practices and Administration			
3.2.2 Standard name: Application of recruitment and retention practices			
Standard definition: Departments have recruitment practices that adhere to regulatory requirements and retention strategies are in line with generally acceptable management standards.			
Standards	**Evidence Documents**	**Moderation Criteria**	**Level**
Department does not comply with PSR for recruitment processes			Level 1
A recruitment process has been approved which is compliant to PSR, but is not fully or consistently implemented.	• Standard operating procedure or policy for recruitment	• Moderators to check that evidence documents are valid for level 2	Level 2
A recruitment process with clear roles and responsibilities has been approved and is fully and consistently implemented 90% of positions filled in the previous 12 months were filled within 4 months Exit interviews are conducted with all employees leaving the department	• Standard operating procedure or policy for recruitment • Delegations register • AG findings on the recruitment process (secondary data will be provided by AG) • Report on findings from exit interviews	• Verify the existence of a recruitment process • Moderators will reflect on the AG findings on the recruitment process • Appointment of DG and DDGs in line with provisions of protocol document will be verified against DPSA report • Delegation register clarifying roles and responsibilities regarding recruitment • Moderation will use DPSA reports on filling of vacancies to check against department's assessment • Verify the existence of a report on the conducting of exit interviews within the department	Level 3
Level 3 plus: All funded vacant posts filled within 4 months. Analysis done on exit interviews, and actions taken Assessment of working environment performed and improvements implemented	Level 3 plus: • HR Plan • Report on analyses of exit • Working environmental assessment report	Level 3 plus: • Use DPSA reports on filling of vacancies to check against department's assessment • Priorities in HR Plan are addressed in recruitment practices	Level 4

3.2 Performance Area: Human Resource Practices and Administration			
3.2.4 Standard name: Management of diversity			
Standard definition: Departments have management practices that support the management of diversity within the department.			
Standards	**Evidence Documents**	**Moderation Criteria**	**Level**
Department does not submit its Job Access Strategic Framework (Disability) Report to DPSA Department does not submit Gender Equality Strategic Framework			Level 1
Department submits its Job Access Strategic Framework (Disability) Report to DPSA Department submits Gender Equality Strategic Framework	• Job Access Report • Gender Equality Strategic Framework	• Moderators to check that evidence documents are valid for level 2	Level 2
Department submits its Job Access Strategic Framework (Disability) Report to DPSA Department submits Gender Equality Strategic Framework Department meets minimum targets of 50% for SMS Female and 2% for disability	• Job Access Report • Gender Equality Strategic Framework • Employment Equity Plan implementation report (secondary data)	• Check if data is disaggregated across department (race, gender and disability) • Department must meet designated thresholds 50% for female SMS; disability above 2% • Strategy in place to meet equity targets • Reflect on DPSA report on quality assessment of the compliance with PSWMW activities	Level 3
Level 3 plus: Department has initiatives to address perceptions (e.g. stereotyping) regarding diversity	Level 3 plus: • Example of initiatives to address perceptions	Level 3 plus: • Verify existence of initiatives to address perceptions	Level 4

3.3 Performance Area: Management of Performance			
3.3.1 Standards name: Implementation of Level 1-12 Performance Management System			
Standard definition: Departments implement the PMDS in terms of all employees Level 1-12, within the requisite policy provisions.			
Standards	**Evidence Documents**	**Moderation Criteria**	**Level**
Department does not have an approved PMDS in place.			Level 1
Department has an approved PMDS in place	• Approved policy with timelines and structures including roles and responsibilities	• Moderators to check that evidence documents are valid for level 2	Level 2
PMDS is implemented	• Submission of outcome of annual and midterm performance reviews	Check submission for implementation against policy: • Timeliness • Reviews • Annual Assessment • Performance incentives • Signing of agreements/work-plans	Level 3
Level 3 plus: Department actively manages performance outcomes in relation to the development of employees, managing poor performance and recognition of performance	Level 3 plus: • Examples of remedial and/or disciplinary actions taken to address poor performance • Examples of recognition of performance	Level 3 plus: • Within submission of outcome of performance reviews, look for evidence that there is a process in place to manage poor performers. • Verify that the department do recognise performance not necessarily just in monetary value.	Level 4

3.3 Performance Area: Management of Performance			
3.3.2. Standards 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.			
Standards	**Evidence Documents**	**Moderation Criteria**	**Level**
No performance agreements for current cycle are in place			Level 1
Not all have signed performance agreements in place for the current cycle and disciplinary action not taken for non-compliance	• Report on signing of performance agreements	• Moderators to check that evidence documents are valid for level 2	Level 2
All SMS members have signed performance agreements and submitted by due date or disciplinary action taken for non-compliance Regular assessments and feedback sessions performed throughout the year. Mid-year assessments and feedback sessions were performed in previous cycle. Annual assessment for previous cycle finalised by due date Moderation concluded for previous cycle by due date	• Report on signing of performance agreements • Submission of the outcome of the annual assessment process • Report on non-submission of performance agreements • Report on disciplinary action for non-compliance • Report on annual assessment of previous cycle • Report on the moderation process	• Verify 100% compliance to signing of performance agreements or disciplinary action • Verify reporting in annual report on non-compliance with signing of performance agreement and actions taken in respect of non-compliance • Verify that mid-term reviews were completed for all SMS • Verify if annual assessments are completed within relevant assessment cycle. • Verify that assessment of all SMS were completed by due date • Verify completion of the moderation process	Level 3
Level 3 plus: Department actively manages performance outcomes in relation to development, managing poor performance and recognition of performance	Level 3 plus: • Examples of remedial and/or disciplinary actions taken to address poor performance • Examples of recognition of performance	Level 3 plus: • Within submission of outcome of performance reviews, look for evidence that there is a process in place to manage poor performers. • Check for development plans to improve performance.	Level 4

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.			
Standards	**Evidence Documents**	**Moderation Criteria**	**Level**
HOD did not submit a signed performance agreement to the EA.			Level 1
HOD submitted a signed performance agreement to the EA for the current cycle. Performance agreement was not filed with relevant authority	• Proof of submission of performance agreement to EA	• Moderators to check that evidence documents are valid for level 2	Level 2
The signed performance agreement for the current cycle was filed with relevant authority by due date Changes incorporated as directed by relevant authority Submission of the verification statement was submitted on time to relevant authority	• Secondary data from PSC	• Moderators to reflect on PSC report on submission of performance agreements of HODs	Level 3
Level 3 plus: HOD assessment shows a high level of correlation with the institutional performance assessment as reflected in the AG reports, MPAT assessment, etc.	Level 3 plus: • HOD assessment results, AG outcomes and MPAT scores (Secondary data)	Level 3 plus: • Reflect on secondary data	Level 4

3.4 Performance Area: Employee Relations			
3.4.2 Standard name: Management of disciplinary cases			
Standard definition: Departments manage disciplinary cases within the prescribed policies and ensure implementation of recommendations.			
Standards	**Evidence Documents**	**Moderation Criteria**	**Level**
Department does not finalise disciplinary cases within policy requirements			Level 1
Department finalises disciplinary cases within policy requirements but does not capture all cases on PERSAL	• Report on finalisation of disciplinary case	• Moderators to check that evidence documents are valid for level 2	Level 2
Department finalises disciplinary cases within policy requirements All disciplinary cases are captured on PERSAL	• Report on finalisation of disciplinary case • DPSA secondary data	• Reflect on secondary data from DPSA and: • Check if any suspensions are longer than 60 days • Check if cases are finalised within 90 days of identification and 60 days from notice • Check if captured on PERSAL	Level 3
Level 3 plus: Department conducts analysis on nature of misconduct and implements preventive measures.	Level 3 plus: • Analysis done on misconduct cases • Examples of Implementation of recommendations and corrective measures	Level 3 plus: • Analysis should include % of misconduct cases by types of misconduct cases. • Evidence of implementation of a programme or strategy to reduce level of misconduct	Level 4

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.			
Standards	**Evidence Documents**	**Moderation Criteria**	**Level**
Department does not have a procurement plan[1]			Level 1
Department has a procurement plan in place but did not submit to Treasury on time.	• Procurement plan	• Moderators to check that evidence documents are valid for level 2	Level 2
Department has a procurement plan in place that meets Treasury requirements. Procurement plan is submitted to Treasury on time	• Procurement plan • Proof that procurement plan 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, responsibility section and manager, order note.	Level 3
Level 3 plus: Department has a demand management plan[2] in place Department regularly reviews reports on the procurement plan Department has a sourcing strategy that reflects various procurement options for different categories of spend	Level 3 plus: • Demand management plan • Performance/ progress review reports on the procurement plan • Sourcing strategy and implementation plan	Level 3 plus: • Moderators to check that: • Department's procurement plan is linked to an operational plan and the budget • Performance/ progress review reports showing deviation and compliance to procurement plan as well as management actions to address deviations. • Department's sourcing strategy reflects various procurement options, where appropriate	Level 4

1 *Procurement plan: This refers to all the departmental procurement above R500 000 as per the Treasury requirement*
2 *Demand Management plan: This is the comprehensive plan that covers all the departmental procurement needs above and below R500 000*

4.1 Performance Area: Supply Chain Management			
4.1.2 Standard name: Acquisition Management			
Standard definition: Departments have processes in place for the effective and efficient management of entire acquisition process			
Standards	**Evidence Documents**	**Moderation Criteria**	**Level**
Department does not have a supplier database in place			Level 1
Department has a supplier database in place which does not meets NT requirements.	• Sample of supplier database	• Moderators to check that evidence documents are valid for level 2	Level 2
Department has a supplier database in place which meets NT requirements Bid Committees in place and meet when required Codes of Conduct signed by Bid Committee members and SCM practitioners	• Sample of supplier database per commodity • Advertisement to register suppliers • Bid Committee appointment letters for all 3 committees (specification, evaluation and adjudication), • Sample of 3 attendance registers per committee. • Signed Codes of Conduct by Bid Committee members and SCM practitioners (sample of at least 3).	• Moderators must check for evidence that: • Department has a supplier database in place showing suppliers and goods/services offered • Suppliers are invited to register on supplier database • Supplier rotation takes place • Cross functional composition of bid committees • Bid committees meet. • SCM practitioners and Bid Committee members are aware of their ethics obligations • Defaulters register	Level 3
Level 3 plus: Suppliers' performances are updated on the supplier database and information used in future acquisitions	Level 3 plus: • Updated supplier report/ schedule that reflects supplier performance.	Level 3 plus: • Updated supplier database showing supplier performance • Defaulters register	Level 4

4.1 Performance Area: Supply Chain Management			
4.1.3 Standard name: Logistics Management			
Standard definition: Departments have processes in place for managing the entire process of logistics			
Standards	**Evidence Documents**	**Moderation Criteria**	**Level**
Department does not have documented processes for setting inventory levels, placing orders, receiving, inspection and issuing goods			Level 1
Department has documented processes for setting inventory levels, placing orders, receiving , inspection and issuing goods	• Documented process	• Moderators to check that evidence documents are valid for level 2	Level 2
Department implements processes for setting inventory levels, placing orders, receiving, inspection and issuing goods	• Documented process • Reports on receiving and issuing goods (e.g. LOGIS or equivalent)	• Moderators to check that an inventory system is used	Level 3
Level 3 plus: Department has stock holdings and distribution policy which optimizes stockholdings to minimise costs Department conducts internal customer satisfaction survey and takes action on the findings.	Level 3 plus: • Departmental policy on stock holding and distribution • Report on results of customer survey	Level 3 plus: • Department can show departmental policy on stock holding and distribution • Verify that action plans based on recommendations	Level 4

4.1 Performance Area: Supply Chain Management			
4.1.4 Standard name: Disposal Management			
Standard definition: Departments have a strategy or policy in place to dispose of unserviceable, redundant or obsolete goods			
Standards	**Evidence Documents**	**Moderation Criteria**	**Level**
Department does not have a disposal strategy/ policy			Level 1
Department has a disposal strategy/ policy but not implemented	• Disposal strategy /policy documents	• Moderators to verify existence of disposal policy/strategy describing how department disposes of unserviceable, redundant and obsolete goods	Level 2
Disposal committee appointed and disposal meetings are held Department has a disposal strategy/ policy and it is implemented. Department maintains a database of redundant assets.	• Disposal strategy /policy documents • Appointment letters of Disposal Committee • Attendances register of Disposal Committee meetings (last 3 meetings). • Minutes of Disposal Committee (last 3 meetings) • report on redundant unserviceable and obsolete assets	• Moderators to verify existence of: • Disposal policy/strategy describing how department disposes of unserviceable, redundant and obsolete goods • Appointment letters of Disposal Committee members • Minutes of Disposal Committee • Report showing disposable goods	Level 3
Level 3 plus: Department considers financial, social and environmental factors in the disposal processes.	Level 3 plus: • Disposal report.	Level 3 plus: • Department shows that financial, social and environmental factors in disposal processes are considered if applicable • Verify disposal methods	Level 4

4.2 Performance Area: Expenditure Management			
4.2.1 Standard name: Management of cash flow and expenditure vs. budget			
Standard definition: Ensure efficient and effective process for management of cashflow and expenditure vs. budget			
Standards	**Evidence Documents**	**Moderation Criteria**	**Level**
Department does not have a Cash-flow projection			Level 1
Department has a Cashflow projection and not submitted to relevant Treasury on time	• Cashflow projection	• Moderators to verify existence of Cashflow projection	Level 2
Department has a Cashflow projection and is submitted to relevant Treasury on time Department spending falls within planned projections	• Cashflow projection • Department expenditure report	• Moderators to verify submission of Cashflow projections • Moderators to reflect whether department spend is within projections • Moderators check reasons for deviations	Level 3
Level 3 plus: Management regularly reviews expenditure vs planned budgets and takes actions to prevent under/over expenditure Department has a process in place to manage spending spikes in February and March	Level 3 plus: • Report on reviews of expenditure vs budget • Process to manage spending spikes	Level 3 plus: • Moderators check management action to correct deviations • Moderators check process to manage spending spikes during February/March	Level 4

4.2 Performance Area: Expenditure Management			
4.2.2 Standard name: Payment of suppliers			
Standard definition: Effective and efficient process for the payment of suppliers.			
Standards	**Evidence Documents**	**Moderation Criteria**	**Level**
Department does not submit monthly exception reports to Treasury on payment of suppliers			Level 1
Department does submit monthly exception reports to Treasury on payment of suppliers after stipulated timeframe	• Exception reports for the previous months in the current financial year	• Moderators to confirm submission of exception reports	Level 2
Department does submit monthly exception reports to Treasury on payment of suppliers Department has an invoice tracking system	• Exception reports for the previous months in the current financial year • Business processes of the invoice tracking system	• Moderators to confirm submission of exception reports • Proof of invoice tracking system/ supplier invoice reports showing suppliers, invoice submission date, invoice payment authorisation, invoice payment date	Level 3
Level 3 plus: Management investigates reasons for non-payments within 30 days and introduces improved systems and controls to prevent recurrence of late payments OR There no exceptions for the current financial year	Level 3 plus: • Investigation report • Report on improvements • Exception reports for the previous months in the current financial year	Level 3 plus: • Verify that exception reports are zero OR • Improvements are implemented to prevent recurrence	Level 4

4.2 Performance Area: Expenditure Management			
4.2.3 Standard name: Management of unauthorised, irregular, fruitless, and wasteful expenditure			
Standard definition: Ensure efficient and effective process in place to prevent and detect unauthorised, irregular, fruitless and wasteful expenditure			
Standards	**Evidence Documents**	**Moderation Criteria**	**Level**
Department does not have a process in place to prevent and detect unauthorised, irregular, fruitless and wasteful expenditure			Level 1
Department has a process in place to prevent and detect unauthorised, irregular, fruitless and wasteful expenditure	• Documented process	• Moderators to verify existence of process	Level 2
Department has a process in place to prevent and detect unauthorised, irregular, fruitless and wasteful expenditure Management identifies fruitless and wasteful expenditure, investigates reasons, communicates management findings to responsible officials and takes disciplinary actions against negligent officials Department addresses audit findings on fruitless, unauthorised and irregular expenditure	• Documented process • Management feedback to responsible officials • Disciplinary action taken against negligent officials or condonement of unauthorised, irregular, fruitless and wasteful expenditure	Moderators to verify existence of: • Process to prevent and detect unauthorised, irregular, fruitless and wasteful expenditure • 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 condonement of unauthorised, irregular, fruitless and wasteful expenditure	Level 3
Level 3 plus: Management analyses and introduces controls and systems to prevent recurrence	Level 3 plus: • Report on analysis and improvements • Documented preventive measures	Level 3 plus: • Moderators to check appropriateness of preventative measures	Level 4

Notes

Notes

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DEPARTMENT: PERFORMANCE MONITORING AND EVALUATION