PERFORMANCE PLAN

DEPUTY CITY MANAGER CORPORATE SERVICES

UMHLATHUZE MUNICIPALITY

This plan defines the Council's expectations of the Deputy City Manager Corporate Services in accordance with the Deputy City Manager Corporate Services' performance agreement to which this document is attached. Section 57 (5) of the Municipal Systems Act and the Performance Regulations gazetted in Notice No 805, published on 1 August 2006, which provides that performance objectives and targets must be based on the key performance indicators set out from time to time in the Municipality's Integrated Development Plan and determined in agreement with the City Manager (as representative of Council).

There are 6 parts to this plan:

- 1. A statement about the purpose of the position.
- 2. Performance review procedure
- 3. Functional alignment of the individual performance scorecard to the Integrated Development Plan of the organisation
- 4. Score card detailing IDP Goals (KPA's) and their related performance indicators, weightings and target dates.
- 5. Competency Requirements
- 6. Consolidated score (Performance Assessment Calculator)

The period of this plan is from 1 July 2024 to 30 June 2025

Signed and accepted by the Deputy City Manager Corporate Services (DCM CS)	Date:	29/05/2025
Signed by the City Manager (CM) on behalf of Council:	Date:	30/05/2029

1. POSITION PURPOSE

To perform all the duties and functions of the Deputy City Manager Corporate Services (DCM CS) as required by the relevant legislation or reasonably stipulated by the MM, to be accountable for the execution of all the directions and resolutions of the Municipality, the co-ordination of all the activities of the Municipality, to be accountable for the general supervision, control and efficiency of the Department of the Deputy City Manager Corporate Services and to ensure compliance with all of the key performance areas as set out in the contract of employment between the Council and the Deputy City Manager Corporate Services.

2. PERFORMANCE REVIEW PROCEDURE

- 1. A performance review will be held on a quarterly basis with a formal performance review bi-annually in December/January and in June/July after the end of the financial year with the understanding that review in the first and third quarter may be verbal if performance is satisfactory.
- 2. The CM may request input from agendas, minutes and "customers" on the DCM CS' performance throughout the review period. This may be done through discussion or by asking "customers" to complete a rating form to submit to the evaluation panel for consideration. Customers are people who are able to comment on the DCM CS' performance since they have worked closely with her on some or all aspects of her job.
- 3. The DCM CS to prepare for quarterly performance evaluation by providing a brief description of achievements, including reference to evidence, supporting documentation (documents, reports and/or resolutions with dates of submission) in the relevant column in section 4 (KPA scorecard below). Achievements to be reported on cumulatively.
- 4. The DCM CS to provide a self-rating for herself for the mid-year- and final assessment against the agreed objectives in the column provided in the KPA scorecard.
- 5. The DCM CS and Evaluation panel to meet to conduct formal performance rating and agree final scores. It may be necessary to have two meetings i.e. give the DCM CS scores and allow her time to consider them before final agreement. In the event of a disagreement, the evaluation panel has the final say with regard to the final score that is given.
- 6. The Evaluation panel to provide ratings of the DCM CS' performance against agreed objectives as a result of portfolio of evidence and/or comments and "customer" input.
- 7. Initially the scoring should be recorded on the scorecard then transferred onto the consolidated score sheet.
- 8. Any reasons for non-compliance should be recorded during the review session by keeping of minutes of the review session.
- 9. The assessment of the performance of the DCM CS will be based on the following rating scale for KPA's:

Terminology	Description	Rating Level
Outstanding Performance	Performance far exceeds the standard expected of the DCM CS at this level. The appraisal indicates that the DCM CS has achieved above fully effective results against all performance criteria and indicators as specified in the PA and Performance plan and maintained this in all areas of responsibility throughout the year.	5
Performance significantly above expectation	Performance is significantly higher than the standard expected in the job. The appraisal indicates that the DCM CS has achieved above fully effective results against more than half of the performance criteria and indicators and fully achieved all others throughout the year.	4
Fully Effective	Performance fully meets the standards expected in all areas of the job. The appraisal indicates that the DCM CS has fully achieved effective results against all significant performance criteria and indicators as specified in the PA and Performance Plan.	3
Performance not fully Effective	Performance is below the standard required for the job in key areas. Performance meets some of the standards expected for the job. The review/assessment indicates that the DCM CS has achieved below fully effective results against more than half the key performance criteria and indicators as specified in the PA and Performance Plan.	2
Unacceptable Performance	Performance does not meet the standard expected for the job. The review/assessment indicates that the DCM CS has achieved below fully effective results against almost all of the performance criteria and indicators as specified in the PA and Performance Plan. The DCM CS has failed to demonstrate the commitment or ability to bring performance up to the level expected in the job despite management efforts to encourage improvement.	1

- 10. Only those items relevant for the review period in question should be scored.
- 11. The assessment of the performance of the DCM CS on all Competencies will be based on the rating scale as reflected in section 4 of the performance plan.
- 12. The CM and the DCM CS to prepare and agree on a personal development plan (PDP) for addressing developmental gaps.
- 13. The CM and DCM CS to set new objectives, targets, performance indicators, weightings and dates etc. for the following financial year.
- 14. Poor work performance will be dealt with in terms of regulation 32 (3) of the Performance Regulations gazetted in Notice No 805, published on 1 August 2006.

3. FUNCTIONAL ALIGNMENT OF THE INDIVIDUAL PERFORMANCE SCORECARD TO THE INTEGRATED DEVELOPMENT PLAN (IDP) OF THE ORGANISATION

The Integrated Development Plan (IDP) 2022/2027 of the uMhlathuze Local Municipality is aligned to the prescribed National Key Performance Areas:

- 1. Good Governance and Public Participation
- 2. Basic Service Delivery
- 3. Local Economic Development
- 4. Institutional Development and Transformation
- 5. Financial Viability and Management
- 6. Cross Cutting

The Deputy City Manager Corporate Services is directly accountable for the following IDP Programmes directly linked to the IDP Framework as indicated in the IDP column of the scorecard:

GOALS	OBJECTIVES	STRATEGIES					
1.1 Democratic, Responsible, Transparent,	1.1.1 To ensure effective and efficient	1.1.1.1 Provide administrative support for all Council Committees					
Objective and Equitable Municipal Governance	administration complying with its Legal Mandates	1.1.1.2 Strengthening Council Oversight through training on Legislation and Policies					
Oovernance		1.1.1.3 Development and review of policies that will lead to improved service delivery and legislative compliance					
		1.1.1.4 Compliance with the Occupational Health and Safety Act and Compensation for occupational injuries and diseases					
	1.1.2 To maintain an organizational performance management system as a tool to monitor progress of service delivery	te 1.1.2.1 Monitor evaluate measure and review the performance of the municipality against indicators and target set in the IDP					
	1.1.3 Ensure Institutionalisation of Batho Pele Culture	1.1.3.1 Implement a Service Charter to meet set standards					
	1.1.4 To promote a municipal governance system that enhances and embraces the system of participatory Governance	1.1.4.1 Capacitate Ward Committees to improve their effectiveness					
		1.1.4.2 Development of an Integrated Development Plan within prescribed legislative guidelines					
		1.1.4.3 Facilitation of Stakeholder and Community participation in policy making					
		1.1.4.4 Implementation of effective communication strategy					
		1.1.4.5 Effective and efficient ICT Systems enabling Informed decision making and communication					
	1.1.5 To promote Access to Information and Accountability	1.1.5.1 Ensure access information in line with relevant legal prescripts					
	1.1.6 To bring the organisation to an enabled risk maturity level	1.1.6.1 Implementation and maintenance of an efficient Enterprise Risk Management system and Business Continuity					
	1.1.7 Ensure reliability and maintain	1.1.7.1 Effective Audit Committee					
	independence of internal audit activity	1.1.7.2 Effective and value adding internal audit activity					

GOALS	OBJECTIVES	STRATEGIES
4.1 A Municipality that is Resourced and Committed to attaining the vision and mission of the organisation	4.1.1 To create an appropriate	4.1.1.1 Review and implement the attraction, recruitment and retention strategies.
	organisational climate that will attract and ensure retention of staff	4.1.1.2 Review and implement Employment Equity Policy
		4.1.1.3 Review and Implement EAP Policy and plans
		4.1.1.4 Develop an effective training and development strategy and programs
		4.1.1.5 Create and maintain sound labour relations between employer and employees
		4.1.1.6 Maintenance of an organisational structure in line with organisational objectives

GOALS	OBJECTIVES	STRATEGIES					
5.1 Sound Financial And Supply Chain Management	5.1.1 Compliance with financial legislation and policies	5.1.1.1 GRAP compliant					
-		5.1.1.2 mSCOA compliant 5.1.1.3 Review of all financial related policies					
		5.1.1.4 Compliance with all MFMA and relevant local government financial legislation					
	5.2.1 Sustainable Financial management (Expenditure and Revenue)	nt 5.2.1.1 Provide continuous Internal Communication and support on Budget and Financial Management n					
		5.2.1.2 Asset Accounting Management					
		5.2.1.3 Accurate and timeous billing and receipting of revenue					
		5.2.1.4 Apply Adequate Internal controls					
		5.2.1.5 Accurate and timeous payments of creditors					
		5.2.1.6 Apply adequate financial management methodologies					
	5.3.1 Supply Chain Management	5.3.1.1 Demand and acquisition management					
		5.3.1.2 Accurate contracts and logistics management					
		5.3.1.3 Apply adequate financial management methodologies					

4. KEY PERFORMANCE AREA SCORECARD

Refer to a separate document reflecting the Key Performance Area Scorecard, Appendix A1 on DMS 1687250.

The ratings attached to this section will performance in terms of the outputs/outcomes (performance indicators) identified in the KPA scorecard are linked to each of the relevant KPA's, which constitute 80% of the overall assessment result as per the weightings agreed to.

5. COMPETENCY REQUIREMENTS FOR THE DEPUTY CITY MANAGER CORPORATE SERVICES

Refer to separate document reflecting Competency requirements in terms of the Local Government: Performance Regulations gazetted in Notice No 805, published on 1 August 2006, **Appendix A2 on DMS 1687217**.

The ratings attached to this section will impact on the final performance score and will constitute 20% of the overall assessment result and will assist in identifying areas of development for inclusion in a personal development plan (PDP) for addressing developmental gaps.

6. CONSOLIDATED SCORE (Refer to PMS Calculator)

The consolidated performance Evaluation Results will be attached separately to this Performance Plan

DEPUTY CITY MANAGER CORPORATE SERVICES 2024/2025

							QUARTERLY TARGETS				
STRATEGIC OBJECTIVE	IDP STRATEGY	KPI NO.	KEY PERFORMANCE INDICATOR	ANNUAL TARGET	WEIGHT	AUDIT EVIDENCE REQUIREMENT	Q1	Q2	Q3	Q4	
							01 JUL - 30 SEPT	01 OCT - 31 DEC	01 JAN - 31 MAR	01 APR - 30 JUN	
				KPA: GOOD GOVE	RNANCE	AND PUBLIC PARTICIPATION (19 KPIs = 5	51%)			Please a per te	
						Administration					
	1.1.1.1 Provide administrative support for all Council Committees	CS 1	Number of Council and Exco Meetings held	16	3	a) Signed notice of meetings b) Agenda and minutes	4	4	4	4	
.1.3 Ensure Institutionalisation of Batho Pele Culture	1.1.3.1 Implement a Service Charter to meet set standards	CS 2	% of complaints received and processed through municipal complaint management system	100%	3	a) Quarterly report on complaints management	100%	100%	100%	100%	
		CS 3	Number of Batho Pele activities implemented in the Corporate Services Department	4	2	a) Proof of actievities implemented	1 Batho Pele activity	1 Batho Pele activity	1 Batho Pele activity	1 Batho Pele activity	
1.1.5 To promote access to information and accountability	1.1.5.1 Ensure access information in line with relevant legal prescripts	CS 4	Date of submitting Section 32 Report to Information Regulatory outlining requests for Municipal information	30 June 2025	3	a) Report b) Proof of submission	N/A	N/A	N/A	Section 32 Report submitted	
		CS 5	Number of inspections conducted to ensure effective and efficient records management	4	3	a) Inspection Report to CS Portfolio Committee	1 Inspection	1 Inspection Report	1 Inspection Report	1 Inspection Report	
		CS 6	% Compliance with Records Management legislative prescripts	100%	3	a) Updated compliance checklist	100% Compliance	100% Compliance	100% Compliance	100% Compliance	
		CS 7	Number of Airport Management reports submited to Council	4	2	Quaterly report	1 Airport Quarterly Report	1 Airport Quarterly Report	1 Airport Quarterly Report	1 Airport Quarterly Report	
		CS 8	Number of Facilities Management reports submitted to Council	4	2	Quarterly report	1 Facilities Management Quarterly Report	1 Facilities Management Quarterly Report	1 Facilities Management Quarterly Report	1 Facilities Management Quarterly Report	
						Legal Services	1765 E. 176 F		THE NUMBER OF		
	1.1.1.3 Development and review of policies that will lead to improved service delivery and legislative compliance	CS 9	% of policies reviewed by Corporate Services and adopted by Council in the 2024/25 financial year	100%	3	a) CS -Policy Register b) Quarterly Report to CS Portfolio c) Council Resolution for the fourth quarter for all policies	N/A	N/A	N/A	100%	
		CS 10	% of SLA (with complete information submitted), finalised within 7 days	100%	3	a) Updated Register of SLA's with dates	100%	100%	100%	100%	
		CS 11	Number of reports on litigations and all legal related matters of the Municipality submitted to Council	4	3	a) Updated litigations Register b) Quarterly Report on Litigation	1 Legal Services Report	1 Legal Services Report	1 Legal Services Report	1 Legal Services Report	
				- 1 / 1 - 1 / 1 - 1 / 1 / 1 / 1 / 1 / 1	Human I	Resources Management					
administration complying with its Legal Ac occurrence o	1.1.1.4 Compliance with the Occupational Health and Safety Act and Compensation for	CS 12	Number of OHS Awareness Campaigns/ Briefings conducted	4	2	a) Attendance register b) Flyer / Poster/ Email	Safety Awareness Campaign/ Briefing Session conducted	1 Safety Awareness Campaign/ Briefing Session conducted	Safety Awareness Campaign/ Briefing Session conducted	Safety Awareness Campaign/ Briefing Session conducted	
	occupational injuries and diseases	CS 13	% Implementation of OHS Recommended Administrative Controls	90%	3	a) List of Recommendations for the quarter b) Summary Report from OHS Unit	90% of OHS Recommendations due for the quarter implemented	90% of OHS Recommendations due for the quarter implemented	90% of OHS Recommendations due for the quarter implemented	90% of OHS Recommendations du for the quarter implemented	
		CS 14	Number of reports submitted by Occupational Health Clinic to Council	4	2	a) Quarterly reports with statistical analysis of occupational health services rendered	1 Occupational Health Clinic Report	1 Occupational Health Clinic Report	1 Occupational Health Clinic Report	1 Occupational Health Clinic Repor	

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STRATEGIC OBJECTIVE	IDP STRATEGY	KPI NO.	KEY PERFORMANCE INDICATOR	ANNUAL TARGET	WEIGHT	AUDIT EVIDENCE REQUIREMENT	Q1	Q2	Q3	Q4
							01 JUL - 30 SEPT	01 OCT - 31 DEC	01 JAN - 31 MAR	01 APR - 30 JUN
		1.		Info	rmation ar	nd Communication Technology				
governance system that enhances and	1.1.4.4 Adequate implementation of ICT Systems	CS 15	% Availability of ICT Systems	90% (Average)	3	a) Monthly report to Council on system availability	90% availability	90% availability	90% availability	90% availability
embraces the system of participatory Governance	enabling Informed decision making and communication	CS 16	Number of ICT Steering Committee Meetings held	10	2	a) Agenda b) Steering Committee Minutes	3 ICT Steering Committee meetings:	2 ICT Steering Committee meetings	2 ICT Steering Committee meetings	3 ICT Steering Committee meetings
,	1.1.6.1 Implementation and maintenance of an efficient Enterprise Risk Management system and Business Continuity	CS 17	% completion of Action Plans for each quarter as documented in the strategic risk register for Corporate Services (Excluding those outside own control)	100%		a) Updated risk register b) Sign-off document as proof of endorsement by DCM c) Executive summary report on achievements by CRO	100% completion of Action Plans due for the quarter	100% completion of Action Plans due for the quarter	100% completion of Action Plans due for the quarter	100% completion of Action Plans due for the quarter
1.1.7 To ensure reliability and maintain independence of internal audit activities adding internal audit activities.		CS 18	% implementation of previously raised Internal Audit recommendations within Corporate Services Department (Excluding those outside own control)	100%	3	a) Quarterly Register of Findings from Internal Audit with status of progress on implementation plans(Quarterly follow-up reports)	100% implementation of IA recommendations due within Q4	100% implementation of IA recommendations due within Q1	100% implementation of IA recommendations due within Q2	100% implementation of IA recommendations due within Q3
		CS 19	% Resolution of 2023/24 AG findings in the overall AG Action Plan	100%	3	a) Quarterly Report on the resolution of AG findings by CAE	S N/A	N/A	50% of AG findings resolved	100% of AG findings resolved
	a a la batta de de	100	KPA	: MUNICIPAL INSTITUT	IONAL DE	 VELOPMENT AND TRANSFORMATION (1:	2 KPIs = 35%)			
organisational climate that will attract training an	4.1.1.4 Develop an effective training and development strategy and programs	CS 20	Date of submitting signed Performance Plans for all employees below section 56 Managers (Level 11 upwards) within Corporate Services Department	31-Jul-24	3	a) Signed Performance Plans b) Proof of submission to PMS Unit	2024/25 Performance Plans for employee below section 56 Managers signed and submitted to PMS Unit	N/A	N/A	N/A
		CS 21	Number of Performance Assessments for employees below section 56 Managers conducted within Corporate Services Department	2	3	a) Assessment Report b) Attendance Register	2023/24 Annual Performance Assessments conducted by 31 August 2024	N/A	2024/25 Mid-Year Performance Assessments conducted by 31 January 2025	N/A

STRATEGIC OBJECTIVE	IDP STRATEGY	KPI NO.	KEY PERFORMANCE INDICATOR	ANNUAL TARGET	WEIGHT	AUDIT EVIDENCE REQUIREMENT	Q1	Q2	Q3	Q4
							01 JUL - 30 SEPT	01 OCT - 31 DEC	01 JAN - 31 MAR	01 APR - 30 JUN
4.1.1 To create an appropriate organisational climate that will attract and ensure retention of staff	4.1.1 To create an appropriate organisational climate that will attract and ensure retention of	CS 22	% retention of staff from level 15 upwards	90% (Average)	3	a) HR Report with supporting calculations	90%	90%	90%	90%
	staff	CS 23	% of working days that section 54/56 positions are filled by permanent staff	90% (Average)	3	a) HR Report with supporting calculations	90%	90%	90%	90%
	4.1.1.2 Review and implement Employment Equity Policy	CS 24	Disability related programmes (workshops/awareness campaigns)	4	2	a) Agenda b) Attendance register c) Programme Material	1	1	1	1
	4.1.1.3 Review and Implement EAP Policy and plans	CS 25	Number of Employee Assistance Programmes (EAP) implemented	2	3	a) Attendance Register b) Programme Material	N/A	1 EAP Programme implemented	N/A	1 EAP Programme implemented
	4.1.1.4 Develop an effective training and development strategy and programs	CS 26	Date of submission of Workplace Skills Plan (WSP)	30-Jun-25	3	a) Proof of submission/ Letter of acknowledgment from LGSETA	N/A	N/A	N/A	WSP Submitted to LGSETA by 30 April
		CS 27	Number of training programmes provided as implementation of the Workplace Skills Plan	20	3	a) Attendance register for training provided b) Programme and report on the programme held	5 Training Programmes provided	5 Training Programmes provided	5 Training Programmes provided	5 Training Programmes provided
	4.1.1.5 Create and maintain sound labour relations between employer and employees	CS 28	Number of Local Labour Forums (LLF) Meetings held	8	3	a) Approved calendar of meetings b) Signed notice of meetings	2 LLF meetings	2 LLF meetings	2 LLF meetings	2 LLF meetings
		CS 29	% of cases whose disciplinary procedure commenced within a month of registration	100%	3	a)Updated Case register with dates	100%	100%	100%	100%
		CS 30	Number of labour relations training sessions	3		a) Attendance register b) Copy of training material	N/A	1 training	1 Training	1 Training
	4.1.1.6 Maintenance of an organisational structure in line with organisational objectives	CS 31	Annual review of the municipal organogram/structure by 30 June 2025	30-Jun-25		a) Proof of amendment/ implementation of Council resolutions b) Quarterly report	N/A	N/A	Change Management training to Managers	a) Submit annual review of organogram/structure to Council for Adoption b) Signed Job descriptions for all newly appointed employees in the financial year
		9 11111	THE THE PART OF STREET	KPA: MUNICIPAL F	INANCIAL	 	14%)			

			1			THAT COM ONATE SERVICE				
STRATEGIC OBJECTIVE	IDP STRATEGY	KPI NO.	. KEY PERFORMANCE INDICATOR	ANNUAL TARGET	WEIGHT	AUDIT EVIDENCE REQUIREMENT	Q1	Q2	Q3	Q4
							01 JUL - 30 SEPT	01 OCT - 31 DEC	01 JAN - 31 MAR	01 APR - 30 JUN
5.2.1 Sustainable Financial management (Expenditure and Revenue) 5.2.1.6 Apply adequate financial management methodologies	CS 32	% Capital expenditure of approved projects co- ordinated and facilitated by the CS Department	90%	3	a) Expenditure report	7,6% expenditure:	73,5% expenditure	90% expenditure	90% expenditure	
		CS 33	% Budget Spent on Workplace Skills Plan (cumulative)	95%		a) Copy of report b) Invoices for training sessions	5% Expenditure	25% Spend against annual budget	30% Spend against annual budget	35% Spend against annual budget
		CS 34	% Operating Budget spent on implementing Workplace Skills Plan	1%	3	a) Copy of report b) SARS EMP 201 forms	1% of Quarterly Payroll budget spent	1% of Quarterly Payroll budget spent	1% of Quarterly Payroll budget spent	1% of Quarterly Payroll budget spen
5.3.1 Supply Chain Management	5.3.1.2 Accurate contracts and logistics management	CS 35	Number of contract monitoring registers signed by DCM	4 Signed Contract Monitoring Registers	2	a) Quarterly Contract Monitoring Register signed by DCM	a) Quarterly Contract Monitoring Register signed by DCM	a) Quarterly Contract Monitoring Register signed by DCM	a) Quarterly Contract Monitoring Register signed by DCM	a) Quarterly Contract Monitoring Register signed by DCM
	5.3.1.1 Demand and acquisition management	CS 36	Date of submitting Procurement Plan	30-Jun-25	2	a) Proof of procurement plan submission	N/A	N/A	N/A	Procurement Plan for 2025/2026 submitted to SCM