



MANAGEMENT PERFORMANCE ASSESSMENT TOOL



planning, monitoring
& evaluation

Department:
Planning, Monitoring and Evaluation
REPUBLIC OF SOUTH AFRICA

MPAT 2016 STANDARDS

Key Performance Area 1:
Strategic Management

KEY PERFORMANCE AREA 1: STRATEGIC MANAGEMENT PERFORMANCE INDICATORS

Performance Indicators will be piloted in the MPAT 2016 assessment

No	DESCRIPTOR/INDICATOR	VALUE	INTERPRETATION	Source	MPAT Standard
1	Percentage of targets achieved against those planned for in the APP	%	<p>Departments should strive for a 100% achievement of the planned targets in the APP. If achievement is lower than 80% (actual achieved), it is indicative of the quality of plans the department may have and brings doubt as to whether the department is using the plan to guide implementation. This is even more so when more than 80 per cent of the budget is spent.</p> <p>Departments should be mindful that plans are management tools to deliver on departmental mandate.</p>	2015/16 Annual Report	1.1.2
2	Virements	%	<p>As part of good management practice, departments should in as far as possible have minimum virements in the year. This indicates that the departments are implementing plans and are using the plans as management tools.</p> <p>The virement threshold is 8 per cent of the total vote (PFMA: Sec 42 (2). If the virements are more than the 8 per cent, this indicates that the department is not adhering to the plan nor does it use it as a management tool</p>	2015/16 Annual Report	1.1.1 and 1.1.2
3	Auditor General finding on the reliability of performance information	AG finding	<p>The AG will in future express 2 audit opinions: on the financial statements and on the performance information of departments. Departments should put in place systems and processes to ensure the credible and reliable collection of data.</p> <p>If the AG raises concerns on the reliability of performance information, this indicates that the current systems in place are not adequate to ensure reliability and credibility of performance information. This further indicates that management of the department draw decisions on unreliable data in-year.</p>	2015/16 Annual Report	1.1.3

¹1.1 Performance Area: Strategic Planning		
1.1.1: Standard name: Strategic Plans (2015/2020)		
<p>Standard definition: Extent to which strategic planning is 1) based on analysis, 2) aligned with the Medium Term Strategic Framework (MTSF) and/or Provincial priorities, and with Delivery Agreements as well as 3) considered on an annual basis in respect of relevance of the strategic plan to the current planning year 4) Aligned to the Framework for Strategic Plans and Annual Performance Plans.</p> <p>Importance of the Standard: A strategy is a systematic plan of action that departments/institutions intend to take in order to achieve their objectives. Strategies are dynamic and may need to be modified based on new knowledge or changes in policy or operational circumstances of an institution/department. Strategic plans must ideally not be changed over the five years of the plan, however can be updated when required during the five year period to address issues in the current operating environment of a department/institution. Such changes should be limited to revisions related to significant policy shifts or changes in the service delivery environment. It is good management practice to consider the strategic plan each year in preparation of the annual performance plan so as to ensure its relevance to the volatile environment.</p>		
<p>Relevant Legislation and Policy: Framework for Strategic Plans and Annual Performance Plans. Treasury; TR 5.2.1, the strategic plan must form the basis for the annual reports of accounting officers as required by Sections 40(1) (d),(e), and (f) of the Public Finance Management Act, 1999; TR 5.3 Evaluation of performance [Section 27(4) read with 36(5) of the PFMA; Public Service Regulations: Treasury Regulations require strategic plans to comply with Chapter 1, Part III B of the Public Service Regulations, 2001.</p>		
Performance Indicator 2: Virements		
Standards	Evidence Documents	Moderation Criteria
<ul style="list-style-type: none"> Department does not have an approved strategic plan, or Department's approved strategic plan does not adhere to the Framework for Strategic Plans and Annual Performance Plans 		
<ul style="list-style-type: none"> The department's approved strategic plan is partially compliant² with the Framework for Strategic Plans and Annual Performance Plans. 	<ul style="list-style-type: none"> Signed-off (2015-2020) Strategic Plan 	<p>Moderators to make use of the checklist to assess partial compliance to the Framework for Strategic Plans and Annual Performance Plans:</p> <ul style="list-style-type: none"> Partially compliant indicates that a department has strategic objectives however these are not measurable with a SMART 5 year target

¹ MPAT 1.5 analysis of the Strategic Plan will remain relevant in terms of the planning framework unless the Strategic Plan has been re-tabled

² Partially compliant indicates that a department has strategic objectives however these are not measurable with a SMART 5 year target (***please see annexure to KPA 1 standard for the checklist based on the framework***).

<ul style="list-style-type: none"> • Submission of the 2nd draft 2015-2020 Strategic Plan was on time to DPME/OTP/PT (if the 2015-2020 Strategic Plan is re-tabled in 2016/17 financial year) • Department's approved Strategic Plan is fully compliant³ with the Framework for Strategic Plans and Annual Performance Plans (excluding TIDs for strategic objectives). • There is a clear link between the approved strategic plan and MTSF (analysis from MPAT 1.5 is used, unless it's a re-tabled strategic plan in 2016/17 financial year) / Provincial Priorities. 	<ul style="list-style-type: none"> • Proof of submission of 2nd draft Strategic Plan 2015-2020 to DPME on time (secondary data) • Approved/signed-off 2015-2020 Strategic Plan. • Indicate page numbers in the approved 2015-2020 Strategic Plan where the link to the MTSF/PGDS/Provincial Priorities is explained (Make use of comments column on the MPAT system). 	<p>Moderators to confirm :</p> <ul style="list-style-type: none"> • If the 2nd draft Strategic Plan (if the Strategic plan is re-tabled) was submitted on time (secondary data). • If the Strategic Plan is fully compliant with the Framework for Strategic Plans and Annual Performance Plans by making use of the checklist. • If there is a clear link between the Strategic Plan and the MTSF/Provincial priorities in the page numbers provided by the department.
<p>All level 3 requirements and:</p> <ul style="list-style-type: none"> • The department has published the technical descriptions⁴ (in the department's website or as an annexure to the Strategic Plan) for the strategic objectives in the 2015- 2020 Strategic Plan (requirement of the Framework for Strategic Plans and Annual Performance Plans)⁵ • The department factors in analysis by DPME in finalising Strategic Plans(if re-tabled) 	<p>All level 3 evidence documents and:</p> <ul style="list-style-type: none"> • Technical descriptions for strategic objectives (published in the departmental website or as an annexure to the Strategic Plan) • A re-tabled Strategic Plan submitted has fully factored in the inputs provided by the DPME Planning Unit, if not, the department to give reasons why not, signed by the Head of Planning 	<p>Moderators to confirm:</p> <ul style="list-style-type: none"> • The department has published the technical descriptions (in the department's website or as an annexure to the Strategic Plan) for the strategic objectives in the 2015- 2020 Strategic Plan. • If feedback of the 2nd draft by DPME was fully factored in preparation and finalisation of the re-tabled 2015 – 2020 Strategic Plan (if re-tabled).

³ Fully compliant indicates that the department fully complies with the checklist (***please see annexure to KPA 1 standard for the checklist based on the framework***).

⁴ The technical descriptions for **strategic objectives** should either be included as an annexure to the Strategic Plan or published on the departmental website.

⁵ A department will be at level 4 if it did not re-table the 2015-2020 strategic plan, and it complies with all the requirements of level 3 and they contain technical descriptions as per bullet number 1 of level 4.

1.1 Performance Area: Strategic Planning		
1.1.2 Standard name: Annual Performance Plans (2016/17 Annual Performance Plan)		
<p>Standard definition: Extent to which the contents of the Annual Performance Plan (APP 1) comply with the Framework for Strategic Plans and Annual Performance Plans 2) and are aligned to the departmental Strategic Plan</p> <p>Importance of the Standard: The objective of this standard is to determine if a department’s Annual Performance Plan sets out how, in a given financial year and over the MTEF period, it will realise its goals and objectives set out in its Strategic Plan. In elaborating upon this, the document should set out performance indicators and quarterly targets for budget programmes (and sub-programmes where relevant).</p>		
<p>Relevant Legislation and Policy: TR (Chapter 5) 5.2.1, The Annual Performance Plan should link to the Strategic Plan and must form the basis for the annual reports of accounting officers as required by sections 40(1)(d),(e), and (f) of the Public Finance Management Act, 1999; Programme Performance Information Framework Chapter 3 Page 14; Framework for Strategic plans and Annual Performance Plans N. Treasury Page 1 – 2 and Annexure B and C.</p>		
Performance Indicator 1: Percentage of targets achieved against those planned for in the APP		
Performance Indicator 2: Virements		
Standards	Evidence Documents	Moderation criteria
<ul style="list-style-type: none"> • Department does not have an approved 2016/17 Annual Performance Plan, or • Department’s approved 2016/17 Annual Performance Plan does not adhere to the Framework for Strategic Plans and Annual Performance Plans 		

<ul style="list-style-type: none"> Department's approved 2016/17 Annual Performance Plan is partially compliant⁶ with the Framework for Strategic Plans and Annual Performance Plans. 	<ul style="list-style-type: none"> Approved 2016/17 Annual Performance Plan. 	<p>Moderators to make use of the checklist to assess partial compliance to the Framework for Strategic Plans and Annual Performance Plans and confirm:</p> <ul style="list-style-type: none"> Partial compliance – indicates that a department has strategic objectives and programme performance indicators however these do not meet all the minimum requirements as per the checklist
<ul style="list-style-type: none"> Department's approved 2016/17 Annual Performance Plan is fully compliant⁷ with the Framework for Strategic Plans and Annual Performance Plans. Department's approved 2016/17 Annual Performance Plan has a clear link to the Strategic Plan. 	<ul style="list-style-type: none"> 2016/17 Annual Performance Plan Strategic objectives and targets are carried through from the Strategic Plan to the 2016/17 Annual Performance Plan (indicate page numbers in the comments column). 	<p>Moderators to confirm and assess :</p> <ul style="list-style-type: none"> If the 2016/17 Annual Performance Plan is fully compliant with the Framework for Strategic Plans and Annual Performance Plans by making use of the checklist. If there is a clear link between the approved 2015-2020 Strategic Plan and the approved 2016/17 Annual Performance Plan (see page numbers provided in the comments column).

⁶Partially compliant indicates that a department has strategic objectives and programme performance indicators however these do not meet all the minimum requirements as per the checklist (***please see annexure to KPA 1 standard for the checklist based on the framework***).

⁷Fully compliant indicates that the department fully complies with the checklist (***please see annexure to KPA 1 standard for the checklist based on the framework***).

<p>All level 3 requirements and:</p> <ul style="list-style-type: none"> • The department assesses 2016/17 Annual Performance Plans of public entities (only for departments with public entities). • The department has mechanisms to operationalize the 2016/17 Annual Performance Plan. • Department reviews it's performance against the 2015/16-2019/20 strategic plan⁸ to inform development of the 2016/17 Annual Performance Plan 	<p>All level 3 evidence documents and:</p> <ul style="list-style-type: none"> • Official communiqué on the analysis of the 2016/17 APP for all public entities (Emails, feedback analysis reports, minutes, etc) • Operational plan <i>or</i> project plans <i>or</i> business plans⁹ <i>or</i> any formal documents used to implement the entire 2016/17 Annual Performance Plan • Documented evidence of review of Strategic Plan (review occurred in 2015-16 to inform the 2016/17 APP) with consideration of previous year's performance¹⁰ 	<p>Moderators to confirm:</p> <ul style="list-style-type: none"> • If the communication contain analysis of the 2016/17 Annual Performance Plan, <i>or</i> • If operational plans are linked to the delivery of the Annual Performance plan. • If the relevance of the review of performance against the Strategic Plan shows that: <ul style="list-style-type: none"> - the Strategic Plan was considered when planning for its implementation for the ensuing year; - previous year's performance and the changing environment have been considered.
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⁸ The assessment of the Strategic Plan should have taken place in the **2015/16 financial year** to inform the development of the 2016/17 APP

⁹ Operational, project or business plans refer to plans that spell out the outputs/activities to be achieved/undertaken to implement the APP.

¹⁰ Examples of documented evidence include: signed-off reports by head of planning, presentations accompanied by signed-off minutes of the strategic planning session.

1.3 Performance Area: Monitoring		
1.3.1 Standard name: Integration of performance monitoring and strategic management		
Standard definition: The department's ability to do monitoring and reporting, produce reliable information, and use this information to inform performance improvement.		
Importance of the Standard: The objective of this standard is to determine if departments use performance information to inform performance improvement in a department. Further, the standard seeks to entrench the ownership culture of organizational performance by management as a collective.		
Relevant Legislation and Policy: TR 5.3.1, The accounting officer of an institution must establish procedures for quarterly reporting to the executive authority to facilitate effective performance monitoring, evaluation and corrective action. Chapter 1, Part III B of the Public Service Regulations, 2001.		
Performance Indicator 3: Auditor General finding on the reliability of performance information		
Standards	Evidence Documents	Moderation criteria
<ul style="list-style-type: none"> Department does not have a M&E or Performance Management Information Policy or Framework. 		
<ul style="list-style-type: none"> Department has an signed-off M&E or Performance Management Information Policy or Framework. 	<ul style="list-style-type: none"> Signed-off M&E or Performance Management Information Policy / Framework. 	Moderators to confirm: <ul style="list-style-type: none"> If the department has a signed-off/approved M&E or Performance Management Information Policy.

<ul style="list-style-type: none"> • Department has an approved M&E or Performance Management Information Policy or Framework that covers the following : <ul style="list-style-type: none"> - Roles and Responsibilities; - Data validation; - Processes and procedures to collect manage and store data that enable the monitoring of progress against targets in the APP (standard operating procedures for management of performance information/data). • Signed-off comprehensive¹¹ quarterly performance reports : <ul style="list-style-type: none"> - Quarter 3 and quarter 4 of 2015/16 - Quarter 1 and quarter 2 of 2016/17 <p>which are based on progress of planned targets as stipulated in the APP.</p> • Signed-off quarterly performance reports are submitted to OTP/DPME/ Relevant Treasury on time (30 days after end of each quarter). 	<ul style="list-style-type: none"> • Signed-off M&E or Performance Management Information Policy / Framework. • Signed-off Comprehensive quarterly performance reports for: <ul style="list-style-type: none"> - Quarter 3 and quarter 4 of 2015/16 - Quarter 1 and quarter 2 of 2016/17 <p>(Quarter 1 and quarter 2 of 2016/17 will only be provided after self-assessment closes, end of September).</p> <ul style="list-style-type: none"> • Proof of submission to OTP/DPME/ Relevant Treasury (e.g., email, letter of acknowledgement, signed route form with a date, receipt register with a date). 	<p>Moderators to confirm:</p> <ul style="list-style-type: none"> • If the signed-off departmental M&E or Performance Management Information Policy has the following elements: <ul style="list-style-type: none"> - Roles and Responsibilities - Data validation - Processes and procedures to collect manage and store data that enable the monitoring of progress against targets in the APP. • If the comprehensive quarterly reports are signed-off by the Accounting Officer, and that the targets relates to the targets in the: <ul style="list-style-type: none"> - 2015/16 APP for Q3 and Q4 - 2016/17 APP for Q1 and Q2 • If the signed-off/approved quarterly reports are submitted to provincial treasury/national treasury/DPME on time by benchmarking the evidence provided with the official submission date (30 days after end of each quarter).
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¹¹ Comprehensive quarterly performance reports that reflect progress against all quarterly performance targets as captured in the 2016/17 Annual Performance Plan as well as the QPR model for national departments and for customised indicators (including province specific targets) for provincial departments.

All level 3 requirements and:

- Department confirms the reliability and accurateness of performance information (Internal audit report and or M&E consolidated report confirming the reliability and accurateness of performance information).
- Department's reported performance information for the 2015/16 APP is **reliable**.
- Departmental **top** management engages with the quarterly progress reports and uses the reports to inform improvements.
- Management engages with the 2015/16 Annual Report.

All level 3 evidence documents and:

- Signed-off internal audit report by Head of Internal audit or consolidated report from the M&E unit signed-off by Head of M&E **confirming the reliability and accurateness of reported performance information (at least one report for 2015/16 and one report for 2016/17)**.
- 2015/16 Annual Report (Auditor-General's finding on predetermined objectives: **reliability of performance information**)
- **Signed-off** minutes of departmental **top** management meeting showing evidence of discussions of departmental performance **or** presentation with a signed-off resolution register of the following:
 - 2015/16 3rd quarter and
 - 4rd quarter progress report **and/or** 2015/16 annual progress report **and**;
 - 2016/17 1st quarter progress report.
 - A 2015/16 **signed-off** Audit Remedial Plan or 2015/16 remedial/improvement plan based on the shortcomings in the 2015/16 Annual Report **or**,
 - Departmental top management meeting discussing **progress** against the shortcomings of the 2015/16 Annual Report (unless there were no shortcomings, e.g. all targets were achieved, no audit concerns raised, governance and financials concerns)

Moderators to confirm:

- If the department provided at least one signed-off internal audit report/M&E report for 2015/16 and one report for 2016/17 that confirms credibility of quarterly performance information.
- If there are no AG findings for the reliability of reported performance information for 2015/16 APP.
- If the minutes of management meetings reflect use of quarterly performance assessments to inform improvements.
- If there is a 2015/16 audit remedial plan /improvement plan based on the shortcomings in the 2015/16 Annual Report **or**,
- If the management minutes show discussions of progress based on the shortcomings of the 2015/16 Annual Report.

The evaluation standard as from MPAT 1.6 is not pilot but full roll-out and will from part of assessment and analysis.

1.3.2 Evaluation		
Standard name: Integration of evaluation and strategic management		
Standards Definition: The extent of capacity, organisation and implementation of evaluations that inform programme/policy/plans or systems design, planning and improvement.		
Importance of the standards: Departments are using evaluations to inform the design, management and/or improvement of programmes/policies/plans or systems, and so undertaking continuous improvement.		
Relevant Legislation and Policy: National Evaluation Policy Framework (2011)		
Standards	Evidence	Moderation Criteria
<ul style="list-style-type: none"> Evaluation system in the department is not formalised and implemented. 		
<ul style="list-style-type: none"> Department has planned capacity to manage/conduct evaluation. 	<ul style="list-style-type: none"> Function including evaluation mandate and expertise Job description or current performance agreement includes evaluation 	<p>Moderators to confirm if:</p> <ul style="list-style-type: none"> Post exists on the approved structures and is funded Evaluation is one of the key functions of the job description or performance agreement
<p>Level 2+</p> <ul style="list-style-type: none"> Relevant staff are in place. Department has approved or adopted guidelines that follow the national evaluation system. 	<ul style="list-style-type: none"> Filled position (Evidence of appointed staff with an evaluation responsibility). Approved departmental document using DPME evaluation guidelines that indicates how they undertake evaluations. 	<p>Moderators to confirm if:</p> <ul style="list-style-type: none"> Post is filled (e.g. current performance agreements or appointment letter) Evidence that departmental evaluation guidelines are in line with, or they have adopted the DPME guidelines.

<ul style="list-style-type: none"> Multi-year evaluation plan that follows the national evaluation system 	<ul style="list-style-type: none"> Current approved multiyear departmental evaluation plan (DEP) that follows the guidelines on the DEP 	<p>Moderator to:</p> <ul style="list-style-type: none"> Verify the existence of the departmental evaluation plan which summarises the evaluations to be conducted over 1-3 years, details of the evaluations to be conducted, funding roles and responsibilities, etc.
<ul style="list-style-type: none"> Department has undertaken at least 1 evaluation of a programme, policy, plan, project or system in the previous 2 years, or is currently undertaking one Each evaluation has a steering committee ensuring effective oversight of the evaluation process Each completed evaluation has an approved management response and improvement plan Departmental evaluations are made public on departmental websites. 	<ul style="list-style-type: none"> Evidence of approved terms of reference or proposal and budget is allocated An approved evaluation report from the last 2 years (not a research report, i.e. has recommendation for specific policies or programmes) Approved minutes of steering committee including the final meeting which approved the report or if approval was via email, then another meeting) Copy of management response and improvement plan for each evaluation and evidence of approval (e.g. minutes, signatures of DG etc) URL link and screenshot of website showing availability of evaluation reports on the departmental website. 	<p>Moderator to confirm/verify:</p> <ul style="list-style-type: none"> Evidence that evaluation is underway or evaluation was completed in the previous 2 years. A steering committee operated to provide effective oversight on the evaluation Existence and approval of management response to the evaluation report Existence and approval of improvement plan based on recommendations from evaluation report Departmental website for evaluations conducted and published.

The Planning Implementation Programme is still a pilot standard in MPAT 1.6

1.3.3 Planning of Implementation Programmes ¹²		
Standard name: Planning of Implementation Programmes		
Standards Definition: The extent of capacity, organisation and implementation of Guidelines for Planning of Implementation Programmes that inform programme design, planning and improvement.		
Importance of the standards: To determine if departments use Guidelines for Planning of New Implementation Programmes to inform the design, management and/or improvement of programmes.		
Relevant Legislation and Policy: Planning of Implementation Programmes (DPME Guideline 2.2.3 for 2014), Cabinet Memorandum 10 of 2014		
Standards	Evidence	Moderation Criteria
<ul style="list-style-type: none"> Guidelines for Planning of New Implementation Programmes are not implemented. 	None	
<ul style="list-style-type: none"> Guidelines for Planning of New Implementation Programmes¹³ partially implemented. 	<ul style="list-style-type: none"> A report which includes diagnostic analysis, high level analysis if options for addressing the problem, target group of the programme 	Moderators to confirm if: <ul style="list-style-type: none"> Diagnostic report exists (refer to page 6 of the guidelines).
<ul style="list-style-type: none"> Guidelines for Planning of New Implementation Programmes fully implemented. 	<ul style="list-style-type: none"> All of the above and A plan reflecting the following: <ul style="list-style-type: none"> the theory of change; activities; roles and responsibilities; risk management plan; cost estimates. 	Moderator to confirm: <ul style="list-style-type: none"> The plan includes information on page 6 and 9 of the guidelines.

¹² A programme is a set of organized but often varied activities directed towards the achievement of specific policy aims. A programme may encompass several different projects, activities and processes and may cross departments or spheres

¹³ Implementation programme refers to policy programmes such as National School Nutrition Programme, Expanded Public Works Programme (EPWP), Maternal Health Programme

<ul style="list-style-type: none">• Implementation programme plan is communicated to all the relevant stakeholders	<ul style="list-style-type: none">• Minutes of meetings of inter-sectorial engagements and or email communications	<p>Moderator to confirm if:</p> <ul style="list-style-type: none">• Minutes of meetings do reflects that Implementation programme plan has been communicated to stakeholders.
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Annexure A

Annexure B

**Key Performance Area 2:
Governance and Accountability**

KEY PERFORMANCE AREA 2: GOVERNANCE AND ACCOUNTABILITY PERFORMANCE INDICATORS

Performance Indicators will be piloted in the MPAT 2016 assessment

NO	PERFORMANCE INDICATOR	VALUE	INTERPRETATION	SOURCE	MPAT STD
	DEPARTMETAL PROFILE				
	Service Delivery Improvement Mechanisms				
1	% of targets met on time in the SDIP as reported in the SDIP Annual Report to the DPSA	%	Activities and targets are put in place in order to ensure service delivery improvement (identified services) takes place over a given time-frame, which is 3 years (MTEF aligned) in this instance.		2.1.1
	Assessment of Accountability Mechanisms (AC)				
2.	# of recurring matters found by the AG in the AG Report	#	Findings raised by the AG and the number of times repeated over a two year financial period. Matrix on recurring matters – to be compiled by IA and also follow-up report on AG findings.		2.3.2
	Assessment of policies and systems to ensure professional ethics				
3.	% of SMS financial disclosures completed on time	%	This indicator measures SMS Financial Disclosures submitted against the number of SMS appointments in a department		2.4.2
	Assessment of Internal Audit arrangements				
4.	% difference of identified fruitless, wasteful and unauthorised expenditure by internal audit vs AG	%	Indicator will measure % of identified fruitless, wasteful and unauthorised expenditure by Internal Audit and by AG.		2.5.1.
	Corporate Governance of ICT				
5	% of project delivered as per project plan % of accessibility of applications	%	This indicator is measures the extent to which departments are spending the planned ICT budget. It provides an indication on whether a department is able to accurately provide financial projections for ICT provides in line with the Annual ICT Plan.		2.8.1
	Access to Information				
6.	Average # of days taken to inform the	#	This indicator measures the average time taken to respond to a requestor of the state information.		2.10.1

NO	PERFORMANCE INDICATOR	VALUE	INTERPRETATION	SOURCE	MPAT STD
	requestor of the decision		According to the Promotion of Access to Information Act it must be done within 30 days		

2.1 Performance Area: Service Delivery Improvement

2.1.1 Standard name: Service delivery improvement mechanisms

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

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

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

Performance Indicators:

DPME suggestion: % of targets met on time in the SDIP as reported in the SDIP Annual Report to the DPSA

Standards	Evidence Documents	Moderation Criteria
<ul style="list-style-type: none"> Department does not have a service charter, service standards and SDIP. 		
<ul style="list-style-type: none"> Department has a draft service charter, service standards and SDIP. 	<ul style="list-style-type: none"> Drafts of Service charter, service standards and SDIP 	<ul style="list-style-type: none"> Moderators to check steps taken by the department towards the drafts and process for their approval. Evidence of consultation with stakeholders/ service recipients.
<p>Level 2+</p> <ul style="list-style-type: none"> Department has an approved SDIP and approved Service Charter displayed however has not consulted its stakeholders/service recipients. 	<p>Evidence to be viewed from level 3</p> <ul style="list-style-type: none"> Reports or minutes (including agendas and attendance registers) of consultation with stakeholders/ service recipients has not been provided. 	<ul style="list-style-type: none"> As per level 3 criteria excluding consultation reports
<ul style="list-style-type: none"> Department has an approved SDIP inclusive service standards signed and approved by Accounting Officer 	<ul style="list-style-type: none"> Approved SDIP with service standards included (new cycle SDIPs 2015/16 – 2017/18 due to DPSA 30 June 2015) – do 	<p>Service standards:</p> <ul style="list-style-type: none"> Cover all services internal and external.

<p>and Executive Authority ⁽²⁺⁾</p> <ul style="list-style-type: none"> • Department has an approved service charter and is displayed at service points ⁽²⁺⁾ • ¹⁴Department regularly and/or systematically consults stakeholders/service recipients on service standards and SDIP. 	<p>not upload if provided during MPAT 2015 as secondary data on submission will be obtained from the DPSA</p> <ul style="list-style-type: none"> • Approved service charter and proof of display at service points and/or website (e.g. photos of display and webpage screenshots -departments must ensure that evidence includes the criteria on the language predominately used at the service point). • Reports or minutes (including agendas and attendance registers) of consultation with stakeholders/ service recipients. 	<ul style="list-style-type: none"> • Service recipients (internal and external) clearly identified. • Service standards are SMART (<u>Secondary Data from DPSA</u>). <p>Service charter:</p> <ul style="list-style-type: none"> • Annual statement approved by the EA (PSR 2001, C.2) • List and cost of services offered and service standards. • Departmental contact details. • Redress mechanisms must be specified (e.g. complaints officer, how to lodge complaint). • Hours of operation. • Published (e.g. website, booklets, posters, reception, web screenshots). • In the official language predominantly used at that service point. • Displayed at service points and/or website. • Accessible to people with disability. <p>SDIP: (If the SDIP framework is approved, use assessment tool content to inform the moderation criteria on the SDIP)</p> <ul style="list-style-type: none"> • Must be a 3 year plan with only one, two or three key services identified for improvement. • Prescribed template has been applied according to the SDIP checklist (e.g. covering letter, situational analysis, problem statement, process mapping, quantity, quality, the Batho Pele principles, HR, time and cost). • Must be signed off by EA and HOD and submitted to
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¹⁴ Regularly consults: consultation with beneficiaries and stakeholders conducted on a quarterly, bi-annual or annual basis
Systematically consults: consultation with beneficiaries and stakeholders when drafting the SDIP and service standards

		<p>DPSA.</p> <p>Consultation with Stakeholders:</p> <ul style="list-style-type: none"> • Moderators to check that minutes and/or reports includes discussion on key services and service standards. • Moderators to check whether departments servicing external beneficiaries/stakeholders have consulted externally.
<p>All level 3 requirements and:</p> <ul style="list-style-type: none"> • Department regularly monitors compliance to service delivery standards and implementation of the approved SDIP. • Management considers monitoring reports on service delivery standards and are used to inform improvements to business processes. 	<p>All level 3 evidence documents and:</p> <ul style="list-style-type: none"> • Progress and monitoring reports (<i>annual reports sent to DPSA by 30 June</i>). • Minutes of management meetings reflecting discussion of results of monitoring of service standards and action plans for improvements. 	<p>Level 3 plus:</p> <p>Service standards:</p> <ul style="list-style-type: none"> • Monitoring reports and complaints are analysed, be annual and feed into improvement plans. <p>Service Charter:</p> <ul style="list-style-type: none"> • Must be service point-specific. <p>SDIP:</p> <ul style="list-style-type: none"> • Reporting on the proposed solutions captured in the SDIP as per proposed reporting template, identification of barriers/challenges towards implementation of further improvement plans. • Improvements proposed to business processes are appropriate for improving service delivery.

2.2 Performance Area: Management Structures		
2.2.1 Standard Name: Functionality of Management Structures		
Standard Definition: Departments have functioning and effective management structures.		
Importance of the Standard: Departments having formalised structures that make decisions, and monitoring the implementation of their decisions.		
Standards	Evidence Documents	Moderation Criteria
<ul style="list-style-type: none"> Department's management structures do not have formal terms of reference and meetings do not take place. 		
<ul style="list-style-type: none"> Department have management structures with draft terms of reference (examples of structures: EXCO, MANCO, MINEXCO, MEC & Dept EXCO). Management meetings are scheduled, meetings take place but minutes are not approved. 	<ul style="list-style-type: none"> Draft terms of reference (or roles and responsibilities) for the management structures. 3 sets of recent and consecutive meetings (as stipulated in the TOR): draft minutes of meetings and attendance registers signed by the chairperson and the secretariat. 	<ul style="list-style-type: none"> Moderators to check that evidence documents are valid for level 2.
<p>Level 2+</p> <ul style="list-style-type: none"> Management meetings take place, approved minutes and action lists submitted, however, the schedule of meetings is not provided. 	<p>Evidence to be viewed from level 3</p> <ul style="list-style-type: none"> Schedule of meetings not provided as evidence. 	<ul style="list-style-type: none"> As per level 3 criteria except for the schedule of meetings.
<ul style="list-style-type: none"> Department has management structures with formal terms of reference.⁽²⁺⁾ Management meetings are scheduled and meetings take place. Management decisions are documented, clear, responsibility allocated and followed through.⁽²⁺⁾ 	<ul style="list-style-type: none"> Approved terms of reference for the management structures signed by the EA or AO. 3 sets of recent and consecutive meetings (as stipulated in the TOR): agenda, approved minutes of meetings signed by the chairperson and secretariat and attendance register reflecting designations. Schedule of meetings. 3 sets of recent and consecutive action lists or matrix for follow-up on decisions. 	<ul style="list-style-type: none"> Check if department has main structures (EXCO, MANCO, MINEXCO, MEC & Dept EXCO). Look for frequency of meetings for each to see if it is in line with TORS for each structure. Check action list – is it clear who has to do what, by when and that actions are followed through.

<p>All level 3 requirements and:</p> <ul style="list-style-type: none">• Senior management meeting agenda focuses on strategic objectives and priorities of department as described in the Strategic Plan and APP.• Senior management also discuss IGR/interdepartmental reports/resolutions such as clusters, outcomes implementation fora and indicators monitored by FOSAD, and assign responsibility for implementation.	<p>All level 3 evidence documents and:</p> <ul style="list-style-type: none">• Minutes and agendas of last 3 management meetings.• Action lists or matrix for follow-up on IGR/interdepartmental requests/resolutions.	<p>Level 3 plus:</p> <ul style="list-style-type: none">• Check agendas and minutes to see if focus is on strategic priorities of department.• Check the action lists or matrix for implementation of IGR/interdepartmental resolutions/requests.
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2.3 Performance Area: Accountability		
2.3.2 Standard Name: Assessment of Accountability Mechanisms (Audit Committee)		
Standard Definition: Departments have properly constituted Audit Committees (or shared Audit Committee) which function in terms of Treasury Regulations requirements.		
Importance of the Standard: To provide assurance on a continuous basis with regard to whether set goals and objectives are achieved in a regular, effective and economical manner.		
Relevant Legislation and Policy: Section 77 of the Public Finance Management Act No 1 of 1999, Section 3.1 of the National Treasury Regulations (2005) and Section 2 of the Internal Audit Framework (2009).		
Performance Indicator: # of recurring matters in the AG report		
Standards	Evidence Documents	Moderation Criteria
<ul style="list-style-type: none"> Department does not have an audit committee in place. 		
<ul style="list-style-type: none"> Department has an audit committee in place and constituted in accordance with Chapter 3 of the National Treasury Regulations.⁽²⁺⁾ 	<ul style="list-style-type: none"> Appointment letters or Service Level Agreement for shared Audit Committee and/or letter on renewal or extension of contract for AC members. 	<ul style="list-style-type: none"> Appointment letters or Service Level Agreement for shared Audit Committee.
Level 2+ <ul style="list-style-type: none"> Department has an Audit Committee in place, it meets as scheduled and has an approved Charter in place, however, does not review it annually. 	<ul style="list-style-type: none"> Evidence to be viewed from level 3 	<ul style="list-style-type: none"> As per level 3 criteria

<p>Department has met all level 2 requirements and:⁽²⁺⁾</p> <ul style="list-style-type: none"> • Audit Committee meets as scheduled.⁽²⁺⁾ • Audit Committee has an approved Audit Committee Charter with clearly defined objectives, key performance indicators.⁽²⁺⁾ • Audit Committee Charter is reviewed annually. 	<p>All level 2 evidence requirements have been met</p> <ul style="list-style-type: none"> • Audit Committee Year Planner. • Approved minutes of last 4 Audit Committee meetings and attendance registers – <i>include the set of minutes where the Audit Committee Charter was reviewed.</i> • Approved Audit Committee Charter accepted by the Audit Committee and approved by the Accounting Officer in consultation with the EA. • Report by Chairperson of Audit Committee (<i>secondary data obtained in the department's Annual Report.</i>) 	<ul style="list-style-type: none"> • Composition of Audit Committees: Capacity of the chairperson, members must be from external person non state (if from state must be approved by NT). • Must be on contract, appointed for a minimum of between 2 and 3 years. • Documentation stating period of appointment and where contract is renewed reflect period of both appointment and renewal. • Four meetings per annum for Audit Committees as per AC Year Planner. • Evidence that the Audit Committee has reviewed its Audit Committee Charter annually. • Audit Committee Charter to include purpose, authority, composition, meetings, remuneration, responsibilities, Audit Committee must have at least reviewed and given recommendations to management on financial statements; risks assessment; internal controls; reports of internal and external audits; and/or audit of performance information. • Check in the Annual Report (secondary data) for the progress reported by AC chairperson as well as whether management responded to specific recommendations of the internal audit.
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<p>All level 3 requirements and:</p> <ul style="list-style-type: none"> • Assessment of Audit Committee by stakeholders such as the AG and departmental managers. • Audit Committee reviews management responses to audit issues and reports thereon. 	<p>All level 3 evidence documents and:</p> <ul style="list-style-type: none"> • The assessment reports (AG assessment scorecard and results from the departmental assessment) on the Audit Committee by stakeholders. • Minutes of the Audit Committee meetings or a report of the Audit Committee on management responses. 	<p>Level 3 plus:</p> <ul style="list-style-type: none"> • Stakeholder satisfaction levels on the performance of the functionality of the Audit Committee. • AC resolutions on internal audit; follow-up audits on management responses.
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2.4 Performance Area: Ethics		
2.4.1 Standard Name: Assessment of policies and systems to ensure professional ethics		
Standard Definition: Departments have systems and policies in place to promote professional ethics and discourage unethical behaviour and corruption.		
Importance of the Standard: The Code of Conduct requires public servants to act in the best interests of the public, be honest when dealing with public money, never abuse their authority, and not use their position to obtain gifts or benefits or accepting bribes. The SMS financial disclosure framework aims to prevent and detect conflicts of interest where they occur. Promotion of just and fair administrative actions of officials in senior positions protects the public service from actions that may be detrimental to its functioning, and that may constitute unlawful administrative actions as a result of ulterior motives.		
Relevant Legislation and Policy: Chapters 2 and 3 of the Public Service Regulations, 2001, as amended on 31 July 2013, Chapter 9 of the SMS Handbook (2003), Financial Disclosure Framework, Section 6 of the Public Sector Integrity Management Framework, Section 195 of the Constitution, no 108 of 1996 and PAJA Act 3 of 2000.		
Performance Indicator: % of SMS financial disclosures completed on time		
Standards	Evidence Documents	Moderation Criteria
<ul style="list-style-type: none"> • Department has no mechanism or standard of providing/ communicating the Code of Conduct to new and existing employees. • Department has no gift policy in place 		<ul style="list-style-type: none"> • Department has no mechanism or standard of providing/ communicating the Code of Conduct to new and existing employees. <p>Department has no gift policy in place</p>
<ul style="list-style-type: none"> • The department has a draft gift policy in place 	<ul style="list-style-type: none"> • Draft gift policy 	<ul style="list-style-type: none"> • The department has a draft gift policy in place
<p>Level 2+</p> <ul style="list-style-type: none"> • The department has an approved gift policy and register in place, however, does not have mechanisms in place for providing/communicating the Code of Conduct. 	<ul style="list-style-type: none"> • Evidence to be viewed from level 3 	<p>Level 2+</p> <ul style="list-style-type: none"> • The department has an approved gift policy and register in place, however, does not have mechanisms in place for providing/communicating the Code of Conduct.

<ul style="list-style-type: none"> • Department has an approved gift policy and gift register in place • Department has a mechanism of providing/communicating sections or provisions of the Code of Conduct to new and existing employees annually. 	<ul style="list-style-type: none"> • Approved gift policy • Approved and populated gift register • Mechanism of providing Code of Conduct to: <ul style="list-style-type: none"> - New employees such as induction programmes (attendance register, programme/agenda and/or proof of attendance to the NSG Compulsory Induction Programme), and - Existing employees such as awareness session on provisions of the Code of Conduct (e.g. schedule of departmental training/awareness sessions, attendance register and programme/agenda). 	<ul style="list-style-type: none"> • Department has an approved gift policy and gift register in place • Department has a mechanism of providing/communicating sections or provisions of the Code of Conduct to new and existing employees annually.
<p>All level 3 requirements and :</p> <ul style="list-style-type: none"> • All employees (levels 1 – 12) completed financial disclosures 	<p>All level 3 evidence documents and:</p> <ul style="list-style-type: none"> • Financial Disclosures policy • Status report on financial disclosures levels 1 - 12 	<p>All level 3 requirements and :</p> <p>All employees (levels 1 – 12) completed financial disclosures</p>

2.4 Performance Area: Ethics		
2.4.2 Standard name: Prevention of Fraud and Corruption		
Standard Definition: Departments have measures and the requisite capacity in place to prevent and combat corruption.		
Importance of the Standard: Combating corruption will improve service delivery, reduce waste, increase respect for human rights, and increase investor confidence.		
Relevant Legislation and Policy: Prevention and Combating of Corrupt Activities, Act 12 of 2004, The Protected Disclosure Act 26 of 2000, The Public Service Anti-Corruption Strategy of 2002, guidelines for implementing minimum anti-corruption capacity requirements in departments, organisational components in the Public Sector, 2006 and Section 195 of the Constitution, no 108 of 1996.		
Performance Indicator:		
Standards	Evidence Documents	Moderation Criteria
<ul style="list-style-type: none"> • Department does not have a Fraud-Prevention Plan and Whistle-Blowing Policy. • Department does not have a required capacity/unit to prevent and combat corruption. 		
<ul style="list-style-type: none"> • Department has a draft fraud prevention plan (indicating institutional arrangements for the implementation of the Minimum Anti-Corruption Capacity requirements) and Whistle-Blowing Policy. 	<ul style="list-style-type: none"> • Draft fraud prevention plan and whistle-blowing policy. 	<ul style="list-style-type: none"> • Moderators to verify existence of draft fraud prevention plan (indicating institutional arrangements for the implementation of the MACC requirements) and Whistle-Blowing Policy.
Level 2+ <ul style="list-style-type: none"> • Department has an approved fraud prevention strategy and whistle-blowing policy, <i>however, with no implementation plans, does not have a register of employees under investigation and only provides feedback on 50 per cent to 79 per cent of NACH cases.</i> 	<ul style="list-style-type: none"> • Evidence to be viewed from level 3 	<ul style="list-style-type: none"> • Moderators to check secondary data from PSC.

<ul style="list-style-type: none"> • Department has an approved fraud prevention strategy that includes a policy statement.⁽²⁺⁾ • Fraud prevention implementation plan. • Department has an approved whistle-blowing policy (separately or part of the fraud prevention plan).⁽²⁺⁾ • Whistle-blowing implementation plan (separately or part of the fraud prevention plan). • Department has minimum required capacity to prevent and combat corruption as per Minimum Anti-Corruption Capacity requirements. • Department provides feedback on anti-corruption hotline cases to PSC within 40 days. • Department applies disciplinary procedures and/or institutes criminal procedures and/or civil procedures where fraud and corruption occur. 	<ul style="list-style-type: none"> • Approved fraud prevention strategy and implementation plan. • Approved whistle-blowing policy and implementation plan. • Approved structure (indicating institutional arrangements) for the implementation of the Minimum Anti-Corruption Capacity requirements or existing unit that performs this function (e.g. internal control/fraud prevention unit). Note: the department should only state in the self-assessment comment box which unit is responsible for this function, the moderator to check the organisational structure uploaded under 3.1.2 • Organisational Design and Implementation • Statistics from PSC on NACH cases (secondary data). • Register of employees under investigation and those disciplined for corruption over the past 12 months (inclusive of but not limited to NACH cases). Note: if the department had no reported cases it should be stated in the self-assessment comment box, the moderator to verify this in the department's Annual Report. 	<ul style="list-style-type: none"> • Approved fraud prevention plan (reviewed at least every two years) which includes: <ul style="list-style-type: none"> - Thorough risk assessment including a corruption risk assessment; - Measures to prevent fraud and corruption; - Capacity building on fraud prevention and corruption; - To whom and how fraud and corruption should be reported; - Reporting on investigations; - Making provision that investigations are conducted without interference; - MACC requirements incorporated into the Anti-Fraud Prevention Strategy and Implementation Plan: must include how the department will address corruption risks, the establishment of the specific anti-corruption components as well as who will be responsible for oversight and monitoring. • Approved Whistle-Blowing Policy and Implementation Plan (incorporated or separate document). Moderators to check that the Whistle-Blowing Policy includes the following: <ul style="list-style-type: none"> - Personal note from the AO; - Purpose of the policy; - Scope; - Who can raise a concern; - Promotion of a culture of openness;
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		<ul style="list-style-type: none"> - Management assurance towards whistle-blowers (safety, confidentiality, how matters will be handled, raising concerns internally, independent advice, external contacts, alternative measures for unsatisfied whistle-blowers). • Moderators to check whether implementation plans on the Fraud Prevention Strategy and Whistleblowing Policy contains clear activities and timeframes within the current financial year • If the department reported on 80 per cent of its cases to the anti-corruption hotline, give them the score. • Moderators to check secondary data from PSC on responses to anti-corruption hotline cases. • Moderators to assess progress on disciplinary actions taken. • Moderators to check annual report on whether any fraud and corruption cases were reported in the past 12 months.
<p>All level 3 requirements and:</p> <ul style="list-style-type: none"> • Department conducts proper fraud and corruption risk assessment to improve internal controls. 	<p>All Level 3 evidence documents and:</p> <ul style="list-style-type: none"> • Risk assessment on fraud prevention as well as progress on mitigation action plan. 	<p>Level 3 plus:</p> <ul style="list-style-type: none"> • Updated progress on mitigating fraud activities and improving internal controls.

2.5 Performance Area: Internal Audit		
2.5.1 Standard Name: Assessment of Internal Audit arrangements		
Standard definition: Departments have internal audit units/capacity that meets requirements of the PFMA.		
Importance of the standard: For improved assurance and provision of advisory services on internal control, risk management and corporate governance within departments.		
Relevant Legislation and Policy: Section 38 (1)(a)(i-ii); 51 (1) (a) (i-ii), 76 of the Public Finance Management Act No 1 of 1999, Section 3.2 of the National Treasury Regulations (2005) and the Internal Audit Framework (2009).		
Performance Indicator: % difference of identified fruitless, wasteful and unauthorised expenditure by internal audit vs AG		
Standards	Evidence	Moderation Criteria
<ul style="list-style-type: none"> Department does not have an internal audit unit or shared capacity. 		
<ul style="list-style-type: none"> Department has an internal audit unit/capacity or shared unit with suitably qualified staff, and skilled staff, or the unit is outsourced and is in accordance with Section 3.2 of the National Treasury Regulations (2005).⁽²⁺⁾ 	<ul style="list-style-type: none"> Internal Audit Structure Note: do not upload the structure, the moderator to check the organisational structure uploaded under 3.1.2 Organisational Design and Implementation. In the case of shared service upload the structure Internal Audit staff profile (number, rank and qualifications) or service level agreement with service provider. 	<ul style="list-style-type: none"> Structure and staff profile of internal audit unit (number, rank and qualifications) or service level agreement with the service provider or evidence of shared services.
Level 2+ <ul style="list-style-type: none"> Department complies with all level 3 statements, however, has an external QAR which has lapsed during the past 12months AND/OR has a draft latest external QAR. 	Evidence to be viewed from level 3 <ul style="list-style-type: none"> Draft external QAR 	<ul style="list-style-type: none"> Moderators to check when the latest QAR lapsed within 12 months after expiration and whether the draft QAR was submitted.

<p>All level 2 requirements and: ⁽²⁺⁾</p> <ul style="list-style-type: none"> • Department has an approved three-year strategic internal audit plan and annual internal audit plan that is risk based and monitored quarterly. ⁽²⁺⁾ • The internal audit unit/capacity or shared unit has an approved internal audit charter. ⁽²⁺⁾ • The internal audit unit periodically conducts internal assessments in terms of ISPPIA 1311. ⁽²⁺⁾ • Internal audit unit/capacity or shared unit has been subjected to an external review at least once every 5 years in terms of ISPPIA 1312 (if applicable). 	<p>All level 2 evidence requirements have been met and:</p> <ul style="list-style-type: none"> • Approved three-year and annual internal audit plan. • Quarterly progress reports. • Approved Internal Audit Charter as accepted by the Accounting Officer and approved by the Audit Committee. • Internal IA assessment report. • Latest External Quality Assurance Review Report (External 5-year review) by the IIASA or other Accredited Assessor who meets the requirements of Standard 1312. 	<ul style="list-style-type: none"> • The three (3) year and annual audit plan is based on the risk assessment including audit work scope detailing what the audit coverage will be and approved by the Audit Committee. • Quarterly Internal Audit performance reports submitted to Audit Committee members and management summarising results of audit activities. • Internal Audit Charter signed by the Accounting Officer and chairperson of the Audit Committee. • Moderators to check whether the internal assessment conducted appraises among others the compliance with the IAA Charter, compliance with the IAA methodology and compliance with the IIA Standard 1311. • External Quality Assurance who meets the Standard 1312 requirements – review by qualified assessor (not only the institute). • The State of Readiness Report must not be accepted as a replacement for the external QAR, hence departments must not be scored based on the said report.
<p>All level 3 requirements and:</p> <ul style="list-style-type: none"> • Management acts on internal audit recommendations. 	<p>All Level 3 evidence documents and:</p> <ul style="list-style-type: none"> • Follow-up audit reports for 2015/16 financial year audits inclusive of management responses. 	<p>Level 3 plus:</p> <ul style="list-style-type: none"> • Internal audit reports reflecting progress on management responses, findings and recommendations/action plan (follow-up).

2.6 Performance Area: Risk Management		
2.6.1 Standard Name: Assessment of risk management arrangements		
Standard Definition: Departments have basic risk management elements in place and these function well.		
Importance of the Standard: Unwanted outcomes or potential threats to efficient service delivery are minimised or opportunities are created through a systematic and formalised process that enables departments to identify, assess, manage and monitor risks.		
Relevant Legislation and Policy: Section 38 (1)(a)(i); 51 (1) (a) (i), 77 of the Public Finance Management Act No 1 of 1999, Section 27.2 of the National Treasury Regulations (2005) and Public Sector Risk Management Framework (2010) and Chapter 4 of the King III report (2009).		
Performance Indicator:		
Standards	Evidence Documents	Moderation Criteria
<ul style="list-style-type: none"> Department does not have a risk management function/capacity. 		
<ul style="list-style-type: none"> Department has a risk management function/capacity with suitably qualified and skilled staff, or combined with internal audit unit or the unit is outsourced. Department has risk management committee in place. 	<ul style="list-style-type: none"> Risk Management Structure Note: do not upload the structure, the moderator to check the organisational structure uploaded under 3.1.2 Organisational Design and Implementation. In the case of shared service upload the structure Staff profile of risk management capacity or function (number, rank and qualifications) or service level agreement with service provider. Appointment letters for RMC members Approved RMC terms of reference. Approved/signed minutes of last 3 consecutive Risk Committee meetings. 	Composition of Risk Management Committee: <ul style="list-style-type: none"> The RMC appointed by Accounting Officer/ EA. RMC comprise both management and external members. Chairperson of the RMC should be an independent external person appointed by the Accounting Officer of EA.

<p>All level 2 requirements and:</p> <ul style="list-style-type: none"> • Department has completed a strategic risk register or reviewed it in the past financial year. • Department has a risk management policy and risk management plan recommended by the RMC and approved by the Accounting Officer. • Risk management function/capacity regularly reports to the Risk Management Committee on the implementation of the risk management plan and emerging risks (if any). 	<p>All level 2 evidence requirements have been met</p> <ul style="list-style-type: none"> • Risk assessment report and/or RMC/AC minutes reflecting the review process followed. • Strategic Risk Register (2016/17). • Approved risk management policy • Approved risk management plan. • Quarterly progress reports (quarter 3&4 of previous year and quarters 1 of current year) on the implementation of the risk management plan and emerging risks (if any) to the Risk Management Committee or the Audit Committee. 	<ul style="list-style-type: none"> • Public Sector Risk Management Framework to be basis of criteria: <ul style="list-style-type: none"> - 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/or Audit Committee. • Alignment between risk identified in the Strategic plan and APP and the risk management plan (check evidence in KPA1 under 1.1.2). • Process of review must be checked in the relevant Risk Management Committee minutes and Audit Committee minutes where the Risk Register was reviewed and adopted.
<p>All level 3 requirements and:</p> <ul style="list-style-type: none"> • Management acts on risk management reports. 	<p>All Level 3 evidence documents and:</p> <ul style="list-style-type: none"> • Minutes of 3 consecutive management meetings (EXCO and SMS Fora) reflecting engagement on risk information and action taken. • Strategic planning session minutes/report reflecting integration of risk management in the departmental planning process 	<p>Level 3 plus:</p> <ul style="list-style-type: none"> • Moderators to check the EXCO/ MANCO minutes if risk management information was used or considered in making the decision. • If the department indicates that the EXCO forms part of the RMC hence there will not be comprehensive risk management discussion in the EXCO minutes, the moderator to check the RMC terms of reference whether all EXCO members indeed form part of the RMC.

¹⁵ If the entire departmental management constitutes the RMC it must be reflected in the RMC ToR.

2.8 Performance Area: ICT		
2.8.1 Standard Name: Corporate governance of ICT		
Standard Definition: Departments implement the requirements for corporate governance of ICT.		
Importance of the Standard: Improved corporate governance of ICT leads to: effective public service delivery through ICT-enabled access to government information and services, ICT enablement of business, improved quality of ICT service, stakeholder communication, trust between ICT, the business and citizens, lowering of costs, increased alignment of investment towards strategic goals, protection and management of the departmental and employee information.		
Relevant Legislations and Policy: Section 195 of the Constitution, Act 108 of 1996, Section 3 (1) (g) and Section 7 (3) (b) of the Public Service Act, 103 of 1994, Chapter 1, Part III B and Part III E of the Public Service Regulations 2001, as amended on 31 July 2012 and the Corporate Governance of ICT Policy Framework as approved by Cabinet in November 2012.		
Performance Indicator: % of projects delivered as per project plan % of accessibility of applications		
Standards	Evidence Documents	Moderation Criteria
<p>Department does not have:</p> <ul style="list-style-type: none"> • Corporate Governance of ICT Policy • Corporate Governance of ICT Charter • ICT Plan (IT Strategic Plan) • ICT Implementation Plan (IT Annual Performance Plan) • ICT Operational Plan (IT Annual Operational Plan) 		<ul style="list-style-type: none"> • Documents in development. • Documents developed but not approved. • Documents approved but do not conform to the evidence criteria in the standard. • All draft documents must be in compliance with the CGICT Assessment Standard by DPSA data November 2012 and in conjunction with the 2016 CGICT Compliance tick list by DPSA. • Evidence provided was approved more than three (3) years ago.

<p>Department has draft:</p> <ul style="list-style-type: none"> • Corporate Governance of ICT Policy • Corporate Governance of ICT Charter • ICT Plan (IT Strategic Plan) • ICT Implementation Plan (IT Annual Performance Plan) • ICT Operational Plan (IT Annual Operational Plan) 	<p>Draft policy, charter and plans</p>	<ul style="list-style-type: none"> • Moderators to verify that the evidence documents comply to level 2 standard criteria approval of these plans. • Evidence must be in compliance with the CGICT Assessment Standard by DPSA data November 2012 and in conjunction with the 2016 CGICT Compliance tick list by DPSA.
<p>Department has approved:</p> <ul style="list-style-type: none"> • Corporate Governance of ICT Policy • Corporate Governance of IT Charter • ICT Plan (IT Strategic Plan) • ICT Implementation Plan (IT Annual Performance Plan) • ICT Operational Plan (IT Annual Operational Plan) 	<p>Approved policy, charter and plans:</p>	<ul style="list-style-type: none"> • Moderators to verify that documents comply with level 3 standard criteria commensurate the approved plans. • Evidence must be in compliance with the CGICT Assessment Standard by DPSA data November 2012 and in conjunction with the 2016 CGICT Compliance tick list by DPSA.
<p>All level 3 requirements and:</p> <ul style="list-style-type: none"> • Department has implemented: <ul style="list-style-type: none"> - Corporate Governance of ICT Policy - Corporate Governance of IT Charter - ICT Plan (IT Strategic Plan) - ICT Implementation Plan (IT Annual Performance Plan) - ICT Operational Plan (IT Annual Operational Plan) • Management engage the implementation reports and action is taken. 	<p>All level 3 evidence documents and:</p> <ul style="list-style-type: none"> • Implementation report for: <ul style="list-style-type: none"> (a) Corporate Governance of ICT (b) ICT Plans • Minutes of management meetings. 	<ul style="list-style-type: none"> • Evidence must be in compliance with the CGICT Assessment Standard by DPSA data November 2012 and in conjunction with the 2016 CGICT Compliance tick list by DPSA.

CGICT Tick List

2.10 Performance Area: Access to information		
2.10.1 Standard Name: Promotion of Access to Information		
Standard Definition: The department follows the prescribed procedures of PAIA when granting requests of information.		
Importance of the Standard: To encourage openness and to establish voluntary and mandatory mechanisms or procedures which give effect to the right of access to information in a speedy, inexpensive and effortless manner as reasonably possible, striving towards transparency, accountability and effective governance in the public sector.		
Relevant Legislation: The Promotion of Access to Information Act 2, 2000, Government Notice: No R 1244, Government Notice: No R 990, Government Notice: No R 187, Government Notice: No R 223		
Performance Indicator:		
Standards	Evidence	Moderation Criteria
<ul style="list-style-type: none"> • Department has not appointed a deputy information officer (PAIA Section 17). • Department does not have a manual on functions and index of records held by public body (PAIA section 14). • Department does not automatically issue and disclose records/notices (section 15) without a person having to request access at least once a year. • Department fails to submit accurate report/s to the Human Rights Commission on how it handles information requests as required in section 32 of PAIA. 		

<ul style="list-style-type: none"> • Department has appointed a deputy information officer(s) (PAIA Section 17). • Department has a Section 14 manual but does not comply with all requirements of this section. • Department issued a Section 15 notice but does not voluntarily disclose information and automatically make records available. • Department submits a Section 32 report to the Human Rights Commission annually but it is not fully compliant to the requirements of Section 32. 	<ul style="list-style-type: none"> • Designation letter as deputy information officer(s). • Roadmap documents for implementation of PAIA (Sections 14 manual, latest annual Section 32 report, Section 15 notice). 	<ul style="list-style-type: none"> • Moderators to check whether evidence documents are valid for level 2 • Moderator to check whether the roadmap contains improvement/implementation of: <ul style="list-style-type: none"> - Section 14 manual in accordance with in PAIA. - Section 15 notice was submitted to the DoJCD. - Section 32 report was submitted to the SAHRC.
<p>Level 2+</p> <ul style="list-style-type: none"> • Department has appointed a deputy information officer and complies with the requirements of sections 14, 15 and 32, however, Section 14 manual is only available in one official language. 	<ul style="list-style-type: none"> • Evidence to be viewed from level 3 	<ul style="list-style-type: none"> • As per level 3 criteria and whether the Section 14 manual is in one official language.

<ul style="list-style-type: none"> • Department has appointed a deputy information officer(s) (PAIA Section 17). ⁽²⁺⁾ • Department has a Section 14 manual, updated annually which complies with all the requirements of this section. ⁽²⁺⁾ • The section manual is in at least three official languages. • Department issued a Section 15 notice, voluntary disclose information and automatically make records available. ⁽²⁺⁾ • Department submits a Section 32 report to the Human Rights Commission annually that is fully compliant with the requirements. ⁽²⁺⁾ 	<ul style="list-style-type: none"> • Designation letter as deputy information officer(s) • Section 14 manuals in at least 3 official languages • Proof of submission of the 15 Notice to DOJCD. • Records management policy (enabling proper implementation of PAIA). • Section 32 report as submitted to SAHRC (secondary data from SAHRC). 	<ul style="list-style-type: none"> • Moderators to check whether evidence documents fully meet the statutory requirements to enable implementation of sections 14, 15 and 32. • 14 Manual in at least 3 official languages on functions of, and index of records held by, public body: <ul style="list-style-type: none"> - (1) Within six months after the commencement of this section or the coming into existence of a public body, the information officer of the public body concerned must compile in at least three official languages. - the latest notice, in terms of Section 15 (2), if any, regarding the categories of records of the body which are available without a person having to request access in terms of this Act. • Moderators to check whether Section 15 notice was submitted to the DoJCD. • Moderators to check whether Section 32 report was submitted to the SAHRC.
<p>All level 3 requirements and:</p> <ul style="list-style-type: none"> • Management discussions informs compliance with PAIA 	<p>All level 3 evidence documents and:</p> <ul style="list-style-type: none"> • Minutes of management meeting where PAIA discussion took place and actions emanating from discussions 	<p>Level 3 plus:</p> <ul style="list-style-type: none"> • Check whether PAIA resolutions are taken in the management meetings.

2.11¹⁶ Performance Area: Promotion of Administrative Justice		
2.11.1 Standard Name: Compliance with PAJA requirements		
Standard Definition: Assessment of Service Delivery Decisions to determine their compliance with PAJA.		
Importance of the Standard: To promote efficient and good governance, and create a culture of accountability, openness and transparency in the public administration or in the exercise of a public power or the performance of a public function, by giving effect to the right to just administrative action. The cumulative effect would, among others, be a professional administration equipped to curb corruption and enhance service delivery.		
N.B. [A department must for the purposes of this exercise select not less than three and not more than five administrative actions (decisions). Those decisions must be from different areas of a department's legislative mandate or function.		
Relevant Legislation: The Constitution of the Republic of South Africa, 1996, the Promotion of Administrative Justice Act, 2000 and the Regulations to the PAJA, the Code of Conduct in terms of the PAJA, as well as, primarily, the applicable legislative mandate of a department e.g. Housing Act, 1997, and the National Housing Code, 1997.		
Standards	Evidence	Moderation Criteria
<ul style="list-style-type: none"> • The department has not identified administrative decision-making areas that have to comply with the requirements of PAJA. • The department does not promote and protect an individual's or a public's rights by not: <ul style="list-style-type: none"> - making decisions through authorised incumbents; - giving an individual or the public an opportunity to submit representations to it before making its final decision; - informing an individual or the public of the right to request written reasons for its decisions; and - informing an individual or the public of the right to exhaust internal remedies, e.g. appeal (where applicable); and/or judicial review. 		

¹⁶ Policy departments (including Offices/Department of the Premier) are only required to complete the PAJA standards every second year as from 2015.

<ul style="list-style-type: none"> ¹⁷The department has identified administrative decision-making areas that have to comply with the PAJA. 	<ul style="list-style-type: none"> The list of the administrative decision-making areas identified. 	<ul style="list-style-type: none"> Does the applicable legislation or policy allow for the listed decision-making areas? Do the decisions in the listed decision-making areas have a potential to negatively affect an individual's or the public's right? (eg refusal to grant travel documents).
<ul style="list-style-type: none"> The department promotes and protects an individual's or the public's right by: <ul style="list-style-type: none"> - making decisions through authorised incumbents; - giving an individual or the public opportunity to submit representations before it makes its final decisions; - informing an individual or the public about the right to request written reasons for its decisions; and - informing an individual or the public about the right to exhaust internal remedies, e.g. appeal, where applicable, and/or judicial review. 	<ul style="list-style-type: none"> A document authorising the incumbent to make a decision, e.g. a letter of delegation. A copy of a document to an individual/the public giving an opportunity to submit representations before making its final decision (e.g. a copy of a refusal letter, with a clause to the effect that you are allowed to state your case within a specific period before a final decision is made). A copy of a document of the final decision, e.g. a letter informing an individual or the public about the final decision that has been made. 	<ul style="list-style-type: none"> Does the legislation or policy allow for the incumbent concerned to make the decision? Does the department: <ul style="list-style-type: none"> - give an individual or the public an opportunity to submit representations before it makes its final decision/s; - inform an individual or the public about the right to request written reasons for its decision/s; - inform an individual or the public about the right to internal remedies eg appeal, where applicable, and/or judicial review.
<p>All level 3 requirements and:</p> <p>The department:</p> <ul style="list-style-type: none"> has nominated/assigned a PAJA co-ordinator, among others, to keep a register of its administrative decision-making areas and applicable decisions, co-ordinate the promotion, monitoring and evaluation of its implementation of PAJA. engages in on-going process of PAJA training and awareness. 	<p>All level 3 evidence documents and:</p> <ul style="list-style-type: none"> Minutes of management meeting where PAJA discussion took place and actions emanating from discussions. 	<p>Level 3 plus:</p> <ul style="list-style-type: none"> Is there a document nominating/assigning a co-ordinator for PAJA in the department? Is there a decision-making matrix populated of such monitoring, and actions taken to improve its processes? Is there a record or a list of a department's administrative decision-making areas? Is there a register showing an attendance of PAJA training, and awareness?

¹⁷Policy departments may use SCM or HRM areas to demonstrate administrative decision-making. Whereas service delivery departments should use areas related to its core business.

Key Performance Area 3:
Human Resource Management

KEY PERFORMANCE AREA 3: HUMAN RESOURCE MANAGEMENT PERFORMANCE INDICATORS

Performance Indicators will be piloted in the MPAT 2016 assessment

NO	PERFORMANCE INDICATOR	VALUE	INTERPRETATION	SOURCE	MPAT STD
	DEPARTMENTAL PROFILE				
	HR PLANNING				
1.	% of targets set in the HR Plan achieved as reported in the HRP Implementation plan	%	Targets are set with the aim to improve on specific matters and these targets should not be seen in the same light as the APP targets.	HRPIR	3.1.1
	OD				
2.	% of employees appointed additional to the approved establishment.	%	This indicator is measuring the additional appointments on the establishment.		3.1.2
3.	Average time in months of employees that are appointed additional to the establishment (2015/16 financial year)	Months	This indicator is measuring the average time of additional appointments		3.1.2
	HUMAN RESOURCE DEVELOPMENT				
4.	Deviation between planned training interventions and actual training delivered	%	This indicator is measuring the extent to which departments are spending the planned training budget. It could indicate whether the department is able to accurately provide financial projection for in line with the Annual HRD Implementation Plan.		3.1.3
5.	Average training cost per employee who attended training during the past 12 months. (excluding ancillary costs i.e. S&T allowances, travel and accommodation and catering)	R	This indicator is measuring the actual training cost per employee that departments are spending from the planned training budget.		3.1.3
	RECRUITMENT AND RETENTION				
6.	% of SMS vs total employees	%	This indicator is measuring SMS appointments percentage against the total percentage of employees in the department.		3.2.2

NO	PERFORMANCE INDICATOR	VALUE	INTERPRETATION	SOURCE	MPAT STD
7.	Annual turnover rate of staff in the department (Number of staff losses/exits during the past 12 months ÷ total number of employees x 100) (2015/16)	%	This indicator is measuring the percentage of the workforce that left the department for any reason. Representing staff losses due to voluntary and involuntary exits (including transfers) the descriptor is a useful metric for analysing the reasons for and trends in staff losses for purposes of developing corrective strategies		3.2.2
	DIVERSITY				
8.	% of SMS female in the department	%	This indicator is measuring the percentage which may point to an inappropriate implementation of programmes to mainstream gender equality. This may entail that recruitment, retention and career management practices be revisited to strengthen the department's ability to comply with the target		3.2.4
9.	% of persons with disabilities in the department	%	A high percentage could relate to ineffective implementation of the Job Access programme and a need for improved strategies to recruit and retain people with disabilities		3.2.4
	EMPLOYEE HEALTH & WELLNESS				
10.	Average turnaround time to finalise applications for injury on duty and occupational illnesses during the past 12 months (2015/16)	Months	Timeous management of applications and adherence to reporting timeframes		3.2.5
	DELEGATIONS				
11.	% of vacancies that is filled where the approvals are made in accordance with delegated approval levels as contained in the Directive.	%	This indicator is measuring the levels on which approvals were made aligned to the delegated levels and what the Directive prescribes.		3.2.6
	PMDS SL 1-12				
12.	% of employees who received assessment rating of above satisfactory (Significantly above expectation and outstanding performance (2015/16)	%	This indicator is measuring the % of employees who have been assessed as having performed above satisfactory.		3.3.1

NO	PERFORMANCE INDICATOR	VALUE	INTERPRETATION	SOURCE	MPAT STD
	PMDS SMS				
13.	% of SMS members who received assessment rating of above satisfactory (Significantly above expectation and outstanding performance (2015/16)	%	This indicator is measuring the % of employees who have been assessed as having performed above satisfactory.		3.3.2
	PMDS HOD's				
14.	Correlation between the departmental final MPAT 1.4 results with performance assessment of the HoD for the 2014/15 cycle (excluding Acting HoDs)	Average score	This indicator is measuring the performance level of the HoD against the overall departmental MPAT results.		3.3.3
	EMPLOYEE RELATIONS				
15.	% of grievances logged vs total employment during the past 12 months (2015/16)	%	This indicator is measuring the % of grievances logged during the past 12 months.		3.4.2
16.	% of arbitrations awards and cases made in favour of the department during the past 12 months (2015/16)	%	A high percentage may reflect on the high competence and efficiency of the human resource component in dealing with arbitration cases.		3.4.2

3.1 Performance Area: Human Resource Strategy and Planning		
3.1 Performance Area: Human Resource Strategy and Planning		
3.1.1 Standard name: Human Resource Planning		
Standard definition: Departments comply with, and implement, the human resource planning requirements. The MTEF Human Resource Plan must be approved by the relevant authority.		
Importance of the standard: A Human Resource Plan addresses both the current and future workforce needs in order to achieve organizational objectives.		
Relevant Legislations and Policy: Part III.D of Chapter 1 of the Public Service Regulations, 2001 (as amended) and MPSA Directive. Regulation 26 in the 2016 Public Service Regulations		
Performance Indicator 1: Percentage (%) of targets set in the HR Plan achieved as reported in the HRP Implementation plan		
Standards	Evidence Documents	
LEVEL 1 <ul style="list-style-type: none"> • Department does not have a MTEF Human Resource Plan covering at least three years. • Department does not have an Annual Human Resource Planning Implementation Report for the previous cycle. 		
LEVEL 2 <ul style="list-style-type: none"> • Department has a draft MTEF Human Resource Plan covering at least three financial years including the year of assessment. • Department has a draft Human Resource Planning Implementation Report for the previous HR planning cycle. 	<ul style="list-style-type: none"> • Draft MTEF Human Resource Plan and proof of submission to the EA or delegated Authority prior to the due date for submitting to DPSA (national departments)/OTP (provincial departments). • Draft Annual Human Resource Planning Implementation Report and proof of submission to the EA or delegated Authority prior to the due date to submitting to DPSA (national departments)/OTP (provincial departments). 	<p>MODERATORS TO CHECK THAT:</p> <ul style="list-style-type: none"> • Evidence documents are valid for Level 2.

<p>LEVEL 2+</p> <ul style="list-style-type: none"> • Department has an approved MTEF Human Resource Plan covering at least three financial years, including year of assessment, approved by the Minister, MEC or Delegated Authority but submitted to DPSA and/or OTP after the due date (30 June). • Department has an approved Annual Human Resource Planning Implementation Report approved by the Minister, MEC or Delegated Authority but submitted to DPSA and/or OTP after the due date (31 May). 	<ul style="list-style-type: none"> • Approved MTEF Human Resource Plan and proof of submission to DPSA (national departments) and/or OTP (provincial departments). • Approved Annual Human Resource Planning Implementation Report and proof of submission to DPSA (national departments)/ and/or OTP (provincial departments). • All of the above require confirmation of the late submission (may be approved earlier but submitted late) date from the DPSA and the Offices of the Premier for national and provincial departments respectively. 	<p>MODERATORS TO CHECK THAT:</p> <ul style="list-style-type: none"> • Department has an approved MTEF Human Resource Plan covering at least three financial years, including year of assessment and proof of submission to DPSA and/ or OTP. • Department has an approved Annual Human Resource Planning Implementation Report and proof of submission to DPSA and/or OTP.
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LEVEL 3

- Department has a MTEF Human Resource Plan covering at least three financial years, including year of assessment, approved by the Minister, MEC or Delegated Authority and submitted to DPSA and/or OTP by the due date (30 June).
- Department submitted the Annual Human Resource Planning Implementation Report for the previous cycle to DPSA and/or OTP by 31 May.

- An approved MTEF HR Plan covering at least three financial years, including year of assessment. The approved MTEF HR Plan must meet the quality requirements as per HR Planning Assessment Tool.
- Specific Human Resource Delegation to approve the Human Resource Plan if not approved by the Minister or MEC.
- Approved Annual HRP Implementation Report.
- Proof of timeous submission to DPSA and/or OTP for both MTEF HRP and Annual HRP Implementation Report (acknowledgement from DPSA or OTP or proof of submission).

MODERATORS TO CHECK THAT DEPARTMENT HAVE:

- Used DPSA's format (templates).
- An approved MTEF HR Plan covering at least 3 financial years (covering at least the current assessment cycle).
- DPSA and/or OTP acknowledgement letter for submission of MTEF HR Plan and HR Planning Implementation Report.
- Annual Human Resource Planning Implementation Report submitted by due date. Moderators will check against information provided by the DPSA to see that the departments have submitted their respective plans and reports.
- Moderators will check against information provided by the DPSA to see that the submitted HR Plan meets the quality requirements as per the HR Planning Assessment Tool.
- MTEF Human Resource Plan is approved by the Minister, MEC or delegated authority (verify HR delegation if signed by a delegated person).
- Annual HR Planning Implementation Report submitted to DPSA and/or OTP by due date.

<p>LEVEL 4:</p> <ul style="list-style-type: none"> • Top management discusses the MTEF plan. • Top management reviewed the progress reflected on the Annual Human Resource Planning Implementation Report. 	<ul style="list-style-type: none"> • Evidence on the discussion of MTEF Human Resource Plan at top management, including Line Managers, (dated prior to the approval of the HR Plan). • Evidence of the discussion of the progress reflected on the Annual Human Resource Implementation Report in terms of achievements of Departmental HR Planning objectives and implications of any deviations. • Evidence of the discussion and decision taken on whether the MTEF HR Plan is still valid or if there is a need for the complete review of the Plan where small or minor adjustments will not suffice. • Evidence of integration of HR planning with other HRM&D processes and strategic planning of the Department. 	<p>MODERATORS TO CHECK THAT:</p> <ul style="list-style-type: none"> • Evidence reflects discussions on development and implementation of the MTEF HRP. • Evidence reflecting the review of progress reflected in the Annual HRP Implementation Report. • Evidence that the MTEF HR Plan is informing and aligned with other departmental processes such as recruitment, HRD, OD, etc. to support implementation and is reflected in the HRP Implementation Report. • Evidence shows Top Management uses the implementation report to take decisions pertaining to organisational/strategy changes, limitations of current plans, other impediments and decide and oversee the implementation of appropriate actions.
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3.1 Performance Area: Human Resource Strategy and Planning		
3.1.2 Standard name: Organisational Design and Implementation		
Standard definition: Departments comply with the requirements for consultation, approval and funding of their organisational structure.		
Importance of the standard: An approved organisational structure that defines the purpose and functions that are aligned to the department's strategic goals and objectives.		
Relevant Legislations and Policy: Public Service Act, 1994, Chapter 1 Part II (B.2) of the Public Service Regulations.		
Performance Indicator 2: Percentage (%) of employees appointed additional to the approved establishment.		
Performance Indicator 3: Average time in months of employees that are appointed additional to the establishment (2015/16 financial year)		
Standards	Evidence Documents	
LEVEL 1: <ul style="list-style-type: none"> • Department does not have an approved organisational structure. 		
LEVEL 2: <ul style="list-style-type: none"> • Department has an organisational structure approved and signed by the EA or Delegated Authority. • The organisational structure supported by the EA, was consulted with the MPSA prior to approval in line with the requirements of the approved directive. 	<ul style="list-style-type: none"> • Memorandum approving the organisational structure by the EA. • Delegation to approve the organisational structure if not approved by the EA. • Letter signed by the EA to MPSA for consultation/ concurrency, letter to the EA from the MPSA. 	MODERATORS TO CHECK THAT: <ul style="list-style-type: none"> • Submission for approval by the relevant EA. • Approved organisational structure by the relevant EA. • Consultation letters between the EA and the MPSA.

<p>LEVEL 2+:</p> <ul style="list-style-type: none"> • Approved structure is in line with MTEF. 	<ul style="list-style-type: none"> • MPAT personnel costing template completed in full indicating the following: • Total number of posts on the approved organisational structure. • Total number of posts on Persal. • Approved MTEF budget allocations for compensation of employees. • Full-year cost of the approved organisational structure. 	<p>MODERATORS TO CHECK THAT:</p> <ul style="list-style-type: none"> • The MPAT personnel costing template indicates the following: • Comparison of Persal and departmental information provided as evidence. • Difference between total number of posts on Persal and approved organisational structure (variation: not more than 5 percent difference).
<p>LEVEL 3:</p> <ul style="list-style-type: none"> • Approved structure is in line with MTEF. • Only funded posts are captured on Persal. 	<ul style="list-style-type: none"> • MPAT personnel costing template completed in full indicating the following: • Total number of posts on the approved organisational structure. • Total number of posts on Persal. • Approved MTEF budget allocations for compensation of employees. • Full-year cost of the approved organisational structure. 	<p>MODERATORS TO CHECK THAT:</p> <ul style="list-style-type: none"> • MPAT OD template completed in full. • Approved structure is fully funded in line with MTEF. • Only funded posts are captured on Persal. • Comparison of Persal and departmental information provided as evidence. • Difference between total number of posts on Persal and approved organisational structure (variation: not more than 5 percent difference). • % differences between budget allocation for compensation of employees in current year and cost structure (variation: over/under spending not more than 5 percent of the total employee compensation budget).

<p>LEVEL 4:</p> <ul style="list-style-type: none">• Organisational structure is reviewed periodically.• Management reviews vacancy rates and spending trends on compensation of employees.	<ul style="list-style-type: none">• Report on the findings of the review in the past five years.• Evidence (e.g. minutes/reports) of senior management review of vacancies and spending.	<p>MODERATORS TO CHECK THAT:</p> <ul style="list-style-type: none">• Proof of review of the organisational structure in the past five years.• Minutes/reports of senior management review of vacancies and spending on compensation of employees.
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3.1 Performance Area: Human Resource Strategy and Planning		
3.1.3 Standard name: Human Resources Development Planning, Implementation and Reporting		
Standard definition: Departments have a Human Resources Development Implementation Plan that is approved, implemented and reported.		
Importance of the standard: The Human Resource Development Implementation Plan addresses skills gaps of employees so that the department is able to fulfil its goals and objectives.		
Relevant Legislations and Policy: Public Service Act, 1994, Public Service Regulations, 2001, Public Service Human Resource Development Strategic Framework, Directive on Utilisation of Training Budgets in the Public Service, Determination on Internships Programmes in the Public Service,		
Performance Indicator 4: Deviation between planned training interventions and actual training delivered.		
Performance Indicator 5: Average training cost per employee who attended training during the past 12 months.(excluding ancillary costs i.e. S&T allowances, travel and accommodation and catering).		
Standards	Evidence Documents	
<ul style="list-style-type: none"> Department does not have an HRD Implementation plan 		
LEVEL 2: <ul style="list-style-type: none"> Department has a draft HRD Implementation Plan. Department has a draft HRD Monitoring Tool on implementation. 	<ul style="list-style-type: none"> Draft HRD Implementation Plan. Draft HRD Monitoring Tool on Implementation. 	MODERATORS TO CHECK THAT: <ul style="list-style-type: none"> Department has a draft HRD Implementation Plan based on DPSA template. And a draft HRD Monitoring Tool on implementation.

<p>LEVEL 2 +</p> <ul style="list-style-type: none"> • Department has an annual HRD Implementation Plan approved by the DG/HoD but submitted to DPSA after the due date (31 May). • Department has a HRD Monitoring Tool on implementation but submitted to DPSA after the due date (31 May). 	<ul style="list-style-type: none"> • Approved HRD Implementation Plan and proof of submission to DPSA. • Approved HRD Monitoring Tool on implementation and proof of submission to DPSA. 	<p>MODERATORS TO CHECK:</p> <ul style="list-style-type: none"> • Approved HRD Implementation Plan and proof of submission to DPSA. • Approved HRD Monitoring Tool on implementation and proof of submission to DPSA.
<p>LEVEL 3:</p> <ul style="list-style-type: none"> • Department submits annual HRD Implementation Plan approved by the DG/HoD to DPSA by due date (31 May). • Department submits approved HRD Monitoring Tool on implementation by due date (31 May). • The department sets aside an annual training budget equivalent to at least 1% of the annual amount of compensation of employees (2016/17). • The Department appoints interns, learners and apprentices equivalent or in excess of 5% of its establishment as per the DPSA Determination on Interns (2009). • Department submits report on the number of interns, learners and apprentices to DPSA by 31 March annually. • The department enrolls all qualifying new employees against CIP. 	<ul style="list-style-type: none"> • Approved HRD Implementation Plan. • Acknowledgement letter from DPSA to department on the submission of HRD Implementation Plan. • Approved HRD Monitoring Tool on implementation. • Acknowledgement letter from DPSA to department on the submission of HRD Monitoring Tool on implementation. • Written confirmation of the training budget signed by the CFO indicating that the training budget is equivalent to 1% of annual total compensation of employees for the period 2016/17. • Evidence of number and percentage of interns/learners/apprentices recruited into the department. • Proof of submission of report on the number of interns/learners/apprentices to DPSA by the 31 March annually. • List of new employees who joined the department, since July 2015 with confirmation of enrolment against the CIP. 	<p>MODERATORS TO CHECK:</p> <ul style="list-style-type: none"> • Approval and submission of HRD Implementation Plan. • Approval and submission of HRD Monitoring Tool on implementation. • Training budget, a written confirmation of training budget by the CFO and that the training budget is equivalent to 1% of the department's annual employees' compensation. • Total number of interns, learners and apprentices is equivalent or exceeds 5% of the department's fixed staff establishment. • Approval and submission of report on interns, learners and apprentices. • All new employees enrolled against CIP.

<p>LEVEL 4:</p> <ul style="list-style-type: none"> • Top management review the HRD Implementation Plan and adjust if necessary. • Top management review progress reflected in the HRD Monitoring Tool and take action if required. • Department spends its annual training budget (equivalent to a minimum of 1% of total compensation budget) for the previous year (2015/16). 	<ul style="list-style-type: none"> • Minutes of review of HRD Implementation Plan at top management level. • Evidence of top management review of HRD Monitoring Tool. • Expenditure report indicating training budget planned at the beginning of the financial year and spent (2015/16). 	<p>MODERATORS TO CHECK:</p> <ul style="list-style-type: none"> • Discussion and decisions taken by top management on the HRD Implementation Plan. • Review of HRD Monitoring Tool by top management. • Expenditure report indicating training budget planned at the beginning of the financial year and spent.
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3.2 Performance Area: Human Resource Practices and Administration		
3.2.2 Standard name: Application of recruitment and retention practices		
3.2.2 Standard definition: Departments have recruitment practices that adhere to regulatory requirements and retention strategies are in line with generally acceptable management standards.		
Importance of the standard: The recruitment practice in a department plays a crucial role in ensuring that the department has the human resource capacity to deliver quality services to the public.		
Relevant Legislations and Policy: Part VII of Chapter 1 of the Public Service Regulations, 2001. (Regulations 44, 57, 59 – 61, 64 – 68 and 85 – 87 of the 2016 Public Service Regulations); Part 1, Chapter 4 of the Public Service Regulations, 2001 and SMS Directives on Compulsory capacity development, mandatory training days and minimum entry requirements and Implementation of competency based assessments.		
Performance Indicator 6: Percentage (%) of SMS vs total employees.		
Performance Indicator 7: Annual turnover rate of staff in the department (Number of staff losses/exits during the past 12 months ÷ total number of employees x 100) (2015/16).		
Standards	Evidence Documents	
LEVEL 1: <ul style="list-style-type: none"> Department does not have a recruitment policy or other employment protocol in place that is used consistently by all parties involved in the recruitment process. 		
LEVEL 2: <ul style="list-style-type: none"> Department has a draft Recruitment protocol or policy that is compliant to the prescripts referred to above as well as the relevant MPSA directives. 	<ul style="list-style-type: none"> Draft Recruitment protocol or policy 	MODERATORS TO CHECK: <ul style="list-style-type: none"> Department has a draft Recruitment protocol or policy.

<p>LEVEL 2+</p> <ul style="list-style-type: none"> • A Recruitment protocol or policy has been approved that is compliant to the prescripts referred to above as well as the relevant MPSA and SMS directives. 	<ul style="list-style-type: none"> • An approved Recruitment protocol or policy. 	<p>MODERATORS TO CHECK:</p> <ul style="list-style-type: none"> • Department has an approved Recruitment protocol or policy.
<p>LEVEL 3:</p> <ul style="list-style-type: none"> • A Recruitment protocol or policy has been approved that is compliant to the prescripts referred to above as well as the relevant MPSA and SMS directives. • All employees leaving the department are requested to complete the departmental exit interview template. • The exit interview template complies with the specifications contained in the MPSA directive. • All newly appointed SMS employees met minimum entry requirements (2015 – 2016). • Competency assessment conducted prior to filling SMS post. 	<ul style="list-style-type: none"> • An approved Recruitment protocol or policy. • One completed exit interview template used for an exit interview (not older than 12 months). • Data on number of exits and exit interviews conducted, if the number of exit interviews does not correspond with the number of exits, the difference must be explained. <p>Certification by the Head of Department reflecting the following:</p> <ul style="list-style-type: none"> • Information on the requirements of the post as per the advert in line with available prescripts. • Incumbent’s qualifications and experience. • Report on competency assessment. 	<p>MODERATORS TO CHECK:</p> <ul style="list-style-type: none"> • Department has an approved Recruitment protocol or policy. • Exit interviews are conducted with employees leaving the department. • The department’s exit interview template provides for the areas prescribed in the MPSA directive. • The number of exit interviews corresponds with the number of exits and reasons should be provided where exit interviews were not conducted. • The information submitted by the department for SMS post to ascertain whether requirements were indeed met. • SMS competency assessment was conducted by an approved DPSA service provider.

<p>LEVEL 4:</p> <ul style="list-style-type: none"> • Analysis must be done on exit interviews which have to be tabled at management meetings and remedial actions be recommended where appropriate. • Analysis must be done on the turnover, vacancy rate and time to fill posts for the scarce skills and critical occupations as defined in the HR Plan for at least the previous financial year. • Climate or employee satisfaction survey performed that is representative of the whole department in the past 36 months and improvements implemented. 	<ul style="list-style-type: none"> • Report or official document (not older than 36 months) on analysis of exit interviews that: • Reflects on the areas prescribed in the MPSA directive. • Indicates noteworthy trends in the areas prescribed in the MPSA directive. • Identifies problematic organisational matters for redress. • Contains recommendations in respect of matters to be attended to. • Evidence where management was engaged on the analysis of exit interviews and the decisions taken in this regard. • Analysis of the turnover, vacancy rate and time to fill posts for the scarce skills and critical occupations as identified during the HR Planning process for at least the previous financial year. • Representative Climate or employee satisfaction survey report (not older than 36 months). • Minutes of management meeting/other documentation where the findings of the climate or employee satisfaction survey report are discussed and actions taken. 	<p>MODERATORS TO CHECK:</p> <ul style="list-style-type: none"> • Existence of analysis of exit interviews conducted within the past 12 months. • Analysis of exit interviews was discussed at management meetings and that decisions were taken to address areas of concern. • Analysis of the turnover, vacancy rate and time to fill posts for the scarce skills and critical occupations as defined during the HR Planning process for at least the previous financial year. • A representative climate or employee satisfaction survey report. • A climate or employee satisfaction survey that was discussed at management meeting and decisions were taken to address areas of concern.
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3.2 Performance Area: Human Resource Practices and Administration		
3.2.4 Standard name: Management of diversity		
Standard definition: Departments have management practices that support the management of diversity within the department.		
Importance of the standard: To encourage departments to reflect the communities that we serve by meeting equity targets set by government. It is also intended to improve working relationships of the diverse workforce.		
Relevant Legislations and Policy: Employment Equity Act, 55 of 1998.		
Performance Indicator 8: Percentage (%) of SMS female in the department.		
Performance Indicator 9: Percentage (%) of persons with disabilities in the department.		
Standards	Evidence Documents	
LEVEL 1: <ul style="list-style-type: none"> • Department does not have a Job Access Strategic Framework Implementation Plan. • Department does not have a Gender Equality Strategic Framework Implementation Plan. 		
LEVEL 2: <ul style="list-style-type: none"> • Department has a draft Job Access Strategic Framework Implementation Plan. • Department has a draft Gender Equality Strategic Framework Implementation Plan. 	<ul style="list-style-type: none"> • Draft Job Access Strategic Framework Implementation Plan. • Draft Gender Equality Strategic Framework Implementation Plan. 	MODERATORS TO CHECK: <ul style="list-style-type: none"> • Department has a draft Job Access Strategic Framework Implementation Plan • Department has a draft Gender Equality Strategic Framework Implementation Plan.
LEVEL 2+: <ul style="list-style-type: none"> • Department has an approved Job Access Strategic Framework Implementation Plan which was submitted after the due date to DPSA. • Department has an approved Gender Equality Strategic Framework Implementation Plan which was submitted after the due date to DPSA. 	<ul style="list-style-type: none"> • Approved Job Access Strategic Framework Implementation Plan. • Approved Gender Equality Strategic Framework Implementation Plan. 	MODERATORS TO CHECK: <ul style="list-style-type: none"> • Department has an approved Job Access Strategic Framework Implementation Plan • Department has an approved Gender Equality Strategic Framework Implementation Plan

<p>LEVEL 3:</p> <ul style="list-style-type: none"> • Department submits Job Access Strategic Framework Implementation Plan annually to the DPSA by due date. • Department submits Job Access Strategic Framework Implementation Report annually to the DPSA by due date (31 March for 2016 only and 28 February from 2017). • Department submits Gender Equality Strategic Framework Implementation Plan annually to the DPSA by due date. • Department submits Gender Equality Strategic Framework Implementation Report annually to the DPSA by due date (31 March for 2016 only and 28 February from 2017). • Department submits the PSWMW Report (31 Oct Annually). • Department submits the report on the Implementation of the Policy and Procedures on the Management of Sexual Harassment (30 April annually). 	<ul style="list-style-type: none"> • Proof of submission of the Job Access Strategic Framework Implementation Plan to DPSA (28 February). • Proof of submission of the Job Access Strategic Framework Implementation Report annually to the DPSA (31 March for 2016 only and 28 February from 2017). • Proof of submission of Gender Equality Strategic Framework Implementation Plan annually to the DPSA (28 February). • Proof of submission of Gender Equality Strategic Framework Implementation Report annually to the DPSA (31 March for 2016 only and 28 February from 2017). • Proof of submission of the PSWMW Report (31 Oct). • Proof of submission of the report on the Implementation of the Policy and Procedures on the Management of Sexual Harassment (30 April). 	<p>MODERATORS TO CHECK:</p> <ul style="list-style-type: none"> • The Job Access Strategic Framework Implementation Plan is in line with the DPSA template. • The Job Access Strategic Framework Implementation Report is in line with the DPSA template. • The Gender Equality Strategic Framework Implementation Plan is in line with the DPSA template. • The Gender Equality Strategic Framework Implementation report is in line with the DPSA template. • The plans and reports were submitted on time and signed by the HOD. • The PSWMW Report is in line with the DPSA template. • The report on the Implementation of the Policy and Procedures on the Management of Sexual Harassment is in line with the DPSA template.
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<p>LEVEL 4:</p> <ul style="list-style-type: none">• Department has initiatives to address perceptions (e.g., stereotyping) regarding diversity.	<ul style="list-style-type: none">• Proof of workshops and sessions addressing diversity issues	<p>MODERATORS TO CHECK:</p> <ul style="list-style-type: none">• Department has initiatives to address perceptions and stereotyping e.g., information sessions and workshops.
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3.2 Performance Area: Human Resource Practices and Administration		
3.2.5 Standard name: Management of Employee Health and Wellness		
Standard definition: Departments have management practices that support the implementation of Employee Health and Wellness Strategic Framework (EHWSF) for the Public Service.		
Importance of the standard: To provide an integrated approach to employee health and wellness by recognising the importance of individual health and wellness, safety, and organisational wellness for productivity and improved service delivery outcomes.		
Relevant Legislations and Policy: Constitution of the RSA, Act 108 of 1996, Occupational Health and Safety Act 85 of 1993, Public Service Act, 1994 as Amended and Regulations, Compensation for Occupational Diseases and Injuries Act, No 130 of 1993, Basic Conditions of Employment Act 75 of 1997, Employee Health and Wellness Strategic Framework Circular 2009, PSCBC Resolution 2 of 2012.		
Performance Indicator 10: Average turnaround time to finalise applications for injury on duty and occupational illnesses during the past 12 months (2015/16).		
Standards	Evidence Documents	
LEVEL 1: <ul style="list-style-type: none"> • Department does not have 4 policies: <ul style="list-style-type: none"> ➤ HIV/Aids and TB Management Policy ➤ Health and Productivity Management Policy ➤ Safety, Health, Environment, Risk and Quality (SHERQ) Management Policy ➤ Wellness Management Policy 		
LEVEL 2: <ul style="list-style-type: none"> • Department has 4 draft policies which are: <ul style="list-style-type: none"> ➤ HIV/Aids and TB Management Policy ➤ Health and Productivity Management Policy ➤ Safety, Health, Environment, Risk and Quality (SHERQ) Management Policy ➤ Wellness Management Policy 	<ul style="list-style-type: none"> • Draft (s) of the policies. 	MODERATORS TO CHECK THAT DEPARTMENT HAS THE FOLLOWING : <ul style="list-style-type: none"> ➤ HIV/Aids and TB Management Policy ➤ Health and Productivity Management Policy ➤ Safety, Health, Environment, Risk and Quality Policy ➤ Wellness Management Policy

<p>LEVEL 2+</p> <ul style="list-style-type: none"> • All 4 policies are approved which are: <ul style="list-style-type: none"> ➤ HIV/Aids and TB Management Policy ➤ Health and Productivity Management Policy ➤ Safety, Health, Environment, Risk and Quality (SHERQ) Management Policy ➤ Wellness Management Policy 	<ul style="list-style-type: none"> • 4 approved EH&W Policies. 	<p>MODERATORS TO CHECK:</p> <ul style="list-style-type: none"> • Department has 4 approved policies which are: <ul style="list-style-type: none"> ➤ HIV/Aids and TB Management Policy ➤ Health and Productivity Management Policy ➤ Safety, Health, Environment, Risk and Quality (SHERQ) Management Policy ➤ Wellness Management Policy
<p>LEVEL 3:</p> <ul style="list-style-type: none"> • All 4 policies are approved which are: <ul style="list-style-type: none"> ➤ HIV/Aids and TB Management Policy ➤ Health and Productivity Management Policy ➤ Safety, Health, Environment, Risk and Quality (SHERQ) Management Policy ➤ Wellness Management Policy • Submit Systems Monitoring Tool (SMT) report to DPSA by 30 September every year. • Approved Operational Plans for the 4 policies submitted to DPSA by 31 March. • Approved Annual report on the implementation of the 4 EH&W policies submitted to DPSA by 31 May <ul style="list-style-type: none"> HIV/Aids and TB Management Policy Health and Productivity Management Policy Safety, Health, Environment, Risk and Quality Policy Wellness Management Policy. 	<ul style="list-style-type: none"> • 4 approved EH&W Policies. • Approved annual SMT report (and evidence of submission to DPSA). • Approved Operational Plans for the 4 Employee Health and Wellness Policies. • Acknowledgment letter from DPSA regarding the submission of approved Operational Plans for the 4 Employee Health and Wellness Policies. • Acknowledgment letter from DPSA regarding the submission of approved Annual report for the 4 Employee Health and Wellness Policies. 	<p>MODERATORS TO CHECK:</p> <ul style="list-style-type: none"> • That department comply with DPSA reporting format. • Department submit by due dates. • Acknowledgment letter from DPSA regarding the submission of approved Operational Plans for the 4 Employee Health and Wellness Policies. • Acknowledgment letter from DPSA regarding the submission of approved SMT report. • Acknowledgment letter from DPSA regarding the submission of annual EH&W report.

<p>LEVEL 4:</p> <ul style="list-style-type: none">• Department has a committed budget for the EH&W programme.	<ul style="list-style-type: none">• EH&W budget allocation.• Expenditure report.	<p>MODERATORS TO CHECK:</p> <ul style="list-style-type: none">• Evidence reflects approved budget and expenditure against Employee Health and Wellness.
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3.2 Performance Area: Delegations		
3.2.6 Standard name: Approved EA and HOD delegations for public administration in terms of the Public Service Act and Public Service Regulations		
Standard definition: EA and HOD have implemented the delegations framework set out in the Directive on Public Administration and Management Delegations, 2014 issued on 4 August 2014.		
Importance of the standard: Effective delegations result in improved service delivery through more efficient decision making closer to the point where services are rendered. The workload of EAs and HODs are also reduced enabling them to devote more attention to strategic issues of their departments.		
Relevant Legislation and Policy: Section 42A of the Public Service Act, 1994, Chapter 1, Part II of the Public Service Regulations, 2001, the Directive on Public Administration and Management Delegations, 2014, and the Principles of Public Administration and Financial Management Delegations approved by Cabinet on 7 August 2013.		
Performance Indicator 11: Percentage (%) of vacancies that is filled where the approvals are made in accordance with delegated approval levels as contained in the Directive.		
Standards	Evidence	
LEVEL 1: <ul style="list-style-type: none"> Department has no HR delegations in place. 		<ul style="list-style-type: none"> Delegations vests only with a Minister/Premier/Member of the Executive Council and in a Head of Department. All delegations withdrawn by Minister/Premier/Member of the Executive Council.
LEVEL 2: <ul style="list-style-type: none"> Delegation(s) in place but these do not comply with the Public Service Act and Public Service Regulations. 	<ul style="list-style-type: none"> Delegations documents available in any format. 	MODERATORS TO CHECK: <ul style="list-style-type: none"> Evidence documents are valid for level 2.
LEVEL 2+ <ul style="list-style-type: none"> Department's delegations are compliant with the Public Service Act, Public Service Regulations and the 2014 Directive on Delegations. 	<ul style="list-style-type: none"> Approved delegation documents in the prescribed format. 	MODERATORS TO CHECK: <ul style="list-style-type: none"> Departments have delegations in the prescribed format.

LEVEL 3:

- Department's delegations are compliant with the Public Service Act, Public Service Regulations and the 2014 Directive on Delegations.

- Approved delegation document(s) in the prescribed format.
- Evidence of delegations from EA to HoD and from HoD to other performer levels.
- Delegation documents updated with the latest legislative amendments.
- Approved delegation appropriately signed and initialled on every page (Reflecting when last it was approved).

MODERATORS TO CHECK THAT DEPARTMENT HAVE:

- Implemented the Delegation registers set out in annexures D1 to D4 of the Directive, namely:
 - Executive Authority to Head of Department delegations (EA can only delegate to HoD) in terms of the PSA.
 - Executive Authority to Head of Department delegations in terms of the PSR.
 - Delegations from Head of Department to other performer levels (only the HoD can delegate to lower levels in the organisation) in terms of the PSA.
 - Delegations from Head of Department to other performer levels in terms of the PSR.
- Delegation registers in terms of the PSA updated with the latest amendments to the PSA (verify sections 13 to 17 of the PSA).
- Evidence of EA to HoD and HoD to other performer level delegations, for the following sections in the PSA:
 - Use Section 9 of the PSA (appointment) or Section 13 (appointment on probation).
 - Use Section 17(1)(a) of the PSA (dismissal).
- Cover/first page of delegation document(s) must be dated and signed by the delegator (EA or HoD).
- All pages of delegation document(s) must be initialled by the delegator (EA or HoD) to avoid unauthorised changes.
- Conditions of delegations must be specified (validate sections 9 or 13 of the PSA).

LEVEL 4:

- Delegations from the EA to the HoD and to all relevant performer levels are appropriate for the levels.

- Delegations comply with the minimum levels of delegation as contained in the Directive.

MODERATORS TO CHECK:

- Delegations comply with the minimum levels of delegation as contained in the Directive.

3.3 Performance Area: Management of Performance		
3.3.1 Standard name: Implementation of Level 1-12 Performance Management System		
<p>Standard definition: Departments implement their PMDS policy in terms of all employees on salary Level 1-12, within the requisite policy provisions.</p> <p>“current cycle “ refers to the cycle that is running at the time of the MPAT moderation</p> <p>Importance of the standard: The aim of performance management is to optimise every employee’s output in terms of quality and quantity, thereby improving the department’s overall performance and service delivery.</p>		
Relevant Legislations and Policy: Part VIII, Chapter 1 of the Public Service Regulations, 2001.		
Performance Indicator 12: Percentage (%) of employees who received assessment rating of above satisfactory (Significantly above expectation and outstanding performance (2015/16).		
Standards	Evidence Documents	
<p>LEVEL 1:</p> <ul style="list-style-type: none"> • Department does not have an approved PMDS policy in place. 		
<p>LEVEL 2:</p> <ul style="list-style-type: none"> • Department has an approved PMDS policy in place. 	<ul style="list-style-type: none"> • Approved policy with timelines and structures including roles and responsibilities. 	<p>MODERATORS TO CHECK :</p> <ul style="list-style-type: none"> • Existence of PMDS policy.

<p>LEVEL 3:</p> <ul style="list-style-type: none"> • Performance agreements were concluded for the current performance cycle (2016-17) and captured on the Persal system. • Mid-year assessments and feedback sessions were performed in previous cycle (2015-16) and captured on the Persal system. • Annual assessments for previous cycle were finalized by due date (2015-16) and captured on the Persal system. • Moderation concluded for previous cycle by due date (2015-16). 	<ul style="list-style-type: none"> • Persal report: 80 percent or more of the employees PA's captured on the Persal system. • Persal report: 80 percent or more of the employees' mid- term and annual assessments that have been concluded for employees on levels 1-12 for the previous cycle have been captured on the Persal system. • Signed Moderation Report on annual assessment for the previous cycle (2015/16). • Moderation concluded for the previous cycle by due date as stipulated in the departmental policy. • Document/memorandum approving payments of performance incentives. 	<p>MODERATORS TO CHECK:</p> <ul style="list-style-type: none"> • Submission for implementation against policy: <ul style="list-style-type: none"> – Timelines – Reviews – Annual Assessment – Performance incentives • The assessment of all employees were completed by due date as stipulated in the departmental policy • The completion of the moderation process as stipulated in departmental policy.
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<p>LEVEL 4:</p> <ul style="list-style-type: none"> • All employees finalize and capture their PAs, work plans or agreement of similar nature, and it is captured on the Persal system. • Department recognises performance that exceeds expectations. • Department actively communicates and manages poor performance. • The department has no outstanding annual assessments for past 3 performance cycles (i.e., 2013-2014; 2014-2015 and 2015-2016). The past 3 performance cycles have been concluded and there are no employees with outstanding evaluations. 	<ul style="list-style-type: none"> • Persal report: 100% of the employees' PAs, work plans or agreement of similar nature captured on the Persal system. • Evidence of remedial action and/or disciplinary action taken for non-compliance on the signing of PAs, work plans or agreement of similar nature. • Examples of recognition of good performance e.g., letter or certificate of appreciation and /or final assessment outcome for previous performance cycle (2015/2016). • Examples of remedial action, performance improvement plans and/or disciplinary action taken to address poor performance for the previous performance cycle (2015/2016). • Declaration from the HoD that there are no outstanding annual assessments for past 3 performance cycles. 	<p>MODERATORS TO CHECK:</p> <ul style="list-style-type: none"> • 100% compliance to the signing and capturing of PAs, work plans or agreement of similar nature on the Persal system or corrective/remedial or disciplinary action taken for non-compliance. • Department recognise good performance not necessarily only in monetary value, and that it is included in their departmental policy. • Poor performing employees are managed, and also if there are any cases of poor performing employees in the department. • Declaration from HoD indicating that there are no outstanding annual assessments for the past 3 performance cycles.
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3.3 Performance Area: Management of Performance		
3.3.2. Standard name: Implementation of SMS Performance Management System (excluding HODs)		
Standard definition: Departments implement the SMS PMDS in terms of all SMS Members within the requisite policy provisions.		
Importance of the standard: The key purpose of PAs, reviews or appraisals is for supervisors to provide feedback and enable managers to find ways of continuously improving what is achieved.		
Relevant Legislations and Policy: Part III.B of Chapter 4 of the Public Service Regulations, 2001 (PSR).		
Performance Indicator 13: Percentage (%) of employees who received assessment rating of above satisfactory (Significantly above expectation and outstanding performance (2015/16).		
Standards	Evidence Documents	
LEVEL 1: • No performance agreements for the current cycle are in place		
LEVEL 2: • Not all SMS members have signed performance agreements for the current cycle and disciplinary action not taken for non-compliance.	<ul style="list-style-type: none"> • Persal report on the signing of performance agreements for 2016-17. 	MODERATORS TO CHECK: <ul style="list-style-type: none"> • Department has a Persal report on the signing of SMS Performance Agreements.
LEVEL 2+ • All SMS members have signed performance agreements and submitted by 31 May/newly appointed SMS members have 3 months to comply or corrective/remedial or disciplinary action taken for non-compliance (2016-17).	<ul style="list-style-type: none"> • Persal report on the signing of performance agreements for 2016-17. • Evidence of remedial/disciplinary action taken to address non-compliance. • Report on non-submission of performance agreements for SMS members. 	MODERATORS TO CHECK: <ul style="list-style-type: none"> • Department has 100% compliance to signing of performance agreements by the due date of 31 May each year for existing SMS members, and 3 months after the appointment of new SMS members or corrective/remedial or disciplinary action taken for non-compliance.

<p>LEVEL 3:</p> <ul style="list-style-type: none"> • All SMS members have signed performance agreements and submitted by 31 May/newly appointed SMS members have 3 months to comply or corrective/remedial or disciplinary action taken for non-compliance (2016-17). • Mid-year assessments and feedback sessions were performed in previous cycle (2015-16). • Annual assessment for previous cycle (2015/2016) was conducted between supervisor and SMS member (not moderated). 	<ul style="list-style-type: none"> • A Persal report on the signing of performance agreements for SMS members (2016-17). • Evidence of remedial/disciplinary action taken to address non-compliance. • Report on non-submission of performance agreements. • A Persal report on mid-term assessments for previous cycle • A report/declaration that annual assessments for the previous cycle (2015/2016) between supervisors and SMS members have been conducted. 	<p>MODERATORS TO CHECK:</p> <ul style="list-style-type: none"> • 100% compliance to the signing of performance agreements by the due date of 31 May each year for existing SMS members, and 3 months after the appointment of new SMS members or corrective/remedial or disciplinary action taken for non-compliance. • Mid-term reviews were completed for all SMS members. • Annual assessments between supervisors and SMS members have been conducted.
<p>LEVEL 4:</p> <ul style="list-style-type: none"> • Annual assessment for previous cycle (2015/2016) is moderated and finalized. • Department recognises performance that exceeds expectations. • Department actively manages poor performance. • The department has no outstanding annual assessments for past 3 performance cycles (i.e. 2013/2014, 2014/2015 and 2015/2016). The past 3 performance cycles have been concluded and there are no SMS members with outstanding evaluations. 	<ul style="list-style-type: none"> • A Persal report on annual assessment. • Evidence of recognition of good performance for previous cycle (2015/2016) not just in monetary value e.g. letter of recognition. • Evidence of remedial action, performance improvement plans and/or disciplinary actions taken to address poor performance for previous cycle (2015/2016). • Copy of the report on poor performance that was sent to DPSA (31 March 2016). • Declaration from the HoD that there are no outstanding annual assessments for the past 3 performance cycles. 	<p>MODERATORS TO CHECK:</p> <ul style="list-style-type: none"> • Annual assessments for previous cycle (2015/2016) were finalized. • Poor performance for the mid-term reviews and annual assessments for the 2015/2016 cycles are reported by 31 March 2016 (for mid-term review) and 30 September 2016 (for annual assessments). • Department recognise good performance not necessarily only in monetary value. • There is a process in place to manage poor performance. • Declaration from the HoD indicating that there are no outstanding annual assessments for the past 3 performance cycles for SMS members.

3.3 Performance Area: Management of Performance		
3.3.3 Standard name: Implementation of Performance Management System for HoD		
Standard definition: Performance of the Head of Department is managed.		
Importance of the standard: Performance Agreements have been introduced as part of the performance management system to provide a uniform minimum basis for the performance management of senior managers to assist departments in realising their annual strategic objectives.		
Relevant Legislations and Policy: Part III.B of Chapter 4 of the Public Service Regulations, 2001 (PSR).		
Performance Indicator 14: Correlation between the departmental final MPAT 1.4 results with performance assessment of the HoD for the 2014/15 cycle. (exc Acting HoDs)		
Standards	Evidence Documents	
LEVEL 1: <ul style="list-style-type: none"> • HoD did not submit a signed performance agreement to the EA. 		
LEVEL 2: <ul style="list-style-type: none"> • HoD submitted a signed performance agreement to the EA for the current cycle. • Performance agreement was not filed with the relevant authority, i.e. DPME and the Office of the Public Service Commission (OPSC). 	<ul style="list-style-type: none"> • Proof of submission of performance agreement to EA. 	MODERATORS TO CHECK: <ul style="list-style-type: none"> • Evidence documents are valid for level 2.

<p>LEVEL 2+</p> <ul style="list-style-type: none"> The performance agreement for the current cycle was signed on or before 31 May and was filed with relevant authority by 30 June for existing HoDs /newly appointed HoDs have 3 months from date of appointment to comply. 	<ul style="list-style-type: none"> Proof of submission to DPME and OPSC. Persal report, indicating that HoD PA information is captured on the Persal system. 	<p>MODERATORS TO CHECK:</p> <ul style="list-style-type: none"> Performance agreement was signed on time and submitted to DPME and OPSC by due date.
<p>LEVEL 3:</p> <ul style="list-style-type: none"> The performance agreement for the current cycle was signed on or before 31 May and was filed with relevant authority by 30 June for existing HoDs / newly appointed HoDs have 3 months from date of appointment to comply. Annual performance assessment between the EA and HOD for the previous cycle (2015/2016) has been conducted and submitted to the DPME. There are no outstanding annual assessments of HoD for past 3 performance cycles (i.e. 2013/2014; 2014/2015 and 2015/2016). 	<ul style="list-style-type: none"> Proof that HoD performance agreement was submitted to DPME and OPSC. Annual assessment document between EA and HOD. Proof that annual assessment was submitted to DPME. Declaration from the EA or HOD to indicate that there are no outstanding annual assessments of the HoD for the past 3 performance cycles. 	<p>MODERATORS TO CHECK:</p> <ul style="list-style-type: none"> Performance agreement was signed on time and submitted to DPME and OPSC by due date. Existence of annual performance assessment document and proof of submission to DPME. Declaration from the EA or HOD indicating that there are no outstanding annual assessments of the HoD for the past 3 performance cycles.

<p>LEVEL 4:</p> <ul style="list-style-type: none">• Recognition is given for performance that exceeds expectations or poor performance is actively managed for the previous cycle (2015/2016).	<ul style="list-style-type: none">• Example of recognition of performance including letter or certificate of recognition or example of remedial and/or disciplinary action taken to address poor performance for the previous cycle (2015/2016).	<p>MODERATORS TO CHECK:</p> <ul style="list-style-type: none">• Letter or certificate for recognition of performance that exceeds expectations.• There is a process in place to manage poor performance. If there is poor performance check for a performance improvement plan.
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3.4 Performance Area: Employee Relations		
3.4.2 Standard name: Management of disciplinary cases		
Standard definition: Departments manage disciplinary cases within the prescribed framework		
Importance of the standard: Departments must ensure that employees conform to the code of conduct of the public service.		
Relevant Legislations and Policy: Public Service Regulations, 2001 (PSR), PSCBC Collective Agreement Resolution 1 of 2003 , the Chapter 7 of the SMS Handbook, FOSAD Plan and the Delivery Agreement for Outcome 12, Public Service Act, 1994 (as amended)		
Performance Indicator 15: Percentage (%) of grievances logged vs total employment during the past 12 months (2015/16).		
Performance Indicator 16: Percentage (%) of arbitrations awards and cases made in favour of the department during the past 12 months (2015/16).		
Standards	Evidence Documents	
LEVEL1: <ul style="list-style-type: none"> • Department does not finalise disciplinary cases within the prescribed period. 		
LEVEL2: <ul style="list-style-type: none"> • Department captures disciplinary cases on Persal but does not finalise within policy requirements. 	<ul style="list-style-type: none"> • Persal report that shows all disciplinary cases are captured. 	<p>MODERATORS TO CHECK:</p> <ul style="list-style-type: none"> • Evidence documents are valid for level 2.
LEVEL3: <ul style="list-style-type: none"> • Department finalises at least 90% of all disciplinary cases within the prescribed period (Case commences when 1st level supervisor becomes aware of the transgression). • All disciplinary cases are captured on Persal. • Department submits approved manual report on disciplinary cases quarterly to FOSAD. 	<ul style="list-style-type: none"> • Departmental report on finalisation of disciplinary cases. • Secondary data from DPSA on the finalisation of disciplinary cases • Persal report that shows all disciplinary cases are captured. • Manual report on disciplinary cases submitted to FOSAD (January to March 2016 and April to June 2016) 	<p>MODERATORS TO CHECK:</p> <ul style="list-style-type: none"> • Secondary data from DPSA. • 90% of all cases are finalised within 90 days from supervisory awareness of the transgressions. • Departments capture all disciplinary cases on Persal. • Manual reports on disciplinary cases are submitted quarterly to FOSAD.

<p>LEVEL 4:</p> <ul style="list-style-type: none">• Department conducts trend analysis (10 and more cases) for the period July 2015 to June 2016 on nature of misconduct and makes recommendations.• The Department implements preventative measures for the period July 2015 to June 2016.	<ul style="list-style-type: none">• Proof of trend analysis undertaken on misconduct cases (the trend analysis must be signed by the HR manager, include types of misconducts and recommendations to be put in place).• Examples of implemented recommendations from trend analysis and preventative measures taken.	<p>MODERATORS TO CHECK:</p> <ul style="list-style-type: none">• Trend analysis should include the nature of misconduct cases.• Evidence of implementation of the recommendation from the trend analysis.
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Key Performance Area 4:
Financial Management

KEY PERFORMANCE AREA 4: FINANCIAL MANAGEMENT PERFORMANCE INDICATORS

Performance Indicators will be piloted in the MPAT 2016 assessment

No	DESCRIPTOR/INDICATOR	VALUE	INTERPRETATION	Source	MPAT Standard
1	Extent to which projects in procurement plan are forecast and monitored	%	Percentage of deviation from the procurement plan. The purpose will be to assess the percentage of projects successfully implemented	Quarterly reports on procurement plan from Treasury	4.1.1
2	Departments audit report does not reflect adverse findings on movable assets		No findings on movable assets for the previous financial year	Audit Report	4.1.4
3	Percentage of expenditure in relation to budget	%	Department spends within 98% of the planned projections. The purpose will be to assess the institutions capacity to spend against the planned budget and assess the percentage of deviation between planned budget and actual expenditure	Deviation report in the IYM for the period April to August, EPRE, ENE	4.2.1
4	Timeliness of the issue of IYM reports	%	Reports are prepared monthly by departments and submitted to the National Treasury within 15 days of the close of the month. The National Treasury consolidates the reports and publishes the consolidated report on its website monthly, within 30 days of the close of the month. The purpose will be to assess the institutions capacity to meet its deadline	Treasury database of monthly IYM submission from departments	4.2.1
5	Payment Processing Time	%	Percentage of invoices paid within 30 days Number of invoices paid within 30 days of receipt by the institution against the total number of invoices received by the institution.	BAS/FOSAD Report	4.2.2
6	Delegations comply to the minimum levels of delegation as contained in the Directive		This indicator will be correlated with the average time taken to pay suppliers within 30 days to determine if delegation does improve payment time	BAS/FOSAD Report	4.2.5

4.1 Performance Area: Supply Chain Management		
4.1.1 Standard name: Demand Management		
Standard definition: Departments procure goods and services, based on needs assessment and specifications of goods and services, and linked to departmental budget.		
Importance of the standard: To encourage strategic procurement planning and compliance with legislative requirements which are meant to enhance efficiency, value for money, accountability and transparency in state procurement.		
Relevant Legislations and Policy: S38(1)(a)(iii) of the PFMA, Treasury Regulation 16A, Instruction Note Number 32 of 31 May 2011; National Treasury Circular: Guidelines on the Implementation of Demand Management		
Performance Indicator 1: Extent to which projects in procurement plan are forecast and monitored		
Standards	Evidence Documents	Moderation Criteria
<ul style="list-style-type: none"> Department does not have a procurement plan.¹⁸ 		
<ul style="list-style-type: none"> Department has an approved procurement plan in place but did not submit to Treasury on time. 	<ul style="list-style-type: none"> Approved Procurement plan in line with the template prescribed by National Treasury 	<p>MODERATORS TO CHECK</p> <ul style="list-style-type: none"> that evidence documents are valid for level 2

¹⁸ Procurement plan: This refers to all the departmental procurement above R500 000 as per the Treasury requirement

<ul style="list-style-type: none"> • Department has an approved procurement plan in place • Procurement plan is submitted to Treasury on time (30 April). • Department submits quarterly reports against procurement plan to relevant Treasury by the 15th of the month following the end of the quarter 	<ul style="list-style-type: none"> • Approved procurement plan in line with the template prescribed by National Treasury • Proof that procurement plan was submitted on time (30 April). • Quarterly report using the template as prescribed by National Treasury. (First Quarter Report) • Proof that quarterly report was submitted on time 	<p>MODERATORS TO CHECK</p> <ul style="list-style-type: none"> • That procurement plan was submitted on time, reflecting project name, description, start and end date, estimated cost, number of projects, responsible section and manager. • Department's procurement plan is linked to programme plans and budgets • Check date that procurement plan was submitted to relevant Treasury. • Check that departments have used template as prescribed by Treasury for Quarterly reporting and have submitted on time • Quarterly reports reflect deviation and compliance to procurement plan as well as management actions to address deviations; look at status , no deviations from procurement plan
<p>All level 3 requirements and :</p> <ul style="list-style-type: none"> • Department has a demand management plan¹⁹ in place • Department has a commodity sourcing strategy. 	<p>All level 3 evidence documents and:</p> <ul style="list-style-type: none"> • Demand management plan. • Commodity Sourcing strategy 	<p>Level 3 plus:</p> <p>MODERATORS TO CHECK</p> <ul style="list-style-type: none"> • Demand plan covers all the departmental procurement needs above and below R500 000 • Department's sourcing strategy reflects an assessment of which procurement options are appropriate for its spend.

¹⁹ Demand Management plan: This is the comprehensive plan that covers all the departmental procurement needs above and below R500 000

4.1 Performance Area: Supply Chain Management		
4.1.2 Standard name: Acquisition Management		
Standard definition: Department has processes in place for the effective and efficient acquisition of goods and services.		
Importance of the standard: To encourage departments to procure goods and services in a manner that promotes the constitutional principles of fairness, equity, transparency, competitiveness and cost-effectiveness.		
Relevant Legislation and Policy: S38(1)(a)(iii) of the PFMA, Treasury Regulation 16A, National Treasury Practice Note NO 8 of 2007/2008, Code of Conduct for Bid Adjudication Committees – 24 March 2006, Practice Note 7 of 2009/10 (Signing of code of conduct by SCM officials), National Treasury Contract Management Guide, NT’s General Conditions of Contract		
Standards	Evidence Documents	Moderation Criteria
<ul style="list-style-type: none"> Department does not make use of the National Treasury Central Supplier Database (CSD) 		
LEVEL2: <ul style="list-style-type: none"> Department uses the National Treasury Central Supplier Database (CSD) 	<ul style="list-style-type: none"> Proof that the department uses National Treasury CSD 	MODERATORS TO CHECK <ul style="list-style-type: none"> the existence of the required evidence for level 2
LEVEL3: <ul style="list-style-type: none"> Bid Committees in place and meet when required. Bid Committee members are from cross functional units Codes of Conduct signed by Bid Committee members and SCM practitioners. 	<ul style="list-style-type: none"> Three current Bid Committee appointment letters for adjudication committee, evidence of appointment for specification and evaluation committees. Sample of 3 attendance registers, declaration of confidentiality and conflict of interest for each committee Proof that bid committee members come from cross functional units. Signed Codes of Conduct by Bid Committee members and SCM practitioners (sample of at least, three for each) 	MODERATORS TO CHECK <ul style="list-style-type: none"> That Bid committees meet (3 attendance registers from at least three meetings). Moderator can accept less than three based on the activities indicated in the procurement plan. Cross functional composition of bid committees. SCM practitioners and Bid Committee members are aware of their ethical obligations.

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

All level 3 requirements and: <ul style="list-style-type: none">• Department reviews suppliers' performance	All Level 3 evidence documents and: <ul style="list-style-type: none">• Suppliers' performance report.	Level 3 plus: <ul style="list-style-type: none">• Check that the department reviews supplier performance
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4.1 Performance Area: Supply Chain Management		
4.1.3 Standard name: Logistics Management		
Standard definition: Departments have processes in place for managing the movement of goods\consumables from supplier to the end user.		
Importance of the standard: To encourage departments to adopt policies and procedures that promotes the principles of efficiency, effectiveness and economy in managing the movement of goods.		
Relevant Legislations and Policy: S38(1)(a)(iii) of the PFMA, Treasury Regulation 16A, Treasury Regulation 10.1.		
Standards	Evidence Documents	Moderation Criteria
<ul style="list-style-type: none"> Department does not have documented policy/processes for placing orders, receiving, inspection, setting of inventory levels\consumables and issuing of goods. 		
<ul style="list-style-type: none"> Department has documented policy\processes for placing orders, receiving, inspection, setting of inventory levels\consumable, and issuing of goods. 	<ul style="list-style-type: none"> Documented policy/process. 	<p>MODERATORS TO CHECK</p> <ul style="list-style-type: none"> That evidence documents exist for level 2
<ul style="list-style-type: none"> Department implements policy\processes for stock- taking, setting inventory levels\consumables, placing orders, receiving, inspection and issuing goods. 	<ul style="list-style-type: none"> Reports/ records on receiving and issuing of goods (e.g. LOGIS or equivalent). Latest stock-taking report if applicable 	<p>MODERATORS TO CHECK</p> <ul style="list-style-type: none"> That an inventory system is used (A report reflecting current/ recent inventory movement). Latest stock taking report if applicable
<p>All level 3 requirements and :</p> <ul style="list-style-type: none"> Department progressively reviews policy\processes for placing orders, receiving, inspection, setting of inventory levels\consumable, and issuing of goods. Department conducts internal customer satisfaction survey and takes action on the findings. 	<p>All Level 3 evidence documents and:</p> <ul style="list-style-type: none"> Review reports Report on results of customer survey and the implementation of the recommendations 	<p>MODERATORS TO VERIFY:</p> <ul style="list-style-type: none"> The review of policy. The existence of the improvement plans based on the findings of the customer satisfaction survey.

4.1 Performance Area: Supply Chain Management		
4.1.4 Standard Name: Movable Asset Management		
Standard definition: Tangible and intangible assets		
Importance of the standard: To ensure that manual or electronic processes and procedures are in place for the effective, efficient, economic and transparent management of the state movable assets over the entire life cycle.		
Relevant Legislations and Policy: S38(1)(d) of the PFMA, Treasury Regulation 10, Treasury Regulation 16A		
Performance Indicator 2: Departments audit report does not reflect adverse findings on movable assets		
Standards	Evidence Documents	Moderation Criteria
<ul style="list-style-type: none"> Department does not have an asset management strategy/ policy. 		
<ul style="list-style-type: none"> Department has an asset management policy 	<ul style="list-style-type: none"> Asset management policy 	<ul style="list-style-type: none"> Moderators to verify existence of asset management policy.

<ul style="list-style-type: none"> • Department has an Asset Management Plan linked to the MTEF budget. • Department implements the Asset Management Plan. • Disposal committee appointed and disposal meetings are held. • Department maintains a record of redundant assets unserviceable and obsolete assets. • Department considers financial, social and environmental factors in the disposal processes or there was no requirement for disposal. 	<ul style="list-style-type: none"> • Asset management plan that contains all the elements of acquisition, utilization, maintenance and disposal • Three year asset management strategy linked to department's strategic plan, annual performance plan, and budget • Note on asset in the Quarterly Financial Statement <ul style="list-style-type: none"> ○ Updated Asset register; ○ Asset Disposal Report • Appointment letters of Disposal Committee members. • Attendances register of Disposal Committee meetings (last 3 meetings, if applicable). • Minutes of Disposal Committee (last 3 meetings, if applicable). • Record on redundant, unserviceable and obsolete assets • Disposal Report 	<ul style="list-style-type: none"> • Three year asset management strategy (including acquisitions, utilization, maintenance and disposal) linked to the department's strategic plan, annual performance plan, and budget. • Asset management register include information on acquisition date, description, purchase price, location, expected lifespan, accumulated depreciation. • Appointment letters of Disposal Committee members. • Attendance register of Disposal Committee • Disposal Committee minutes reflecting disposal of goods and the reasons thereof • Record on redundant unserviceable and obsolete assets. • Disposal report shows that financial, social and environmental factors in disposal processes are considered, where relevant.
<p>All level 3 requirements and:</p> <ul style="list-style-type: none"> • Department periodically reviews the asset management policy. 	<p>All Level 3 evidence documents and:</p> <ul style="list-style-type: none"> • Revised policy or minutes of meeting or decision showing no need for changes to asset management policy. 	<p>Level 3 plus:</p> <ul style="list-style-type: none"> • Evidence that the Department reviewed existing asset management policy.

4.2 Performance Area: Expenditure Management		
4.2.1 Standard Name: Management of Cash Flow and Expenditure vs. Budget		
Standard definition: Ensure efficient and effective process for management of cash flow and expenditure vs. budget		
Importance of the standard: To encourage effective budget management, compliance with the reporting requirements of the PFMA and the implementation of measures to prevent under/over expenditure.		
Relevant Legislations and Policy: S40(4) of the PFMA, Treasury Regulation 15		
Performance Indicator 3: Percentage of expenditure in relation to budget		
Performance Indicator 4: Timeliness of the issue of IYM reports		
Standards	Evidence Documents	Moderation Criteria
<ul style="list-style-type: none"> Department does not have a cash-flow projection. 		
<ul style="list-style-type: none"> Department has a cash-flow projection and did not submit it to relevant Treasury on time. 	<ul style="list-style-type: none"> Cash-flow projection 	<ul style="list-style-type: none"> Moderators to verify: existence of Cash-flow projection.
<ul style="list-style-type: none"> Department Cash-flow projection is submitted to relevant Treasury by end of February Department submits IYM report to relevant treasury on or by the 15th of each month 	<ul style="list-style-type: none"> Proof of timely submission to relevant Treasury Proof of IYM reports for each month from April to August of the current financial year. Proof of timely submission to relevant Treasury 	<ul style="list-style-type: none"> Proof of submission of Cash-flow projections to the relevant treasury by no later than the last working day of February preceding the financial year to which it relates. Verify that the IYM reports were submitted by the 15th of every month. The department's expenditure for April to August falls within projections.
All level 3 requirements and: <ul style="list-style-type: none"> Management regularly reviews expenditure vs planned budgets and takes actions to prevent under/over expenditure. 	All Level 3 evidence documents and: <ul style="list-style-type: none"> Report on reviews of expenditure vs budget. 	Level 3 plus: <ul style="list-style-type: none"> Moderators check management action to correct deviations in expenditure versus budget.

4.2 Performance Area: Expenditure Management		
4.2.2 Standard Name: Payment of Suppliers		
Standard definition: Effective and efficient process for the timely payment of suppliers.		
Importance of the standard: To ensure that departments pay suppliers within 30 days of receiving a valid invoice.		
Relevant Legislations and Policy: S38(1)(f) of the PFMA, Treasury Regulation 8.2.3, NT Instruction Note Number 34 of 2011		
Performance Indicator 5: Payment Processing Time		
Standards	Evidence Documents	Moderation Criteria
<ul style="list-style-type: none"> Department does not submit monthly exception reports to Treasury on payment of suppliers. 		
<ul style="list-style-type: none"> Department submits monthly exception reports to Treasury on payment of suppliers later than the 7th of each month. 	<ul style="list-style-type: none"> Exception reports submitted for each month from September 2015 to August 2016 using template prescribed by National Treasury 	<ul style="list-style-type: none"> Moderators to confirm the existence of exception reports
<ul style="list-style-type: none"> Department has an invoice tracking system. Department submits monthly exception reports to Treasury on the payment of suppliers by the 7th of each month Department pays all its valid invoices within 30 days Department investigates cases where invoices are not paid after 30 days and takes appropriate action or there is no need for intervention 	<ul style="list-style-type: none"> Evidence of an invoice tracking system Proof of timely submission to Treasury Evidence that department pays all its suppliers within 30 days Proof of investigations where invoices are paid after 30 days and appropriate action taken (where applicable). 	<ul style="list-style-type: none"> Proof of invoice tracking system showing suppliers, invoice submission date, invoice payment authorisation, invoice payment date as minimum requirements. Confirm that exception reports were submitted within the stipulated timeframe. Exception reports for the period September 2015 to August 2016 reflects that the department pays all its suppliers within 30 days. Proof of investigations and appropriate actions against implicated officials, where invoices are paid after 30 days.

All level 3 requirements and: <ul style="list-style-type: none">• Department reviews the effectiveness of the business processes for managing payments and makes improvements	All Level 3 evidence documents and: <ul style="list-style-type: none">• Evidence of process reviews and risk mitigating plans	Level 3 plus: <ul style="list-style-type: none">• Moderator to check for evidence that the department reviewed its business processes and implemented improvements or the exception reports reflect that the department paid all its suppliers within 30 days.
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4.2 Performance Area: Expenditure Management		
4.2.3 Standard name: Management of Unauthorized, Irregular, Fruitless, and Wasteful Expenditure		
Standard definition: Ensure efficient and effective process in place to prevent and detect unauthorized, irregular, fruitless and wasteful expenditure		
Importance of the standard: To ensure that departments have documented policies and procedures in place to detect and prevent the incurrence of unauthorized, irregular, fruitless and wasteful expenditure and to take disciplinary actions against negligent officials in this regard.		
Relevant Legislations and Policy: S38(1)(c)(iii) and S38(1)(g) and s38(1)(h)(iii) of the PFMA, Treasury Regulation 9		
Standards	Evidence Documents	Moderation Criteria
<ul style="list-style-type: none"> Department does not have a process in place to prevent and detect unauthorised, irregular, fruitless and wasteful expenditure. 		
<ul style="list-style-type: none"> Department has a documented process or policy in place to prevent and manage unauthorised, irregular, fruitless and wasteful expenditure. 	<ul style="list-style-type: none"> Documented process / policy 	<ul style="list-style-type: none"> Moderators to verify existence of the process to prevent and detect unauthorised, irregular, fruitless and wasteful expenditure.
<ul style="list-style-type: none"> Management identifies and manages unauthorised, irregular, fruitless and wasteful expenditure, investigates reasons, communicates management findings to responsible officials and takes disciplinary action against negligent officials. Department addresses audit findings on fruitless, unauthorised and irregular expenditure or proof of clean audit. 	<ul style="list-style-type: none"> Investigation report on reasons for unauthorized, irregular, fruitless and wasteful expenditure not older than 12 months. Management feedback to responsible officials Evidence of disciplinary action taken against negligent officials or condonation of unauthorized, irregular, fruitless and wasteful expenditure. Approved action plan to address audit findings emanating from the previous financial year or proof of clean audit. 	<p>Moderators to verify existence of:</p> <ul style="list-style-type: none"> Investigation reports showing the nature of fruitless and wasteful expenditure, reasons for such expenditure, responsible officials Management feedback to responsible officials Disciplinary action taken against negligent officials Reasons for condonation of unauthorised, irregular, fruitless and wasteful expenditure or proof of clean audit

All level 3 requirements and: <ul style="list-style-type: none">• Management effectively manages unauthorised, irregular, fruitless and wasteful expenditure or proof of clean audit	All Level 3 evidence documents and: <ul style="list-style-type: none">• No findings on unauthorised, irregular, fruitless and wasteful expenditure in the Audit Report and no emphasis of matter relating to unauthorised, irregular, fruitless and wasteful expenditure in the annual financial statements	Level 3 plus: Moderators to check: <ul style="list-style-type: none">• Check that there is no findings and no emphasis of matter relating to unauthorised, irregular, fruitless and wasteful expenditure in the Audit Report and annual financial statements• That the department obtained a clean audit.
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4.2 Performance Area: Expenditure Management		
4.2.4 Standard name: Pay sheet certification		
Standard definition: Departments have a process in place to manage pay sheet certification and quality control.		
Importance of the standard: The pay sheet certification aims to ensure that correct employees are paid at the correct pay point in order to avoid fruitless expenditure.		
Relevant Legislations and Policy: Public Finance Management Act, 1999, Part VII of Chapter 1 of the Public Service Regulations, 2001.		
Standards	Evidence Documents	Moderation Criteria
<ul style="list-style-type: none"> No process in place to manage monthly pay sheet certification. 		
<ul style="list-style-type: none"> Pay sheet certification process is in place but is not implemented or only partially implemented. 	<ul style="list-style-type: none"> Documented process on pay sheet certification. 	<ul style="list-style-type: none"> Moderators to check that departments have a process in place for pay sheet certification.
<ul style="list-style-type: none"> Pay sheet certification process is in place. Pay sheet certification process is fully implemented on a monthly basis. Department has a process in place for transferring and terminating staff to avoid fruitless expenditure. 	<ul style="list-style-type: none"> Documented process or procedure on pay sheet certification. AG report on pay sheet certification if audited. Return of pay sheets April to June. Termination and transfer procedures 	<ul style="list-style-type: none"> Moderators to reflect on the existence of the documented process or procedure on pay sheet certification. Moderators reflect on sample of 3 months signed payroll report.
All level 3 requirements and: <ul style="list-style-type: none"> Analysis is performed on payroll certification to identify possible “ghost workers” and implement corrective measures if necessary. 	All Level 3 evidence documents and: <ul style="list-style-type: none"> Report on physical payroll verification that was conducted and the analysis. 	Level 3 plus: <ul style="list-style-type: none"> Check if the payroll report reconciliation variances are being addressed by the department.

4.2 Performance Area: Delegations		
4.2.5 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.		
Importance of the standard: Delegations are in line with legislative requirements, improved service delivery through speedily decision making mechanisms closer to the point of where services are rendered. The workload of the HODs is also been reduced thus enabling more attention to strategic issues of their departments.		
Relevant Legislation: Section 44 of the Public Finance Management Act 1, of 1999.		
Performance Indicator 6: Delegations comply to the minimum levels of delegation as contained in the Directive		
Standards	Evidence	Moderation Criteria
<ul style="list-style-type: none"> Department has no financial management delegations of authority. 		
<ul style="list-style-type: none"> Department has financial management delegations in place and such are not aligned to National Treasury guidelines. 	<ul style="list-style-type: none"> Delegations documents available in any format 	<ul style="list-style-type: none"> Moderators to check that evidence documents are valid for level 2.
<ul style="list-style-type: none"> Department has financial management delegations in place and aligned to National Treasury guidelines and approved structure. 	<ul style="list-style-type: none"> Approved delegations of authority document - Internal Audit to verify and ensure that the delegations are initialled on each page (<i>reflecting last date of approval</i>) Delegations aligned to organisational structure, strategic plan, annual performance plan and risk assessment register. 	<ul style="list-style-type: none"> Delegations of authority must be from Accounting Officer to CFO and other officials: Delegations register must be approved: <ul style="list-style-type: none"> Cover/first page must be dated and signed by Accounting Officer; All pages must be initialed by Accounting Officer to avoid unauthorized changes. Conditions of and limitations to the delegations must be specified.

<p>All level 3 requirements and:</p> <ul style="list-style-type: none">• Delegations from Accounting Officer to all relevant performer levels are appropriate for the levels.	<p>All Level 3 evidence documents and:</p> <ul style="list-style-type: none">• Delegations adhere to guidelines.	<p>Level 3 plus:</p> <ul style="list-style-type: none">• Delegations to other financial management including supply chain management committees (e.g. Bid Committee).• The delegations document must cover both PFMA and the Treasury Regulations.• Check the levels against the NT guidelines.
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