



Consolidated Monitoring and Evaluation Report on the Offices of the Premier

Evaluation Cycle 2010/2011

Public Service Commission

March 2012

Vision

The Public Service Commission is an independent and impartial body created by the Constitution, 1996, to enhance excellence in governance within the Public Service by promoting a professional and ethical environment and adding value to a public administration that is accountable, equitable, efficient, effective, corruption-free and responsive to the needs of the people of South Africa.

Mission

The Public Service Commission aims to promote the constitutionally enshrined democratic principles and values of the Public Service by investigating, monitoring, evaluating, communicating and reporting on public administration. Through research processes, it will ensure the promotion of excellence in governance and the delivery of affordable and sustainable quality services.

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Custodian of Good Governance

Foreword

It gives me great pleasure to release this Consolidated Public Service Monitoring and Evaluation Report on the Offices of the Premier. This is the third sector-specific report published by the Public Service Commission (PSC). The first report of this nature was published during the 2010/11 financial year based on the evaluation of the Departments of Human Settlements. This was followed by a Consolidated Public Service Monitoring and Evaluation Report on the North West Departments. These sector-specific evaluations provide an in-depth assessment of the performance of the Public Service in that particular sector and shed light on critical issues that need to be taken into cognisance in order to improve the sectors' performance.



This report is the outcome of research undertaken in the Offices of the Premier in each of the nine provinces during the 2010/11 financial year, using the PSC's Public Service Monitoring and Evaluation System (System). The System is based on the nine (CVPs) governing public administration listed in Section 195 of the Constitution. The System generates baseline data and comparable statistics on each of the Offices included in the evaluation cycle. Given the fact that four Offices had been evaluated previously, a comparative analysis is provided to track progress since the first evaluation.

The Offices achieved an overall average performance of 61%, which represents good performance against most of the standards. The performance of the previously evaluated Offices of the Premier has improved by 9% from 59% (adequate performance against several of the standards) to 68% (good performance against most of the standards). The report highlights the strengths and weaknesses identified during the evaluation on each of the nine values and principles.

The PSC wishes to thank the political and administrative leadership of the Offices of the Premier for supporting the evaluation process. It is hoped that the findings and recommendations made in this report will contribute towards improving the quality of governance in the Offices of the Premier.



MR B MTHEMBU
CHAIRPERSON: PUBLIC SERVICE COMMISSION

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Acronyms

Acronym	Definition/Description
AG	Auditor-General
APP	Annual Performance Plan
AR	Annual Report
CVPs	Constitutional Values and Principles
DIO	Deputy Information Officer
DPSA	Department of Public Service and Administration
EC	Eastern Cape
EE	Employment Equity
FPP	Fraud Prevention Plan
FS	Free State
KZN	KwaZulu-Natal
Limp	Limpopo
M&E	Monitoring and Evaluation
Mpu	Mpumalanga
NC	Northern Cape
NT	National Treasury
NW	North West
Office(s)	Office(s) of the Premier
PAIA	Promotion of Access to Information Act, 2000 (Act No. 2 of 2000)
PAJA	Promotion of Administrative Justice Act, 2000 (Act No. 3 of 2000)
PIs	Performance Indicators
PSC	Public Service Commission
PSCBC	Public Service Coordinating Bargaining Council
RP	Recruitment Policy
SYSTEM	Transversal Public Service M&E System
TSCs	Thusong Service Centres
WC	Western Cape

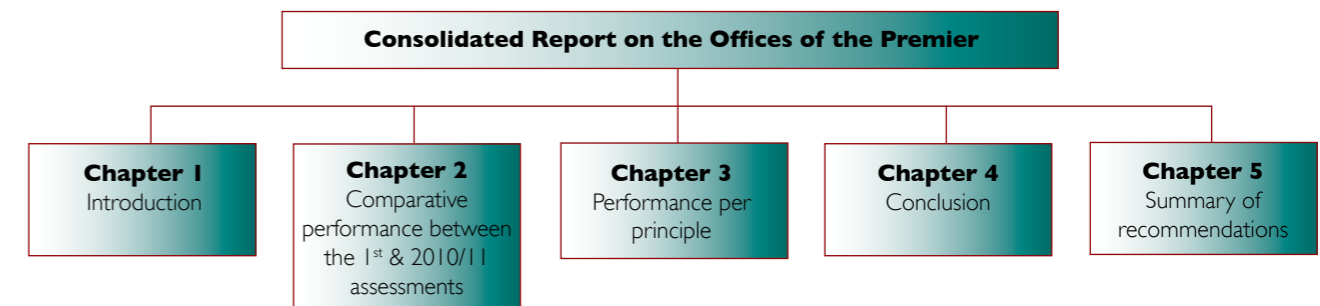
Executive Summary

1. INTRODUCTION

This is a consolidated sectoral monitoring and evaluation (M&E) report on the Offices of the Premier (Offices), which is a product of data gathered at Offices during the 2010/11 evaluation cycle to determine their compliance against a number of governance indicators based on the values and principles of public administration contained in section 195 of the Constitution.¹ As part of this evaluation, a comparative analysis was also made between the previous assessments of four offices and the assessment conducted during the 2010/11 evaluation cycle. The aim of the assessment was to:

- Assess the progress that the Offices have made since their last evaluation by the PSC;
- Compare performance between the different Offices; and
- Establish progress with the challenges encountered and how these challenges are being addressed.

This report consists of five chapters and is structured as follows:

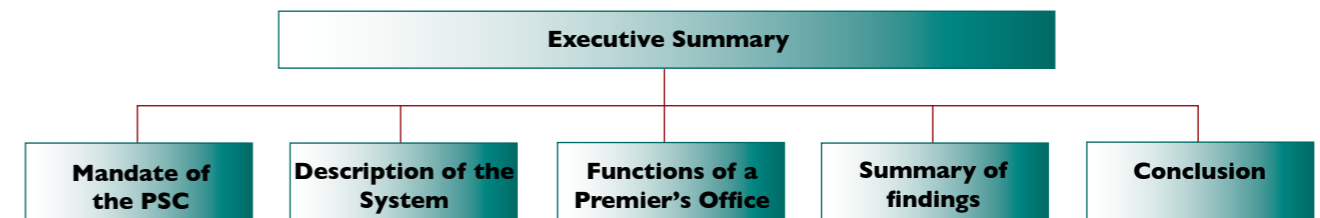


Chapter 1 provides an overview of the mandate of the PSC together with a description of the System. This is followed by an outline of the process involved in implementing the system and the functions of the Offices of the Premier.

Chapter 2 gives a comparative performance ranking between the Offices' first and 2010/11 assessments, as well as the status of the implementation of recommendations issued during the first assessment.

Chapter 3 presents the main findings on how the Offices have performed against each of the nine CVPs. As the description of the system will indicate, there are performance indicators (PIs) and measures for each CVP, making it possible to quantify performance per principle. Chapter 3 also highlights strengths and weaknesses and offers strategies for improvement. Chapter 4 presents the conclusion and Chapter 5 provides a summary of the recommendations per principle.

The Executive Summary is organised as follows:



¹ Republic of South Africa. The Department of Justice and Constitutional Development. The Constitution of the Republic of South Africa, 1996. (Act 108 of 1996 as amended). Second impression. Juta & Co Ltd. Cape Town.

2. MANDATE OF THE PSC

The PSC is vested with the mandate in Section 196 (4) (a) to (d) of the Constitution² to promote good governance in the Public Service. In terms of its mandate, the PSC is empowered to investigate, monitor and evaluate the organisation and administration, and the personnel practices, of the Public Service, to advise national and provincial organs of state, and promote compliance with the nine constitutional values and principles (CVPs) listed in Section 195 of the Constitution.³

3. DESCRIPTION OF THE PSC'S SYSTEM

The methodology applied by the System involves assessing the actual performance of an Office against a few selected indicators and standards per principle. (The detailed assessment framework is available on the PSC's web page: www.psc.gov.za and a concise document indicating the performance indicator(s) and standards used for each CVP, as well as the related policies and regulations are attached as **Appendix A** to this report). Evidence about the actual state of practice for the nine CVPs was obtained by collecting and assessing policy and other documents, conducting interviews with samples of relevant persons and assessing qualitative and quantitative data according to templates and measures.

By interrogating the evidence against the indicators and standards, a sense of the performance of an Office against each of the nine CVPs was arrived at. Based on the assessment, a score is awarded for the performance of an Office as measured against the standards.

This has enabled the PSC to establish a baseline and provide trends in performance over time. The rating scale, consisting of five performance bands, is captured in **Table 1** below.

Table 1: Exposition of the scoring and translation into percentages

Performance band	Score description	Score	%
5	Excellent performance against all the standards	4,25 – 5,00	81% - 100%
4	Good performance against most of the standards	3,25 – 4,00	61% - 80%
3	Adequate performance against several of the standards	2,25 – 3,00	41% - 60%
2	Poor performance against most of the standards	1,25 – 2,00	21% - 40%
1	No performance against all the standards	0,25 - 1,00	0% - 20%

Since the same indicators are used year after year, the performance of a sample of Offices in a specific year can be compared with the samples of previous years, Offices can be compared with each other, and an Office's performance can be compared with its own performance in a previous year when that Office comes up for re-assessment.

4. BRIEF BACKGROUND TO THE FUNCTIONS OF A PREMIER'S OFFICE

As the Executive Authority, the Premier together with the Executive Council, must initiate and implement provincial policy, ensure alignment with national policy, and ensure integration across the different spheres of government.⁴ The Office, therefore, is regarded as the political nerve centre of the provincial government and plays a central role in managing the implementation of the electoral mandate. The Office furthermore supports the Premier with administrative management, providing strategic leadership and central coordination, and providing policy briefings/advice to the Premier and the Executive Council.⁵

² *Ibid.*

³ *Ibid.*

⁴ *Ibid.*

⁵ Republic of South Africa. Provincial Government North-West. Office of the Premier. Annual Report 2009/10.

5. SUMMARY OF FINDINGS

The following key findings are made in this report in respect of performance trends between the Offices' 1st and 2nd assessments, the implementation of recommendations made by the PSC, and the overall performance of all the Offices against the different CVPs.

5.1 Comparative performance results between the 1st and 2nd assessments

Overall trend in performance per re-assessed Offices

The overall average performance between the 1st (59%) and 2nd (68%) assessments of the four reassessed Offices improved by 9%. In terms of the PSC's System, it is still regarded as "good against most of the standards". Three of the four re-assessed Offices have improved their performance by between 10% and 42% of which the WC Office recorded the best improvement from 40% (poor performance) to 82% (excellent performance). Of concern is the drop in performance by 35% of the Limpopo (Limp) Office from 89% (excellent performance) to 54% (adequate performance). The main reason for the improvement and/or decline in performance can be linked to the implementation/non-implementation of the PSC's recommendations.

Status of recommendations between 1st and 2nd assessments

None of the four Offices has implemented all recommendations made by the PSC in the 1st assessment. Of the **81** recommendations made during the 1st assessment, **37** (46%) had been implemented by the time these Offices were assessed for the 2nd time in 2010/11. It is noteworthy that those Offices whose performance has increased notably in the 2nd assessment are also the Offices who have implemented most of the PSC's recommendations from the 1st assessment. For example, the WC Office's performance has improved by 42% and has implemented 69% of the recommendations of the 1st assessment, whilst the Limp Office's performance has decreased by 35%, and has implemented only 24% of the PSC's recommendations.

Overall trend in performance per principle of re-assessed Offices

The overall average performance against all the CVPs has improved by 9% from 59% (adequate) during the 1st assessment to 68% (good performance) during the 2nd assessment. All the individual CVPs' performance has also improved by between 7% (principle 6 on accountability and principle 8 on human resource management and career development practices), and 30% (principle 4 on impartiality and fairness). These improvements are mainly due to these Offices starting to do the most basic administrative functions correct, such as having most policies in place and progress reporting on projects to management.

5.2 Performance of Offices for the 2010/11 evaluation cycle

Overall performance of all Offices

The overall average performance for the Offices was 61%, which is regarded as "good performance against most of the principles" in terms of the System – refer to **Table 2** below.

Table 2: Overall performance per Office for the 2010/11 assessment

Average	WC	Gauteng	NC	NW	Mpu	FS	Limp	KZN	EC
61%	82%	77%	64%	59%	59%	56%	54%	54%	47%

The best performer amongst the Offices was the WC, which attained “excellent performance against all the principles”, followed by the Offices in Gauteng (77%) and NC (64%), which achieved “good performance against most of the principles”. The remaining six Offices performed adequately against several of the principles, namely, NW and Mpumalanga (Mpu) both with 59%, FS (56%), KZN and Limp both with 54%, and lastly EC with a score of 47%.

Performance of all Offices per principle

The Offices' compliance against each of the nine CVPs is highlighted in **Table 3** below, followed by a brief discussion on the performance against each principle.

Table 3: Overall performance against each CVP in the 2010/11 assessment

Average	1	2	3	4	5	6	7	8	9
61%	69%	57%	50%	51%	60%	76%	71%	58%	49%

The overall average performance for the Offices against the standards of each principle was 61%, which is regarded as “good performance”. The only good performance against most of the standards was recorded against principles 1 (professional ethics), 6 (accountability) and 7 (transparency).

5.2.1 Principle 1: Professional ethics

The Offices generally achieved good performance (69%) against most of the standards for this principle.

5.2.2 Principle 2: Efficiency, economy and effectiveness

The Offices generally achieved adequately performance (57%) against several of the standards for this principle. Expenditure is mostly as budgeted for, and material variances were generally explained. Except for NW, all other Offices managed to formulate their PIs in measureable terms. However, apart from Gauteng (84%), none of the Offices managed to achieve 80% or more of their planned outputs, which creates a misalignment between expenditure and outputs achieved.

5.2.3 Principle 3: Development orientation

The Offices main functions are that of policy direction, coordination, facilitation and M&E. Since the focus of the standards applied by the PSC for this principle is to assess departments' direct involvement in poverty reduction projects at the project level, the Offices argued that this principle is not directly applicable to their functions. The Offices, therefore, were exempted from assessment against this principle. The PSC is currently reviewing its M&E system to ensure that its standards are more generally applicable.

5.2.4 Principle 4: Impartiality and fairness

Only five Offices submitted sufficient evidence to make an informed and fair assessment of their performance. The average performance of these Offices was excellent (91%), which means that all their decisions were taken in terms of legislation and by duly delegated officials, were fair, and complied with the requirements of PAJA.

5.2.5 Principle 5: Public participation in policy-making

Despite the many initiatives/systems utilised to obtain inputs from the public on their policies/intended programmes/projects, the Offices could generally not show that they had considered inputs made by the public and provided feedback to the public. This requirement determines the meaningfulness of public participation. If the participation

process and inputs do not inform policy or the design and implementation of a project or programme, such participation does not serve much purpose, except that the process improves relationships between government and the community.

5.2.6 Principle 6: Accountability

The Offices' compliance against this principle was good (76%) against most of the standards. At the time of the assessment, all Offices had FPPs, based on risk analyses. However, three of the Offices received a qualified audit opinion. Further, the score for the implementation of the fraud prevention plans was very low and the capacity to investigate fraud was insufficient, or at best, uneven between the offices assessed.

5.2.7 Principle 7: Transparency

The average performance of Offices against this principle was good against most of the standards (71%). Two areas were identified as deficiencies in most of the Offices. The first area was annual reports, which did not cover in sufficient detail at least 90% of the areas prescribed by National Treasury and the Department of Public Service and Administration. A poor average compliance of 34% was achieved. The second area was incomplete Manuals on Access to Information (MAIs). Only five (56%) of the Offices' MAI complied with more than 78% of the 14 requirements set in section 14 of the Promotion of Access to Information Act, 2000 (Act No 2 of 2000).

5.2.8 Principle 8: Good human resource management and career development practices

Though the average performance against this standard was adequate (58%) against several of the standards, this was more a reflection of compliance with basic requirements than efficient and effective administrative processes. For example, all the Offices had recruitment policies and procedures but it still took very long to fill posts. Management reporting on recruitment was done but no appropriate action was taken on those reports. All the Offices had skills development plans, which were largely implemented, but the training mostly consisted of short courses and the impact of these courses on work performance and service delivery was not assessed.

5.2.9 Principle 9: Representivity

The Offices' average performance against this principle was adequate (49%) due to the absence of an EE policy and the general lack of management feedback on progress reports on representivity, which hampered the Offices in reaching national representivity targets. It was found that seven (78%) of the nine Offices had more than the required 75% Blacks at senior management level. None of the nine Offices was unable to reach the 50% target for women at all senior management levels by 31 March 2009, whilst only two Offices complied with the 2% target for people with disability by 31 March 2010.

6. RECOMMENDATIONS

The **22** recommendations made by the PSC in this Report (**Chapter 4**) are a reflection of the recommended strategies for improvement contained in the individual reports. The number of recommendations per principle is captured in the **Table 4** below.

Table 4: Recommendations against each CVP in the 2010/11 assessment

Principle	1	2	3	4	5	6	7	8	9	Total
No of recommendations	3	1	0	1	2	5	1	4	5	22
% of total	14%	5%	0%	5%	9%	22%	5%	18%	22%	100%

7. CONCLUSION

This Report has provided an assessment of the state of the nine Offices assessed during the 2010/11 evaluation cycle in terms of their compliance with the nine CVPs. It was found that the overall average performance of Offices against the CVPs was 60%, which is regarded as “adequate performance”. The only good performance against most of the standards was recorded against principles 1 (professional ethics), 6 (accountability) and 7 (transparency).

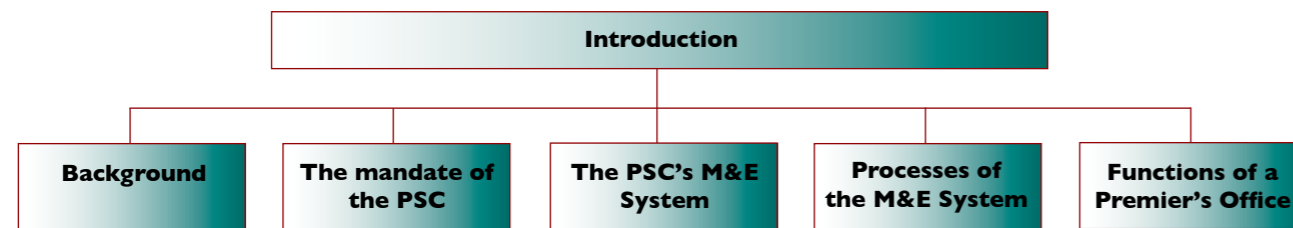
It is clear from Offices' performance against the nine CVPs that there is generally still inadequate compliance with the most basic Public Service regulatory frameworks addressed in CVPs of the PSC's System.

Unless the recommendations contained in the list at Chapter 4 (as a reflection of the recommendations in the individual reports) are implemented, non-compliance will continue to have a negative impact on effective public administration practices in the Offices assessed.

Chapter One

Introduction

This chapter addresses the following areas:



1. BACKGROUND

This is a consolidated sectoral M&E report on the Offices of the Premier (Offices). The PSC annually evaluates the performance of a sample of Offices against a number of governance indicators based on the values and principles of public administration contained in section 195 of the Constitution.⁶ As part of the PSC's M&E cycle for the 2010/11 financial year, it was decided to focus on all nine Offices of the Premier, and to compare four Offices' performance in 2010/11 against their performance during previous assessments. The aim of the assessment was to:

- Assess the progress that the Offices have made since their last evaluation by the PSC.
- Compare performance between the different Offices.
- Establish progress with the challenges encountered and how these challenges are being addressed.

2. THE MANDATE OF THE PSC

The PSC is vested with the mandate in Section 196 (4) (a) to (d) of the Constitution⁷ to promote good governance in the Public Service. In terms of its mandate, the PSC is empowered to investigate, monitor and evaluate the organisation and administration, and the personnel practices, of the Public Service, to advise national and provincial organs of state, to promote a high standard of professional ethics and to promote compliance with the nine principles and values listed in Section 195 of the Constitution.⁸

The nine CVPs are:

1. Professional Ethics
2. Efficiency, Economy and Effectiveness
3. Development Orientation
4. Impartiality and Fairness
5. Public Participation in Policy-Making
6. Accountability
7. Transparency
8. Good Human Resource Management and Career Development Practices
9. Representivity.

The CVPs serve as the evaluation framework for the PSC's M&E System. The performance of the Offices of the Premier was assessed against indicators and standards that have been developed for each of the CVPs.

⁶ Republic of South Africa. *The Department of Justice and Constitutional Development. The Constitution of the Republic of South Africa, 1996. (Act 108 of 1996 as amended). Second impression. Juta & Co Ltd. Cape Town.*
⁷ *Ibid.* Section 196 (4) (a) to (d).
⁸ *Ibid.*

3. THE PSC'S M&E SYSTEM

The methodology applied by the System involves assessing the actual performance of the department against a set of indicators and standards – refer to **Appendix B** for a complete list of these indicators and standards per principle. Evidence about the actual state of practice for the nine CVPs was obtained by collecting and assessing policy and other documents, conducting interviews with samples of relevant persons and assessing qualitative and quantitative data according to templates and measures. By interrogating the evidence against the indicators and standards, a sense of the performance of the department against each of the nine CVPs was arrived at.

Based on the assessment, a score is awarded to the department. The rating scale, consisting of five performance bands, is captured in **Table 5** below.

Table 5: Exposition of the scoring and translation into percentages

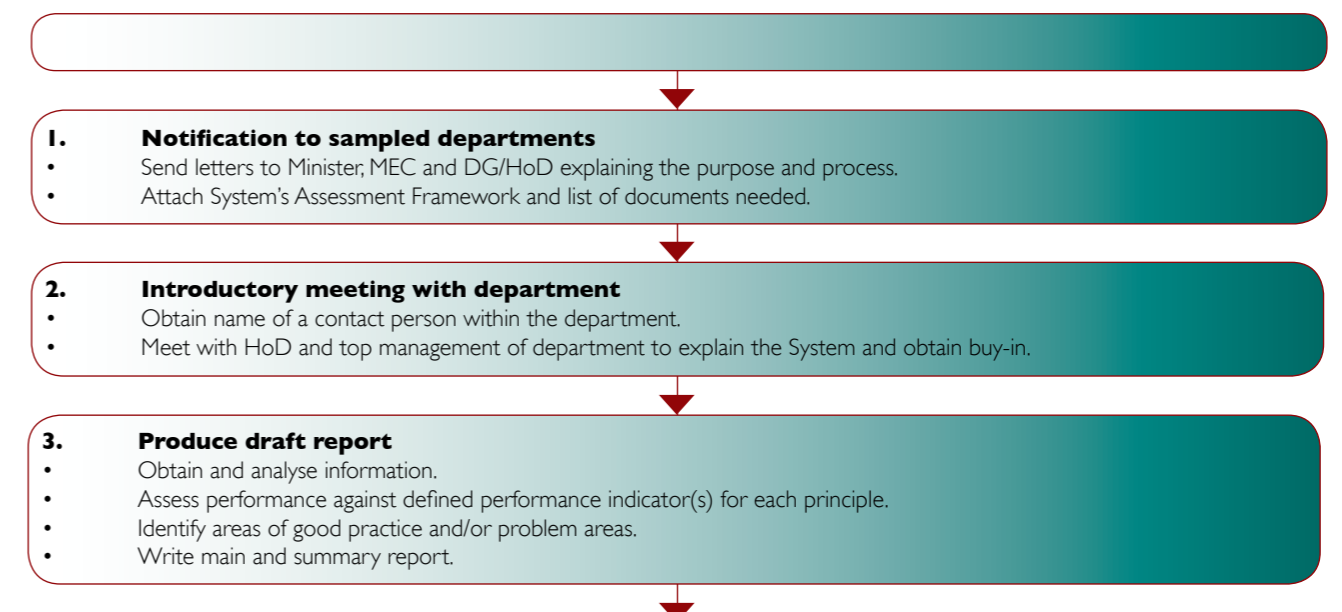
Performance band	Score description	Score	%
5	Excellent performance against all the standards	4,25 – 5,00	81% - 100%
4	Good performance against most of the standards	3,25 – 4,00	61% - 80%
3	Adequate performance against several of the standards	2,25 – 3,00	41% - 60%
2	Poor performance against most of the standards	1,25 – 2,00	21% - 40%
1	No performance against all the standards	0,25 - 1,00	0% - 20%

(The detailed assessment framework is available on the PSC's web page: www.psc.gov.za and a concise document is attached as an Appendix to this report).

Since the same indicators are used year after year, the performance of a sample of departments in a specific year can be compared with the samples of previous years, departments can be compared with each other, and a department's performance can be compared with its own performance in a previous year when that department comes up for re-assessment.

4. PROCESSES INVOLVED IN IMPLEMENTING THE SYSTEM

The process used in implementing the System aims to promote collaboration and partnership with Offices. In this approach, communication throughout the cycle is important, starting from the initial process whereby the PSC's System is introduced to top management, to presenting them with a draft report on findings and recommendations. Offices then have the opportunity to comment and give additional input on the draft report. In the process, the principles of transparency and accountability are promoted. The process followed in the assessment of the performance of Offices is captured in **Diagram 1** below:



4. Presentation of draft Results to department

- Discuss Results of assessment with DG/HoD and top management of department.
- Give opportunity to submit written comments within 10 days of presentation.



5. Final report

- Include comments of department in report and make amendments if necessary.
- Submit final report to PSC for approval.
- Send approved report to department.



6. Consolidated report

- Collate information of individual reports into one consolidated report.
- Submit report to Parliament and Executive Authorities.

5. FUNCTIONS OF A PREMIER'S OFFICE

South Africa has nine provinces. Each province has its own provincial government. The Premier is chosen from amongst the provincial legislature, and is accountable to the provincial legislature and may be removed should a vote of no confidence be passed. The Premier chooses Members of the Executive Council (MECs) from among the provincial legislature. These form the provincial Cabinet. The Premier may hire/fire MECs at her/his own discretion. MECs are also accountable to the legislature.

According to Section 125 of the Constitution of South Africa, the Premier of a province is the Executive Authority for that particular province. The Office of the Premier, therefore, plays a central role in managing a provincial government. As an Executive Authority, the Premier together with the Executive Council must initiate and implement provincial policies, ensure alignment with national policies, ensure integration across the different spheres of government, and coordinate the functions of the provincial administration and its Offices.

The Premier has the power to assent, sign and referring a Bill back to the provincial legislature for reconsideration of the Bill's constitutionality. By virtue of Section 127, the Premier is also empowered to appoint a commission of inquiry, and call for a referendum in the province provided the referendum is aligned with national legislation.⁹

Section 3 A of the Public Service Act of 1994, as amended, mentions that a Premier is also responsible for the establishment or abolishment of any provincial department, including the transfer of functions between departments in the particular province. The Premier can designate or amend any designation of departments and the heads thereof, and can delegate any power, conferred on that Executive Authority by this Act or any other national legislation, to a Head of Department. The Premier has also the power to designate the Office of the Premier or any other provincial department as its principal provincial department.¹⁰

According to the 2009/10 annual report of the Gauteng Office of the Premier, the Office is the political centre of government in that province as well as the executive head or the political-nerve centre to ensure effective oversight. The Office is responsible for centralised planning, monitoring and evaluating the implementation of government programmes and priorities in the province.¹¹

The mandate of the Office in Gauteng is described as follows:

Functions	Key responsibility areas
1. Political management nerve centre	<ul style="list-style-type: none"> • Strategic support and advice to the Premier and EXCO. • Facilitation of the Premier's role as head of government. • Strategic planning and agenda setting. • Support for the Premier's political role.
2. Strategic leadership & coordination	<ul style="list-style-type: none"> • Research, strategic analysis and policy development. • Strategic communications and stakeholder management. • Mainstreaming of youth, gender and disability issues. • Intergovernmental relations, international relations and stakeholder relations. • Leader of government business. • Coordinator of government strategic planning. • M&E. • Developing the legislative agenda for the province.
3. Transversal services	<ul style="list-style-type: none"> • Transversal human resources (HR). • Cabinet secretariat. • Legal and legislative drafting services. • Communication services. • Service delivery improvement and change management. • Security, threat and risk management services.
4. Planning	<ul style="list-style-type: none"> • Centralised planning. • Spatial planning.

The NW Office's interpretation of the role of the Office is similar to that of the Gauteng Office. According to the 2009/10 annual report of the NW, the Office is the administrative nerve centre of the province with the following primary functions:

- Provide strategic leadership and central coordination.
- Provide policy briefings and advice to the Premier and the Executive Council.
- Liaise with other spheres of government.
- Promote the spirit of cooperative governance.
- Coordinate transversal and corporate activities, program management, policy analysis, information management and evaluation of service delivery as well as coordination of human capital formation.¹²

The next chapter covers an exposition of the Offices' performance for the previous and the 2010/11 assessments.

⁹ Republic of South Africa. The Department of Justice and Constitutional Development. *The Constitution of the Republic of South Africa, 1996. (Act 108 of 1996 as amended)*. Second impression. Juta & Co Ltd. Cape Town. Section 125 to 127.

¹⁰ Republic of South Africa. Department of Public Service and Administration. *Public Service Act, 1994 (as amended)*. Section 3 A.

¹¹ Republic of South Africa. Provincial Government Gauteng. *Office of the Premier. Annual Report. 2009/10*. p. 18.

¹² Republic of South Africa. Provincial Government. North-West. *Office of the Premier. Annual Report. 2009/10*.

Comparative Performance between the 1st and the 2010/11 Assessments

1. INTRODUCTION

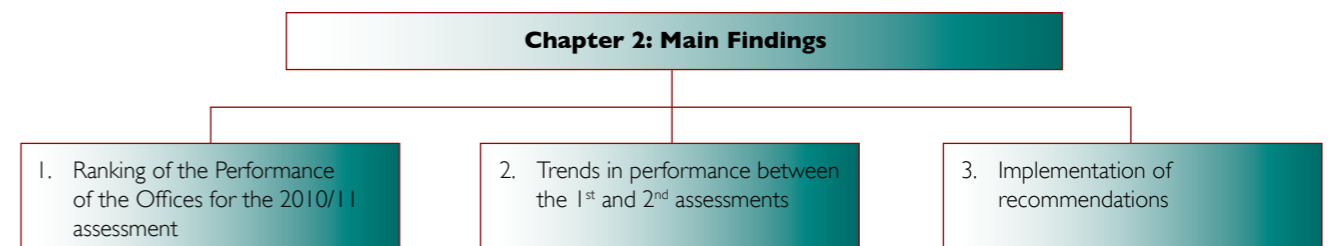
This chapter gives a ranking of the performance of the nine Premier's Offices and in the case of four of the Offices, which have been assessed for a second time compares their performance in the 2010/11 evaluation cycle with their own performance in a previous cycle.

The four Premier's Offices that were being assessed for a second time are Gauteng, Limp, NW and WC. All the Offices that have been evaluated previously have established base lines of performance according to the System, and performance trends can thus be identified.

The aim of the analysis is to:

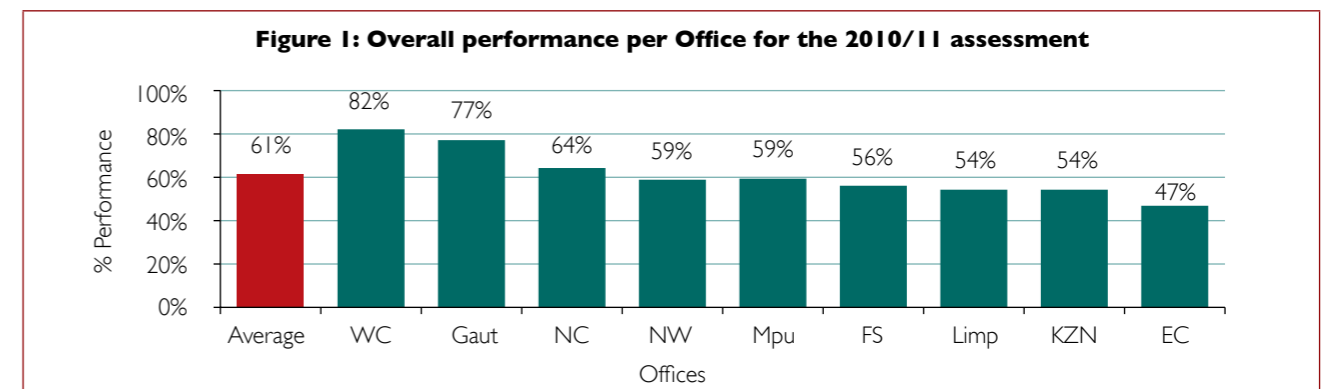
- Compare performance between the different Offices.
- Assess the progress that the Offices have made since their 1st assessment.
- Establish progress with the implementation of the recommendations made by the PSC during the 1st assessment.
- Establish progress with challenges encountered and how these challenges are being addressed.

This chapter is further structured as follows:



2. RANKING OF THE PERFORMANCE OF THE PREMIER'S OFFICES FOR THE 2010/11 ASSESSMENT

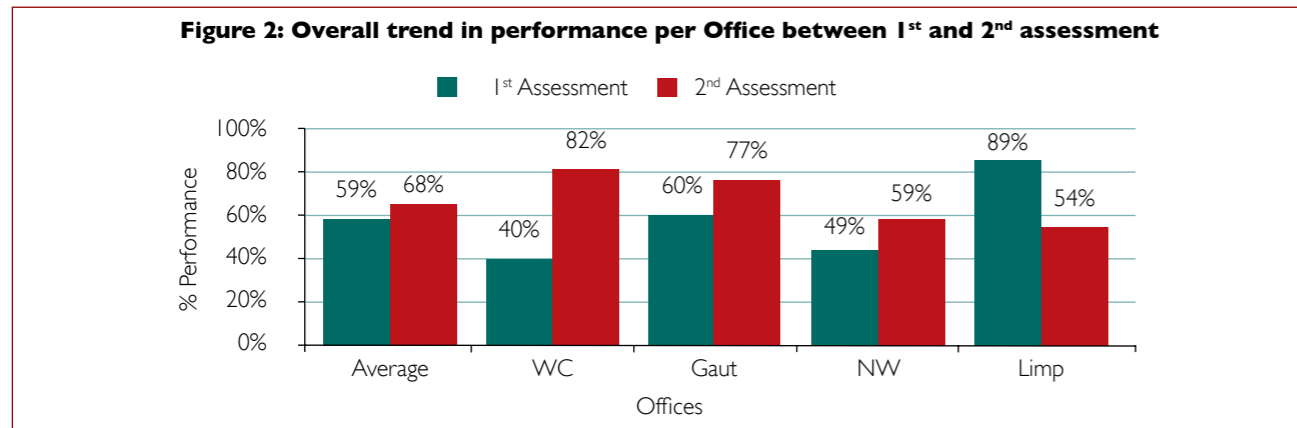
The overall average performance for the nine Offices was 61%, which is regarded as "good performance against most of the principles" – refer to **Figure 1** below.



The best performer among the nine Offices was the WC, which attained "excellent performance against all the standards" (82%), followed by the Offices in Gauteng (77%) and NC (64%) that achieved "good performance against most of the standards". The remaining six Offices performed adequately against several of the standards, namely, NW (59%), Mpu (59%), FS (56%), KZN and Limp both with 54%, and lastly EC with a score of 47%.

3. TREND IN PERFORMANCE BETWEEN THE 1ST AND 2ND ASSESSMENTS

The average performance of the four departments that have been re-assessed improved from 59% (adequate) to 68% (good performance against most of the standards) – refer to **Figure 2** below for the scores per Office.

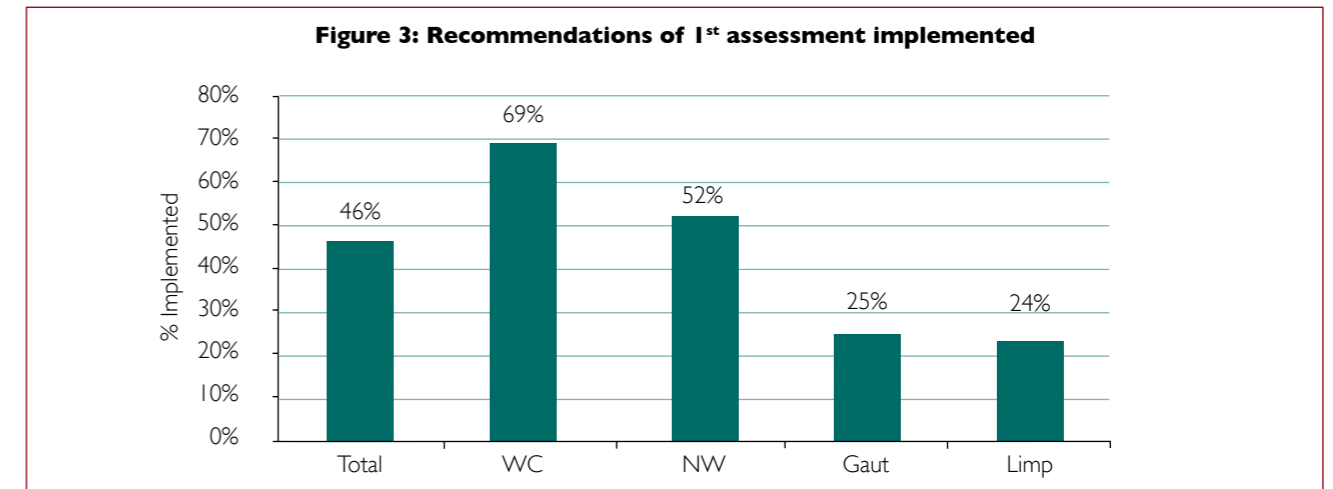


It is noteworthy that three of the four re-assessed Offices have improved their performance by between 10% and 42%. The WC Office recorded the best improvement from 40% (poor performance) to 82% (excellent performance). The Gauteng Office's performance has improved by 17% from 60% (adequate performance against several of the standards) in the 1st assessment to 77% (good performance against most of the standards) in the 2nd assessment. Although the performance of the NW Office has improved by 10%, it remains at adequate performance for both assessment periods. Of concern is the big drop in performance by 35% of the Limp Office from 89% (excellent performance) to 54% (adequate performance). Apart from not meeting several of the standards, the main reason for the drop in performance of Limp is that the Office failed to provide the necessary documentation for assessment of principle 4 – impartiality and fairness.

The PSC's System has consistently shown an upwards trend in performance from one cycle to the next (when the sample of departments assessed in a cycle is compared to the samples of previous cycles) but the improvements are even more significant when departments' performance is compared with their own performance in an earlier cycle. The PSC's System contains indicators that measure compliance with prescribed administrative practice. The system not only measures whether the prescribed procedures are followed but also whether the purpose of the administrative practice was achieved. For instance, the system checks whether the department has a skills development plan for its staff in place but also whether the plan is implemented as well as whether the training has had any impact in the form of better service delivery. For many of the areas tested by the PSC regulations, policy frameworks and guidelines have been put in place. The upwards trend in performance shown by the scores is mainly attributed to better compliance with the policies and frameworks. Higher levels of compliance with prescribed administrative practice lays the basis for eventual better conformance to the values governing public administration, that is, an ethical, effective, responsive, and accountable Public Service. The results of the PSC's assessments show that the institution of the Public Service is being built and this should in future translate to better service delivery. The PSC is currently adjusting its indicators and standards to assess whether compliance is actually translated into better service delivery and whether the compliance lead to administrative practices that are rational and achieve their purpose of better effectiveness, responsiveness, fairness, etc.

4. STATUS OF THE IMPLEMENTATION OF RECOMMENDATIONS ISSUED DURING THE FIRST ASSESSMENT

The main reason for the improvement and/or drop in performance can be linked to the implementation/non-implemented of the PSC's recommendations, which is depicted in **Figure 3** on the following page.



None of the four Offices has implemented all recommendations made by the PSC during the 1st assessment. Of the **81** recommendations made during the 1st assessment, **37** (46%) had been implemented by the time these Offices were assessed for the 2nd time in 2010/11. Of interest to note is that the Offices whose performance has increased notably in the 2nd assessment, are also the Offices who have implemented most of the PSC's recommendations from the 1st assessment. For example, the WC Office's performance has improved by 42% and has implemented 69% of the recommendations of the 1st assessment, whilst the Limp Office's performance has decreased by 35%, and has implemented only 24% of the PSC's recommendations. The latter is a clear indication that management should not underestimate the value of the PSC's recommendations, since failure to do so result in poor performance.

The highest number of recommendations, 17 and 15, were respectively made against principle 8 (human resource management and career development practices) and principle 6 (accountability) – refer to **Table 6** below. The high number of recommendations made against these two principles indicates that these four Offices at the time of the first assessment largely experienced challenges in recruitment, skills development, internal financial controls and FPPs.

Table 6: Status of the implementation of recommendations per principle between 1st and 2nd assessments

Principles	1	2	3	4	5	6	7	8	9	Total
Recommendations made	8	8	4	3	8	15	7	17	11	81
Recommendations implemented	5	5	0	0	0	11	4	8	4	37
% Implemented	63%	63%	0%	0%	0%	73%	57%	47%	36%	46%

The recommendations reflect the standards applied by the PSC's M&E system in the sense that if a department has not met a standard, then a recommendation will be issued to correct the deficiency. Departments, therefore, should score better if they implement the recommendations. However, the indicators and standards of the PSC's M&E system only evaluate departments with regard to a few selected administrative practices and if a department scores low it should be assumed that other administrative practices that have not been tested may also be deficient. Departments with low scores, therefore, should review all their administrative practices, rather than just correct the few issues pointed out by the PSC.

The next chapter looks at the performance of the Premier's Offices per principle.

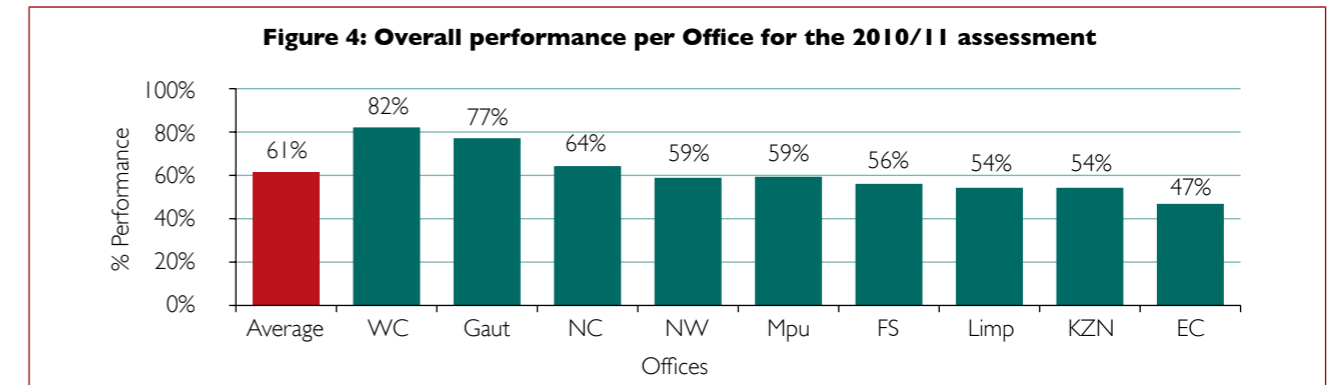
Chapter Three

Performance per Principle in the 2010/11 Assessment

This chapter presents the main findings on how the Offices have performed against each of the nine CVPs, highlights the strengths and weaknesses of each principle and offers strategies for improvement where weaknesses were found.

1. OVERALL PERFORMANCE PER OFFICE

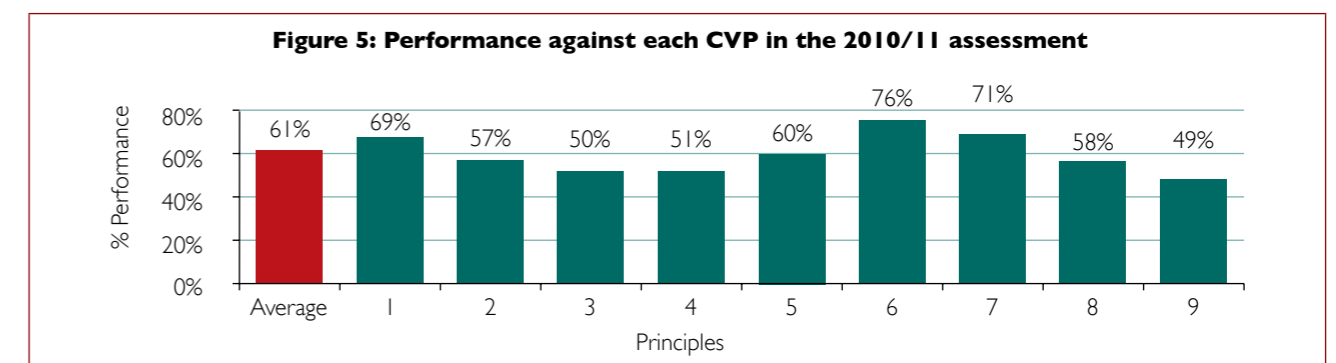
The overall average performance for the nine Offices was 61%, which is regarded as good performance against most of the principles – refer to **Figure 4** below.



The best performer among the nine Offices was the WC, which attained excellent performance against all the principles, followed by the Offices in Gauteng (77%) and NC (64%) that achieved good performance against most of the principles. The remaining six Offices performed adequately against several of the principles, namely, NW (59%), Mpu (59%), FS (56%), KZN and Limp both with 54%, and lastly EC with a score of 47%.

2. OVERVIEW OF PERFORMANCE AGAINST EACH PRINCIPLE

The Offices' compliance against each of the nine CVPs is highlighted in **Figure 5** below, followed by a brief discussion on performance against each principle.



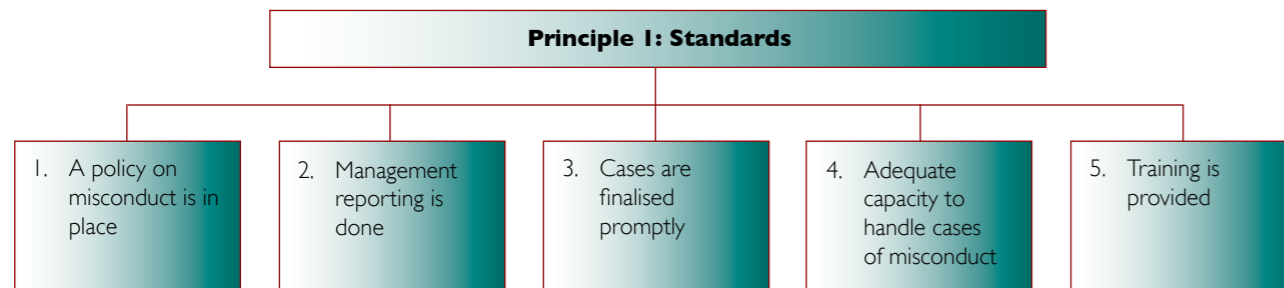
The performance against six of the nine principles, although below the average of 61%, was still within the adequate performance band. Principle 9 (representivity) was the lowest at 49% (adequate performance). Principle 1 (professional ethics), Principle 6 (accountability) and Principle 7 (transparency), scored 69%, 76% and 71% respectively, and were thus the only three principles, which were within the good performance band.

The following picture of the performance per principle emerged from the data.

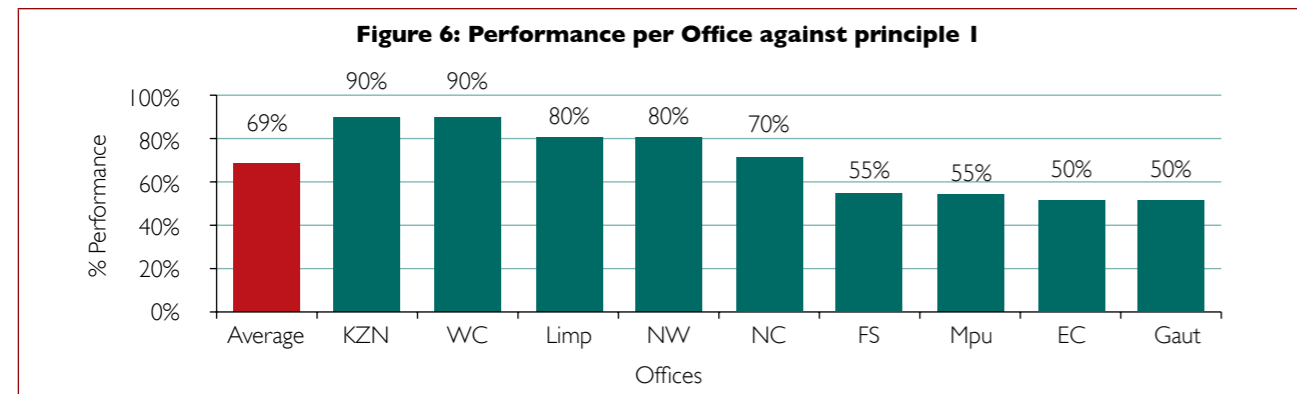
2.1 Performance against Principle 1: Professional Ethics

This principle requires Offices of the Premier to promote and maintain a high standard of professional ethics, and emphasises that Offices should carry out their duties with integrity to ensure a Public Service that serves as an example of clean administration and professional ethical conduct. The indicator applied by the PSC under this principle is how departments deal with misconduct. The PSC assumes that Offices that effectively deal with cases of misconduct, and do not allow these cases to drag on for long periods of time, will probably also deal effectively with other ethical issues, and are generally maintaining a higher standard of ethics than those Offices that do not.

The following five standards are applied to establish whether Offices do in fact deal effectively with misconduct: Each Office's compliance against this principle is highlighted below.



The average performance against this principle was good (69%) – see **Figure 6** below. **Appendix B.1** provides the detail per Office.



The performance of two out of the nine Offices was excellent (between 81% - 100%). These Offices were KZN and WC, followed by Limp, NW and NC with good performance (between 61% and 80%), and four (FS, Mpu, EC and Gauteng) with adequate performance (between 41% and 60%).

The performance against the specific standards applied by the PSC under this principle is reflected in **Table 7** below, followed by a discussion of compliance with the standards under strengths and weaknesses – see **Appendix B.1** for detail.

Table 7: Offices' average score against the specific standards of principle 1

Standards	Policy/guideline on managing cases of misconduct	Sampled managers have a working knowledge of the system	Time to resolve cases	Management reporting	Management's response on reports	Capacity to handle misconduct cases	Training & awareness
% Average compliance	100%	78%	53%	89%	34%	64%	78%

The average performance ranges from excellent (81% to 100%) against the standard of availability of a policy for the handling of misconduct cases and management reporting, to poor (21% to 40%) against the standard of management's response on reports on misconduct cases. Performance against the standard of time taken to resolve misconduct cases was adequate, whilst performance regarding knowledge of the procedures, the capacity to handle these cases and training on how to deal with cases was generally good (61% to 80%).

2.1.1 Strengths

Policy on cases of misconduct

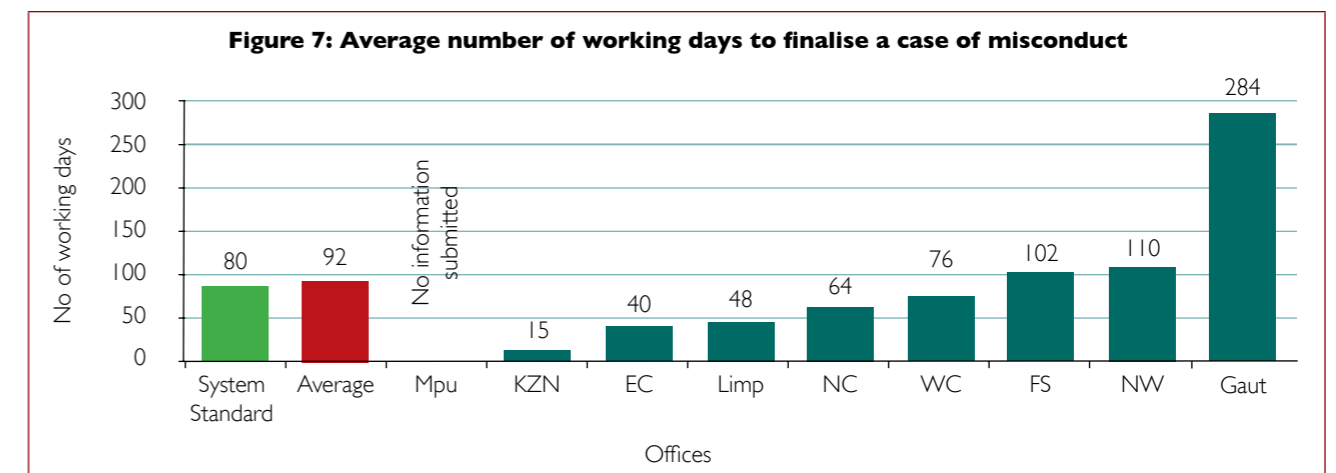
All Offices apply the Disciplinary Code and Procedures for the Public Service (Resolution 2 of 1999, as amended, of the PSCBC) in dealing with cases of misconduct. The Disciplinary Code applies to all departments and has standardised procedures across the Public Service.¹³

Managers' knowledge of the Disciplinary Code and Procedures for the Public Service

Five managers per Office were randomly selected and tested for their knowledge of misconduct procedures in the Public Service. Of the 42 sampled managers, 89% had a working knowledge of the system in their Office. However, 47% of those sampled had not been involved in the management of misconduct cases over the past two years, while Gauteng and the NW did not provide information on the practical experience of their officials. Refer to **Appendix B.2** for detail.

Time taken to resolve cases of misconduct

Only Gauteng significantly exceeded the time standard (20 to 80 days) for dealing with disciplinary cases prescribed by the Disciplinary Code and Procedures. If Gauteng is excluded, the average time for dealing with cases was 65 working days see **Figure 7** below.



The most common reason provided for exceeding the 80 days was the nature and complexity of the case, for example, serious alleged transgressions committed by officials such as fraud and corruption. However, there were instances where it took longer than the prescribed period to finalise cases because of the non-availability of the employer representatives and/or witnesses. Sometimes the presiding officer would take long to give a fair and informed verdict on a case. In the case of Gauteng, no reasons were submitted to explain the excessive time taken to resolve cases, despite the fact that the Office had been given an opportunity to provide comments.

¹³ Since all departments must apply the same code, this standard of the PSC's System does not really distinguish between good and poor performing departments and will be reviewed in the new system.

Of concern is that the EC Office decided not to proceed with a case of gross insubordination against a state law advisor, because the official had been transferred to another Office. The PSC is of the opinion that such cases should proceed, be properly closed and the sanction given should be conveyed to the new Office. If this is not done it might create the risk of officials getting away with misconduct/fraud as long as they resign or are transferred to another Office before a proper investigation of the allegations are conducted or a hearing concluded.

Training on the management of cases of misconduct

Dealing with cases of misconduct is a management responsibility, and training is necessary to equip managers with the necessary skills. Seven (78%) of the nine Offices had training material available on the handling of misconduct. The frequency of training ranged from on going to "as the need arises". Most Offices, however, had annual training sessions.

Disclosure of financial interests by senior members

Of the 378 SMS members working at Offices of the Premier, 360 (95%) filed their financial interests for the financial year 2009/10 with the PSC before or on the deadline of 31 May 2010 – refer to **Appendix B.3** for detail.

2.1.2 Weaknesses

Management reporting on cases of misconduct

Eight (89%) of the nine Offices submitted progress reports to management on the finalisation of cases of misconduct. However, the issue is whether and to what extent these reports were actually used to take appropriate management action if misconduct was not dealt with properly. Only three of the nine Offices could provide some evidence of management action on these reports. The reports were not always escalated to management committees by the head of the components responsible for dealing with misconduct. Sometimes reports were compiled on a case-by-case basis at the request of the DG and served as an update to the DG, especially on high level cases. In other instances, management reports were issued after most of the cases had been concluded, and such reports did not have much value, because of their late submission.

Management reporting on the progress made in finalising cases of misconduct is excellent, but intervention feedback is absent in most cases.

Adequate capacity to handle cases of misconduct

According to the Offices' own assessment 394 middle and senior managers in the employ of the Offices were regarded as highly competent to deal with cases of misconduct, while 143 officials were still gaining experience and 135 had adequate competencies – refer to **Table 8** below and **Appendix B.4** for detail.

Table 8: Competency level of middle and senior managers to deal with cases of misconduct – principle 1

Standard	Number and competency level of Officials		
	Still gaining experience – Less than 1 year experience	Adequate – More than 1 year but less than 3 years experience	Highly competent – Three years and more experience
Total	143	135	394

Of concern is the low number of highly competent middle and senior managers in Limp (2) and Mpu (3), considering this function has been centralised in the Office of the Premier for all provincial departments. This also applies to the WC who did not provide information on competency levels. The centralised units are responsible for the coordination of all labour relation matters in their respective provinces, and for assisting all provincial departments to conduct investigations and hearings. In 2009, the WC established a Corporate Service Centre in the Office of the Premier as a "shared services centre" for the Provincial Government. "The aim of 'shared services' is to consolidate common staff support functions and processes in a single unit from where a number of line function units can be served. Functions, such as enterprise risk management, internal audit and human resource management were transferred from all provincial departments to the Office of the Premier, except the human resource functions of the Departments of Health and Education".

Mpumalanga has an Integrity Management Unit, which is responsible for the management of all high profile cases. All allegations involving either cases of corruption and/or misconduct in provincial departments are directly reported through the Office of the Director-General (DG) and referred to the Integrity Management Unit to conduct preliminary investigations into the reported cases. In less serious reported cases, the DG will normally consult with the Chief Directorate: Legal Advisory Services first to seek a legal opinion on whether or not the case justifies to be investigated by the Office. The head of the labour relations unit identifies and recommends to the DG names of investigating officers and the DG will issue a letter of appointment to commence with the investigation into the alleged transgression.

A good practice was found in the NW Office where all the staff of the Investigation/Misconduct Unit had 3 years or more, practical experience and had formal professional qualifications obtained through academic training programmes at registered tertiary institutions, such as the University of Johannesburg and the Justice College. The formal training was supplemented with job specific training on an on-going basis.

2.1.3 Conclusion

The performance of the Premiers' Offices was generally good (69%) against most of the standards for this principle.

2.1.4 Recommendations

Offices should ensure that:

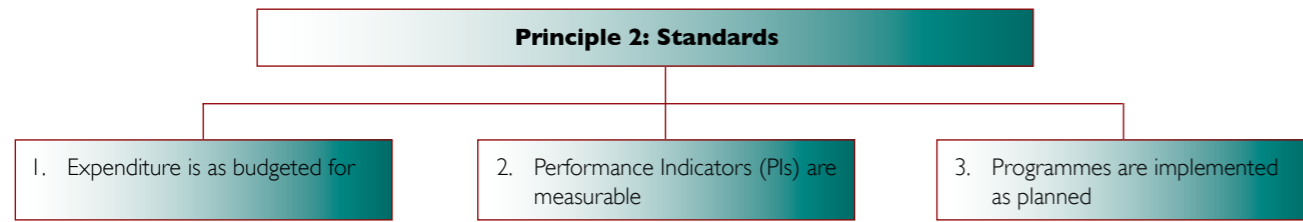
- Management takes appropriate action on progress reports on the finalisation of misconduct cases. This should be reflected in minutes of the appropriate meetings and must be monitored.
- Adequate capacity is created to investigate misconduct and corruption and conclude discipline cases, especially in the case where Offices of the Premier fulfil a centralised function in this regard for all provincial departments.

2.2 Performance against Principle 2: Efficiency, Economy and Effectiveness

This constitutional principle relates to the area of financial management and the outputs and outcomes achieved by the funded programmes, and as such addresses the ability of Offices of the Premier to ensure that their resources are spent in ways that achieve more value for money. The ultimate goal is to achieve cost-effective services of a high quality. To assess whether government is performing efficiently, economically and effectively there should be a clear link between planning, budgeting, performance management and service delivery.

The PSC assumes that Offices that have good systems for budgetary control and for verifying progress against outputs are more likely to be effective than those that do not.

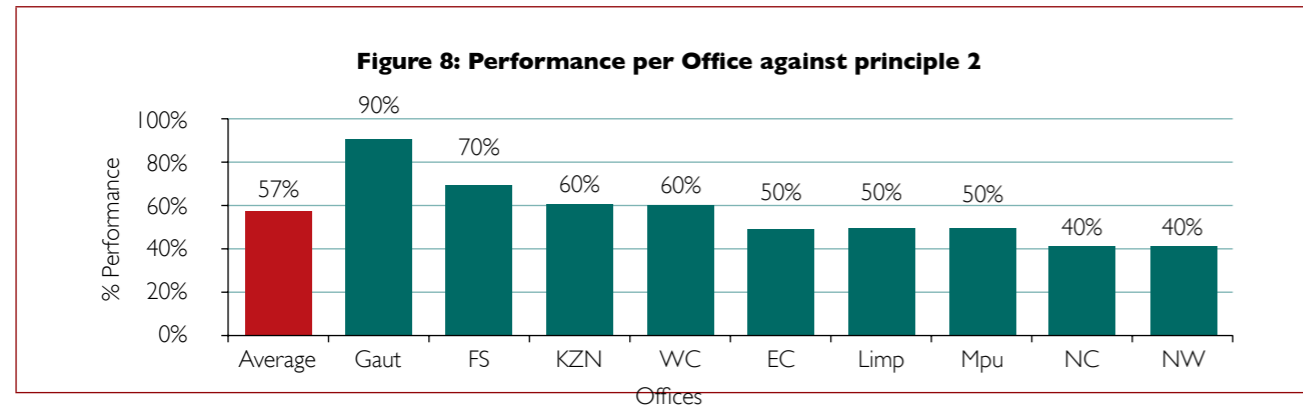
The following three standards are applied to establish whether Offices do in fact promote efficiency, economy and effectiveness:



The overall average performance against this principle was adequate against several of the standards (57%) – **Figure 8** below. **Appendix C** provides the detail per Office.

Gauteng was the only Office that achieved an “excellent” performance of 90% against all the standards (100% of their PIs were measurable and 84% of their planned outputs were achieved), followed by the FS with a rating of 70% (good performance against most of the standards). Except for the NC and NW with a rating of 40% each (poor performance against most of the standards), the remaining five Offices received a rating of between 50% to 60%, which translates to adequate performance against several of the standards.

Gauteng was the only Office that achieved an “excellent” performance of 90% against all the standards (100% of their PIs were measurable and 84% of their planned outputs were achieved)



The performance of the Offices against the specific standards applied by the PSC under this principle is reflected in **Table 9** below, followed by a discussion on the standards under strengths and weaknesses – see **Appendix C** for detail.

Table 9: Offices’ average scores against the specific standards of principle 2

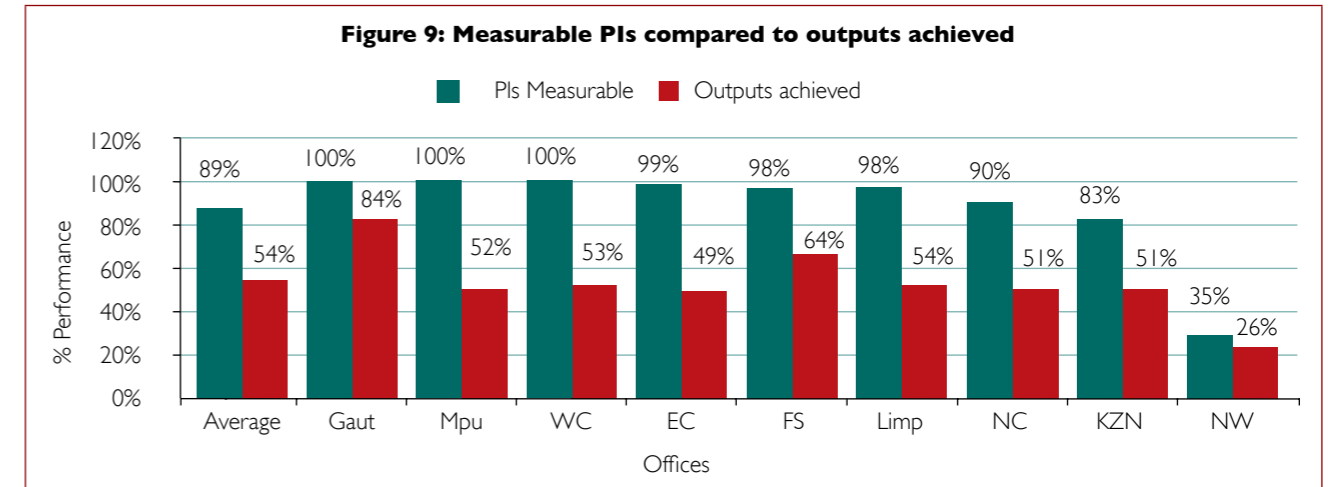
Standards	Planned expenditure vs. actual expenditure		The quality of the Offices’ PIs		Achievement of 80% and more of the priority outputs
	Expenditure is as budgeted for	Material variances are explained	More than 50% of each programme’s PIs are measurable	Outputs, PIs & targets are clearly linked	
% Average compliance	67%	78%	89%	78%	43%

The average performance ranges from excellent (81% to 100%) against the standard of the measurability of performance indicators (89%) to adequate (41% to 60%) against the standard of actual achievement of priority outputs (43%). Performance against the standards of “expenditure should be as budgeted, material variances should be explained” and “there should be a clear linkage between outputs, PIs and targets” was generally good (61% to 80%).

2.2.1 Strengths

Measurability of Offices’ Performance Indicators

Measurable performance indicators in terms of time, quantity and quality is a management tool utilised to monitor progress in the achievement of outputs, and to institute timeous corrective measures.



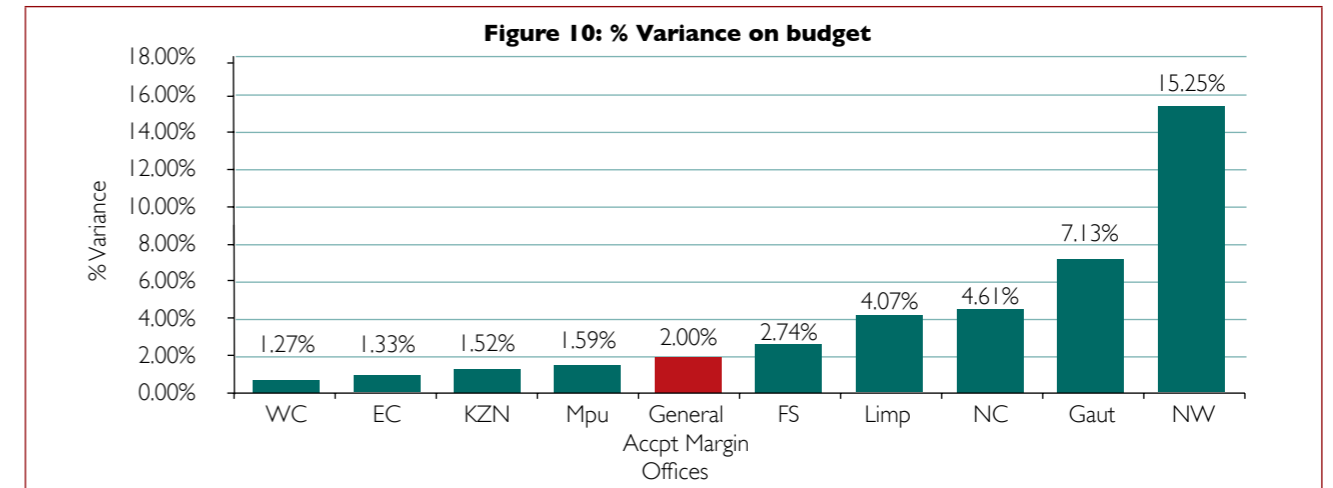
The outputs, targets and performance indicators of the Offices as they appear in their strategic plans, estimates of expenditure and annual reports for the specific financial year were analysed to determine whether they complied with this requirement.

The performance against the standard was generally excellent as can be seen from **Figure 9** above. Except for NW’s performance indicators, of which only 35% were measurable, 83% to 100% of the performance indicators of the other Offices were stated in measurable terms.

2.2.2 Weaknesses

Planned vs. actual expenditure

Section 39 (1) (a) of the Public Finance Management Act (PFMA) compel Accounting Officers to ensure that the expenditure of their departments is in accordance with the budget vote of the department and the main divisions within a vote. The total expenditure against budget of five of the Offices was outside the generally accepted margin of 2% set by NT – refer to **Figure 10** below. However, all the Offices provided the necessary explanation for the variances. NW (15.25%) and Gauteng (7.13%) had the highest under expenditure, whilst the WC Office’s under-expenditure was the lowest (1.27%).



Achievement of outputs

The formulation of performance indicators in measurable terms (a strength for the Offices) did not necessarily lead to a commensurate improvement in the actual achievement of outputs – refer to **Figure 9** on the previous page for detail per Office.

To determine whether an Office has achieved its priority outputs, the targets for each programme's planned outputs were compared with the actual achievements as reported on in the annual report for the period 2009/10. The analysis showed that Offices on average achieved only 54% of their planned priority outputs. Gauteng performed the best by achieving 84% (excellent) of its planned outputs, followed by the FS with 64% (good). Apart from the NW, which only achieved 26% of its planned outputs, the remaining six Offices' achievement of outputs was around 50%. The poor performance in the case of NW was due to technical reasons, mainly a poor link between outputs and targets in plans and the reports against targets in the annual report. For example, the Office failed to report on several pre-determined objectives and outputs as they appear in the Strategic Plan and some programmes omitted targets all together.

The main reasons submitted by the Offices for the low achievement of planned outputs are captured in **Table 10** below:

Table 10: Expenditure, measurability of indicators and reasons for low achievement of outputs

Office	% Measurable PIs	% outputs achieved	% under-expenditure	Reason(s) for the low achievement of planned outputs
Offices that spent within the generally accepted margin of 2%				
WC	100%	53%	1.27%	Restructuring of the Office during the 2009/10 financial year; capacity constraints during the first half of the financial year in one sub-programme, change in priorities and a drive to reduce spending particularly on advertising, delays in processes such as the finalisation of the provincial communication strategy, which was subjected to the finalisation of the provincial strategic objectives, and certain projects which were not implemented, for example, the intended disestablishment of the WC Youth Commission, the investigation into the functioning of all entities, and the review of the Provincial Growth and Development Strategy.
EC	99%	49%	1.33%	Instability within the Office caused by changes in top leadership, which resulted in changed priorities and the re-engineering process that was not completed.
KZN	83%	51%	1.52%	The realignment of the Office and budgetary constraints, which have put projects on hold.
Mpu	100%	52%	1.59%	Cost curtailment measures, which placed a moratorium on filling of posts, which in turn resulted in the Office experiencing capacity constraints, and the discontinuation of some programmes and projects, for example, the review sessions on service standards and service delivery improvement plans could not be conducted. Other reasons were process related, for example, the late approval of a protocol framework by the executive council, changes in the approach for the Executive Council's Outreach Programme, and the Provincial Growth and Development Strategy (PGDS) has not been completed because the process of aligning it with the National Scenario Planning was still at the conceptualising phase.
Offices that spent outside the generally accepted margin of 2%				
FS	98%	64%	2.74%	Financial constraints, lack of capacity and rescheduling of priorities.
Limp	98%	54%	4.07%	High staff turnover resulting in a high vacancy rate of 36,5%. The vacancy rate impacted negatively on all the programmes.

Office	% Measurable PIs	% outputs achieved	% under-expenditure	Reason(s) for the low achievement of planned outputs
NC	90%	51%	4.61%	The impact of the general elections held in April 2009 and concomitant directives guiding developments in this regard, postponed or cancelled meetings due to poor attendance or members having other commitments, policies being in draft format, capacity and budgetary constraints, the Provincial Disability Plan still being under development, non-finalisation of the Gender, Disability and Children (GDC) frameworks (awaiting inputs from DDG, ADG and Premier), the non-compliance of departments with the appointment of special programmes officers, departments' and municipalities' non-submission of baseline information, and cost containment measures.
Gauteng	100%	84%	7.13%	No reasons for the non-reporting or non-achievement of outputs have been provided.
NW	35%	26%	15.25%	During the first assessment in 2001/02, the achievement of outputs could not be validated because of the poor linkage between most outputs and indicators, and indicators that were not always written in measurable terms. It was recommended that the Office of the Premier needed to attend to the linkage between outputs and indicators to objectively report on the achievement of outputs. Despite the fact that the formulation of outputs and PIs has improved, significant problems were still identified during the re-assessment, for example, reasons for non-performance were mostly not provided, the Office failed to report on several pre-determined objectives and outputs as they appear in the Strategic Plan, and some programmes all together. However, during interviews the Office mentioned that the poor performance could be attributed to the negative attitude and lack of commitment from staff and capacity constraints (human resources), which resulted in planned projects not being fully implemented.

Spending the allocated budget on the planned outputs signifies good financial management. However, when an Office has spent within the generally accepted margin of 2% or has exhausted its budget **without** achieving all the planned outputs, it raises a concern about an Office's financial management in respect of the budgeting process, and the monitoring of expenditure and the associated outputs. This concern was also raised in all the PSC's previous Consolidated M&E Reports. For example, the under-expenditure of four Offices' (WC, EC, KZN and Mpu) was within the 2% margin set by NT, and 83% or more of their PIs were stated in measurable terms, but they achieved less than 53% of their planned outputs. On the other hand, Gauteng achieved the highest number of outputs (84%) but under-spent by 7.13%. The NC Office mentioned budget constraints as a reason for achieving 51% of its planned outputs, but still had 4.61% of its budget available at the end of the financial year - see **Figures 9 and 10** on page 17.

To set measurable performance indicators and monitoring performance against them clearly is only a first step in the performance management process, and setting of performance indicators does not automatically lead to better performance. Gathered from the reasons for under-performance in **Table 10** above, the following key factors had an impact on performance:

- Restructuring, re-alignment, and initiation/discontinuation of projects to adjust to new political priorities.
- Managing policy processes that were dependent on political processes.
- Producing knowledge products with high skills demands, coupled with high staff turnover.
- Commitment of staff.
- Poor information sources/systems, which is a main input in knowledge products such as policy coordination.
- Dependency on various stakeholders that play a role in policy coordination.

All the above factors require highly skilled management and higher scores for the actual achievement of outputs can only be achieved through sustained institution and capacity building over a long period. Management changes linked to changes in political leadership clearly disrupts such institution building.

2.2.3 Conclusion

It can be concluded that the Offices generally performed adequately against several of the standards for this principle. Expenditure is mostly as budgeted for, and material variances were generally explained. Except for NW, all other Offices managed to formulate their PIs in measurable terms. However, apart from Gauteng (84%), none of the Offices managed to achieve 80% or more of their planned outputs, which creates a misalignment between expenditure and outputs achieved.

2.2.4 Recommendations

Offices should strengthen their performance management systems in order to ensure that all planned outputs are achieved. A good system will focus on appropriate management action if performance does not meet targets. Appropriate management action will address a range of factors determining the performance of Offices, such as those listed above.

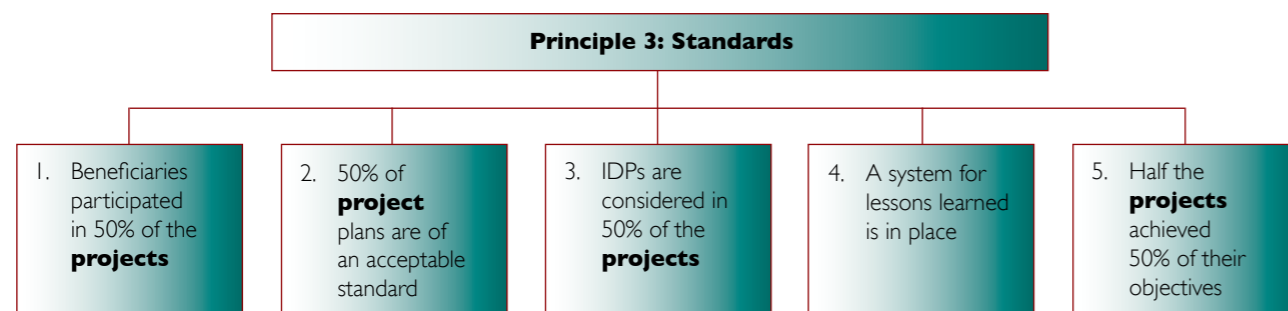
2.3 Performance against Principle 3: Development Orientation

This principle requires from departments to ensure that they, within their respective mandates, drive development-oriented projects, and thus contribute to the national effort of government to promote development and eradicate poverty. This means that departments need to consciously build development considerations into their programmes/projects and monitor the outcome thereof. The PSC assumes that departments that effectively initiate and/or implement development initiatives/interventions to reduce poverty are more development oriented than those that do not.

The indicator applied by the PSC for this principle is –

“The Department is effectively involved in programmes/projects that aim to promote development and reduce poverty.”

The following five standards are applied to establish whether departments do in fact promote development to reduce poverty:



It should be noted that the standards are applied at the project level. The research methodology involves taking a sample of projects, collecting project documents and comparing development and project management practices as evidenced in the documentation with the standards.

The Offices generally argued that it is not the role of an Office of the Premier to be directly involved in the implementation of poverty reduction projects, since their role is that of co-ordination, facilitation, and monitoring and evaluation. Their interventions are mainly targeted at the coordination of the efforts of other provincial departments that focus on programmes that support the poor, and providing a poverty reduction strategy for the provincial departments.

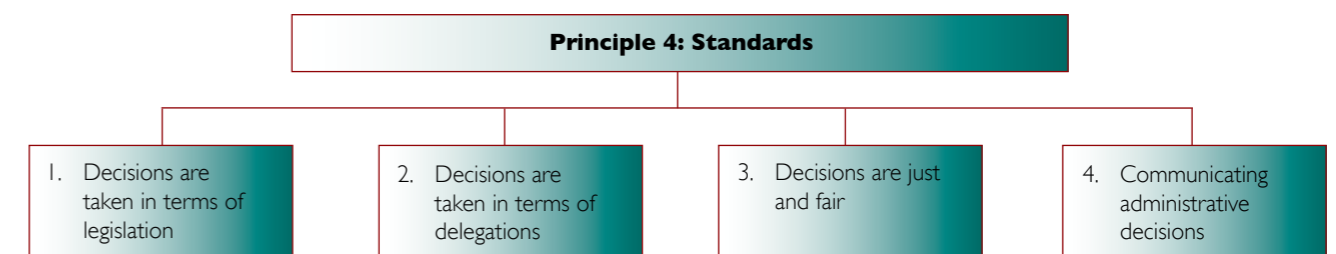
The standards applied by the PSC for this principle are not directly applicable to the policy direction, coordination, facilitation and M&E role of Offices of the Premier since the Offices are not directly involved in poverty reduction projects at the project level. An example of the role of Offices of the Premier in development is their role in the preparation of provincial growth and development strategies. The standards applied by the PSC for this principle are not suited for an analysis of such strategies and such an analysis was not undertaken. The Offices, therefore, were exempted from assessment against this principle.

2.4 Performance against Principle 4: Impartiality and Fairness

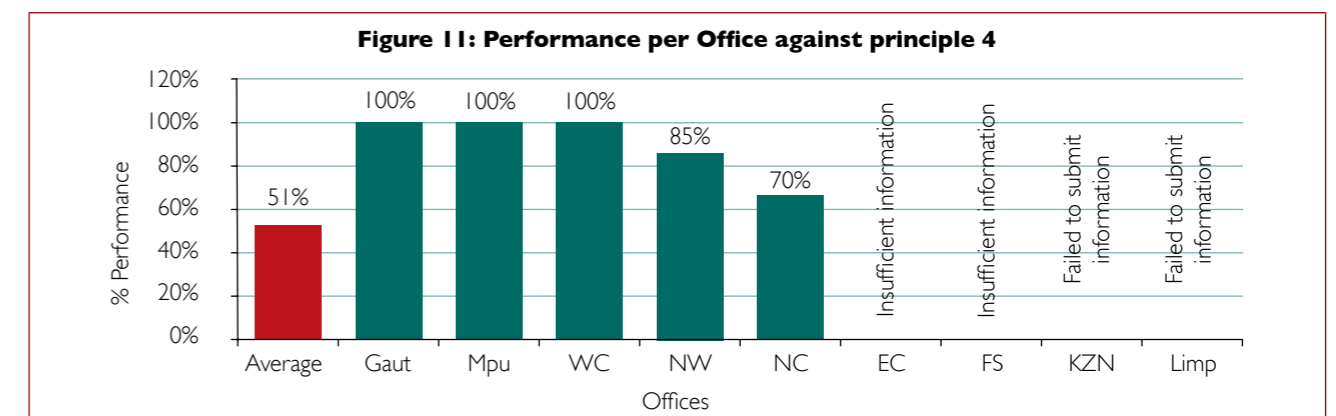
This Constitutional principle states that services must be provided impartially, fairly, equitably and without bias. One of the ways in which government has addressed this need was the promulgation of the Promotion of Administrative Justice Act (PAJA), Act 3 of 2000. The PAJA ensures procedurally fair administrative actions, gives people the right to request reasons for actions, and also gives them the right to have such actions reviewed in a court or tribunal, which can be instituted by any person who is convinced that his/her rights were negatively affected by an authority's administrative action(s).

The indicator used by the PSC under this principle is compliance with the PAJA. If departments systematically check whether decisions comply with all the requirements of PAJA and the documentation reflects that, then they score well against this indicator.

The following four standards are applied to establish whether departments do in fact take fair administrative decisions:



The average performance against this principle was adequate against several of the standards (51%) – **Figure 11** below. **Appendix D** provides the detail per Office.



However, this score may be misleading because four Offices (EC, FS, KZN and Limp) failed to submit the necessary documentation or submitted incomplete documentation despite numerous requests to do so. As a result, these Offices' performance against this principle was not assessed.

What is encouraging though, is that the performance of four of the remaining five Offices was "excellent against all the standards" and one "good against most of the standards".

The average scores of the Offices against the specific standards applied by the PSC under this principle are reflected in **Table 11** below, followed by a discussion on the standards under strengths and weaknesses – see **Annexure D** for detail.

Table 11: Offices' average scores against the specific standards of principle 4

Standards	Decisions are in terms of legislation/policy	Decisions are in terms of delegations	Decisions are just and fair	Communicating administrative decisions
% Average for nine Offices	45%	46%	56%	56%
% Average for five Offices	80%	83%	100%	100%

The average performance of the five Offices who submitted information was excellent against each standard, ranging from 80% to 100%.

2.4.1 Strengths

Five Offices scored excellently against this principle. This means that duly authorised officials in line with delegated powers and legislative requirements took the sampled decisions. It was also established that the sampled decisions were just and fair in terms of content, reasons for decisions, procedures prescribed by legislation and action taken. The assessment further showed that the Offices did provide prior notice of a proposed administrative action in all cases, and that all the decisions were clearly communicated to affected parties with adequate notice of the right to appeal or review or the right to request reasons for decisions.

2.4.2 Weaknesses

A critical weakness was that some of the Offices submitted insufficient information or did not submit any information for assessment.

2.4.3 Conclusion

Only five Offices submitted sufficient evidence to make an informed and fair assessment of their performance. The average performance of these Offices was excellent (91%), which means that all their decisions were taken in terms of legislation and by duly delegated officials, were fair, and complied with the requirements of PAJA.

2.4.4 Recommendations

The Offices that recorded no or poor performance should ensure that their decision-making processes comply with PAJA requirements and that all steps are properly documented.

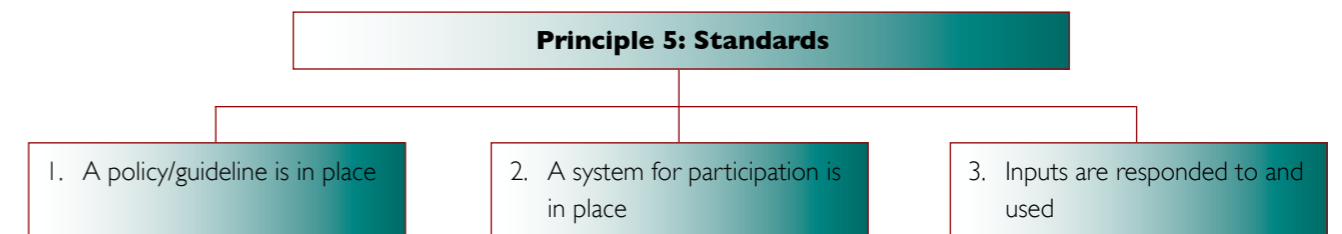
These Offices should also review their record keeping and retrieval practices so that documents required by oversight bodies such as the PSC can easily be retrieved.

2.5 Performance against Principle 5: Public Participation in Policy-Making

The Constitution provides for the involvement of citizens in all spheres of public administration, including in the conceptualisation, design, implementation and M&E of projects, by stating that "people's needs must be responded to and the public must be encouraged to participate in policy-making." It is a participative model of policy-making that also takes into cognisance the fact that public participation is more likely to produce solutions that are sustainable, because public participation gives people a voice and a choice in development and governance.

The PSC, therefore, assumes that Offices that have and implement a policy and system for procuring public inputs to their policy-making processes, are more responsive than those that do not and are more likely to integrate public opinion into their final policies.

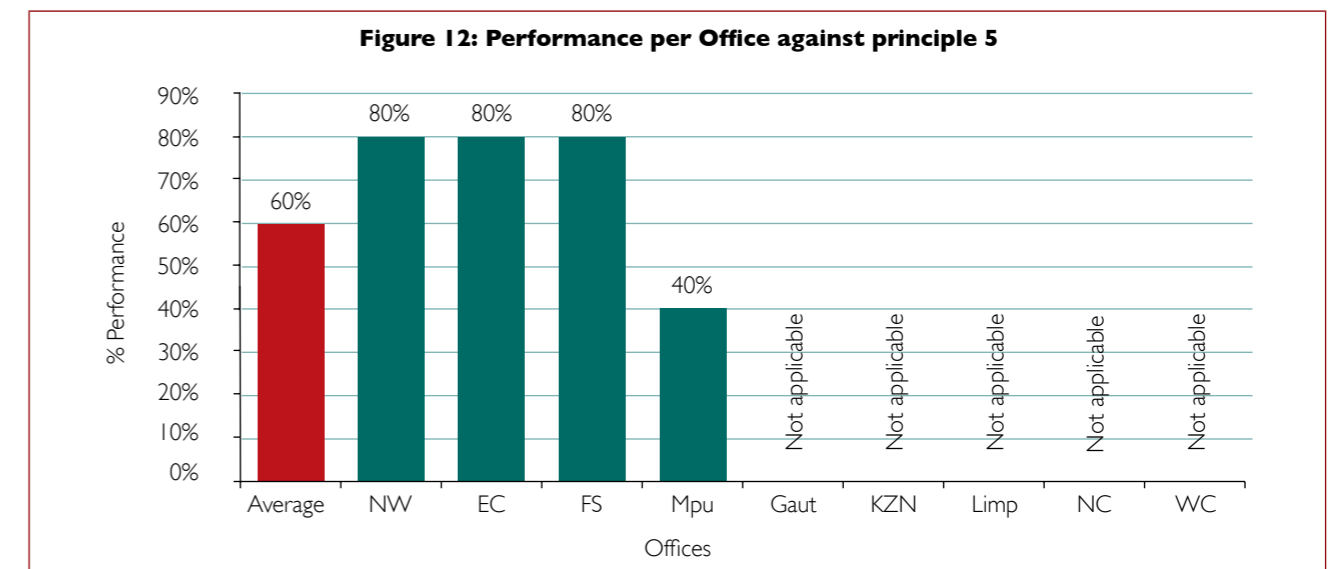
The following three standards are applied to establish whether Offices do in fact promote public participation in policy-making:



The overall average performance against this principle was adequate against several of the standards (60%) – **Figure 12** below. **Appendix E** provides the detail per Office.

Only four of the nine Offices were assessed against this principle. The NW Office recorded the best performance (80% or good) against this principle, followed by the EC and FS, both with adequate performance (60%). Mpu's performance was poor (40%).

The best performance (80% or good) against this principle was recorded by the NW Office



The remaining five Offices (Gauteng, KZN, Limp, NC and WC) were not assessed since they indicated that their core functions are such that they do not directly interact with communities. Their direct clients are the departments within their provinces. As a result, their recommendations and decisions are based on an analysis of the demand for public services, which are communicated via provincial departments and municipalities.

The average scores of the four assessed Offices against the specific standards applied by the PSC under this principle are reflected in **Table 12** below, followed by a discussion on the standards under strengths and weaknesses – see **Appendix E** for detail.

Table 12: Offices’ average scores against the specific standards of principle 5

Standards	An approved policy/guideline on public participation in policy-making is in place	System for participation	Inputs are responded to and used
	A	B	C
% Average compliance	50%	100%	25%

The four Offices assessed got a full score because they had procedures (a system) in place for soliciting inputs from the public. However, these procedures were not necessarily formalised in a policy document or guideline, hence the low score against this standard. Furthermore, the Offices could not submit evidence for how the inputs from the public influenced policy or planning. So, there was basic compliance with the requirement that the public must be consulted, but the process was not taken to its logical conclusion of acknowledging inputs from the public, formally considering it in policy and planning and giving feedback to the public. This runs the risk of the participation process becoming a mere road show where the public are told what government plans to do, and while they can voice their concerns, these concerns are not systematically fed back into the planning process.

The average performance per standard against this principle ranges from excellent (81% to 100%) against the standard of availability of a system for participation, to poor (21% to 40%) against the standard of the existence of a policy on public participation in policy-making and the utilisation of inputs received.

2.5.1 Strengths

The performance of the four Offices assessed in terms of putting in place systems for soliciting public participation in policy-making was excellent (100%) – **Table 12, Column B** above. The systems utilised differ from Office to Office. For example, the NW Office regularly utilised Izimbizo, as most other Offices, throughout the NW province. These occasions were widely publicised in newspapers and radio stations. Dominant languages in the NW were used for both advertisement and public hearings.

The performance of the four Offices (NW, EC, FS and Mpu) assessed in terms of putting in place systems for soliciting public participation in policy-making was excellent (100%).

The FS Office regarded its Thusong Service Centres (TSCs) as the cornerstone for effective community mobilisation, participation and communication. The responsibilities of TCS managers included ensuring that the centres were managed properly and that communities were developed according to their needs. TCS managers are required to engage with all government offices, and develop a working relationship with Ward Councillors, municipalities and Community Development Workers. The establishment of Local Inter-Sectoral Steering Committees was another vehicle for mobilising community participation as it had to ensure that every person was on board and knew exactly what TSCs were and what they could expect from them.

The Office in Mpu engaged with communities through public mass meetings, such as the Executive Council Outreach and the Izimbizo Programme, to promote community participation and the involvement of citizens in the policy-making process. At these mass meetings, the public was afforded an opportunity to engage directly with politicians to raise their concerns. The most common issues raised by the communities at these meetings related to service delivery needs. All complaints and problems raised by the public were consolidated and referred to the responsible department for their attention and response. The responsible department was expected to give feedback to the affected communities within a prescribed period.

The EC also used outreach programmes as a platform for the Executive to interact with communities and to discuss ways to improve service delivery.

2.5.2 Weaknesses

A policy or guideline on public participation in policy-making ensures that the participation process is structured and has specific objectives. Inputs from the public further need to be acknowledged, formally considered and feedback given to the public on the outcome. Offices’ performance against these two standards was poor – see **Table 12** on the previous page.

Below is a short exposition of the findings in respect of these two standards at the four Offices assessed:

Office	Availability of policy	Inputs are responded to and used
NW	A policy on public participation is not yet in place. However, the Office is utilising section 5 of the Executive Council Manual, which is devoted to internal and external public participation. Whilst the Office seems to follow a consultative process, the finer details of the consultation process are not covered in the Executive Council Manual.	According to the Office, a dedicated Secretariat captures issues raised at Izimbizo, which are referred to the relevant departments through EXCO for action. Departments and municipalities are expected to follow up on commitments made, to address the concerns raised, and to communicate directly with communities on the resolution of issues identified at these Izimbizo. However, no evidence was available to prove that issues raised at Izimbizo were considered or that citizens were informed about the outcome of their inputs. As a result, the Office stated that the Executive Council has taken a resolution to ensure close monitoring of the issues raised through Izimbizo. This entails integrating them into the provincial programme of action and EXCO Action.
EC	The Office has no policy or guideline.	Inputs obtained are presented to the MECs of the relevant departments who in turn channel them to their HoDs. These inputs are then factored into and influence the strategic plan of that particular department. However, there was no evidence that inputs were acknowledged or that the public were advised as to the outcome of their inputs.
FS	The Office has a draft policy in place, and also utilises the national policies on community liaison and the management of Thusong Service Centres. The draft policy framework seeks to promote communities that are active and involved in managing their own development, claiming their rights, exercising their responsibilities and contributing to governance structures at different levels, notably at ward and municipal level.	There was no evidence that the results of the public participation processes were included in reports to policy-makers, or that recommendations received during the participation process were accepted and/or implemented. There was also no evidence that people who made inputs or who commented on policies/guidelines/projects were advised as to the outcome of their inputs.
Mpu	The Office does not have a policy/guideline on public participation in policy-making in place.	The Office could not provide documentary proof that issues raised at the Cabinet Outreach Programme are considered in policy-making.

2.5.3 Conclusion

Despite the many initiatives/systems utilised to obtain inputs from the public on their policies/intended programmes/projects, the Offices could generally not show that they had considered inputs made by the public and provided feedback to the public. This requirement determines the meaningfulness of public participation. If the participation process and inputs are not fed into policies or the design and implementation of a project or programme, such participation does not serve much purpose, except that the process may perhaps improve relationships between government and the community.

2.5.4 Recommendations

It is recommended that Offices of the Premier develop and implement policies and/or guidelines on public participation. The benefit of such policies is that they:

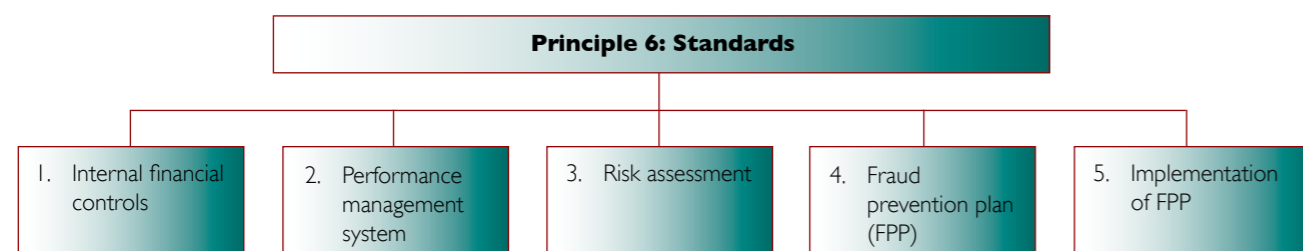
- Spell out what level of participation is required for different policy or service delivery situations. For example, different processes are followed for developing a provincial growth and development strategy, community development programmes, or a standard service like connecting to the municipal water supply.
- Spell out who will be consulted. (Who is the public/community or who will represent them?)
- Spell out clear procedures for soliciting, recording and acknowledging inputs from the public.
- Spell out clear procedures for how inputs should be considered and feedback given to the public.
- Provide for community empowerment and capacity building to enable them to participate fully and become creative partners of government.

2.6 Performance against Principle 6: Accountability

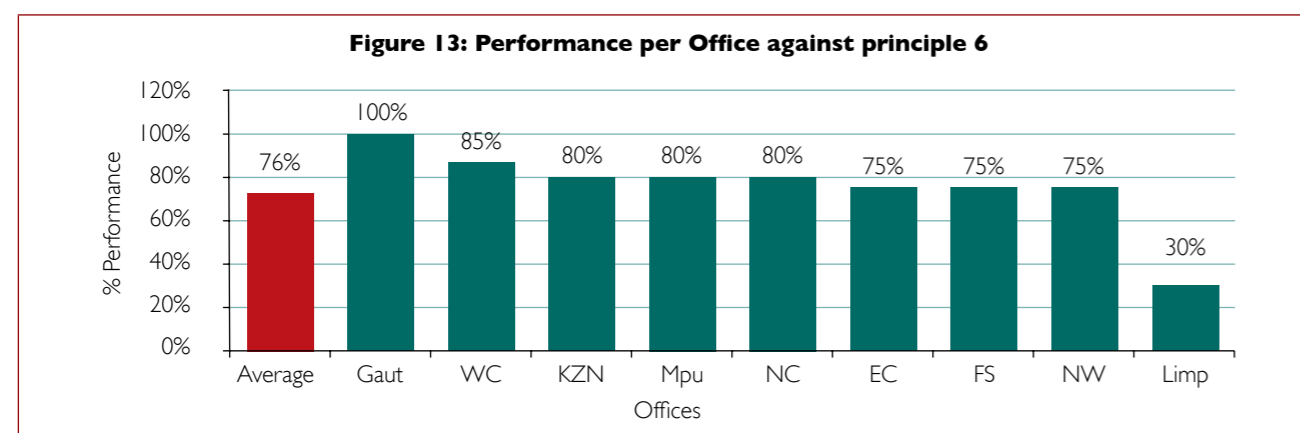
This Constitutional principle states that public administration must be accountable. Accountability involves an obligation on the part of public officials to account for their performance against deliverables, and that they agree to be held up to public scrutiny so that decisions and processes can be evaluated and assessed. Those charged with the governance of a department, therefore, has the responsibility of establishing a financial control environment, maintaining policies and procedures, implementing them and ensuring the continued operation of accounting and internal control systems. This principle, together with that of transparency, also enables citizens to exercise their democratic right to keep the institution of the Public Service to the highest ethical standards.

The PSC assumes that departments that implement internal financial controls, exert performance management over all delivery programmes, and prepare and implement fraud prevention plans are operating accountably.

The following five standards are applied to establish whether Offices do in fact promote accountability:



The average performance against this principle was good against most of the standards (75%) – **Figure 13** below. **Appendix F.1** provides the detail per Office.



Offices generally performed well against this principle with two of the nine Offices achieving a score of between 85% (WC) to 100% (Gauteng), signifying excellent performance, followed by 6 Offices with good performance (between 61% to 80%). Only the Limp Office's performance was poor (30%). Apart from receiving an unqualified audit opinion, the main reason for Gauteng's excellent performance is that it fully complied with all the standards of this principle (Table 13 below).

Offices generally performed well against this principle with two of the nine Offices achieving a score of between 85% (WC) to 100% (Gauteng), signifying excellent performance

The average scores of the Offices against the specific standards applied by the PSC under this principle are reflected in **Table 13** below: See **Appendix F.1** for detail.

Table 13: Offices' average compliance against the specific standards of principle 6

Standards	Adequate internal financial controls	Existence of an operational performance management system	Thorough risk assessment done	FPP			
				Plan is in place	Plan is based on a risk assessment	Sufficient staff to investigate fraud	Strategies implemented
% Average compliance	67%	100%	83%	76%	88%	68%	37%

The Offices generally scored well against all the standards. Six of the offices received an unqualified audit opinion. Performance management, risk assessment and fraud prevention plans were generally in place. However, the fraud prevention plans were not implemented, explaining the low score of 37% against this standard. This is a general observation coming out of the PSC's M&E exercise: Departments superficially comply with requirements, like the requirement for risk assessment and fraud prevention plans, but these plans and assessments do not fundamentally change the management and operational processes, or even the culture, of the department.

2.6.1 Strengths

The adequacy of internal financial controls

The PSC does not do its own assessment of the adequacy of financial controls but relies on the opinion of the Auditor-General (AG). The AG issued an **unqualified audit opinion** to seven of the Offices. The two Offices that received a **qualified audit opinion** were the FS and Limp.

The existence of an operational performance management (M&E) system

A positive factor is that performance against this standard was excellent (100%). All Offices had operational performance management systems in place. These include the general national transversal systems like BAS, PERSAL and LOGIS. (In practice though, even though management reports can be drawn from these systems, it is still a question to what extent these are used to monitor performance and to take appropriate management action). Throughout the year, the Offices produce monthly and quarterly reports on financial and non-financial performance. Conventional Public Service performance management systems are also in place such as the annual performance plan, the annual report and the AG's report that demonstrate how the Offices are doing against their planned outputs.

However, it is a cause for concern that Offices achieved a low average score of 54% for the achievement of priority outputs (see **Appendix C** on principle 2 and paragraph 2.2.2 above), which signals the ineffectiveness of their utilisation of these systems. A good example is the Limp Office, which uses a Performance Management and Development System (PMDS) to monitor progress against workplans of individual employees. Strategic Business

Units (SBU) report quarterly on progress made per strategic objective as well as challenges and deviations from targets in that province. The Office also established an overarching monitoring and evaluating (M&E) system, which involves the collecting, analysing and reporting on the performance data of the Office per programme. The main purpose of this system is to provide information that will assist programme managers to refine their planning and implementation processes. Yet, despite all these systems, the Limp Office's average performance against this principle was poor (30%), and has achieved only 54% of its outputs.

A thorough risk assessment has been done

All but the Limp Office, which failed to submit the necessary information, conducted a risks exercise through which all the risks in an Office have been identified, the seriousness of each risk was assessed, and appropriate internal control measures were devised to address these risks.

The Accounting Officer of the Gauteng Office, for example, was commended by the AG for discharging all the responsibilities concerning financial management, risk management and internal control. This was achieved through the successful implementation of certain key governance responsibilities. The following serve as examples:

- An operational audit committee, which operated in accordance with approved, written terms of reference.
- An operational internal audit function, which operated in accordance with an approved audit plan.
- The annual financial statements were submitted for audit as per the legislated deadlines.
- The prior year's external audit recommendations have been substantially implemented.
- SCOPA resolutions have been substantially implemented.

The existence of a fraud prevention plan

To score against this standard the quality of the Offices' FPPs was assessed against thirteen criteria for a good FPP, of which at least eight or more had to be complied with – refer to **Appendix F.2** for detail. With the exception of the Limp Office, which failed to submit any information for assessment against this standard, the remaining eight Offices had a FPP in place and seven of the eight complied with the required number of criteria.

Of concern is that only some of the Offices complied with the following four most critical criteria for a good FPP:

Criteria	Offices complied
1. A fraud database, which complies with Cabinet Memo 45 of 2003, should be in place (Not own Hotline).	FS, Gauteng, NW and WC.
2. Fraud investigations must be conducted without interference from management.	FS, Gauteng, KZN, Mpu.
3. Service users, suppliers and the broader community should be made aware of the Office's stance on fraud and corruption.	FS, Gauteng, Mpu, NW and WC.
4. Investigations must be undertaken by skilled officers.	FS, Gauteng, Mpu, NW and WC.

2.6.2 Weaknesses

A cause for concern is that most Offices do not have sufficient or well-qualified officials with enough experience to undertake fraud investigations. This, together with the gaps in the Offices' FPPs highlighted above, make Offices vulnerable to fraud. Added to these deficiencies is that only a few (37%) Offices have actually implemented their FPPs. These problem areas are discussed below in more detail.

Capacity of the Offices to investigate fraud cases

Most Offices indicated that they have a dedicated fraud investigating unit with adequate officials on the establishment. However, further probing revealed uneven and serious lack of capacity.

The situation with regard to the capacity to investigate fraud in each of the Offices was as follows:

Office	Situation
GP	The Office indicated that they had sufficient capacity.
MP	The Office indicated that they had sufficient capacity.
WC	The Office indicated that they had sufficient capacity.
EC	The Office does not have any investigators or a dedicated unit internally to investigate cases of fraud, but depends on the services of the Anti-Corruption and Security Management Unit, which is charged with a provincial mandate to investigate fraud cases.
FS	Although only 25% of the four officials in the Office are regarded as highly competent, the Office has indicated that it is sufficient taking into account that only 2 cases of suspected fraud were reported during the 2009/10 financial year.
KZN	According to the Office, the four highly competent officials responsible for investigating fraud in the Office are regarded as insufficient. These four officials are swamped with work resulting in them not conducting investigations but forwarding all cases of fraud to the internal audit unit in KZN Treasury.
Limp	The Office failed to submit the necessary information for assessment.
NC	The responsibility for the investigation of fraud cases resides in the Security and Records Management Directorate headed by a senior manager. There is also one Deputy Director in the Directorate. According to the Office, neither of the two officials is regarded as highly competent in this area, since they have not undergone specialised training to deal with cases of fraud. These two officials deal with normal security functions on a daily basis. They, therefore, on an <i>ad-hoc</i> basis only conduct basic investigations on all alleged cases of fraud. Depending on the nature and severity of the matter, it would be forwarded to institutions, which are deemed more competent or suited to deal with such, like the South African Police Services (SAPS) or the Office's Special Investigating Unit.
NW	The post structure of the Office's Forensic Unit consists of nine vacant positions, namely, 1 Director, 2 Deputy Directors, 4 Assistant Directors, 1 Investigator and 1 Secretary. Handling of corruption cases resided with the Security Services Directorate and only 1 Assistant Director with less than one year experience, is assigned the responsibility of handling anti-corruption cases.

Implementation of the strategies of the fraud prevention plan

Another area of concern is that, whilst the performance of the Offices in respect of the existence of a FPP was good (76%), the performance with regard to the implementation thereof was poor (37%). The existence of a FPP, therefore, becomes meaningless - refer to **Appendix F.1** for detail. The main reason for this poor performance was that Offices did not have an implementation plan and did not have sufficient and competent officials on their establishment to do forensic investigations.

Only the Gauteng and NC Offices indicated that all their FPP strategies have been implemented – refer to **Table 14** below – followed by the WC with at least 80%, and KZN and Mpu with 50% to 79% of the strategies implemented. The successful implementation of the FPP strategies in Gauteng, NC and WC can be attributed to diligent monitoring of the progress with implementation on a quarterly basis (Gauteng), and the establishment of specific units to oversee the implementation of these strategies. For example, the Gauteng Provincial Anti-Corruption Forum, a security and records management directorate (NC), and a fraud and corruption committee and an internal audit unit (WC).

Table 14: Percentage strategies of FPP implemented

EC	FS	GP	KZN	LP	MP	NC	NW	WC
Less than 50%	Less than 50%	100%	50% - 79%	No information	50% - 79%	100%	Less than 50%	At least 80%

2.6.3 Conclusion

The Offices' compliance against this principle was good against most of the standards. At the time of the assessment, all Offices had FPPs, based on risk analysis. However, two of the Offices received a qualified audit opinion. Further, the compliance with the requirements tested under this principle may be superficial because the score for the

implementation of the fraud prevention plans was very low and the capacity to investigate fraud was insufficient, or at best, uneven between the offices assessed.

2.6.4 Recommendations

The Offices should prioritise and ensure that the following critical strategies for fighting fraud and corruption are addressed:

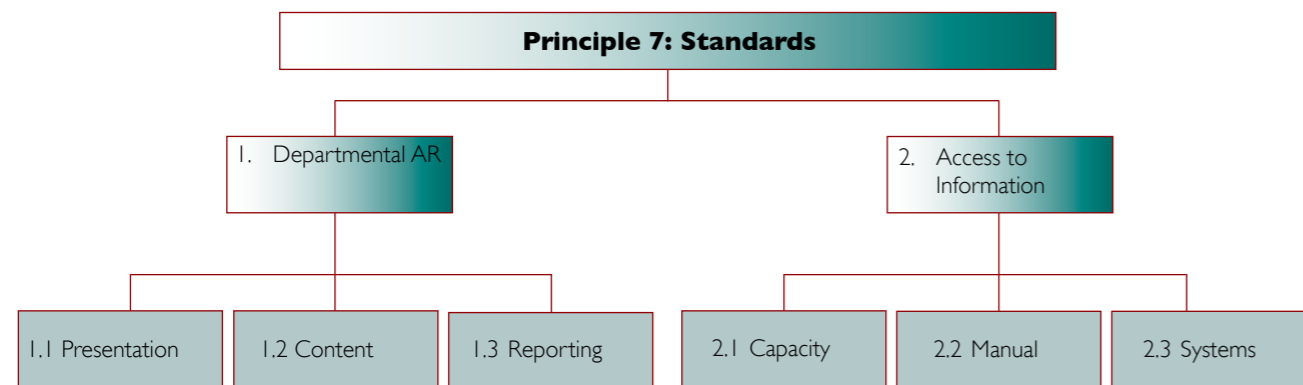
- Put in place a fraud and corruption database in order to track all reported cases of fraud and corruption.
- Make service providers and communities aware of the Offices' policies and strategies to fight fraud and corruption.
- Determine the exact capacity requirements for implementing fraud prevention plans and investigating fraud cases.
- Provide the necessary training in the handling of fraud cases.

The Offices should also spell out the specific action steps for the implementation of their fraud prevention plans.

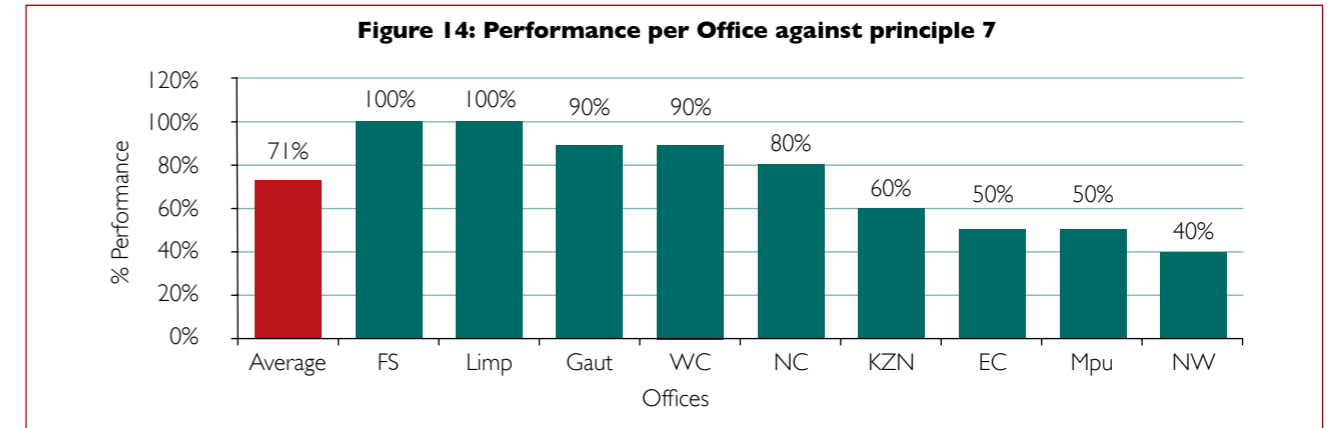
2.7 Performance against Principle 7: Transparency

This Constitutional principle states that transparency must be fostered by providing the public with timely, accessible and accurate information. Annual reports (ARs) of departments are one of the key documents that enhance transparency. A key requirement for annual reporting is that departments should report on their actual achievements against predetermined objectives as stated in their strategic plan and in the estimates of expenditure. The AR allows citizens and beneficiaries to assess departments' performance. Another aspect tested under this principle is accessibility to information held by departments as required by the Promotion of Access to Information Act, 2000 (PAIA), Act 2 of 2000.

The following two standards, with three sub-standards each are applied to establish whether departments do in fact promote transparency:



The average performance against this principle was good (71%) – **Figure 14** on the following page. **Appendix G.1** provides the detail per Office.



Excellent performance (81% and above) is noted in four Offices, namely, FS, Limp, Gauteng and WC. At the low end with poor performance (21% and below) was NW.

The Offices' average scores against the specific standards applied by the PSC under this principle are reflected in **Table 15** below: See **Annexure G.1** for detail.

Table 15: Offices' average compliance against the specific standards of principle 7

Standards	Departmental AR			Access to Information		
	Presentation	Content	Performance reporting	Appointed DIO	MAI	System
% Average compliance	100%	34%	67%	100%	56%	78%

The average compliance per standard against this principle ranges from excellent (81% to 100%) against the standard of the presentation of the AR and the appointment of Deputy Information Officers (DIOs), to poor (21% to 40%) against the standard of the content of the AR. Performance against the standard of the availability of a manual on access to information was adequate, whilst performance regarding reporting in the AR and the availability of a system for managing requests for access to information was generally good (61% to 80%).

2.7.1 Strengths

The Annual Report

The main strength is that 100% of Offices' ARs were attractively presented and written in simple and accessible language, which is an indication that the information needs of various stakeholders, including ordinary citizens, are considered during the compilation of the ARs. Furthermore, it is encouraging that 67% of Offices reported on performance against predetermined outputs for at least two thirds of the objectives listed, which also reflects good performance.

Access to information

In terms of compliance with the Promotion of Access to Information Act (PAIA) 2000, the Offices were generally complying with the Act, although there is room for improvement in respect of the availability of a Manual on Access to Information. All the Offices had at least one DIO appointed in writing with duly delegated authority. It is also encouraging that an average of 78% Offices had systems for managing request for access to information.

2.7.2 Weaknesses

Two areas were identified as deficiencies in most of the Offices. The first area was that ARs did not in sufficient detail cover at least 90% of the areas prescribed by NT and the Department of Public Service and Administration (DPSA) – a poor average compliance of 34% was achieved. The area of deficiency was the adequate (56%) compliance of Offices on the availability of a MAI.

The Annual Report

The content of the ARs was assessed against the areas prescribed by NT and the DPSA for annual reporting. The PSC's standard is that the AR in sufficient detail should cover at least 90% of these areas. **Table 16** below shows the percentage compliance of each Office per area.

Table 16: Principle 7 – Offices' average compliance against the required content of the AR

Main areas to be addressed	Office									
	EC	FS	GP	KZN	LP	MP	NC	NW	WC	
General information	64%	100%	100%	91%	100%	18%	64%	100%	100%	
Programme performance	74%	97%	52%	58%	100%	57%	18%	81%	100%	
Audit reports, financial statements and other financial information	85%	100%	100%	100%	100%	100%	100%	100%	100%	
Human resource oversight report	100%	100%	98%	93%	100%	89%	93%	82%	100%	
Total	86%	99%	78%	81%	100%	72%	56%	84%	100%	

The ARs of only three of the nine Offices' (FS, Limp and WC) covered in sufficient detail 90% of the required areas set by NT and the DPSA. The worst complier was the NC, which reported sufficiently on only 56% of the requirements. Information on the activities of the ministry and service delivery is the two primary areas of interest for citizens to assess whether what is reported on, compares with the reality they are confronted with. Therefore, the AR should provide meaningful information in this regard. Unfortunately, these were the two areas where the Offices generally failed to report in sufficient detail. For example, Mpu (18%), EC (64%) and NC (64%) provided insufficient information on the ministry. When it comes to services rendered by the Offices and information on their programme performance, NC complied with only 18% of the requirements followed by Gauteng (52%) Mpu (57%), and KZN with 58%. Non-adherence to the content requirements on annual reporting might signal the message that Offices do not take issues of transparency seriously.

Access to information

The content of the Offices' MAIs was assessed against 14 requirements set in section 14 of the Promotion of Access to Information Act, 2000 (Act No 2 of 2000) – refer to **Annexure G.2** for detail. Only five of the Offices' MAIs complied with more than 75% of the requirements – see **Table 17** below.

Table 17: Principle 7 – Offices' compliance with the content requirements of the MAI

Province	EC	FS	GP	KZN	LP	MP	NC	NW	WC
% of requirements met	79%	100%	93%	0%	86%	79%	57%	0%	57%

Of concern is the low compliance with PAIA against the following critical requirements, which deprives citizens of one of the fundamental rights in the South African Constitution: "Everyone has the right of access to (a) any information held by the state; and (b) any information that is held by another person and that is required for the exercise or protection of rights"¹⁴ – refer to **Annexure G.2** for detail:

Requirement	Offices that complied
A description of the categories of records of the Office that is automatically available without a person having to request access in terms of the Act.	FS and Mpu.
A description of any arrangement or provision for a person, by consultation, making representations or otherwise, to participate in or influence the formulation of policy.	EC, FS, Gauteng, Mpu and NC.
The MAI is updated and published at least once a year.	FS, Gauteng, Limp and Mpu.
The Office's contact details, including details of the information and the Deputy Information Officer(s) are available in every telephone directory, notice boards and on the Office's website.	EC, FS Gauteng and Limp.

2.7.3 Conclusion

The average performance of Offices against this principle was good against most of the standards (71%). Two areas were identified as deficiencies in most of the Offices. The first area was ARs, which did not in sufficient detail cover at least 90% of the areas prescribed by NT and the DPSA – a poor average compliance of 34% was achieved. The second area was incomplete MAIs. Only five (56%) of the Offices' MAI complied with more than 78% of the 14 requirements set in section 14 of the Promotion of Access to Information Act, 2000 (Act No 2 of 2000).

2.7.4 Recommendations

Offices should:

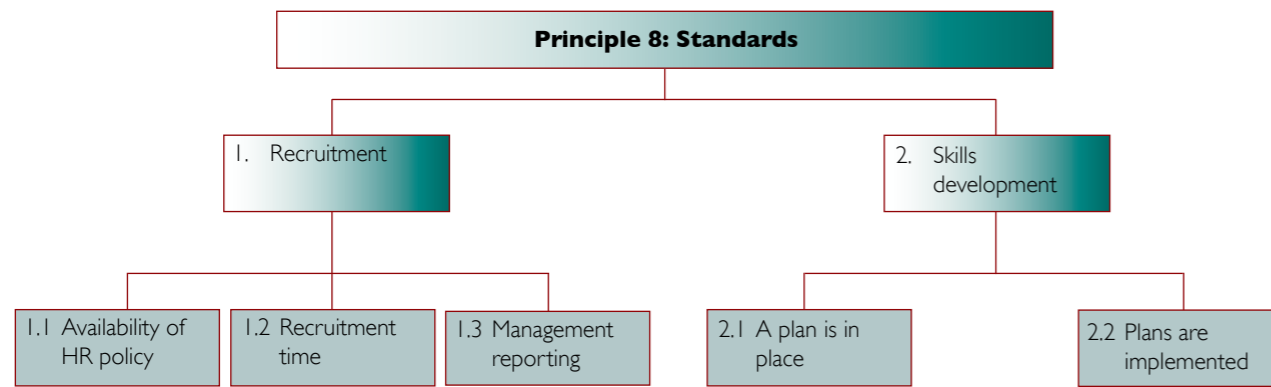
- Strictly adhere to the requirements of NT and the DPSA for annual reporting.
- Review their MAIs to ensure compliance with all the requirements set by section 14 of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000).

2.8 Performance against Principle 8: Good Human Resource Management and Career Development Practices

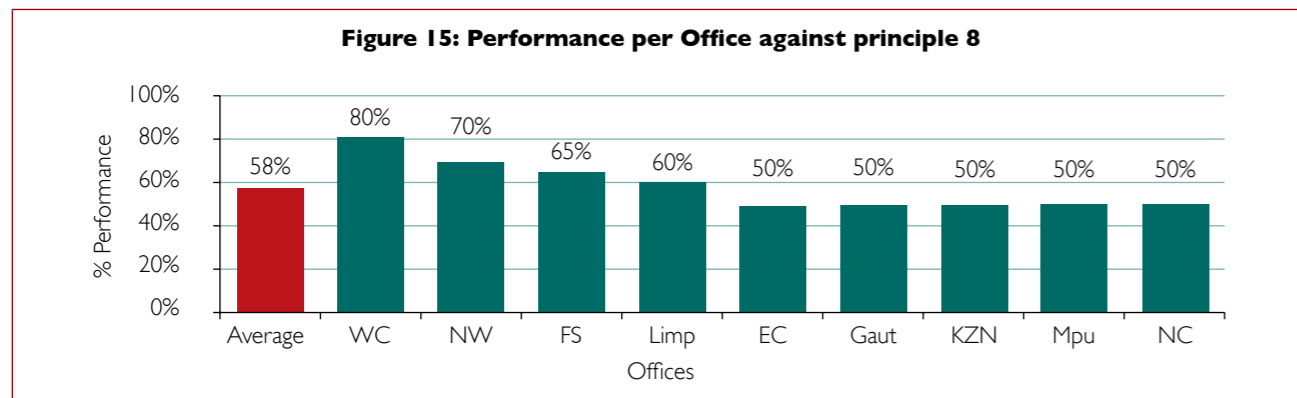
This Constitutional principle states that "good human resource management and career development practices, to maximize human potential, must be cultivated". Adherence to this principle is critical in that a competent Public Service corps is essential to ensure that the policies of government are implemented. Departments, therefore, must continuously assess employment policies, management practices and the working environment in order to comply with this principle.

The following two standards, with sub-standards are applied to establish whether departments do in fact promote good human resource management and career development practices:

¹⁴ Republic of South Africa. Department of Justice and Constitutional Development. The Constitution of the Republic of South Africa, 1996. (Act 108 of 1996 as amended). Second impression. Juta & Co Ltd. Cape Town. Section 32 (1).



The overall average performance against this principle was adequate (58%) – **Figure 15** below. **Appendix H.1** provides the detail per Office.



Four of the nine Offices were able to record good performance (61% to 80%), followed by five Offices with adequate performance (50%).

The Offices' average scores against the specific standards applied by the PSC under this principle are reflected in **Table 18** below: See **Appendix H.1** for detail.

Table 18: Offices' average scores against the specific standards of principle 8

Standards	Recruitment			Skills Development				
	Policy	Recruitment times	Progress management reporting		A skills development plan		Implementation of the plan	
			Done	Response	Exists	Needs analysis	2/3rds implemented	2/3rds impact assessed
% Average compliance	100%	3%	88%	10%	100%	78%	66%	34%

The average performance ranges from excellent (81% to 100%) against the standard of the availability of a policy on recruitment, the existence of a skills development plan, management reporting on recruitment, to no performance (0% to 20%) against the standard of recruitment times, and management's response on progress reports on recruitment.

2.8.1 Strengths

The existence of policies, plans and management reporting

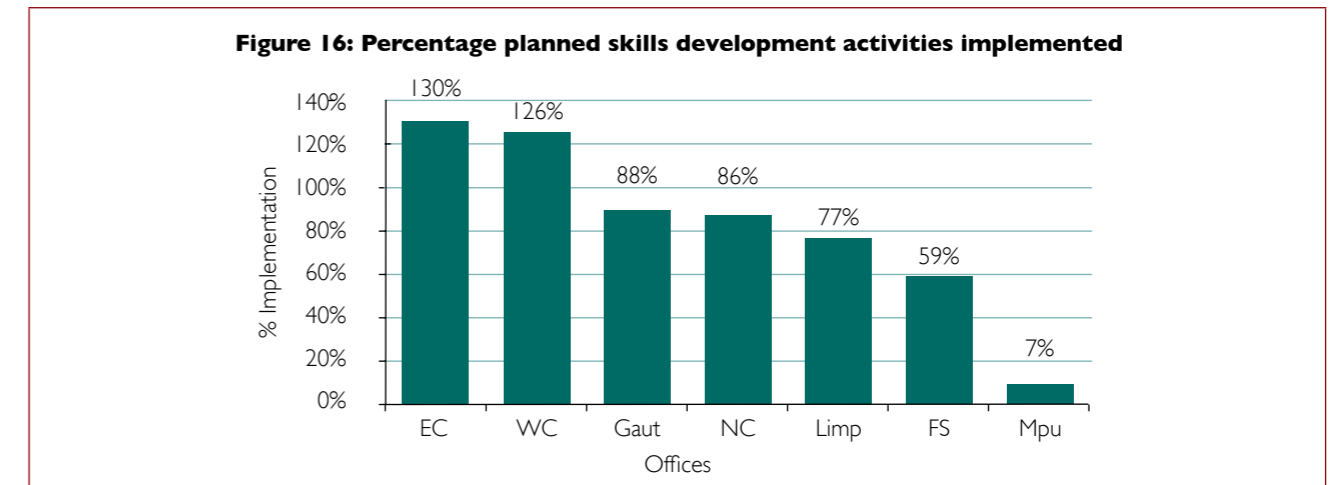
The main areas of strength is that all Offices had a recruitment policy (RP) that complies with good practice standards and spell out detailed recruitment procedures, and a skills development plan, which is mostly based on

a skills need analysis. Excellent compliance of 88% also occurred against progress reporting on recruitment to management, whilst 66% Offices implemented at least two thirds of their planned skills development activities – refer to **Table 18** on the previous page.

All Offices had a recruitment policy that complies with good practice standards, and a skills development plan, which is mostly based on a skills need analysis.

Skills development activities implemented

Except for FS and Mpu, the Offices had mostly implemented their planned skills development activities – refer to **Figure 16** below and **Appendix H.2** for detail.



The planned and implemented training of all Offices focused on learnerships, programme and short courses, and "other" courses, which were divided between occupational categories and gender – refer to **Table 19** below.

Table 19: Offices' planned and implemented training – principle 8

Occupational Category	Gender	Planned training				Planned training implemented			
		Learnerships	Programme & Short courses	Other	Total	Learnerships	Programme & Short courses	Other	Total
Managers & professionals	Female	1	335	2	338	-	254	24	278
	Male	1	315	2	318	-	212	17	229
Associate professionals	Female		101		101		84		84
	Male		54		54		150		150
Technicians, Clerks & elementary occupations	Female	2	358	8	368	18	237	26	281
	Male	2	225	7	234	9	116	14	139
Employees with disabilities	Female	3	72	3	78	2	50	4	56
	Male	3	75	5	83	2	50	5	57
Total occupational categories	Female	6	866	13	885	20	625	54	699
	Male	6	669	14	689	11	528	36	575
Total for Office		12	1 535	27	1 574	31	1 153	90	1 274

Although the emphasis is overwhelmingly on short courses with impressive implementation figures, the training did not necessarily translate into better service delivery of the Offices, as discussed in the next section. A good practice of implementation was found in the WC, which ensured that all planned skills development activities were implemented via the Individual Development Programmes (IDP) of staff members and monitored on a quarterly basis via the performance cycle, and the insistence that all training must be accredited, which has resulted in a better quality of training.

Some Offices experienced the following challenges when planning for the training needs of employees:

- Budgetary constraints making it difficult to address all identified training needs.
- The training needs identified by employees do not always reflect the actual requirements of the Office.
- Supervisors do not play an active role in ensuring that the development plans of employees are relevant and necessary.
- The Human Resource Development (HRD) Unit is in terms of the organisational hierarchy, not afforded the necessary prominence.

2.8.2 Weaknesses

Recruitment times

The main weakness is the inability of Offices to fill posts within the PSC's standard period of 3 months/90 calendar days. Except for NW, which did not submit information, and the FS, which was able to fill 50% of the sampled vacancies assessed within the set standard, none of the eight remaining Offices was able to meet the required standard.

It took the eight Offices an unacceptably average of 504 calendar days to fill their vacant posts (**Table 20** below – refer to **Appendix H.3** for detail per Office), which is far beyond the PSC's 90 calendar day standard. Even the shortest average time of 145 calendar days taken to fill a vacancy fell beyond the PSC's standard of 90 calendar days.

Table 20: Average recruitment time

Total number of sampled vacant posts submitted for assessment	Number of sampled posts filled within the PSC's standard of 90 days	Average days to fill a vacancy	Shortest average time (days) to fill a vacancy
94	10	504	145

Only ten (11%) of the sampled vacant posts were filled within the time frame of 90 calendar days. The FS performed the best with nine posts, followed by Limp with one post.

The worst performers against this standard were KZN with an average of 1 429 calendar days (3 years and 11 months) to fill a vacancy followed by Gauteng with an average of 568 (1 year and 7 months), and NC with an average of 560 calendar days. **Appendix H.3** provides the detail per Office.

A further analysis indicates that a key post, such as the DG for the Office of NC took 1 369 calendar days (3 years and 9 months) to fill, which left the Office without strategic guidance and management. In other instances posts such as an Administration Officer at Gauteng took 1 185 calendar days (3 years and 5 months) to fill, and a Parliamentary Officer at KZN took 4 530 calendar days (more than 12 years) to fill. These posts are critical administrative support posts without which an Office cannot meet its administrative obligations.

Various reasons were given for the excessive time spent on filling their vacancies, namely –

Office	Reason(s)
FS	A moratorium was placed on the filling of posts.
Gauteng	The Office was restructured.
KZN	The time taken to decide to fill a vacancy.

Office	Reason(s)
Limp	A directive was issued to prioritise the filling of all the vacancies in the Traditional Affairs Component with an understanding that related funds will be transferred back to the Department. However, the expectation to have the funds recouped from the Traditional Affairs Component was not met. In order to avoid any over-expenditure on the personnel budget, the Department then decided to defer the filling of its own vacancies.
Mpu	A moratorium was placed on the filling of all posts in the Mpu Provincial Government. Added to this was the challenges experienced in respect of resignations, transfers, deaths and cost curtailment measures. However, approval has since been obtained from the Executive Authority for the lifting of the moratorium and that all the critical vacant positions should be advertised and filled as soon as possible.
NC	The authority for recruitment has not been delegated by the Premier; which results in lengthy administrative processes when attempting to fill vacant posts, the impact of the political nature that certain posts have, as well as requested funds for vacant posts being withheld by the Chief Financial Officer in cases where the HoD does not deem posts critical.
WC	During 2009, the Provincial Government adopted a policy position to establish a Corporate Service Centre in the Office of the Premier as a "shared services centre" for the Provincial Government WC (PGWC). The aim of "shared services" is to consolidate common staff support functions and processes in a single organisational unit from where a number of line functions units can be served. The HR and Labour Relations functions were transferred from the other departments to the Department of the Premier. The refocusing of the Department's organisational structure resulted in the development of a personnel plan, which provided for the transition of employees from the old to the new structure through a matching and placing exercise with the result that vacant posts were not timeously filled.

However, valid and good these reasons might be, a different picture emerged from a further analysis of the data in the two most crucial recruitment processes. These two processes are 1) the time taken between the closing date and the date on which the interviews take place, and 2) the time taken between the date on which the interviews took place and the date on which a decision for appointment was made. The analysis has shown that either not all the necessary data exists (FS, Gauteng, KZN and NW), or the data is unreliable (Limp), or where the data is available, the process is extremely long (NC). This is especially true with regard to the following (for detail refer to **Appendix H.4**):

- The average time (150 days as opposed to the standard of 10 days) taken between the closing date of the advertisement and the date on which the interviews took place.
- The average time (44 days as opposed to the standard of 20 days) taken between the date of the interviews and the date on which the decision for appointment was taken –:

This is indicative of a process that is not being monitored closely, which in turn can also be linked to management's reluctance to intervene (only 10% of the Offices responded) to progress reports on the filling of vacancies. The poor record keeping creates a situation where Offices can be questioned about the fairness of their recruitment process. This can be seen from examples in Limp and Mpu as highlighted below:

Response on management reports on recruitment

Although eight of the nine Offices diligently provide progress reports on the filling of vacancies, only the WC responded on these reports by providing guidance on what actions should be taken to speed up the process. Therefore, it can be concluded that those sampled vacancies that took longer than 90 days to be filled, could have been filled within this period if Offices have taken timeous remedial action where progress was unacceptable.

Impact assessment of implemented training activities on service delivery

A dismal 34% of the Offices (FS, NW and WC) found it useful to do an assessment of the impact that the implemented training had on their Offices' service delivery.

A good example of assessing the impact of implemented training activities was found in the FS, which utilised questionnaires and personal interviews with officials attending a training course. The assessment, consisting of four parts, produced the following results:

Part	Result of the assessment
1. A basic reaction evaluation questionnaire	83% of respondents indicated that they were happy about the service rendered by FS Training and Development Institute (FSTDI) during the training programmes. An average of 82% indicated that they were happy about the refreshments/meals offered; 80% were happy about the facilities where training took place, 91% were happy about the FSTDI staff professionalism and accessibility during the course.
2. Work performance outcomes	83% of the learners were convinced that there is improvement in their work, which can be attributed to the training attended. Linked to this were that 83% of the respondents pointed out that their overall performance improved in their work areas.
3. The evaluation of learning by supervisors	Transfer of learning is taking place after training and there is organisation benefit because of the training undertaken. Most of the supervisors cited improvement of work output and in other instances supervisors highlighted measurable improvement in the quality of employees' work performance as a result of training. Most importantly, all the interviewed supervisors indicated a series of improvements in service delivery after employees had completed the training programme.
4. Comprehensive organisation impact	57% of the trainees had an opportunity to use what they learned. A large number experienced a problem with the work support environment. 71% affirmed that their quality of work had improved. Lastly, most of those interviewed indicated improved attitude towards their work.

The following challenges were highlighted, which prevented some Offices from doing an impact assessment of their training activities.

- Course participants need to be supported by supervisors to implement new learned skills. Follow-up on the training through supervision and on-the-job support is a crucial element in adding and adopting the training lessons in real life work situations.
- Course attendants should take responsibility to submit assignments since without submitting assignments the course cannot be assessed and this becomes a fruitless expenditure.

2.8.3 Conclusion

Though the average performance against this standard was adequate (58%) against several of the standards, this was more a reflection of compliance with basic requirements than efficient and effective administrative processes. For example, all the Offices had recruitment policies and procedures but it still took very long to fill posts. Management reporting on recruitment was done but no appropriate action was taken on those reports. All the Offices had skills development plans, which were largely implemented, but the training mostly consisted of short courses and the impact of these courses on work performance and service delivery was not assessed.

2.8.4 Recommendations

The Offices should focus on the following critical priority areas:

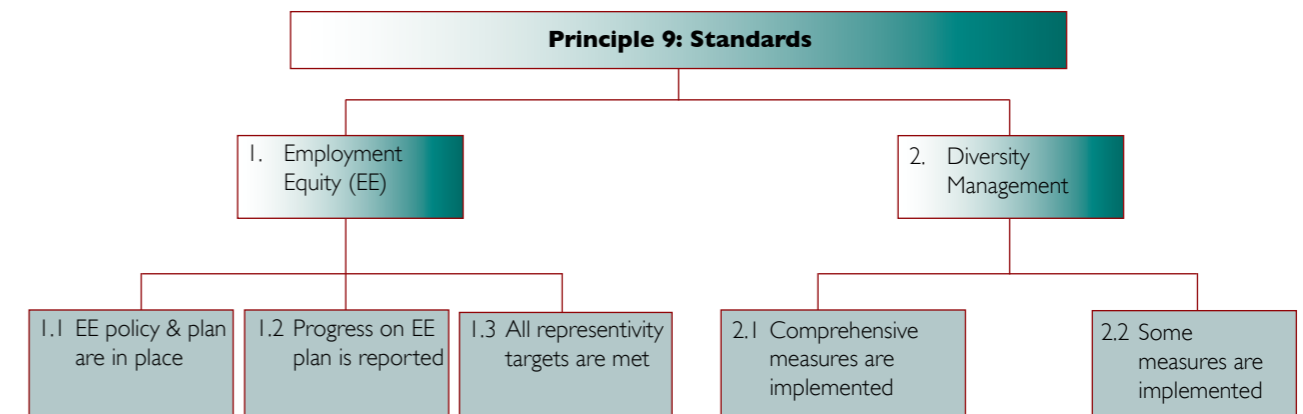
- Revisit the recruitment process in their policies by stipulating the specific timeframe for each process, since the filling of vacancies within a stipulated period is essential to ensure that services are uninterrupted. The PSC's Toolkit on Recruitment and Selection can be utilised as a guideline.
- Monitoring and intervention by management through instituting corrective measures in the recruitment process should be done rigorously. This will ensure that vacancies will be filled timeously.
- Offices should ensure that an annual impact assessment is done of all implemented training activities on the service delivery of the Office. The implementation of this recommendation will assist Offices to provide focussed training and ensure improvement in service delivery.

Effective and efficient service delivery is inextricably linked to the skills and competencies of an Office's work force and sufficient employees to execute an Office's functions. Offices, therefore, need to ensure that all vacancies are filled timeously and to know what their specific skills needs are compared to the current skills profile of their staff, and put strategies in place to acquire the needed skills.

2.9 Performance against Principle 9: Representivity

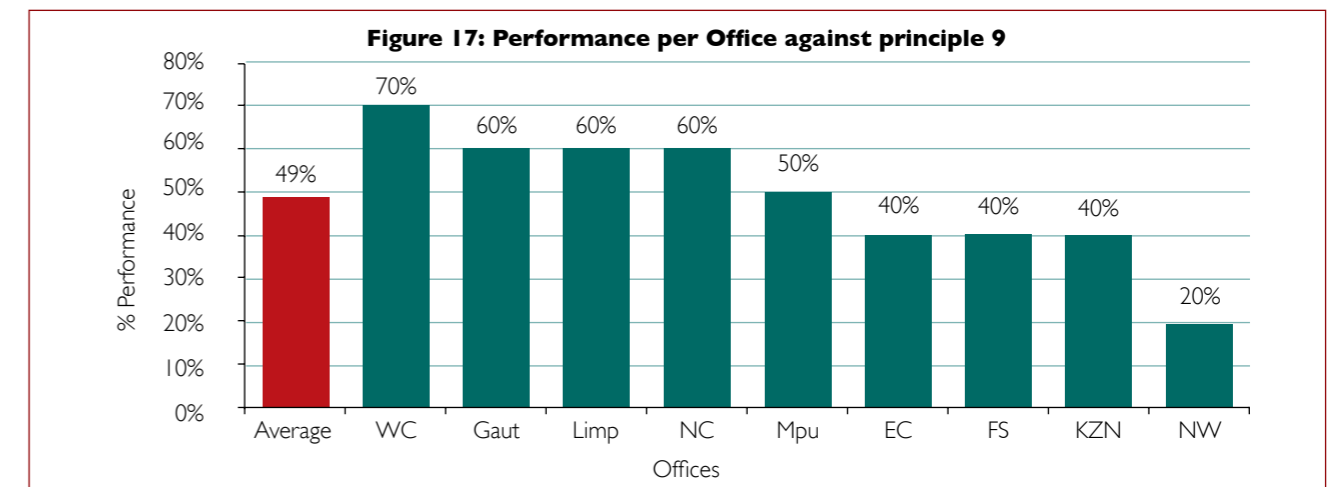
This Constitutional principle focuses on representivity, which requires that the work force should be broadly representative of the South African people. An objective is to ensure that a dynamic work environment is created in which the diverse work force can reach their potential instead of just meeting numerical targets. Attending to both the representatively targets and diversity management in a department will ensure that this value is applied in a manner that benefits South African society.

The following two standards with sub-standards are applied to establish whether departments do in fact promote representivity:



The overall average performance against this principle was adequate (49%) – **Figure 17** below. **Appendix I.1** provides the detail per Office. Only the WC's performance was good against most of the standards (70%). The remaining eight Offices' performance varied between "adequate against several of the standards" (41% to 60%) for four Offices, namely, Gauteng, Limp, NC, and Mpu; "poor performance against most of the standards" (21% to 40%) for three Offices, namely, EC, FS, and KZN; and 20%, which is no performance against most of the standards, for NW.

Only the WC's performance was good against most of the standards (70%)



The Offices' average scores against the specific standards applied by the PSC under this principle are reflected in **Table 21** on the following page: See **Appendix I.2** for detail.

Table 21: Offices' average compliance against the specific standards of principle 9

Standards	Existence of an EE		Achievement of representivity targets	Management reporting on representivity		Diversity management
	Policy	Plan		Done	Response	
% Average compliance	34%	78%	31%	88%	22%	72%

The average performance ranges from excellent (81% to 100%) against the standard of management reporting on representivity, to poor (21% to 40%) against the standard of the existence of an EE Policy, the achievement of representivity targets, and management's response on reports on representivity. Performance against the standard of the existence of an EE Plan and diversity management was generally good (61% to 80%).

2.9.1 Strengths

Existence of an employment equity plan

An average compliance rate of 78% was recorded against this standard. Offices' compliance against this standard is measured against the 10 requirements for an EE Plan set in section 20 of the Employment Equity Act, 1998, (Act 55 of 1998).¹⁵ The EE Plan of four Offices, namely FS, Limp, Mpu, and WC complied with 100% of the requirements, followed by Gauteng and KZN meeting 80% of the requirements – refer to **Table 22** below and **Appendix I.3** for detail.

Table 22: Offices' compliance with the requirements for an EE plan set in section 20 of the EE Act

Offices	EC	FS	GP	KZN	LP	MP	NC	NW	WC
% of requirements met	70%	100%	80%	80%	100%	100%	70%	60%	100%

Of all the EE plans assessed, the requirement least addressed is that of a "timetable for each year of the plan for the achievement of goals and objectives other than numerical goals".

Management reporting on representivity

Another area of strength recorded is that eight (or 88%) of the nine Offices do submit progress reports on representivity to management. The only Office that did not do reporting in this regard, was NW. Offices generally complied with the standard of regularly submitting progress reports on representivity to management. The human resource component usually submits these reports monthly at branch meetings to senior management. These reports aim to sensitise management on the Office's equity profile in respect of race and gender. In Gauteng, for example, these monthly reports are submitted to Management Committee Meetings (MANCOM), and quarterly to EE Forum meetings. In Mpu, these reports are obtained from all provincial departments for discussion at the Provincial Management Committee (PMC) meetings of Heads of Department. The following good examples from NC and WC on how these management reports are utilised are highlighted below:

Office	Example
NC	This Office has an EE Consultative Forum (EECF) consisting of representatives from <i>inter alia</i> the trade unions, non-designated group (white males), the Director: Human Resource Administration, the Manager: Human Resource Development, and the Manager: Office on the Status of Women. The EECF has quarterly meetings and compiles an EE report detailing information on targets, activities and progress in achieving such targets. Each unit within the Office drafts an equity profile, which is used to obtain a holistic picture of how the entire Office is progressing towards the achievement of equity targets. The holistic and individual reports are submitted to senior management meetings as a standing agenda point for consideration, discussion and decisions. The suggested actions/interventions from senior management are furnished to the Office's recruitment section to identify preferred candidates in the event of posts becoming vacant. The Directorate: Special Programmes provides inputs during the interviews and selection processes, in order to assist the Office in attaining its equity targets. Because of this process, there has been a steady improvement in the attainment of the Office's equity targets.

¹⁵ Republic of South Africa. Department of Labour. *Employment Equity Act 1998, Act Number 55 of 1998, Section 20 - Definitions.*

Office	Example
WC	A monthly status report is submitted to the DG and top management on the racial and gender distribution, and employment of people with disabilities. The Director: Human Resource Management undertakes regular audits of the establishment, of which the outcome is reported in a quarterly performance report, to ensure that EE matters are addressed.

Diversity Management

An average compliance rate of 72% was recorded against this standard. Offices' compliance against this standard is assessed against 23 best practice measures¹⁶ – refer to **Table 23** below and **Appendix I.6** for detail.

Table 23: Offices' compliance with the implementation of diversity management measures

Office	EC	FS	GP	KZN	LP	MP	NC	NW	WC
% of measures implemented	70%	57%	57%	78%	96%	87%	83%	0%	91%

Four Offices, namely Limp, Mpu, NC and WC implemented between 83% and 96% of these measures, which is regarded as excellent performance in terms of the PSC's System. Apart from NW, which did not provide any information for assessment, the remaining four offices implemented at least some (between 57% and 70%) of the measures.

2.9.2 Weaknesses

Existence of an employment equity policy

An average compliance rate of 34% was recorded against this standard, which is poor. Offices' compliance against this standard is measured against the 14 requirements for an EE Policy set in section 1 of the EE Act, 1998, (Act 55 of 1998).¹⁷ The EE Policy of two Offices, namely Limp and WC complied with 100% of the requirements, followed by KZN and NW meeting 30% and 36% of the requirements respectively – refer to **Table 24** below and **Appendix I.2** for detail.

Table 24: Offices' compliance with the requirements for an EE policy set in section 1 of the EE Act

Office	EC	FS	GP	KZN	LP	MP	NC	NW	WC
% of requirements met	0%	0%	0%	30%	100%	0%	0%	36%	100%

Four Offices, namely FS, Gauteng, Mpu and NC did not have an EE Policy in place at the time of the assessment, whilst the EC's EE Policy was obsolete, because it covered the 2004/07 financial years and was not updated/reviewed after three years from its effective date.

The Offices without or an inadequate EE Policy, do not only break the law, but also deprive officials the certainty that the Premier of the provincial government is a champion of equal opportunities, fair treatment in the employment process, equitable representation at all levels of the work force and implementing affirmative action measures.

Achievement of representivity targets

The Offices were evaluated against meeting the national targets of 75% Blacks at senior management level (end of April 2005), 50% women at senior management level by 31 March 2009, and people with disabilities comprising

¹⁶ (Checklist Numbers 1 – 14: Appendix J.6). Source: Reichenberg, Neil, R. United Nations Expert Group Meeting on Managing Diversity in the Civil Service. *Best Practice in Diversity Management*. Executive Director. International Personnel Management Association. United Nations Head Quarters. New York. 3 – 4 May 2001.

(Checklist Numbers 15 – 18: Appendix J.6). Source: Republic of South Africa. Department of Public Service and Administration. *Draft Strategic Human Resource Planning Guide and Toolkit*. Version 1.0. March 2007.

¹⁷ Republic of South Africa. Department of Labour. *Employment Equity Act, 1998, (Act Number 55 of 1998), Section 1 - Definitions.*

2% of the work force by 31 March 2010. **Table 25** below reflects the breakdown of the Offices' compliance with the representivity targets in terms of race, gender and people with disabilities – refer to **Appendix I.4** for details on individual Offices' performance.

Table 25: Offices' compliance with meeting national representivity targets

Standards	National Targets		
	RACE 75% Black at senior management level at the end of April 2005.	GENDER 50% Women at all senior management levels by 31 March 2009.	DISABILITY 2% People with disabilities by 31 March 2010.
% Average compliance	84%	35%	1,5%

At the end of the 2009/10 financial year, the Offices on average had 84% Blacks at senior management level, which exceeded the target of 75% set for 30 April 2005. Women at senior management levels comprise on average 35%, which represents a deficit of 15% against the target of 50% set for 31 March 2009. People with disability on average comprise 1,5% which is a shortfall of 0,5% against the target of 2%. Offices thus on average achieved only one (75% Blacks at senior management level) of the three national targets.

Blacks at senior management level

Seven (78%) of the nine Offices had more than the required 75% Blacks at senior management level. Only two Offices, namely FS (68%) and WC (57%) have not yet reached the required national target of 75%.

Women at senior management level and people with disabilities

The performance against the national targets for women at senior management level (50%) and people with disabilities (2%) is disappointing. None of the nine Offices were able to reach the 50% target for women at all senior management levels by 31 March 2009, whilst only 2 (22%) of the nine Offices, namely Mpu (2.5%) and the WC (2.5%) were able to comply with and exceed the 2% target for people with disability by 31 March 2010.

Management response on progress reports on recruitment

Failure to meet representivity targets could also be attributed to the absence of or inadequate EE policy as well as to the general lack of management feedback on progress reports on representivity. It was found that although eight of the nine Offices did submit progress reports to management on the implementation of their EE plans; seven Offices could not provide evidence of management feedback/intervention on these progress reports. In effect, this means that management monitoring of the implementation of EE, does not take place. Management reports on progress with EE within an Office will ensure that where representivity targets are not met, corrective measures can be instituted timeously.

2.9.3 Conclusion

Offices' average performance against this principle was adequate (49%) due to the absence of an EE Policy and the general lack of management feedback on progress reports on representivity, which hampered Offices in reaching national representivity targets. It was found that:

- Seven (78%) of the nine Offices have more than the required 75% Blacks at senior management level.
- None of the nine Offices was unable to reach the 50% target for women at all senior management levels by 31 March 2009.
- Only two Offices complied with the 2% target for people with disability by 31 March 2010.

2.9.4 Recommendations

Offices should:

- Ensure that they have in place an EE Policy that fully complies with the requirements of section 1 of the Employment Equity Act, 1998 (Act No. 55 of 1998).
- Revisit the EE figures of all their organisational components and occupational categories, to ensure that EE objectives are applied in all sections of the Office/province.
- Engage with organisations representing people with disabilities to consider a targeted recruitment approach for this group.
- Senior managers should be obliged to provide formal feedback or recommend interventions, linked to a timeframe, on management reports on representivity.

Chapter Four

Conclusion

This report has provided an assessment of the nine Offices included in the 2010/11 evaluation cycle in terms of their compliance with the nine CVPs. The overall average performance against the nine CVPs was adequate (61%) of which the performance against principle 9: representivity was the lowest at 49% (adequate performance against several of the standards). Principle 1: professional ethics (69%), 6: accountability (76%) and principle 7: transparency (71%), were the only three principles, which were within the category of good performance against most of the standards. The adequate performance against most of the CVPs signals that Offices do not always ensure that the most basic administrative processes are executed in accordance with good administrative practices.

The best performer among the nine Offices was the WC, which attained "excellent performance against all the standards", followed by the Offices in Gauteng (77%) and NC (64%) that achieved "good performance against most of the standards". The remaining six Offices performed adequately against several of the standards, namely, NW (59%), Mpu (59%), FS (56%), KZN and Limp both with 54%, and lastly EC with a score of 47%.

Most Offices do have the necessary policies and procedures in place, but fail to implement and apply these policies in their day-to-day administrative activities. This failure of most Office signals that they are not able to fulfil their basic mandate of being a champion in service delivery improvement.

Summary of Recommendations per Principle

A number of recommendations were made under each principle. For ease of reference, a summary of the recommendations made per principle appears below.

Principle 1: Professional Ethics

Offices should ensure that:

- Management takes appropriate action on progress reports on the finalisation of misconduct cases. This should be reflected in minutes of the appropriate meetings and must be monitored.
- Adequate capacity is created to investigate misconduct and corruption and conclude discipline cases, especially in the case where Offices of the Premier fulfil a centralised function in this regard for all provincial departments.

Principle 2: Efficiency, Economy and Effectiveness

Offices should strengthen their performance management systems in order to ensure that all planned outputs are achieved.

A good system will focus on appropriate management action if performance does not meet targets. Appropriate management action will address a range of factors determining the performance of Offices, for example:

- Restructuring, re-alignment, and initiation/discontinuation of projects to adjust to new political priorities.
- Managing policy processes that were dependent on political processes.

Principle 4: Impartiality and Fairness

The Offices that recorded no or poor performance should ensure that their decision-making processes comply with PAJA requirements and that all steps are properly documented.

These Offices should also review their record keeping and retrieval practices so that documents required by oversight bodies such as the PSC can easily be retrieved.

Principle 5: Public Participation in Policy-Making

It is recommended that Offices of the Premier develop and implement policies and/or guidelines on public participation. The benefit of such policies is that they:

- Spell out what level of participation is required for different policy or service delivery situations. For example, different processes are followed for developing a provincial growth and development strategy, community development programmes, or a standard service like connecting to the municipal water supply.
- Spell out who will be consulted. (Who is the public/community or who will represent them?)
- Spell out clear procedures for soliciting, recording and acknowledging inputs from the public.
- Spell out clear procedures for how inputs should be considered and feedback given to the public.
- Provide for community empowerment and capacity building to enable them to participate fully and become creative partners of government.

Principle 6: Accountability

The Offices should prioritise and ensure that the following critical strategies for fighting fraud and corruption are addressed:

- Put in place a fraud and corruption database in order to track all reported cases of fraud and corruption.
- Make service providers and communities aware of the Offices' policies and strategies to fight fraud and corruption.
- Determine the exact capacity requirements for implementing fraud prevention plans and investigating fraud cases.
- Provide the necessary training in the handling of fraud cases.

The Offices should also spell out the specific action steps for the implementation of their fraud prevention plans.

Principle 7: Transparency

Offices should:

- Strictly adhere to the requirements of NT and the DPSA for annual reporting.
- Review their MAIs to ensure compliance with all the requirements set by section 14 of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000).

Principle 8: Good Human Resource Management & Career Development Practices

The Offices should focus on the following critical priority areas:

- Revisit the recruitment process in their policies by stipulating the specific timeframe for each process, since the filling of vacancies within a stipulated period is essential to ensure that services are uninterrupted. The PSC's Toolkit on Recruitment and Selection can be utilised as a guideline.
- Monitoring and intervention by management through instituting corrective measures in the recruitment process should be done rigorously. This will ensure that vacancies will be filled timeously.
- Offices should ensure that an annual impact assessment is done of all implemented training activities on the service delivery of the Office. The implementation of this recommendation will assist Offices to provide focused training and ensure improvement in service delivery.

Effective and efficient service delivery is inextricably linked to the skills and competencies of an Office's work force and sufficient employees to execute an Office's functions. Offices, therefore, need to ensure that all vacancies are filled timeously and to know what their specific skills needs are compared to the current skills profile of their staff, and put strategies in place to acquire the needed skills.

Principle 9: Representivity

Offices should:

- Ensure that they have in place an EE Policy that fully complies with the requirements of section 1 of the Employment Equity Act, 1998 (Act No. 55 of 1998).
- Revisit the EE figures of all their organisational components and occupational categories, to ensure that EE objectives are applied in all sections of the Office/province.
- Engage with organisations representing people with disabilities to consider a targeted recruitment approach for this group.
- Senior managers should be obliged to provide formal feedback or recommend interventions, linked to a timeframe, on management reports on representivity.

References

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2. Republic of South Africa. Department of Justice and Constitutional Development. *The Constitution of the Republic of South Africa, 1996*. (Act 108 of 1996 as amended). Second impression. Juta & Co Ltd. Cape Town.
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5. Republic of South Africa. Provincial Government Gauteng. Office of the Premier. Annual Report 2009/10.
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Appendix A: PIs, standards and applicable policies/regulations per principle

Constitutional Principle and Value	Performance Indicator	Standards	Applicable Legislation and Regulations
1. Professional ethics. <u>Value:</u> A high standard of professional ethics must be promoted and maintained.	Cases of misconduct where a disciplinary hearing has been conducted, comply with the provisions of the DCPPS.	<ol style="list-style-type: none"> 1. A procedure is in place for reporting, recording and managing cases of misconduct. 2. All the managers surveyed have a working knowledge of the system. 3. Management reporting is done on cases of misconduct and acted upon. 4. All of the most recent cases of misconduct in which a disciplinary hearing is conducted are finalised within the time frame of 20 – 80 working days. 5. All the managers are capable to deal with cases of misconduct. 6. Frequent training is provided on the handling of cases of misconduct. 	<ul style="list-style-type: none"> • Disciplinary Codes and Procedures for the Public Service. • PSCBC Resolution 2 of 1999 as amended by PSCBC Resolution 1 of 2003. • Code of Conduct for the Public Service.
2. Efficiency economy and effectiveness. <u>Value:</u> Efficient, economic and effective use of resources must be promoted.	<ol style="list-style-type: none"> 1. Expenditure is in accordance with the budget. 2. Programme outputs are clearly defined and there is credible evidence that they have been achieved. 	<ol style="list-style-type: none"> 1. Expenditure is as budgeted for and material variances are explained. 2. More than half of each programme's PIs (PIs) are measurable in terms of quantity, quality and time dimensions. 3. Outputs, PIs and targets are clearly linked with each other as they appear in the SP estimates of expenditure and the AR for the year under review. 4. Programmes are implemented as planned or changes to implementation are reasonably explained. 	<ul style="list-style-type: none"> • Public Finance Management Act, Act 1 of 1999, Sections 38 to 40. • Treasury Regulations. Part 3: Planning and Budgeting. • Public Service Regulations. Part III/B. Strategic Planning. • Treasury Guidelines on preparing budget submissions for the year under review. • Treasury Guide for the Preparation of ARs of departments for the financial year ended 31 March. • National Planning Framework.
3. Development oriented public administration. <u>Value:</u> Public administration must be development-oriented.	The Department is effectively involved in programmes/projects that aim to promote development and reduce poverty.	<ol style="list-style-type: none"> 1. Beneficiaries play an active role in the governance, designing and monitoring of projects. 2. A standardised project plan format is used showing: <ol style="list-style-type: none"> a. All relevant details including measurable objectives. b. Time frames (targets). c. Clear governance arrangements. d. Detailed financial projections. e. Review meetings. f. Considering issues such as gender, the environment and HIV/AIDS. 3. Poverty reduction projects are aligned with IDPS. 4. Organisational learning takes place. 5. Projects are successfully initiated and/or implemented. 	Section 195 (c) of the Constitution.
4. Impartiality and fairness. <u>Value:</u> Services must be provided impartially, fairly, equitably and without bias.	There is evidence that the Department follows the prescribed procedures of the Promotion of Administrative Justice Act (PAJA) when making administrative decisions.	<ol style="list-style-type: none"> 1. All decisions are taken in accordance with prescribed legislation/policies and in terms of delegated authority. 2. All decisions are justified and fair considering the evidence submitted in this regard. 3. The procedures required in the PAJA in communicating administrative decisions are duly followed. 	<ul style="list-style-type: none"> • Promotion of Administrative Justice Act, Act No 3 of 2000. • Regulations on Fair Administrative Procedures, 2002. • Departmental delegations of authority.

Constitutional Principle and Value	Performance Indicator	Standards	Applicable Legislation and Regulations
5. Public participation in policy-making. <i>Value:</i> People's needs must be responded to and the public must be encouraged to participate in policy-making.	The Department facilitates public participation in policy-making.	<ol style="list-style-type: none"> A policy and guideline on public participation in policy-making is in place. A system for soliciting public inputs on key matters is in use and effectively implemented. All policy inputs received from the public are acknowledged and formally considered. 	White Paper for Transforming Public Service Delivery (<i>Batho Pele</i>).
6. Accountability. <i>Value:</i> Public administration must be accountable.	<ol style="list-style-type: none"> Adequate internal financial controls and performance management are exerted over all departmental programmes. FPPs, based on thorough risk assessments, are in place and are implemented. 	<ol style="list-style-type: none"> The AG's assessments of internal financial controls conclude that they are adequate and effective. A performance management (M&E) system on all departmental programmes is in operation. FPPs are based on a thorough risk assessment. FPPs are in place and are comprehensive and appropriate, and are implemented. Key staff for ensuring implementation of FPPs, especially investigation of fraud, are in place and operational. 	<ul style="list-style-type: none"> Public Finance Management Act, Act 1 of 1999. Treasury Regulations. Part 3: Planning and Budgeting. White Paper for Transforming Public Service Delivery (<i>Batho Pele</i>). Public Service Regulations. Part III/B. Strategic Planning. Treasury Guidelines on preparing budget submissions, 2002. Treasury Guide for the Preparation of ARs of departments for the financial year ended 31 March. National Planning Framework.
7. Transparency. <i>Value:</i> Transparency must be fostered by providing the public with timely, accessible and accurate information.	<p>A. Departmental AR The departmental AR complies with NT's guideline on annual reporting.</p> <p>B. Access to Information The Department complies with the provisions of the Promotion of Access to Information Act (PAIA).</p>	<p>A. Departmental AR</p> <ol style="list-style-type: none"> The Report is attractive and clearly presented and is well written in simple accessible language. The content of the AR covers in sufficient detail at least 90% of the areas prescribed by NT and the DPSA. The AR clearly report on performance against predetermined outputs in at least two thirds of the programmes listed. <p>B. Access to Information</p> <ol style="list-style-type: none"> The department has at least one (DIOs) with duly delegated authority. A manual on functions of and index of records held by the department that complies with the requirements of the PAIA is in place. Systems for managing requests for access to information are in place. 	<ul style="list-style-type: none"> Public Finance Management Act 1999, Act 1 of 1999. NT's guideline for the Preparation of ARs. The Department of Public Service Administration's guide for an Oversight Report on Human Resources. PSC. Evaluation of Departments' ARs as an Accountability Mechanism. October 1999. White Paper for Transforming Public Service Delivery (<i>Batho Pele</i>). Promotion of Access to Information Act 2000, Act 2 of 2000. Departmental delegations of authority.
8. Good human resource management and career development practices. <i>Value:</i> Good human resource management and career development practices, to maximize human potential, must be cultivated.	<p>A. Recruitment Vacant posts are filled in a timely and effective manner.</p> <p>B. Skills Development The Department complies with the provisions of the Skills Development Act.</p>	<p>A. Recruitment</p> <ol style="list-style-type: none"> A RP complying with good practice standards and spelling out a detailed procedure is in place. Vacant posts are filled within 90 days – including advertisement time. Regular management reporting on recruitment is done. <p>B. Skills Development</p> <ol style="list-style-type: none"> A skills development plan, based on a thorough skills needs analysis, is in place. Activities planned for are implemented. The results achieved through skills development are monitored and recorded. 	<ul style="list-style-type: none"> Public Service Regulations, 2001 as amended. Public Service Act.

Constitutional Principle and Value	Performance Indicator	Standards	Applicable Legislation and Regulations
9. Representativity. <i>Value:</i> Public administration must be broadly representative of SA people, with employment and personnel management practices based on ability, objectivity, fairness and the need to redress the imbalances of the past to achieve broad representation.	The Department is representative of the South African people and is implementing diversity management measures.	<ol style="list-style-type: none"> EE policies and plans are in place and reported upon. All representativity targets are met. Diversity management measures are implemented. 	<ul style="list-style-type: none"> Part VI Public Service Regulations, 2001 as amended. EE Act, Act 55 of 1998. White Paper on the Transformation on Public Service – 15/11/1995. White Paper on Affirmative Action in the Public Service, 2001.

Appendix B.1: Principle I – Offices' score per standard

Standards	Policy guideline on managing misconduct cases	All five sampled managers have a working knowledge of the system	Time to resolve cases	Management reporting	Management's response on reports	Capacity to handle misconduct cases	Training & awareness	Total
Offices								
Maximum score per standard	0,50	0,50	1,00	0,50	0,50	1,00	1,00	5,00
1. EC	0,50	0,00	0,75	0,50	0,00	0,75	0,00	2,50
2. FS	0,50	0,50	0,00	0,50	0,00	0,25	1,00	2,75
3. Gauteng	0,50	0,50	0,00	0,50	0,00	0,00	1,00	2,50
4. KZN	0,50	0,50	1,00	0,50	0,50	0,50	1,00	4,50
5. Limp	0,50	0,50	0,75	0,50	0,00	0,75	1,00	4,00
6. Mpu	0,50	0,00	1,00	0,50	0,00	0,75	0,00	2,75
7. NC	0,50	0,50	0,50	0,00	0,00	1,00	1,00	3,50
8. NW	0,50	0,50	0,00	0,50	0,50	1,00	1,00	4,00
9. WC	0,50	0,50	0,75	0,50	0,50	0,75	1,00	4,50
Total score	4,50	3,50	4,75	4,00	1,50	5,75	7,00	31,00
Average score	0,50	0,39	0,53	0,44	0,17	0,64	0,78	3,44
% Average Score	100%	78%	53%	88%	34%	64%	78%	69%

Legend	Points
1. A policy/guideline on managing misconduct cases is in place	
• A policy/guideline document is in place that sets out the procedure and time frames to be followed when handling misconduct cases.	0,50
• All the managers surveyed have a working knowledge of the system.	0,50
2. Time taken to resolve the most recent cases of misconduct	
• 80% to 100% of the most recent misconduct cases in which a disciplinary hearing was conducted were finalised within the time frame of 20 – 80 working days.	1,00
OR	
• 60% to 79% of the most recent misconduct cases in which a disciplinary hearing was conducted were finalised within the time frame of 20 – 80 working days.	0,75
OR	
• 40% to 59% of the most recent misconduct cases in which a disciplinary hearing was conducted were finalised within the time frame of 20 – 80 working days.	0,50
OR	
• 20% to 39% of the most recent misconduct cases in which a disciplinary hearing was conducted were finalised within the time frame of 20 – 80 working days.	0,25
OR	

Legend	Points
<ul style="list-style-type: none"> Less than 20% of the most recent misconduct cases in which a disciplinary hearing was conducted were finalised within the time frame of 20 – 80 working days. 	0,00
3. Regular management reporting on cases of misconduct	
<ul style="list-style-type: none"> Misconduct cases are regularly reported upon in management reports. 	0,50
<ul style="list-style-type: none"> Evidence on management's response/actions on these reports is available. 	0,50
4. Capacity of the Department to handle misconduct cases	
<ul style="list-style-type: none"> 80% to 100% of the managers are highly competent to deal with misconduct cases. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> 60% to 79% of the managers are highly competent to deal with misconduct cases. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> 40% to 59% of the managers are highly competent to deal with misconduct cases. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> 20% to 39% of the managers are highly competent to deal with misconduct cases. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> Less than 20% of the managers are highly competent to deal with misconduct cases. 	1,00 0,75 0,50 0,25 0,00
5. Training on the management of misconduct cases	
<ul style="list-style-type: none"> The managing of misconduct cases is reflected in training materials and is covered in capacity building processes. 	1,00
Maximum possible score	5,00

Appendix B.2: Principle I – Sampled SMS members' working knowledge of the system and practical experience

Office	Members' working knowledge of the system	Practical experience of managing misconduct cases
EC	60%	60%
FS	100%	40%
Gauteng	100%	No information provided
KZN	100%	80%
Limp	100%	40%
Mpu	60%	40%
NC	100%	No formal reporting
NW	100%	No information provided
WC	100%	60%
Average	89%	53%

Appendix B.3: Principle I – Statistics on financial disclosure forms submitted by SMS members of Offices as at 31/05/10

Office	No of SMS Members	Number of forms by 31 May 2010		Percentage of forms received
		Received	Outstanding	
EC	46	46	0	100%
FS	30	27	3	90%
Gauteng	37	34	3	92%
KZN	48	42	6	88%
Limp	83	83	0	100%
Mpu	39	35	4	90%
NC	24	23	1	96%
NW	28	27	1	96%
WC	43	43	0	100%

Office	No of SMS Members	Number of forms by 31 May 2010		Percentage of forms received
		Received	Outstanding	
Total	378	360	18	95%

Appendix B.4: Principle I – Number of experienced & competent middle & senior managers to deal with misconduct cases

Office	Number and competency level of Officials		
	Still gaining experience – Less than 1 year experience	Adequate – More than 1 year but less than 3 years experience	Highly competent – Three years and more experience
EC	28	38	150
FS	71	26	43
Gauteng	-	-	5
KZN	44	32	86
Limp	-	1	2
Mpu	-	1	3
NC	-	-	3
NW	-	37	102
WC *	-	-	-
Total	143	135	394

* WC: Because of the transition of employees from the old to the new structure through a matching and placing exercise during July 2010 at the time of the assessment the Office could not precisely determine the capacity levels of all the staff.

Appendix C: Principle 2 – Offices' score per standard

Standards	Planned expenditure vs. actual expenditure		The quality of the Offices' PIs		Achievement of PIs	Total
	Expenditure is as budgeted for	Material variances are explained	More than 50% of each programme's PIs are measurable	Outputs, PIs & targets are clearly linked	80% and more of the priority outputs have been achieved	
Offices						
Maximum score per standard	0,50	0,50	0,50	0,50	3,00	5,00
EC	0,50	0,00	0,50	0,50	40% – 59% (1,00)	2,50
FS	0,50	0,50	0,50	0,00	60% – 79% (2,00)	3,50
Gauteng	0,00	0,50	0,50	0,50	80% – 100% (3,00)	4,50
KZN	0,50	0,50	0,50	0,50	40% – 59% (1,00)	3,00
Limp	0,00	0,50	0,50	0,50	40% – 59% (1,00)	2,50
Mpu	0,50	0,50	0,50	0,00	40% – 59% (1,00)	2,50
NC	0,00	0,00	0,50	0,50	40% – 59% (1,00)	2,00
NW	0,50	0,50	0,00	0,50	Less than 40% (0,50)	2,00
WC	0,50	0,50	0,50	0,50	40% – 59% (1,00)	3,00
Total score	30,00	35,00	40,00	35,00	11,50	25,50
Average score	3,33	3,88	4,44	3,88	1,28	2,83
% Average score	67%	78%	89%	78%	43%	57%

Legend	Points
I. Planned expenditure vs. actual expenditure	
<ul style="list-style-type: none"> Expenditure stated in the AR is as budget for in the estimates of expenditure. 	0,50
<ul style="list-style-type: none"> Material variances are explained. 	0,50

Legend	Points
2. The quality of the Department's Performance Indicators	
• More than half of each programme's PIs are measurable in terms of quantity, quality and time dimensions.	0,50
• Outputs, PIs and targets are clearly linked with each other as they appear in the SP, estimates of expenditure and the AR for the year under review (the annual report, the strategic plan and the department's budget must be consistent).	0,50
3. The achievement of priority outputs	
• 80% and more of the priority outputs have been achieved.	3,00
OR	
• 60% - 79% of the priority outputs have been achieved.	2,00
OR	
• 40% - 59% of the priority outputs have been achieved.	1,00
OR	
• Less than 40% of the priority outputs have been achieved.	0,50
Maximum possible score	5,00

Appendix D: Principle 4 – Offices' score per standard

Standards	Decisions are in terms of legislation/policy	Decisions are in terms of delegations	Decisions are just and fair	Communicating administrative decisions	Total
Offices					
Maximum score per standard	1,50	1,50	1,00	1,00	5,00
EC	Submitted insufficient information to make an assessment.				
FS	Submitted insufficient information to make an assessment.				
Gauteng	1,50	1,50	1,00	1,00	5,00
KZN	Fail to submit any information for assessment.				
Limp	Fail to submit any information for assessment.				
Mpu	1,50	1,50	1,00	1,00	5,00
NC	0,75	0,75	1,00	1,00	3,50
NW	0,75	1,00	1,00	1,00	4,25
WC	1,50	1,50	1,00	1,00	5,00
Total score	6,00	6,25	5,00	5,00	22,75
Average score for nine Offices	0,67	0,69	0,56	0,56	2,53
% Average for nine Offices	45%	46%	56%	56%	51%
Average score for five Offices	1,20	1,25	1,00	1,00	4,55
% Average for five Offices	80%	83%	100%	100%	91%

Legend	Points
A. Duly authorised decisions	
A.1 Decisions in terms of legislation/policy	
• All the decisions were taken in terms of the appropriate legislation/policy.	1,50
OR	
• 50% and more of the decisions were taken in terms of the appropriate legislation/policy.	0,75
OR	
• Less than 50% of the decisions were taken in terms of the appropriate legislation/policy.	0,00

Legend	Points
A.2 Decisions in terms of delegations	
• All the decisions were taken by duly authorised officials in terms of the departmental delegations of authority.	1,50
OR	
• 50% and more of the decisions were taken by duly authorised officials in terms of the departmental delegations of authority.	0,75
OR	
• Less than 50% of the decisions were taken by duly authorised officials in terms of the departmental delegations of authority.	0,00
B. The decisions are just and fair	
• 100% of the decisions were just and fair.	1,00
OR	
• 50% to 99% of the decisions were just and fair.	0,50
OR	
• 25% to 49% of the decisions were just and fair.	0,25
OR	
• 0% to 24% of the decisions were just and fair.	0,00
C. Communicating administrative decisions	
• Prior notice to administrative action is given in all cases.	0,25
• Opportunities are provided in all the cases reviewed to make representations before action is taken.	0,25
• In 100% of the cases administrative decisions that adversely affect anyone's rights are clearly communicated with adequate notice of the right to appeal or review or request reasons for decisions is given.	0,25
• Requests for the reasons for decisions are properly answered in at least one third of the cases reviewed.	0,25
Maximum possible score	5,00

Appendix E: Principle 5 – Offices' score per standard

Standards	An approved policy guideline on public participation in policy-making is in place	System for participation	Inputs are responded to and used	Total
Offices				
Maximum score per standard	1	2	2	5
EC	0,00	2,00	1,00	3,00
FS	1,00	2,00	0,00	3,00
Gauteng	Not applicable			
KZN	Not applicable			
Limp	Not applicable			
Mpu	0,00	2,00	0,00	2,00
NC	Not applicable			
NW	1,00	2,00	1,00	4,00
WC	Not applicable			
Total score	2,00	8,00	2,00	12,00
Average score	0,50	2,00	0,50	3,00
% Average	50%	100%	25%	60%

Legend	Points
1. An approved policy/guideline on public participation in policy-making is in place.	1,00
2. The existence of a system for soliciting participation	
• A system is in place and used for generating inputs in more than half the cases.	2,00
OR	
• A system is in place, but not always used.	1,00

Legend	Points
3. The extent to which public comments are formally considered	
• In at least half the cases contributions are acknowledged <u>and</u> considered. OR	2,00
• In at least half the cases contributions are acknowledged, but <u>not</u> considered.	1,00
Maximum possible score	5,00

Appendix F.1: Principle 6 – Offices’ score per standard

Standards	Adequate internal financial controls	Existence of an operational performance management system	Thorough risk assessment done	FPP				Total
				Plan is in place	Plan is based on a risk assessment	Sufficient staff to investigate fraud	Strategies implemented	
Offices								
Maximum score per standard	1,00	1,00	1,00	0,50	0,50	0,25	0,75	5,00
EC	0,50	1,00	1,00	0,50	0,50	0,25	Less than 50%	3,75
FS	0,50	1,00	1,00	0,50	0,50	0,25	Less than 50%	3,75
Gauteng	1,00	1,00	1,00	0,50	0,50	0,25	0,75	5,00
KZN	1,00	1,00	0,75	0,50	0,50	0,00	50% - 79% 0,25	4,00
Limp	0,50	1,00	0,00	0,00	0,00	0,00	0,00	1,50
Mpu	0,50	1,00	1,00	0,50	0,50	0,25	50% - 79% 0,25	4,00
NC	0,50	1,00	1,00	0,00	0,50	0,25	0,75	4,00
NW	1,00	1,00	0,75	0,50	0,50	0,00	Less than 50%	3,75
WC	0,50	1,00	1,00	0,50	0,50	0,25	80% - 99% 0,50	4,25
Total score	6,00	9,00	7,50	3,50	4,00	1,50	2,50	34,00
Average score	0,67	1,00	0,83	0,38	0,44	0,17	0,28	3,78
% Average	67%	100%	83%	76%	88%	68%	37%	76%

Legend	Points
1. The adequacy of internal financial controls	
• The Auditor-General issued an unqualified audit opinion and concluded that the internal financial control measures are adequate in all respects with no areas flagged as needing attention. OR	1,00
• The Auditor-General concluded that the internal financial control measures are mostly adequate with certain important areas flagged as needing attention. OR	0,50
• The Auditor-General issued a qualified/an adverse/a disclaimer of opinion, concluded that the internal financial control measures are inadequate and flagged important areas as needing attention.	0,00
2. The existence of an operational performance management system	1,00
3. A thorough risk assessment has been done	
• All the Department’s activities/applications have been addressed.	0,25
• The seriousness of each risk has been assessed.	0,25
• The risks have been prioritised.	0,25
• Internal control measures have been devised.	0,25
4. The existence of a fraud prevention plan	
• A comprehensive and appropriate fraud prevention plan is in place.	0,50
• The fraud prevention plan is based on a thorough risk assessment.	0,50
5. The implementation of the fraud prevention plan	
• Sufficient staff members to investigate cases of fraud are in place. AND	0,25

Legend	Points
• All strategies of the fraud prevention plan have been implemented OR	0,75
• At least 80% - 100% of the strategies of the fraud prevention plan have been implemented. OR	0,50
• At least 50% - 79% of the strategies of the fraud prevention plan have been implemented. OR	0,25
• Less than 50% of the strategies of the fraud prevention plan have been implemented.	0,00
Maximum possible score	5,00

Appendix F.2: Principle 6 – Offices’ compliance with the criteria for a good FPP

Criteria	Office										Total
	EC	FS	GP	KZN	LP	MP	NC	NW	WC		
1. A comprehensive implementation plan and responsibility structure must be developed to implement and give effect to the Office’s fraud control strategy.	√	√	√	√		√	√	×	√		7
2. Fraud prevention strategies must be based on a thorough risk assessment.	√	√	√	√		√	×	×	√		6
3. A fraud database, which complies with Cabinet Memo 45 of 2003, should be in place (Not own Hotline).	×	√	√	×		×	×	√	√		4
4. It must be clear that every employee has a responsibility to contribute towards eliminating fraud.	√	√	√	√	No information provided	√	√	√	√		8
5. Service users, suppliers and the broader community should be made aware of the Office’s stance on fraud and corruption.	×	√	√	×		√	×	√	√		5
6. It should be clear to everybody to whom and how fraud should be reported.	√	√	√	√		√	√	√	√		8
7. A clear policy on protected disclosures must be in place.	√	×	√	√		√	√	√	√		7
8. Accounting Officers must be clear that there is no discretion in the reporting of fraud to either the police or other independent anti-corruption agencies.	√	×	√	√		×	√	√	√		6
9. Provision must be made for the investigation of fraud once reported.	√	√	√	√		√	√	√	√		8
10. All instances of suspected fraud must be promptly examined by the Office to establish whether a basis exists for further investigation.	√	√	√	√		√	×	√	√		7
11. Fraud investigations must be conducted without interference from management.	×	√	√	√		√	×	×	×		4
12. Investigations must be undertaken by skilled officers.	×	√	√	×		√	×	√	√		5

Criteria	Office										Total
	EC	FS	GP	KZN	LP	MP	NC	NW	WC		
13. The expected standards of conduct (code) must be clear. The Code of Conduct for the Public Service must be applied to the specific circumstances of the Office.	X	√	√	√	No information provided	√	X	√	√		6
Total Requirements to comply with	13	13	13	13		13	13	13	13	13	104
Number of Requirements met (√)	8	11	13	10		11	6	10	12	81	
Number of Requirements not met (X)	5	2	0	3		2	7	3	1	23	
% of requirements met	62%	85%	100%	77%		85%	46%	77%	92%	78%	

Appendix G.1: Principle 7 – Offices' score per standard

Standards	Departmental AR			Access to Information			Total
	Presentation	Content	Performance reporting	Appointed DIO	MAI	System	
Maximum score per standard	0,50	0,50	2,00	0,50	0,50	1,00	5,00
EC	0,50	0,00	0,00	0,50	0,50	1,00	2,50
FS	0,50	0,50	2,00	0,50	0,50	1,00	5,00
Gauteng	0,50	0,00	2,00	0,50	0,50	1,00	4,50
KZN	0,50	0,00	2,00	0,50	No information submitted		3,00
Limp	0,50	0,50	2,00	0,50	0,50	1,00	5,00
Mpu	0,50	0,00	0,00	0,50	0,50	1,00	2,50
NC	0,50	0,00	2,00	0,50	0,00	1,00	4,00
NW	0,50	0,00	0,00	0,50	0,00	0,00	1,00
WC	0,50	0,50	2,00	0,50	0,00	1,00	4,50
Total score	4,50	1,50	12,00	4,50	2,50	7,00	32,00
Average score	0,50	0,17	1,33	0,50	0,28	0,78	3,56
% Average	100%	34%	67%	100%	56%	78%	71%

Legend	Points
A. Departmental Annual Report (AR)	
A.1 Presentation	
• The AR is attractively and clearly presented.	0,25
• The AR is well written in simple accessible language.	0,25
A.2 The content of the AR	
• The AR covers in sufficient detail at least 90% of the areas prescribed by National Treasury and the Department of Public Service and Administration.	0,50

Legend	Points
A.3 Reporting on performance in the AR	
• The AR clearly reports on performance against predetermined outputs in at least two thirds of the programmes listed.	2,00
B. Access to Information	
• The department has at least one DIO with duly delegated authority.	0,50
• The department does have a MAI in place that complies with the requirements of the PAIA.	0,50
• Systems for managing requests for access to information are in place.	1,00
Maximum possible score	5,00

Appendix G.2: Principle 7 – Offices' compliance with the content requirements of the MAI

Standard	EC	FS	GP	KZN	LP	MP	NC	NW	WC	Total
1. The manual is published in three official languages.	√	√	√	X	√	X	X	X	X	4
2. A description of the Office's structure and functions appears in the manual.	√	√	√	X	√	√	√	X	√	7
3. Information on the postal and street address, phone and fax number and, if available, electronic mail address of the Information Officer and of every DIOs appears in the manual.	√	√	√	X	√	√	√	X	√	7
4. A description of the guide on how to use the Act and how to obtain access to the guide is provided.	√	√	√	X	√	√	X	X	√	6
5. Sufficient detail to facilitate a request for access to a record is provided.	√	√	√	X	√	√	√	X	√	7
6. A description of the subjects on which the Office holds records and the categories of records held on each subject is provided.	√	√	√	X	√	√	√	X	√	7
7. The categories of records of the Office which are available without a person having to request access in terms of the Act are listed.	X	√	√	X	√	√	√	X	√	6
8. A description of the categories of records of the Office that are automatically available without a person having to request access in terms of the Act is submitted to the Minister of Justice on an annual basis.	X	√	X	X	X	√	X	X	X	2
9. A description of the services available to members of the public from the Office and how to gain access to those services.	√	√	√	X	√	√	√	X	√	7
10. A description of any arrangement or provision for a person, by consultation, making representations or otherwise, to participate in or influence the formulation of policy.	√	√	√	X	X	√	√	X	X	5

Standard	Province									
	EC	FS	GP	KZN	LP	MP	NC	NW	WC	Total
11. A description of all remedies available in respect of an act or a failure to act by the Office.	✓	✓	✓	×	✓	×	✓	×	✓	6
12. The manual is updated and published at least once a year.	×	✓	✓	×	✓	✓	×	×	×	4
13. The manual is available at every place of legal deposit as defined in sec. 6 of the Legal Deposit Act, 1997 [1], SA Human Rights Commission, every (regional) office of the Office; Government Gazette and Website if any.	✓	✓	✓	×	✓	✓	×	×	×	5
14. The Office's contact details including details of the information and the DIOs are available in every telephone directory, notice boards and Departmental website.	✓	✓	✓	×	✓	×	×	×	×	4
Total Requirements to comply with	14	14	14	14	14	14	14	14	14	126
Number of Requirements met (yes)	11	14	13	0	12	11	8	0	8	77
Number of Requirements not met (no)	3	0	1	14	2	3	6	14	6	49
% of requirements met	79%	100%	93%	0%	86%	79%	57%	0%	57%	61%

Appendix H.1: Principle 8 – Offices' score per standard

Standard	Recruitment				Skills Development				Total
	Policy	Recruitment times	Management reporting on recruitment		A skills development plan		Implementation of the plan		
			Done	Response	Exists	Needs analysis done	2/3rds implemented	2/3rds impact assessed	
Offices									
Maximum score per standard	1,00	1,00	0,50	0,50	0,50	0,50	0,50	0,50	5,00
EC	1,00	Less 50% - 0,00	0,50	0,00	0,50	0,00	0,50	0,00	2,50
FS	1,00	50% - 0,25	0,50	0,00	0,50	0,50	59% - 0,00	0,50	3,25
Gauteng	1,00	Less 50% - 0,00	0,00	0,00	0,50	0,50	0,50	0,00	2,50
KZN	1,00	Less 50% - 0,00	0,50	0,00	0,50	0,50	0,00	0,00	2,50
Limp	1,00	Less 50% - 0,00	0,50	0,00	0,50	0,50	0,50	0,00	3,00
Mpu	1,00	Less 50% - 0,00	0,50	0,00	0,50	0,50	0,00	0,00	2,50
NC	1,00	Less 50% - 0,00	0,50	0,00	0,50	0,00	0,50	0,00	2,50
NW	1,00	0,00	0,50	0,00	0,50	0,50	0,50	0,50	3,50
WC	1,00	Less 50% - 0,00	0,50	0,50	0,50	0,50	0,50	0,50	4,00
Total score	9,00	0,25	4,00	0,50	4,50	3,50	3,00	1,50	26,25
Average score	1,00	0,03	0,44	0,05	0,50	0,39	0,33	0,17	2,91
% Average	100%	3%	88%	10%	100%	78%	66%	34%	58%

Legend	Points
A. Recruitment	
A.1 The existence of a human resource policy on recruitment	
<ul style="list-style-type: none"> A recruitment policy is in place that complies with good practice standards and spells out a detailed recruitment procedure. 	1,00
A.2 Time taken to fill a vacancy	
<ul style="list-style-type: none"> All vacant posts assessed are filled within 90 days – including advertisement time. 	1,00
OR	
<ul style="list-style-type: none"> 75% of vacant posts assessed are filled within 90 days – including advertisement time. 	0,50
OR	
<ul style="list-style-type: none"> 50% of vacant posts assessed are filled within 90 days – including advertisement time. 	0,25
OR	
<ul style="list-style-type: none"> Less than 50% of vacant posts assessed are filled within 90 days – including advertisement time. 	0,00
A.3 Regular management reporting on recruitment	
<ul style="list-style-type: none"> Regular management reporting on recruitment is done. 	0,50
<ul style="list-style-type: none"> Evidence on management's response/actions on these reports is available. 	0,50
B. Skills Development	
B.1 The existence of a skills development plan	
<ul style="list-style-type: none"> A skills development plan is in place. 	0,50
<ul style="list-style-type: none"> The skills development plan is based on a thorough skills needs analysis. 	0,50
B.2 Performance against the skills development plan	
<ul style="list-style-type: none"> Two thirds of planned skills development activities have been implemented. 	0,50
<ul style="list-style-type: none"> Two thirds of planned skills development activities' impact on service delivery has been assessed. 	0,50
Maximum possible score	5,00

Appendix H.2: Principle 8 – Number of training activities planned versus implemented

Standards	Number of training activities planned	Number of training activities implemented	% Implemented
Office			
EC	101	131	130%
WC	502	635	126%
GP	157	138	88%
NC	171	147	86%
LP	292	224	77%
FS	214	127	59%
MP	294	21	7%
KZN	No Information		
NW	The data on skills development provided by the Office of the Premier is not comparable across the various documents on skills development initiatives. It is therefore difficult to ascertain the Office's performance against the Skills Development Plan. There is no evidence that the Office of the Premier assessed the impact of the training interventions on its service delivery.		

Appendix H.3: Principle 8 – Recruitment times

Standards	Total number of sampled vacant posts submitted for assessment	Number of sampled posts filled within the PSC's standard of 90 days	Recruitment times (days) to fill a vacancy			Post designation
			Average time	Shortest time	Longest time	
Office						
EC	15	0	350	149	802	Secretary to DDG: Admin
FS	14	9	120	17	464	State Accountant
Gauteng	7	0	568	253	1 185	Administration Officer
KZN	12	0	1 429	196	4 530	Parliamentary Officer
Limp	15	1	478	54	1 212	Graphic Designer: Corporate Communic
Mpu	10	0	376	123	663	Admin Officer: Acquisition & Demand
NC	10	0	560	274	1 369	Director-General: Office of the Premier
NW	The average time taken to fill a vacant post could not be calculated, because the Office was unable to provide the dates on which the 20 sampled posts became vacant.					
WC	11	0	151	91	244	Director Spatial Information
Total	94	10	4 032	1 157	10 469	
Average	13	1,25	504	145	1 309	

Appendix H.4: Principle 8 – Time taken between the different recruitment processes

Office and post(s) with the longest time taken in each process	Time taken between		
	The date the post became vacant and the date of advertising the post (within 30 days)	The closing date and the date of the interviews (within 10 days)	The date of the interviews and the date on which the decision for appointment was taken (within 20 days)
EC Post designation	127 Senior Manager: Economic Growth & Infrastructure (1 year 6 months)	95 Senior Manager: Anti-Corruption (212 days)	69 Assistant Manager : SCMU (292 days – or 8 months)
FS	3	23	30
Gauteng Post designation	356 Administration Officer & Senior Administration Officer (2 years each)	56 Office Manager – GCIS: (59 days)	Information not provided
KZN Post designation	Data not available	677 Parliamentary Officer	30
Limp	Data unreliable		
Mpu Post designation	159 Internal Auditor: Assurance and Consulting Services (1 Year)	53	62 Assistant Manager: Advocacy, Capacity Building & Policy Analysis (340 days)
NC Post designation	303 DG (3 years & 2 months); Manager: EXCO: Cabinet Services 1 year 11 months)	140 Assistant Manager: Financial Accounting (295 days almost 10 months); Financial Administration Officer: Management Acc.(225 days almost 9 months)	76 Senior Internal Auditor & Internal Auditor (154 days – almost 5 months)
NW Post designation	Information not available	83 Principal State Law Advisor: Legislation (Level 13) – 312 days or 10 months)	28 Chief Planner Provincial Policy and Planning (Level 11) – 6 months

Office and post(s) with the longest time taken in each process	Time taken between		
	The date the post became vacant and the date of advertising the post (within 30 days)	The closing date and the date of the interviews (within 10 days)	The date of the interviews and the date on which the decision for appointment was taken (within 20 days)
WC	30	76	14
Total	978	1 203	309
Average	163	150	44

Appendix I.1: Principle 9 – Offices' score per standard

Standards	Existence of an EE		Achievement of representivity targets	Management reporting on representivity		Diversity management	Total
	Policy	Plan		Done	Response		
Offices							
Maximum score per standard	0,50	0,50	2,00	0,50	0,50	1,00	5,00
EC	0,00	0,50	(1 target met) 0,50	0,50	0,00	(50% - 79%) 0,50	2,00
FS	0,00	0,50	(1 target met) 0,50	0,50	0,00	(50% - 79%) 0,50	2,00
Gauteng	0,50	0,50	(two targets met) 1,00	0,50	0,00	(50% - 79%) 0,50	3,00
KZN	0,00	0,50	(1 target met) 0,50	0,50	0,00	(50% - 79%) 0,50	2,00
Limp	0,50	0,50	(1 target met) 0,50	0,50	0,00	(80% - 100%) 1,00	3,00
Mpu	0,00	0,00	(two targets met) 1,00	0,50	0,00	(80% - 100%) 1,00	2,50
NC	0,00	0,50	(1 target met) 0,50	0,50	0,50	(80% - 100%) 1,00	3,00
NW	0,00	0,00	(1 target met) 0,50	0,00	0,00	(50% - 79%) 0,50	1,00
WC	0,50	0,50	(1 target met) 0,50	0,50	0,50	(80% - 100%) 1,00	3,50
Total score	1,50	3,50	5,50	4,00	1,00	6,50	22,00
Average score	0,17	0,39	0,61	0,44	0,11	0,72	2,44
% Average	34%	78%	31%	88%	22%	72%	49%

Legend	Points
1. The existence of an employment equity policy and plan	
• An approved employment equity policy that complies with section 1 of the EEA is in place.	0,50
• An approved employment equity plan that complies with section 20 of the EEA is in place.	0,50
2. The achievement of representivity targets	
• All three national employment equity targets have been met.	2,00
OR	
• Two of the three national employment equity targets have been met.	1,00
OR	
• One of the national employment equity targets has been met.	0,50
OR	
• None of the national employment equity targets have been met.	0,00
3. Regular management reporting on representivity	
• Apart from reporting to the Department of Labour, implementation of the employment equity plan is reported to management at least twice a year.	0,50
• Evidence on management's response/actions on these reports is available.	0,50

Legend	Points
4. The implementation of diversity management measures	
• Comprehensive (80% to 100%) diversity management measures are implemented. OR	1,00
• Some (50% to 79%) diversity management measures are implemented. OR	0,50
• Less than 50% diversity management measures are implemented.	0,00
Maximum possible score	5,00

Appendix I.2: Principle 9 – Offices’ EE Policy complied with EE Act requirements

Standard	EC	FS	GP	KZN	LP	MP	NC	NW	WC	Total
1. Recruitment procedures, advertising and selection criteria.	EE Policy Absolute – covering 2004/07 financial years	No EE Policy in place	No EE Policy in place	√	√	No EE Policy in place	No EE Policy in place	√	√	4
2. Appointments and appointment process.				√	√			×	√	3
3. Job classification and grading.				×	√			×	√	2
4. Remuneration.				×	√			√	√	3
5. Remuneration, employment benefits and terms of conditions of employment.				×	√			×	√	2
6. Job assignments.				×	√			×	√	2
7. The working environment and facilities.				×	√			√	√	3
8. Training and development.				√	√			√	√	4
9. Performance evaluation systems.				×	√			√	√	3
10. Promotion.				×	√			×	√	2
11. Transfer.				×	√			×	√	2
12. Demotion.				×	√			×	√	2
13. Disciplinary measures other than dismissal.				×	√			×	√	2
14. Dismissal.				×	√			×	√	2
Total Requirements to comply with				14	14			14	14	126
Number of Requirements met (yes)				3	14			5	14	36
Number of Requirements not met (no)				11	0			9	0	90
% of requirements met				30%	100%			36%	100%	29%

Source: Republic of South Africa. Department of Labour. EE Act, 1998, Act Number 55 of 1998, Section 1 - Definitions.

Appendix I.3: Principle 9 – Offices’ EE Plan complied with EE Act requirements

Standard	EC	FS	GP	KZN	LP	MP	NC	NW	WC	Total
1. The objectives to be achieved for each year of the plan.	×	√	√	√	√	√	×	√	√	7
2. The affirmative action measures to be implemented as required by section 15(2) of the Act.	√	√	√	√	√	√	√	×	√	8

Standard	EC	FS	GP	KZN	LP	MP	NC	NW	WC	Total
3. Where under representation of people from designated groups has been identified, the numerical goals to achieve the equitable representation of suitable qualified people from designated groups within each occupational category and level, the timetable and strategies to achieve these numerical goals.	×	√	√	×	√	√	×	√	√	6
4. The timetable for each year of the plan for the achievement of goals and objectives other than numerical goals.	×	√	√	×	√	√	×	×	√	5
5. The duration of the plan: not shorter than 1 year; and not longer than 5 years.	√	√	√	√	√	√	√	√	√	9
6. The procedures that will be used to monitor and evaluate the implementation of the plan and the progress towards implementing EE.	√	√	√	√	√	√	√	√	√	9
7. Internal procedures to resolve any dispute about the interpretation/implementation of the plan.	√	√	√	√	√	√	√	√	√	9
8. The persons – including senior managers – responsible for monitoring and implementing the plan.	√	√	√	√	√	√	√	√	√	9
9. A copy of the plan is freely available to all employees.	√	√	×	×	√	√	√	×	√	7
10. Establishment records are available.	√	√	×	√	√	√	√	×	√	7
Total Requirements to comply with	10	10	10	10	10	10	10	10	10	90
Number of Requirements met (yes)	7	10	8	7	10	10	7	6	10	75
Number of Requirements not met (no)	3	0	2	3	0	0	3	4	0	15
% of requirements met	70%	100%	80%	80%	100%	100%	70%	60%	100%	83%

Source: Republic of South Africa. Department of Labour. Employment Equity Act, 1998, Act Number 55 of 1998, Section 20 – Definitions

Appendix I.4: Principle 9 – Meeting national representivity targets

Offices	National Targets		
	75% Black at senior management level at the end of April 2005.	50% Women at all senior management levels by 31 March 2009.	2% People with disabilities by 31 March 2010.
EC	94%	47%	1.5%
FS	68%	29%	2%
Gauteng	86%	43%	1.9%
KZN	91%	28%	0.31%
Limp	94%	33%	1.7%
Mpu	87%	47%	2.5%

Offices	National Targets		
	75% Black at senior management level at the end of April 2005.	50% Women at all senior management levels by 31 March 2009.	2% People with disabilities by 31 March 2010.
NC	93%	39%	1%
NW	83%	26%	0.004%
WC	57%	32%	2.5%
Average	84%	35%	1,5%

Appendix I.5: Principle 9 – Offices’ compliance with implementing diversity management measures

Standard	Office	EC	FS	GP	KZN	LP	MP	NC	NW	WC	Total
1. The Office’s recruitment and selection policy addresses representivity in the workforce.		√	√	√	√	√	√	√	×	√	8
2. The Office’s EE plan addresses strategies, targets and a time table to achieve a representative workforce.		√	√	√	√	√	√	×	×	√	7
3. Representivity targets are cascaded through all occupational categories and job levels in the Office		√	√	√	√	√	√	√	×	√	8
4. The achievement of representivity targets at all occupational categories and job levels in the Office is monitored at least on a quarterly basis.		√	√	√	√	√	√	√	×	√	8
5. The Office’s workforce reflects the population demographics of the province.		√	√	√	√	√	√	√	×	×	8
6. Vacant posts are widely advertised in specific publications where minorities and women are expected to seek jobs.		√	√	√	√	√	√	√	×	√	8
7. Vacant posts are advertised in at least four of the eleven languages that are predominantly spoken in the specific area/province.		×	×	×	×	×	×	×	×	√	1
8. Underutilisation of occupational categories and job levels is identified.		×	√	×	√	√	√	√	×	√	6
9. Goals are established to reduce underutilisation of occupational categories and job levels.		×	×	×	√	√	√	√	×	√	5
10. Employee development is integrated and in line with the critical skills needed to advance in service delivery (for example through job rotation and/or job enrichment).		√	√	√	×	√	×	√	×	√	6

Standard	Office	EC	FS	GP	KZN	LP	MP	NC	NW	WC	Total
11. Diversity competencies such as how to deal with different cultures, religions, diverse work teams and understanding the impact of diversity on business relationships and service delivery, form part of SMS members’ performance agreements.		√	×	√	√	√	√	√	×	√	7
12. Training on cultural awareness/ differences among people (for example religion, habits, feasts) is provided at least once a year throughout the year.		×	×	×	×	√	√	√	×	√	4
13. Cultural preferences, behaviour and skills that help people bridge the, and leverage differences have been identified.		×	×	×	√	√	√	√	×	√	5
14. The general mood and morale of the Office’s work force and the impact on service delivery are assessed at least twice a year.		√	×	×	×	√	×	×	×	×	1
15. The recruitment/promotion/ resignation of employees from designated groups is carefully monitored in terms of the overall targets of the EE plan.		√	√	×	√	√	√	√	×	√	7
16. The recruitment/promotion/ resignation of employees from designated groups is carefully monitored to establish trends for implementing corrective measures.		√	√	×	√	√	√	√	×	√	7
17. Ways such as scholarships, learnerships and bursaries to access candidates from designated groups and occupational categories are considered and acted upon.		√	×	×	√	√	√	√	×	√	6
18. The Office’s workplace conditions are focused on the health and wellness of the work force by actively addressing and implementing the following:											
a. The workplace design and ergonomics are conducive to employees’ wellbeing.		√	×	√	√	√	√	×	×	√	6
b. There is a definite balance between work and family.		√	×	√	√	√	√	√	×	√	7
c. Employees have access to kitchen facilities.		√	×	√	√	√	√	√	×	√	7
d. A policy for smokers is in place.		×	√	√	×	√	√	√	×	√	6
e. A policy on workplace bullying and sexual harassment is in place.		×	√	×	√	√	√	√	×	√	6

