

**PROJECT NO.** : ZNB 5540/2021-H

**DESCRIPTION OF SERVICE** : APPOINTMENT OF A MULTIDISCIPLINARY PROFESSIONAL TEAM FOR THE RK KHAN HOSPITAL: CONSTRUCTION OF A NEW PSYCHIATRIC UNIT PROJECT

**DISCIPLINE** : MULTIDISCIPLINARY TEAM LED BY AN ARCHITECT

**DEPARTMENT OF HEALTH  
CENTRAL SUPPLY CHAIN MANAGEMENT DIRECTORATE  
Private Bag X9051  
Pietermaritzburg 3200**

PLEASE NOTE THAT THIS BID IS SUBJECT TO TREASURY REGULATIONS 16A ISSUED IN TERMS OF THE PUBLIC FINANCE MANAGEMENT ACT, 1999, THE KWAZULU-NATAL SUPPLY CHAIN MANAGEMENT POLICY FRAMEWORK AND THE GENERAL CONDITIONS OF CONTRACT PRESCRIBED BY PROVINCIAL TREASURY.

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## **SECTION A**

### **INVITATION TO BID**

#### **DESCRIPTION:**

THE APPOINTMENT OF A MULTIDISCIPLINARY PROFESSIONAL TEAM LED BY AN ARCHITECT TO PROVIDE PROFESSIONAL CONSULTING SERVICES ON THE RK KHAN HOSPITAL: CONSTRUCTION OF A NEW PSYCHIATRIC UNIT PROJECT

Project Number : ZNB 5540/2021-H  
Closing Date : 29 October 2021  
Closing Time : 11:00

Compulsory Briefing: Yes  
Date : 19 October 2021  
Time : 10:00  
Venue : RK Khan Hospital – Nurses Dining Hall

THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN CONTRACT FORM

#### **BID DOCUMENTS MAY BE POSTED TO:**

HEAD: DEPARTMENT OF HEALTH  
CENTRAL SUPPLY CHAIN MANAGEMENT DIRECTORATE  
PRIVATE BAG X9051  
PIETERMARITZBURG, 3200

OR

#### **DEPOSITED IN THE BID BOX SITUATED AT (STREET ADDRESS):**

SUPPLY CHAIN MANAGEMENT  
OLD BOYS SCHOOL  
310 JABU NDLOVU STREET  
PIETERMARITZBURG  
3201

Bidders should ensure that bids are delivered timeously to the correct address. If the bid is late, it will not be accepted for consideration.

The bid box is generally open 24 hours a day, 7 days a week.

#### **ALL BIDS MUST BE SUBMITTED ON THE OFFICIAL FORMS – (NOT TO BE RE-TYPED)**

**THIS BID IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2011, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT**

**THE FOLLOWING PARTICULARS MUST BE FURNISHED (FAILURE TO DO SO WILL RESULT IN YOUR BID BEING DISQUALIFIED)**

NAME OF BIDDER:

POSTAL ADDRESS:

Code:

STREET ADDRESS:

Code:

TELEPHONE:

Code:

Number:

CELL PHONE :

Code:

Number:

FACSIMILE NUMBER:

Code:

Number:

E-MAIL ADDRESS:

VAT REGISTRATION NUMBER:

SIGNATURE OF BIDDER:

DATE:

CAPACITY UNDER WHICH THIS BID IS SIGNED:

**ANY ENQUIRIES REGARDING THE BIDDING PROCEDURE MAY BE DIRECTED TO:**

Department : KZN - DEPARTMENT OF HEALTH  
Contact Person : Junitha Sookraj  
Tel : (033) 815 8369  
E-mail address : junitha.sookraj@kznhealth.gov.za

**ANY ENQUIRIES REGARDING TECHNICAL INFORMATION MAY BE DIRECTED TO:**

Department : KZN - DEPARTMENT OF HEALTH  
Contact Person : Temitope Sokoya  
Tel : (033) 940 2610  
E-mail address : temitope.sokoya@kznhealth.gov.za



## **SECTION B**

### **SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF FORMS**

**PLEASE NOTE THAT THIS BID IS SUBJECT TO TREASURY REGULATIONS 16A ISSUED IN TERMS OF THE PUBLIC FINANCE MANAGEMENT ACT, 1999, THE KWAZULU-NATAL SUPPLY CHAIN MANAGEMENT POLICY FRAMEWORK AND THE GENERAL CONDITIONS OF CONTRACT.**

1. Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with words importing the masculine gender shall include the feminine and the neuter.
2. Under no circumstances, whatsoever may the bid forms be retyped or redrafted. Photocopies of the original bid documentation may be used, but an original signature must appear on such photocopies.
3. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.
4. Bid submitted must be complete in all respects.
5. Bid shall be lodged at the address indicated not later than the closing time specified for their receipt, and in accordance with the directives in the bid documents.
6. Each bid shall be addressed in accordance with the directives in the bid documents and shall be lodged in a separate sealed envelope, with the name and address of the bidder, the bid number and closing date indicated on the envelope. The envelope shall not contain documents relating to any bid other than that shown on the envelope. If this provision is not complied with, such bids will be rejected as being invalid.
7. A specific box is provided for the receipt of bids, and no bid found in any other box or elsewhere subsequent to the closing date and time of bid will be considered.
8. No bid sent through the post will be considered if it is received after the closing date and time stipulated in the bid documentation, and proof of posting will not be accepted as proof of delivery.
9. No bid submitted by telefax, telegraphic or other electronic means will be considered.
10. Bid documents must not be included in packages containing samples. Such bids will be rejected as being invalid.
11. Any alteration made by the bidder must be initialled.
12. Use of correcting fluid is prohibited and will render the bid invalid.
13. If it is desired to make more than one offer against any individual item, such offers should be given on a photocopy of the page in question. Clear indication thereof must be stated on the schedules attached.

## **SECTION C**

### **REGISTRATION ON THE CENTRAL SUPPLIERS DATABASE**

1. In terms of the Public Finance Management Act (PFMA), 1999 (Act No 1 of 1999) Section 38 (1) (a) (iii) and 51 (1) (iii) and Section 76 (4) of PFMA National Treasury developed a single platform, The Central Supplier Database (CSD) for the registration of prospective suppliers including the verification functionality of key supplier information.
2. Prospective suppliers will be able to self-register on the CSD website: [www.csd.gov.za](http://www.csd.gov.za)
3. Once the supplier information has been verified with external data sources by National Treasury a unique supplier number and security code will be allocated and communicated to the supplier. Suppliers will be required to keep their data updated regularly and should confirm at least once a year that their data is still current and updated.
4. Suppliers to provide their CSD supplier number and unique security code to organs of state to view their verified CSD information.

---

CSD NUMBER

## **SECTION D**

### **DECLARATION THAT INFORMATION ON CENTRAL SUPPLIER DATABASE IS CORRECT AND UP TO DATE**

(To be completed by bidder)

This is to certify that I

---

(name of bidder / authorised representative)

Who represents

---

(state name of bidder)

Am aware of the contents of the Central Supplier's Database with respect to the bidder's details and registration information, and that the said information is correct and up to date as on the date of submitting this bid.

In addition, I am aware that incorrect or outdated information may be a cause for disqualification of this bid from the bidding process, and/or possible cancellation of the contract that may be awarded on the basis of this bid.

---

Name of bidder

---

Signature of bidder or authorised representative

---

Date

## SECTION E

### DECLARATION OF INTEREST – SBD 4

1. Any legal person, including persons employed by the state<sup>1</sup>, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid (includes an advertised competitive bid, a limited bid, a proposal or written price bid). In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-
  - the bidder is employed by the state; and/or
  - the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the bid(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the bid.
2. In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.
3. Full Name of bidder or his or her representative:
4. Identity Number:
5. Position occupied in the Company (director, trustee, shareholder<sup>2</sup>, member):
6. Registration number of company, enterprise, close corporation, partnership agreement or trust:
7. Tax Reference Number:

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<sup>1</sup> "State" means –

any National or Provincial Department, National or Provincial Public Entity or Constitutional Institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);

- a) any Municipality or Municipal Entity;
- b) Provincial Legislature;
- c) National Assembly or the National Council of Provinces; or
- d) Parliament.

<sup>2</sup> "Shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

**8.** VAT Registration Number:

---

**9.** The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / PERSAL numbers must be indicated in paragraph 3 below.

**10.** Are you or any person connected with the bidder presently employed by the state?

YES / NO

**11.** If so, furnish the following particulars:

---

Name of person / director / trustee / shareholder/ member:

---

Name of state institution at which you or the person connected to the bidder is employed:

---

Position occupied in the state institution:

Any other particulars:

---

**12.** If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector?

YES / NO

**13.** If yes, did you attach proof of such authority to the bid document? (Note: Failure to submit proof of such authority, where applicable, will result in the disqualification of the bid)

YES / NO

**14.** If no, furnish reasons for non-submission of such proof:

15. Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months?

YES / NO

16. If so, furnish particulars:

- 
17. Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this bid?

YES / NO

18. If so, furnish particulars.

- 
19. Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any person employed by the state who may be involved with the evaluation and or adjudication of this bid?

YES / NO

20. If so, furnish particulars.

- 
21. Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whether or not they are bidding for this contract?

YES / NO

22. If so, furnish particulars.

---

Full details of directors / trustees / members / shareholders.

Full Name	Identity Number	Personal Income Tax Reference Number	State Number / Employee Persal Number

<b>Full Name</b>	<b>Identity Number</b>	<b>Personal Income Tax Reference Number</b>	<b>State Number Number</b>	<b>Employee / Persal</b>

#### DECLARATION

I, the undersigned

.....  
(name)

Certify that the information furnished in paragraphs 2 and 3 above is correct.

I accept that the state may reject the bid or act against me should this declaration prove to be false.

.....  
Signature

.....  
Date

.....  
Position

Name of bidder

## SECTION F

### FORM OF OFFER AND ACCEPTANCE

#### 1. Offer

The Employer, identified in the acceptance signature block, has solicited offers to enter into a contract for the procurement of:

**An Entity to provide a multidisciplinary team of experienced and skilled professional consulting services with an Architect as Lead Consultant**

For the project: RK Khan Hospital - Construction of a New Psychiatric Unit

The bidder, identified in the offer signature block, has examined the documents listed in the Tender Data and addenda thereto as listed in the returnable schedules, and by submitting this offer has accepted the conditions of tender.

By the representative of the bidder, deemed to be duly authorized, signing this part of this form of offer and acceptance, the bidder offers to perform all of the obligations and liabilities of the Service Provider under the Contract including compliance with all its terms and conditions according to their true intent and meaning for remuneration to be determined in accordance with the conditions of Contract identified in the Contract Data.

#### 2. Price

The offered price for the multidisciplinary team with an Architect as Lead Consultant, inclusive of value added tax, is

R (in figures)

---

and,

---

Rand (in words)

---

This offer may be accepted by the Employer by signing the acceptance part of this form of offer and acceptance and returning one copy of this document to the bidder before the end of the period of validity stated in the Tender Data, whereupon the bidder becomes the party named as the Service Provider in the conditions of Contract identified in the Contract Data.



3. This offer is made by the following Legal Entity: **(please cross out the block that is not applicable)**

	or	
Company or Close Corporation		Natural person or Partnership
Registration number:		Identity number:
Income Tax Reference number:		Income Tax Reference number:

and who is (if applicable):

Trading under the name and style of:

and who is:

Represented herein, and who is duly authorised to do so, by:

In his/her capacity as:

Note: A resolution / power of attorney, signed by all the directors / members / partners of the legal entity must accompany this offer, authorising the representative to make this offer.

4. **Signed for the bidder:**

Name of representative

Signature

Date

**5. Witnessed by:**

\_\_\_\_\_  
Name of representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**6. Domicilium Citandi Et Executandi**

The bidder elects as its domicilium citandi et executandi in the Republic of South Africa, where any and all legal notices may be served, as (physical address):

Street address::

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Code:

Postal address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Code:

Telephone:

Code:

Number: \_\_\_\_\_

Cell phone :

Code:

Number: \_\_\_\_\_

Facsimile number:

Code:

Number: \_\_\_\_\_

E-mail address:

\_\_\_\_\_  
Banker:

\_\_\_\_\_  
Branch:

**7. Acceptance**

By signing this part of this form of offer and acceptance, the Employer identified below accepts the bidder's offer. In consideration thereof, the Employer shall pay the Service Provider the amount due in accordance with the conditions of Contract identified in the Contract Data. Acceptance of the bidder's offer shall form an agreement between the Employer and the bidder upon the terms and conditions contained in this agreement and in the Contract that is the subject of this agreement.

## 8. The terms of the Contract

The terms of the Contract are contained in:

Part C1 Agreements and Contract Data, (which includes this agreement) Part C2 Pricing Data

and;

Documents or parts thereof, which may be incorporated by reference into Parts C1 to C2 above.

Deviations from and amendments to the documents listed in the Tender Data and any addenda thereto as listed in the tender schedules as well as any changes to the terms of the offer agreed by the bidder and the Employer during this process of offer and acceptance, are contained in the schedule of deviations attached to and forming part of this agreement. No amendments to or deviations from set documents are valid unless contained in this schedule.

The bidder shall within two weeks after receiving a completed copy of this agreement, including the schedule of deviations (if any), contact the Employer's agent (whose details are given in the Contract Data) to arrange the delivery of any bonds, guarantees, proof of insurance and any other documentation to be provided in terms of the conditions of Contract identified in the Contract Data. Failure to fulfil any of these obligations in accordance with those terms shall constitute a repudiation of this agreement.

Notwithstanding anything contained herein, this agreement comes into effect, if sent by registered post, 4 days from the date on which it was posted, if delivered by hand, on the day of delivery, provided that it has been delivered during ordinary business hours, or if sent by fax, the first business day following the day on which it was faxed. Unless the bidder (now Service Provider) within seven working days of the date of such submission notifies the Employer in writing of any reason why he cannot accept the contents of this agreement, this agreement shall constitute a binding contract between the Parties.

## 9. Signed for the Employer:

\_\_\_\_\_  
Name of representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Street address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Code:

Telephone: Code: \_\_\_\_\_ Number: \_\_\_\_\_

Facsimile number: Code: \_\_\_\_\_ Number: \_\_\_\_\_

**10. Witnessed by:**

\_\_\_\_\_  
Name of representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## 11. Schedule of Deviations

1	Subject	.....
	Details	..... ..... ..... .....
2	Subject	.....
	Details	..... ..... ..... .....
3	Subject	.....
	Details	..... ..... ..... .....
4	Subject	.....
	Details	..... ..... ..... .....
5	Subject	.....
	Details	..... ..... ..... .....

By the duly authorised representatives signing this agreement, the Employer and the Tenderer agree to and accept the foregoing schedule of deviations as the only deviations from and amendments to the documents listed in the tender data and addenda thereto as listed in the tender schedules, as well as any confirmation, clarification or changes to the terms of the offer agreed by the Tenderer and the Employer during this process of offer and acceptance.

It is expressly agreed that no other matter whether in writing, oral communication or implied during the period between the issue of the tender documents and the receipt by the tenderer of a completed signed copy of this Agreement shall have any meaning or effect in the contract between the parties arising from this agreement.

## **SECTION G**

### **SPECIFICATIONS, SCOPE, EVALUATION**

#### **AN ENTITY TO PROVIDE A MULTIDISCIPLINARY TEAM OF EXPERIENCED AND SKILLED PROFESSIONAL CONSULTING SERVICES WITH AN ARCHITECT AS LEAD CONSULTANT**

Project Description:

RK Khan Hospital: Construction of a New Psychiatric Unit - 65 Bedded Adult Male, Female And Adolescent In Patient And Out Patient

#### **1. Project Background and Specification**

RK Khan is a Regional Hospital located in the suburb of Chatsworth in the eThekweni health district with 543 approved beds. The site on which the hospital stands is 44.9459 acres in extent; originally prime farming area, earmarked for housing purposes. R.K.Khan has grown from being a community hospital to one of the major hospitals in the Durban region. RK Khan psychiatric unit started in 2008 as a temporary unit with a view to creating a proper psychiatric unit. RK Khan psychiatric unit is a mother clinic to Inchanga, Hammarsdale, Kwadabeka, Chatsworth, Welbedacht, Shallcross, Umhlatuzana, Savanah Park, Kloof, Pinetown, Hillcrest, Queensburgh, Malvern, Marianhill, Hillary, Northdene, Peacevale, New Germany, Westville, Shongweni and Molweni Clinics.

RK Khan psychiatric unit is comprised of the Clinic unit (Out-Patient) and In-Patient unit. Current In-Patient Psychiatry Division: 20 beds (20 male beds), (female mental health care users are treated in the medical ward.) and the Out-Patients Department for Mental Health renders services to an average of 338 Out-Patients per month.

The Clinic Unit is currently renting space at No. 6 Bhaktivedanta, Swani Circle outside of the Hospital (a building owned by Department of Public Works – DoPW) and the In-Patient occupies the Ward AB1 within RK Khan Hospital. The lease on the rental from DoPW has expired and the Clinic Unit was expected to vacate end of February, 2019. The Clinic Unit, however, did not vacate and DoPW had to evict them because the condition of the building is bad and needed urgent repair.

The inpatient unit consists of 20 beds which only accommodates male mental health care users, female mental health care users are treated in the medical wards. The mental health ward constantly runs at 100% and many mental health care users have to be accommodated in the medical ward and this also creates waiting lists for admissions. The current ward does not meet the IUSS specifications. The ward also does not have a clear differentiation between acute beds and medium to long-term beds.

It is envisioned that the infrastructure development of the mental health ward at the hospital will improve mental health services at the facility, district and region. This proposal will increase the number of mental health beds in the region and will established a unit that meets IUSS specifications as well as providing a fully equipped and functional mental health outpatient department.

The hospital will provide a regional mental health package of service in the region offering a total of 65 adult mental health beds comprising of 40 acute beds, 20 medium to long stay beds and 5 adolescent beds. This unit will also act as a training site for all categories of Mental Health Care Practitioners e.g. Medical Registrars, Nurses and Psychologists.

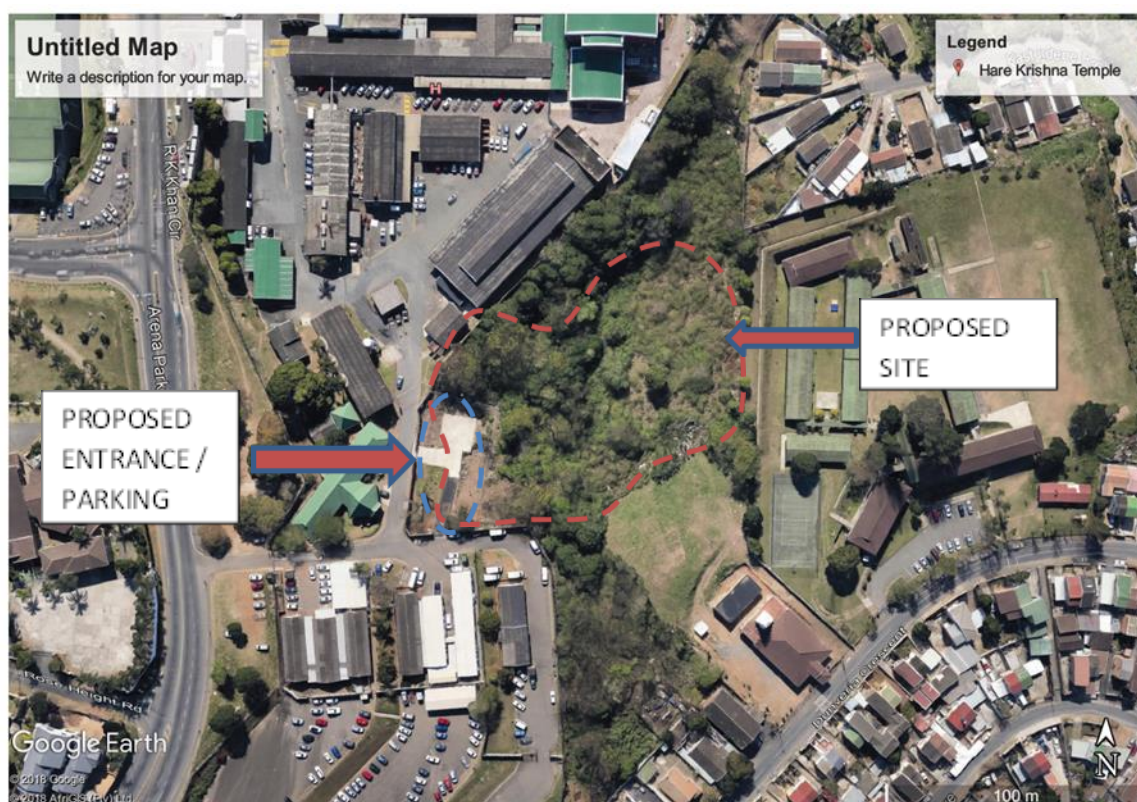
## 2. Detailed Project Scope of Work

The Site:

RK Khan Hospital is an existing hospital located at 30.88623717N -29.9151718E in Chatsworth along the RK Khan Circle and Arena Park drives. It is less than 5km from the Higginson Highway. The site is located at the Eastern corner of the Hospital and relatively flat in front but sloping towards the back. The entire site is approximately 10,000 sqm.

Land Owner:	Provincial Government			
Street Address (or directions):	RK Khan Circle, Westcliffe, Chatsworth			
Postal Address:	Private Bag X004, Chatsworth, 4030			
Telephone Number:	(031) 459 6000			
Hospital Manager:	Dr L. Sobekwa			
Cadastral Description:	Latitude:	-27.5741112	Longitude:	32.0820982
Zoning:	Government			
Planning restrictions:	Nil			
Existing Infrastructure	Face brick multi-storey buildings			

Locality Map:



Aerial View 1: RK Khan Hospital – Proposed Site within RK Khan Hospital  
SOURCE: Google Earth

### 3. Project Outcomes:

- A fully resourced mental health / psychiatric unit at RK Khan Hospital to provide regional mental health services for adult, child and adolescent mental health care users in the eThekweni district

### 4. Project Objectives:

- To provide a mental health / psychiatric unit attached to RK Khan Hospital
- To enhance the regional mental health package of service in the eThekweni district
- To increase the number of acute beds available in the district
- To cater for the increased need for mental health care in the eThekweni district
- To reduce the burden placed on general wards
- To prevent the risk of patient safety incidents at the facility.

### 5. Project Success Criteria:

- A fully functional mental health / psychiatric unit attached to RK Khan Hospital
- Increased number of psychiatric beds available in eThekweni district
- Reduced number of patient safety incidents as there will be reduction of mental health users in the medical wards
- Enhanced first level of inpatient care in terms of the mental health care act No.17 of 2002

### 6. Scope of Works of the Construction Project:

Please refer to the Project Brief attached as Appendix D for the proposed full scope of the project.

### 7. Statutory Requirements:

Legislation:	All applicable Acts and Regulations pertaining to the Health Environment; OHS Act and Regulations; and All applicable Acts and Regulations for the various Professional Consultancy Services
Norms:	Infrastructure Unit Support Systems (IUSS) guidelines
Standards:	Infrastructure Unit Support Systems (IUSS) guidelines; Standard for Infrastructure Procurement and Delivery Management; Framework for Infrastructure Delivery and Procurement Management (FIDPM) and All applicable standards, regulations and/or specifications of KZN Department of Health
Policies:	All applicable policies of KZN Department of Health
Other Requirements:	Relevant SANS codes All applicable standards, regulations and/or specifications of KZN Department of Health

### 8. Required Multidisciplinary Team Composition

- Architect including Principal Consultant and Principal Agent Services
- Quantity Surveyor
- Structural Engineer
- Civil Engineer



- Mechanical Engineer including Specialist Fire Engineer and Wet Services Engineer
- Electrical Engineer
- Construction Health and Safety Agent
- Land Surveyor
- Geotechnical Engineer

## **9. Scope of Services required from Team of Professional Service Providers (PSP):**

The standard services/deliverables required (for All Construction Stages) from the consultants are as set out in the following government gazettes:

### **9.1. Architect including Principal Consultant and Principal Agent Services**

South African council for the Architectural Profession, Board Notice 122 of 2015, Government Gazette No. 38863, 12 June 2015

### **9.2. Quantity Surveyor**

The South African Council for the Quantity Surveying Professions, Board Notice 170 of 2015, Government Gazette No 391134 of 28 August 2015

### **9.3. Engineers**

Engineering Council of South Africa, Board Notice 138 of 2015, Government Gazette No. 39480 of 04 December 2015

### **9.4. Construction Health & Safety Agent**

All roles, responsibilities and deliverables as stated in the South African Council for the Project and Construction Management Professions, Board Notice 167 of 2019 Government Gazette No. 42697 of 13 September 2019 pertaining to the Construction Health and Safety Profession.

### **9.5. Land Surveyor**

The Lead Consultant shall confirm the detailed scope of work that will be required from Land Surveyor. The Land Surveyor shall be procured by the Lead Consultant post award of this contract and shall be paid through the Lead Consultant as a disbursement. The Lead Consultant shall be required to source 3 quotations from Professional Land Surveyors in the area with the lowest quotation being accepted. No additional fees shall be due to the Lead Consultant in respect of this service

### **9.6. Geotechnical Engineer**

The Lead Consultant shall confirm the detailed scope of work that will be required from Geotechnical Engineer. The Geotechnical Engineer shall be procured by the Lead Consultant post award of this contract and shall be paid through the Lead Consultant as a disbursement. The Lead Consultant shall be required to source 3 quotations from Professional Geotechnical Engineers in the area with the lowest quotation being accepted. No additional fees shall be due to the Lead Consultant in respect of this service

## **10. Additional items on Services required from Team of Professional Service Providers (PSP):**

- 10.1. Extensive consultation is to take place over all construction stages which will include (but is not exclusive) consultation with:
- The Facility
  - DOH District
  - DOH Head Office
  - DOH Mental Health
  - National DOH
  - Local authority
  - Other Authorities
  - Statutory bodies
  - Other Departments
- 10.2. All consultants will be required to present end of stage deliverables for review and recommendations to the Health Infrastructure Approval Committee according to FIDPM and KZN DOH policies.
- 10.3. All additional required presentations to be done as may be required
- 10.4. All approvals to be acquired as may be required

## **11. Planning and Programming**

The Employer is desirous that the project follow the timelines shown below. However, should the bidder feel that these timelines are not achievable then the Bidder must submit a motivation as to why it considers them not achievable and must propose alternative timelines for the Employer's consideration and approval.

<b>PSP Deliverables according to FIDPM stages of work</b>	<b>Duration to produce deliverables from each stage</b>
Stage 1: Inception	1 month
Stage 2: Concept & Viability Report	3 months
Stage 3: Design Development Report	4 months
Stage 4: Documentation & Procurement	7 months
Stage 5: Works	30 months
Stage 6: Handover	1 month
Stage 7: Project Close Out	6 months

The Lead Consultant is required to submit for approval a formal programme listing activities, level of detail, critical path activities and their dependencies, frequency of updating key dates, particulars of phased completion, programme constraints, milestone dates for completion, etc. including the activities to be carried out by the Employer or by others.

## 12. Software Application for documents

- Programming software shall be the latest version of MS Projects
- Drawing programme software will be the latest version/s of Autodesk AutoCAD and/or Revit
- Quantity surveying software will be the latest version of WinQS
- General software will be MS Office based software and Adobe Acrobat

## 13. Use of Reasonable Skill and Care

The Lead consultant and individual team members are to consist of one or more Registered Professionals as per the relevant Councils. They are required to perform the required service with reasonable skill, care and diligence.

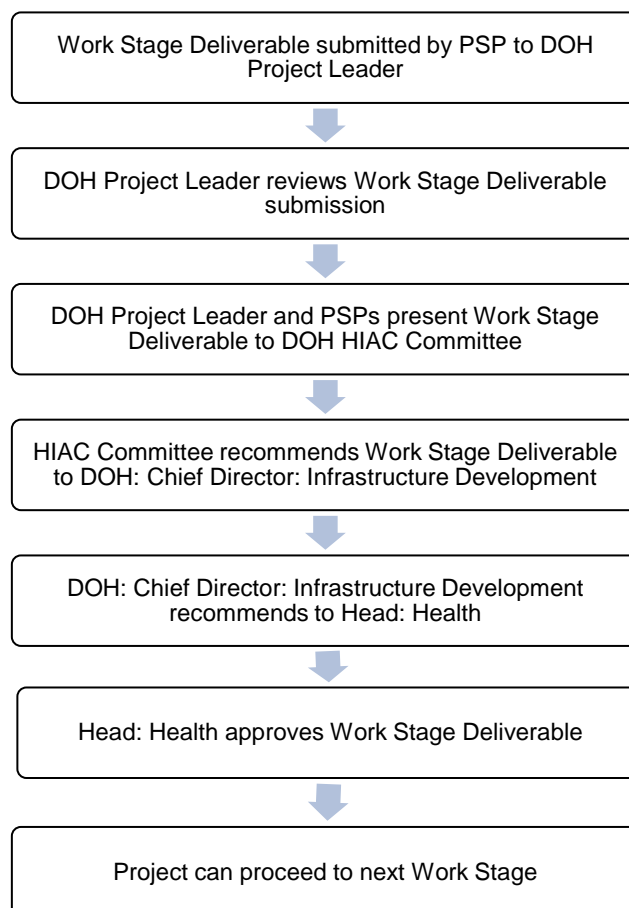
## 14. Co-operation with Other Service Providers and Affected Parties

The Lead Consultant is required to identify other service providers and affected parties on the project and establish how interactions are to take place.

## 15. Copyright

Copyright of all documents provided by the Consultant team will vest with the KwaZulu-Natal Department of Health.

## 16. General Approval Process per Work Stage



## **17. Access to Land / Buildings / Sites**

Arrangements for access to land / buildings / sites and any restrictions thereto shall be the responsibility of the Employer. However, the Lead Consultant shall be aware of such arrangements and advise the Employer's Project Manager timeously to prevent any delays that may arise due to restricted access.

## **18. Quality Management**

The Bidder shall submit their proposed quality assurance plan and control procedures to fulfil their duties as stipulated in the relevant clauses of the appropriate discipline's Guideline Scope of Services.

## **19. Format of Communications**

These will be made available to the Lead Consultant on award of tender.

## **20. Key Personnel**

Changes to key personnel shall only be effected once authorisation has been obtained from the Employer.

## **21. Management Meetings**

Project Management meetings to monitor project progress will take place every 14 calendar days

## **22. Forms for Contract Administration**

Standard forms of contract administration purposes will be made available to the successful bidder upon award.

## **23. Daily Records**

Daily time sheets of all personnel on the project shall be kept by the Lead Consultant and will be made available as required to the Employer. Time sheets are to clearly state work performed.

## **24. Fee Claims and Apportionment of Fees**

Receipt and subsequent approval (by Head of Health or designated relevant authority) of all deliverables as stipulated under the relevant Construction Work Stage (Work Stages 1, 2, 3, 4 and 6) of the relevant gazettes as stated in point 9 above and corresponding FIDPM Stages (1 to 7), is a prerequisite for payment of said stage. Only Construction Work Stage 5 will receive interim payments on a quarterly basis based on the proportion of the value of construction work completed at the time of invoice.

Payment of disbursements is based on a proven cost basis only in accordance with the National Department of Public Works, Rates for Reimbursable Expenses. Further clauses relating to the claiming and payment of fees and disbursements are stated in under point 28 and C2. PRICING DATA.

Payment of fees shall be apportioned to Construction Work Stages (Stages 1-6) in accordance with the tables below:

Architecture (Principal Consultant and Principal Agent)

Stage 1	5%
Stage 2	15%
Stage 3	20%
Stage 4	30%
Stage 5	27%
Stage 6	3%

Quantity Surveying

Stage 1	2.5%
Stage 2	5%
Stage 3	7.5%
Stage 4	35%
Stage 5	45%
Stage 6	5%

Electrical Engineering

Stage 1	5%
Stage 2	15%
Stage 3	20%
Stage 4	20%
Stage 5	35%
Stage 6	5%

Mechanical Engineering (including Fire and Wet Services Engineer)

Stage 1	5%
Stage 2	15%
Stage 3	20%
Stage 4	20%
Stage 5	35%
Stage 6	5%

#### Civil Engineering

Stage 1	5%
Stage 2	25%
Stage 3	25%
Stage 4	15%
Stage 5	25%
Stage 6	5%

#### Structural Engineering

Stage 1	5%
Stage 2	20%
Stage 3	30%
Stage 4	15%
Stage 5	25%
Stage 6	5%

#### Construction Health and Safety

Stage 1	5%
Stage 2	25%
Stage 3	25%
Stage 4	15%
Stage 5	25%
Stage 6	5%

### 25. Use of Documents by the Employer

Critical information, which will track the progress of the project, will be recorded and updated by the Lead Consultant on a monthly basis. These will be presented to the Employer as required by the Lead Consultant and other relevant professionals and may include but not be limited to the following documents:

- Progress reports
- Financial control methodology - cost reports and cash flows
- Risk registers including full risk assessments and mitigating action
- Issue registers including full analysis and action plans
- Project programmes

## 26. Mentorship of Employers Trainees / Interns

From time to time, the Employer may second trainees / interns to the Consultant/s. The Consultant/s shall provide structured mentorship and exposure to seconded trainees / interns. A training / activity schedule shall be prepared for each trainee / intern for the duration of his or her stay on the project. The schedule shall have clear targets and objectives, which will be measured at the end of the training period. The Consultant/s shall allocate a mentor for each trainee / intern who will be responsible for the learning outcomes for the period of secondment.

The mentorship and training falls beyond the Consultant/s obligations in terms of criteria under Section G – Specifications.

A separate training and mentorship agreement will be concluded with the Consultant/s at the time of placing trainees / interns.

## 27. Project Construction Cost

The estimated project works value is R 173 913 044 (One Hundred and Seventy Three Million, Nine Hundred and Thirteen Thousand and Forty-Four Rand, Exclusive of 15% VAT) and is a new build on existing vacant land available at RK Khan Hospital.

## 28. Cost and pricing of the project

Professional Fees for the team shall be tendered as a **PERCENTAGE** based on the value of the construction works. The percentage shall then be apportioned by percentage amongst the various professional disciplines. The percentage shall remain fixed for the entire project however the apportionment amongst the various disciplines may change should it be required. Changes to the apportionment are to be agreed by the Professional Team and the Employer is to be duly informed in writing by an official letter from the Principal Consultant, prior to any further payments. Disputes relating to the apportionment of total fees are to be resolved by the Professional Team.

The tendered percentage is to include for any and all surcharges applicable to the project for all professionals and **THE TENDERED PERCENTAGE SHALL REMAIN UNCHANGED FOR THE DURATION OF THE PROJECT**. All other adjustment of fees for each professional discipline will be regulated by the relevant Government Gazette (as stated in point 9 above).

## 29. Project Details

29.1. You are requested to quote for the delivery of Lead Consultant Services, Principal Agent Services and the appointment of a Multi-disciplinary team, and their total costs, which should as a minimum consist of:

- Architect (Principal Consultant and Principal Agent)
- Quantity Surveyor
- Structural Engineer
- Civil Engineer
- Mechanical Engineer including Specialist Fire Engineer and Wet Services Engineer
- Electrical Engineer
- Construction Health and Safety Agent
- Land Surveyor (Appointed Post Award)
- Geotechnical Engineer (Appointed Post Award)

The relevant Guidelines are as per the following:

Architect	South African Council for the Architectural Profession, Board Notice 122 of 2015, Government Gazette No. 38863, 12 June 2015
Quantity Surveyor	The South African Council for the Quantity Surveying Professions, Board Notice 170 of 2015, Government Gazette No. 39134 of 28 August 2015
Structural, Civil, Mechanical & Electrical Engineers	Engineering Council of South Africa, Board Notice 138 of 2015, Government Gazette No. 39480, 04 December 2015
Construction Health and Safety	South African Council for the Project and Construction Management Professions, Board Notice 167 of 2019 Government Gazette No. 42697 of 13 September 2019

- 29.2. Consultants will be expected to attend all necessary meetings with various stakeholders as reasonably required.
- 29.3. Consultants will be expected to attend a minimum of two (2) site meetings per month during the construction stage.
- 29.4. Disbursements as published in the monthly National Department of Public Works “Rates for Reimbursable Expenses” shall be used as guideline. Discount can also be offered in this regards, but a maximum rate applicable shall be for vehicles up to 2150 cc.
- 29.5. Please note that total final fees payable will be calculated on final value of contract for “fee purposes” only or final contract cost estimates for “fee purposes” only - whichever may be applicable at the time.
- 29.6. You are requested to submit your bid using the FEE BASED QUOTE PROFORMA (Appendix A, Table 1), stamped utilizing your official company stamp and duly signed by the Registered Lead Professional who will be dedicated to this project and is based at the office address where the project is intended to be awarded.

### **30. Conditions Of Appointment**

- 30.1. The Entity must have within their employment or display their ability to have access to the professional consultants as listed in paragraph 29.1 above. Principal consultant and Architectural Services cannot be outsourced and must be provided in-house by the bidding entity. Bidders are to provide a letter outlining the services to be provided in-house by the bidding entity, as well as letters of agreement securing Professional Services for those professional disciplines to be provided by others. Outsourced services agreement letters are to be signed by the bidder and the Principal of the outsourced firm and be on the bidder's official company letterhead. Furthermore, Form A must be completed confirming the firm and Registered Professional assigned to the project for each service.
- 30.2. Registered Professionals listed as the Lead Professional for each Professional discipline on the project (as per Form A) must play an active and visible role on the project. Lead Professionals must attend a minimum of 70% of all meetings. Failure to comply with this condition will constitute a breach of this contract.
- 30.3. Consultants must submit all returnable documents as listed on Appendix B herein. Failure to submit all the requested documents will result in the bid not being considered.



### 31. Evaluation Criteria

The evaluation of bids will be conducted in three (3) phases:

#### PHASE 1: Responsiveness

- Correctness of bid document
- Compliance with SCM regulations (registration with Central Suppliers Database (CSD), Tax compliance, other prescripts requirements and submission of all documentation and information as per Appendix G)

#### PHASE 2: Eligibility and Quality/Functionality Evaluation

##### Eligibility Criteria

In order to be eligible to be awarded this bid, the following criteria MUST be satisfied:

- The professional multi-disciplinary team must consist of:
  - Professional Registered Architect (Lead Consultant/Principal Agent)
  - Professional Registered Quantity Surveyor
  - Professional Registered Structural Engineer
  - Professional Registered Civil Engineer
  - Professional Registered Mechanical Engineer
  - Professional Registered Electrical Engineer
  - Professional Registered Construction Health and Safety Agent

All Professionals are to be registered with the applicable South African regulating body/council for their Professional discipline. All Professional Leads must be Registered Professionals and NOT Registered Professional Technologists. All Registered Professionals must be in good-standing with their respective council and their membership must be valid. ALL PROFESSIONAL LEADS MUST HAVE A MINIMUM OF 6 YEARS POST PROFESSIONAL REGISTRATION EXPERIENCE.

Proof of Registration for each discipline shall be attached under the appropriate cover page provided under Appendix H. Failure to attach the valid Proof of Registrations in the provided designated sections will render the bid non-responsive and result in the bid being excluded from further consideration.

- Proof of all the relevant valid Professional Indemnity Insurance must be provided as per the list below:
  - Civil, Structural Engineering: R 5,0 million
  - Electrical, Mechanical Engineering: R 5,0 million
  - Architectural: R 7,0 million
  - Quantity Surveyor: R 7,0 million
  - Health and Safety: R 1 million
  - Other: R 1,0 million

Proof of valid Professional Indemnity Insurance for each discipline shall be attached under the appropriate cover page provided under Appendix H. Failure to attach the valid Proof of Professional Indemnity Insurance in the provided designated sections will render the bid non-responsive and result in the bid being excluded from further consideration.

Professional Indemnity Insurance for all Professionals is to remain valid and in force for the full duration of the project and for the minimum amounts stated above. Failure to provide proof of valid

and compliant Professional Indemnity Insurance Policies for all consultants, at any stage during the project when requested, will result in termination of services and damages claimable.

All eligibility criteria returnables should be tabbed, labelled and included in the designated areas as per the instructions below.

Eligibility criteria	Documentation to be provided	FOR EVALUATION COMMITTEE USE ONLY	
		Eligibility Criteria Met (Yes/No)	Comments
<p>1. The professional multi-disciplinary team must consist of:</p> <ul style="list-style-type: none"> <li>• Registered Professional Architect (Lead Consultant/Principal Agent)</li> <li>• Registered Professional Quantity Surveyor</li> <li>• Registered Professional Structural Engineer</li> <li>• Registered Professional Civil Engineer</li> <li>• Registered Professional Mechanical Engineer including Specialist Fire Engineer and Wet Services Engineer</li> <li>• Registered Professional Electrical Engineer</li> <li>• Registered Professional Construction Health and Safety Agent</li> </ul> <p>with a minimum of 6 years post professional registration experience.</p>	<p><b>TAB LABEL: G-1</b></p> <p>Valid Proof of Registration (registered with the applicable South African regulating body/council for their Professional discipline) for each Professional Lead Member per discipline shall be attached under the appropriate cover page provided under Appendix H. Should the Fire Engineer and Wet Services Engineer differ from the Lead Mechanical Engineer, proof of ECSA Professional Registration for these individuals must be provided under the Mechanical Engineer cover page.</p> <p>Completed Form A (Appendix E)</p>		
<p>2. Proof of all the relevant valid Professional Indemnity Insurance must be provided as per the list below:</p> <ul style="list-style-type: none"> <li>• Civil, Structural Engineering: R 5,0 million</li> <li>• Electrical, Mechanical Engineering: R 5,0 million</li> <li>• Architectural: R 7,0 million</li> <li>• Quantity Surveyor: R 7,0 million</li> <li>• Health and Safety: R 1,0 million</li> <li>• Other: R 1,0 million</li> </ul>	<p><b>TAB LABEL: G-2</b></p> <p>Proof of valid Professional Indemnity Insurance for each discipline complying with the minimum amounts stated shall be attached under the appropriate cover page provided under Appendix H</p>		

## Quality/Functionality Criteria

Each bid is required to meet the minimum qualifying evaluation score of 60% as per criteria below. All functionality/quality returnables should be tabbed, labelled and included in the designated areas as per the instructions below.

Evaluation criteria	Documentation to be provided	Points allocated
1. Bidder to demonstrate Technical Competency and relevant Experience relating to constructing Psychiatric Healthcare facilities with a value of over R80 million in the past 10 years per discipline (9 disciplines i.e. Architectural, Quantity Surveying, Electrical Engineering, Mechanical Engineering including Fire Engineer and Wet Services Engineer, Civil Engineering, Structural Engineering, Construction Health and Safety)	<p><b>TAB LABEL: H-1</b></p> <p>1.1 Bidder to complete Curriculum Vitae (CV) for the allocated Lead Professional per discipline. The following conditions must be met to receive points in this category:</p> <p>1.1.1 CVs must be filled and submitted on the provided template and inserted under the provided cover pages as Appendix I. Please refer to Appendix F for the CV template. Documents requested in 1.1.4. &amp; 1.1.5. to be inserted under the provided cover pages as Appendix I</p> <p>1.1.2 CVs to be provided for the Lead Professional per discipline ONLY including for the Fire Engineer and Wet Services Engineer for a total of 9 CVs</p> <p>1.1.3. CVs provided must align with the information submitted in Form A (Appendix E)</p> <p>1.1.4. Completion certificates per project must be provided to obtain points for past project experience (Maximum 3 projects and relevant to the Professional per discipline and must align with project experience stated on CV)</p> <p>1.1.5. Contractor award letters <b>OR</b> signed final account summaries <b>OR</b> signed reference letters from the client; clearly stating the project value must be provided to prove value of projects (Maximum 3 projects and relevant to the Professional per discipline and must align with project experience stated on CV)</p> <p>Only the first 3 stated past projects per professional CV will be evaluated as per the CV template Failure to meet the requirements of points 1.1.1 to 1.1.3 above will result in 0 points being awarded.</p> <p><u>Allocation of points will be as follows:</u></p> <p>- 2 points will be awarded per completed compliant CV per discipline <b>AND</b></p> <p>- 5 points will be awarded per past project that is of a Psychiatric Healthcare nature, is greater than R80 million in value and has been completed in the past 10 years</p> <p>- 4 points will be awarded per past project that is of a Healthcare nature, is greater than R80 million in value and has been completed in the past 10 years</p> <p>- 0 points will be awarded for incomplete or no CV submitted on the required template and projects that do not meet the above experience submission criteria</p>	<p>63</p> <p>(9 x 2 points for CVs) + (9 x 5 points for project exp.)</p>

Evaluation criteria	Documentation to be provided	Points allocated
2. Organogram of Resources Proposed for the Project per Professional Discipline	<p><b>TAB LABEL: H-2</b></p> <p>2. One team organogram displaying the Architect (Principal Consultant) and the Lead Professionals per discipline that fall under the Principal Consultant as part of the Multidisciplinary team. In addition an organogram per discipline that sets out the roles of each proposed team member and states the name and Professional Registration Number of the Lead Professional for the Project (Information provided for the Lead Professional member must align with Form A) must be provided. The following conditions must be met to receive points in this category:</p> <p>2.1. One team organogram to be provided</p> <p>2.2. Nine individual organograms must be provided, 1 for each Professional Discipline i.e. Architectural, Quantity Surveying, Electrical Engineering, Mechanical Engineering, Fire Engineering, Wet Services Engineering, Civil Engineering, Structural Engineering, Construction Health and Safety</p> <p>2.3. Organograms must be inserted under the provided cover page as Appendix I</p> <p><u>Allocation of points will be as follows:</u></p> <ul style="list-style-type: none"> <li>- 9 points will be awarded for the submission of a team organogram detailing the Architect (Principal Consultant) and all other Lead Professionals per discipline</li> <li>- 0 points will be awarded for no submission and irrelevant submissions</li> </ul> <p><b><u>AND</u></b></p> <ul style="list-style-type: none"> <li>- 4 points will be awarded per organogram per discipline for fully completed organograms that comply fully with the above instructions</li> <li>- 2 points will be awarded per organogram per discipline for organograms that partially comply with the above instructions</li> <li>- 0 points will be awarded for no submission and irrelevant submissions</li> </ul>	<p>37 (9 points for team organogram + (7 x 4 points each for individual organograms))</p>

### PHASE 3: Price and Preference

- Tendered Price and preference points
- Evaluation using the Point System

The following special conditions are applicable to the evaluation of this tender:

- The Department reserves the right not to award to the lowest bidder.
- The Department will conduct a detailed risk assessment prior to the award.

## PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2017

This preference form must form part of all bids invited. It contains general information and serves as a claim form for preference points for Broad-Based Black Economic Empowerment (BBBEE) Status Level of Contribution

NB: BEFORE COMPLETING THIS FORM, BIDDERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF B-BBEE, AS PRESCRIBED IN THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017.

### 1. General conditions

1.1. The following preference point system are applicable to this bids:

The 80/20 preference point system will be applicable to this tender

1.2. Points for this bid shall be awarded for:

- Price; and
- B-BBEE Status Level of Contributor.

1.3. The maximum points for this bid are allocated as follows:

	POINTS
PRICE	80
B-BBEE STATUS LEVEL OF CONTRIBUTOR	20
Total points for Price and B-BBEE must not exceed	100

1.4. Failure on the part of a bidder to submit proof of B-BBEE Status level of contributor together with the bid, will be interpreted to mean that preference points for B-BBEE status level of contribution are not claimed.

1.5. The purchaser reserves the right to require of a bidder, either before a bid is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the purchaser.

### 2. Definitions

“B-BBEE” means broad-based black economic empowerment as defined in section 1 of the Broad-Based Black Economic Empowerment Act;

“B-BBEE status level of contributor” means the B-BBEE status of an entity in terms of a code of good practice on black economic empowerment, issued in terms of section 9(1) of the Broad-Based Black Economic Empowerment Act;

“bid” means a written offer in a prescribed or stipulated form in response to an invitation by an organ of state for the provision of goods or services, through price bids, advertised competitive bidding

processes or proposals;

“Broad-Based Black Economic Empowerment Act” means the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003);

“EME” means an Exempted Micro Enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;

“functionality” means the ability of a bidder to provide goods or services in accordance with specifications as set out in the tender documents.

“prices” includes all applicable taxes less all unconditional discounts;

“proof of B-BBEE status level of contributor” means:

- B-BBEE Status level certificate issued by an authorized body or person;
- A sworn affidavit as prescribed by the B-BBEE Codes of Good Practice;
- Any other requirement prescribed in terms of the B-BBEE Act;

“QSE” means a qualifying small business enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;

“rand value” means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;

### **3. Points awarded for price**

The 80/20 Preference Point System

A maximum of 80 points is allocated for price on the following basis:  
80/20

$$Ps = 80 \left( 1 - \frac{Pt - P_{\min}}{P_{\min}} \right)$$

Where

Ps	=	Points scored for price of bid under consideration
Pt	=	Price of bid under consideration
Pmin	=	Price of lowest acceptable bid

#### Points Awarded for BBBEE Status Level Of Contributor

In terms of Regulation 6 (2) and 7 (2) of the Preferential Procurement Regulations, preference points must be awarded to a bidder for attaining the BBBEE status level of contribution in accordance with the table below:

BBBEE Status Level of Contributor	Number of points (80/20 system)
1	20
2	18
3	14
4	12
5	8
6	6
7	4
8	2
Non-compliant contributor	0

#### Bid Declaration

Bidders who claim points in respect of B-BBEE Status Level of Contribution must complete the following:

BBBEE Status Level Of Contributor Claimed:

BBEE Status Level of Contributor: \_\_\_\_\_ = \_\_\_\_\_ (maximum of 20 points)

(Points claimed in respect of paragraph 7.1 must be in accordance with the table reflected in paragraph 4.1 and must be substantiated by relevant proof of B-BBEE status level of contributor.

#### 4. Sub-Contracting

Will any portion of the contract be sub-contracted?

(Tick applicable box)

YES		NO	
-----	--	----	--

4.1.1. If yes, indicate:

i. What percentage of the contract will be subcontracted %

ii. The name of the sub-contractor

iii. The B-BBEE status level of the sub-contractor



iv. Whether the sub-contractor is an EME or QSE

(Tick applicable box)

YES		NO	
-----	--	----	--

v. Specify, by ticking the appropriate box, if subcontracting with an enterprise in terms of Preferential Procurement Regulations 2017:

Designated Group: An EME or QSE which is at last 51% owned by:	EME √	QSE √
Black people		
Black people who are youth		
Black people who are women		
Black people with disabilities		
Black people living in rural or underdeveloped areas or townships		
Cooperative owned by black people		
Black people who are military veterans		
OR		
Any EME		
Any QSE		

## 5. Declaration with regard to Company/Firm

5.1. Name of company/firm:

---

5.2. VAT registration number:

---

5.3. Company registration number:

---

5.4. Type of Company/ Firm

(Tick applicable box)

<input type="checkbox"/>	One-person business/sole propriety
<input type="checkbox"/>	Company

<input type="checkbox"/>	Partnership/Joint Venture / Consortium
<input type="checkbox"/>	Close corporation
<input type="checkbox"/>	(Pty) Limited

5.5. Describe principal business activities

---



---



---

5.6. Company classification

(Tick applicable box)

<input type="checkbox"/>	Manufacturer
<input type="checkbox"/>	Supplier
<input type="checkbox"/>	Professional service provider
<input type="checkbox"/>	Other service providers, e.g. transporter, etc.

5.7. Total number of years the company/firm has been in business:

---

I/we, the undersigned, who is / are duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the B-BBEE status level of contributor indicated in paragraphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm for the preference(s) shown and I/we acknowledge that:

- i. The information furnished is true and correct;
- ii. The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
- iii. In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 6.1, the contractor may be required to furnish documentary proof to the satisfaction of the purchaser that the claims are correct;
- iv. If the B-BBEE status level of contributor has been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the purchaser may, in addition to any other remedy it may have –
  - disqualify the person from the bidding process;
  - recover costs, losses or damages it has incurred or suffered as a result of that person's

- conduct;
- cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;
  - recommend that the bidder or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted by the National Treasury from obtaining business from any organ of state for a period not exceeding 10 years, after the audi alteram partem (hear the other side) rule has been applied; and
  - forward the matter for criminal prosecution.

Signature/s of Bidder/s
Date
Address:

Signature/s of Witnesses
Witness 1:
Witness 2:

## SECTION H

### OFFICIAL BRIEFING SESSION / SITE INSPECTION CERTIFICATE

Bid No:	ZNB 5540/2021-H
Service:	APPOINTMENT OF A MULTIDISCIPLINARY PROFESSIONAL TEAM FOR THE RK KHAN HOSPITAL: CONSTRUCTION OF A NEW PSYCHIATRIC UNIT PROJECT
Date:	19 October 2021
Time:	10:00
Venue:	RK Khan Hospital – Nurses Dining Hall

This is to certify that

.....  
(name)

On behalf of

.....  
Visited and inspected the site on

.....  
(date)

And is therefore familiar with the circumstances and the scope of the service to be rendered.

Signature/s of Bidder/s
(Print Name)
Date:

Departmental Representative
(Print Name)
Departmental Stamp (Optional)
Date:

## SECTION I

### TAX COMPLIANCE STATUS (TCS)

1. The State / Province may not award a contract resulting from the invitation of bids to a bidder who is not properly registered and up to date with tax payments or, has not made satisfactory arrangements with SA Revenue Services concerning due tax payments.
2. The South African Revenue Services (SARS) has phased out the issuing of paper Tax Clearance Certificates. From 18 April 2016, SARS introduced an enhanced Tax Compliance system. The new system allows taxpayers to obtain a Tax Compliance Status (TCS) PIN, which can be utilized by authorized third parties to verify taxpayers' compliance status on line via SARS e-filing.
3. Bidders are required to apply via e-filing at any SARS branch office nationally. The Tax Compliance Status (TCS) requirements are also available to foreign bidders / individuals who wish to submit bids.
4. SARS will then furnish the bidder with a Tax Compliance Status (TCS) PIN that will be valid for a period of 1 (one) year from the date of approval.
5. In bids where Consortia / Joint Venture / Sub-contractors are involved, each party must submit a separate Tax Compliance Status (TCS) PIN.
6. Application for Tax Compliance Status (TCS) PIN can be done via e-filing at any SARS branch office nationally or on the website [www.sars.gov.za](http://www.sars.gov.za).
7. Tax Clearance Certificates may be printed via e-filing. In order to use this provision, taxpayers will need to register with SARS as an e-Fileer through the website [www.sars.gov.za](http://www.sars.gov.za).
8. Tax Compliance Status is not required for services below R 30 000.00 ITO Practice Note Number: SCM 13 of 2007.
9. Kindly either provide an original tax clearance certificate, your tax number or pin number.

TAX NUMBER:

PIN NUMBER:

## SECTION J

### AUTHORITY TO SIGN A BID

#### A Companies

If a Bidder is a company, a certified copy of the resolution by the board of directors, personally signed by the chairperson of the board, authorising the person who signs this bid to do so, as well as to sign any contract resulting from this bid and any other documents and correspondence in connection with this bid and/or contract on behalf of the company must be submitted with this bid, that is before the closing time and date of the bid

#### Authority by Board of Directors

By resolution passed by the Board of Directors on

.....  
(date)

.....  
(name and whose signature appears below)

has been duly authorised to sign all documents in connection with this bid on behalf of

.....  
(Name of Company)

In his/her capacity as:

.....  
Signed on behalf of Company:

.....  
(print name)

.....  
Signature of signatory:

.....  
Date:

Witnesses:

1. ....

2. ....

**B      Sole proprietor** (one - person business)

I, the undersigned

.....  
(name)

Hereby confirm that I am the sole owner of the business trading as

.....  
(name)

.....  
Signature of signatory:

.....  
Date

## C Partnership

The following particulars in respect of every partner must be furnished and signed by every partner:

Full name of partner	Residential address	Signature

We, the undersigned partners in the business trading as

.....  
(name)

hereby authorized

.....  
(name)

to sign this bid as well as any contract resulting from the bid and any other documents and correspondence in connection with this bid and /or contract on behalf of:

.....  
(print name)

.....  
Signature of signatory:

.....  
Date:

.....  
(print name)

.....  
Signature of signatory:

.....  
Date:

.....  
(print name)

.....  
Signature of signatory:

.....  
Date:



**D Close Corporation**

In the case of a Close Corporation submitting a bid, a certified copy of the Founding Statement of such corporation shall be included with the bid, together with the resolution by its members authorising a member or other official of the corporation to sign the documents on their behalf.

Authority to sign on behalf of the Close Corporation

By resolution of members at a meeting on

(date)

(name and whose signature appears below)

has been duly authorised to sign all documents in connection with this bid on behalf of

(Name of Closed Corporation)

In his/her capacity as:

Signed on behalf of Closed Corporation:

(print name)

Signature of signatory:

Date:

Witnesses:

1.

2.

**E Co-Operative**

A certified copy of the Constitution of the Co-operative must be included with the bid, together with the resolution by its members authoring a member or other official of the co-operative to sign the bid documents on their behalf.

Authority to sign on behalf of the Co-Operative

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By resolution of members at a meeting on

---

(date)

---

(name and whose signature appears below)

has been duly authorised to sign all documents in connection with this bid on behalf of

---

(Name of Co-Operative)

In his/her capacity as:

---

Signed on behalf of Co-Operative:

---

(print name)

---

Signature of signatory:

---

Date:

Witnesses:

1.

2.

**F      Joint Venture**

If a bidder is a joint venture, a certified copy of the resolution/agreement passed/reached signed by the duly authorised representatives of the enterprises, authorising the representatives who sign this bid to do so, as well as to sign any contract resulting from this bid and any other documents and correspondence in connection with this bid and/or contract on behalf of the joint venture must be submitted with this bid, before the closing time and date of the bid.

Authority to sign on behalf of the Joint Venture

By resolution/agreement passed/reached by the Joint Venture partners on

.....  
(date)

.....  
(name and whose signature appears below)

.....  
(name and whose signature appears below)

.....  
(name and whose signature appears below)

.....  
(name and whose signature appears below)

has been duly authorised to sign all documents in connection with this bid on behalf of

.....  
(Name of Joint Venture)

In his/her capacity as:

.....  
Signed on behalf of Joint Venture:

.....  
(print name)

.....  
Signature of signatory:

.....  
Date:

---

(print name)

---

Signature of signatory:

---

Date:

---

(print name)

---

Signature of signatory:

---

Date:

---

(print name)

---

Signature of signatory:

---

Date:

**G Consortium**

If a bidder is a Consortium, a certified copy of the resolution/agreement passed/reached signed by the duly authorised representatives of concerned enterprises, authorising the representatives who sign this bid to do so, as well as to sign any contract resulting from this bid and any other documents and correspondence in connection with this bid and/or contract on behalf of the consortium must be submitted with this bid, before the closing time and date of the bid.

Authority to sign on behalf of the Consortium

By resolution of the members on

.....  
(date)

.....  
(name and whose signature appears below)

has been duly authorised to sign all documents in connection with this bid on behalf of

.....  
(Name of Consortium)

In his/her capacity as:

.....  
Signed on behalf of Consortium:

.....  
(print name)

.....  
Signature of signatory:

.....  
Date:

.....  
(print name)

.....  
Signature of signatory:

.....  
Date:

---

(print name)

---

Signature of signatory:

---

Date:

## SECTION K

### DECLARATION OF BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES – SBD 8

(To be completed by Bidder.)

1. This Standard Bidding Document must form part of all bids invited.
2. It serves as a declaration to be used by institutions in ensuring that when goods and services are being procured, all reasonable steps are taken to combat the abuse of the supply chain management system.
3. The bid of any bidder may be disregarded if that bidder, or any of its directors have-
  - a) abused the institution's supply chain management system;
  - b) committed fraud or any other improper conduct in relation to such system; or
  - c) failed to perform on any previous contract.
4. In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

Item	Question	Yes	No
Tick applicable			
4.1	Is the bidder or any of its directors listed on the National Treasury's Database of Restricted Suppliers as companies or persons prohibited from doing business with the public sector? (Companies or persons who are listed on this Database were informed in writing of this restriction by the Accounting Officer/Authority of the institution that imposed the restriction after the audi alteram partem rule was applied).  The Database of Restricted Suppliers now resides on the National Treasury's website ( <a href="http://www.treasury.gov.za">www.treasury.gov.za</a> ) and can be accessed by clicking on its link at the bottom of the home page.		
4.1.1	If so, furnish particulars:		
4.2	Is the bidder or any of its directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004)?  The Register for Tender Defaulters can be accessed on the National Treasury's website ( <a href="http://www.treasury.gov.za">www.treasury.gov.za</a> ) by clicking on its link at the bottom of the home page.		

Item	Question	Yes	No
Tick applicable			
4.2.1	If so, furnish particulars:		
4.3	Was the bidder or any of its directors convicted by a court of law (including a court outside of the Republic of South Africa) for fraud or corruption during the past five years?		
4.3.1	If so, furnish particulars:		
4.4	Was any contract between the bidder and any organ of state terminated during the past five years on account of failure to perform on or comply with the contract?		
4.4.1	If so, furnish particulars:		

Certification

I, the undersigned

.....  
(full name)

Certify that the information furnished on this declaration form is true and correct.

I accept that, in addition to cancellation of a contract, action may be taken against me should this declaration prove to be false.

.....  
Signature

.....  
Date

.....  
Position

.....  
Name of bidder



## SECTION L

### CERTIFICATE OF INDEPENDENT BID DETERMINATION – SBD 9

1. This Standard Bidding Document (SBD) must form part of all bids<sup>3</sup> invited.
2. Section 4 (1) (b) (iii) of the Competition Act No. 89 of 1998, as amended, prohibits an agreement between, or concerted practice by, firms, or a decision by an association of firms, if it is between parties in a horizontal relationship and if it involves collusive bidding (or bid rigging).<sup>4</sup> Collusive bidding is a *pe se* prohibition meaning that it cannot be justified under any grounds.
3. Treasury Regulation 16A9 prescribes that accounting officers and accounting authorities must take all reasonable steps to prevent abuse of the supply chain management system and authorizes accounting officers and accounting authorities to:
  - a) disregard the bid of any bidder if that bidder, or any of its directors have abused the institution's supply chain management system and or committed fraud or any other improper conduct in relation to such system.
  - b) cancel a contract awarded to a supplier of goods and services if the supplier committed any corrupt or fraudulent act during the bidding process or the execution of that contract.
4. This SBD serves as a certificate of declaration that would be used by institutions to ensure that, when bids are considered, reasonable steps are taken to prevent any form of bid-rigging.
5. In order to give effect to the above, the attached Certificate of Bid Determination (SBD 9) must be completed and submitted with the bid:

I, the undersigned, in submitting the accompanying bid:

---

(Bid Number and Description)

in response to the invitation for the bid made by:

---

(Name of Institution)

do hereby make the following statements that I certify to be true and complete in every respect:

I certify, on behalf of:

---

that:

---

<sup>3</sup> Includes price bids, advertised competitive bids, limited bids and proposals.

<sup>4</sup> Bid rigging (or collusive bidding) occurs when businesses, that would otherwise be expected to compete, secretly conspire to raise prices or lower the quality of goods and / or services for purchasers who wish to acquire goods and / or services through a bidding process. Bid rigging is, therefore, an agreement between competitors not to compete.

---

(Name of Bidder)

- 5.1. I have read and I understand the contents of this Certificate;
- 5.2. I understand that the accompanying bid will be disqualified if this Certificate is found not to be true and complete in every respect;
- 5.3. I am authorized by the bidder to sign this Certificate, and to submit the accompanying bid, on behalf of the bidder;
- 5.4. Each person whose signature appears on the accompanying bid has been authorized by the bidder to determine the terms of, and to sign the bid, on behalf of the bidder;
- 5.5. For the purposes of this Certificate and the accompanying bid, I understand that the word "competitor" shall include any individual or organization, other than the bidder, whether or not affiliated with the bidder, who:
- a) has been requested to submit a bid in response to this bid invitation;
  - b) could potentially submit a bid in response to this bid invitation, based on their qualifications, abilities or experience; and
  - c) provides the same goods and services as the bidder and/or is in the same line of business as the bidder
- 5.6. The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However, communication between partners in a joint venture or consortium<sup>5</sup> will not be construed as collusive bidding.
- 5.7. In particular, without limiting the generality of paragraphs 6 above, there has been no consultation, communication, agreement or arrangement with any competitor regarding:
- a) prices;
  - b) geographical area where product or service will be rendered (market allocation)
  - c) methods, factors or formulas used to calculate prices;
  - d) the intention or decision to submit or not to submit, a bid;
  - e) the submission of a bid which does not meet the specifications and conditions of the bid;
  - or
  - f) bidding with the intention not to win the bid.
- 5.8. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications and conditions or delivery particulars of the products or services to which this bid invitation relates.
- 5.9. The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.

---

<sup>5</sup> Joint venture or Consortium means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract

- 5.10. I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

---

Signature

---

Date

---

Position

---

Name of Bidder

# APPENDICES

## APPENDIX A - BID PROFORMA

(To be completed by the Lead Consultant)

### General Notes -

- Bidders are requested to complete Table 1 and Table 2 of Appendix A. The total fees from Table 1 must be carried to the form of offer.
- Preference Points and Total Percentage offered take precedence over any additional detailed fee calculations submitted, where there is any ambiguity
- Bidders are to tender a total percentage (to 2 decimal places) for the entire team based on the value of work for fees estimate. This percentage will remain fixed throughout the project and is deemed to include for any surcharges due to alterations works and for Principal Consultant and Principal Agent Fees.
- Disbursements shall be allowed for at 5% of the total tendered fee but shall be claimed and paid on a PROVEN COST BASIS ONLY. Disbursement rates as published in the monthly National Department of Public Works "Rates for Reimbursable Expenses" shall be used for claiming.
- Table below is NOT to be modified by Tenderer

**TABLE 1**

Value of Work for Fees	R 173 913 044
Total Tendered Fee Percentage for Team (to 2 decimal places)	%
Total Fees for Team	R
ADD Allowance for Disbursements at 5%	
Sub-Total 1	
ADD VAT at 15%	
<b>GRAND TOTAL (to be carried to the Form of Offer and Acceptance)</b>	<b>R</b>

COMPANY STAMP:

DATE:

**TABLE 2 – APPORTIONMENT OF FEES**

Principal Consultant / Principal Agent / Architect	%
Quantity Surveyor	%
Civil Engineer	%
Structural Engineer	%
Electrical Engineer	%
Mechanical Engineer including Specialist Fire Engineer and Wet Services Engineer	%
Construction Health and Safety	%
<b>TOTAL TENDERED FEE PERCENTAGE FOR TEAM (to 2 decimal places)</b>	<b>%</b>

COMPANY STAMP:

DATE:

## APPENDIX B – RETURNABLE DOCUMENTS

CHECKLIST OF RETURNABLE DOCUMENTS			
Item No.	Required Documents	Tick	
		Yes	No
<b>Please ensure the following items are fully completed and complied with:</b>			
1.	Valid SARS Tax Clearance Pin Number, Tax number or original tax Clearance certificate (Tax clearance certificate to be included under Appendix G)		
2.	Declaration of interest by Consultant – SBD 4		
3.	Declaration of bidders Past Supply Chain Management practice – SBD 8		
4.	Certificate of Independent Bid Determination – SBD 9		
5.	Declaration of interest by Consultant – SBD 4		
6.	Central Supplier Database Registration with National Treasury (Unique Reference Number & Supplier Number)		
7.	Bid from the Consultant (Attach Appendix A – Stamped and dated )		
<b>The following documents are to be submitted under Appendix: G</b>			
8.	Proof of Registration with Companies and Intellectual Property Commission (CIPC) (printout not older than 1 month)		
9.	Original certified copy of BBBEE Certificate		
10.	Proof of Residential Address (Municipality Rates Bills, Telephone Bill, or current lease agreement letter from Ward councillor or affidavit from Commissioner of oaths, if office is in an area where rates are not paid)		
<b>The following documents are to be submitted under Appendix H under the relevant cover pages:</b>			
11.	Proof of Registration with Council / Professional Body for all Lead Professionals (Attach Letter of Good standing with the relevant council if applicable dated during the year of Bid)		
12.	Proof of the relevant professional Indemnity Insurance – Civil, Structural Engineering: R 5,0 million Electrical, Mechanical Engineering: R 5,0 million Architectural: R 7,0 million Quantity Surveyor: R 7,0 million Health and Safety: R 1,0 million Other: R1,0 million		
<b>The following documents are to be submitted under Appendix I under the relevant cover pages:</b>			
13.	CV per Lead Professional including supporting documentation (completion certificates and award letters / signed final accounts / reference letters)		
14.	Organogram for each Professional Discipline Team		

### BIDDERS TO NOTE

Submission of the above returnable documents is mandatory. Failure to submit all the requested documents will result in the tender not being considered.

## APPENDIX C - CONTRACT DATA

### C1. Contract Data

#### C1.1 Standard Professional Services Contract

The conditions applicable to this Contract are the Standard Professional Services Contract (July 2009) Third Edition of CIDB document 1015, published by the Construction Industry Development Board.

##### C1.1.1 Data provided by the Employer

Clause	
	<p>The General Conditions of Contract in the Standard Professional Services Contract (July 2009) make several references to the Contract Data for details that apply specifically to this tender. The Contract Data shall have precedence in the interpretation of any ambiguity or inconsistency between it and the General Conditions of Contract.</p> <p>Each item of data given below is cross-referenced to the clause in the General Conditions of Contract to which it mainly applies.</p>
	The Employer is the KZN Department of Health.
3.4 and 4.3.2	The authorised and designated representative of the Employer is the departmental project manager, details of whom are as indicated in the Notice and Invitation to Tender.
1	The Project is for the provision of complete Professional Consultancy (including Lead Consultancy) Services for the RK Khan Hospital: Construction of a New Psychiatric Unit Project
1	The Period of Performance is from inception of this Contract until the Service Provider has completed all Deliverables in accordance with the Scope of Services listed in Section G of the bid document.
1	The Start Date is the date from which this contract is fully signed and accepted by the KZN Department of Health
3.4.1	Communications by facsimile is not permitted.
3.5	The Services shall be executed in the Service Provider's own office and on the Project site as described in Section G. No portion of the work may be performed by a person employed by the State. No portion of the work may be sublet to any other person or persons without the prior written approval of the Employer.
3.6	Omit the following: "... within two (2) years of completion of the Service ...".
3.12	<p>Period of Performance shall be sub dividable in separate target dates according to the programme to be submitted in terms of SECTION G part 7 hereof.</p> <p>A Penalty amount of R500.00 per day will be applicable per target date, to a maximum equal to R50,000.00, after which the contract may be terminated.</p>
3.15.1	The programme shall be submitted within 14 days of the award of the contract.
3.15.2	The Service Provider shall update the programme at intervals not exceeding 8 weeks.
3.16	Time-based fees are not applicable to this appointment and therefore no adjustments for inflation are applicable.
5.4.1	The Service Provider is required to provide professional indemnity cover as set out in the Professional Indemnity Schedule as per point 12 of Appendix B.



Clause	
5.5	<p>The Service Provider is required to obtain the Employer's prior approval in writing before taking any of the following actions:</p> <ul style="list-style-type: none"> <li>a) Deviate from the programme (delayed or earlier);</li> <li>b) Deviate from or change the Scope of Services;</li> <li>c) Change Key Personnel on the Service.</li> </ul>
8.1	The Service Provider is to commence the performance of the Services immediately after the Contract becomes effective and execution to be as per the programme.
8.4.3 (c)	The period of suspension under clause 8.5 is not to exceed two (2) years.
9.1	Copyright of documents prepared for the Project shall be vested with the Employer.
12.1.	Interim settlement of disputes is to be by mediation.
12.2. / 12.3.	Final settlement is by litigation.
12.2.1	In the event that the Parties fail to agree on a mediator, the mediator is to be nominated by the president of the Association of Arbitrators (Southern Africa).
13.1.3	All partners in a joint venture or consortium shall carry the same professional indemnity insurance as per clause 5.4.1 of the General Conditions of Contract.
13.5.1	The amount of compensation is unlimited.
13.6	The provisions of 13.6 do not apply to the Contract.
15	In respect of any amount owed by the Service Provider to the Employer, the Service Provider shall pay the Employer interest at the rate as determined by the Minister of Finance, from time to time, in terms of section 80(1)(b) of the Public Finance Management Act, 1999 (Act No 1 of 1999).

### C1.2.3

### Data provided by the Service Provider

Clause	
	Each item of data given below is cross-referenced to the clause in the General Conditions of Contract to which it mainly applies.
1	The Service Provider is the company, close corporation, natural person, consortium, joint venture or partnership named in Form of Offer and Acceptance by the tendering Service Provider.
5.3	The authorised and designated representative of the Service Provider is the Lead Consultant / Professional Architect named on the Project by the Service Provider
5.4.1	<p>Indemnification of the Employer</p> <p>I, the undersigned, being duly authorized by the Service Provider, in terms of the completed resolution</p> <p>_____</p> <p>(Name of authorized person)</p> <p>hereby confirm that the Service Provider known as:</p> <p>_____</p> <p>(Legal name of entity tendering herein)</p>

Clause	
5.4.1	<p data-bbox="284 203 587 235">Tendering on the project:</p> <p data-bbox="284 394 943 425">(Name of project as per Form of Offer and Acceptance)</p> <p data-bbox="229 477 1492 719">holds professional indemnity insurance cover, from an approved insurer, duly registered with the Finance Services Board, of not less than the amount required as cover relative to the size of project, with the first amount payable not exceeding 5% of the value of indemnity. I further confirm that the Service Provider will keep such professional indemnity fully subscribed. I further confirm that should the professional indemnity insurance, with no knowledge of the Employer, be allowed to lapse at any time or in the event of the Service Provider cancelling such professional indemnity insurance, with no knowledge of the Employer, at any time or if such professional indemnity cover is not sufficient, then the Service Provider,</p> <ul style="list-style-type: none"> <li data-bbox="260 757 1469 788">i. accepts herewith full liability for the due fulfilment of all obligations in respect of this Service; and</li> <li data-bbox="260 792 1492 927">ii. hereby indemnifies, and undertakes to keep indemnified, the Employer in respect of all actions, proceedings, liability, claims, damages, costs and expenses in relation to and arising out of the agreement and/or from the aforesaid Service Provider's intentional and/or negligent wrongful acts, errors and/or omissions in its performance on this Contract.</li> </ul> <p data-bbox="229 967 1492 1070">I confirm that the Service Provider undertakes to keep the Employer indemnified, as indicated above, beyond the Final Completion Certificate/Final Certificate by the Employer (whichever is applicable) for a period of five (5) years after the issue of such applicable certificate.</p> <p data-bbox="229 1108 1492 1211">I confirm that the Service Provider renounces the benefit of the <i>exceptionis non causa debiti, non numeratae pecuniae</i> and <i>excussionis</i> or any other exceptions which may be legally raised against the enforceability of this indemnification.</p> <p data-bbox="229 1249 1492 1352">Notwithstanding the indemnification required above, the Employer reserves the right to claim damages from the Service Provider for this Project where the Service Provider neglects to discharge its obligations in terms of this agreement.</p> <p data-bbox="268 1469 347 1500">Name:</p> <p data-bbox="268 1583 391 1615">Signature:</p> <p data-bbox="268 1697 379 1729">Capacity:</p>

Clause			
7.1.2	<p>As an extension of the definitions contained in clause 1 hereof, Key Persons must, for the purposes of this Contract, include one or more of the professionally registered principal(s) of the Service Provider, and/or, one or more professional(s) employed to render professional services, for whom certified copies of certificates or other documentation clearly proving current professional registration with the relevant council, including registration numbers, must be included with the tender as part of the returnable documentation.</p> <p>The Key Persons and their jobs / functions in relation to the Services are:</p>		
	Name	Principal employed professional(s) and/or	Specific duties
	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	7.		
	8.		
	9.		
	10.		
7.2	A Personnel Schedule is not required.		
	<p>If the space provided in the table above is not sufficient to describe the specific duties, this space may be utilized for such purpose</p>		

## **C2: PRICING DATA**

### **C2.1 Pricing Instructions**

#### **C2.1.1 Basis of remuneration, method of tendering and estimated fees**

##### **C2.1.1.1 Professional fees for the Multi-Disciplinary Services will be paid on Value basis.**

The words “value based” and “percentage based” used in connection with fee types in this document or any documents referred to in this document are interchangeable and are deemed to have the same meaning.

##### **C2.1.1.2 Tenderers are to tender:**

A value based fee utilizing the stated estimated project construction value multiplied by a fixed tendered percentage which is then apportioned amongst the multi-disciplinary team.

##### **C2.1.1.3 The amount tendered herein (*Section F – Form of Offer and Acceptance*) is for tender purposes only and will be amended according to the application of the actual cost of construction.**

##### **C2.1.1.4 Reimbursable rates for typing, printing and duplicating work shall be in accordance with the conditions laid out under section C2.1.5**

##### **C2.1.1.5 Disbursements in respect of all travelling and related expenses including all travelling costs, time charges and subsistence allowances related thereto will not be paid for separately except for attending off-site meetings at the request of the employer where only travelling costs (mileage only) shall be claimable in accordance with the rules set out in C2.1.6.3**

The site must be visited as often as the works require for the execution of all duties on the Project. The Service Provider must be available at 24 hours' notice to visit the site if so required. All costs in this regard will be deemed to be included in the tendered fees as stated in C2.1.1.1

##### **C2.1.1.6 N/A**

##### **C2.1.1.7 All fee accounts need to be signed by a principal of the Service Provider and submitted in original format, failing which the accounts will be returned. Copies, facsimiles, electronic and other versions of fee accounts will not be considered for payment.**

##### **C2.1.1.8 For all Services provided on a time basis, time sheets giving full particulars of the work, date of execution and time duration, should be submitted with each fee account.**

##### **C2.1.1.9 Payments to the Service Provider will be made electronically according to the banking details furnished by the Service Provider. Any change in such banking details must be communicated to the departmental project manager timeously. Fee accounts, correct in all respects, will be deemed submitted when received by the Employer and settled when electronically processed by the Employer. The Employer reserves the right to dispute the whole account, any item or part of an item at any time and will deal with such case in terms of clause 14.3 of the General Conditions of Contract.**

##### **C2.1.1.10 Accounts for Services rendered may be submitted on the successful completion of each stage of work. Interim accounts will only be considered during the construction stage of the works and then not more frequently than quarterly except if otherwise agreed between the authorised and designated representative of the Service Provider and the Employer. Payment of accounts rendered will be subject to the checking thereof by the departmental project manager. The Employer reserves the**

right to amend the amounts claimed in order to conform to the rates stipulated in this Contract and make payment on the basis of the balance of the account in accordance with clause 14.3 of the General Conditions of Contract.

C2.1.2 Value based fees

C2.1.2.1 Fees for work done under a value based fee shall be calculated according to the tendered percentage for fees for the team and apportioned to construction stages (for each professional discipline) as stated in this document.

C2.1.2.2 Interim payments to the Service Provider

For the purposes of ascertaining the interim payments due, the cost of the works, which shall exclude any provisional allowances made to cover contingencies and escalation, shall be:

- the applicable portion of the net amount of the accepted tender

C2.1.2.3 Fees for documentation for work covered by a provisional sum

Where a provisional sum is included in the bills of quantities for work to be documented at a later stage, the documentation fee in respect of such work shall be remunerated at the time when the documentation has been completed.

C2.1.2.4 Time charges for work done under a value based fee (upon approval by Head of Health)

Time charges are reimbursable at rates applicable at the time of the actual execution of the specific service adjustable utilizing the discount for time based fees offered within the tender document. The "Rates for Reimbursable Expenses" as amended from time to time and referred to below, is obtainable on the Website: <http://www.publicworks.gov.za/> under "Documents"; "Consultants Guidelines"; item 1.

C2.1.2.5 Unless otherwise specifically agreed in writing, remuneration for the time expended by principals in terms of time based fees on a project shall be limited to 5 per cent of the total time expended for time charges in respect of the Project. Any time expended by principals in excess of the 5 per cent limit shall be remunerated at the rates determined in (ii) or (iii) above.

C2.1.3 Additional Services

C2.1.3.1 Additional Services pertaining to all Stages of the Project

Unless separately provided for hereunder and scheduled in the Activity Schedule, no separate payment shall be made for the additional services specified in the relevant tariff of fees guide. The cost of providing these services shall be deemed to be included in the value based fee tendered for normal services.

C2.1.3.2 Occupational Health and Safety Act, 1993 (Act No. 85 of 1993)

No separate payment shall be made. The cost of providing this service shall be deemed to be included in the value based fee tendered for normal services.

C2.1.3.3 Quality Assurance System

No separate payment shall be made for the implementation of a quality management system. The cost of providing this service shall be deemed to be included in the value based fee tendered for normal services.

C2.1.3.4 Lead Consulting Engineer

No separate payment shall be made for assuming the leadership of an Employer specified joint venture, consortium or team of consulting engineers. The cost of providing this service shall be deemed to be included in the value based fee tendered for normal services.

- C2.1.3.5 Principal Agent of the Client  
No separate payment shall be made for assuming the role of principle agent. The cost of providing this service shall be deemed to be included in the value based fee tendered for normal services.
- C2.1.3.6 Environmental Impact Assessment  
No separate payment shall be made for the service. The cost of providing this service shall be deemed to be included in the value based fee tendered for normal services.
- C2.1.4 Set off  
The Employer reserves the right to set off against any amount payable to the Service Provider, any sum which is owing by the Service Provider to the Employer in respect of this or any other project.
- C2.1.5 Typing, printing and duplicating work
- C2.1.5.1 Reimbursable rates  
The costs of typing, printing and duplicating work in connection with the documentation which must of necessity be done, except those which must in terms of the relevant Manual or other instructions be provided free of charge, shall be reimbursable at rates applicable at the time of the execution of such work. The document "Rates for Reimbursable Expenses" as amended from time to time and referred to below, is obtainable on the Website: : <http://www.publicworks.gov.za/> under "Documents"; "Consultants Guidelines"; item 1.
- C2.1.5.2 Typing and duplicating  
If the Service Provider cannot undertake the work himself, he may have it done by another service provider which specializes in this type of work and he shall be paid the actual costs incurred upon submission of statements and receipts which have been endorsed by him confirming that the tariff is the most economical for the locality concerned subject to the maximum tariffs per A4 sheet as set out in Table 1 in the "Rates for Reimbursable Expenses".
- If the Service Provider undertakes the work himself, he shall be paid in respect of actual expenses incurred subject to the maximum tariffs per A4 sheet as set out in Table 1 in the "Rates for Reimbursable Expenses".
- Typing and duplicating expenses shall only be refunded in respect of the final copies of the following documents namely formal reports, formal soil investigation reports, specifications, feasibility reports, bills of quantities, material lists, minutes of site meetings and final accounts. The cost of printed hard covers shall only be paid in respect of documents which will be made available to the public such as bills of quantities and specifications or where provision of hard covers is specifically approved.
- The typing of correspondence, appendices and covering letters are deemed to be included in the value based fees and time based fees paid.
- C2.1.6 Travelling and subsistence arrangements and tariffs of charges  
Notwithstanding the ruling in C2.1.1.5 above (regarding disbursements and travelling expenses which will not be paid separately), when the Service Provider is requested in writing by or obtained prior approval in writing from the Employer to attend specific meetings at any of the Employer's offices or any extraordinary meetings on site or elsewhere, he will be remunerated according to the provisions under C2.1.6.1 to C2.1.6.3 herein.
- C2.1.6.1 General  
The most economical mode of transport is to be used taking into account the cost of transport, subsistence and time. Accounts not rendered in accordance herewith may be reduced to an amount determined by the Employer.

As the tariffs referred to hereunder are adjusted from time to time, accounts must be calculated at the tariff applicable at the time of the expenditure.

Where journeys and resultant costs are in the Employer's opinion related to a Service Provider's mal- performance or failure, in terms of this Contract, to properly document or co- ordinate the work or to manage the Contract, no claims for such costs will be considered.

C2.1.6.2 Travelling time  
No travelling time shall be paid on this project.

C2.1.6.3 Travelling costs  
Fees for travelling costs are as set out in Table 3 in the "Rates for Reimbursable Expenses".

Travelling costs will be refunded for the full distance covered per return trip measured from the office of the Service Provider appointed provided that the destination is greater than 50km away (one way) from the Service Provider's stated office address at the time of tender. Travelling costs related to trips to the site shall not be claimable and will be deemed to be included in your tendered professional fee. Travel costs will only be considered where the Service Provider has been requested to attend an off-site meeting with the destination being further than 50km (one way) from the Service Provider's office.

Compensation for the use of private motor transport will be in accordance with the Government tariff for the relevant engine swept volume, up to a maximum of 2150 cubic centimetres, prescribed from time to time and as set out in Table 3 in the "Rates for Reimbursable Expenses".

C2.2 Activity Schedule

C2.2.1 Activities

C2.2.1.1 For services where the apportionment of fees is not provided for in SECTION G, proportioning of the fee for normal services over the various stages shall be as set out in the relevant Government Gazetted Tariffs.

C2.2.1.2 The tenderer must make provision for all activities necessary for the execution of the service as set out in the Scope of Services.

# **APPENDIX D:**

## **PROJECT BRIEF**





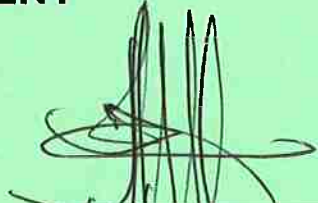
## PROJECT BRIEF

### **RK KHAN HOSPITAL CONSTRUCTION OF A NEW PSYCHIATRIC UNIT - 65 BEDDED ADULT MALE, FEMALE AND ADOLESCENT IN PATIENT AND OUT PATIENT**

Drafted by: TEMITOPE D. SOKOYA  
Project Leader

Signed:


Date:

  
21/04/2021

Recommended by: MICHELLE DE GOEDE  
Director: Planning

Signed:

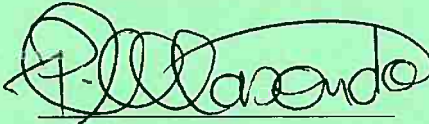
Date:

  
23.04.2021

Approved by: MR B G GCABA  
Chief Director: Infrastructure  
Development

Signed:

Date:

  
26/04/2021

#### Document Control

Revision Number	Date	Initials

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# 1 DEFINITIONS

The following are some of the special terms used which differing interpretations might exist:

## 1.1.1 DEFINITIONS RELATED TO CLINICAL CARE

### **Mental illness:**

Means a positive diagnosis of a mental health related illness in terms of an accepted diagnostic criteria made by a mental health care practitioner authorized to make such diagnosis.

### **Intellectual Disability:**

Means a range of intellectual functioning extending from partial self-maintenance under close supervision, together with limited self-protection skills in a controlled environment through limited self-protection skills in a controlled environment through limited self-care and requiring constant aid and supervision, to severely restricted sensory and motor functioning and requiring nursing care.

### **Mental health care user:**

This is a person who utilises mental health care services.

### **Voluntary User:**

This is a person who, on written application, voluntarily submits himself to a health establishment for care, treatment and rehabilitation services as a patient at an institution.

### **Assisted User:**

A person who is incapable of making informed decisions due to his / her mental status and who do not refuse care, treatment and rehabilitation services.

### **Involuntary User:**

A person who is incapable of making informed decisions due to his / her mental status and who refuses health intervention but require such services for his/her own protection or the protection of others.

### **Long Term (Chronic) Users:**

This includes a patient who needs hospitalisation beyond the acute average length of stay.

### **Forensic Psychiatric cases:**

Forensic psychiatric cases are divided into two categories, namely forensic observations and forensic state patients

- **Forensic Observations:**

A person arrested and charged with an offence and some doubt emerges about their mental ability, is sent by the courts to a psychiatric observation facility to determine whether the person

is fit to stand trial and were able to differentiate between right and wrong at the time of the crime/incident in an attempt to verify the individual's liability.

- **State Patients:**

A state patient is a person so classified by a court directive and admitted under section 42 of the Mental Health Act no 17. These patients were found not fit to stand trial and /or responsible for their actions at the time of committing the crime due to mental illness. They remain in hospital, often for years. They cannot be discharged by clinical staff, only through the courts.

**Psycho – Social Rehabilitation:**

This is a process that offers the opportunity for mental health care users to reach their optimal level of independent functioning in the community. It encompasses four major domains – housing/living – learning/education – socialising/leisure and working/vocational (WHO).

**Seclusion:**

Means the isolation of a user in a space where his / her freedom of movement is restricted in a highly secured room. Typically this room is equipped with prescribed specialized materials/ ablution facility. Patients can only be kept here for short periods of time. Specific prescriptions in the Mental Health Care Act no. 17 of 2002 must be adhered to when patients are secluded.

**Physical means of restraint:**

Means temporarily physical restraining the movements of the body, by one or more persons in order to prevent the person so restrained harm him or herself or others.

## **1.1.2 DEFINITIONS RELATED TO FACILITIES**

**Ablution:**

A generic term covering the following facilities: WC, bidet, bath, shower and washbasin.

**Gross area:**

The total floor area of the building or accommodation zone in square metres, which includes the area covered by external and internal walls and partitions, the structure and lifts and service shafts and all usable floor area.

**Net area:**

The total floor area in square metres measured between the inside finishes of walls of the specific area. Surrounding built-in fittings and cupboards are included in the net area.

**Primary circulation:**

The spaces providing access to or communication between the various accommodation zones of the hospital. Areas included are entrance halls, corridors (where not used exclusively by one accommodation zone), staircases, fire escapes (internal and external), lifts, lobbies and covered ways.



**Secondary or departmental circulation:**

The spaces provided to link together the service areas and rooms within a departmental circulation.

**Hospital bed:**

The bed normally occupied by the patient during his stay in hospital. The usual general hospital measure of "beds" are not deemed appropriate as the term "bed" in the mental health context, has increasingly controversial connotations. "Beds" implies "bed space" as the major space need for the patient. For mental illness, the bed space is a small component of the total space needs, indoor and outdoor of acutely mentally ill people.

**Approved beds:**

Include beds in use, but exclude seclusion room beds.

**Ward:**

A ward comprises a functional unit containing mental health care user rooms and service rooms used to accommodate and care for the needs of the In-patient. It may be self-contained or share certain functions or rooms with others wards. It can also be termed a nursing unit.

**Patients' room:**

A room designed to accommodate one or more hospital beds.

**Single room:**

A room that accommodates one patient only. A private ablution facility may or may not be attached to a single room.

**Planning:**

The process leading to the establishment of the requirements to provide a particular health service encompassed the following; determination of the population statistics for the province, determination of the beds norms according to the norms and standards, consultation with various stakeholders, matching service needs to available resources, and the further development of the project service requirements in terms of operational policy and schedule of accommodation, resulting in a Project brief.

**Design:**

The process of logically combining and arranging the accommodation specified in the project brief and other elements required to provide the most efficient, functional and economic building solution.

**Planning unit:**

A unit of space, equipment or activity in a health care facility used in describing need, area guides and cost units for norms purposes.

## 2 ACRONYMS

AC	Alternating Current
AIDS	Acquired Immunodeficiency Syndrome
AO	Administrative Officer
ASM	Assistant Manager
ATM	Automated Teller Machine
CAC	Chief Administrative Clerk
CAT	Category
CCTV	Closed Circuit Television
CEO	Chief Executive Office
CHC	Community Health Centre
CSSD	Central Sterilising and Supply Division
DC	Direct Current
DD	Deputy Director
DECT	Digital Enhanced Cordless Telecommunication
DVD	Digital Versatile Disc
DVR	Digital Video Recorder
ECT	Electroconvulsive Therapy
EDL	Essential Drug List
GBIC	Gigabit Interface Connector
Gbps	Gigabits per second
HCT (- service/- programme)	HIV/AIDS Counselling and Treatment
HCT	Health Care Technology
HHE	Head of Health Establishment
HISM	Hospital Information Systems Management
HIV	Human Immunodeficiency Virus
HPCSA	Health Professionals Council of South Africa
HR	Human Resource
ICT	Information- and Communication Technology
IP	Internet Protocol
IPHC	Integrated Primary Health Care
IT	Information Technology
LAN	Local Area Network
LP (- trays)	Lumber Puncture
LRO	Labour-Relations Officer
MA	Master of Arts
MBChB	Bachelor of Medicine, Bachelor of surgery/Chirurgery
Mbps	Megabits per second
MEC	Member of Executive Counsel
MHCU	Mental Health Care User
MMed	Master of Medicine
MRI	Magnetic Resonance Imaging
NB	Nota Bene (Very Important)
NDoh	National Department of Health
NGO	Non-Governmental Organisation
NPO	Non-Profit Organisation
OH&S	Occupational Health and Safety Act, 1993 (Act No. 85 of 1993)
OPD	Outpatients Department
OT	Occupational Therapy



PA	Personal Assistant
PABX	Public Access Business exchange
PC	Personal Computer
PHC	Primary Health Care
PHCC	Primary Health Care Clinic
PhD	Philosophiae Doctor
PoE	<del>Power-over-Ethernet</del>
PRO	Public Relations Officer
QoS	Quality-of-Service
RJ (RJ-45/RJ45)	Registered Jack
SAC	Senior Administrative Clerk
SAO	Senior Administrative Officer
SABS	South African Bureau of Standards
SAPS	South African Police Services
SC (-connector)	Subscriber/Square/standard
SCM	Supply Chain Management
SRAC	Senior Registry and Administrative Clerk
ST (-connector)	Straight Tip
STP	Service Transformation Plan
SW	Social Work
TB	Tuberculosis
TMS	Transcranial Magnetic Stimulation
TSP	Telecommunication Service Provider
TV	Television
UKZN	University of KwaZulu-Natal
UPS	Uninterruptible Power Supply
VA	Volt-Ampere
VLAN	Virtual Local Area Network
VoIP/VOIP	Voice-over-IP
WHO	World Health Organisation

### 3 PROJECT DETAILS

#### 3.1 The Facility

- o Facility Name : :RK Khan Hospital
- o Facility Number : :F002247
- o Facility Type : :Hospital Regional
- o Facility Owner : :Government - Provincial
  - o Portion
  - o Deeds Description: :Rem of 149 Chatsworth
  - o Title Deed Number: :T10813 / 1969

#### 3.2 Location

- o Province: :KwaZulu – Natal (KZ)
- o District Municipality: :eThekweni (ETH)
- o Local Municipality: :eThekweni (ETH)
- o Ward: :73
- o Cadastral description:
  - o Latitude: :29.915
  - o Longitude: :30.886
- o Street address (or directions): :RK Khan Circle, Westcliffe
- o Postal address: :Private Bag X004, Chatsworth, 4030
- o Telephone number: :+27 (0) 31 459 6000

#### 3.3 The Project details

- o Project Name: :Construction of a New Psychiatric Unit
- o KZN-DOH Project Number: :RKKH007
- o Project Code: :31009093
- o Project Details / Scope: :Construction of a New Psychiatric Unit
- o Project Type: :Infrastructure Development - Projects
- o Budget Programme Number: :Programme 8
- o Budget Programme Name: :Health Facilities Management
- o Sub-programme: :Sub-Programme 8
- o Infrastructure Programme Name: :Not part of a Programme
- o Nature of Investment: :New or Replaced Infrastructure
- o Nature of Investment Sub- status: :New Assets
- o IRM Infrastructure Category: :DoH – New Assets
- o IRM Infrastructure Type: :Secondary

#### 3.4 Project Team

##### 3.4.1 KZN Department of Health

##### 3.4.1.1 Infrastructure Development

- o Project Leader: :Mr T. Sokoya
- o Architect: :Mr T. Sokoya
- o Quantity Surveyor: :Mr P. Chowthee
- o Electrical Engineer: :Mr E. Schutte

- o Mechanical Engineer: :Mr S. Cele
- o Civil/Structural Engineer: :Mr T.C. Chiro
- o Occupational Health & Safety: :Ms Slindile Ngcobo
- o Quality Assurance: :Ms Y. Thambiran
- o Organisational Development: :Mr T. Sosiba
- o Monitoring & Evaluation: :Mrs Zama Thwala
- o Health Technology: :Mr Nishan Singh

#### **3.4.1.2 Department of Health – General**

- o Facility Management: RK Khan Hospital
- o Operational Manager: :Dr L.J Sobekwa (Acting CEO)
- o HCU – Psychiatry :Dr Y. Asmal
  
- o Facility Management: :DoH
- o KZN-DoH Mental Health :Dr Hongo Nikiwe (Director)
  
- o Head office programme:
- o IT Services: :Mr Goduka
- o Security Services: :Mr H. Kidsingh
  
- o Infection Prevention Control (IPC) : TBC.
- o Waste Management: :Mr S.B. Msimang

#### **3.4.2 Oversight Team**

- o Provincial Champion: :Mr B G Gcaba (Chief Director Infrastructure Development)
- o Provincial Power User: :Ms M De Goede (Director: Infrastructure Planning)
- o Project Sponsor: :Mr B G Gcaba
- o Project Control Group:
  - o Infrastructure Development
  - o National Department of Health
- o Project Approver: :Mr B G Gcaba
- o Project Verifier: :Mrs G. Masondo
- o National Health: :Mr N. Mpapuli

#### **3.4.3 Implementing Agent**

- o Project Coordinator/Leader: :KZN DoH
- o Implementing Agent Champion: :TBC
- o Project Monitor: :TBC
- o Professional Service Providers :TBC
  - o Architect:
  - o Quantity Surveyor :
  - o Electrical Engineer:
  - o Mechanical Engineer:
  - o Civil Engineer:
  - o Structural Engineer:
  - o Occupational Health & Safety:



### 3.4.4 Stakeholders

Challenge Members include:

- o eThekweni Municipality
- o RK Khan Hospital
- o KZN-DoH Mental Health

## 4 INTRODUCTION

Mental health services within the KZN province is provided across four designated regions. Hospital beds are located in District, Regional and Specialized Hospitals and comprise of acute, medium to long term, forensic and community residential beds. The classification of the mental health service delivery pathway according to regions is as follows:

Region	Districts
Region 1	EThekwini and iLembe
Region 2	UMgungundlovu, Harry Gwala and UGu
Region 3	Amajuba, UMzinyathi and uThukela
Region 4	Zululand, King Cetshwayo and UMkhanyakude

Region 1 according to the DHIS population statistics has a joint population size of 4623482 (eThekwini 3888452 and iLembe 735030). Within the region, there is eight district hospitals (eThekwini-5 and iLembe-3), six regional hospitals (eThekwini-5 and iLembe-1) and two specialized psychiatric facilities both in the eThekwini region. It is important to note that Ekuhlengeni Psychiatric Services is providing community residential bed services. There is no specialized psychiatric hospital in the iLembe district. Based on the population statistics, and the psychiatric bed norms and standards; Region 1 is expected to have 1295 acute beds and 463 medium to long-term beds. Currently Acute inpatient beds are grossly inadequate in the region with only 238 beds currently available and there is a shortage of medium to long-term beds with only 54 beds noted at King Dinuzulu Specialized Psychiatric Hospital.

RK Khan is a Regional Hospital located in the suburb of Chatsworth in the eThekwini health district with 543 approved beds. The site on which the hospital stands is 44.9459 acres in extent; originally prime farming area, earmarked for housing purposes. R.K.Khan has grown from being a community hospital to one of the major hospitals in the Durban region. RK Khan psychiatric unit started in 2008 as a temporary unit with a view to creating a proper psychiatric unit. RK Khan psychiatric unit is a mother clinic to Inchanga, Hammarsdale, Kwadabeka, Chatsworth, Welbedacht, Shallcross, Umhlathuzana, Savanah Park, Kloof, Pinetown, Hillcrest, Queensburgh, Malvern, Marianhill, Hillary, Northdene, Peacevale, New Germany, Westville, Shongweni and Molweni Clinics.

RK Khan psychiatric unit is comprised of the Clinic unit (Out-Patient) and In-Patient unit. Current In-Patient Psychiatry Division: 20 beds (20 male beds), (female mental health care users are treated in the medical ward.) and the Out-Patients Department for Mental Health renders services to an average of 338 Out-Patients per month.

The Clinic Unit is currently renting space at No. 6 Bhaktivedanta, Swani Circle outside of the Hospital (a building owned by Department of Public Works – DoPW) and the In-Patient occupies the Ward AB1 within RK Khan Hospital. The lease on the rental from DoPW has expired and the Clinic Unit is expected to vacate end of February, 2019. The Clinic Unit, however, did not vacate and DoPW had to evict them because the condition of the building is bad and needed urgent repair.

The inpatient unit consists of 20 beds which only accommodates male mental health care users, female mental health care users are treated in the medical wards. The mental health ward constantly runs at 100% and many mental health care users have to be accommodated in the medical ward and this also creates waiting lists for admissions. The current ward does not meet the IUSS specifications. The ward also does not have a clear differentiation between acute beds and medium to long-term beds.

It is envisioned that the infrastructure development of the mental health ward at the hospital will improve mental health services at the facility, district and hence in region 1. This proposal will increase the number of mental health beds in region 1 and will established a unit that meets IUSS specifications as well as providing a fully equipped and functional mental health outpatient department.

The hospital will provide a regional mental health package of service in region 1 offering a total of 65 adult mental health beds comprising of 40 acute beds, 20 medium to long stay beds and 5 adolescent beds. This unit will also act as a training site for all categories of Mental Health Care Practitioners e.g. Medical Registrars, Nurses and Psychologists.

## **5 LEGISLATIVE FRAMEWORK**

The purpose of this section is to provide details about legislation that impact directly on mental health service delivery. The different Acts will be discussed as well as the implications.

### **5.1 MENTAL HEALTH CARE ACT, 2002 (Act No. 17 of 2002)**

The new Mental Health Care Act was promulgated on 15 December 2004 and has major implications for the planning and design of Mental Health services and facilities. Basically the Act recognizes that health is a state of physical, mental and social well-being and that mental health services should be provided as part of primary, secondary and tertiary health services. It recognizes that the 1996



Constitution of the Republic of South Africa prohibits unfair discrimination of people with mental or other disabilities. Recognises that the person and property of people with mental disorders and intellectual disability may at times require protection; and those members of the public and their property may similarly require protection from people with mental disorders and intellectual disability. It further recognises that there is a need to promote the provision of mental health care services in a manner that promotes optimal mental well-being of mental health care users, their relatives and community at large.

### **5.1.1 IMPORTANT ASPECTS**

The following aspects are emphasised in the Mental Health Care Act:

- Best interest and rights of mental health users.
- Duties of mental health care practitioners
- Provision of care at all levels ( State responsibility)
- Least restrictive environment – Freedom of movement
- Integration into general health care
- The need to de-stigmatise and de-institutionalise
- Non-discrimination
- The involvement of family members
- Treatment of users nearer their homes
- Inclusion of mental health promotion and prevention
- Users right to information and privacy
- Services in the communities in which MHCUs reside

### **5.1.2 IMPLICATIONS**

The Mental Health Care Act, 2002 (Act No. 17 of 2002) has the following implications for the design of facilities:

- Infrastructure to promote mental health through the design, layout and finishes
- 72-hour assessment facilities
- Therapeutic environment attractive for users and staff
- Adequate beds for population to be served to prevent overcrowding
- Safety and security risks to be born in mind with design – mindful of units location on upper floors
- Ease of supervision to reduce adverse risks
- Adequate space for movement
- Good ventilation and the use of natural light
- Good quality solid finishes
- Easy maintenance, bearing in mind the worker who has to carry out repairs
- Easy to maintain buildings and services
- Facilities do not cause institutionalisation
- Recreational space
- Linkages between all levels of care
- Dignity of patient to be borne in mind at all times

- Need to incorporate familiar and non – institutional materials
- Patients to have easy and controlled access to outdoors.
- Visual privacy if possible.
- Inpatient control of their immediate environment (lighting TV radio etc)
- Exercise equipment for patients
- Good use made of colour, texture, pattern, artwork and signage to give clues of direction.
- Use innovative indirect soft lighting/increase use of natural lighting, natural materials and colours
- Use of artwork
- Building should be hygienic and easy to clean
- Attention to detail, proportion and scale

## 6 STRATEGIC FRAMEWORK FOR MENTAL HEALTH 2013-2020

In line with the National Mental Health Policy Framework and Strategic Plan 2013-2020, which prescribes that "inpatient units will be built in district and regional hospitals", a Psychiatric unit will be attached to RK Khan Regional hospital. This inpatient unit will accommodate 65 adult mental health beds and 5 adolescent beds. It is proposed that the beds be disaggregated to 45 adult males, 15 adult females, 3 adolescent males and 2 adolescent females. These bed numbers were determined using the National Norms Manual for Severe Psychiatric Conditions to estimate the burden of mental illnesses in the region 1 population and beds required.

A parallel process has been initiated by the province to determine and plan for mental health services in other districts based on the specific districts, to include beds for acute psychiatric conditions, medium to long stay care, treatment and rehabilitation as well as community based mental health services. The planning is in line with the National Mental Policy Framework and Strategic Plan 2013-2020, and will provide for an array of settings that provide mental health services, including, primary care, community residential care, day care centres, inpatient units in district and regional hospitals and a specialized psychiatric hospital.

RK Khan Hospital is an existing hospital located at 30.88623717N -29.9151718E in Chatsworth along the RK Khan Circle and Arena Park drives. It is less than 5km from the Higginson Highway. The site is located at the Eastern corner of the Hospital and relatively flat in front but sloppy towards the back. The entire site is approximately 10,000 sqm.

**Table 1: Kwa-Zulu Natal Province: Ideal Number Beds for Generic Psychiatric Services in terms of Norms for Severe Psychiatric Disorder**

**Table 1: District and Provincial View of Required Beds**

District	Population estimation 2021 as per DHIS	Acute 28/100 000	M/L term 10/100000	Residential/ Community Beds 20/ 100000
Amajuba	604743	169	60	121
eThekweni	3888452	1 089	389	778
Harry Gwala	531630	149	53	106
iLembe	735030	206	74	147
King Cetshwayo	1025730	287	103	205



District	Population estimation 2021 as per DHIS	Acute 28/100 000	M/L term 10/100000	Residential/ Community Beds 20/ 100000
UGu	812184	227	81	162
uMgungundlovu	1216569	341	122	243
uMkhanyakude	719574	201	72	144
uMzinyathi	588405	165	59	118
uThukela	782136	219	78	156
Zululand	917598	257	92	184
<b>Total</b>	<b>11822051</b>	<b>3 310</b>	<b>1182</b>	<b>2364</b>

**Table 2: Region View of Required Beds**

Region	Total Required	Acute 28/100 000	M/L term 10/100000
Region 1 (Ethekeweni & iLembe)	1758	1295	463
Region 2 (Umgungundlovu; Harry Gwala; Ugu)	973	717	256
Region 3 (Amajuba; Umzinyathi; Uthukhela)	750	553	197
Region 4 (Zulukland; KC; Umkhanyakude)	1012	745	267
<b>Total Beds</b>	<b>4493</b>	<b>3310</b>	<b>1183</b>

**Table 3: KwaZulu Natal Province: Current Approved Psychiatric Beds and Required Number of Beds in Terms of Norms for Severe Psychiatric Disorders**

District	Population Size	Hospitals	Total Approved Beds	Forensic	Community Residential beds at Hospitals	Total Beds Required	Acute (Required)	Acute Current	Deficit Acute Beds	Medium to Long Stay (Required)	Medium to Long Stay Current	Deficit Medium Long Stay
<b>REGION 1</b>	<b>4623482</b>					<b>1758</b>	<b>1295</b>			<b>463</b>		
<b>EThekwini</b>	<b>3888452</b>											
		Addington	571	0	0	60	45	15	30	15	0	15
		Charles James	348	0	0	0	0	0	0	0	0	0
		Clairwood	454	0	0	0	0	0	0	0	0	0
		Don McKenzie	220	0	0	0	0	0	0	0	0	0
		Dr Pixley	500	0	0	60	26	26	0	34	0	34
		Ekuhlengeni	1100	0	884	0	0	0	0	0	0	0
		Hillcrest	162	0	0	0	0	0	0	0	0	0
		Inkosi Albert Luthuli Central	846	0	0	0	0	0	0	0	0	0
		King Dinizulu ( District Hospital)		0	0	30	30	18	12	0	0	0
		King Dinizulu (Specialized)	930	0	0	1168	844	68	776	324	54	270
		King Edward VIII	799	0		60	40	20	20	20	0	20
		KwaZulu Natal Children's Hospital	0	0	0	0	0	0	0	0	0	0
		Mahatma Gandhi Memorial	355	0	0	30	30	18	12	0	0	0
		McCords	100	0		0	0	0	0	0	0	0
		Osindisweni	301	0		30	30	0	30	0	0	0
		Prince Mshiyeni Memorial	1200	0		60	40	25	15	20	0	20
		RK Khan	543	0		60	40	20	20	20	0	20
		St. Aidan's	157	0		0	0	0	0	0	0	0
		St. Mary's (Mariannhill)	200	0		30	30	0	30	0	0	0
		Wentworth	214	0		30	30	8	22	0	0	0
<b>Ilembe</b>	<b>735030</b>											
		General Justice Gezenga Mpanza	466	0	0	60	30	20	10	30	0	30
		Montebello	168	0	0	30	30	0	30	0	0	0
		Umpumulo	141	0	0	30	30	0	30	0	0	0
		Untunjambili	150	0	0	20	20	0	20	0	0	0
<b>Region 1 Total</b>						<b>1758</b>	<b>1295</b>	<b>238</b>	<b>1057</b>	<b>463</b>	<b>54</b>	<b>409</b>
<b>Region 1 Variance</b>									<b>-1057</b>			<b>-409</b>
<b>Variance</b>									<b>-450</b>			<b>-49</b>

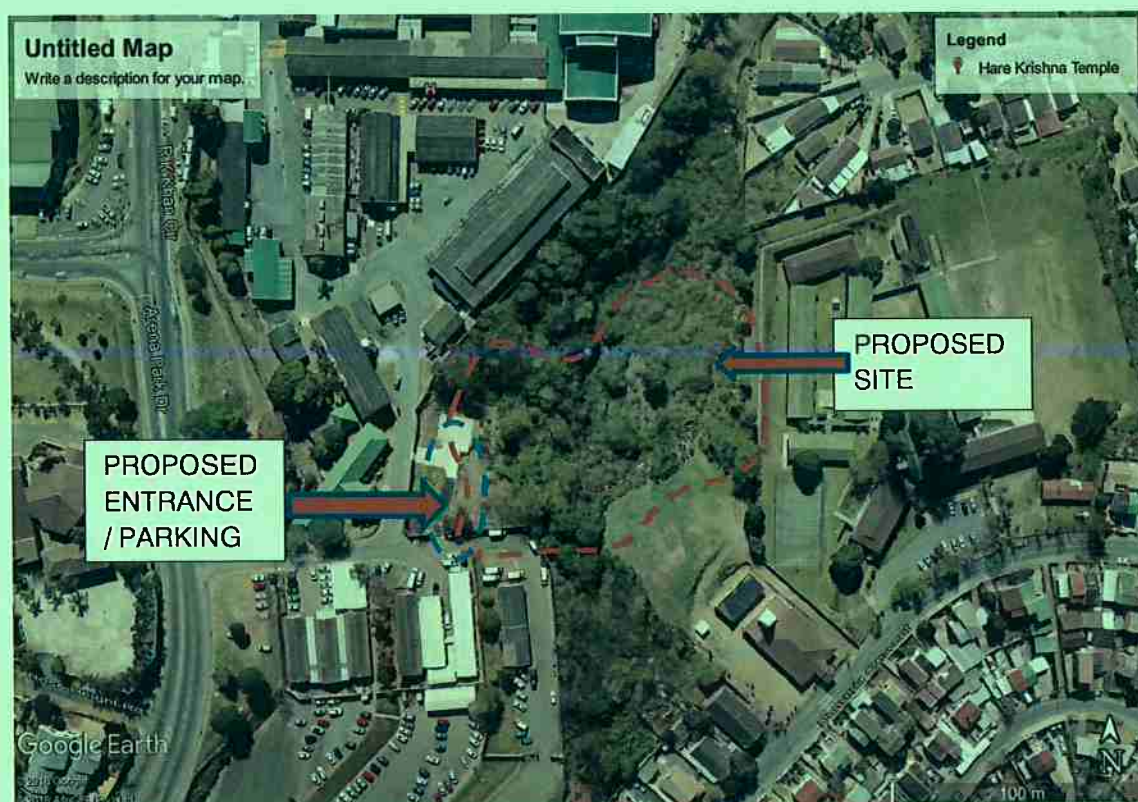


RK Khan Hospital is an existing hospital located at 30.88623717N -29.9151718E in Chatsworth along the RK Khan Circle and Arena Park drives. It is less than 5km from the Higginson Highway. The site is located at the Eastern corner of the Hospital and relatively flat in front but sloppy towards the back. The entire site is approximately 10,000 sqm.





**FIGURE 3: RK KHAN Hospital – Proposed Site within RK Khan Hospital**  
**SOURCE: Google Earth**



**FIGURE 4: RK Khan Hospital – Proposed Site within RK Khan Hospital**  
**SOURCE: Google Earth**



- Restrictions:
  - Planning and other restrictions to be confirmed with the Local Authority
- Land use definition
- Not applicable
- Heritage components
- No heritage component
- Survey of the site
- To be carried out at latter stage
- Geo-technical information
- To be carried out at latter stage
- Traffic impact study
- Not applicable
- External circulation
  - Access to the site: The existing accesses to the site is via RK Khan Circle and Arena Park Drive
  - Access to Public transport: There is an existing bus station next to main access along RK Khan Circle.
  - Pedestrian routes: There is an existing pedestrian route next to RK Khan Circle leading to main entrance.
  - Roads: Roads are asphalted. RK Khan Circle and Arena Park Drive are double lane dual carriage roads
  - Walkways: There is a paved walkway along RK Khan Circle leading to main entrance.
  - Parking: There is off street parking available along RK Khan Circle next to the main entrance
- Climatic conditions
  - General Climate: eThekweni has a humid sub-tropical climate (köpen climate classifications, cfa) with hot and humid summers and pleasantly warm and dry winters, which are snow and frost free.
  - Temperature: The average temperature in summer range around 24 °C (75 °F) while in winter the average temperature is 17 °C (63 °F)
  - Rain fall: eThekweni has an annual rainfall of 1,009 millimetres (39.7 in) with the highest rainfall recorded in January and lowest rainfall recorded in June.
  - Wind direction: eThekweni has two prevailing wind directions. The North-Eastern which brings sunny and hot weather and the South-Western which brings cooler overcast or rainy weather with strong wind.

SOURCE: Wikipedia and In-Motion Kite Surfing

- Aviation for emergency aircraft: Existing on site
- Seismic activity: No known activity
- Radio towers: Existing on site
- Site orientation: Site located at far east corner of existing RK Khan Hospital
- Security and access control: Access is currently controlled through a secured gate and security staff. There is an existing security post.

- Department orientation and positioning relative to entrances: Main entrance is located at the West corner of the hospital.
- Existing infrastructure: RK Khan Hospital is an existing brick, mortar and concrete building.
- Bulk services (Services required is discussed in detail later in the document):
  - Sewerage: Existing on site
  - Water: Existing on site
  - Electricity: Existing on site
  - Storm water: Existing on site.

## **7 Strategic Background**

### **7.1 Strategic Outcome**

- o Fully resourced psychiatric units at all regional hospitals and selected district hospitals that perform 'regional mental health' functions

SOURCE: Strategic Plan: Integrated Mental Health and Substance Abuse-KZN

### **7.2 Strategic Objective**

- o A province where mental health is promoted and where all those affected by mental illness, substance abuse and intellectual disabilities are assured of quality services, optimum resources and support to enjoy recovery, resilience and re-integration into society.
- o From infancy to old age, the mental health and well-being of all people in KwaZulu-Natal will be enabled, through the provision of evidence-based, affordable and effective promotion, prevention, treatment, and rehabilitation interventions. In partnerships between providers, users, caregivers and communities, the human rights of people with mental illness will be upheld; they will be provided with care and support; and they will be integrated into normal community life.

SOURCE: Strategic Plan: Integrated Mental Health and Substance Abuse-KZN

### **7.3 Project Outcome**

- o A fully resourced mental health / psychiatric unit at RK Khan Hospital to provide regional mental health services for adult, child and adolescent mental health care users in the eThekweni district

### **7.4 Project Objective**

- o To provide a mental health / psychiatric unit attached to RK Khan Hospital
- o To enhance the regional mental health package of service in the eThekweni district
- o To increase the number of acute beds available in the district
- o To cater for the increased need for mental health care in the eThekweni district
- o To reduce the burden placed on general wards
- o To prevent the risk of patient safety incidents at the facility.

### **7.5 Project Success Criteria**

- o A fully functional mental health / psychiatric unit attached to RK Khan Hospital
- o Increased number of psychiatric beds available in eThekweni district
- o Reduced number of patient safety incidents as there will be reduction of mental health users in the medical wards
- o Enhanced first level of inpatient care in terms of the mental health care act No.17 of 2000







## 7.6 Statutory Requirements

### 7.6.1 Legislation

- Legislation: Minimum applicable legislation (latest version) include:
  - National Building Regulations SANS 10400
  - KwaZulu-Natal Planning and Development kAct, 2008 (Act No. 06 of 2008)
  - Occupational Health & Safety Act No. 85 of 1993
- Norms and Standards: Minimum applicable Norms and Standards
  - IUSS Health Facility Guides: Mental Health
  - Mental Health Care Act 17 of 2002
  - Mental Health Policy Framework for South Africa and Strategic Plan 2014-2020
  - The National Health Policy Guidelines for Improved Mental Health in South Africa, 1997
  - National Health Act, Act 63 of 2003.
  - The White Paper for the Transformation of the Health System in South Africa, 1997.
  - Occupational Health and Safety Act, Act 85 of 1993.
  - Public Finance Management Act, Act 29 of 1999
- Policies:
  - Policy Document for the Design of Structural Installations (to be used strictly as a design guide only)
- Statutory Permissions Required
  - Land:
    - Acquisition: RK Khan Hospital to donate land.
    - Leases: Not Applicable
    - Consolidations/Subdivisions: Not Applicable
  - Applications
    - Planning and Development Act: Not Required
    - Environmental Impact Assessment: Not Required
    - AMAFA approval: Not Required
    - Municipal Approval: All relevant municipal approval
    - Access to Provincial /National Roads: Not Required



## 8 NEW BUSINESS CASE / MASTER PLAN

This business case is developed in response to the shortage of Mental Health beds at RK Khan Hospital, eThekweni and region 1. The new business case will enhance mental health services at the facility and in region 1. The increased number of beds will reduce waiting lists and will reduce the number of mental health care users treated in the medical wards, it will also give a clear differentiation between acute and medium to long term beds in the facility and will accommodate some beds for child and adolescent inpatient services. There will also be a fully functional mental health outpatient department at the facility. **This business case applies only to the Mental Health unit (Inpatient and Outpatient) and no other parts of the hospital.** The plan proposed is in accordance with the norms for severe psychiatric conditions.

According to the norms manual for severe psychiatric conditions, the acute stay beds, the medium- to long stay beds and the community residential beds are based on the population size and prevalence rates of mental disorders. It is important to note that these norms exclude conditions listed previously of the norms manual, namely;

- People with mental handicaps, substance abuse or forensic problems
- Infants, children and adolescents below 18 years of age
- People receiving services in the private sector

RK Khan Hospital has been seeing high volume of admissions. Referrals to the hospital are from Inchanga, Hammarsdale, Kwadabeka, Chatsworth, Welbedacht, Shallcross, Umhlatuzana, Savanah Park, Kloof, Pinetown, Hillcrest, Queensburgh, Malvern, Marianhill, Hillary, Northdene, Peacevale, New Germany, Westville, Shongweni and Molweni as indicated previously.

### 8.1 BUSINESS CASE NUMBERS

The new business case proposes changes in the bed numbers to improve service delivery in eThekweni. Region 1 and the province. The proposed infrastructure development to the psychiatric unit attached to RK Khan Hospital will accommodate 60 mental health beds. It will also provide a clear differentiation between acute and medium to long terms beds in the unit.

The breakdown amounts to 45 Male beds and 15 Female inpatient beds to cater for regional psychiatric services. In addition to this there is also provision for 1 male & 1 female seclusion rooms and 1 male & 1 female isolation rooms for mental healthcare users. This psychiatric unit will offer a regional mental health package of service for Region 1.

**Table 4: Comparison of Approved, Useable and Proposed beds Numbers**

TYPE	APPROVED /PROPOSED BEDS	USEABLE/CURRENT	NEW BUSINESS CASE
<b>GENERAL PSYCHIATRIC SERVICES</b>			
Male Medium	15	0	15
Male Acute	30	20	30
Female Medium	5	0	5

TYPE	APPROVED /PROPOSED BEDS	USEABLE/CURRENT	NEW BUSINESS CASE
Female Acute	10	0	10
Male Adolescent	3	0	3
Female Adolescent	2	0	2
<b>RK KHAN REGIONAL HOSPITAL PSYCHIATRIC WARD: TOTAL</b>	<b>65</b>	<b>20</b>	<b>65</b>

## 8.2 THE PROPOSED NUMBER OF BEDS FOR THE INPATIENT UNIT

- Consultation with RK Khan Hospital Management including Psychiatrist indicated that there is a high number of admissions at the facility.
- In 2018/2019 financial year, 481 males were admitted to the 20 bedded unit, there was a further 798 (which also includes females) admissions to the medical wards. There were 6 child and adolescent admissions recorded in 2018/2019 to the medical ward. Hence total admissions for 2018/2019 at the facility stood at 1285 admissions, which equates to an average of 107 admissions per month. In the 2019/2020 financial year, the hospital admitted 814 mental care users, which is an average of 67 patients per month. The hospital sees a higher number of male admissions compared to females. The hospital also noted that waiting lists has started to develop.
- Based on the population statistics and the norms and standards for mental health bed determinations, a shortage of acute and medium to long-term beds is noted in the province. Region 1 which includes eThekweni and iLembe districts has a shortage of 1057 acute beds and 409 medium to long term beds. The proposed 60 beds for RK Khan regional hospital will increase the number of acute and medium to long beds in region 1 and the province. The province will implement a mental health infrastructure plan based on the ideal inpatients beds required according the norms and standards. This will be a phased approach based on areas of priority and extreme need. The Mental Health Directorate also aims to enhance community mental health services to promote early detection and treatment hence reducing the burden placed on hospitals.



**FIGURE 5: RK Khan Ward AB 1**  
**SOURCE: Temitope Sokoya**

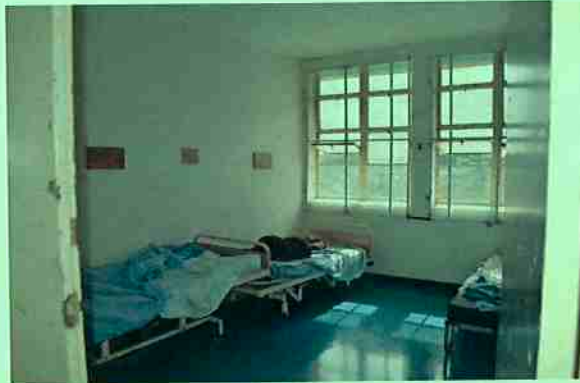


**FIGURE 6: RK Khan Ward AB 1**  
**SOURCE: Temitope Sokoya**





**FIGURE 7: RK Khan Ward AB 1**  
**SOURCE: Temitope Sokoya**



**FIGURE 8: RK Khan Ward AB 1**  
**SOURCE: Temitope Sokoya**



**FIGURE 9: RK Khan Ward AB 1**  
**SOURCE: Temitope Sokoya**



**FIGURE 10: RK Khan Ward AB 1**  
**SOURCE: Temitope Sokoya**

### 8.3 OUT PATIENT DEPARTMENT

The Out Patient Unit is located outside of RK Khan Hospital at No. 6 Bhaktivedanta, Swani Circle. It is a rented building from Department of Public Works (DoPW) and the building is in a very poor condition. It is a 2 level building with ground floor used for administrative, waiting area and consultation. The upper level is used for offices and counselling. The roof is leaking in most of the rooms and water from leakage has caused damage to ceilings, walls and floors. As discussed above the new out-patient Department will now be incorporated into the new Psychiatric Ward in planning.



**FIGURE 11: RK Khan Out Patient**  
**SOURCE: Temitope Sokoya**



**FIGURE 12: RK Khan Out Patient**  
**SOURCE: Temitope Sokoya**



**FIGURE 13: RK Khan Out Patient**  
**SOURCE: Temitope Sokoya**



**FIGURE 14: RK Khan Out Patient**  
**SOURCE: Temitope Sokoya**



**FIGURE 15: RK Khan Out Patient**  
**SOURCE: Temitope Sokoya**



**FIGURE 16: RK Khan Out Patient**  
**SOURCE: Temitope Sokoya**



## 9 LEVELS OF PSYCHIATRIC CARE

In terms of the Mental Health Care Act, 2002 (MHCA), psychiatric and mental health services should be provided at primary, secondary and tertiary levels of care. The appropriate model for this tiered service is as follows:

**Primary level (L1):** Community-based; PHC clinics and CHC's; and District Hospitals

**Secondary level (L2):** Regional Hospitals; and Specialised Psychiatric Hospitals

**Tertiary level (L3):** Specialised Psychiatric Hospitals

### 9.1 CLASSIFICATION OF IN-PATIENT BEDS FOR PSYCHIATRIC CARE

**Table 5: Classification of beds**

<b>Acute Beds</b>	<ul style="list-style-type: none"><li>Available at :</li><li>District, Regional and some Specialised Psychiatric Hospitals for acute admission, diagnosis, care, treatment and rehabilitation of mental health care users. Includes voluntary, assisted and involuntary users.</li></ul>
<b>Medium-Long-Term Beds</b>	<ul style="list-style-type: none"><li>Available at:</li><li>Specialised Psychiatric Hospitals or Centres for medium to long term care, treatment and rehabilitation of mental health care users who are not easily integrated into PHC services.</li></ul>
<b>Forensic Psychiatric Beds</b>	Available at: <ul style="list-style-type: none"><li>Specialised Psychiatric Hospitals (Forensic) for the care, treatment and rehabilitation of high-risk State Patients and the performance of 30-day observations of high-risk prisoners referred in terms of the Criminal Procedures Act (1977); OR</li><li>Forensic Psychiatry Units within Specialised Psychiatric Hospitals for the care, treatment and rehabilitation of medium to low risk State Patients (with the emphasis on rehabilitation and reintegration back into the community).</li></ul>
<b>Tertiary Psychiatric Beds</b>	<ul style="list-style-type: none"><li>Sub-specialist services (in-patient and out-patient) located in some Specialised Psychiatric Hospitals providing regionalized tertiary level psychiatric services (in-patient, out-patient, consultation-liaison and out-reach) to the region.</li></ul>

### 9.2 PSYCHIATRIC HOSPITAL INPATIENT CARE

Hospital beds are located in District, Regional, Tertiary and Specialized Hospitals and comprise Acute, Medium-Long Term and Forensic beds.

Currently there are 758 acute beds and 436 medium to long term beds in the province. This is grossly inadequate according to the recommended norms. . Importantly not all of the current beds are usable as many psychiatric institutions remain in a poor state of repair and require renovation.

- Forensic Beds are currently available at Fort Napier Hospital, UMzimkhulu Psychiatric Hospital and Madadeni Hospitals. Observations beds are only available at Fort Napier Hospital.
- Allocated beds in district hospitals are not reserved necessarily for mental health care users (MHCUs), but are the approximate numbers of beds routinely used for admission of MHCUs.
- While most regional hospitals do have psychiatric units, these are not purpose-built according to norms for inpatient psychiatric units – in most cases converted medical wards.

**Table 6: Inpatient Psychiatric Room Details**

Inpatient Psychiatric Services	Single Beds	2 Beds(Double)	4 Beds	Isolation Beds	Seclusion	Sub Total	Total
Male Acute	10	4	3	1	1	30	65
Female Acute	4	1	1	1	1	10	
Male Medium	1	3	2	0	0	15	
Female Medium	1	0	1	0	0	5	
Male Adolescent	3	0	0	0	0	3	
Female Adolescent	2	0	0	0	0	2	
<b>Total</b>	<b>21</b>	<b>16</b>	<b>28</b>	<b>2</b>	<b>2</b>	<b>65</b>	<b>65</b>

### 9.3 PHASING, DECANTING AND INCUBATION STRATEGIES

- Phasing  
No phasing required
- Decanting  
No decanting required
- Contingencies  
No contingencies required
- Redundancies  
No redundancies

### 9.4 PACKAGE OF CARE ACCORDING TO LEVEL OF HOSPITALS

**Table 7: Level of Mental Healthcare and Places of Services**

PROCEDURE OR INTERVENTION	CHCS'	HEALTH DAY CARE CENTRES	MENTAL HEALTH RESIDENTIAL CENTRES	ATTACHED TO DISTRICT HOSPITALS	ATTACHED TO REGIONAL HOSPITALS	ATTACHED TO TERTIARY HOSPITALS	ATTACHED TO CENTRAL HOSPITALS	PSYCHIATRIC HOSPITALS OR CARE AND REHABILITATION CENTRES
Routine mental health screening, management and referral	X			X * all patients consulted or admitted	X * all patients consulted or admitted	X * all patients consulted or admitted	X * all patients consulted or admitted	
Outpatient mental health services	X			X	X	Limited	Limited	limited
Voluntary mental healthcare	X	X	X	X	X	X	X	X
Emergency mental health admission				X	X	X	X	X
Assisted admissions		X	X	X	X	X	X	X
72-hr assessment of involuntary admissions				X	X	X	X	X
Further care, treatment and rehabilitation of involuntary admissions	X	X	X	X	X	X	X	X
Care and rehabilitation for severe and profound intellectual disability		X	X					X
Subs-specialty child					X	X	X	X



PROCEDURE OR INTERVENTION	CHCS'	HEALTH DAY CARE CENTRES	MENTAL HEALTH RESIDENTIAL CENTRES	ATTACHED TO DISTRICT HOSPITALS	ATTACHED TO REGIONAL HOSPITALS	ATTACHED TO TERTIARY HOSPITALS	ATTACHED TO CENTRAL HOSPITALS	PSYCHIATRIC HOSPITALS OR CARE AND REHABILITATION CENTRES
psychiatry								
Sub-specialty adolescent psychiatric programmes					X	X	X	X
TYPE OF SERVICE/ PROCEDURE OR INTERVENTION	PHC AND CHCS'	MENTAL HEALTH DAY CARE CENTRES	COMMUNITY MENTAL HEALTH RESIDENTIAL CENTRES	UNITS ATTACHED TO DISTRICT HOSPITALS	UNITS ATTACHED TO REGIONAL HOSPITALS	UNITS ATTACHED TO TERTIARY HOSPITALS	UNITS ATTACHED TO CENTRAL HOSPITALS	SPECIALISED PSYCHIATRIC HOSPITALS OR CARE AND REHABILITATION CENTRES
Adult inpatient psychotherapeutic programmes (e.g. eating Disorders, etc.)					X	X	X	X
Mental disorder and substance abuse co-morbidity programmes					X	X	X	X
Psycho-geriatric programmes					X	X	X	X
Up to 30-day forensic psychiatric observations								X
Single psychiatrist forensic enquiry	X			X	X	X	X	X
State patients' care, treatment and rehabilitation	Only state patients on leave of absence	Only reclassified state patients	Only reclassified state patients					X
Mentally ill prisoners' care, treatment and rehabilitation								X
Mental-health research and training	X	X	X	X	X	X	X	X
Electro-convulsive treatment					X	X	X	X

**Table 7: Inpatient Psychiatric Room Details**

Source: Infrastructure Unit Support Systems (IUSS) project health facility guides: mental health [gazetted 30 June 2014]

With the infrastructural development, the facility will be able to offer a full regional mental health package of service which includes; routine mental health screening, management and referral, out-patient mental health services, voluntary mental health care, emergency mental health admission, assisted admissions, 72-hour assessment of involuntary admissions, further care treatment and rehabilitation of involuntary admissions, child and adolescent services, adult inpatient psychotherapeutic programmes, mental health and substance abuse co-morbidity programmes, psychogeriatric programmes, single psychiatrist forensic enquiry and mental health research.

## **10 TECHNICAL BRIEF**

### **10.1 Detail Scope of Work**

#### **10.1.1 External Circulation to site**

- Entrances: Mental healthcare users or visitors will access the unit from the main entrance of the unit through a secure entrance into a reception area, where the patient or visitors will be received by the unit's staff, from where a new patient will be directed for admission and visitors directed to waiting areas or the visitor's lounge. Visitors should not have access to patient spaces.
  - Unit security staffs are assigned to admission units and to medium-secure units. The security staff forms an integral part of the unit management system to assist in patient control and staff safety.
  - Security stations should be positioned between reception and the nurses' station, with a clear view of the nurses' station.
  - Receiving and dispatch of stores, food and laundry, and the removal of used linen and waste, will be received and collected from a secure service-access point.
  - Covered walkways are required between clinical buildings in support of the night staff's rounds, and from the service entrance door to the point of public street access.
- Vehicular and Pedestrian Access and Parking:

#### **10.1.2 Entrance Design**

The new psychiatric facility will be part of an existing Hospital. The main entrance to the facility will be the same entrance to the main hospital. Then entrance is along the Arena Park Drive.

#### **10.1.3 Security and Access control**

Although it is a public facility, security is important at the entrance of the psychiatric hospital. All entrance to be accessed controlled.

#### **10.1.4 Orientation and Rational Planning Principles**

1. Architectural Character
2. Respond to the climate and the ventilation requirements
3. Integrated external and Internal areas
4. Appropriate space norms and room design
5. The design of a building that is appropriate for the functions intended to be carried out within the spaces designed
6. An ergonomically safe and risk-free work and healing environment
7. Compliance with quality assurance principles
8. Design that balance requirements for clinical need and capital, and recurrent budget considerations
9. Designing close relationships with nature
10. Design with enviro-friendly efficiency as primary goal
11. Design that is flexible and adaptable to future change
12. Ensuring that the functional and aesthetic requirements of furniture and fittings, fabric and finishes are met
13. Use of latest technology and innovations to aid in healing



### 10.1.5 Building and Engineering Services

Green initiatives must be considered

- **Mechanical Services**

- Air-Conditioning in general ward areas should be discouraged
- Natural ventilation and natural light should be provided to all areas
- Windows should be able to open without mental healthcare users being able to harm themselves
- Medicine rooms should be temperature-controlled to protect pharmaceuticals from excess heat.
- Appropriate air management for infectious disease.
- A dilution air-management strategy for general areas is recommended; where appropriate tempered air could be provided.

- **Electrical Services**

- Electricity
- Backup/Emergency Systems
  - UPS and
  - Emergency Generator
- High Tension Substations (HT)
- Low Tension Substations (LT)
- Lightning Protection
- Boiler

- **Civil Engineering**

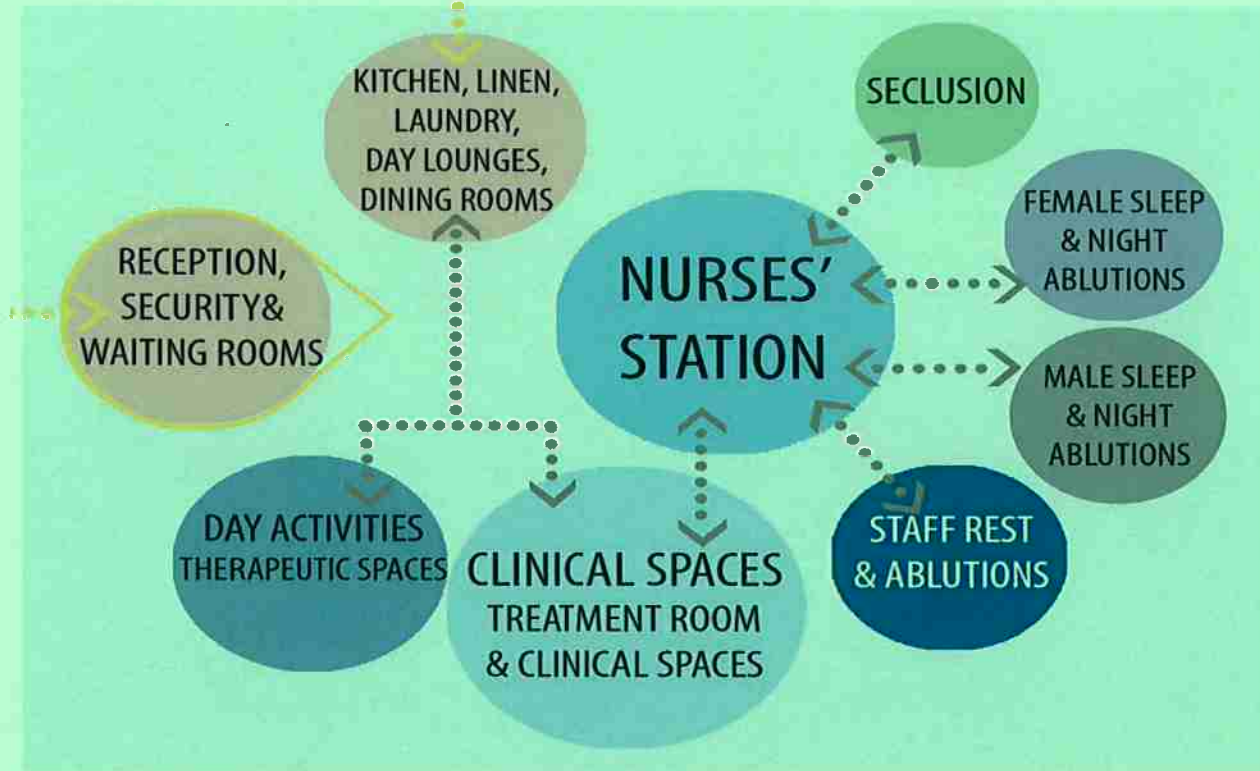
- Water
  - Potable water
  - Fire Water
- Sewer
- Storm water
- Grey water

- **Other Bulk Services**

- Duress alarms in patient areas, with a central control system at security point and the nurses station.
- Mobile panic buttons for staff.
- Computer network connections in all management, patient-administration and information systems.
- A hospital information system (HIS) / electronic patient records
- A patient administration system (PAS)
- A radiology information system (RIS) (Digital x-ray and picture archiving) Communication system (PACS)
- Laboratory system (NHLS Link)
- Pharmacy IT system.
- All other IT system applicable to public hospitals.

### 10.1.6 Unit Configuration Principles

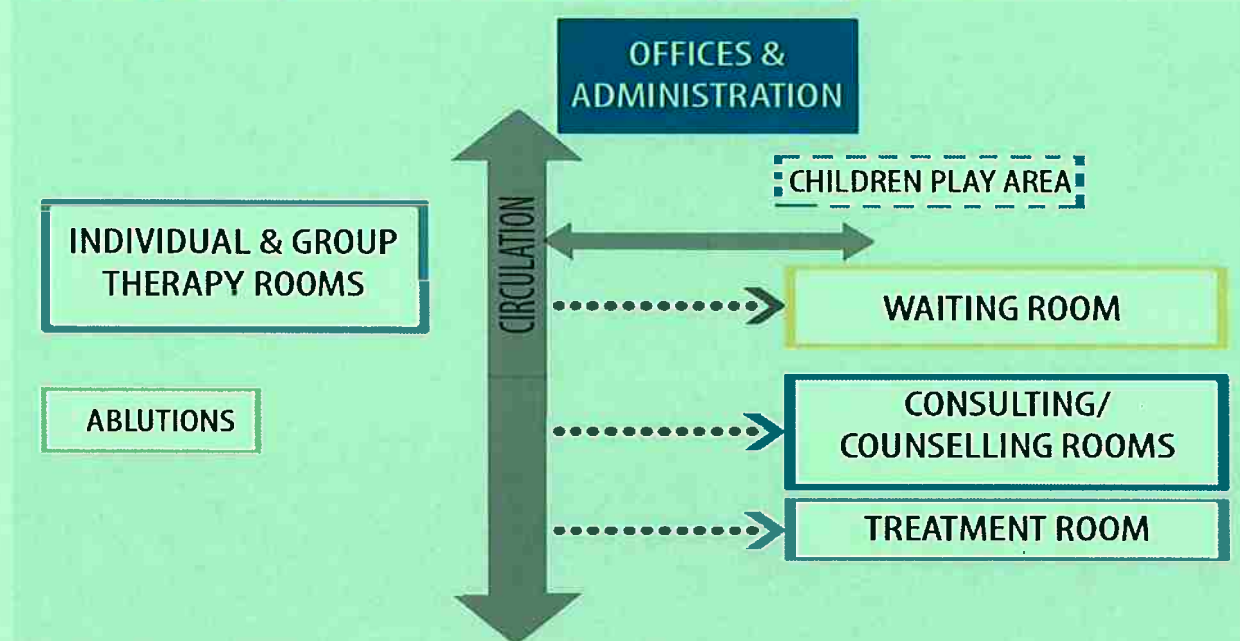
The following are the spatial layout for functional relationship of the inpatient section.



**Figure 17: Functional Flow of Day and Night Spaces**

Source: IUSS Health Facility Guides – Mental Health

The following are the spatial layout for functional relationship of the outpatient section.



**Figure 18: Relationship Diagram of an Outpatient Unit**

Source: IUSS Health Facility Guides – Mental Health

### **10.1.7 Space requirements**

- All spaces requirements are as per the accommodation schedule above and applicable references documents

### **10.1.8 KZN-DOH Area requirement and related costing guidance**

- Refer to IUSS Health Facility Guides Order of Magnitude calculator for New Hospital

### **10.1.9 Standard specifications for the use of materials in the building**

- Refer to application reference documents

### **10.1.10 Branding/aesthetic design preferences and requirements**

- Refer to the IUSS Health Facility Guides – Mental Health

## **10.2 Comparative Examples**

### **Fort Napier Forensic Unit**

- It is the only other Forensic Unit in the KZN Province and new constructed so it serves as a good example of what is to be achieved for a Forensic Level Unit. However, many specifications can be applied at any level of psychiatric care.
- Small mesh to window guards
- Good observation of patient sleeping areas
- Immovable beds
- Adequate outdoor areas
- Dining areas have fixed fittings
- Appropriate finishes
- The seclusion areas however does not have adequate observation of end seclusion rooms

### **Bophelong Psychiatric Unit**

- This facility is the benchmark Forensic psychiatric facility in South Africa and newly constructed so it serves as a good example of what is to be achieved for a Forensic Level Unit. However, many specifications can be applied at any level of psychiatric care.
- Biometric access control
- Large amount of glazing for indoor/outdoor integration, natural light and non-oppressive environment
- High level of security but also healing environment emphasising community and therapy. Not a prison.
- Central nurses station core which functions as an enclosed administrative area with full surveillance of all clinical area



## 11 PRINCIPLES OF PLANNING

The purpose of this section is to provide more details about principles and considerations for planning and design.

### 11.1 BASIC PLANNING PRINCIPLES

It is important that the Infrastructure reflects and upholds human rights for mental health care users, which includes among others:

- Non- discrimination
- Freedom of movement
- Privacy
- To promote a therapeutic milieu

The infrastructure should also make provision for integration of mental health into the general health care taking into consideration:

- Accessibility of mental health care
- Safety of users, staff and property
- Equitable distribution of services / facilities

**The following guiding principles will be applicable to the specialised psychiatric hospital:**

- Basic Human Rights
- Safe And secure environment with differentiated security features as high, medium or low
- Multidisciplinary Team approach with ward round discussions
- Observation at all times, including observation of social interactions.
- Clinical Assessment & Clinical Interventions for individuals and for groups
- Functional spaces to enable efficient service delivery

### 11.2 DIVISION OF CARE

Division of care provides a differentiation between care in terms of type as well as applicable security measures. See details in table below:

**Table 8: Specialised Psychiatric Hospital: Division of Care**

	TYPE OF SERVICE	SERVICE AREA	SECURITY GRADING
General Psychiatry	Voluntary care, treatment and rehabilitation	Mental healthcare rendered to a user who submits voluntarily for care, treatment and rehabilitation	Low security
	Acute Inpatient Services	Acute admission wards Acute Neuropsychiatry ward Child & adolescent ward	High security Medium security High to Medium security
	Medium- to Long Stay Inpatient Services	Acute pre-discharge ward Psycho-geriatric wards Medium- to Long Stay wards	Medium security Low security Low security
	Outpatient Services	Adult Outpatient department Child & Adolescent Outpatient department	Low security Low security

## 11.3 FUNCTIONAL AREAS

All areas can be differentiated from each other based on the specific functions. The clinical areas can be further subdivided. See details in tables below:

**Table 9: Specialised Psychiatric Hospital: Functional Areas**

OUTSIDE PERIMETER AREA	CLINICAL INPATIENT AREAS	CLINICAL OUTPATIENT AREAS
<b>From the gate to the unit for:</b> <ul style="list-style-type: none"> <li>• Visitors</li> <li>• Deliveries</li> <li>• Maintenance staff</li> <li>• Entrance to unit</li> <li>• Reception area</li> <li>• Visitors area</li> <li>• Security</li> </ul>	<b>For all inpatients in different wards:</b> <b>General Psychiatric service areas</b> <ul style="list-style-type: none"> <li>• Acute admission wards</li> <li>• Acute Neuropsychiatry ward</li> <li>• Child &amp; adolescent ward</li> <li>• Co-morbid medical ward</li> <li>• Minor Operating Theatre (ECT)</li> </ul>	<b>For all outpatients at:</b> <b>General Psychiatric service areas</b> <ul style="list-style-type: none"> <li>• Adult Outpatient department</li> <li>• Child &amp; Adolescent Outpatient unit</li> </ul>

**Table 10: Specialised Psychiatric: Clinical Areas Subdivisions**

CLINICAL & HOUSEHOLD AREAS	DAY TIME AREAS	NIGHT TIME AREAS
<b>For all clinical services:</b> <ul style="list-style-type: none"> <li>• Nurses' station</li> <li>• Nurses duty room</li> <li>• Treatment room</li> <li>• Clinical offices</li> <li>• Consultation rooms</li> <li>• Group rooms</li> <li>• Ward round rooms etc.</li> </ul> <b>For all household services:</b> <ul style="list-style-type: none"> <li>• Administrative rooms</li> <li>• Household rooms</li> <li>• Staff tearoom</li> <li>• Staff toilets</li> </ul>	<b>For all activities during the day:</b> <ul style="list-style-type: none"> <li>• General recreation area</li> <li>• Specialised day rooms</li> <li>• TV room / lounge</li> <li>• Dining room</li> <li>• Day time ablution facilities</li> <li>• Outside courtyard</li> </ul>	<b>For all activities during the night:</b> <ul style="list-style-type: none"> <li>• Bedrooms</li> <li>• Seclusion room</li> <li>• Ablution facilities</li> </ul>

## 11.4 GENERAL CONSIDERATIONS

It is important to adhere to certain general considerations. This includes considerations pertaining to layout and design, to the building itself, to accessibility, to the patient, to the staff, to security, to fire fighting and prevention, to general aspects, to information technology and specific to seclusion rooms. Please take note that these general considerations are applicable to all areas and buildings.

### 11.4.1 CONSIDERATIONS FOR LAYOUT & DESIGN

#### GENERAL ASPECTS

- Avoid any item or furniture that can be used as a weapon
- Easy supervision and observation
- Prevent areas of concealment
- Nursing observation station should provide for secure surveillance of all activities in the ward and be centrally situated
- Enough space to walk freely inside
- Finishes for easy maintenance without moving through the user areas
- Seclusion room should be close to the nurses' observation station
- Rooms should prevent unwanted sexual and physical contact between users
- Privacy



- Panic buttons to be installed throughout at strategic intervals
- Windows and doors to be burglar proofed
- Ceilings must be out of reach of mental health care users
- Main entrance to be security controlled
- Fire resistant mattresses
- Glass should be unbreakable glass to prevent injury and escape/VERSATEX/Laminated safety glass
- Windows to allow for enough lighting
- Safe and secure treatment rooms for medical procedures
- Rooms to be well ventilated
- Users must not be able to lock themselves inside cupboards, bathrooms, toilets,
- Windows and open spaces must be constructed to avoid suicide
- Floors : slip resistant
- Electrical fittings : recessed- tamper proof
- Toilets and showers: privacy
- Toilets , baths and showers: durable, unbreakable tamperproof
- Hot water : thermostatically controlled
- Furniture: safe, no sharp edges. Beds to be bolted to the floor and immovable
- Staff rest room & ablutions
- Infection control policies to be observed and implemented
- Intercom connected

#### **Avoid**

- Too long corridors
- Open fire extinguishes
- Many entrances
- Multiple beds in secure areas

#### **MUST HAVE**

- Fire detection systems
- Panic buttons
- Central / electrical lock/release mechanism for all doors
- Fire protection equipment such as fire-hose reels and fire extinguishes
- Fire / disaster plan
- Uninterrupted power supply
- CCTV monitoring in areas of the users
- Non-combustible materials
- Window frames- opening should be 75mm with 12mm polycarbonate silicone
- Doors to bedrooms to have an opening for observation
- Electrical distribution boards to be built into walls and locked

### **11.4.2 CONSIDERATIONS FOR THE BUILDING**

#### **GENERAL ASPECTS**

- Choice of materials , finishes and workmanship must be able to prevent self-harm , harm to others and or property
- Adult males and females are to be kept separate from each other in the sleeping areas
- The unit must be on the ground floor with an extended area outside with high fencing
- Psychiatric patients spend more time in hospital than general patients. It is important that psychiatric hospitals are not over – powering structures, and that the buildings have a domestic scale and are proportionally correct. Natural light and calming views play a vital role and links to gardens and outside recreational areas all play a part in the treatment of patients. Planning and layout should try to minimise institutionalisation. Garden and outside areas must however be secured as many patients have a wish to abscond and some are very apt at scaling walls.



- Landscaping of the gardens must be built into the contract to ensure gardens are both easy to maintain, suitable for the area and produce a healing environment. Trees should not be planted near perimeter walls as patients scale these in order to escape as well as any waterlines. Indigenous flower beds survive better than ornate flower beds which require high maintenance. No alien species of trees, shrubs or flowers to be used. If functional areas are not covered in one building, walkways that provide connectivity between buildings and sheltered passage ways should be provided. Many psychiatric patients, especially long term patients find it therapeutic to work in the garden and especially to grow vegetable. This should be accommodated in the landscape plans, and sited correctly
- It is important that psychiatric hospitals have an appealing exterior as this will ensure that the community accept its presence
- All areas must be well ventilated, if possible air conditioned.
- Surfaces that create reflections or have patterns must be avoided
- Good use of familiar non institutionalised materials, colour, finishes and artwork should be incorporated in the building
- Psychiatric hospitals should not be multi storey buildings due to the possibility of suicide and care should be taken when designing the building to minimize this threat and protect the patient from harming himself / herself, or from harming the staff
- The circulation space and patient flow must be so arranged that patient areas are provided with privacy and the public are restricted to the communal areas
- Units can be grouped into "villages" according to the different levels of care and security required.
- Appropriate, durable and cost effective finishes are required. It is important that the types and quality of finishes are researched and approved by the service practitioners who can also advise on the colour and colour scheme suitable for psychiatric patients.
- Care must be taken when using glass as well as shower rails and bars (weapons). Windows pose a special challenge, as it is important to use as much natural light as possible, but it is difficult to design windows that are difficult to break. Some institutions have used 10mm laminated safety glass with good effect by designing small windows in such a way that they cannot be kicked out or smashed.
- No internal burglar bars to be provided in patient areas. Door knobs or handles which can be dismantled should not be used, knobs are better than vertical or horizontal handles. Solid material is required for ceilings. No windows or fittings or fixtures must create opportunities for self – injury and especially hanging in terms of higher window spaces. Avoid design detail that can be destroyed. All fixtures and fittings must be secured and firmly fitted, not allowing for easy manipulation. Light fittings and exit signs must be recessed in ceilings and walls and have unbreakable covers
- Buildings also need to be efficient and cost effective and should not accommodate redundant or concealed areas. Maintenance must be considered when planning the building. Building with face bricks, although more expensive, saves on painting in the future. Ensuring that pipes are accessible will assist with future maintenance, the safety of the maintenance staff must also be considered in the design. Electrical, plumbing and mechanical fittings must be vandal-proof. Electrical fittings must be recessed and tamper proof
- Adequate housekeeping spaces must be provided in appropriate and secured spaces. The building should be easy to clean and to maintain. Finishes and detail should not collect dirt in crevices and joints
- All patient rooms to have re-enforced doors. A 450mm horizontal x 150 vertical viewing window at 1.5m above floor level. A security steel door shall be on the inside of the normal door
- All services in wards shall be controlled from the outside.
- Normal disabled friendly design to be implemented
- The facility must have proper and good illumination at night
- Clinical and patient accommodation or services should be at ground level, offices and administrative services can be accommodated on the upper floors in a multi storey building
- The site preparation, construction and operation / maintenance of the building itself must be environmentally friendly and compliant with all environmental legislation
- Energy and water efficiency and the use of solar to be considered in the design
- Call buttons and emergency buttons should be in place
- Paint used on walls to be washable paint



- Oxygen receptacles to be recessed or outside the room
- Power / suction outlets should be recessed and covered and installed in such a way that the patient cannot harm him / herself
- Internal layout of the building must be such that the number of internal spaces requiring forced ventilation shall be minimised. While this would be the preferred design option, it must at all times be taken into account that the provision of open window spaces and the design thereof are restricted and limited by the nature of the service provided and that security and safety standards according to the level of therapeutic intervention, must at all times outrank the requirement for reduced forced ventilation

### 11.4.3 CONSIDERATIONS FOR ACCESSIBILITY

#### APPROACH FROM ROAD TO BUILDING ENTRANCE

- The surface must be a compact surface
- Where required kerb cuts must be provided
- The kerb cuts must have a slip-resistant surface

#### PARKING FOR PEOPLE WITH DISABILITIES

- There must be at least one parking space reserved for every 25 (or less) parking bays
- The parking space must be not less than 3,5m wide
- The parking space must be situated on a level surface
- The parking space must be as close as possible to the nearest accessible entrance
- The parking space must be clearly demarcated as being intended for the use of disabled persons only (Sign at the front of the space and on the ground surface in yellow road marking)

#### RAMPS

- The gradient of the ramp or walkway must not be more than 1:12
- The ramp must have an unobstructed width of not less than 1100mm
- The ramp must have a landing at the top and the bottom of the ramp not less than 1,2m in length (clear of any door swing) and the width not less than the ramp
- The surface of the ramp must be slip-resistant
- The angle of approach to the ramp must be zero
- The ramp must have a handrail 850 – 1000mm above the surface
- The end of the handrail must extend beyond the end of the ramp by at least 300mm
- No door leaf or window shall open onto a ramp or landing

#### ENTRANCE

- There must be at least one entrance accessible for use by a person in a wheelchair
- The accessible entrance must be identified by the International symbol of Accessibility
- The width of the door opening must be a minimum of 750mm
- The door handle must be pull / lever type
- The door handles must be situated not more than 1200mm above floor level
- If the main entrance is not accessible, then there must be directional signs to the accessible entrance and a sign **“Not Accessible for wheelchairs”**

#### RECEPTION FACILITY

- There must be a clear space under the counter / desk of not less than 450mm deep
- The counter / desk must have a knee height of at least 750mm from floor level
- The counter / desk must have a minimum width of 760mm
- The counter / desk (or portion of it), must have a height of not more than 915mm above floor level



- The public phone must be positioned so that the top of the handset is not higher than 1200mm above floor level

#### **PATH OF TRAVEL BETWEEN ROOMS**

- If there is a difference in floor level of more than 25mm, there must be a suitable ramp
- Where there is hanging signs, lights, awnings or protruding objects, there must be a clearance of at least 2000mm above the trafficable surface
- If the protrusion is unavoidable, there must a cane detectable barrier not more than 300mm above floor level
- If there is a difference in floor level, it must be indicated by means of different floor covering
- All walking surfaces must have a minimum of 900mm clear width
- All the floors must be non-slip
- All areas must be well-lit
- All light switches must be not higher than 1200mm above floor level

#### **SIGNAGE AND SIGNALS**

- All signs must be clear and legible with large characters / numbers / pictures
- All numbers etc. must provide a strong contrast to the background
- The signs must be continuous in all routes
- All emergency warning signals must be both audible and visual
- Do signs that provide information on permanent routings and direction must have raised tactile lettering

#### **DOORS**

- The widths of all door openings must be a minimum of 750mm
- The door handles must be pull / lever type
- The door handles must be situated not more than 1200mm above floor level
- Thresholds must not be more than 15mm in height
- Doors must not open across a hallway, corridor, stair or ramp so that it obstructs circulation

#### **STAIRS**

- The handrails and tread noses must have a contrast in colour to the surface
- The handrails must have a minimum extension of 300mm beyond the top and bottom of the staircase
- The stairs must have handrails on both sides

#### **LIFTS**

- The lift must have a minimum internal dimension of 1100mm in width and 1400mm in depth
- The lift must have a doorway with an unobstructed width of not less than 800mm
- The lift must have handrails on both sides at a height of between 850mm and 1000mm above the floor level of the lift
- There must be audible and visual warnings in the lift and lobby to indicate the opening of the lift doors
- The lift must have a wall-mounted mirror at the back with a minimum height of 900mm from the floor
- The control buttons must have raised tactile characters or Braille numbering
- The control buttons must not be higher than 1200mm above the floor level of the lift
- The floor number must be audible and visually indicated inside and outside the lift

#### **TOILET FACILITIES**

- There must be at least one unisex toilet available (per floor) for use by people with disabilities



- The toilet must clearly be signposted with the International symbol for Accessibility
- The toilet cubicle must be a minimum of 1800mm x 1700mm in size
- The door of the toilet must be a sliding door OR outward opening door of at least 750mm wide
- The door must have lever type handles with a height of 800 – 1200mm above floor level
- Where a locking device is fitted, it must have an external emergency override facility
- It must have a suitable means of indicating if the toilet is occupied
- There must be a distance of 450mm – 500mm between the centre line of the toilet pan and the nearest side wall
- There must be grab rails fixed to the wall closest to the toilet and the rear wall
- The handrails must not be more than 800mm above floor level
- The distance from the front edge of the pan to the rear wall must be a minimum of 660mm
- The top surface of the seat pan must be between 460mm and 480mm above the floor level
- The lid and seat must remain upright when raised – only admin areas
- The flush handle must be lever type and extended
- The toilet paper holder must be on the side wall closest to the toilet seat within easy reach
- The height of the washbasin from the floor to the top edge must not be more than 830mm
- The washbasin must have a vertical clearance of 650mm from under the basin to the floor
- The water tap must have lever handles
- The water taps must be clearly marked hot / cold
- The cold water tap must be within easy reach of the person sitting on the toilet
- There must be a fixed mirror above the washbasin with the lower edge not higher than 900mm above floor level
- The hand drying facilities must be accessible from a wheelchair

#### **11.4.4 CONSIDERATIONS FOR PATIENTS**

- The psychiatric patient has definite needs, depending on the level and type of care required.
- Patients generally have a need for personal space, be it a bedroom or cupboard where they can keep personal belongings. Spaces encourage patients to unburden.
- Patients require adequate separation and sound insulation in reverberant free environments.
- Those patients who are not in secured facilities should have easy and controlled access to outdoors and should be able to control their immediate environment such as lighting, radio.
- Patients especially long term patients must have reasonable access to privacy and dignity
- Male and female patients must be separated. Female patients must feel safe in the environment - child and adolescent and adults.
- Good, clear signage is required which shows direction to the various services
- Certain patients to have access to kitchen facilities, preferably in the unit where snacks or meals can be prepared by patients
- A small “shop” on the grounds, where patients can purchase small items is often provided and is useful to patients who are hospitalised for long periods. This is often linked to a hairdresser or beauty salon which forms part of the Occupational Therapy unit. Vending machines and public telephones to be considered in waiting areas, OPD and foyers
- Patients are classified according to the level of risk to themselves and to others and according to their insight; each level of risk will need different degrees of containment and access to the open environment.
- Most bed space norms, corridor spaces as well as office lay - outs will need to be adjusted up wise in order to safeguard staff and patient safety as generic norms and standards do not easily apply to psychiatric facilities. Safety of staff and patients to be considered at all times.
- Design features to assist patient orientation.
- All external floors on stoops and passages to have angled raised tiles to the door in order not to create a step, especially in wards for geriatric or mentally handicapped patients

#### **11.4.5 CONSIDERATIONS FOR STAFF**

- Ensure efficiency of staff by minimizing distances travelled between different areas
- Staff requires good visibility of all patients at all times.



- The position of the nurses' observation station is very important as it must provide maximum visibility. The nurses' station can be raised if necessary. The nurses' station to have good views of seclusion areas.
- Redundant spaces and concealed areas to be avoided as these can result in ambush situations
- Panic buttons to be positioned in appropriate areas
- Controlled access necessary in closed wards
- Locks to be fitted on the outside to ensure patients can't lock themselves inside toilets, baths or showers
- All doors to swing outwards
- The installation of CCTV where necessary. TV cameras in all wards to be relayed to the nurses' station / security office.
- The safety of the maintenance staff must be considered in the design. Plumbing must be on the exterior face of the building and therefore due consideration in the design shall be given to eliminating all internal wastewater pipe work. Flat roofs must be avoided. All roofs to be suitably pitched and a service walkway provided inside the roof space for effective maintenance of the building. The pitch at the roof trusses must be at least 2 m high to walk up right along the length of the building. Routing of wastewater pipe work in ceiling spaces, overhead voids or through occupied patient spaces must be avoided.

#### **11.4.6 CONSIDERATIONS FOR SECURITY**

- The level and type of security required will be determined by the type of ward.
- Open wards would require security in the sense of protection for the patients, such as lockable doors. These types of patients may move freely on site and pose no risk to others.
- The closed wards however house more volatile patients, who could be at risk of injury to themselves and others. These patients are closely monitored and contained in a very secure environment. Their movements are restricted to a defined area during day and night.
- Forensic wards house criminal patients that are being observed or held either before or after trial. These patients are considered extremely dangerous and are locked up in a high security area to ensure the safety of themselves, other patients as well as hospital staff and the community.

#### **11.4.7 CONSIDERATIONS FOR FIRE FIGHTING, PREVENTION & DETECTION**

- It is important to appoint a Fire Consultant to design the fire detection, fighting / prevention and control system
- The Fire Consultant to draw up an evacuation plan, together with the architect and Management of FSPC
- The necessary signage and escape routes to be identified in the plan
- Fire fighting equipment and fire hose fittings should not be accessible to patients and should be recessed
- Smoke detectors, fire sprinkler system and fire alarm system to be installed

#### **11.4.8 CONSIDERATIONS FOR GENERAL ASPECTS**

##### **SIGNAGE**

- Signage must be clear and according to universal signage, to assist the illiterate as well as accommodate the blind
- A direction finding system should be posted near the entrance to OPD, ward blocks / lifts and must indicate the route to each building
- Signage to be standard as far as possible and must accommodate possible future changes \*  
See accessibility criteria

## ABLUTION FACILITIES

- Non slip low maintenance floor covering is required in bathrooms and wall tiles in ablution areas. All toilets to be low maintenance and vandal-proof (i.e. Gypsy type or similar)
- Toilet cubicles to provide for patient privacy but must not be lockable from inside and should have a fully height door; no transversal door frame structure to be provided
- Bathroom facilities and appliances to be especially tamper proof and not allowing uncontrolled water temperature or supply. Shower facilities to ensure privacy but at the same time safety and security for patients (Bathrooms, showers and toilets do not have central TV monitoring)

## FINISHES

- It must be agreed at the beginning of the contract, that FSPC Management will approve the type of finishes, fixtures and colour schemes, to be used in the facility. Most standard finishes do not comply with safety standards required for psychiatric institutions
- Finishes should be customised to the clinical area, i.e. in the admission area high care and acute units priority will have to be placed on the safety and security of the patients, however in pre – discharge and therapeutic areas softer design features and fittings can be utilised. In order to ensure proper initial estimates and costing are done this must be part of the initial planning, and not delayed until the end of the project
- Nothing sharp, ingestible, throw – able or items that can cause self-injury or injury to others is to be used. All fixtures and finishes must be firmly fixed and secured. Light fittings and signage to be recessed in ceilings and walls and have unbreakable covers
- Colour used on walls and fabrics must be therapeutic and compatible. The architect can suggest colour schemes, but the ultimate decision will rest with Hospital Management and hospital staff.

## OTHER

- Rooms should prevent unwanted sexual and physical contact between users
- Privacy
- Panic buttons
- Windows and doors to be burglar proof
- Ceilings must be out of reach of mental health care users.
- Main entrance to be security controlled
- Fire resistant mattresses
- Glass should be unbreakable glass to prevent injury and escape
- Windows to allow for enough lighting
- Safe and secure treatment rooms for medical procedures
- Rooms to be well ventilated
- Users must not be able to lock themselves inside cupboards, bathrooms, toilets
- Windows and open spaces must be constructed to avoid suicide
- Floors : slip resistant
- Electrical fittings : recessed
- Toilets and showers: privacy
- Toilets , baths and showers: durable, unbreakable
- Hot water : thermostatically controlled
- Furniture: safe, no sharp edges
- **BEDS TO BE BOLTED TO THE FLOOR AND IMMOVABLE OR BUILT IN** (exceptions will be specified)
- Bedside wardrobes and bed side lockers to be made of stainless steel or aluminium (no wood)
- Staff rest room & ablutions to be added
- Infection control policies to be met

## 11.4.9 CONSIDERATIONS FOR INFORMATION- AND COMMUNICATION TECHNOLOGY

- The buildings must be linked via underground fibre optic cabling to the main distribution point and two other buildings as redundant links.



- The fibre links must have two pairs of fibre optics per link to another building (thus no less than 6 fibre optics per building) and the fibre optics must be terminated into a fibre optic patch panel with ST-connectors.
- All fibre links must be established via GBIC connectors directly into the network switching equipment, with the link to the main distribution point having two pairs linked for redundancy and one pair linked to each of the redundant links/buildings.
- The buildings must have a wiring closet where the fibre optic links connect to the copper cabling inside the building and must be joined in a cabinet of no fewer than 6U in height. The wiring closet may only be used for Information and Communication Technology linkages.
- Buildings that consist of more than one floor must have a cabling duct linking the wiring closets of the different floors with each other and must be directly next to the wiring closets, but not part of the wiring closet for the safety of the personnel and contractors working in them.
- The building must have emergency power.
- The cabinet must be equipped with at least a 1kVA rack-mounted UPS. Only APC UPSs will be accepted.
- All copper cabling must be terminated into a 24 port Molex patch panel with a brush panel separating the patch panel from the networking switch.
- All cabling within the building must adhere to Molex standards and must come with the standard 25 year Molex warranty.
- No copper cabling will exceed 80m in length from patch panel in the cabinet to the wall box into which the fly lead will plug that connects the computer, laptop or printer to the network.
- All fly leads must be blue in colour and must not be longer than 20m in length, limiting the length to as little as possible.
- For open plan offices network connectivity and power must be supplied via drop poles (power pendants) with no more than twelve (12) wall boxes and eight (8) power outlets (three wall boxes and two power plugs on each side of the pole).
- All wall boxes must have RJ-45 Ethernet connectors.
- All rooms must have double power skirting in with the bottom channel used for wall boxes and the top channel used for power supply.
- All buildings must have saturated cabling, meaning that there must be enough network points in each office for one computer, one telephone and one network printer, and in open offices each workstation must have two network points (one for the PC/laptop and one for the telephone) and one wall box per workstation on the power skirting for printers.
- Distribution boxes/points may be used for open offices and cubicles, but must be properly fixed to the ground and out of the way at the foot of the drop pole (power pendant).
- All cabling that is in ceilings must be neatly laid on cabling trays and properly tied in bunches of no more than twenty (20) cables in a bunch. The bunch must be bound together with Velcro and fixed to the cabling tray with either Velcro or cable ties (Velcro being the preferred method).
- Ceilings must have rodent stations in to prevent rodents from destroying the cables.
- Where three (3) or more patch panels are present in a cabinet, the second and third, fourth and fifth (and so on) patch panels must be directly underneath each other.
- All patch leads will be 1m in length and must adhere to provincial colour coding (Blue for fly leads, Green for patch leads, red for uplinks or downlinks).
- All cabling must be at least CAT 5E and certified to be able to carry data at a signalling rate of 1000Mbps or 1Gbps.
- The network switching gear in the cabinet must be in multiples of 24 ports and must have at least 20% more ports than are needed for initial installation.
- All ports on the switch must have Power-over-Ethernet (PoE henceforth) already installed (no power brick will be used).
- Only Cisco network equipment will be installed and the network switching equipment must have PoE, Quality-of-Service (QoS henceforth) and Virtual LANs (VLAN henceforth).
- Building must have two (2) network points at each door into the building and must have electronic access control with smart identity cards. Biometrics will be required for high security areas and where items of high value (more than R 200 000) is located within the building. Offices within a building which meet the same criteria will also have to be secured with biometrics.
- All buildings must have security cameras that can monitor movement within buildings and all movement leading into and from the building.



- Only offices with high value items (more than R 200 000 in total) and storage/preparation areas will have cameras in them, for other offices just movement into and from the office will be monitored.
- All patient care area, excluding ablution facilities, will be monitored with cameras. These cameras will be recording on a Digital Video Recorder (DVR henceforth) and will link to the DVR at the nurse's station.
- All security cameras will link to the DVR in the building and the DVRs in the buildings will link to the control room, where it will be monitored and recorded on a DVR. NB Nursing staff to advice on monitor system for patient care areas.
- The control room will also be monitored as well as the switchboard, with audio, and recorded on the DVR of the control room and duplicated on a server at Information- and Communication Technology (ICT henceforth) Offices in the server room.
- These are the needs and must be pervasive throughout the new hospital.
- The ICT Building must be centrally located to enable all ICT service users to be assisted as soon as possible and also to reduce cost on cabling.
- From the ICT Building all communication media must go through underground channelling to all the different buildings. Since a star topology is used for the network, all channels will originate at the ICT Building and follow four main routes – one going north and on the western side of the building, one south on the western side, with the same lines on the east of the building, with the channels branching off to serve each of the buildings. Each of the buildings will be linked for redundancy with two other buildings.
- Every building will be covered in entirety with wireless networks as well as saturated cabling in each building.
- The whole campus must be covered by a Digital Enhanced Cordless Telecommunication (DECT) cloud that will enable wireless handsets to be carried within the grounds while maintaining a connection and conversing on the handset without the call dropping or losing quality.
- All of the passages, reception- and waiting area as well as the Telecom Operators Room must be under constant surveillance. The server room, transit in, transit out, workshop and redundancy store room must have live feeds to security, but must also record to a separate system only when there is movement within the rooms.
- The building must be friendly to disabled persons and must provide access to the building for disabled persons.

#### **11.4.10 CONSIDERATIONS SPECIFIC TO SECLUSION ROOMS**

##### **INDICATIONS FOR USE**

- To be used when there is reason to believe the mental health care user is likely to inflict harm to self or others or destroy property
- Only in emergency situations and alternative less restrictive environments have been determined to be ineffective
- To be used as an adjunct to the planned care and treatment of the mental health care user
- To be provided when there is a need for reduced environmental stimulation
- Must be regularly reviewed to determine when safer, less restrictive management alternatives can be implemented

##### **REQUIREMENTS FOR SECLUSION ROOM (SEE POLICY ON NATIONAL SECLUSION ROOMS)**

##### **POSITION**

- Next to nurses' observation station for ease of observations with clear lines of sight from the nursing area into the secure area.
- The room to be fitted with CCTV monitoring which links to the nurses' station and office of the section head. In the ward, in order to protect the patient's right to confidentiality, the nursing staff should be the only ones who see the closed circuit television. In addition to the CCTV and in case of power failures, reinforced / toughened glass viewing panels to be installed between seclusion room and nurses' station.

## **CEILINGS**

- Lock up areas and seclusion rooms to be reinforced concrete slab with specified roof over.

## **TEMPERATURE AND VENTILATION**

- Temperature must be comfortable as overheating or under heating can significantly influence the state of mind of these patients.
- Air conditioning is preferable. If air conditioning cannot be provided or in cases when the air-conditioning is not working, provision to be made for ventilation and fresh air by a window with restricted opening – not more than 125mm. The patient should not be able to break the glass and injure him / her. Windows to be constructed in such a way to minimize breakage. Window frames to be able to withstand repeated attempts of dismantling
- Ideally rooms should have under floor heating or the polycreeed can be insulated (Sagex) as mattresses are placed directly on the floor at times, and in Winter the room can become very cold.
- No burglar bars should be fitted in such a way that the patient can commit suicide by hanging. Burglar bars to be fitted on the outside. (Architect to consult Fire consultant)

## **LIGHTING**

- The room should have adequately light both day and night
- Recessed lighting should be used and the patient should not be able to break the lights or reach them.
- Ideally, as much natural lighting as possible to be incorporated into the room. It should be noted that confused patients have disturbed day – night rhythm

## **FLOORS**

- Floors in seclusion rooms to be have floor drains cast “in situ”. Drains and floors to be finished with 4mm self-levelling epoxy. Floor covering to be seamless
- Floors should be reinforced
- A non-slip poly screed floor
- Skirting not be used, floor should cut in, under wall

## **MATTRESS / BED**

- The mattress must be safe and not toxic in case of fire.
- It should be seamless in order to prevent breaking and tearing
- If bed is used it must be bolted down securely
- If build in, the top layer must be not of cement but a material which will prevent the cold to go through to the mattress.

## **FURNITURE**

- The room should contain little furniture that can be moved, except for the mattress or bed bolted to the floor
- The room to be free of all sharp corners, hardware or protrusions which can cause injury to the occupant

## **DOORS**

- To be solid, hardwood timber doors, steel lined internally. Internal steel lining for doors is to be epoxy laminated to inside of door and around edges, with exposed side primed and



finished with approved epoxy paint. A 100mm x 100mm viewing panel, glazed with 40mm bullet proof glass is to be fitted in steel frame. External face of door to be finished in veneer as per DOH standard details. Doors to be hung to open inwards on special galvanized steel door frames with lugs pre welded to frame to fit every third course of brick work. The complete unit is to be hot dip galvanized and built into surrounding 230mm solid brick walls. No welding to be done on site. Hinges to be stainless steel ball type encased in spun casting.

- Doors must be at least 1 metre wide and not exceed 2 metres. There should be enough space to move resuscitation equipment in and out of the room.
- The Door must be fitted with a robust lock on the outside, and preferably secured at top, middle and bottom to safeguard against repetitive patient abuse.
- The door must not contain any handles on the inside.

#### **SECURITY GATES**

- Doors to be fitted with externally "high strength "folding security gates - as installed by the Prison authority.

#### **ABLUTION FACILITIES**

- Patients to have regular and easy access to toilet facilities if these are not provided in the seclusion room
- If ablutions facilities are to be included in the seclusion ward the following apply:-
- All toilets to be fitted with approved odour extraction systems.
- Wash - hand basins are to be wall mounted "Marley" Gypsy Vandal-proof, fitted with demand type cold water tap only
- All plumbing is to be chased into walls and plastered over.
- Design to consider how maintenance and repairs will be done while ensuring the safety of the maintenance staff

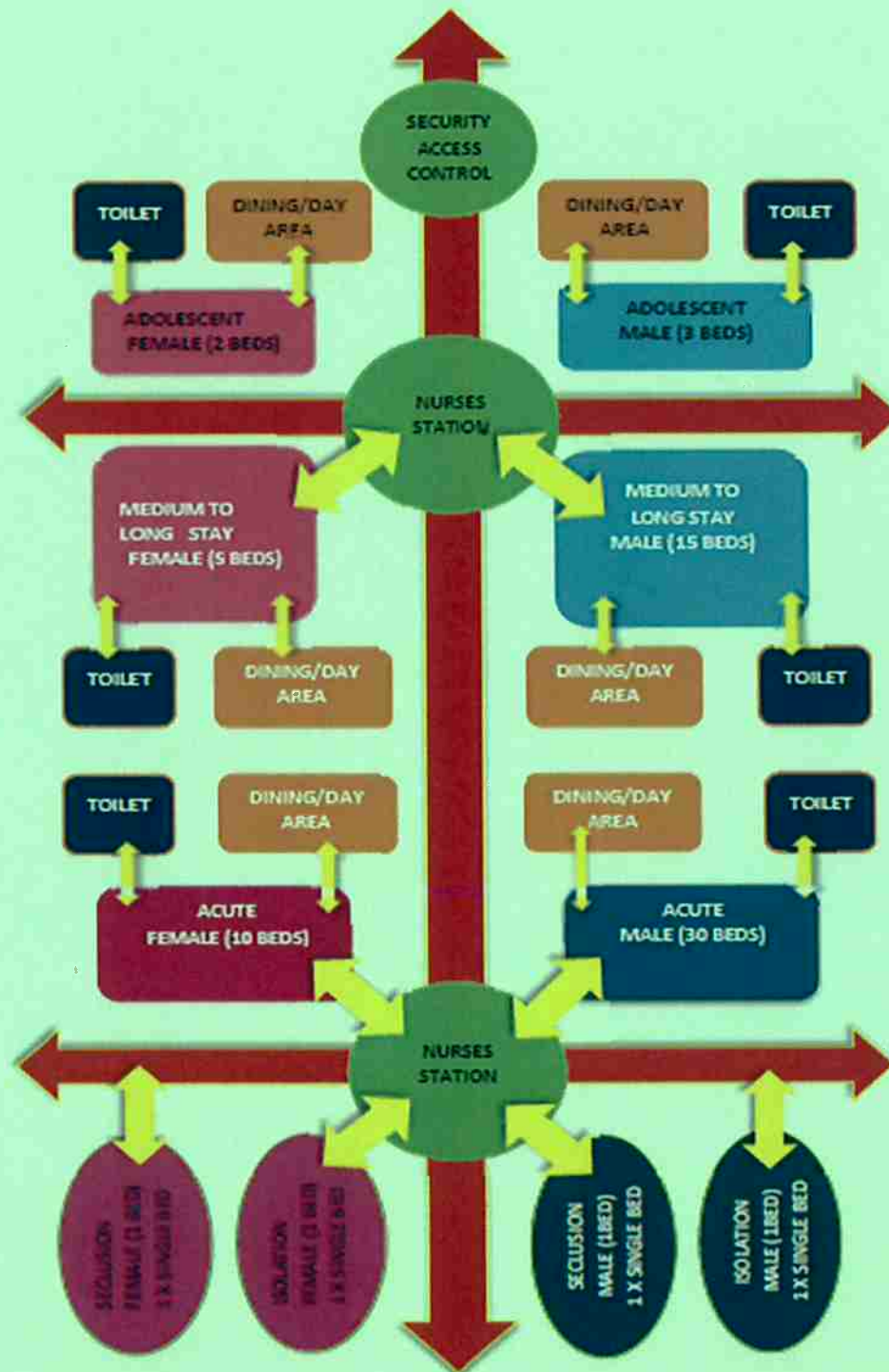


#### 11.4.11

#### CRITICAL DEPARTMENTAL RELATIONSHIPS:

Figure 19: Proposed design development

Source: KZN-DoH



## 11.5 GENERAL DESCRIPTION OF AREAS

### OUTPATIENT FACILITIES

#### SPECIFIC CONSIDERATIONS

- **Reception area:**

Provision should be made for a small reception area where patients will report and be directed to the appropriate admission area.

- It should be big enough to accommodate 6 or more persons queuing.
- It should have a counter where one staff member will be seated on a swivel chair.
- A panic button is required and good telephone communication.
- Additional intercom system facilities for Admissions and for OPD should be available with separate facilities to be used in different areas.

- **Admission point:**

Provision should be made for an admission point. Patients will report to the admission point where the referral documents will be verified by a professional nurse. If correct, a file will be opened/obtained by the administrative clerk. They will be directed to wait at the appropriate waiting area or waiting room.

- It should be big enough to accommodate 10 or more persons queuing.
- It should have a counter where two staff member will be seated on swivel chairs.
- The counter must be wide enough to accommodate a computer and printer in a secured unit and have the necessary links to plugs and points.
- A panic button is required and good telephone communication.
- Additional intercom system facilities should be available with separate facilities to be used in different areas. This should be linked with the central intercom system within the forensic unit.

- **Waiting room/area:**

Provision should be made for open waiting areas or waiting rooms areas as specified in the accommodation schedules. The space should be adequate for the patients as well as the accompanying persons.

- **Waiting room (lockable room):**

- A lockable waiting room is needed where indicated on the accommodation schedule. A bigger space per person is needed plus space for SAPS escorting patients. Space should be provided for 10 or more persons seated on fixed benches. This room should accommodate one patient toilet with hand-wash basin for disabled persons.

- **Waiting area (open space):**

- A waiting area is needed where indicated on the accommodation schedule.
- Adjacent to it should be toilet facilities separate for males, females and disabled persons.

- **Central Kit room, including valuables and gun safe:**

A central kit room is recommended especially where patients move to different wards. A central kit room will provide more space in the wards for other amenities and remove this non-nursing function from the nursing staff. This can be situated at the admission point for forensic unit.



- The area should have a space for counting of the kit per patient and putting it into a laundry bag.
- Each patient's kit will be put in a separate lockable cupboard. The kit will be returned to the patients on discharge.
- A secured area must also be provided for the storage of patients' personal valuables in a valuable safe plus money to be stored in separate money safe.
- Guns/weapons to be stored in a separate gun safe.

## PATIENTS SLEEPING AREAS

- **Location:**
  - Good access to nurses' station (observation and control)
  - Easy access to patients' toilets and ablutions
- **Access/Egress:**
  - Direct access from ward corridor
  - Access to patient toilets.
- **Environment:**
  - External outlook for each patient if possible
  - Good light and ventilation
- **Included In Contract:**
  - Built in platform bed in seclusion room.
- **Services:**
  - Lighting (30 – 50 lux at bed head & 150 lux at floor level at foot of bed)
  - Communications (intercom, CCTV cameras & alarm system)

## PATIENTS ABLUTIONS

- **Patient toilets:**
  - Provide a minimum of 1 toilet per room,
  - All toilets to be tamperproof and vandal proof,
  - All toilets are to be provided with tamper proof flushing devices,
  - High tension metal should be used for flush handles,
- **Patient hand-wash basins:**
  - Provide a minimum of 1 wash hand basin per room,
  - Tap water must be temperature controlled at 40 degree C with a metered push button
  - Included in contract for a mirror to be positioned above basin area
- **Patient bathrooms:**
  - The bathrooms are usually only accessible under supervision and therefore will require a means of closing them off.
  - Toilet doors should prevent privacy, toilet doors should swing outwards and should be fitted with slip locks to prevent the patients locking themselves in.
  - The floor should be of a non-slip material.
  - The bathroom should be provided with a floor drain. The floor drain should have a cover plate that cannot be unscrewed by patients

## PATIENTS ACTIVITY AND RECREATION AREAS

- **Ward kitchen:**

Ward kitchen to be connected to dining room, but must be lockable. The type and design of the ward kitchen will depend on the type of catering arrangements & the system to be used. A cook freeze system will be used.

- The wards kitchens must have a delivery area where food will be delivered from the main kitchen to the wards with transportation and Food Aids have to receive it in the wards.
- Ward kitchens must have a service area of appropriate size to accommodate industrial equipment used in the cook freeze, i.e. Convectional ovens (10 pans), sink, fridge and inserts with lids, cutlery and crockery, crockery racks and Tea Trolley and 16 x Hot closet serving counter with sliding doors (2.25m long and 730m wide) with 3 divisions. There must be enough space for flow of services during production.
- The ward kitchen will require a wash hand basin, double bowl sink, space and plugs for the refrigerator and facilities for the preparation of beverages and snacks. A hydro boil positioned over the sink or drainage board area.
- A lockable kitchen storage area for food products must be provided within the kitchen area and it should only be accessible to kitchen staff.
- A separate lockable kitchen storage area for cleaning materials must be provided within the kitchen area and it should only be accessible to kitchen staff.
- Service hatch to be included between kitchen and dining room areas, but it must have a movable / lockable sliding grid between the dining room and the kitchen.
- Service counter will be provided on the dining room wall and it will be fixed to the wall below the service hatch.
- Additional security features must prevent contact between patients and kitchen staff.

- **Dining room:**

Dining room should be adjacent to the kitchen, but separate from other recreational facilities. The dining area will also be used to teach social skills. The dining areas shall be separate for male and female, adults and adolescents and children. Allow 1,86m<sup>2</sup> for each patient, but add additional space between tables in high security wards as specified below:

- Each section must have its own dining room to accommodate the number of beds allocated to the specific ward (this is not applicable to the co-morbid medical ward).
- Provision should be made in high security wards for fixed tables and benches to seat two patients maximum at each table. Adequate provision in high security wards should be made for staff to move between tables and to have adequate space to intervene during patient fights.
- Provision should be made in medium- and low security wards for fixed tables and benches to seat four patients maximum at each table.
- Additional provision should be made within each dining room for a medication area where medication can be given from a mobile medicine trolley. Access to basin facilities, with running water and stand for water glasses, is needed next to medication trolley.

- **Recreational areas within ward:**

Allow 2,7m<sup>2</sup> for each patient as these types of patients can be violent and need more personal space. Provision should be made for social activities which can be sub-divided into an area for noisy activities and an area for quiet activities. These two areas should be adjacent and be divided with a sliding door to provide two smaller areas than can be opened into one bigger area.



- **Lounge/TV room:**

- Facility required for relaxation and social activities where patients can watch TV and play cards.
- TV aerial (high, against the wall and locked), connection and plug point to be considered - to be placed high within a secured unit for the TV & hi-fi.
- This area must be big enough to accommodate all patients in the ward plus staff.
- The area should make provision for chairs to be seated for watching TV as well as two round tables with four chairs, each for playing cards or fingerboard
- The lounge should accommodate at least one toilet room with two toilets plus one hand-wash basin to be used during the day as ablution facilities.

- **General recreational area:**

- The other recreational area should be for quiet activities and will be used as a general recreation area.
- This area should accommodate at least one patient toilet with hand-wash basin for disabled persons to be used during the day as ablution facilities.

- **Outdoor Recreational facilities:**

Allow outdoor recreation areas/ courtyards separately for males and females and for adolescents and children.

- Part of the recreational area to be shared and protected from the elements.
- Courtyards to be enclosed and to provide appropriate security measures for high, medium and low security wards.
- Courtyards should not provide a means of absconding for patients and/or entry from outsiders.
- Perimeter fence of courtyard to include appropriate security alarm features.
- Security lights with motion detection to be available in the courtyards.
- Ablutions with toilet and hand-washing facilities to be attached to this area

- **Group Therapy room:**

It will be used for group therapy as well as for educational purposes.

- Two group rooms per ward are needed.
- The group therapy room should accommodate 12 persons seated on chairs next to rectangular tables and not be smaller than 20m<sup>2</sup>.
- The group therapy room must have notice boards, white boards and display boards.

- **Quiet room:**

This room is used by patients who wish to be alone for a short while. The seclusion room is not suitable for this.

- The room should be at least 8 m<sup>2</sup>.
- The quiet room can be adjacent to the group rooms, but must be a separate room.

- **Time-out room:**

This room is used by patients as an outlet for high levels of aggression through specific physical activity. The seclusion room is not suitable for this.

- The room should be at least 8 m<sup>2</sup>.
- The time-out room can be adjacent to the seclusion room, but must be a separate room.
- It should contain a boxing punching bag secured to the ceiling.

- This room should have adequate lighting and ventilation, but no breakable windows.
- It should be sound proof and should not contain any material that may pose a danger to the patient whilst he is engaging in physical activity.

## CLINICAL WARD AREAS AND SUPPORT AREAS

### • **Nurses' station:**

The nurses' station should be placed in such a position where it would have visual contact with traffic in and out of the unit. It should also have good visual control of the main ward areas, as well as sleeping areas, especially seclusion rooms. The nurses' station is to be enclosed and secure from the outside and is to have unbreakable glass above counter tops to enable the nurses to have an outside view. It should be centrally located in the ward

- This area is to have a worktop counter and lockable storage facilities for records and stationery.
- It should be big enough to accommodate 4 staff members seated on swivel type chairs at the counter.
- It should be provided with a hand free hand-wash basin with splash back or tiles, wall fixed soap and paper towel dispenser ( no jlggered edges on paper towel dispenser) Soap dispenser to be placed above wash hand basin, to prevent drips falling on the floor)
- The counter must be wide enough to accommodate a computer and printer in a secured unit and have the necessary links to plugs and points. The nursing staff should advise on the position of the computer as in some areas this is best locked away in the nurses' duty room.
- The nurses' station to contain the CCTV monitor for CCTV cameras used for surveillance in patient areas.
- A panic button is required and good telephone communication. Additional intercom system facilities for the ward should be available with separate facilities to be used in different areas. This should be linked with the central intercom system within the forensic unit.
- It should provide an emergency exit for staff needing to avoid confrontation situations.

### • **Nurses' Duty room:**

A nurses' duty room will be required attached to the nurses' station. The administrative work of the unit will be carried out here in a degree of privacy. It will hold current records of the patients in the unit. Hand-over will take place here.

- At least one nurses' duty room is to be provided per forensic ward.
- It should be big enough to accommodate three staff seated and seven standing at the same time.
- The counter must be wide enough to accommodate a computer and printer in a secured unit and have the necessary links to plugs and points.
- Key cupboards must be fixed to the walls. Notice boards and white boards must be fixed to the walls.
- Fixed cabinets for patient records and files.

### • **Treatment / Examination room:**

This room is used for preparing patient care items, setting out equipment for procedures and storing of sterile packs, stock and equipment. Allow at least 12m<sup>2</sup>. The room should have the following:

- Anti-static floor tiles because of many electronic equipment
- Work counter
- Double stainless steel bowl sink and wash hand basin with elbow taps, soap and paper towel dispenser.



- Storage area for clean & sterile surgical supplies.
- Space to accommodate an examination couch.
- Space for fridge
- Space for dressing trolley
- Space for mobile oxygen
- Space for mobile suction machine
- Space for defibrillator
- Space to accommodate a lockable resuscitation trolley
- Suitable plugs with separate on/off functions for all medical equipment to be plugged in simultaneously.
- Wall mounted white board and notice board
- The entrance door must provide space for movement of medical equipment and patients trolley into / out of room.

- **Medicine room:**

This room is used for medication storage and preparation. This room must have good security for controlled drugs and adequate lighting to identify drugs. It should be adjacent to the nurses station. It should have the following:

- Lockable drug cabinets for different scheduled drugs.
- Self-contained mobile medicine-dispensing unit (medicine trolley).
- Work area for preparation of medication.
- Double stainless steel bowl sink and wash hand basin with elbow taps, soap and paper towel dispenser.

- **Medication room adjustments:**

Where the ward has 10 patients or where limited quantities of medication are used like in Observation unit, the adjustments will be relevant. The medication can be stored within the treatment room. The following is needed:

- Lockable drug cabinets for different scheduled drugs.
- Small self-contained mobile medicine-dispensing unit (medicine trolley).

- **Staff room with kitchenette:**

The staff room is to be away from the nurses' station. This should be seen as a multi-purpose room to be used for tea, dining and relaxing. It will also be used by large groups of students.

- The staff room should have at least 8 comfortable chairs and 2 round tables with 4 chairs each.
- The furniture should be suitable for dining and relaxing.
- The staff room should have separate multi-tier lockers with lockable shelves for personal belongings.
- There should be a staff kitchenette area with tea making facilities and facilities for preparation of food. Equipment should include fridge, hydro boil, plugs, microwave, toaster, snack witch and tea trolley.
- There should be lockable cupboards for crockery and eating utensils.
- There should be adequate sink facilities for hand-washing as well as facilities for cleaning of crockery.

- **Staff toilets for health care workers:**

- Separate male and female toilets are required for staff members with separate entrances to male and female toilets.
- The toilets must be separate from the staff room and entrances to toilets should not lead off from the staff room.



- Hand-wash basins, mirrors, soap dispensers, paper towel dispensers and paper waste bin with movable lid should be provided.
  - Closed bins for sanitary napkins to be provided in female toilets.
  - There should be at least two staff toilets for males plus two staff toilets for females plus one staff toilet for disabled staff.
- **Sluice room:**
    - The dirty utility room is for the disposal of waste from all ward areas and for the cleaning and storage of waste receptacles.
    - It should be provided with a slop-hopper, a double-bowl sink with work top.
    - If possible it should be linked to an outside yard area and holding area for waste.
- **Cleaners' room:**
    - Small lockable cleaners' storage room required with open shelves for storage of polishers, brooms, cleaning trolley and cleaning equipment.
    - It should have lockable cupboards with fit for purpose shelves for storage of different cleaning materials
    - Hands-free wash basin is required with soap and paper towel dispensers
    - Basin for cleaning of equipment
- **Messengers' room:**

Small lockable messengers' room is needed for use by a pool of messengers. Post will be sorted in the room and then delivered to the various wards/post points.

    - The room should contain post boxes for all post points.
    - It should have sorting space.
    - It should have space for 4 chairs and a table.
    - It should have adequate lighting and ventilation.
    - It should have telephone facilities.
- **General ward store room:**
    - A general ward store room to be utilised as a clean utilities storage room for ward supplies and for recreational equipment is needed.
    - One storage room adjacent to the recreational facilities is needed.
    - The storage room must be lockable with fit for purpose shelves and cupboards.
    - It should have adequate lighting and ventilation.
- **Stationary store room/records room:**

A stationary store room per ward is needed for different stationary items. This is a separate room adjacent to the nurses' duty room. It can be utilised for a stationary room as well as a ward records room.

    - It should have space for new documents and bulk of stationary items.
    - It should have space for "used" books, registers and documents to be kept for a period of three years in the ward.
    - The storage room must be lockable with fit for purpose shelves and cupboards.
    - It should have adequate lighting and ventilation.
    - It should be fire proof.
- **Clean Linen room:**
    - Storage for clean linen to be provided in a clean well ventilated linen room.
    - It should have space for receiving of clean linen from laundry.
    - It should have space for sorting and unpacking of the clean linen from the laundry bags.

- It should have adequate built in shelves for storage of clean linen items. Shelves should be wide enough and adequately spaced to allow linen items of different sizes to be stored appropriately. It should be big enough to accommodate clean linen levels per item for the number of beds per ward times five days.

- **Ward clothing room and personal belongings:**

The ward clothing room will contain ward stock clothing items. All forensic wards should have a clothing room additional to the above-mentioned central kit room.

- The ward clothing room should have fit for purpose shelves, rails and hanging space to accommodate winter and summer clothing times ten sets per patient per number of beds per ward. (The cupboard space in the bedroom will be additional.)
- It should also have small lockable cupboards for personal belongings of patients (one per patient per number of beds per ward).
- The area is to be controlled by staff as it may contain razors, nail files and cigarette lighters

- **Ward launderette:**

Patients clothing and kit may be washed at the main laundry, but separated from the bulk of the linen and other laundry. Washing of personal belonging are regarded as essential activities to be done by patients, depending on their condition.

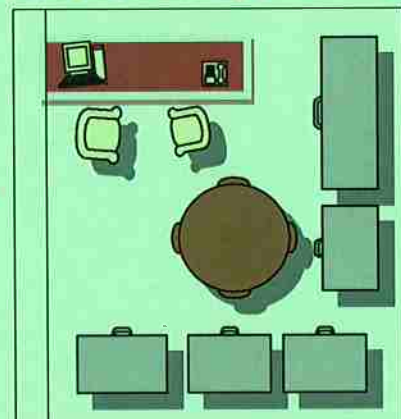
- All forensic wards should have a separate ward launderette.
- The ward launderette should have space to sort dirty clothing, space for a washing machine and space for a tumble drier.
- The ward launderette should have a big double basin for washing and rinsing of clothes separately.
- Facilities for cold water and hot water to be available at the basins as well as for the washing machine.
- Lockable cupboards for washing powder, etc.

- **Office for management:**

An office is required in clinical areas for managerial purposes. This will be used by the Assistant Manager Nursing and the Operational Manager Nursing.

An office will be allocated per person as they cannot share.

- See sketch for layout.
- Space of 16 m<sup>2</sup> needed based on functions.
- Space for desk, swivel chair and one office chair
- Space for round table with four chairs
- Separate workspace or computer stand for a computer and a network printer
- Computer point and plugs
- Space for four filing cabinets
- Space for one double door cupboard
- Wall mounted white board and notice board
- Telephone, intercom and panic alarm facilities



- **Office for administration:**

An office is required for the purpose of administrative functions. This will be used for clerks. An office will be allocated per person unless indicated differently on the accommodation schedule.

- See sketch for layout.
- Space of 10 m<sup>2</sup> needed based on functions.
- Space for desk, swivel chair and two office chairs
- Separate workspace or computer stand for a computer and a network printer
- Computer point and plugs
- Space for four filing cabinets
- Space for one double door cupboard

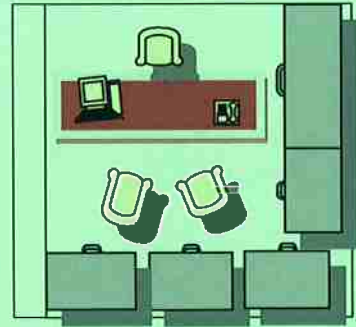


- Space for multi-purpose open shelves for storage of records
- Wall mounted white board and notice board

- **Admin office open plan:**

It will be used for administrative functions.

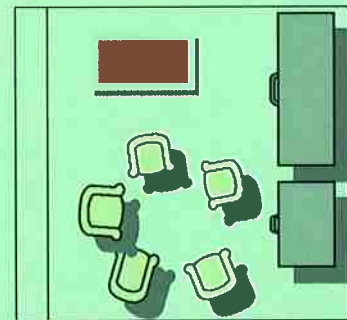
- The office should accommodate 4 clerks.
- Space per person for desk x1, cabinets x2, swivel chair x1, office chair x1 and computer x1
- Separate workspace for a network printer
- Computer point and plugs
- Telephone, intercom and panic alarm facilities
- Wall mounted white board and notice board



- **Counselling room:**

Counselling rooms are utilised by different clinical staff per rotation basis to interview patients and or family.

- See sketch for layout.
- Space of 10 m<sup>2</sup> needed based on functions
- Space for small desk and five office chairs
- Space for one filing cabinets
- Space for one double door cupboard
- Wall mounted white board and notice board
- Telephone, intercom and panic alarm facilities
- Non-threatening space with furniture that supports communication



- **Consultation room**

This room is utilised by medical staff to interview patients and/or family. It is also used for examination of the patient. Could double up as a counselling room.

- Space of 16 m<sup>2</sup> needed based on functions
- Space for examination couch
- Space for trolley with medical equipment and medical supplies
- Space for medical waste container
- Space for small desk and five office chairs
- Space for one filing cabinets
- Space for one double door cupboard
- Wall mounted white board and notice board
- Telephone, intercom and panic alarm facilities

- **Ward Round room:**

This room is used for discussions of the multi-professional team. This cannot be shared with the group rooms for patient activities. The ward round room can be used alternatively for in service training to personnel and for teaching of students when not in use by the multi-professional team.

- The ward room in each ward must accommodate 20 people seated in a circle within the room.
- There should be rectangular tables in the middle. The room must have appropriate audio-visual facilities, including computerised communication means. High security features must be appropriate for patients to be waiting outside the ward room and to be present in the ward round room during team discussions

- **Meeting room:**

This room is used by management for discussions and personnel meetings. This cannot be shared as the functions differ. This will also be used for meetings with groups of visitors (e.g. personnel from another hospital for benchmarking).

- It must accommodate 20 people seated next to rectangular tables.
- The room must have appropriate audio-visual facilities, including computerised communication means.

- **Ward Security Control point:**

A ward security control point is recommended. This should be situated in the ward for access control in/out of ward.

- It should be big enough to accommodate one security staff seated on swivel chair type at the counter and one security staff standing next to the counter at the same time.
- This area is to have a worktop counter and lockable storage facilities for security records.
- The counter must be wide enough to accommodate a CCTV monitor for access control and it should have the necessary links to plugs and points. Security staff should advise on the appropriate security features in relation to high, medium or low security wards.
- A panic button is required and good telephone communication. Additional intercom system facilities for the ward should be available with separate facilities to be used in different areas. This should be linked with the central intercom system within the forensic unit.

- **Visitors' lounge/Visitors' room/Waiting area:**

Different levels of ward security apply to the Psychiatric Unit. Depending on treatment programs offered at the specific unit, specialized security measures also applies. It can be utilised as visitors' area and as waiting area.

- **Visitors' room with 4 cubicles:**

- The visitor's room in the Observation unit is similar to a prison, where prisoners are escorted to the visitor's room and there is no physical contact between the visitor and the prisoner. The design should incorporate four separate cubicles in the visitor's room which separate the visitor from the prisoner. Special security measures must be in place to prevent escapes
- The visitor's room in the high security forensic wards is similar to a prison, where patients are escorted to the visitor's room and there is no physical contact between the visitor and the patient. The design should incorporate separate cubicles in the visitor's room which separate the visitor from the patient. Special security measures must be in place to prevent abscondments.

- **Visitors' lounge:**

- In each medium / low security ward a visitors' lounge of at least 10m<sup>2</sup> is to be provided for visiting family and friends. This cannot be shared between two wards. The visitor's room allows for physical contact between the visitor and the patient.

- **Visitors' toilets:**

- Separate male and female toilets are required for visitors with separate entrances to male and female toilets.
- The toilets must be adjacent to the visitors lounge/ visitors' room / waiting area. Entrances to visitors' toilets should not lead off from these rooms.



- Hand-wash basins, mirrors, soap dispensers, paper towel dispensers and paper waste bin with movable lid should be provided.
- Closed bins for sanitary napkins to be provided in female toilets.
- There should be per ward at least one visitor's toilets for males plus one visitor's toilet for females plus one visitor's toilet for disabled persons.

## 12 PSYCHIATRIC UNIT

The Inpatient Mental Health Unit is designated to a Regional Hospital for emergency admissions, 72 hour assessment, care, treatment and rehabilitation of voluntary, assisted and involuntary mental health users. It is to be noted that as a regional hospital this is the second level of Inpatient health care as many of the MHCUs will be referred from the District Hospitals as described.

**Table 11: Inpatient Psychiatric Unit: Schedule of Accommodation: General Psychiatric Admissions Area**

ACCOMMODATION SCHEDULE: GENERAL PSYCHIATRIC ADMISSION AREA					
DESCRIPTION	NO OF ROOMS	FUNCTION	NO OF PERSONS	SIZES SQ.M	REMARKS / NARRATIVE
<b>OPD</b>					
Outpatients security	1	Security control		25	
Outpatients Operational manager	1	For use by Operational manager	1	15	
Reception area	1	Patients received & directed to applicable admission point.	1	25	Add records room ; add 1 disabled area
Secure walk-in entrance	1	Security control		10	
Waiting Area	1	Waiting facility		25	Seating 338per month
Consulting	3	Combined for examination of patients & medication procedures		45	
Medicine / Dispensary Room				25	Dispensary with a dispensing hatch for pharmacy assist
Counselling	3			45	National recommended 3 but check formula in IUSS
Clean Utility	1			10	Shared with admission (position to be looked at )
Sluice Room	1			10	Shared with admission (position to be looked at )
Store Rooms (Linen/Stationary/ Equipment	3			60	
Staff Kitchenette	1			30	To accommodate staff lockers
Staff Toilette				40	Out of staff rest room
Treatment Room	1			15	Shared with admission (position to be looked at )
Public toilet (male)	1		1	5	
Public toilet (female)	1		1	5	
Public toilet (disabled)	1		1	5	
<b>SECURE ADMISSION AREA</b>					
Equipment store	1	Storage area		10	
Security	1			25	
Waiting area	1	Waiting facilities	24	25	Undercover
Visitors' toilet (disabled-friendly)	1	Toilet for use by visitors	1	10	
Outpatients Store	1	Storage area		25	
Consultation room	1	MDT	1	15	
Kit room	1	For safekeeping of inpatients personal belongings		10	
Public toilet (male)	1	Toilet for use by staff	1	5	
Public toilet (female)	1		1	5	
Public toilet (disabled)	1		1	5	
<b>TOTAL</b>				<b>515</b>	

**Table 12: Inpatient Psychiatric Unit: Schedule of Accommodation: Mental Health Unit  
Male Medium to Long Stay: 15 beds**

ACCOMMODATION SCHEDULE: MENTAL HEALTH UNIT					
DESCRIPTION	NO OF ROOMS	FUNCTION	NO OF PERSONS	SIZES SQ.M	REMARKS / NARRATIVE
<b>MALE MEDIUM</b>					
Seclusion room	0	Seclusion room with toilet and hand-wash basin for patient use	0		N/A
Isolation	0		0		With en suite shower
Single room	1x1	Single room with suite toilet and hand-wash basin for patient use	1 male	15	
Two bedded rooms	3x2	Two bedded room with toilet and basin	6 male	75	
Four bedded room	2x4	Four bedded room with toilet and basin	8 Male	80	
Bathroom with showers, basin (disabled-friendly)		Washing facilities for patient use		20	Building regulations SANS10 400
Night toilets		Toilet facilities for patient use		10	
<b>DAY AREA</b>					
Dining/Lounge	1	Dining and recreational facilities for patients	15	25	
Ward Entry	1	Security for inpatients		15	
Patient toilet with basin (disabled-friendly)	1	Toilet in day area for patient use		10	Building regulations SANS10 400
Outdoor recreation area	1	Outdoor recreation facilities for patient use	15	50	
Nursing station	1	For visual observation of ward areas	4 Minimum of 4	40	To include Treatment room and a linen room; CCTV's that can visualise day and night area
Staff toilet (m/f)	1	Toilet for staff		10	Unisex
<b>TOTAL</b>				<b>350</b>	

**Table 13: Inpatient Psychiatric Unit: Schedule of Accommodation: Mental Health Unit  
Male Acute: 30 beds**

DESCRIPTION	NO OF ROOMS	FUNCTION	NO OF PERSONS	SIZES SQ.M	REMARKS / NARRATIVE
<b>MALE ACUTE</b>					
Seclusion room	1x1	Seclusion room	1 male	35	Toilet and hand-wash basin for patient use
Isolation	1x1		1 male	20	With en suite shower
Single room	10x1	Single room with suite toilet and hand-wash basin for patient use	10 male	150	
Two bedded rooms	4x2	Two bedded room with toilet and basin	8 male	100	
Four bedded room	3x4	Four bedded room with toilet and basin	12 Male	120	
Bathroom with showers, basin (disabled-friendly)		Washing facilities for patient use		50	Building regulations SANS10 400
Night toilets		Toilet facilities for patient use		10	
<b>DAY AREA</b>					
Dining/Lounge	1	Dining and recreational facilities for patients	30	50	
Ward Entry	1	Security for inpatients		15	
Patient toilet with basin (disabled-friendly)	1	Toilet in day area for patient use		5	Building regulations SANS10 400
Outdoor recreation area	1	Outdoor recreation facilities for patient use	30	100	
Nursing station	1	For visual observation of ward areas	5 Minimum of 5	50	To include Treatment room and a linen room; CCTV's that can visualise day and night area
Staff toilet (m/f)	1	Toilet for staff		10	Unisex
<b>TOTAL</b>				<b>720</b>	



**Table 14: Inpatient Psychiatric Unit: Schedule of Accommodation: Mental Health Unit**  
**Female Medium to Long Stay: 5 beds**

DESCRIPTION	NO OF ROOMS	FUNCTION	NO OF PERSONS	SIZES SQ.M	REMARKS / NARRATIVE
<b>FEMALE MEDIUM</b>					
Seclusion room	0	Seclusion room	0	35	Toilet and hand-wash basin for patient use
Isolation	0		0		With en suite shower
Single room	1x1	Single room with suite toilet and hand-wash basin for patient use	1 female	15	
Two bedded rooms	0	Two bedded room with toilet and basin	0		
Four bedded room	1x4	Four bedded room with toilet and basin	4 female	40	
Bathroom with showers, basin (disabled-friendly)		Washing facilities for patient use		15	Building regulations SANS10 400
Night toilets		Toilet facilities for patient use		5	
<b>DAY AREA</b>					
Dining/Lounge	1	Dining and recreational facilities for patients	5	15	
Ward Entry	1	Security for inpatients		10	
Patient toilet with basin (disabled-friendly)	1	Toilet in day area for patient use		5	Building regulations SANS10 400
Outdoor recreation area	1	Outdoor recreation facilities for patient use	5	25	
Nursing station	1	For visual observation of ward areas	2 Minimum of 2	10	To include Treatment room and a linen room; CCTV's that can visualise day and night area
Staff toilet (m/f)	1	Toilet for staff		5	Unisex
<b>TOTAL</b>				<b>180</b>	

**Table 15: Inpatient Psychiatric Unit: Schedule of Accommodation: Mental Health Unit**  
**Female Acute: 10 beds**

DESCRIPTION	NO OF ROOMS	FUNCTION	NO OF PERSONS	SIZES SQ.M	REMARKS / NARRATIVE
<b>FEMALE ACUTE</b>					
Seclusion room	1x1	Seclusion room	1 female	35	Toilet and hand-wash basin for patient use
Isolation	1x1		1 female	20	With en suite shower
Single room	4x1	Single room with suite toilet and hand-wash basin for patient use	4 female	40	
Two bedded rooms	1x2	Two bedded room with toilet and basin	2 female	25	
Four bedded room	1x4	Four bedded room with toilet and basin	4 female	40	
Bathroom with showers, basin (disabled-friendly)		Washing facilities for patient use		15	Building regulations SANS10 400
Night toilets		Toilet facilities for patient use		5	
<b>DAY AREA</b>					
Dining/Lounge	1	Dining and recreational facilities for patients	10	25	
Ward Entry	1	Security for inpatients		10	
Patient toilet with basin (disabled-friendly)	1	Toilet in day area for patient use		5	Building regulations SANS10 400
Outdoor recreation area	1	Outdoor recreation facilities for patient use	10	50	
Nursing station	1	For visual observation of ward areas	3 Minimum of 3	30	To include Treatment room and a linen room; CCTV's that can visualise day and night area
Staff toilet (m/f)	1	Toilet for staff		5	Unisex
<b>TOTAL</b>				<b>305</b>	

**Table 16: Inpatient Psychiatric Unit: Schedule of Accommodation: Mental Health Unit**  
**Female Adolescent: 2 beds**

DESCRIPTION	NO OF ROOMS	FUNCTION	NO OF PERSONS	SIZES SQ.M	REMARKS / NARRATIVE
<b>FEMALE ADOLESCENT</b>					
Seclusion room	0	Seclusion room with toilet and hand-wash basin for patient use	0		N/A



DESCRIPTION	NO OF ROOMS	FUNCTION	NO OF PERSONS	SIZES SQ.M	REMARKS / NARRATIVE
Isolation	0		0		With en suite shower
Single room	2x1	Single room with suite toilet and hand-wash basin for patient use	2 female	30	
Two bedded rooms	0	Two bedded room with toilet and basin	0		
Four bedded room	0	Four bedded room with toilet and basin	0		
Bathroom with showers, basin (disabled-friendly)		Washing facilities for patient use			Building regulations SANS10 400
Night toilets		Toilet facilities for patient use			
<b>DAY AREA</b>					
Dining/Lounge	1	Dining and recreational facilities for patients	2	5	
Ward Entry	1	Security for inpatients		10	
Patient toilet with basin (disabled-friendly)	1	Toilet in day area for patient use		5	Building regulations SANS10 400
Outdoor recreation area	1	Outdoor recreation facilities for patient use	2	10	
Nursing station	1	For visual observation of ward areas	2 Minimum of 2	10	To include Treatment room and a linen room; CCTV's that can visualise day and night area
Staff toilet (m/f)	1	Toilet for staff		5	Unisex
<b>TOTAL</b>				<b>75</b>	

**Table 17: Inpatient Psychiatric Unit: Schedule of Accommodation: Mental Health Unit  
Male Adolescent: 3 beds**

DESCRIPTION	NO OF ROOMS	FUNCTION	NO OF PERSONS	SIZES SQ.M	REMARKS / NARRATIVE
<b>MALE ADOLESCENT</b>					
Seclusion room	0	Seclusion room with toilet and hand-wash basin for patient use	0		N/A
Isolation	0		0		With en suite shower
Single room	3x1	Single room with suite toilet and hand-wash basin for patient use	3 Male	45	
Two bedded rooms	0	Two bedded room with toilet and basin	0		
Four bedded room	0	Four bedded room with toilet and basin	0		
Bathroom with showers, basin (disabled-friendly)		Washing facilities for patient use			Building regulations SANS10 400
Night toilets		Toilet facilities for patient use			
<b>DAY AREA</b>					
Dining/Lounge	1	Dining and recreational facilities for patients	3	10	
Ward Entry	1	Security for inpatients		5	
Patient toilet with basin (disabled-friendly)	1	Toilet in day area for patient use		5	Building regulations SANS10 400
Outdoor recreation area	1	Outdoor recreation facilities for patient use	3	15	
Nursing station	1	For visual observation of ward areas	2 Minimum of 2	10	To include Treatment room and a linen room; CCTV's that can visualise day and night area
Staff toilet (m/f)	1	Toilet for staff		5	Unisex
<b>TOTAL</b>				<b>95</b>	

**Table 18: Inpatient Psychiatric Unit: Schedule of Accommodation: Mental Health Unit  
Clinical & Support Area**

<b>CLINICAL AREA &amp; SUPPORT AREA (Separate The Clinical and The Household Area) (This is a shared area for the entire Unit)</b>					
DESCRIPTION	NO OF ROOMS	FUNCTION	NO OF PERSONS	SIZES SQ.M	REMARKS / NARRATIVE
Counselling Room	4	For use by Social worker		60	Check this needs to be in the Admissions area
Consulting Room	4	For use by Psychologist	1	60	Shared rooms
Operational Manager	1	For use by Operational manager	1	15	
Ward Round Room	1		20	100	
Group therapy room	3	For group and family activities	10	60	Check numbers

CLINICAL AREA & SUPPORT AREA (Separate The Clinical and The Household Area) (This is a shared area for the entire Unit)					
DESCRIPTION	NO OF ROOMS	FUNCTION	NO OF PERSONS	SIZES SQ.M	REMARKS / NARRATIVE
Student training/ Telemedicine	1	For student training	1	25	One for the entire Mental Health Unit
Kitchen Hatch	2	Provide food / beverages for patients	1x1 male 1x1 female	10 10	
General ward store	2	Storage of ward supplies		20	
General Store room	1			20	
Clean Utilities	1	For clean utilities		20	
Sluice room	1	For cleaning equipment		10	
Staff Kitchen/Dining	1	For tea / dining /	1	20	
Staff Lounge	1	For relaxing		25	
Staff toilet (male)	1	Toilet for use by staff	1	5	
Staff toilet (female)	1		1	5	
Staff toilet disabled)	1		1	5	
Cleaner's room	1	For use by cleaner	1	10	
Quiet room	4	For therapeutic use by patient 1 for male and 1 for female		60	One for each discipline Day area
Time out Room	1	Adolescent only		15	Adolescent only Day area
Staff toilet (male)	1	Toilet for use by visitors	1	5	
Staff toilet (female)	1		1	5	
Staff toilet (disabled)	1		1	5	
Staff Meeting room	1	Meeting area for staff	1	20	
Server room	1	For server equipment	1	15	
TOTAL				505	
GRAND TOTAL				2745	

## 13 ORGANISATIONAL DEVELOPMENT

The specific interventions for mental health care patients include care, treatment and rehabilitation. These interventions are rendered through a multidisciplinary approach by psychiatrist or medical practitioners, psychiatric nurses, psychologists, social workers and occupational therapists.

Mental health inpatient units are managed by professional unit managers, supported by nursing staff on a 24-hour operational cycle. Nursing staff work in shift and provide day and night nursing supervision and support at unit and organisational level. The proposed building will require additional staff to operationalize and provide efficient and effective service.

### 13.1 Existing Staff Establishment

**Table 19: Existing Staff Establishment**

STAFF ESTABLISHMENT: MENTAL HEALTH IN PATIENT UNIT			
DETAIL	SERVICE AREA	NO OF STAFF	RANK OF STAFF
Medical Service	Inpatient ward	1	Head Clinical Unit
		1	Specialist
		5	Medical Officer
Nursing Service	Inpatient ward	1	Operational Nurse
		8	Professional Nurse
		4	Enrolled Nurse

### 13.2 Additional Staff Required

**Table 20: Health Inpatient Ward (60 Beds)**

STAFF ESTABLISHMENT: MENTAL HEALTH IN PATIENT UNIT					
DETAIL	SERVICE AREA	NO OF STAFF (CLINICAL)	RANK OF STAFF	NO OF STAFF	RANK OF STAFF (NON-CLINICAL)
Medical Service	Inpatient ward	1	Psychiatrist Specialist	1	Patient Services Management Officer (OPD& Admission)
		2	Medical Officer	4	Patient Services Clerk (OPD& Admission)
Nursing & Allied Services	Inpatient ward	1	Clinical Psychologist	4	Security Officers (Day & Night) In house
		1	Social Worker	4	General Orderlies (Day & Night)
		1	Occupational Therapist		
		8	Prof Nurse (Speciality)		
		4	Staff Nurse		
		2	Enrolled Nursing Assistants		



## 14 PROJECT / PROGRAMME MANAGEMENT AND COST CONTROL

### 14.1 Project Management

#### 14.1.1 IDM Progress Diagram

NO PROJECT CAN PROCEED UNTIL THE IDM STAGE HAS BEEN SIGNED OFF BY THE APPROPRIATE PERSON – Please refer to Departmental Infrastructure Standard Operating Procedures (SOPS)

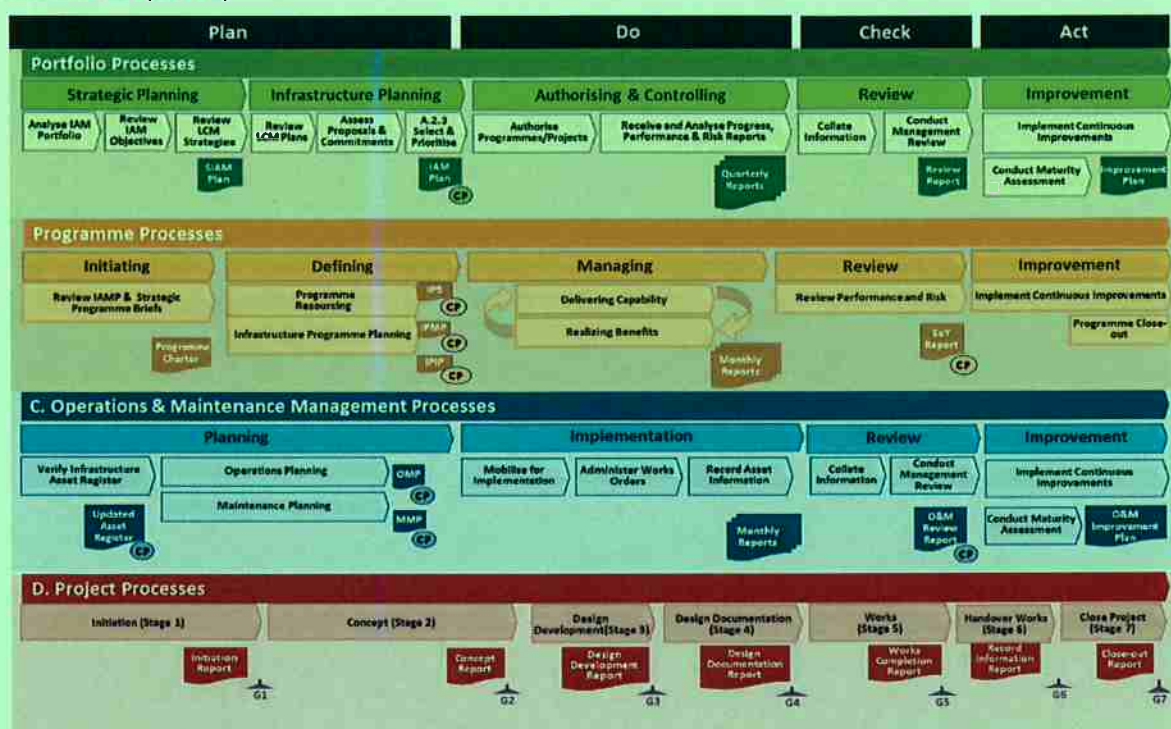


Figure 20: IDM Progress Diagram - FIDPM

(Source: Framework for infrastructure Delivery and Procurement Management, Oct., 2019)

#### Stage 1 PROJECT INITIATIONS

- o Deliverable Initiation report
  - o The initiation report, which defines project objectives, needs, acceptance criteria, organisation's priorities and aspirations, procurement strategies, and which sets out the basis for the development of the concept report.

#### Stage 2 CONCEPT

- o Deliverable Concept report
  - o The concept stage represents an opportunity for the development of the different design concepts to satisfy the project requirements, as developed during stage 1. It also presents, through the testing of alternative approaches, an opportunity to select a particular conceptual approach. The ultimate objective of this stage is to determine whether the project is viable to proceed, with respect to available budget, technical solutions, time-frame and other information that may be required.
  - o The concept report should as a minimum, provide the following information:
    - o Document the initial design criteria, cost plan, design options and the selection of the preferred design option, or the methods and procedures required to maintain the condition of infrastructure for the project.



- Establish the detailed brief, scope, scale, form and cost plan for the project, including, where necessary, the obtaining of site studies and construction and special advice.
- Provide an indicative schedule for documentation and construction or maintenance services, associated with the project.
- Include a site development plan, or other suitable schematic layout of the works.
- Describe the statutory permissions, funding approvals and utility approvals required to proceed with the works associated with the project.
- Include a baseline risk assessment for the project, and a health and safety plan, which is a requirement for the Construction Regulation, issued in terms of the Occupational Health and Safety Act.
- Contain a risk report linked to the need for further surveys, tests, other investigations and consents and approvals, if any, during subsequent and identified health, safety and environmental risk.

### **Stage 3 DESIGN DEVELOPMENT**

- Deliverable            Design development report
  - The design development report shall as necessary:
    - Develop in detail the approved concept to finalise the design and definition criteria
    - Establish the detailed form, character, function and costing.
    - Define all components in terms of overall size, typical detail, performances and outline specification.
    - Describe how infrastructure or elements or components thereof are to function, how they are to be safely constructed, how they are to be maintained and how they are to be commissioned.
    - Confirm that the project scope can be completed within the budget or propose a revision to the budget.

### **Stage 4 DESIGN DOCUMENTATION**

- Deliverable            Design documentation
  - Design documentation provides the:
    - Production information that details, performance definition, specification, sizing and positioning of all systems and components that would enable construction
    - Manufacture, fabrication and construction information for specific components of the work informed by the production information.

### **Stage 5 WORKS**

- Deliverable            Completed Works capable of being used or occupied
  - The following is required for completion of the Works Stage:
    - Completion of the works is certified in accordance with the provisions of the contract:
    - The goods and associated services are certified as being delivered in accordance with the provisions of the contract.

### **Stage 6 HANDOVER**

- Deliverable            Works which have been taken over by user or owner; completed training;  
Record information
  - The following activities shall be undertaken during the handover stage:
    - Finalise and assemble record information which accurately reflects the infrastructure that is acquired, rehabilitated, refurbished or maintained;

- Hand over the works and record information to the user organisation and if necessary, train end user staff in the operation of the works.

### Stage 7 CLOSE OUT

- Deliverable Defects certificates or certificates of final completion issued  
Final amount due to the contractor in terms of the contract is certified  
Close out report is accepted
- Sub-deliverable 1 The Close-Out Stage commences when the end users accepts liability for the works. It is complete when:
  - Record information is archived.
  - Defects certificates and certificates of final completion are issued in terms of the contract.
  - Final amount due to the contractor is certified, in terms of the contract;
  - Close-out report is prepared by the implementer and approved by the Client Department

## 14.1.2 Project Management Plan / Resource Management

The following Project Management plan is a guideline.

**Table 21: Proposed Project Plan**

ITEM	ELEMENTS
Needs Assessment/Analysis:	This project cannot be undertaken utilising only in-house skills due to insufficient capacity. It is recommended that an Implementing Agent be appointed to manage the project. Furthermore, it is not expected that the Implementing Agent will have the necessary skills to undertake this project in-house and therefore it is envisaged that Professional Service Providers will be appointed.
Implementing Agent Brief:	The Implementing Agent is required manage the implementation of the project (as per the current SLA) to successful completion within time, cost and to the required specification and to manage <u>all</u> project associated risks for minimum impact.
Consultancy Brief:	<p>The Consultant team:-</p> <p>Are to manage the project to successful completion within time, cost and to the required specification and to manage project associated risks for minimum impact.</p> <ul style="list-style-type: none"> <li>○ Must develop, design, document, manage and close the project</li> <li>○ May not proceed with any stage (IDMS) of the work until the KZN-DOH is satisfied with the stage of the project.</li> <li>○ Must clarify any uncertainties, discrepancies, etc. to the satisfaction of KZN-DOH</li> <li>○ Is expected to deliver a well-designed, cost effective, low maintenance facility that will suit the needs of the x community and KZN-DOH</li> <li>○ Must adhere to the timeframes for the work to be completed as presented.</li> </ul>
Evaluation and Engagement:	<ul style="list-style-type: none"> <li>○ The project may not proceed to any stage until KZN-DOH is satisfied with the current stage (wherever that is) of the project;</li> <li>○ KZN-DOH will follow the IDMS principles for approval and evaluation</li> </ul>

### 14.1.3 Project Risk Plan

Informed decision-making is critical to the success of any project. Crucial to this success is the identification of risks and how they will be managed. The following risks have been identified prior to the projects start. These risks are not all inclusive and will be reviewed as the project progresses.

The following is some of the risk identified. However it is required that the Implementer develop a full risk plan. This is not an inclusive list and must be reviewed at each stage.



**Table 22: Risk Log**

Risk	Owner	Probability (low/med/ high)	Consequence (L/M/H)	Actions
SCM procedures to be adhered to	Project Leader	Med.	High	Project Leader / Implementing Agent to ensure all SCM procedures is followed and that no delays occurs
Inexperienced Contractor appointed by Implementing Agent.	Project Leader / Implementing Agent	High	High	Implementing Agent (IA) to ensure that contractor is well versed with the Health environment and have the necessary capacity and resources to successfully complete the project
Site Analysis	Project Leader / Implementing Agent	High	High	The site will be subject to geological assessment to determine suitability. Project timeline has factored time requirement for the report and approval processes.
Late Completion	Project Leader / Implementing Agent	Medium	Medium	A programme is to be agreed upon, and monitored so as to mitigate any delays
Budget inflation	Project Leader / Implementing Agent	Low / Medium	Low / Medium	Project leader to monitor project cost and ensure that adequate budget monitoring processes are put in place
Disruption to Hospital activities	Project Leader / Implementing Agent	Low	Low	While the proposed site is isolated from the main hospital, construction activities such as connection to services will require co-ordination with the hospital. The hospital management is to be engaged throughout the process so as to mitigate and limit any disruption to hospital services
Impact on hospital's support services	Project Leader / Implementing Agent	Low	Low	Any potential impact on hospital support services e.g. Laundry, kitchen need to be investigate at the design stage and discussed with hospital management and possible solutions discussed with hospital

#### 14.1.4 Occupational Health and Safety Baseline plan

14.1.4.1 The project must comply with the requirements of the Occupational Health & Safety Act 85 of 1993 and its regulations.

14.1.4.2 A Construction Work Permit is required if the intended work will:

- Exceed 365 days and will involve more than 3600 persons days of construction work; or
- The tender limit is grade 7; 8 or 9 of the Construction Industry Development Board (CIDB) grading.

14.1.4.3 A client who intends to have construction work carried out; must at least 30 days before that work is to be carried out, apply to the provincial director in writing for construction work permit to perform construction work.

14.1.4.4 For projects that require a Construction work permit; a Health & Safety Agent must be appointed.

#### 14.2 Communication Plan

The following plan is a guideline.

##### • Strategies

In order to ensure good communication, frequent engagement will take place though out the project life cycle. The engagements include:

- Stakeholder engagement meetings
- Planning meetings

- Update meetings
- Report back meetings
- Site meetings
- No media communication except by KZN-DOH Communication

- **Methodologies**

Communication will be done through the following methods:

- Meetings
- Minutes
- Telecommunication
- E-mails
- Reports
- Letters
- Feedback information

- **Delivery**

Communication will be delivered through:

- Telecommunication
- E-mails
- Postal services
- Internal registry services

- **Personnel**

Communication will be between KZN-DOH Infrastructure Development (KZN-DOH ID) and:-

- KZN-DOH Head Office sections
- KZN-DOH Umgungundlovu District
- RK Khan Hospital
- DoPW
- Consultant team

Communication is expected to take place between:

- KZN-DOH District Umgungundlovu and Community
- KZN-DOH ID and DoPW
- DoPW and Consultants
- DoPW and RK Khan Hospital
- DoPW and Contractor/s
- Between Consultants

### 14.3 Project Milestones

**Table 23: MILESTONES and TASKS**

Milestone	Date	% Project Complete
PROJECT START DATE	01/04/2019	0%
PRE-FEASIBILITY	01/06/2021	3%
FEASIBILITY	30/12/2021	10%
DESIGN	15/11/2022	30%
TENDER	14/02/2024	40%



Milestone	Date	% Project Complete
CONSTRUCTION	14/12/2025	81%
Construction 0 - 25%	20/02/2024	51%
Construction 26 - 50%	11/08/2024	61%
Construction 51 - 75%	11/02/2025	70%
Construction 76 - 100%	10/12/2025	81%
PRACTICAL COMPLETION	14/02/2026	81%
HANDED OVER	21/02/2026	84%
WORKS COMPLETION	14/06/2026	91%
FINAL COMPLETION	29/08/2026	96%
CLOSE OUT	30/10/2026	100%

#### 14.4 Project Cost Breakdown

The project cost is made up of the following elements:

- Infrastructure component
  - Building and related infrastructure bulk services
  - HT (furniture, medical equipment, IT hardware and software, linen & crockery and cutlery)
- Commissioning costs
- Operating costs

The budgetary allocation for each Infrastructure Component must be closely controlled by the Project Manager and must not be exceeded without prior approval of the CFO and HOD. The departmental Project Leader is responsible for the Commissioning Costs if they are not included in the Infrastructure Budget.

The Project Leader and Project Manager are responsible to ensure that necessary controls are in place and that the budgets are not exceeded without a fully motivated and approved submission to the CFO and HOD.

**TABLE: 24 Estimated Building Rate**

Building Cost (incl. VAT)		
Funding source		
Budgetary Item	Amount	Explanatory Notes
Current Estimated Building Cost	R 126 210 000.00	Date of estimate: 17 March, 2021
Pre-tender escalation	R 9 087 120.00	0.3 % per month for 24 months
Post-tender escalation	R 8 767 253.38	0.3 % for 36 months x 0.6
Estimated Fees	R 31 694 162.14	20 % of construction cost
Contingency	R 14 406 437.34	10 % provision
<b>Estimated Building Cost (incl. VAT)</b>	<b>R 190 164 972.86</b>	
<b>Estimated Building Rate per m<sup>2</sup> (incl. VAT)</b>	<b>R 63 118 / sqm</b>	

Health Technology:

Description required

Which items are included in infrastructure project budget?

HTS list and estimate?

**TABLE: 25 HT (Furniture & Equipment) Cost**

HT (Furniture & Equipment) Cost (incl. VAT)		
Funding source		
Budgetary Item	Amount	Explanatory Notes
Current estimate for HT (Equipment)	R 22 000 000.00	
Current estimate for Furniture	R 3 000 000.00	
Provision for Escalation	R 0.00	
Estimated fees	R 0.00	
Estimated Commissioning Cost	R 0.00	
Estimated escalation	R 0.00	
Estimated additional Operational Cost	R 0.00	
<b>Estimated HT (Furniture &amp; Equipment) Cost (incl. VAT)</b>	<b>R 25 000 000.00</b>	

Commissioning:

Part of the Infrastructure budget

Responsibility: Not considered at this stage of the project

**TABLE: 26 Estimated Commissioning Cost**

Commissioning (incl. VAT)		
Funding source		
Budgetary Item	Amount	Explanatory Notes
Current estimate for Commissioning (Salaries only)	R 9 127 980.00	Additional expenditure for salaries only.
Provision for Escalation	R 2 521 893.00	@ 5% per year
Estimated fees	R 11 649 873.00	Estimate fees for 2024/25 financial year
<b>Estimated Commissioning Cost (incl. VAT)</b>	<b>R 11 649 873.00</b>	

Operations:

Responsibility: Not considered at this stage of the project

**TABLE: 27 Estimated Annual Operation Cost**

Annual Operating Cost (incl. VAT) – 2018/19 Financial Year		
Funding source	Budget control head office	
Budgetary Item	Amount	Explanatory Notes
Salaries	R 12 611 000.00	Provide breakdown
Electricity, water, medical gases, fuels		Using global expenses
Food, catering services		Using global expenses
Rates & taxes	N/A	
Lease costs	N/A	
Legal	N/A	
Consumables	R 131 110.00	
<b>Estimated Annual Operating Cost (incl. VAT)</b>	<b>R 12 742 110.00</b>	

**TABLE 28: Estimated Monthly Cash-flow (AIP)**

Estimated Cash-flow for 2020/21 financial year (Total Construction cost + Fees, incl. VAT)											
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
0.00	1 200 000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1 471 609.00	0.00	0.00

Cash-flow relates to building costs only  
 Estimate match U-AMP amount

**TABLE 29: Projected Annual Cash-flow (U-AMP)**

MTEF and beyond	Fees	Construction	Total
Yr 20/21	R 0.00	R 0.00	R 0.00
Yr 21/22	R 2 671 609.60	R 0.00	R 2 671 609.60
Yr 22/23	R 8 014 828.80	R 0.00	R 8 014 828.80
Yr 23/24	R 5 343 219.20	R 44 526 826.67	R 49 870 045.87
Yr 24/25	R 5 343 219.20	R 44 526 826.67	R 49 870 045.87
Yr 25/26	R 4 007 414.40	R 44 526 826.66	R 48 534 241.06
Yr 26/27	R 1 335 804.80	R 29 868 396.86	R 31 204 201.66
<b>TOTAL</b>	<b>R26 716 096.00</b>	<b>R 163 448 876.86</b>	<b>R 190 164 972.86</b>

#### 14.5 Expanded Public Works Programme and Community Participation Goal

The general rule/guideline currently is that all Department of Health Projects in which the Project Brief or SIPDM stage 3 report estimates exceed R7 Million shall be subject to the Expanded Public Works Program (EPWP) aimed at alleviating and reducing unemployment.

Employment statistics will still be required to be submitted for projects below this value for recording and reporting to the EPWP system but all other EPWP guidelines may not be included.

Projects that have initial estimates exceeding R30 Million shall be subject to both Expanded Public Works Program (EPWP) and Contract Participation Goal (CPG).

Requirements for this project are outlined below:



**TABLE 30: EPWP Minimum employment requirements**

EPWP Minimum Requirement	Project Values in Rands and minimum guidelines					
	Up To 5 00 000	Between 500 000 up to 2 Million	Between 2 Million up to 10 Million	Between 10 Million up to 30 Million	Between 30 Million up to R 99 Million	From 100 Million and above
<b>Reporting</b>	All required	All required	All required	All required	All required	All required
<b>Local Area</b>	10 km radius	10 km radius	Local Municipality 60% @ 10 km radius	District Municipality 60% Local Municipality	KZN Province 80% District 60% Local Municipality	South Africa 80% KZN 60% District 40% Local Municipality
<b>Branding</b>	Not Required	Site only	Site and Uniform	Site ,Uniform and tender documentation	Site ,Uniform and tender documentation	Site ,Uniform and tender documentation
<b>Recruitment</b>	Managed via Councillor and Hospital Board/Clinic Committee	Managed via Councillor and Hospital Board/Clinic Committee	According to DOPW Recruitment guideline document	According to DOPW Recruitment guideline document	According to DOPW Recruitment guideline document	According to DOPW Recruitment guideline document
<b>PSC</b>	Not Required	Hospital board /Clinic Committee	Hospital board /Clinic Committee	Full PSC,CIDB Guidelines to be followed	Full PSC,CIDB Guidelines to be followed	Full PSC,CIDB Guidelines to be followed
<b>CLD</b>	Not Required	Required	Required	Required	Required	Required
<b>Tender Specification</b>	Not Required	Required	Required	Required	Required	Required



## 15 Health Technology Services

Health Technological services for the purpose of this brief will focus on items that have an integral bearing on the development and planning of the project. A complete list for HTS will be developed and finalised at a later stages once the clinical brief and design has been finalised.

According to the IUSS document, "The tool used in the process of defining what equipment is needed for each healthcare intervention is the **Standard Equipment List**. This is:

- A list of equipment typically required for each healthcare intervention (such as a healthcare function, activity, or procedure). For example, health service providers might list all equipment required for eye-testing, delivering twins, undertaking fluoroscopic examinations, or for testing blood for malaria;
- Organised by activity space or room (such as reception area or treatment room), and by department;
- Developed for every different level of healthcare delivery (such as district, province) since the equipment needs will differ depending on the vision for each level;
- Usually made up of **everything** including furniture, fittings and fixtures, in order to be useful for planners, architects, engineers and purchasers, and
- A tool which allows healthcare managers to establish if the Vision is economically viable.

The Standard Equipment List must reflect the level of technology of the equipment. It should describe only technology that the facility can sustain (in other words, equipment which can be operated and maintained by existing staff, and for which there are adequate resources for its use). For example a department could have:

- An electric suction pump or a foot-operated one;
- A hydraulic operating table or an electrically controlled one;
- A computerised laundry system or electro-mechanical machines; and
- Disposable syringes or re-usable / sterilisable ones.

It is important that any equipment suggested:

- Can fit into the rooms and space available. Reference should therefore be made to any building norms defining room sizes, flow patterns, and requirements for water, electricity, light levels and so on;
- Has the necessary utilities and associated plant (such as the power, water, waste management systems) available for it on each site - if such utilities are not available, it is pointless planning to invest in equipment which requires these utilities in order to work; and
- Can be operated and maintained by existing staff and skill levels, or for which the necessary
- Training is available and affordable.

### Preparation of specifications

Specifications have to be drawn up for every device that is planned to be purchased. Standardised specifications need to be drawn up for commonly used devices which can then be modified (where necessary) at institutional level.

General terms and conditions should also be part of specifications, including stipulations like the local availability of essential spare parts, and the presence of a registered sole agent for the specific brand.

A suggested format for specifications is as follows:

- Name of equipment;
- Function;
- Essential features;
- Essential components;
- Additional components;
- Power supply;
- Additional requirements; and
- Training – user training, maintenance training.

For some equipment, such as sophisticated or imported items, or equipment which is new in the system, it may be necessary to specify the following item lines:

- Site preparation details – supplier should provide technical instructions and details so that this work can be planned, either in-house or by contracting out.
- Installation – assistance may be needed.
- Commissioning – assistance may again be required.
- Acceptance – the responsibilities of both the purchaser and supplier with respect to testing and/or acceptance of the goods must be clearly detailed.
- Training of both users and technicians – help must be obtained if required.
- Maintenance contract (an important part of after-sales support) – help must be requested if it is required. It will be necessary to agree and stipulate the duration, and whether it should extend beyond the warranty period, the cost and whether it includes the price of labour and spare parts, and the responsibilities of the owner and supplier.

There are a number of technical and environmental factors that need to be taken into account:

- If the area has an unstable power supply, is the supplier able to offer technical solutions (such as voltage stabilisers, an uninterruptible power supply)?
- Will the geographical location (such as height above sea-level) affect the operation of equipment (such as motors, pressure vessels)? If so, can the manufacturer adjust the item's specific needs?
- Extremes of temperature, humidity, and dust may adversely affect equipment operation, and may require solutions such as air-conditioning, silica gel, polymerised coatings for printed circuit boards, and filters.

The following details should be included in a Technical and Environmental Data Sheet:

- Electricity supply – mains or other supply, voltage and frequency values and fluctuations.
- Water supply – mains or other supply, quality and pressure.
- Environment: height above sea-level; mean temperature and fluctuations; humidity; dust level; vermin problems, etc.
- Manufacturing quality – international or local standards required.
- Language required – main and secondary.
- Technology level required – manual, electro-mechanical or micro-processor controlled.

Pre-installation work involves:

- Preparing the site ready for equipment when it arrives;
- Organising any lifting equipment;
- Organising any warehouse (storage) space;



- Confirming installation and commissioning details; and
- Confirming training details.

In some cases, the pre-installation work required is minimal; in others it requires considerable labour and finance. As a general guide, site preparation is the work required to ensure that the room or space where the equipment will be installed is suitable. It often requires the provision of new service supply connections (for electricity, water, drainage, gas, waste) and may require some construction work. Site preparation tasks can include:

- Disposing of the existing obsolete item (disconnection, removal, cannibalising for parts, transport, decontamination and disposal);
- Extending pipelines and supply connections to the site, from the existing service installations;
- Upgrading the type of supply, such as increasing the voltage, or the pipeline diameter;
- Providing new surfaces, such as laying concrete, or providing new worktops; and
- Creating the correct installation site – for example, digging trenches, building a transformer house or a compressor housing.

In considering where to position equipment, the following types of questions should be asked:

- Is there sufficient access to the room/space? (Door sizes and elevator capacity are very important for x-ray and other large machines.)
- Is the room/space large enough?
- Is the position and layout of the room/space suitable?
- Are the required work surfaces and service supply points available?
- Is the environment adequate for the purpose? (For example, is it air-conditioned? Dust-free? Away from running water?)

If new buildings or extensions are being constructed, different relevant departments and groups need to work closely together to design the rooms and plan the service supplies. Planners, users, architects, service engineers, and equipment engineers need to be consulted. Site preparation can be carried out by:

- In-house staff (for example, the facility HTM team or a central/regional HTM team);
- Maintenance staff from other national agencies (for example, electricians from the Ministry of Public Works);
- A contractor who has been hired (for example, a private company or an NGO partner); and
- The suppliers or their representative."

## 15.1 Minimum HTS list

**Table 31: Minimum Equipment list**

Equipment localization									Line Item Notes
Area	Unit	Subunit	Local Equipment Term / Name	GMDN Term Name 2	UMDNS Term	Unit price	Qty	Total price	Indicators/ Observations
Inpatient	Psychiatric Ward	1-Bed Ablution	Medical equipment not listed though furniture and fittings may be expanded upon	N/A	N/A			R0.00	
Inpatient	Psychiatric Ward	1-Bed	Bed, hospital, with mattress		Beds	R13 900.00	1	R13 900.00	
Inpatient	Psychiatric Ward	1-Bed	Drip hanger wall/ceiling mounted		Intravenous Hangers	R1 200.00	1	R1 200.00	
Inpatient	Psychiatric Ward	1-Bed	Oxygen flow meter, single	Flowmeter, oxygen therapy	Flowmeters	R700.00	1	R700.00	
Inpatient	Psychiatric Ward	1-Bed	Suction unit, single bottle/disposable bag, wall outlet		Aspirators	R5 000.00	1	R5 000.00	
Inpatient	Psychiatric Ward	2-Bed Ablution	Medical equipment not listed though furniture and fittings may be expanded upon	N/A	N/A			R0.00	
Inpatient	Psychiatric Ward	2-Bed	Bed, hospital, with mattress		Beds	R13 900.00	6	R27 800.00	
Inpatient	Psychiatric Ward	2-Bed	Drip hanger wall/ceiling mounted		Intravenous Hangers	R1 200.00	6	R2 400.00	
Inpatient	Psychiatric Ward	2-Bed	Oxygen flow meter, single	Flowmeter, oxygen therapy	Flowmeters	R700.00	6	R1 400.00	
Inpatient	Psychiatric Ward	2-Bed	Suction unit, single bottle/disposable bag, wall outlet		Aspirators	R5 000.00	6	R10 000.00	
Inpatient	Psychiatric Ward	4-Bed Ablution	Medical equipment not listed though furniture and fittings may be expanded upon	N/A	N/A			R0.00	
Inpatient	Psychiatric Ward	4-Bed	Bed, hospital, with mattress		Beds	R13 900.00	4	R55 600.00	
Inpatient	Psychiatric Ward	4-Bed	Drip hanger wall/ceiling mounted		Intravenous Hangers	R1 200.00	4	R4 800.00	
Inpatient	Psychiatric Ward	4-Bed	Oxygen flow meter, single	Flowmeter, oxygen therapy	Flowmeters	R700.00	4	R2 800.00	
Inpatient	Psychiatric Ward	4-Bed	Suction unit, single bottle/disposable bag, wall outlet		Aspirators	R5 000.00	4	R20 000.00	
Inpatient	Psychiatric Ward	Clean Utility/Setting out	Medical equipment not listed though furniture and fittings may be expanded upon	N/A	N/A			R0.00	
Inpatient	Psychiatric Ward	Cleaner	Medical equipment not listed though furniture and fittings may be expanded upon	N/A	N/A			R0.00	



Equipment localization									Line Item Notes
Area	Unit	Subunit	Local Equipment Term / Name	GMDN Term Name 2	UMDNS Term	Unit price	Qty	Total price	Indicators/ Observations
Inpatient	Psychiatric Ward	Corridor	Medical equipment not listed though furniture and fittings may be expanded upon	N/A	N/A			R0.00	All Corridor equipment listed moved to Nurses Station rather
Inpatient	Psychiatric Ward	Counseling Room	Medical equipment not listed though furniture and fittings may be expanded upon	N/A	N/A			R0.00	
Inpatient	Psychiatric Ward	Dirty utility	Medical equipment not listed though furniture and fittings may be expanded upon	N/A	N/A			R0.00	
Inpatient	Psychiatric Ward	Disposable Item Store	Medical equipment not listed though furniture and fittings may be expanded upon	N/A	N/A			R0.00	
Inpatient	Psychiatric Ward	Equipment Room	Drip stand, mobile	Fluid delivery mount, general-purpose	Intravenous Poles	R800.00	2	R1 600.00	
Inpatient	Psychiatric Ward	Equipment Room	ECG Machine, 12 lead on mobile trolley	Electrocardiograph, general-purpose	Electrocardiographs	R65 000.00	1	R65 000.00	
Inpatient	Psychiatric Ward	Equipment Room	Infusion pump		Infusion pumps, general purpose	R10 000.00	2	R20 000.00	
Inpatient	Psychiatric Ward	Equipment Room	Laryngoscope set, complete in carry case	Laryngoscope, intubation	Laryngoscopes	R2 000.00	1	R2 000.00	
Inpatient	Psychiatric Ward	Equipment Room	Light, examination, mobile	Light, examination, mobile	Lights, Examination	R40 000.00	1	R40 000.00	
Inpatient	Psychiatric Ward	Equipment Room	Nebulizer, Ultrasonic	Nebulizer, ultrasonic	Nebulizers, Ultrasonic	R12 000.00	1	R12 000.00	
Inpatient	Psychiatric Ward	Equipment Room	Oxygen flow meter, single	Flow meter, oxygen therapy	Flow meters	R700.00	1	R700.00	
Inpatient	Psychiatric Ward	Equipment Room	Spirometer, mechanical, adult	Spirometer, diagnostic	Spirometers	R50 000.00	1	R50 000.00	
Inpatient	Psychiatric Ward	Equipment Room	Suction unit, emergency (mechanical/foot operated)		Aspirators, Emergency	R5 000.00	1	R5 000.00	
Inpatient	Psychiatric Ward	Equipment Room	Suction unit, single bottle/disposable bag, wall outlet		Aspirators	R5 000.00	1	R5 000.00	
Inpatient	Psychiatric Ward	Equipment Room	Suction unit, single, mobile, electrical	Suction system, general-purpose, electrically-powered	Aspirators	R20 000.00	2	R40 000.00	Portable
Inpatient	Psychiatric Ward	Equipment Room	Thermometer, electronic	Thermometer, electronic	Thermometers, Electronic	R5 000.00	1	R5 000.00	
Inpatient	Psychiatric Ward	Equipment Room	Wheelchair, porter type with drip rod		Wheelchairs	R3 200.00	2	R6 400.00	

Equipment localization									Line Item Notes
Area	Unit	Subunit	Local Equipment Term / Name	GMDN Term Name 2	UMDNS Term	Unit price	Qty	Total price	Indicators/ Observations
Inpatient	Psychiatric Ward	Kit room	Medical equipment not listed though furniture and fittings may be expanded upon	N/A	N/A			R0.00	
Inpatient	Psychiatric Ward	Kitchen	Refrigerator		Refrigerators	R4 800.00	1	R4 800.00	250L
Inpatient	Psychiatric Ward	Linen room	Medical equipment not listed though furniture and fittings may be expanded upon	N/A	N/A			R0.00	
Inpatient	Psychiatric Ward	Medicine Room	Refrigerator		Refrigerators	R1 200.00	1	R1 200.00	110L
Inpatient	Psychiatric Ward	Nurses Station	Defibrillator AED		Defibrillators	R45 000.00	1	R45 000.00	On mobile trolley (Moved from Corridor)
Inpatient	Psychiatric Ward	Nurses Station	Emergency trolley	Trolley, resuscitation	Carts, Resuscitation	R25 000.00	1	R25 000.00	Complete with instrumentation, disposables and check list (Moved from Corridor)
Inpatient	Psychiatric Ward	Nurses Station	Oxygen cylinder regulator		Regulators, High Pressure Gas	R2 000.00	1	R2 000.00	(Moved from Corridor)
Inpatient	Psychiatric Ward	Nurses Station	Oxygen cylinder trolley		Gas Cylinder Stands/Holders	R715.00	1	R715.00	(Moved from Corridor)
Inpatient	Psychiatric Ward	Nurses Station	Sphygmomanometer	Sphygmomanometer, aneroid	Sphygmomanometers	R2 500.00	2	R5 000.00	
Inpatient	Psychiatric Ward	Nurses Station	Diagnostic set, portable, battery operated		Ophthalmoscopes/Otoscopes			R0.00	<Nomenclature query>
Inpatient	Psychiatric Ward	Nurses Station	Glucometer	Glucose meter, self-testing	Analysers, Point-of-Care, Whole Blood, Glucose	R3 000.00	1	R3 000.00	
Inpatient	Psychiatric Ward	Nurses Station	Haemoglobin meter	Analyser, haematology, haemoglobin	Analysers, Laboratory, Haematology, Haemoglobin	R8 000.00	1	R8 000.00	<Nomenclature query> Point of care
Inpatient	Psychiatric Ward	Nurses Station	Height meter, wall mounted	Patient-height measurer	NA	R1 500.00	1	R1 500.00	
Inpatient	Psychiatric Ward	Nurses Station	NIBP / PULSE complete with obese and adult cuffs, on mobile trolley		Sphygmomanometers, Electronic, Automatic	R20 000.00	1	R20 000.00	Complete with obese and adult cuffs, on mobile trolley
Inpatient	Psychiatric Ward	Nurses Station	Scale, adult electronic	Scale, patient, floor	Scales, Patient	R6 000.00	1	R6 000.00	
Inpatient	Psychiatric Ward	Nurses Station	Thermometer, electronic	Thermometer, electronic	Thermometers, Electronic	R5 000.00	1	R5 000.00	
Inpatient	Psychiatric Ward	Office, in Charge	Medical equipment not listed though furniture and fittings may be expanded upon	N/A	N/A			R0.00	



Equipment localization									Line Item Notes
Area	Unit	Subunit	Local Equipment Term / Name	GMDN Term Name 2	UMDNS Term	Unit price	Qty	Total price	Indicators/ Observations
Inpatient	Psychiatric Ward	Procedure Room	Height meter, wall mounted	Patient-height measurer	NA	R1 500.00	1	R1 500.00	
Inpatient	Psychiatric Ward	Procedure Room	Scale, adult electronic	Scale, patient, floor	Scales, Patient	R6 000.00	1	R6 000.00	
Inpatient	Psychiatric Ward	Procedure Room	Diagnostic set, wall mounted		Ophthalmoscopes/Otoscoopes	R8 000.00	1	R8 000.00	<Nomenclature query>
Inpatient	Psychiatric Ward	Procedure Room	Drip hanger wall/ceiling mounted		Intravenous Hangers	R1 200.00	1	R1 200.00	
Inpatient	Psychiatric Ward	Procedure Room	Examination couch	Table, examination/ treatment, general-purpose	Tables, Examination/ Treatment	R3 000.00	1	R3 000.00	
Inpatient	Psychiatric Ward	Procedure Room	Laryngoscope set, complete in carry case	Laryngoscope, Intubation	Laryngoscopes	R2 000.00		R0.00	
Inpatient	Psychiatric Ward	Procedure Room	Light, examination, mobile	Light, examination, mobile	Lights, Examination	R40 000.00	1	R40 000.00	
Inpatient	Psychiatric Ward	Procedure Room	Nebulizer, Ultrasonic	Nebulizer, ultrasonic	Nebulizers, Ultrasonic	R12 000.00	1	R12 000.00	
Inpatient	Psychiatric Ward	Procedure Room	NIBP, Pulse and SaO2, complete with sensor, obese and adult cuff, on mobile trolley		Monitors, Bedside, Physiologic, Configured	R20 000.00	1	R20 000.00	Complete with obese and adult cuffs, on mobile trolley
Inpatient	Psychiatric Ward	Sluice	Medical equipment not listed though furniture and fittings may be expanded upon	N/A	N/A			R0.00	
Inpatient	Psychiatric Ward	Staff Ablution - Female	Medical equipment not listed though furniture and fittings may be expanded upon	N/A	N/A			R0.00	
Inpatient	Psychiatric Ward	Staff Ablution - Male	Medical equipment not listed though furniture and fittings may be expanded upon	N/A	N/A			R0.00	
Inpatient	Psychiatric Ward	Staff Room	Medical equipment not listed though furniture and fittings may be expanded upon	N/A	N/A			R0.00	
Inpatient	Psychiatric Ward	Store	Medical equipment not listed though furniture and fittings may be expanded upon	N/A	N/A			R0.00	
TOTAL								R 25 000 000.00	

## 16 Commissioning

The purpose of commissioning a health facility is to ensure that construction work is completed according to the approved drawings and specifications, that equipment is in place and all departments are operationally ready such that the buildings can function fully upon occupation by the end user.

According to the IUSS document a commissioned building is one deemed ready for service, ie the building may become fully operational for its intended purpose.

Project commissioning is the process of assuring that all systems and components of a building are:

- Designed
- Installed
- Tested
- Operated and
- Maintained, according to the operational requirements of the owner.

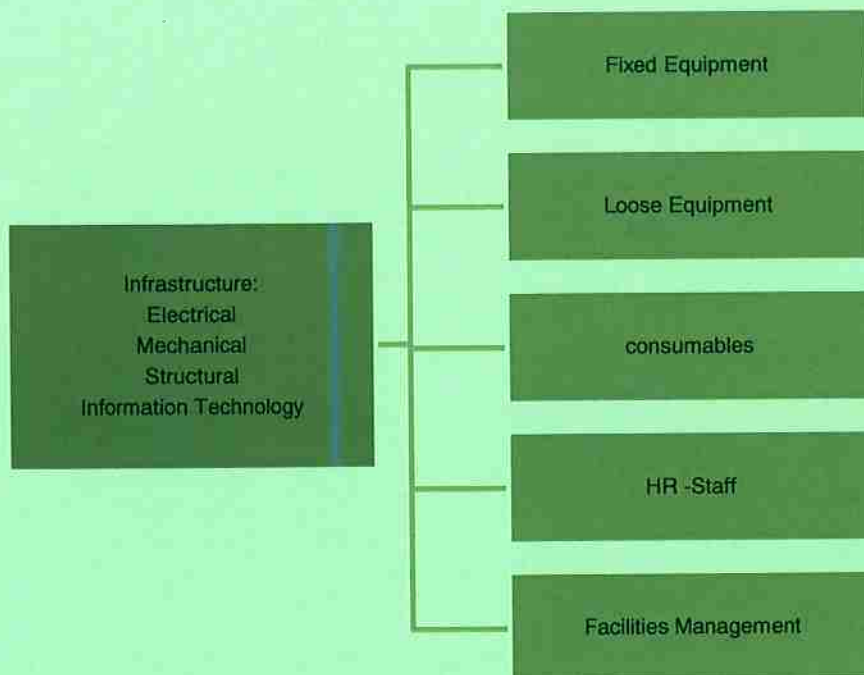
This process must involve all disciplines and must include systems validation and verification through inspecting and testing every operational component of the building project from the individual functions, such as instruments and equipment – including complex, systems and sub-systems. The process oversees:



This process is to prepare the facility management and assist them develop systems to operate the facility once construction is complete. Commissioning Systems Include:

- Fixed Equipment
- Loose Equipment and Furniture
- Human Resource / Staffing
- Consumables
- Facilities Management, which includes:
  - Hospital Governance and the delegation of Authority
  - Legal requirements and licensing
  - Hospital Financial Management
  - Organizational Development Strategy
  - Hospital Information Management
  - Hospital Information Technology
  - Patient Administration
  - Communication Strategy
  - Maintenance, guarantees and contracts





**Figure 21: Key elements in the commission process**

The 3 Major Components of Commissioning which must be considered in all projects:

- Building Component
- Equipment Component
- Operational Component

For further more detailed information refer to:

*IUSS Health Facility Guides – Commissioning Health Facilities Draft 1.4 April 2014*

Other Documents to be considered when designing and commissioning

*National Core Standards*

*Ideal Hospital and Ideal Clinic Documents*

*Provincial Guidelines and Norms*

## 17 Procurement

### 17.1 Procurement Strategy

A Procurement Strategy is prepared by the Department of Health as part of the annual Infrastructure Programme Management Plan (IPMP). It sets out the Delivery Management Strategy as well as the Procurement and Contracting Arrangements proposed for each project requiring the procurement of Consultants (Professional Services) or Contractors (Works) during the ensuing 3 year period.

#### 17.1.1 Formulation Process

The 5-step process for the preparation of the Delivery Management Strategy and the Procurement and Contracting Arrangements is summarised below.

##### 17.1.1.1 Establish the Base Information

- Step 1:** Establish the project scope, the control budget, the implementation milestones, the programme and the cash flow. Information is obtained from the Project Initiation Report, the Concept Report and so on
- Step 2:** Collect available CIDB data for contractors in terms of their classifications, grading, ownership and availability within the project area

##### 17.1.1.2 Formulate the Delivery Management Strategy for Works

- Step 1:** Identify opportunities for clustering projects into packages (rather than implementing as individual projects) to achieve greater efficiency, economy of scale or for other reasons discussed in further detail below
- Step 2:** Assess the resource requirements for the project and weigh internal capacity against that of the DPW (or other external Implementing Agency) to determine whether the project is better suited to in-house or external implementation

##### 17.1.1.3 Identify suitable Contracting Arrangements for Works

- Step 1:** Consider alternative contracting arrangements and select the most suitable strategy for each project or package (e.g. design by employer) as expanded upon below
- Step 2:** Establishing the best strategy to secure financial offers and to establish the basis for remuneration for the services to be provided in terms of the contract
- Step 3:** Identify the appropriate Contractual arrangement (Form of Contract) for the implementation of the works

##### 17.1.1.4 Identify an appropriate Procurement Strategy for Works (where Works are required)

- Step 1:** Develop the Procurement Procedure
- Step 2:** Prepare a procurement programme and establish the anticipated bid award date
- Step 3:** Identify the current stage of the project or activity

##### 17.1.1.5 Identify suitable Contracting Arrangements for Services

- Step 1:** Define the parameters for the procurement of technical and/or professional services
- Step 2:** Define the mechanism for the appointment and whether it is to be in-house or external
- Step 3:** Define the most suitable Contracting Strategy
- Step 4:** Establishing the strategy to secure financial offers and to remunerate the services
- Step 5:** Identify the appropriate Form of Contract for the provision of these services

NOTE: For further detail on the process and information used in formulating the Procurement Strategy refer to the relevant IPMP which can be found on the F drive



### 17.1.2 Primary and Secondary Objectives

While the primary objective of an infrastructure project is the delivery of functional infrastructure such as buildings, plant and equipment, roads, electricity or water, the project will, where possible, incorporate secondary (or developmental) socio-economic objectives such as targeted procurement and employment, local economic development, skills development, Job creation and so on.

These objectives are given equal importance and although Developmental objectives do not appear in the IPMP as individual items they are cross-cutting in the formulation of procurement and implementation strategies.

The Primary and Secondary Objectives for this project are listed below:

For this project the primary objective is (e.g. procure and deliver the required output/s within budget, to the required standard and within the specified timeframe)
The secondary objectives aims at socio-economic benefits which will (e.g. be achieved through a combination of targeted procurement, skills development and job creation through the development and construction stages of the projects)

### 17.1.3 Delivery Management Strategy

The Delivery Management Strategy extracted from the IPMP for this project is as follows.

#### 17.1.3.1 Professional Services

The project team should be made up of the following disciplines possessing adequate experience in the specific field:

**Table 32: Professional services requirements**

Discipline	Experience / Special Requirements
Principal Agent	University degree, Professional registration and 3 years post registration experience Project Management skill required. 5 years' experience in the Health planning environment.
Architect	University degree, Professional registration and 3 years post registration experience in the health field.
Electrical Engineer	University degree, Professional registration and 3 years post registration experience.
Mechanical Engineer	University degree, Professional registration and 3 years post registration experience.
Civil / Structural Engineer	University degree, Professional registration and 3 years post registration experience.
Quantity Surveyor	University degree, Professional registration and 3 years post registration experience.
Land Surveyor	5 years' experience in the surveying Field
Geotechnical Engineer	University degree, Professional registration and 3 years post registration experience.
Sustainable Specialist	5 years' experience in the infrastructure environment.
General building contractor	CIDB 8GB
Community Liaison Officer	Experience and knowledge of applicable legislation and policies Management capabilities is recommended.

The Contracting Arrangements contained in the IPMP are as follows: Compiler to source from IPMP

Contracting Arrangements for Professional Services				
Professional services needed	Procurement Strategy / Type of Appointment	Contracting strategy	Pricing Strategy	Form of Contract
Full service	Trad. Separate	Design by Employer	Gazetted Fee	DOH Standard Approved

#### 17.1.3.2 For Works

The Strategic Arrangements contained in the IPMP are as follows: Compiler to source from IPMP

Delivery Management Strategy for Works			Contracting Arrangements for Works			Procurement Arrangements for Works		
Delivery Mode	Implementer	Estimated Project Control Budget (R160 296 576.m)	Contracting strategy	Pricing strategy	Form of Contract	Procurement Procedure	Estimated Bid/Tender Award Date	Comments / Current Stage
Individual Project	DoPW	190 164 972	Design by Employer	BOQ	JBCC	Public Open Tender	June-23	Feasibility

Note: The IPMP comprises a narrative component and schedules. The narrative explains the methodology in detail and provides the data on which the above strategy is based. Both of these documents can be found on the F Drive for further information.

#### 17.1.4 Updating and Revising the Delivery Management Strategy

Factors emerging during the development of a project may lead to a revision of the Procurement Strategy that was set out in the IPMP.

NOTE: Where a revision is recommended an in-principle-agreement must be provided by the Project Leader (DOH) and the revision must be highlighted and explained at the next end-of-stage submission (refer IDMS) and must align with the methodology described in the IPMP



## **18 External Appointments**

Delete what is not applicable and elaborate where required

### **18.1 Appointment of External Service Providers**

The IA will enter into a legally binding agreement with each Consultant. However, over and above the agreements, the following expectations by KZN-DOH from the consultants are highlighted:

- Cost effective proposals including where possible alternative economic proposals
- A Maintenance conscious facility and including a baseline maintenance plan at the end of the project
- An Environmental conscious facility
- A Facility to promote healing
- A Facility that will stand the test of time
- Consideration to alternative, but tested and accepted construction methods, systems and installations
- Timeous response time and provision of documents including the following:
  - Programmes and milestones
  - Designs, reports and specifications
  - Cost reports
  - EPWP reports
  - Completion certificates
  - As-built drawings, specifications, manuals, baseline maintenance plan, certificate
  - Close-out report
- Compliance to Legislative requirements
- Compliance to Policies
- Compliance to Norms and Standards (both National and Provincial)

### **18.2 Appointment of Contractors or Suppliers**

The IA will enter into a legally binding agreement with the Contractor or Supplier. However, over and above the agreement, the following expectations by KZN-DOH from the Contractor or Supplier are highlighted:

- Effective Time management
- Effective Project Management
- Effective Cost Management
- Effective Resource Management
- Effective Communication
- Adherence/Compliance to all applicable Legislation
- Adherence/Compliance to all applicable policies
- Adherence/Compliance to all applicable norms and standards

### **18.3 Appointment of External Implementing Agent**

KZN-DOH has entered into a legally binding Service Level Agreement with the Implementing Agent (IA). However, over and above the agreements, the following expectations by KZN-DOH from the IA are highlighted:

- Effective Project management
- Effective management of PSP (where applicable)
- Effective Cost Control
- Effective Risk Management
- Effective Time management
- Effective communication
- Compliance to Legislative requirements
- Compliance to Policies
- Compliance to Norms and Standards (both National and Provincial)

#### **18.4 Roles and Responsibilities of the Department of Health**

The roles and responsibilities are highlighted below:

- Effective management and co-ordination of all stages of the project
- Effective management and co-ordination to al legislative requirements
- Quality control and compliance.
- Effective manage Procurement preparation processes in terms of the PFMA, SIPDM and Treasury Regulations.
- Contract and project management
- Effective Financial management.
- Effective Time Management
- Manage completion processes and retention periods.
- Manage timeous and complete Close-out of Project including as-built documentation, manuals compliance certificates and related documentation.
- Manage all required reporting, documentation and archiving of documents
- Where an IA has been appointed, DOH will have an oversight role

## 19 Contact Numbers

Stakeholder	Authority	Contact Person
Department of Health: Project Leader: Tel.: Mobile: Email:	Architect	Infrastructure Development Mr Temitope Sokoya 033 640 2610 072 799 7316 Temitope.Sokoya@kznhealth.gov.za
Department of Health: Client Department: Tel.: Mobile: Email:	Director: Planning	Infrastructure Development Ms Michelle De Goede 033 940 2611 082 777 2514 Michelle.degoede@kznhealth.gov.za
RK Khan Hospital: Tel.: Mobile: Email:	Acting CEO	Dr Linda J. Sobekwa 031 459 6001 064 850 6437 Linda.Sobekwa@kznhealth.gov.za
RK Khan Psychiatric Department Tel.: Mobile: Email:		Dr Y. Asmal 031 459 6406 TBC Yusuf.asmal@kznhealth.gov.za
Mental Health and Substance Abuse Tel.: Mobile: Email:		Dr Hongo Nikiwe 033 328 2621 TBC Nikiwe.Hongo@kznhealth.gov.za
Infection Prevention Control: Tel.: Mobile: Email:		Mrs K. Ganas TBC 083 666 1455 kaloshnee.ganas@kznhealth.gov.za
EThekweni District Manager: Tel.: Mobile: Email:		Mrs Penny Msimango 031 240 5308 TBC Penny.msimango@kznhealth.gov.za
Implementing Agent: Tel.: Mobile: Email:		KZN – Public Works TBC TBC TBC




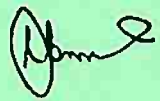
24/01/2020


## 12 Signatures

### Signatories

The following Facilities, Programmes and their Managers, Directors or Leaders have been fully advised and have read and understood the contents of this document.

Name: Mrs Mkhwanazi Nqobile  
Designation: RK Khan Hospital - CEO  
Date: 16/01/2020  
Signature:   
Mrs. CNN Mkhwanazi  
Chief Executive Officer

Name: Dr Y. Asmal  
Designation: RK Khan Hospital - HCU Psychiatry  
Date: 17/01/2020  
Signature: 

Name: Mrs Penny Msimango  
Designation: District Manager - eThekweni Health District  
Date: 2020/01/29  
Signature:   
TOT SKYI  
ACINSG  
DISTRICT MANAGER

Name: Dr Hongo Nikiwe  
Designation: Director - Mental Health and Substance Abuse  
Date:  
Signature:



Name:

Designation

Date:

Signature:

Name:

Designation

Date:

Signature:

Name:

Designation

Date:

Signature:

Name:

Designation

Date:

Signature:

**APPENDIX E:**  
**FORM A - SCHEDULE OF TEAM**  
**MEMBERS PROPOSED FOR THE**  
**PROJECT**

## **FORM A**

### **SCHEDULE OF TEAM MEMBERS PROPOSED FOR THE PROJECT**

Please note that if any of the information disclosed in the table below is found to be dishonest or inaccurate, this may result in the withdrawal of any award already and a repudiation of this agreement. Further appropriate action may also be taken.

<b>PROPOSED TEAM MEMBERS</b>	<b>REGISTERED WITH RELEVANT PROFESSIONAL COUNCIL (YES/NO)</b>	<b>DATE OF REGISTRATION AS A PROFESSIONAL / CANDIDATE</b>	<b>PROFESSIONAL REGISTRATION IN GOOD STANDING (YES/NO)</b>	<b>PROFESSIONAL REGISTRATION NUMBER</b>	<b>YEARS OF POST REGISTRATION EXPERIENCE</b>
Architectural Firm:					
• Lead Professional:					
• Support Professional/Candidate:					
Quantity Surveying Firm:					
• Lead Professional:					
• Support Professional/Candidate:					

PROPOSED TEAM MEMBERS	REGISTERED WITH RELEVANT PROFESSIONAL COUNCIL (YES/NO)	DATE OF REGISTRATION AS A PROFESSIONAL / CANDIDATE	PROFESSIONAL REGISTRATION IN GOOD STANDING (YES/NO)	PROFESSIONAL REGISTRATION NUMBER	YEARS OF POST REGISTRATION EXPERIENCE
Electrical Engineering Firm:					
• Lead Professional:					
• Support Professional/Candidate:					
Mechanical Engineering Firm:					
• Lead Professional:					
• Support Professional/Candidate:					
• Specialist Fire Engineer: (Must be ECSA registered Mechanical Engineer & may be the same as the Mechanical Lead Professional if suitably qualified and experienced)					



PROPOSED TEAM MEMBERS	REGISTERED WITH RELEVANT PROFESSIONAL COUNCIL (YES/NO)	DATE OF REGISTRATION AS A PROFESSIONAL / CANDIDATE	PROFESSIONAL REGISTRATION IN GOOD STANDING (YES/NO)	PROFESSIONAL REGISTRATION NUMBER	YEARS OF POST REGISTRATION EXPERIENCE
<ul style="list-style-type: none"> <li>Specialist Wet Services Engineer: (Must be ECSA registered Mechanical Engineer &amp; may be the same as the Mechanical Lead Professional if suitably qualified and experienced)</li> </ul>					
Civil Engineering Firm:					
<ul style="list-style-type: none"> <li>Lead Professional:</li> </ul>					
<ul style="list-style-type: none"> <li>Support Professional/Candidate:</li> </ul>					
Structural Engineering Firm:					
<ul style="list-style-type: none"> <li>Lead Professional:</li> </ul>					

PROPOSED TEAM MEMBERS	REGISTERED WITH RELEVANT PROFESSIONAL COUNCIL (YES/NO)	DATE OF REGISTRATION AS A PROFESSIONAL / CANDIDATE	PROFESSIONAL REGISTRATION IN GOOD STANDING (YES/NO)	PROFESSIONAL REGISTRATION NUMBER	YEARS OF POST REGISTRATION EXPERIENCE
<ul style="list-style-type: none"> <li>Support Professional/Candidate:</li> </ul>					
Construction Health and Safety Firm:					
<ul style="list-style-type: none"> <li>Lead Professional:</li> </ul>					
<ul style="list-style-type: none"> <li>Support Professional/Candidate:</li> </ul>					

# **APPENDIX F:**

## **CURRICULUM VITAE TEMPLATE**

## CURRICULUM VITAE TEMPLATE

### 1. Personal Details

Name:	
Date of Birth:	
Current Employer:	
Current Position Held:	
Period with Current Employer: (mm-yyyy to mm-yyyy)	
Previous Employer:	
Position Held with Previous Employer:	
Period with Previous Employer: (mm-yyyy to mm-yyyy)	

### 2. Education (Degrees, Diplomas, BTech and Post Graduate Qualifications ONLY)

Qualification	Year Obtained	Institution



### 3. Professional Registration/s

Professional Body	Year Obtained	Expiry Date	Category of Professional Registration

### 4. Relevant Project Experience (Provide a maximum of 3 relevant projects)

Name of Project	Client	Project Start Date	Project End Date	Project Value	Role on Project

# **APPENDIX G:**

## **RETURNABLES – RESPONSIVENESS**

# **APPENDIX H:**

## **RETURNABLES – ELIGIBILITY CRITERIA**

# **REGISTERED PROFESSIONAL ARCHITECT CERTIFICATE AND PROFESSIONAL INDEMNITY**



# **REGISTERED PROFESSIONAL QUANTITY SURVEYOR CERTIFICATE AND PROFESSIONAL INDEMNITY**

**REGISTERED PROFESSIONAL  
STRUCTURAL ENGINEER  
CERTIFICATE AND PROFESSIONAL  
INDEMNITY**

# **REGISTERED PROFESSIONAL CIVIL ENGINEER CERTIFICATE AND PROFESSIONAL INDEMNITY**

**REGISTERED PROFESSIONAL  
MECHANICAL ENGINEER (INCLUDING  
FIRE ENGINEER AND WET SERVICES  
ENGINEER) CERTIFICATE AND  
PROFESSIONAL INDEMNITY**



# **REGISTERED PROFESSIONAL ELECTRICAL ENGINEER CERTIFICATE AND PROFESSIONAL INDEMNITY**

**REGISTERED PROFESSIONAL  
CONSTRUCTION HEALTH AND SAFETY  
CERTIFICATE AND PROFESSIONAL  
INDEMNITY**

# **APPENDIX I:**

## **RETURNABLES – FUNCTIONALITY CRITERIA**

# LEAD ARCHITECT CV



**LEAD ARCHITECT PROJECT  
COMPLETION CERTIFICATES,  
LETTERS OF AWARD / SIGNED FINAL  
ACCOUNT SUMMARIES / REFERENCE  
LETTERS**

# **LEAD QUANTITY SURVEYOR CV**

**LEAD QUANTITY SURVEYOR PROJECT  
COMPLETION CERTIFICATES,  
LETTERS OF AWARD / SIGNED FINAL  
ACCOUNT SUMMARIES / REFERENCE  
LETTERS**

# LEAD STRUCTURAL ENGINEER CV



**LEAD STRUCTURAL ENGINEER  
PROJECT COMPLETION  
CERTIFICATES, LETTERS OF AWARD /  
SIGNED FINAL ACCOUNT SUMMARIES  
/ REFERENCE LETTERS**

# LEAD CIVIL ENGINEER CV

**LEAD CIVIL ENGINEER PROJECT  
COMPLETION CERTIFICATES,  
LETTERS OF AWARD / SIGNED FINAL  
ACCOUNT SUMMARIES / REFERENCE  
LETTERS**

# **LEAD MECHANICAL ENGINEER CV**



**LEAD MECHANICAL ENGINEER  
PROJECT COMPLETION  
CERTIFICATES, LETTERS OF AWARD /  
SIGNED FINAL ACCOUNT SUMMARIES  
/ REFERENCE LETTERS**

# **FIRE ENGINEER CV**

**FIRE ENGINEER PROJECT  
COMPLETION CERTIFICATES,  
LETTERS OF AWARD / SIGNED FINAL  
ACCOUNT SUMMARIES / REFERENCE  
LETTERS**

# **WET SERVICES ENGINEER CV**



**WET SERVICES ENGINEER PROJECT  
COMPLETION CERTIFICATES,  
LETTERS OF AWARD / SIGNED FINAL  
ACCOUNT SUMMARIES / REFERENCE  
LETTERS**

# **LEAD ELECTRICAL ENGINEER CV**

**LEAD ELECTRICAL ENGINEER  
PROJECT COMPLETION  
CERTIFICATES, LETTERS OF AWARD /  
SIGNED FINAL ACCOUNT SUMMARIES  
/ REFERENCE LETTERS**

# **LEAD CONSTRUCTION HEALTH AND SAFETY AGENT CV**

**LEAD CONSTRUCTION HEALTH AND  
SAFETY AGENT PROJECT  
COMPLETION CERTIFICATES,  
LETTERS OF AWARD / SIGNED FINAL  
ACCOUNT SUMMARIES / REFERENCE  
LETTERS**



# **ARCHITECTURAL DISCIPLINE ORGANOGRAM**

# **QUANTITY SURVEYING DISCIPLINE ORGANOGRAM**

# **STRUCTURAL ENGINEERING DISCIPLINE ORGANOGRAM**

# **CIVIL ENGINEERING DISCIPLINE ORGANOGRAM**

# **MECHANICAL ENGINEERING (INCLUDING FIRE ENGINEER AND WET SERVICES ENGINEER) DISCIPLINE ORGANOGRAM**



# **ELECTRICAL ENGINEERING DISCIPLINE ORGANOGRAM**

# **CONSTRUCTION HEALTH AND SAFETY DISCIPLINE ORGANOGRAM**