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# Policy for Performance Advancement



forward together  
sonke siya phambili  
saam vorentoe

Implementation Date: 1 January 2027

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# Policy for Performance Advancement

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<b>Policy curator<sup>2</sup>:</b>	Chief Director: Human Resources
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<b>Validity:</b>	The English version of this regulation is the operative version, and the Afrikaans version is the translation.

<sup>1</sup> Rules Owner: Head(s) of Responsibility Centre(s) in which the rules functions.

<sup>2</sup> Rules Curator: Administrative head of the division responsible for the implementation and maintenance of the rules

## The core of the policy

The core of the Policy for Performance Advancement is to create a sustainable and structured link between individual contributions and the University's strategic goals, specifically those detailed in Vision 2040. This alignment enables the University to recognise and reward staff contributions effectively while providing a clear framework for feedback and professional development within a sustained environment. The policy is designed to cultivate a high-enabling culture that supports continuous development and the long-term success of our institution, its staff, and related stakeholders.

### **1. INTRODUCTION**

- 1.1 At Stellenbosch University (SU), success as a premier institution of higher education and commitment to being an Employer of Choice are founded on the quality and dedication of its staff.
- 1.2 Realising the vision of a thriving university is directly connected to the performance and growth of our staff.
- 1.3 This policy is established to cultivate a culture of continuous development, innovation, and excellence. By doing so, it strategically aligns individual contributions with the University's goals, empowering staff to contribute meaningfully to the University's strategic objectives.

### **2. APPLICATION OF THE POLICY**

- 2.1 This policy is applicable to all permanent and fixed-term staff of Stellenbosch University (SU), inclusive of Peromnes job grades 1 to 19 and all designated academic ranks.
- 2.2 This policy does not apply to contractors, students, or external/independent entities engaged with the university.

### **3. IMPLEMENTATION OF THE POLICY**

- 3.1 The Human Resources (HR) division holds primary responsibility for the governance of this policy. This includes its implementation, ongoing administration, and formal review. The HR division will execute these duties in collaboration with relevant line management and other institutional stakeholders.

## 4. DEFINITIONS

- 4.1 **Competencies:** The skills, knowledge, and behavioral attributes required for an individual to effectively perform in a particular role.
- 4.2 **Key Performance Areas (KPA):** The core responsibilities of a role required to achieve the university's strategic goals. KPAs answer the question "What is the purpose of my role?" Ideally, a role should have no more than three to five Key Performance Areas. Key Performance Areas (KPAs) remain constant unless there are changes to the role content. Peromnes levels 1-4 will have a separate KPA included in the Performance Work Plan.
- 4.3 **Key Performance Indicators (KPIs):** Indicators refer to descriptions (quantitative or qualitative) of how the objective will be achieved which is supportive of the applicable Key performance Area.
- 4.4 **Objectives:** Refers to broad points or aims required and in support of meeting the KPA's in a particular cycle. These objectives have been populated on the automated system for easy selection. Objectives can also be added to the system or separate objectives as determined by the environment.
- 4.5 **Performance Advancement:** The process where staff engage with their line manager to assess and review key responsibilities, expectations, performance outcomes, and development. The term "advancement" is used instead of "management" to express the University's commitment to create conditions within which staff can flourish.
- 4.6 **Performance Advancement system:** The University's automated system, for contracting, reviewing and capturing performance expectations, outcomes and development plans.
- 4.7 **Performance Work Plan (PWP):** An annual contracted plan between a staff member and their manager outlining the performance expectations for the cycle under review. It provides the basis for feedback and performance evaluation between a staff member and their line manager and supports identification of areas for development.
- 4.8 **Personal Development Plan (PDP):** A staff member's action plan outlining the specific competency or competencies to be developed to achieve the contracted objectives, and to identify career aspirations and development activities to meet individual goals.
- 4.9 **Performance Review:** The process of reviewing a staff member's performance over a specific period (cycle) based on their contracted objectives for that period as detailed in their Performance Work Plan (PWP).

- 4.10 **Job Description:** Outlines the duties, responsibilities, functions, competencies, and qualifications required for a particular role.
- 4.11 **Environment calibration:** A governance process conducted at an appropriate environmental level as part of the University's broader calibration framework, intended to promote consistency and alignment of performance ratings prior to institutional approval.

## 5. GUIDING PRINCIPLES OF THE POLICY

The Policy for Performance Advancement is governed by the following principles, which must be applied consistently throughout the University.

- 5.1 **Strategic Alignment:** Individual performance and development processes must be explicitly and continuously aligned with the University's strategic themes and objectives, as outlined in Vision 2040, as operationalised through the Strategy Plan 2026–2030 and its annual Strategy Implementation Plans (SIPs).
- 5.2 **Joint Commitment to Excellence:** All parties in the Performance Advancement process share a commitment to quality and excellence. This is operationalised through the standardised annual creation and consultation of individual Performance Work Plans (PWP) and Personal Development Plans (PDP).
- 5.3 **Staff Development and Growth:**
- The University recognises the importance of staff development in supporting sustainable performance and organisational capability. Development opportunities may be facilitated in alignment with institutional priorities and operational requirements.
- 5.4 **Shared Ownership and Responsibility:** Ownership of the Performance Advancement process is a shared responsibility between the staff member and line manager, supported by the HR division.
- 5.5 **Transformation:** "Transformation at SU is a process of perpetual and profound, intentional and structured, comprehensive and deep change and renewal that seeks individual, institutional and societal life of dignity, freedom, equality, healing and justice for all."<sup>1</sup> Transformation at SU is viewed as systemic transformation. All dimensions of university life are affected by the transformation and renewal process." Although a separate transformation KPA is not listed for staff members on Peromnes levels 5-19, staff at these levels are required to support the efforts of senior leadership and as such integrate transformation into their normal role KPAs and Performance Work Plans, objectives and or Key

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<sup>1</sup> Transformation Policy 2025 – P3

Performance Indicators (KPIs), in a contextual manner, where appropriate. The Senior Leadership KPA for transformation includes the following transformation objectives:

- Student diversity
  - Staff diversity
  - Transformation competency
  - Universal access
  - Academic transformation
  - Broad based black economic empowerment.
- 5.6 **Performance Ratings:** Ratings must reflect areas where performance was surpassed, met, or did not meet the agreed-upon objectives and measures.
- 5.7 **External factors:** Staff members should not be unfairly penalised if unforeseen circumstances beyond their control, such as illness or resource constraints, affect their ability to meet their objectives.
- 5.8 **Calibration:** A process for performance evaluation to ensure standardisation, consistency, fairness, and objectivity across the university when evaluating staff performance. Calibration allows the university to maintain alignment with its strategic goals while reducing potential biases that could distort the results. It also ensures that performance ratings are applied fairly in different environments, and that staff members are recognised or supported based on standardised criteria. The Rectorate is the final approval body for calibrated ratings. Once the Rectorate has approved the ratings, it is used to provide feedback to staff members through line management structures or automated systems.
- 5.9 **Unrated:** Staff member is newly appointed in the role and less than 6 months in employment. Staff member was not performing his /her duties for a substantial portion of the review period, such as sabbatical leave unless key performance outcomes were contracted upon return from sabbatical leave which can objectively be evaluated.

## 6. RESPONSIBILITIES

### 6.1 Staff Responsibilities

Staff are expected to:

- Comply with all policy requirements and actively participate in the process.
- Take ownership of their development and collaborate with their line manager to achieve agreed-upon goals.

- Align their work behaviors with the SU Code of Conduct (Code 2040: SU's integrated Ethics Code).
- Supply evidence-based documentation, which is then relied on by the line management.

## 6.2 Line Manager Responsibilities

Line managers are responsible for:

- Ensuring consistent implementation of the Performance Advancement process for all reporting staff.
- Setting clear and realistic expectations aligned with unit, divisional and faculty/responsibility centre needs which in turn are informed by institutional strategies.
- Providing ongoing feedback, mentoring where required, and conducting formal performance reviews.
- Engaging in fair performance practices and developing the necessary skills to manage performance discussions effectively.
- Implement a formal Performance Improvement Plan (PIP) where required. Define clear improvement actions, timelines, and review points.
- Acknowledge solid, reliable performance.
- Recognise and document areas of above-expected performance.
- Consider stretch opportunities or broader contributions where appropriate.
- Provide strong, evidence-based justification, especially for ratings 4 and above.
- Ensure ratings are clearly differentiated between surpasses and exceptional.
- Ensure an evidence-based evaluation approach is followed.

## 6.3 Human Resources Responsibilities

The HR division is responsible for:

- Providing expert advice and support on policy and procedural matters.
- Overseeing the provision of training and development initiatives for staff and line managers.
- Provide specialized training related to the automated system on an ongoing basis.

## 7. REVIEW AND REWARD

- 7.1 **Performance Review Cycle:** The performance review cycle is from 1 January to 31 December each year. A staff member, who did not complete the full 12-month

performance cycle, must remain unrated, unless there is sufficient evidence during the appointment period to assess their performance.

- 7.2 **Recognition, Reward and Equity:** The University is committed to a fair, transparent, and value-driven approach to recognise and reward top performance.
- 7.3 **Fair Assessment:** Staff performance is evaluated against university-wide, standardised criteria (as detailed in Section 8) to ensure fairness and transparency.
- 7.4 **Sustainable Model:** All incentives are provided within a sustainable financial model, as determined by the Rectorate and approved by Council.

## 8. PERFORMANCE ADVANCEMENT RATING SCALE

### Rating Scale Overview

#### Level 1: Extensive development need

**Achievement Level:** Consistently failed to achieve all agreed objectives.

#### Elements to consider:

- Most of agreed objectives and KPAs are **not achieved**.
- Performance consistently falls short of **required quality, timelines or accuracy**.
- Staff member requires **continuous supervision or intervention**.
- Performance **concerns persist** despite feedback, guidance and mentorship.

#### Level 2: Some development needed

**Achievement Level:** Agreed objectives are partially met.

#### Elements to consider:

- Some objectives achieved, but **key aspects of the role are not met consistently**.
- Performance indicators are **partially met**, with noticeable gaps.
- Staff member requires **targeted mentoring, training, or support**.

#### Level 3: Succeeds (Expected Level)

**Achievement level:** Achieved all agreed objectives.

#### Elements to consider:

- All agreed objectives of the KPA are **consistently achieved**.
- Work meets required **standards of quality, accuracy and timeliness as agreed with Line management**.
- Staff member performs competently **with minimal supervision**.

#### Level 4: Surpasses

**Achievement Level:** Exceeds expectations in most key performance areas.

**Elements to consider.**

- All objectives achieved, with **unambiguous evidence of exceeding expectations** in several areas.
- Work output is of **high quality** and often delivered ahead of time and/or with added value.
- Demonstrates initiative, problem-solving, improvements, and impact beyond normal role requirements.

#### Exceptional: Level 5

**Achievement Level:** Significantly exceeds expectations with sustained impact.

**Elements to consider:**

- Performance consistently exceeds all agreed objectives.
- Results show **clear, measurable impact** beyond the individual role (e.g. team, unit, or institution).
- Demonstrates leadership, innovation, expertise, and ability well **above role expectations**.
- Performance significantly exceeds expectations which is sustained **throughout the review period**, not once-off.

#### Unrated

**Elements to consider:**

- Staff member is new in the role, and the review period is too short to assess performance fairly; or
- Staff member was absent for a substantial portion of the review period.

## **9. MANAGING POOR PERFORMANCE**

Line managers are responsible for the management of underperforming staff. Through reviews and delivery of staff performance, it is important to detect early support, proactive help, preventative services, and timely assistance HR is responsible for the procedural guidance through implementation of the Procedure for Managing Poor Performance.

## **10. CALIBRATION OF PERFORMANCE RATINGS**

### **10.1 Purpose of Calibration**

Calibration is a governance mechanism to promote consistency, equity, and institutional alignment in performance ratings across environments.

Calibration does not replace line management accountability for performance assessment and does not constitute a review or reconsideration mechanism for individual challenges to performance ratings.

### **10.2 Levels of Calibration**

Performance ratings will be calibrated at environmental and institutional levels, as determined by the Rectorate.

The structure and composition of calibration panels are established for the purposes of alignment and quality assurance and are implemented in accordance with institutional procedures.

The Rectorate approves the:

- Composition; and
- Scope of authority

of Environmental and Institutional Calibration Panels.

Calibration at institutional level may include consideration of aggregated outcomes across environments to ensure parity, affordability, and alignment with institutional priorities.

### **10.3 Role and Limits of Calibration Panels**

Calibration panels are responsible for:

Identifying patterns, inconsistencies, or anomalies in performance ratings; and

Ensuring alignment with institutional performance standards and strategic objectives.

Calibration panels do not:

- Adjudicate individual disputes regarding performance ratings;
- Act as review bodies for challenges to performance outcomes; or
- Exercise final authority over reward allocation or bonus quantum, which remains an executive prerogative.

#### 10.4 **Design and Institutional Framework**

The institutional framework governing calibration, including the roles, mandates and operating parameters of calibration panels, is developed and proposed by the Human Resources Division, in consultation with relevant stakeholders, for approval by the Rectorate.

### 11. REVIEW OF PERFORMANCE RATINGS

#### 11.1 **Separation of Calibration and Review Functions**

The review of a performance rating must be structurally separate from the calibration process.

A calibration panel may not review or adjudicate a challenge to a performance rating that it has considered or endorsed as part of the calibration process.

#### 11.2 **Nature of the Review Mechanism**

The University provides a review mechanism and not an appeal, in respect of finalised performance ratings.

The purpose of the review is to determine whether the performance rating was arrived at through a process that was procedurally fair, reasonable, and consistent with this Policy and related performance management frameworks.

The review mechanism does not constitute a rehearing of performance assessments and does not substitute managerial judgment.

A review may result in confirmation of the rating or referral of the matter back to the appropriate level of line management for reconsideration, in accordance with approved procedures.

#### 11.3 **Review Authority**

The review of a performance rating must be undertaken by the next appropriate level of line management, consistent with the escalation principles applied in the Procedure for Managing Poor Performance.

This review function:

- Provides oversight of the original rating decision.

- Ensures that performance expectations, evidence and feedback were applied appropriately; and
- Does not displace the primary accountability of the original decision-maker.

#### 11.4 **Role of Human Resources**

Human Resources provides guidance and process assurance to ensure that:

- The review mechanism is applied consistently across environments.
- Reviews are conducted in accordance with institutional policy and labour law principles;
- and Procedural fairness is maintained.
- Human Resources does not substitute its judgment for that of line management in determining performance outcomes.

#### 11.5 **Environmental Responsibility**

Each environment must, with the support of Human Resources, ensure that appropriate mechanisms are in place to manage reviews of performance ratings. These mechanisms must be approved in accordance with institutional governance processes and aligned with this Policy and the Procedure for Managing Poor Performance.

#### 11.6 **Finality**

A decision taken following a review is final within the University's internal processes.

### 12. **POLICY, GOVERNANCE AND MONITORING**

#### 12.1 Policy Ownership and Custodianship

The Responsibility Head for the HR Division is the owner of this policy. The Chief Director: Human Resources, or the designated HR Organisational Development and Effectiveness, serves as the policy curator.

#### 12.2 Curator Responsibilities

The curator is responsible for overseeing the implementation of the policy and ensuring that adequate controls are in place to monitor compliance across the University.

#### 12.3 Review Cycle

This policy will be reviewed periodically, or when significant amendments are required, to ensure continued relevance and effectiveness.

## 12.4 Amendment Authority

12.4.1 **Rectorate Authority:** The Rectorate is authorised to approve amendments of a grammatical, editorial, or administrative nature. This includes changes to the titles of office bearers or functionaries, provided such changes do not alter the policy's substantive meaning, intent, or application.

12.4.2 **Council Authority:** Any amendment that changes the essence, substantive meaning, or material application of this policy must be submitted to the University Council for final approval, following the requisite institutional consultation and approval routes.

## 13. COMPLIANCE

Adherence to this policy is a mandatory condition of employment for all staff and managers within its scope. Non-compliance will be addressed through formal institutional procedures.

**Breach Reporting and Resolution:** All breaches of this policy must be reported directly to the Policy Owner. Upon notification, the Owner will initiate a formal review in consultation with necessary stakeholders to ascertain the facts and implement suitable remedial measures.

## 14. SUPPORTING DOCUMENTS

Item no.	Name of document	Status
1.	Code 2040: SU's Integrated Ethics Code	Approved
2.	Competency Framework	Finalised
3.	Transformation Policy	Approved
4.	Job libraries for the Transformation KPA and Objectives	Finalised