



independent complaints directorate

Department:
Independent Complaints Directorate
REPUBLIC OF SOUTH AFRICA

ICD ANNUAL REPORT 2010/11

**Briefing to the
Portfolio Committee on Police,
National Assembly**

**S12, NCOP Wing, Parliament
Tuesday, 1 November 2011 at 09:30**



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OVERVIEW BY THE EXECUTIVE DIRECTOR (cont)

- The ICD received an unqualified report from the Auditor-General for the second consecutive year. In addition thereto, the ICD completed –
 - **82%** of its investigations of deaths in custody or as a result of police action, exceeding the target of 65% by 17%; and
 - **83%** of its investigations into allegations of criminality against members of the SAPS, exceeding the target of 55% by 28%.
- 5 869 cases were received during the period under review, of which -
 - 797 cases were notifications of deaths in police custody and deaths as a result of police action
 - 102 cases were domestic violence non-compliance matters
 - 2 493 cases were allegations of criminal offences
 - 2 477 cases were allegations of misconduct alleging contravention of police standing orders and regulations
- The proportion of cases, in percentage terms, that ICD dealt with is as follows -
 - deaths amounted to 14 %
 - domestic violence non-compliance amounted to 2 %
 - criminal offences amounted to 42%
 - misconduct amounted to 42 %

OVERVIEW BY THE EXECUTIVE DIRECTOR (cont)

- If you compare how these numbers have changed relative to the year before, you will note that –
 - deaths decreased by 7%, from 860 to 797
 - domestic violence non-compliance matters decreased by 19% from, 126 to 102 cases
 - Criminal offences increased slightly by 1%, from 2 462 to 2 493
 - Misconduct complaints decreased by 15%, from 2 929 to 2 477
- Overall there was an 8% decrease across the board. 6 377 cases were received in 2009/10 compared to 5 869 cases that were received in 2010/11.
- From a provincial perspective, all provinces except for Gauteng and Limpopo experienced decreases ranging from 7% to 23%.

OVERVIEW BY THE EXECUTIVE DIRECTOR (cont)

- 501 recommendations for prosecution were made to the Directorate of Public Prosecutions (DPP).
- 2 261 recommendations were made to SAPS management in respect of disciplinary action.
- ICD investigators spent 1014 days in courts or disciplinary tribunals.
- 59 convictions in the courts, with sentences ranging from fines to 20 year jail terms and 88 convictions emanating from disciplinary processes were obtained.
- Other cases are still pending finalisation in the courts and disciplinary tribunals.
- A strategic plan and annual performance plan were developed that complies with the new framework by National Treasury.

STRATEGIC OBJECTIVES THAT SHAPED THE 2010/11 AGENDA

- New legislative framework
- Liaising with the Civilian Secretariat for the Police Service
- Improving public access to the ICD
- Raising awareness of the ICD
- Achieving the targets set for concluding investigations
- Ensuring better service delivery

REPORT OF THE ACCOUNTING OFFICER

1. General review of the state of financial affairs
 - Important policy decisions and strategic issues facing the department
 - Spending trends
2. Services rendered by the Department
3. Capacity constraints
4. Utilisation of donor funds
5. Organizations to whom transfer payments have been made
6. Corporate governance arrangements

REPORT OF THE ACCOUNTING OFFICER (cont)

7. Asset management
8. Events after the reporting date
9. Performance information
10. SCOPA resolutions
11. Prior modifications to audit reports
12. Exemptions and deviations received from the National Treasury
13. Other



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FINANCIAL PERFORMANCE **Chief Financial Officer**

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BUDGET EXPENDITURE PER PROGRAMME 2010/11

PROGRAMME	Budget (Final appropriation)	Expenditure	Variance	Expenditure as % of final appropriation
	R'000	R'000	R'000	%
Programme 1: Administration	50 678	50 387	291	99.4
Programme 2 : Complaints processing, Monitoring & Investigations	65 925	64 997	928	98.6
Programme 3: Information Management & Research	14 832	13 060	1 772	88.1
TOTAL	131 435	128 444	2 991	97.7



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BUDGET EXPENDITURE PER OFFICE 2010/11

PROVINCES / OFFICES	Budget (Final Appropriation) R'000	Expenditure R'000	Variance R'000
Eastern Cape (2)	8 339	7 666	673
Free State (2)	8 227	8 227	-
Gauteng	7 944	7 944	-
KwaZulu-Natal (2)	9 860	9 860	-
Limpopo (2)	8 593	8 593	-
Mpumalanga	6 558	6 479	79
Northern Cape (2)	7 256	7 256	-
North West (2)	8 834	8 834	-
Western Cape	8 180	7 503	677
Sub-total:	73 791	72 362	1 429
National Office	57 644	56 082	1 562
Total	131 435	128 444	2 991



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BUDGET COMPARISON 2009/10 vs. 2010/11

PROGRAMME	Budget (Final appropriation) 2009/2010 R'000	Budget (Adjustment) 2010/11 R'000	Increase R'000
Programme 1: Administration	44 373	50 837	6 464
Programme 2 : Investigation of Complaints	56 171	64 601	8 430
Programme 3: Information Management & Research	15 923	15 997	74
TOTAL	116 467	131 435	14 968

AFS 2010/11: Spending trends

- Reflected spending of 98% of budget for 2010/11
- Under-spending due to the awaiting of invoices for Goods & Services (Software licenses)
- Application for roll-over made
- No adverse impact on service delivery
- Actions taken to avoid recurrence:
 - Monthly Budget Control Management meetings
 - Quarterly Expanded Budget Control Management meetings

AFS 2010/11: Virement

- Section 43(2) of PFMA grants permission to Accounting Officer
- Details of virement
 - Programme 1 – R159 000 (0.31%) to Programme 2
 - Programme 2 – R1 324 000 (2.01%) from Programme 1 and Programme 3
 - Programme 3 – R1 165 000 (7.85%) to Programme 2
- Reason for virement
 - Saving due to vacancies
 - Utilised for shortfall on equipment and furniture as well as travelling by Investigators

AFS 2010/11: Unauthorised, Irregular and Fruitless and Wasteful Expenditure

- Unauthorised
 - None occurred in the current year
- Irregular
 - None occurred in the current year
- Fruitless & Wasteful
 - 2 cases amounting to R3 000
 - Fully recovered from parties

AFS 2010/2011: Asset Management

- All items classified as assets are reflected on the Asset Register
- Minimum requirements with regard to an Asset Register have been complied with
- BAS/LOGIS reconciliations are being performed monthly
- Bar-coded Asset Management System will be fully implemented in 2011/12



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**PROGRAMME 1:
ADMINISTRATION**

Mr M Sesoko

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- Programme 1 objective
- Staff Complement: per programme and gender
- Service delivery objectives and indicators
- Action plan to address targets not met

The objective of Programme 1: Administration is to provide for the overall management of the department and its support services.

STAFF COMPLEMENT : PER PROGRAMME and GENDER

PROGRAMMES	NUMBER OF POSTS	NUMBER OF POSTS FILLED	VACANCY RATE (%)
PROGRAMME: 1 Administration	95	86	9.4
PROGRAMME: 2 Complaint Processing, Monitoring and Investigation	154	144	6.4
PROGRAMME: 3 Information Management and Research	43	40	6.9
TOTAL	292	270	7.5

Percentage of total staff complement consisting of **MALES: 49%**
versus

Percentage of total staff complement consisting of **FEMALES: 51%**

Turnover rate = 14%

TRAINING PROVIDED

OCCUPATIONAL CATEGORIES	GENDER	NUMBER OF EMPLOYEES AS AT 1 APRIL 2010	TRAINING PROVIDED WITHIN THE REPORTING PERIOD			
			Learnerships	Skills programmes & other short courses	Other forms of training	Total
Senior officials and managers	Female	22	-	22	11	33
	Male	24	-	21	17	38
Investigators	Female	27	-	16	27	43
	Male	61	-	6	53	59
Data capturers	Female	3	-	-	3	3
	Male	2	-	-	2	2
Clerks	Female	78	-	17	17	34
	Male	32	-	16	18	34
Total		249		98	148	246

SERVICE DELIVERY OBJECTIVES AND INDICATORS

STRATEGIC OBJECTIVE	MEASURE / INDICATOR	ACTUAL PERFORMANCE AGAINST TARGET		REASONS FOR VARIANCE
		Target	Actual	
INCREASE COMPLIANCE WITH THE EMPLOYMENT EQUITY ACT	% of women in senior management	50% of women in senior management	29% of women in senior management	There were no vacancies at this level
	% of people with disabilities	2% of staff to be people with disabilities	1.5% of staff members have disabilities	People with disabilities do not always apply for posts in the directorate, even when invited
EFFECTIVE IMPLEMENTATION OF THE APPROVED RETENTION STRATEGY	% of vacancy rate	Maintain vacancy rate below 10%	Vacancy rate was 7.5%	Target exceeded
	Period within which vacancies are filled	Vacancy to be filled within three months	Filled all vacancies within three months	Target achieved

SERVICE DELIVERY OBJECTIVES AND INDICATORS (cont)

STRATEGIC OBJECTIVE	MEASURE / INDICATOR	ACTUAL PERFORMANCE AGAINST TARGET		REASONS FOR VARIANCE
		Target	Actual	
PROMOTE DISCIPLINE IN THE ICD	% of disciplinary hearings finalised within 90 days	All hearings to be finalised within 90 days	Finalised 86% of disciplinary cases within 90 days	Employee in one case (out of seven) was constantly on sick leave
	% of grievances finalised within 60 days	Within 60 days of being registered	Finalised all grievances (100%) within 60 days	Target achieved
POLICY REVIEW	% of policies updated annually	70% of all policies to be reviewed	Updated / reviewed 38% of policies	Staff shortages in the Human Resources Management component

SERVICE DELIVERY OBJECTIVES AND INDICATORS (cont)

STRATEGIC OBJECTIVE	MEASURE / INDICATOR	ACTUAL PERFORMANCE AGAINST TARGET		REASONS FOR VARIANCE
		Target	Actual	
IMPLEMENT GOVERNMENT'S STRATEGY ON ASSET MANAGEMENT IN LINE WITH THE PRESCRIPTS OF THE PUBLIC FINANCE MANAGEMENT ACT	Number of asset verifications and updates of asset register completed	Quarterly	Quarterly	Target achieved
EVALUATE THE EFFECTIVENESS OF INTERNAL CONTROLS AND ENSURE THE ICD'S COMPLIANCE WITH APPLICABLE PRESCRIPTS	Number of internal audit reviews conducted	10 audit reviews	7 audit reviews	Audit unit had to conduct additional <i>ad hoc</i> audits

SERVICE DELIVERY OBJECTIVES AND INDICATORS (cont)

STRATEGIC OBJECTIVE	MEASURE / INDICATOR	ACTUAL PERFORMANCE AGAINST TARGET		REASONS FOR VARIANCE
		Target	Actual	
COMBAT CORRUPTION AND FRAUD AND ENCOURAGE ETHICAL BEHAVIOUR	% of cases investigated within 90 days	All reported cases within 90 days	Investigated all reported cases (100%) within 90 days	Target achieved
EFFECTIVELY MANAGE RISKS IN THE ICD	Number of risk-management reports submitted	One report per quarter	Submitted one report per quarter	Target achieved

SERVICE DELIVERY OBJECTIVES AND INDICATORS (cont)

STRATEGIC OBJECTIVE	MEASURE / INDICATOR	ACTUAL PERFORMANCE AGAINST TARGET		REASONS FOR VARIANCE
		Target	Actual	
IMPROVE SERVICE DELIVERY THROUGH THE BATHO PELE REVITALISATION PROGRAMME	Number of times the service-delivery improvement plan was updated	Annually by 31 March	Updated by 31 March	Target achieved
QUALITY ASSURED TRAINING PROGRAMME	Number of training programmes offered by accredited/recognised service providers	All training programmes	All training programmes offered by recognised service providers	Target achieved
COMPLIANCE WITH MINIMUM INFORMATION SECURITY STANDARD POLICY	Number of security audits conducted	10 audits annually	Conducted 6 audits	Target not met The security manager was only appointed at the beginning of the third quarter (October-December 2010)

ACTION PLAN TO ADDRESS TARGETS NOT MET

Target	Challenge	Intervention	Time Frame
50% women in senior management	Low staff turnover at senior management level	Designation of at least 50% of vacant posts for filling by females	31 March 2012
2% staff to be people with disabilities	People with disabilities do not always apply for posts at the ICD	Forward advertisements for vacancies to NGO's dealing with people with disabilities	31 March 2012
		Access database of people with disabilities from the Department of Labour	

ACTION PLAN TO ADDRESS TARGETS NOT MET (cont)

Target	Challenge	Intervention	Time Frame
70% of policies to be reviewed annually	Staff capacity	Implementation of an action plan with set time-lines and targets	31 March 2012
10 internal audit reviews to be conducted annually	Special <i>ad hoc</i> audits	3 new approved internal audit posts to be filled	31 March 2012
10 security audits to be conducted annually	Security manager was only appointed in October 2010	Security manager has been conducting security audits and has met all quarterly targets	31 March 2012



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PROGRAMME 2: COMPLAINTS PROCESSING, MONITORING AND INVESTIGATION

Mr T Tshabalala

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- Service-delivery objectives and indicators
- Workload
- Completed cases
- Recommendations
- Convictions
- Acquittals

SERVICE DELIVERY OBJECTIVES AND INDICATORS

STRATEGIC OBJECTIVE	MEASURE / INDICATOR	ACTUAL PERFORMANCE AGAINST TARGET		REASONS FOR VARIANCE
		Target	Actual	
Finalise investigations of deaths in custody or as a result of police action	Number of cases completed during the financial year	65% of the workload of cases carried over from 2009/2010 and notifications of deaths received during 2010/2011	82% (1 052 cases completed)	Target exceeded
Finalise investigations of complaints of criminality against the police	Number of cases completed during the financial year	55% of the workload cases carried over from 2009/2010 and cases received during 2010/2011	83% (2 811 cases completed)	Target exceeded



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Workload: backlog and new cases

Provinces	Carried over from 2009/10	Cases received during 2010/11	Workload
Eastern Cape	159	322	481
Free-State	95	766	861
Gauteng	671	1169	1840
KwaZulu-Natal	692	570	1262
Limpopo	58	581	639
Mpumalanga	153	366	519
North West	38	590	628
Northern Cape	13	499	512
Western Cape	676	1006	1682
Grand Total	2555	5869	8424



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Workload: classification

Provinces	Death Cases	DVA non-compliance cases	Criminal cases	Misconduct Cases	Total
Eastern Cape	169	13	211	88	481
Free-State	37	15	304	505	861
Gauteng	260	23	632	925	1 840
KwaZulu-Natal	478	15	434	335	1 262
Limpopo	61	8	336	234	639
Mpumalanga	86	3	299	131	519
North West	36	7	234	351	628
Northern Cape	20	6	314	172	512
Western Cape	129	65	626	862	1 682
Grand Total	1 276	155	3 390	3 603	8 424



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Completed cases

Provinces	Workload	Completed	%
Eastern Cape	481	447	93%
Free-State	861	830	96%
Gauteng	1840	1631	89%
KwaZulu-Natal	1 262	996	79%
Limpopo	639	616	96%
Mpumalanga	519	332	64%
North West	628	621	99%
Northern Cape	512	506	99%
Western Cape	1 682	1 342	80%
Grand Total	8 424	7 321	87%



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Deaths in police custody and as a result of police action: target = 65%

Provinces	Workload	Completed cases	Percentages	Target
Eastern Cape	169	157	93%	Target Exceeded
Free-State	37	36	97%	Target Exceeded
Gauteng	260	219	84%	Target Exceeded
KwaZulu-Natal	478	390	82%	Target Exceeded
Limpopo	61	59	97%	Target Exceeded
Mpumalanga	86	50	58%	Target not Met
North West	36	36	100%	Target Exceeded
Northern Cape	20	20	100%	Target Exceeded
Western Cape	129	85	66%	Target Exceeded
Grand Total	1 276	1 052	82%	Target Exceeded



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**Criminal cases:
target = 55%**

Provinces	Workload	Completed Cases	Percentages	Target
Eastern Cape	211	193	91%	Target Exceeded
Free State	304	298	98%	Target Exceeded
Gauteng	632	513	81%	Target Exceeded
KwaZulu-Natal	434	305	70%	Target Exceeded
Limpopo	336	323	96%	Target Exceeded
Mpumalanga	299	169	57%	Target Exceeded
North West	234	229	98%	Target Exceeded
Northern Cape	314	308	98%	Target Exceeded
Western Cape	626	473	76%	Target Exceeded
Grand Total	3 390	2 811	83%	Target Exceeded



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**Misconduct cases:
target = 55%**

Provinces	Workload	Completed Cases	Percentages	Target
Eastern Cape	88	85	97%	Target Exceeded
Free State	505	481	95%	Target Exceeded
Gauteng	925	876	95%	Target Exceeded
KwaZulu-Natal	335	286	85%	Target Exceeded
Limpopo	234	226	97%	Target Exceeded
Mpumalanga	131	111	85%	Target Exceeded
North West	351	349	99%	Target Exceeded
Northern Cape	172	172	100%	Target Exceeded
Western Cape	862	740	86%	Target Exceeded
Grand Total	3 603	3 326	92%	Target Exceeded



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Recommendations to the Director of Public Prosecutions

Province	Deaths	Criminal matters	Total
Eastern Cape	70	59	129
Free State	5	32	37
Gauteng	3	1	4
KwaZulu-Natal	11	7	18
Limpopo	5	19	24
Mpumalanga	17	7	24
North West	2	98	100
Northern Cape	6	150	156
Western Cape	8	1	9
Total	127	374	501



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Recommendations to **SAPS**

Province	Deaths cases	DVA non-compliance cases	Criminal cases	Misconduct Cases	Total
Eastern Cape	7	3	6	3	19
Free State	21	14	170	177	382
Gauteng	10	20	50	219	299
KwaZulu-Natal	22	1	45	4	72
Limpopo	1	3	11	20	35
Mpumalanga	5	1	8	0	14
North West	7	6	67	155	235
Northern Cape	3	1	88	8	100
Western Cape	1	0	479	625	1105
Total	77	49	924	1211	2261



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Criminal convictions

Province	Death cases	Criminal cases	Total
Eastern Cape	4	1	5
Free State	4	6	10
Gauteng	2	1	3
KwaZulu-Natal	4	5	9
Limpopo	3	1	4
Mpumalanga	3	1	4
North West	2	5	7
Northern Cape	0	9	9
Western Cape	8	0	8
Total	30	29	59



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Criminal Acquittals

Province	Deaths Cases	Criminal cases	Total
Eastern Cape	4	4	8
Free State	0	0	0
Gauteng	0	0	0
KwaZulu-Natal	3	3	6
Limpopo	3	5	8
Mpumalanga	1	1	2
North West	0	0	0
Northern Cape	0	4	4
Western Cape	0	0	0
Total	11	17	28



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PROGRAMME 3: INFORMATION MANAGEMENT AND RESEARCH

Ms N Mbuli

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- Service delivery objectives and indicators 2010/2011
- Statistics 2010/2011

SERVICE DELIVERY OBJECTIVES AND INDICATORS

STRATEGIC OBJECTIVE	MEASURE /INDICATOR	TARGET	REASON FOR VARIANCE
Auditing police stations in compliance with the DVA	Increase the number of police stations audited for compliance with the DVA	108 stations audited	Target exceeded: 279 stations were audited
Attend to all applications for exemptions in terms of Domestic Violence Act	Applications for exemption completed within 30days	100% (Received and processed 21 applications within 30 days)	Target achieved
Conduct community awareness programmes	Increase the number of community awareness programmes	250 per annum	Target exceeded: 307 awareness programmes conducted

SERVICE DELIVERY OBJECTIVES AND INDICATORS (Cont)

STRATEGIC OBJECTIVE	MEASURE/ INDICATOR	TARGET	REASON FOR VARIANCE
Provide relevant information to the public and stakeholders	Number of reports produced annually	3 Reports annually	Target exceeded: 5 research reports completed
Timely registration and allocation of all complaints received	Register and allocate all complaints within 48 hours	100% within 48 hours (5450 complaints anticipated)	Target not met: 96%(5 644 complaints registered & allocated within 48 hours, out of 5 869 received)

STATISTICS FOR 2010/2011

Table 1: TOTAL CASES PER PROVINCE

Province	Deaths	Domestic Violence	Criminal	Misconduct	Total
Eastern Cape	109	7	146	60	322
Free State	36	15	267	448	766
Gauteng	182	23	418	546	1169
Kwazulu-Natal	248	6	190	126	570
Limpopo	55	8	302	216	581
Mpumalanga	56	2	214	94	366
North West	36	7	214	333	590
Northern Cape	20	6	304	169	499
Western Cape	55	28	438	485	1006
Grand Total	797	102	2493	2477	5869

STATISTICS FOR 2010/11 (cont)

Table 2: TOTAL CASE PER TYPE 2010/11 - YEARLY CHANGE

Class	2009/10	2010/11	Yearly change
Death	860	797	-7%
Domestic Violence	126	102	-19%
Criminal	2,462	2,493	1%
Misconduct	2,929	2,477	-15%
Grand Total	6,377	5,869	-8%

STATISTICS FOR 2010/2011 (cont)

Table 3: TOTAL CASE INTAKE 2010/2011 - YEARLY CHANGE

Province	2009/10	2010/2011	Yearly Change
Eastern Cape	384	322	-16%
Free State	849	766	-10%
Gauteng	1,094	1,169	7%
KwaZulu-Natal	683	570	-17%
Limpopo	514	581	13%
Mpumalanga	439	366	-17%
North West	767	590	-23%
Northern Cape	566	499	-12%
Western Cape	1,081	1,006	-7%
Grand Total	6,377	5,869	-8%

STATISTICS FOR 2010/2011 (cont)

Table 4: DEATHS IN POLICE CUSTODY AND DEATHS AS A RESULT OF POLICE ACTION – YEARLY CHANGE

Deaths	2009/10	2010/11	Percentages
Deaths in police custody	294	257	-13%
Deaths as a result of police action	566	540	-5%
Total	860	797	-7%

STATISTICS FOR 2010/11 (cont)

Table 5: DEATHS IN POLICE CUSTODY AND AS A RESULT OF POLICE ACTION - PERCENTAGE SHARE

Province	2010/2011	Percentage
Eastern Cape	109	14%
Free State	36	4%
Gauteng	182	23%
Kwazulu-Natal	248	31%
Limpopo	55	7%
Mpumalanga	56	7%
North West	36	4%
Northern Cape	20	3%
Western Cape	55	7%
Grand Total	797	100%

STATISTICS FOR 2010/11 (cont)

Table 6: DEATHS IN POLICE CUSTODY - CIRCUMSTANCES

Injuries sustained in custody	64	25%
Injuries sustained prior to custody	80	31%
Natural causes	113	44%
Total	257	100%

STATISTICS FOR 2010/11 (cont)

Table 7: DEATH AS A RESULT OF POLICE ACTION		
CIRCUMSTANCES	Number	Percentage
A suspect died during the course of a crime	105	20%
A suspect died during the course of an escape	38	7%
A suspect died during the course of an investigation	66	12%
A suspect died during the course of arrest	206	38%
An innocent bystander died during commission of a crime	13	2%
An innocent bystander died during the course of an escape of another	5	1%
Domestic Violence related and off-duty deaths	45	8%
Negligent handling of a firearm leading to a death	22	4%
Negligent handling of a vehicle leading to a death	40	8%
Total	540	100%

STATISTICS FOR 2010/11 (cont)

Table 8: TOTAL CRIMINAL CASES PER PROVINCE - YEARLY CHANGE

Province	2009/2010	2010/11	Yearly change
Eastern Cape	183	146	-20%
Free State	267	267	0%
Gauteng	342	418	22%
KwaZulu-Natal	175	190	9%
Limpopo	244	302	24%
Mpumalanga	212	214	1%
North West	305	214	-30%
Northern Cape	239	304	27%
Western Cape	495	438	-12%
Grand Total	2462	2493	1%

STATISTICS FOR 2010/11 (cont)

Table 9: TOTAL MISCONDUCT CASES PER PROVINCE - YEARLY CHANGE

Province	2009/2010	2010/11	Yearly change
Eastern Cape	107	60	-44%
Free State	516	448	-13%
Gauteng	530	546	3%
KwaZulu-Natal	230	126	-45%
Limpopo	211	216	2%
Mpumalanga	143	94	-34%
North West	417	333	-20%
Northern Cape	299	169	-43%
Western Cape	476	485	2%
Grand Total	2929	2477	-15%



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DEPARTMENTAL ACTION PLAN TO ADDRESS CONCERNS RAISED BY THE AUDITOR-GENERAL

1. Reliability of performance information:

1.1 Performance reported was not valid on the basis of source documents

- Daily update of provincial case registers
- Verification of information and data integrity by supervisors
- Signing of certificates to validate the correctness and accuracy of performance information, before the submission of monthly performance reports to the Programme Manager. This is to ensure that there is actual correlation between the investigation case files and the performance information submitted.
- Flow Centric system provides management with the necessary tool to verify the accuracy of performance and the meeting of targets against the predetermined objectives (such as whether registration and allocation was attained within the 48 hour turnaround time) by drawing reports from the database system.
- Monitoring and Evaluation and Standard Operating Procedures Committee, who visits all provinces annually to confirm from a review and audit of physical (manual) files, whether the strategic objectives were attained and in addition, whether there was compliance with the Standard Operating Procedures.
- Monthly reports on case intake discussed at Senior Management Meetings.



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DEPARTMENTAL ACTION PLAN TO ADDRESS CONCERNS RAISED BY THE AUDITOR-GENERAL (cont)

- 1. Reliability of performance information (continue):**
 - 1.2 Cases were signed off as complete without the case investigation report.**
 - 1.3 Numerous cases were approved for completion by officials without proper written delegation of authority. Letters of delegation were not in the investigation files.**
 - The Provincial Head, before approving completion and/or closure of the file(s) he/she must ensure that there is full compliance with the provisions of the Standard Operating Procedure (SOP).
 - A Quality Control Form serves as a checklist of activities that should be completed in the file.
 - In addition: The new case management system (Flow Centric system) will enable the department to validate whether all completed cases contain a case investigative report.
 - The Monitoring & Evaluation and Standard Operating Procedure Committee will conduct regular audits on the physical (manual) files to ensure compliance with the SOP.
 - An additional provision has been included in the amended SOP, requiring Provincial Heads to conduct monthly inspections (audits) of the files and to submit reports of the audits to the Programme 2 Manager. The purpose of these inspections (audits) is to serve as an early warning system to identify non-compliance with the SOP and to timely remedy any shortcomings in that regard.
 - The Internal Audit Unit conducts regular audits to verify compliance with the SOP.



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DEPARTMENTAL ACTION PLAN TO ADDRESS CONCERNS RAISED BY THE AUDITOR-GENERAL (cont)

2. Compliance with Treasury - and Public Service Regulations

2.1 Payment of claims due was not settled within thirty days as required by Treasury Regulation 8.2.3

- In the absence of valid reasons (explanation to be provided), responsibility managers will be held personally accountable for payments of claims in the case of late submissions of invoices.
- Finance Circular 1 of 2011 distributed to ICD staff on the 5 July 2011: require proof of receipt date and assistance with the 30 days payment turnaround time
- Every component to submit the monthly Compliance Certificate (Finance, SCM, HRM & Auxiliary Services) by the 7th of each month, re-implemented as from 1 October 2011.

2.2 Verification of qualifications and other claims relevant to the employment position on newly appointed employees

- All newly appointed staff qualifications is now verified with the South African Qualifications Authority (SAQA) as per the directive from DPSA as on 01 July 2011.
- Service Level Agreement with KreditInform to conduct the criminal record, citizen verification and financial or asset record checks of all newly appointed staff.



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DEPARTMENTAL ACTION PLAN TO ADDRESS CONCERNS RAISED BY THE AUDITOR-GENERAL (cont)

2. Compliance with Treasury - and Public Service Regulations (continue)

2.3 Financial statements for auditing not prepared in all material aspects in accordance with the modified cash basis and supported by full and proper records as required by section 40(1)(a) and (b) of the PMFA. Contingent liability disclosure was materially understated in the financial statements. Management subsequently corrected the material misstatement.

- The contingent liability inputs into the financial statements received from Legal Services will be signed off by the Director Legal services as being complete and accurate.
- The status of contingent liabilities will be reported to Finance, by legal services on a quarterly basis.
- The Interim Financial Statements will contain an accurate reflection of contingent liabilities at that date.



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DEPARTMENTAL ACTION PLAN TO ADDRESS CONCERNS RAISED BY THE AUDITOR-GENERAL (cont)

3. Internal control: Leadership

3.1 Establishment of a comprehensive system of reporting performance information, which provides written procedures to ensure accountability, effectiveness, consistency and completeness of performance reporting and performance management.

- Review and improvement of Standard Operating Procedures
- Review and improvement of monthly performance reporting template
- Verification of correctness of reported performance information by PHs and Programme Managers
- Complete utilisation of Flow Centric performance management system
- Monthly report back at senior management meetings

3.2 Establishment of compliance structures and processes to identify relevant laws and legislative requirements, including monitoring of risks relating to non-compliance.

- Appointment of compliance officer: December 2010
- Development of a compliance tool: Monthly compliance reporting by all managers
- Establishment of Compliance Committee to review quarterly compliance reporting by all managers
- Request to National Treasury for the provision of funding to establish a Corporate Governance Unit, consisting of qualified and experienced officials to attend to constant monitoring and evaluation of performance and overall compliance with laws and regulations – proposed establishment during 2012/13, subject to allocation of required funding



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DEPARTMENTAL ACTION PLAN TO ADDRESS CONCERNS RAISED BY THE AUDITOR-GENERAL (cont)

4. Internal control: Financial and Performance Management

4.1 Development of data quality standards in line with the SMART principle contained in the framework for managing programme performance information for performance reporting

- The 2010/2011 annual report includes an explanation of determined quality standards, in that, that the work percentages in the strategic plan and annual performance plan represent the work rate on which the department's performance should be evaluated. The percentage work rate is evaluated against the overall workload (backlog carried over from past financial year and new complaints received in the reporting year), to determine whether the department has achieved its predetermined strategic objectives.
- Determination of quality standards are currently being reviewed to ensure compliance with SMART criteria, for inclusion in the departmental annual performance plan 2012/13.



- THE END -