

PROJECT NO. : ZNB 5579/2021-H

DESCRIPTION OF SERVICE : APPOINTMENT OF A MULTIDISCIPLINARY PROFESSIONAL TEAM FOR THE LADYSMITH HOSPITAL: CONVERSION OF EXISTING SPACE INTO PAEDIATRIC OPD, RECONFIGURATION OF LAUNDRY AND MORTUARY, CONVERSION OF GARAGE TO STORAGE AND RESURFACING OF NEW VEHICLE WASH AREA.

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.

TABLE OF CONTENTS

		PAGES
Section A	Invitation to Bid	3-4
Section B	Special Instructions and Notice to Bidders	5
Section C	Registration on the Central Suppliers Database	6
Section D	Declaration that information on Central Suppliers database is up to date	7
Section E	Declaration of Interest	8-11
Section F	Form of offer	12-17
Section G	Specification and Preference Point system	18-41
Section H	Briefing Certificate	42
Section I	Tax Clearance Certificate Requirements	43
Section J	Authority to Sign a Bid	44-52
Section K	Declaration of Bidder's Past Supply Chain Management Practices	53-54
Section L	Certificate of Independent Bid Determination	55-58
Appendix A	Bid Pro-forma	59-60
Appendix B	Checklist of returnable documents	61
Appendix C	Contract data	62-69
Appendix D	Project Brief	
Appendix E	Form A : Schedule of Team Members Proposed for the Project	
Appendix F	Curriculum Vitae Template	
Appendix G	Returnables: Responsiveness	
Appendix H	Returnables: Eligibility Criteria	
Appendix I	Returnables: Functionality / Quality Criteria	

SECTION A

INVITATION TO BID

DESCRIPTION:

THE APPOINTMENT OF A MULTIDISCIPLINARY PROFESSIONAL TEAM LED BY AN ARCHITECT TO PROVIDE PROFESSIONAL CONSULTING SERVICES ON THE LADYSMITH HOSPITAL: CONVERSION OF EXISTING SPACE INTO PAEDIATRIC OPD ROOM, RECONFIGURATION OF LAUNDRY AND MORTUARY, CONVERSION OF GARAGE TO STORAGE AREA AND RESURFACING OF NEW VEHICLE WASH AREA.

Project Number : ZNB 5579/2021-H

Closing Date : 28 October 2021

Closing Time : 11:00

Compulsory Briefing: Yes

Date : 20 October 2021

Time : 10:00

Venue : Ladysmith Hospital – Cafeteria 2

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
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 state¹, 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, shareholder², member):
6. Registration number of company, enterprise, close corporation, partnership agreement or trust:
7. Tax Reference Number:

¹ "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.

² "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

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

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: Ladysmith Hospital – Conversion of Existing space into Paediatric OPD room, Reconfiguration of Laundry and Mortuary, Conversion of Garage to storage area and Resurfacing of new vehicle wash area

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 Architectural and other Consultancy Services, 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)**

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:

Ladysmith Hospital: Conversion of Existing space into Paediatric OPD room, Reconfiguration of Laundry and Mortuary, Conversion of Garage to storage area, resurfacing of new vehicle wash area.

1. Project Background and Specification

Ladysmith Hospital is a 508 bedded regional and district hospital situated at Ladysmith in the UThukela Health District. The hospital serves an estimated population of 26, 739 (DHIS) that is from the UMnambithi and Indaka Municipality. Ladysmith Hospital also take referrals from Estcourt and Emmaus hospitals.

Ladysmith Hospital is currently having minor challenges within some of its units namely the Paediatric outpatient (PoPD), Parent's (Mothers & Fathers) Lodge, Laundry, laundry, Mortuary, Pharmacy storage and Government wash area. A visit was conducted by the DoH Infrastructure to assess the problems and advise on the solutions to the problems.

Ladysmith Hospital is an existing hospital with departments below.

- Out patients Department
- Clinical Department
- Intensive Care Unit (ICU)
- Allied Health Department

● PoPD: Conversion of Existing Space to POPD

The present POPD is functional from 7h30 to 16h00, Monday to Friday. There are 3 consulting rooms but only 2 functional. The third is used for storage. The POPD waiting area is mixed with adult patient. Acute and emergency cases and after hours patients are seen in the Casualty. Only one bed is allocated for paediatric patients in Casualty. Also, in Casualty, paediatric patients share the room with adult medical cases and the area is very cold especially in winter as the windows are always left open to maintain ventilation.

● Parents (Mothers & Fathers) Lodge:

There are 2 old park homes which accommodate the mothers of babies admitted in the Neonatal ICU (NICU) only. Each of these areas house 9 mothers each, 18 in total. However, Ladysmith Hospital have an average of 25 to 30 mothers at any given time, so the existing mother lodge is grossly inadequate for the number of mothers. In addition, the condition of the mothers' lodges are in poor condition

● Laundry:

The Department of Health (DoH) took a decision to move all the laundry machines from St. Chads Community Health Centre (CHC) to Ladysmith Hospital because there was not enough space at St. Chads CHC. However, this created an overload on the electricity capacity.

There was also a decision to procure an additional water tank that will be used for back up storage

when there is no water in the hospital. However the plinth and the room for the water tank is too small. Finally, the laundry is not properly defined because the same entrance and space is used for dirty and clean linen.

- **Mortuary:**

The existing mortuary is non-compliant. Bodies are kept in open shelves in the cold rooms. There is no eating room for staff and there's no separate corpse stretcher room. The waiting area for the bereaved families is an open passage and has no ablution. The nearest public toilet is next to the hospital main entrance about 30 meters away.

- **Government Cars Washing Area Surfacing:**

There is no wash area for hospital cars. Currently, vehicles are washed in a passage which is a passage which is an entrance leading to the mortuary. On the floor, there is a drainage system that is not designed for the washing cars. When cars are washed, the soil also flow with water into these drains and causes blockages. This poses a threat of flooding to adjacent buildings.

2. Detailed Project Scope of Work

The Site:

Ladysmith hospital is roughly 81,946.2 sq.m in size. The hospital is situated along Malcom Road, Ladysmith in KwaZulu Natal. Nearby main roads are the N11 highway to the South and East of the hospital as well as the R103 to the West. Ladysmith is located 68.7km South-West of Dundee and 102km South of Newcastle on the N11 in KwaZulu Natal.

Land Owner:	Government – Provincial			
Street Address (or directions):	Malcom Road, Ladysmith			
Postal Address:	Private Bag X9928 Ladysmith			
Telephone Number:	+27 (0) 36 637 2111			
Hospital Manager:	Dr M. E Pule (Acting CEO)			
Cadastral Description:	Latitude:	29.766058	Longitude:	-28.5567272
Zoning:	Government			
Planning restrictions:	Nil			
Existing Infrastructure	Face brick multi-storey buildings			



Figure 1: Aerial view of Ladysmith Provincial Hospital

Source: Google map

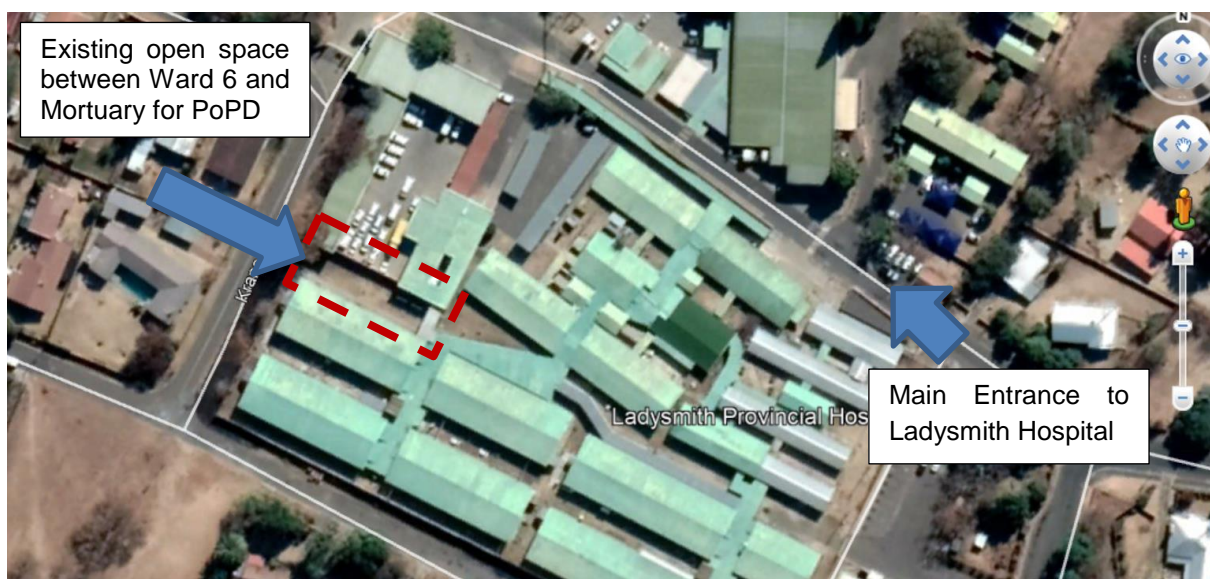


Figure 1: Location of Existing Stretcher room to be converted to Paediatric OPD

Source: Google map

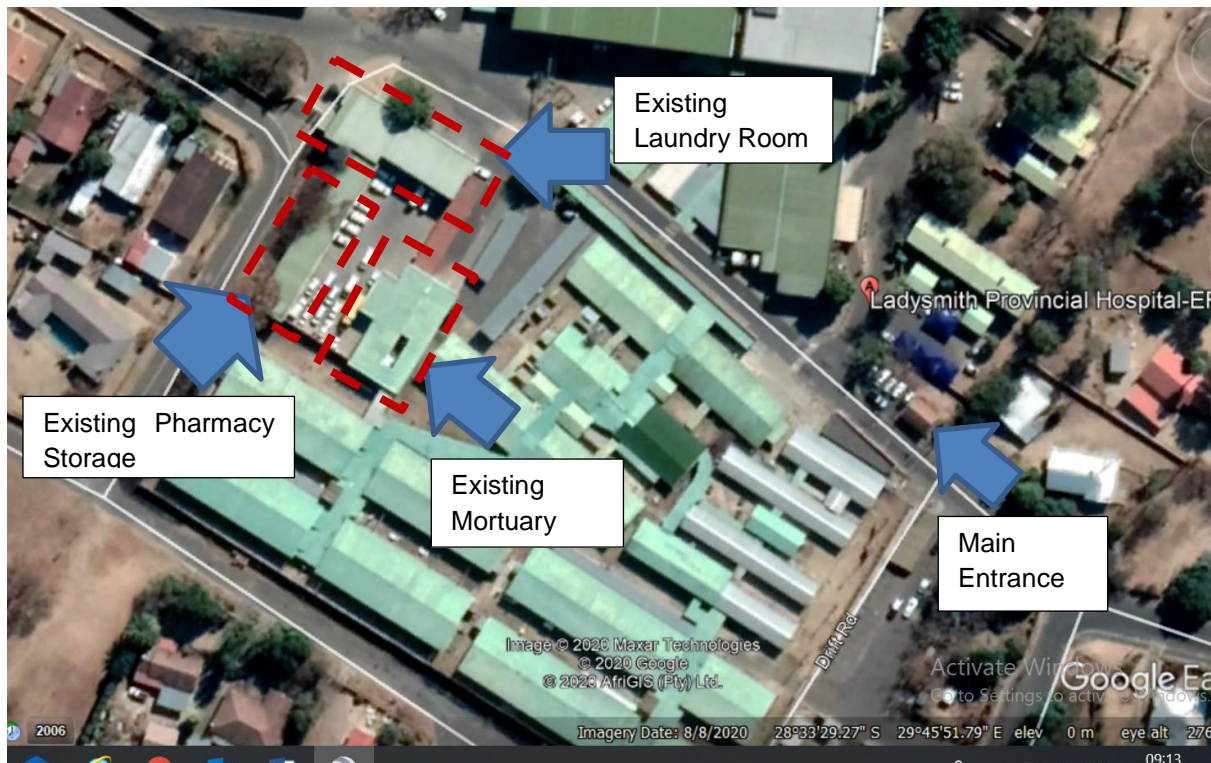


Figure 2: Location of Existing Laundry, Mortuary and Pharmacy Storage Space

Source: Google map

3. Project Outcomes:

Paediatric OPD Room

- Reduce infant and child mortality, Reduce and manage the burden of diseases, Universal health coverage, Strengthen human resources for health and Improve quality of health care

4. Project Objectives:

Paediatric OPD Room

- Strengthen health system effectiveness for paediatric unit, Reduce and manage the burden of disease for paediatric unit, Universal health coverage for paediatric unit and Improved quality of health care for paediatric unit

Mortuary

- To preserve the dead body till formalities of handing over of deceased is completed, Keep the dead body till relatives claim and take away for final disposal, Receive and store dead body requiring post-mortem examination, Carry out medico legal post-mortem work and Impart teaching programs for undergraduates and post graduates.

Laundry

- Improve management of laundry services and render quality laundry services to hospitals

Pharmacy Storage

- Increase the percentage pharmacies that comply with the SA Pharmacy Council Standards (A or B grading) to 100% by March 2020, PPSD compliant with good Wholesaling Practice Regulations by March 2016, and Decrease medicine stock-out rates to less than 1% in PPSD and all health facilities by March 2020

5. Project Success Criteria:

Paediatric OPD Room

- Ladysmith Hospital has a dedicated paediatric unit
- A warm and therapeutic paediatric ward where children can be treated at Ladysmith hospital

Mortuary

- Privacy and dignity is achieved as bodies are kept in closed individual shelves at Ladysmith Hospital
- A dedicated staff eating room is created for hygiene and health purposes at Ladysmith Hospital
- The bereaved families waiting area is fully enclosed with proper ablutions at Ladysmith Hospital
- A dedicated corpse stretcher room is created at Ladysmith Hospital

Laundry

- Increased production of staff, pre-service and post graduate training within hospital environment
- Better conditions of living and improved performance.
- Improve Human resources for health.

Pharmacy Storage

- Adequate space is provided for pharmacy stock at Ladysmith Hospital
- Medicine are properly and orderly stored and are easily accessible at Ladysmith Hospital

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 (Lead Consultant/Principal Agent)
- Quantity Surveyor
- Structural Engineer
- Civil Engineer
- Mechanical 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

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
- 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

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.

PSP Deliverables	Duration to produce deliverables from each stage
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: Construction	18 months
Stage 6: Project Close Out	6 months
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.

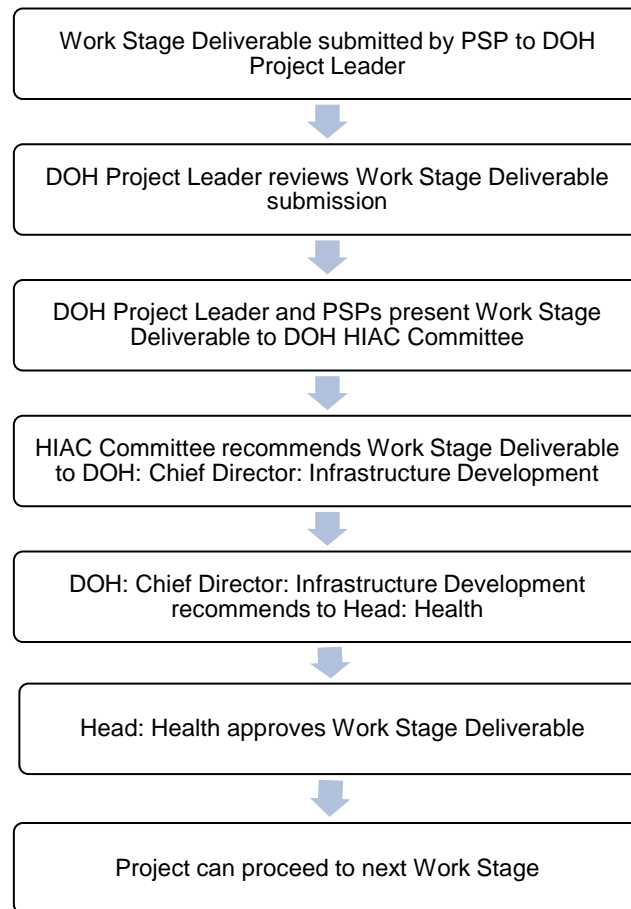
14. Co-operation with Other Service Providers and Affected Parties

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

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

The estimated project works value is R 40,000,000.00 (Forty Million Rand, Exclusive of 15% VAT) and is a combination of a new build on existing land available at Ladysmith Hospital and alterations, including redecoration, to existing buildings as detailed in the attached project brief.

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 lump sum 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 (Lead Consultant/Principal Agent)
- Quantity Surveyor
- Structural Engineer
- Civil Engineer
- Mechanical 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. Lead consultant and Architectural Services cannot be outsourced and must be provided by 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

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.

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 ADJUDICATION 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"> 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 <p>with a minimum of 6 years post registration experience.</p>	<p>TAB LABEL: G-1</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.</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"> 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 	<p>TAB LABEL: G-2</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 construction of Healthcare facilities with a value of over R30 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>TAB LABEL: H-1</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. & 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 OR signed final account summaries OR 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> <ul style="list-style-type: none"> - 2 points will be awarded per completed compliant CV per discipline <p>AND</p> <ul style="list-style-type: none"> - 5 points will be awarded per past project that is of a Healthcare nature, is greater than or equal to R30 million in value and has been completed in the past 10 years - 3 points will be awarded per past project that is of a Healthcare nature, is greater than or equal to R20 million in value but less than R30 million and has been completed in the past 10 years - 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>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>TAB LABEL: H-2</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>Allocation of points will be as follows:</p> <ul style="list-style-type: none"> - 9 points will be awarded for the submission of a team organogram detailing the Architect (Principal Consultant) and all other Lead Professionals per discipline - 0 points will be awarded for no submission and irrelevant submissions <p>AND</p> <ul style="list-style-type: none"> - 4 points will be awarded per organogram per discipline for fully completed organograms that comply fully with the above instructions - 2 points will be awarded per organogram per discipline for organograms that partially comply with the above instructions - 0 points will be awarded for no submission and irrelevant submissions 	<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 least 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 5579/2021-H
Service:	APPOINTMENT OF A MULTIDISCIPLINARY PROFESSIONAL TEAM FOR THE LADYSMITH HOSPITAL: CONVERSION OF EXISTING SPACE INTO PAEDIATRIC OPD, RECONFIGURATION OF LAUNDRY AND MORTUARY, CONVERSION OF GARAGE TO STORAGE AND RESURFACING OF NEW VEHICLE WASH AREA
Date:	20 October 2021
Time:	10:00
Venue:	Ladysmith Hospital – Cafeteria 2

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	Departmental Representative
(Print Name)	(Print Name)
	Departmental Stamp (Optional)
Date:	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.
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-Filer through the website 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

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 (www.treasury.gov.za) 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 (www.treasury.gov.za) by clicking on its link at the bottom of the home page.		
4.2.1	If so, furnish particulars:		

Item	Question	Yes	No
Tick applicable			
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 bids³ 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).⁴ 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:

³ Includes price bids, advertised competitive bids, limited bids and proposals.

⁴ 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 consortium⁵ 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.

⁵ 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 40 000 000
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%	
GRAND TOTAL (to be carried to the Form of Offer and Acceptance)	R

COMPANY STAMP:

DATE:

TABLE 2 – APPORTIONMENT OF FEES

Principal Consultant / Principal Agent / Architect	%
Quantity Surveyor	%
Civil Engineer	%
Structural Engineer	%
Electrical Engineer	%
Mechanical Engineer	%
Health and Safety	%
TOTAL TENDERED FEE PERCENTAGE FOR TEAM (to 2 decimal places)	%

COMPANY STAMP:

DATE:

APPENDIX B – RETURNABLE DOCUMENTS

CHECKLIST OF RETURNABLE DOCUMENTS			
Item No.	Required Documents	Tick	
		Yes	No
Please ensure the following items are fully completed and complied with:			
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)		
The following documents are to be submitted under Appendix: G			
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)		
The following documents are to be submitted under Appendix H under the relevant cover pages:			
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		
The following documents are to be submitted under Appendix I under the relevant cover pages:			
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 Ladysmith Hospital: Conversion of Existing Space into Paediatric OPD, Reconfiguration of Laundry and Mortuary, Conversion of Garage to Storage and Resurfacing of New Vehicle Wash Area
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"> a) Deviate from the programme (delayed or earlier); b) Deviate from or change the Scope of Services; c) Change Key Personnel on the Service.
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	
	<p>Tendering on the project:</p> <p>.....</p> <p>(Name of project as per Form of Offer and Acceptance)</p> <p>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"> i. accepts herewith full liability for the due fulfilment of all obligations in respect of this Service; and 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.
5.4.1	<p>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>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>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>Name:</p> <p>Signature:</p> <p>Capacity:</p>

Clause			
7.1.2	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.		
	The Key Persons and their jobs / functions in relation to the Services are:		
	Name	Principal and/or employed professional(s)	Specific duties
	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	7.		
	8.		
	9.		
	10.		
7.2	A Personnel Schedule is not required.		
	If the space provided in the table above is not sufficient to describe the specific duties, this space may be utilized for such purpose		

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 specialises 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



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

DIRECTORATE

Physical Address: 121 Albert Luthuli Street, Pietermaritzburg, 3201

Postal Address: Private Bag X9051, Pietermaritzburg, 3200

Tel: 033 846 7300 Fax: 033 846 7416

www.kznhealth.gov.za

INFRASTRUCTURE PLANNING

PROJECT BRIEF

LADYSMITH HOSPITAL: CONVERSION OF EXISTING SPACE INTO PAEDIATRIC OPD ROOM, RECONFIGURATION OF LAUNDRY AND MORTUARY, CONVERSION OF GARAGE TO STORAGE AREA

Drafted by: TEMITOPE D. SOKOYA

Project Leader

Signed:

Date:



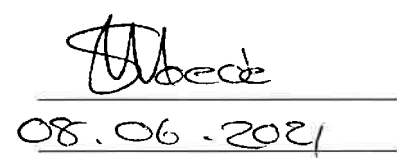
07/06/2021

Recommended by: MICHELLE DE GOEDE

Director: Planning

Signed:

Date:



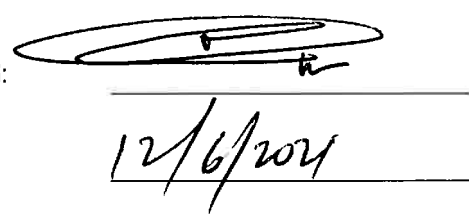
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Approved by: MR B G GCABA

Chief Director: Infrastructure
Development

Signed:

Date:



12/6/2021

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Contents

1. Project Details	4
1.1. The Facility	4
1.2. Location	4
1.3. The Project details.....	5
1.4. Project Team	5
1.4.1. KZN Department of Health	5
1.4.2. Oversight Team	6
1.4.3. Implementing Agent.....	6
1.4.4. Stakeholders.....	6
1.5. Project Background	6
1.5.1. A Short History.....	6
1.5.2. Situation today.....	7
1.5.3. Current Services offered Ladysmith Hospital	8
1.6. The Site:	9
2. Strategic Background	14
2.1. Strategic Outcome	14
2.2. Strategic Objective	14
2.3. Project Outcome.....	15
2.4. Project Objective	15
2.5. Statutory Requirements.....	16
2.5.1. Legislation.....	16
3. Clinical Brief	18
3.1. Situational Analysis	18
3.2. Scope of the Project	28
3.2.1. Brief overview of the Project Scope	28
3.2.2. Brief conditional assessment.....	29
3.2.3. The Proposed Service Profile.....	34
3.2.4. Division of Care	35
3.2.5. Bed distribution	36
3.2.6. Phasing, Decanting and Incubation Strategies	36
4. Technical Brief.....	37
4.1. Detail Scope of Work.....	37
4.1.1. External Circulation to site	37
4.1.2. Security and Access control	38
4.1.3. Orientation and Rational Planning Principles	38
4.1.4. Building and Engineering Services.....	39
4.1.5. Accommodation schedule	40

4.1.6.	Critical departmental relationships:	42
4.2.	Comparative Examples	44
5.	Project / Programme Management and Cost control	47
5.1.	Project Management	47
5.1.1.	IDMS guidelines	47
5.1.2.	Project Management Plan / Resource Management	49
5.1.3.	Project Risk Plan	50
5.1.4.	Occupational Health and Safety Baseline plan	50
5.2.	Communication Plan	51
5.3.	Project Milestones	52
5.4.	Project Cost Breakdown	52
5.5.	Expanded Public Works Programme and Community Participation Goal	54
6.	Health Technology Services	55
6.1.	Minimum HTS list	58
7.	Commissioning	60
8.	Organisational Development	62
8.1.	History	62
8.2.	Programme	62
8.3.	Facts	62
8.4.	Proposed additional Staffing Requirements	62
8.5.	Change Management	63
9.	Procurement	64
9.1.	Procurement Strategy	64
9.1.1.	Formulation Process	64
9.1.2.	Primary and Secondary Objectives	65
9.1.3.	Delivery Management Strategy	65
9.1.4.	Updating and Revising the Delivery Management Strategy	66
10.	External Appointments	67
10.1.	Appointment of External Service Providers	67
10.2.	Appointment of Contractors or Suppliers	67
10.3.	Appointment of External Implementing Agent	67
10.4.	Roles and Responsibilities of the Department of Health	68
11.	Contact Numbers	69
12.	Part 6 – Signatures	70

1. Project Details

1.1. The Facility

- Facility Name : Ladysmith Hospital
- Facility Number : 31009084

- Facility Type : Hospital - Regional
- Facility Owner : Government – Provincial
 - Portion: Site comprise of multiple sites, which are in the process of being consolidated. Proposed site falls within the current T5/1936
 - Deeds Description: Refer to table below
 - Title Deed Number: Refer to table below

TITLE DEED NUMBER	DEEDS DESCRIPTION
T4097/1961	ERF 1742 LADYSMITH LADYSMITH-EMNAMBITHI TRANSITIONAL LOCAL COUNCIL
T4097/1961	ERF 1741 LADYSMITH LADYSMITH-EMNAMBITHI TRANSITIONAL LOCAL COUNCIL
T13682/1971	ERF 2519 LADYSMITH LADYSMITH-EMNAMBITHI TRANSITIONAL LOCAL COUNCIL
T2452/1942	ERF 30 LADYSMITH
T125/1952	ERF 29 LADYSMITH LADYSMITH-EMNAMBITHI TRANSITIONAL LOCAL COUNCIL
T5/1936	ERF 31 LADYSMITH LADYSMITH-EMNAMBITHI TRANSITIONAL LOCAL COUNCIL
T3077/1939	ERF 25 LADYSMITH
T1680/1940	ERF 27 LADYSMITH
T3077/1939	ERF 26 LADYSMITH
T1570/1943	ERF 24 LADYSMITH
T19351/1973	ERF 3228 LADYSMITH EXT 16
T19351/1973	ERF 3229 LADYSMITH
T19351/1973	ERF 3227 LADYSMITH
T4098/1961	ERF 1743 LADYSMITH
T4098/1961	ERF 1740 LADYSMITH

1.2. Location

- Province: KwaZulu – Natal (KZ)
- District Municipality: UThukela (DC23)
- Local Municipality: Alfred Duma (KZN 238)
- Ward: 11
- Cadastral description:
 - Latitude: 29.766058
 - Longitude: -28.5567272
- Street address (or directions): Malcom Road, Ladysmith
- Postal address: Private Bag X9928 Ladysmith
- Telephone number: +27 (0) 36 637 2111

1.3. The Project details

- Project Name: Conversion of existing space into Paediatric OPD Room, Reconfiguration of Laundry and Mortuary, Conversion of Garage to Storage Area
- KZN-DOH Project Number: LADYH004
- Project Code: 31009214
- Project Details / Scope: Conversion of existing space into Paediatric OPD Room, Reconfiguration of laundry area, new vehicle wash area resurfacing of tarred area, conversion of garages to storage area, Reconfiguration of Mortuary Infrastructure Development - Projects
- Project Type: Programme 8
- Budget Programme Number: Health Facilities Management
- Budget Programme Name: Sub-Programme 8
- Sub-programme: Not part of a programme
- Infrastructure Programme Name: Rehabilitation, Renovation & Refurbishment
- Nature of Investment: Rehabilitation
- Nature of Investment Sub- status: DoH - Rehabilitation
- IRM Infrastructure Category: Secondary
- IRM Infrastructure Type:

1.4. Project Team

1.4.1. KZN Department of Health

1.4.1.1. Infrastructure Development

- Project Leader: Mr T D. Sokoya
- Architect: Mr T D. Sokoya
- Quantity Surveyor: Mr P Chowthee
- Electrical Engineer: Mr S. Dlamini
- Mechanical Engineer: Mr S. Cele
- Civil/Structural Engineer: Mr T. C Chiro
- Occupational Health & Safety: Ms Slindile Ngcobo
- Quality Assurance: Ms Y. Thambiran
- Organisational Development: Mr T. Sosiba
- Monitoring & Evaluation: Mrs Zama Thwala
- Health Technology: Mr Nishan Singh

1.4.1.2. Department of Health – General

- Uthukela District Director (uThukela) Ms N.C Ndhlovu
(Acting district director)
- Ladysmith Regional Hospital
 - Dr M. E Pule: Acting CEO
 - Mr T.M Buthelezi: Nursing Manager
 - Ms X. L Ntuli: Finance
 - Mr Goba: System Manager
 - Mrs M. Q Khanyile: HR Manager

- IT Services: Mr Goduka
- Security Services: Mr H. Kidsingh
- KZN – DoH: Paediatric & Child Health Dr Neil Mckerrow
- Infection Prevention Control (IPC): TBC
- Waste Management: Mr S.B. Msimang

1.4.2. Oversight Team

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

1.4.3. Implementing Agent

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

1.4.4. Stakeholders

Challenge Members include:

- UThukela District Municipality

1.5. Project Background

1.5.1. A Short History

Ladysmith Hospital is a 508 bedded regional and district hospital situated at Ladysmith in the UThukela Health District. The hospital serves an estimated population of 26, 739 (DHIS) that is from the UMnambithi and Indaka Municipality. Ladysmith Hospital also take referrals from Estcourt and Emmaus hospitals.

Ladysmith Hospital is currently having minor challenges within some of its units namely the Paediatric outpatient (PoPD), Parent's (Mothers & Fathers) Lodge, Laundry, laundry, Mortuary, Pharmacy storage

and Government wash area. A visit was conducted by the DoH Infrastructure to assess the problems and advise on the solutions to the problems.

1.5.2. Situation today

Ladysmith Hospital is an existing hospital with departments below.

- o Out patients Department
- o Clinical Department
- o Intensive Care Unit (ICU)
- o Allied Health Department

1.5.3. Problem Statement:

After the assessment by the DoH Infrastructure team, these projects were grouped and registered as individual projects

- 1) Ladysmith Hospital: Conversion of Existing space to Paediatric OPD room
 - o Conversion of existing space (stretcher room) into paediatric opd room
- 2) Ladysmith Hospital: Renovation of Laundry, garages and mortuary
 - o Reconfiguration of Laundry area new vehicle wash area resurfacing of tarred area, conversion of garages to storage area, and reconfiguration of mortuary.

But after consultation with chief director of infrastructure, it was advised to combine the project into one project for better monitoring and implementation. Subsequent to that several meetings were held with the Ladysmith Hospital including the uThukela District office and DoH – Paediatric consultant (Prof. Mckerrow) and the scope was better defined.

The Ladysmith Hospital stated that the existing space (stretcher room) is no longer available for the project because another department have taken over the space meaning a different site has to be identified for the project within the Hospital. Prof. Mckerrow also made the contributions towards the project scope:

Problems identified:

- **PoPD: Conversion of Existing Space to POPD**

The present POPD is functional from 7h30 to 16h00, Monday to Friday. There are 3 consulting rooms but only 2 functional. The third is used for storage. The POPD waiting area is mixed with adult patient. Acute and emergency cases and after hours patients are seen in the Casualty. Only one bed is allocated for paediatric patients in Casualty. Also, in Casualty, paediatric patients share the room with adult medical cases and the area is very cold especially in winter as the windows are always left open to maintain ventilation.

- **Parents (Mothers & Fathers) Lodge:**

There are 2 old park homes which accommodate the mothers of babies admitted in the Neonatal ICU (NICU) only. Each of these areas house 9 mothers each, 18 in total. However, Ladysmith Hospital have

an average of 25 to 30 mothers at any given time, so the existing mother lodge is grossly inadequate for the number of mothers. In addition, the condition of the mothers' lodges are in poor condition

- **Laundry:**

The Department of Health (DoH) took a decision to move all the laundry machines from St. Chads Community Health Centre (CHC) to Ladysmith Hospital because there was not enough space at St. Chads CHC. However, this created an overload on the electricity capacity.

There was also a decision to procure an additional water tank that will be used for back up storage when there is no water in the hospital. However the plinth and the room for the water tank is too small. Finally, the laundry is not properly defined because the same entrance and space is used for dirty and clean linen.

- **Mortuary:**

The existing mortuary is non-compliant. Bodies are kept in open shelves in the cold rooms. There is no eating room for staff and there's no separate corpse stretcher room. The waiting area for the bereaved families is an open passage and has no ablution. The nearest public toilet is next to the hospital main entrance about 30 meters away.

- **Government Cars Washing Area Surfacing:**

There is no wash area for hospital cars. Currently, vehicles are washed in a passage which is a passage which is an entrance leading to the mortuary. On the floor, there is a drainage system that is not designed for the washing cars. When cars are washed, the soil also flow with water into these drains and causes blockages. This poses a threat of flooding to adjacent buildings.

1.5.4. Current Services offered Ladysmith Hospital

- **Outpatient Department**

- Accident and Emergency
- CDC clinic
- Clinical Psychology
- Day Surgery
- Dental Clinic
- Gynae O.P.D
- HIV/AIDS counsellors
- Primary Health Care (Gate clinic)
- M.O.P.D
- P.O.P.D
- PEP, Crisis Centre
- PMTCT
- VCT

- **Clinical Department**

- Family Medicine
- Orthopaedics
- Psychiatry
- Obstetrics and Gynaecology
- Ear and Nose (ENT)
- Training of medical interns

- General Surgery
- Internal Medicine
- Paediatrics
- Anaesthetics
- Ophthalmology
- Intensive Care Unit

- **Allied Health Department**
 - Radiology
 - Laboratory
 - Telemedicine
 - Natal Blood Transfusion Service
 - Social Work Service
 - Occupational Therapy
 - Physiotherapy
 - Dietetics
 - Speech and Hearing therapy
 - Pharmaceutical
 - Orthopaedic workshop

1.6. The Site:

Ladysmith hospital is roughly 81,946.2 sq.m in size. The hospital is situated along Malcom Road, Ladysmith in KwaZulu Natal. Nearby main roads are the N11 highway to the South and East of the hospital as well as the R103 to the West. Ladysmith is located 68.7km South-West of Dundee and 102km South of Newcastle on the N11 in KwaZulu Natal.

Figure 1: Aerial view of Ladysmith Provincial Hospital

Source: Google map



1.6.1.1. Strategic location of site:

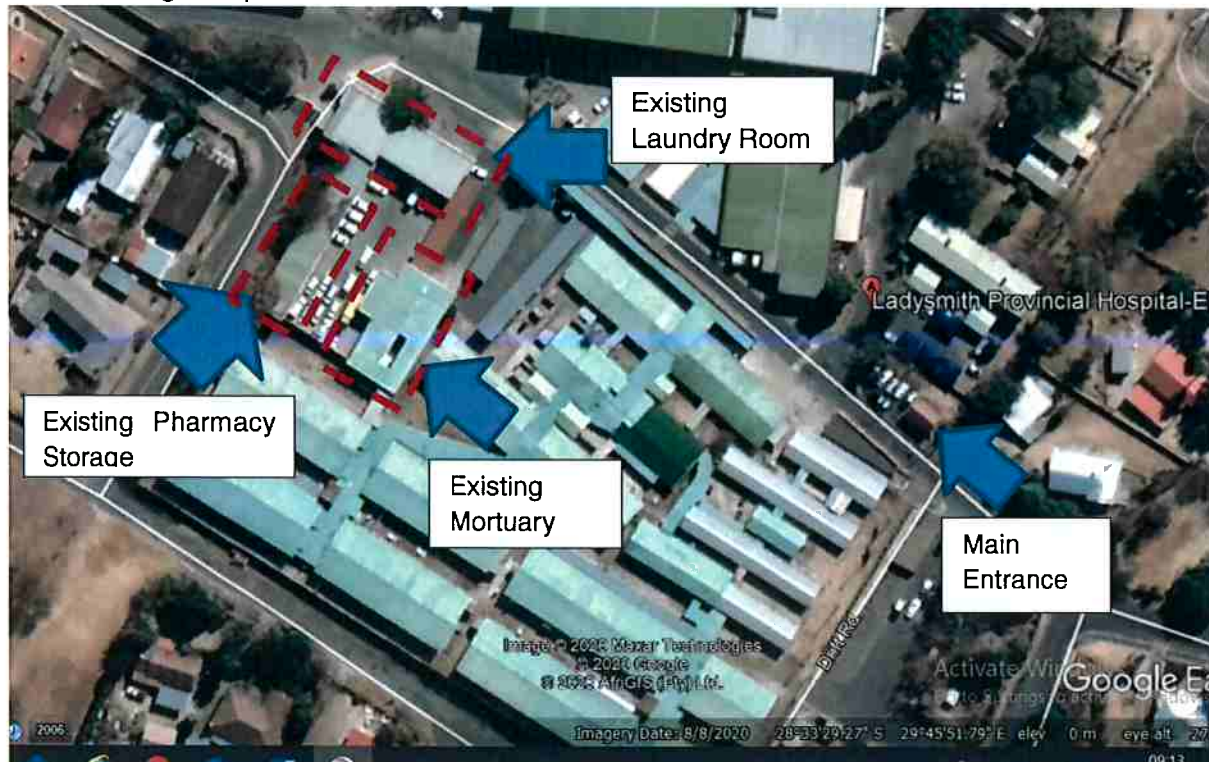
Figure 1: Location of Existing Stretcher room to be converted to Paediatric OPD

Source: Google map



Figure 2: Location of Existing Laundry, Mortuary and Pharmacy Storage Space

Source: Google map



- Restrictions:
 - Planning and other restrictions to be confirmed with the Local Authority
 - Permitted uses:
 - Civic and Social/ Administrative
 - Community Hall

- Chapel
- Clinic
- Educational Building
- Hospital
- Institution
- Place of Assembly
- Place of Safety
- Multi-Purpose Centre
- Restricted Building
- Recreation and environment
 - Private Recreation Area (For staff)
 - Private Open Space
 - Public Open Space
 - Recreational Building (For staff)
- Residential
 - Dwelling House
 - Medium Density Housing (Restricted to staff accommodation)
 - Residential Building
 - (Restricted to staff accommodation)

Uses with Consent:

Commercial

- Flea Market
- Personal Service Outlet
- Place of Amusement
- Restaurant (To provide for the needs of occupants)

Residential

- Crèche
- Day Care Facility

Transportation

- Heli-pad

Prohibited land uses and Buildings:

- Buildings and land uses not listed above

General / Additional Controls

- All applications for change of land use are subject to the relevant requirements of the Department of Health.
- Prior to the approval of any development proposal, the norms and standard of any affected Municipal, provincial and National entity must be complied with and written consent in terms of its policy/legislation must be submitted along with the development application for consideration
- Only one point of access is permitted. An additional point of access may be considered under exceptional circumstances and the proposal for such must be accompanied by written consent from the municipal Traffic Department.
- Land use definition
 - Institutional
 - Site belong to provincial government

- Heritage components
 - No heritage component
- Survey of the site
 - To be carried out
- Geo-technical information
 - To be carried out
- Traffic impact study
 - Not applicable
- External circulation
 - Access to the site: The existing accesses to the site is via Malcom road
 - Access to Public transport: There is an existing bus station next to main access along the Malcom road to the left of the main entrance.
 - Pedestrian routes: There is an existing pedestrian route next to Malcom road main entrance left of the boom gate.
 - Roads: Roads are asphalted.
 - Walkways: There is a paved walkway along Malcom road leading to main entrance.
 - Parking: There is staff parking provided within the hospital opposite the administrative building. Visitor's cars are also parked outside the main gate and inside the hospital.
- Climatic conditions
 - General Climate: Ladysmith has a subtropical highland climate (Cwb, according to the Köppen climate classification), with warm summers and cool, dry winters. It borders on a humid subtropical climate (Cwa). The average annual precipitation is 639 mm (25 in), with most rainfall occurring during summer.
 - Temperature: The Ladysmith lies on 1050m above sea level. The climate in Ladysmith is warm and temperate. The summers are much rainier than the winters in Ladysmith. This location is classified as Cwa by Köppen and Geiger. The average annual temperature is 18.3 °C | 64.9 °F in Ladysmith
January is the warmest month of the year. The temperature in January averages 23.1 °C | 73.6 °F. The lowest average temperatures in the year occur in June, when it is around 11.1 °C | 52.0 °F.
 - Rain fall: In a year Ladysmith has, the rainfall is 740 mm | 29.1 inch....with the highest rainfall recorded in January and lowest rainfall recorded in June.
There is a difference of 133 mm | 5 inch of precipitation between the driest and wettest months. The variation in temperatures throughout the year is 12.0 °C | 53.6 °F
 - Wind direction: Ladysmith 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: <https://en.climate-data.org/africa/south-africa/kwazulu-natal/ladysmith-947/>

- Aviation for emergency aircraft:
 - Existing on site
 - Any impact of new building on existing aviation of emergency aircraft to be investigated and mitigated
- Seismic activity: No known activity
- Radio towers:

- Existing on site
 - Any impact of new building on radio towers to be investigated and mitigated.
- Site orientation: Site located at the south-west corner of Ladysmith 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 south-east of the hospital.
- Existing infrastructure: Ladysmith 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.

2. Strategic Background

The conversion of existing space into Paediatric OPD room, reconfiguration of Laundry and Mortuary, conversion of garage to storage area will improve the effective functioning of the hospital, providing effective support to the clinical running of the hospital. This will in turn lead to improved universal health coverage rendered in the Uthukela Health district, improving the quality of healthcare, strengthening health system effectiveness, and reducing and managing the burden of disease.

Project are generally created by the identification of a Strategic need and in diagrammatic form it is explained as follows.



2.1. Strategic Outcome

Paediatric OPD Room

- Reduce infant and child mortality
- Reduce and manage the burden of diseases
- Universal health coverage
- Strengthen human resources for health
- Improve quality of health care

Source: Strategic Plan 2015-2019 KwaZulu-Natal Department of Health

2.2. Strategic Objective

Paediatric OPD Room

- Strengthen health system effectiveness for paediatric unit
- Reduce and manage the burden of disease for paediatric unit
- Universal health coverage for paediatric unit
- Improved quality of health care for paediatric unit

Mortuary

- To preserve the dead body till formalities of handing over of deceased is completed.
- Keep the dead body till relatives claim and take away for final disposal
- Receive and store dead body requiring post-mortem examination
- Carry out medico legal post-mortem work
- Impart teaching programs for undergraduates and post graduates.

Laundry

- Improve management of laundry services
- Render quality laundry services to hospitals

Pharmacy Storage

- Increase the percentage pharmacies that comply with the SA Pharmacy Council Standards (A or B grading) to 100% by March 2020
- PPSD compliant with good Wholesaling Practice Regulations by March 2016
- Decrease medicine stock-out rates to less than 1% in PPSD and all health facilities by March 2020

Source: Strategic Plan 2015-2019 KwaZulu-Natal Department of Health

2.3. Project Outcome

Paediatric OPD Room

- Increased functional hour of paediatric OPD from Monday to Friday
- Increase number of consulting rooms in the paediatric OPD

Mortuary

- A safe, secure and functional environment for visitors and staff;
- A low capital and ongoing operating costs (service, staffing and maintenance);
- A fully accessible, inclusive environment.

Laundry

- Increase percentage of facilities reporting clean linen stock outs
- Improve Human resources for health.

Pharmacy Storage

- To ensure an adequate storage space and continuous supply of pharmaceutical, medical and surgical inventories to improve customer service.
- To ensure the facility design, construct and build comply with the requirements of TPS, GSP and other relevant guidelines from MOH and other authorities

2.4. Project Objective

Paediatric OPD Room

- To increase daily and weekly operational hour of paediatric OPD at Ladysmith Hospital
- To increase number of consultation in the paediatric OPD a Ladysmith Hospital

Mortuary

- To increase safety and security for staff and visitors at Ladysmith Hospital
- To reduce operational cost at Ladysmith Hospital mortuary

Laundry

- To increase rate of efficiency at Ladysmith Hospital laundry

Pharmacy Storage

- To increase storage capacity at Ladysmith Hospital

2.5. Project Success Criteria

Paediatric OPD Room

- Ladysmith Hospital has a dedicated paediatric unit
- A warm and therapeutic paediatric ward where children can be treated at Ladysmith hospital

Mortuary

- Privacy and dignity is achieved as bodies are kept in closed individual shelves at Ladysmith Hospital
- A dedicated staff eating room is created for hygiene and health purposes at Ladysmith Hospital
- The bereaved families waiting area is fully enclosed with proper ablutions at Ladysmith Hospital
- A dedicated corpse stretcher room is created at Ladysmith Hospital

Laundry

- Increased production of staff, pre-service and post graduate training within hospital environment
- Better conditions of living and improved performance.
- Improve Human resources for health.

Pharmacy Storage

- Adequate space is provided for pharmacy stock at Ladysmith Hospital
- Medicine are properly and orderly stored and are easily accessible at Ladysmith Hospital

2.6. Statutory Requirements

2.6.1. Legislation

- Legislation: Minimum applicable legislation (latest version) include:
 - National Building Regulations SANS 10400
 - KwaZulu-Natal Planning and Development Act, 2008 (Act No. 06 of 2008)
 - Occupational Health & Safety Act No. 85 of 1993
- Policies:
 - Policy Document for the Design of Structural Installation (to be used strictly as a Design Guide Only)
- Norms and Standards: Minimum applicable Norms and Standards
 - IUSS Health Facility Guides Paediatric and Neonatal Facilities
 - Other applicable IUSS Health Facility Guides.

- Statutory Permissions Required
 - Land:
 - Acquisition:
 - Leases:-
 - Consolidations/Subdivisions:
 - Applications
 - Planning and Development Act:
 - Environmental Impact Assessment:
 - AMAFA approval:
 - Municipal Approval:
 - Access to Provincial /National Roads:

3. Clinical Brief

3.1. Situational Analysis

3.1.1.1. Overview of uThukela District

Uthukela District Municipality (DC23) is a category C municipality located on the western boundary of KwaZulu-Natal. Uthukela district municipality derives its name from one of the major rivers in the Province of KwaZulu-Natal, the uThukela River that rises from Drakensberg Mountains and supplies water to large portion of KZN and as well as Gauteng. It is predominantly rural and is characterised by poor socio-economic indicator base. Uthukela District Municipality has three district municipalities bordering it namely Amajuba, UMzinyathi and UMgungundlovu. There are two national routes, the N3 and N11, traversing the district, which forms a critical link with Uthukela. Accidents occur on these roads which impact on service delivery for support services e.g. Emergency Medical Services and Forensic Pathology Services, especially during the peak seasons in Estcourt and Ladysmith. The N3 traverses Uthukela and form the connection between Durban and Gauteng. This route carries a vast amount of goods and passengers, with only a few filling stations along the route gaining economic benefit. The N11 is an alternative route from Ladysmith to Gauteng and Limpopo and forms an important route between Ladysmith and Newcastle located in the neighbouring Amajuba district municipality.

The North East part of Alfred Duma and the Southern part of Inkosi Langalibalele municipality areas are relatively isolated from these routes and can only be accessed via the provincial road network, which have implications for service delivery recruitments.

The provincial access roads within Uthukela are also considered to be of major importance, as district access roads are in poor condition. This limits the level of health and social service that can be delivered to rural communities. The cross boundary patients from Lesotho, Mooi river and Free State too, present the District Hospitals with challenges for timeous repatriation / discharge to their place of residence. The District must strengthen the relationships with Free State to improve both up and down referrals.

The sub-district of Alfred Duma has a population density (89.6 / km²), the North East area has a higher population density (107.2 / km²) despite not having the major town located in this area which attracts people to a specific point and the area is rural. This is due to the fact that there is comparatively a sizable urban population at Ladysmith with a sparsely populated surrounding rural area.

Inkosi Langalibalele sub-district has a population density of (69.0 / km²), whilst the southern part is more densely populated (141.7 / km²) although in a rural environment than the eastern part (40.7 / km²) whilst the major industrial town of Estcourt is situated in the eastern part. The smallest of the sub-districts (2 959 km) within Uthukela followed by Okhahlamba (3 540 km) and Alfred Duma (3 957 km).

Okhahlamba is also sparsely populated (38.7 / km²) with Bergville as its main town and Winterton as a very small farming community town. Service delivery is difficult in especially the Okhahlamba area with many remote areas due to the mountains and poor road infrastructure in some places.

Municipality consist of three local municipalities namely:

- Alfred Duma – major town and economic hum. Informal settlements on the increase within the sub-district, and a remote rural area situated in the North East.

- Inkonsi Langalibalele - major industrial town situated in the East, sparsely populated in the rural areas, the most densely populated for the district in the South without an established town.
- Okhahlaba – Mountainous rural area with no fixed clinics on the south side of the sub-district only limited mobile services.

Area:	11 134
Population (2016):	740 534
Population density (2016):	66.5 persons per km ²
Estimated medical scheme coverage:	7.1%

Cities/Towns: Bergville, Catkin Park, Colenso, Estcourt, Ladysmith, Van Reenen, Weenen, Winterton.

Main Economic Sectors: Manufacturing (21%), wholesale and retail trade, catering and accommodation (17%), finance, insurance, real estate and business services (15%).

Table 1: District Population Density – 2018/19

Local Municipality	Area km	Population	Population Density per km ²
Alfred Duma	3957	389246	98.3
Inkonsi Langibalele	2959	220970	74.6
Okhahlamba	3957	145533	41.1
District	11134	755749	69.4

Source: District Municipality Uthukela

District Health Plan 2020/21 – 2024/25

3.1.1.2. Demographic Profile

The biggest increase in female population between 2010/11 and 2020/21 was in the following age groups;

- 30 – 34 years – 11084 females
- 10 – 14 years – 9413 females
- 35 – 39 years – 7902 females

A concern is the decrease in less than 1 year (604 female and 622 male) and under 5 year (589 female and 628 male) between 2010/11 and 2020/21. The preventative services measured in couple year protection rate (59%) cannot even justify this decrease. The biggest decrease in population was in the age group 20 – 24 years (2470 females and 3241 males.). The contributing factors can be that these age groups are studying elsewhere and working in the bigger cities.

This is evident that the District needs to emphasize on women's health services especially preventative services as these age groups falls within the fertile age group. This can be addressed within the district aspirations to improve women's health. The age group 30 – 39 years has also the highest number for unnatural causes of death, the second highest unnatural cases for death was for the age group 20 – 29 years as recorded by the Forensic Pathology Services.

The biggest increase in male population between 2010/11 and 2020/21 was in the following age groups;

- 30 – 34 years – 12857 males
- 10 – 14 years – 11570 males
- 25 – 29 years – 9106 males

From the age 50 years and older the male population is decreasing (697) males except between 65-69 years and 70 years and older. The females only decreased in the age group 50 – 54 years (27 females), for all the other age groups from 50 years and plus the women population increased. One of the District measurable objectives is to increase access to men's services, which are specifically focusing on the work force. A study done in the District showed that males are seeking very late health services, which is evident from the above figures. The District targeted Okhahlamba sub-district to implement the Theory of change within this measurable objective and which link to outcome; increase experience of care The female population from 65+ years increased with 8.47% more than the male population. The female-headed households are at 52%, which is higher than the province and the country.

The 65+ population is depended on pension and grants and is also looking after the grandchildren whilst the parents are working elsewhere. The district experience high incidence of SAM cases which can be linked to the socio-economics of the community and health sees the end result. The early diagnosis of SAM cases at community level is still a challenge within the district. The establishment of the district child health forum will hopefully address all these issues. In many cases the supplements given to a diagnosed child is shared with the other children on discharge, leading to re admission at the institutions.

The household survey indicated that 69.9% of children 0-4 years in KZN are looked after at home by a parent or a guardian. Out of the 69.9% only 9.7% is by a parent. The data is not available per District, as Uthukela consist of rural areas these statements will also be applicable to the area.

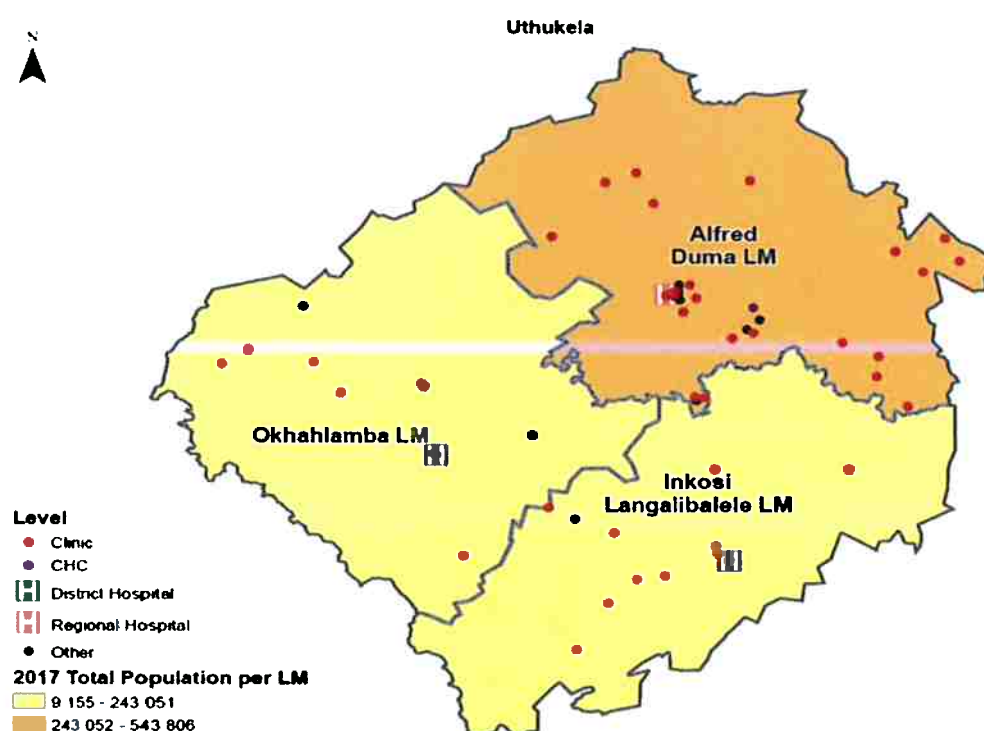
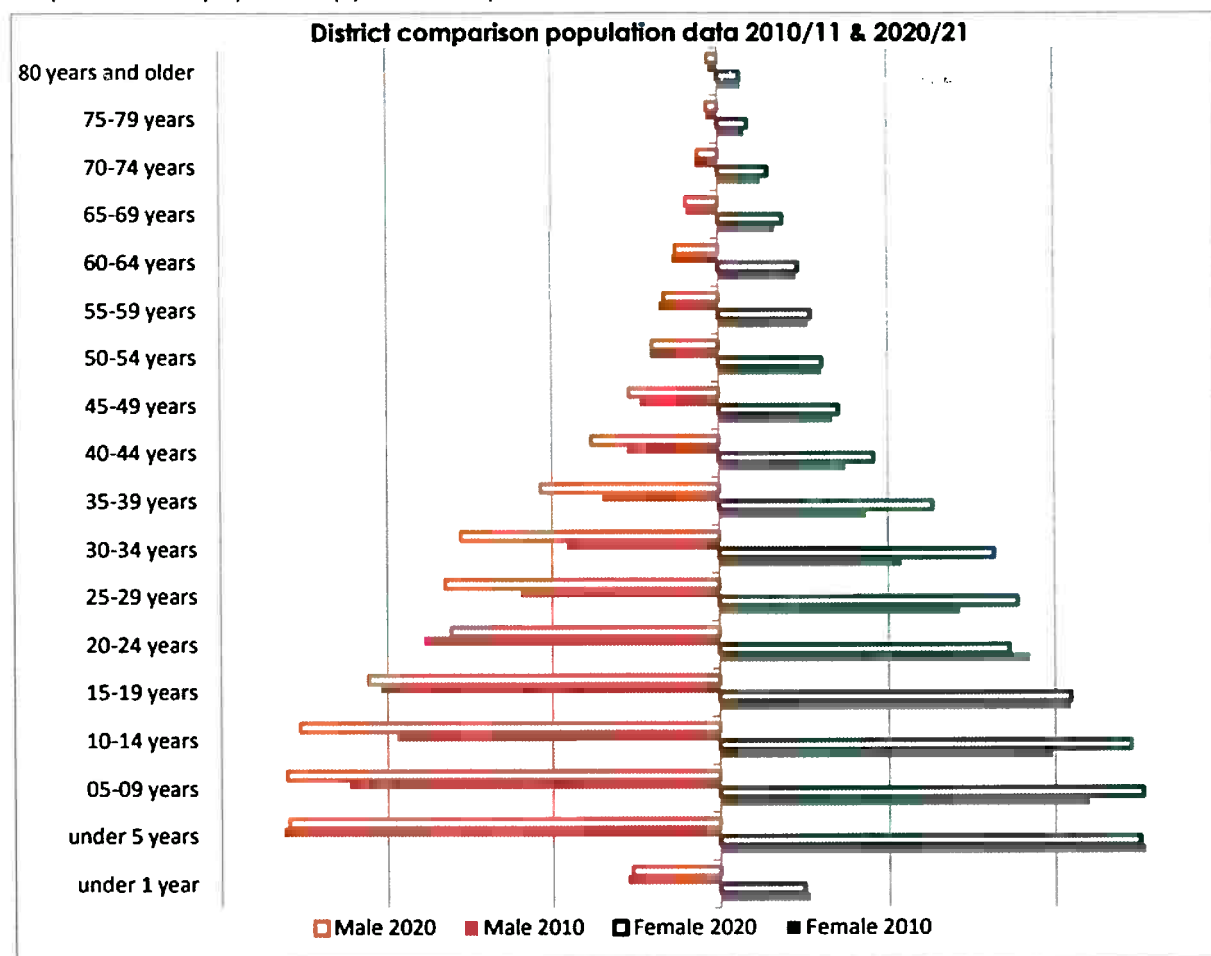


Figure 4: District Municipality Uthukela

Source: District Health Plan 2020/21 – 2024/25

Figure 5: District Population Pyramid Comparison



Source: District Municipality Uthukela
District Health Plan 2020/21 – 2024/25

3.1.1.3. Socio-economic Profile

The access to water was a challenge in the 2017/18 financial year due to the drought in the District. This affects households as well as service delivery especially in St. Chads due to low pressure problem within the Municipality water supply; the Municipality is unable to provide St. Chads with water. Various meetings were held between the DoH and the District Municipality whereby the Municipality agreed to supply St. Chads with two tanker loads of 16 000 litres capacity in a daily basis. However this has to date not materialised as the agreed on water supply is irregular therefore leaving St. Chads often without any water, this have an impact on infection and Prevention Control at the CHC. A borehole was also donated, but the yield from the borehole is very low and cannot sustain the water demands from the CHC.

There are many rural areas within the district where accessibility of water is a huge challenge therefore service delivery for basic social determinants is not easy. Availability of water affects prevention of communicable diseases and the infants on formula feeding.

Table 2: Social determinants of health

	Source / Year	District
Percentage of female-headed households (%)	2016	85.7%
Unemployment rate (%)	2011	39.6%

	Source / Year	District
Youth unemployment rate (15-34 years) (%)	2011	49.3%
Percentage of population 20 years and older with no schooling (%)	2016	20.3%
Percentage without matric (%)	2016	66.7%
Percentage without higher education (%)	2016	93.4%
Formal dwellings (%)	2016	69.8%
Percentage of households using electricity for lightening (%)	2016	85.5%
Percentage of households with flush toilet connected to sewerage (%)	2016	29%
Percentage of households with weekly refusal removal (%)	2016	31.3%
Percentage of households with piped water inside dwellings (%)	2016	22.3%
Drinking water system (Blue Drop) Performance rating (%)	2014	34.5%

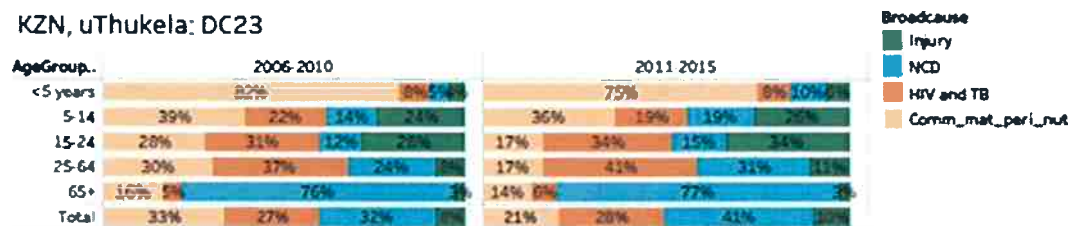
Source: Stats SA (Local Government Handbook)

District Municipality Uthukela

District Health Plan 2020/21 – 2024/25

3.1.1.4. Epidemiology

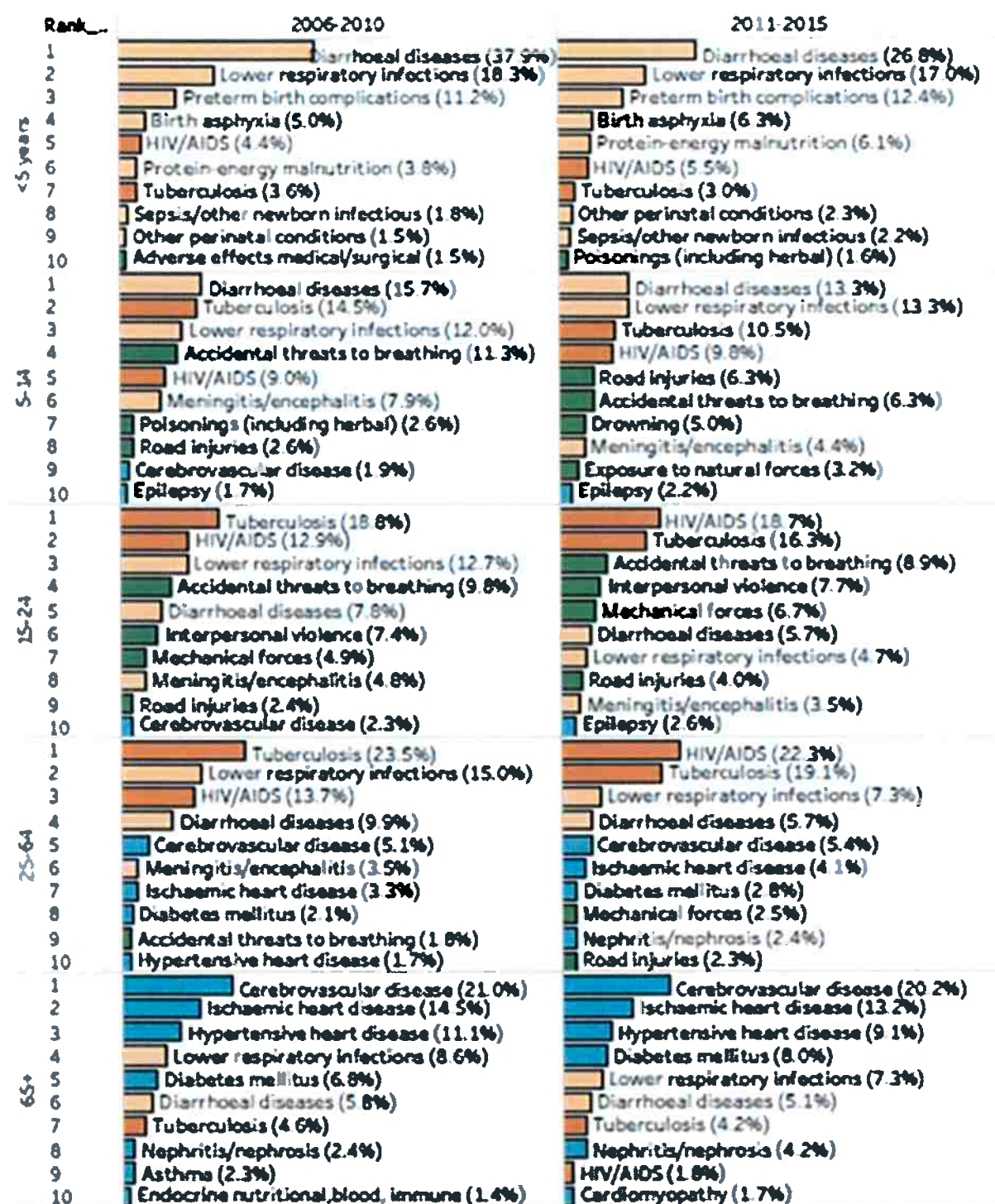
**Figure 6: Percentage of deaths caused by broad causes and single causes
(District Health Barometer)**



Source: District Municipality Uthukela

District Health Plan 2020/21 – 2024/25

Figure 7: Percentage of deaths caused by broad causes and single causes
(District Health Barometer)



Source: District Municipality Uthukela
District Health Plan 2020/21 – 2024/25

Key Observations on burden of disease:

- (a) NCD as a broad cause increased in almost all the age groups with a 9% increase between the periods 2006 - 2010 with 2011 - 2015 as reflected in the district health barometer.
- (b) Comm_mat_peri_nut decreased with 12% between the periods 2006 – 2010 with 2011– 2015; the still births also decreased in the District with 20% from 2017/18 (390) cases to 2018/19 (312) cases.
- (c) HIV and TB increased only with 1%
- (d) Injuries increased with 2%, this can be related to violence within the district; see table 1 for a breakdown of trauma.

Table 3: Trauma cases for district between 2012/13 and 2018/19

Period / Datat	Emergency case – Assault blunt	Emergency case – Assault stag	Emergency case - Gunshot	Emergency case – Motor Vehicle Accident Occupant	Emergency case – Motor Vehicle Accident- Pedestrian	Emergency case – non intentional blunt	Emergency case – non intentional penetrating
April 2018 to March 2019	3170	2185	309	2452	648	4676	2038
April 2017 to March 2018	3078	2677	354	2614	494	4708	1582
April 2016 to March 2017	3077	2546	299	2395	513	4038	1717
April 2015 to March 2016	3101	2208	322	2321	466	2944	1173
April 2014 to March 2015	2909	2205	221	1887	500	2169	1030
April 2013 to March 2014	2719	2326	199	1707	618	2668	1066
April 2012 to March 2013	2735	2323	299	1732	777	1702	830

District experience challenges with the violence in the District due to political and taxi related causes. This situation is specific to the District, as other Districts do not experience the same amount of violence. Table 5 illustrates the causes that were treated at casualty within the hospitals and CHC. In all cases, there was an increase except for Emergency case - Motor Vehicle Accident – Pedestrian. One cannot only look at the cases at hospitals the forensic data for deaths must also be taken into consideration as these cases are picked up from the scene

Source: District Municipality Uthukela

District Health Plan 2020/21 – 2024/25

3.1.1.5. Hospital Care

OPD new client not referred rate is new OPD clients not referred as a proportion of total OPD new clients and does not include OPD follow-up and emergency clients in the denominator. The indicator monitors utilisation trends of client's bypassing PHC facilities and the effect of PHC reengineering on OPD utilisation* A high OPD new client not referred rate value could indicate overburdened PHC facilities or a sub-optimal referral system. In light of the National Health Insurance Policy, a PHC level is the first point of contact with the health system and therefore key to ensure health system sustainability. If PHC works well and the referral system is seamless, it will result in fewer visits to specialists in referral hospitals and emergency rooms

Table 4: Efficiency indicator by hospital type
Source: District Municipality Uthukela
District Health Plan 2020/21 – 2024/25

District	OPD new client not referred			Average length of stay - total			Inpatient bed utilisation rate		
Hospital Type	2016 / 17	2017 / 18	2018 / 19	2016 / 17	2017 / 18	2018 / 19	2016 / 17	2017 / 18	2018 / 19
District Hospital	41%	36.6%	31.2%	5.1 day	5.4 day	5.5 day	60.4%	63.3%	65%
Regional Hospital	29.9%	38.8%	32.5%	6.3 day	6.3 day	6.7 day	83.2%	83.2%	85.1%

Table 5: Efficiency indicator by hospital type
Source: District Municipality Uthukela
District Health Plan 2020/21 – 2024/25

Province	Inpatient crude death rate Population			Delivery by Caesarean section rate		
Hospital Type	2016 / 17	2017 / 18	2018 / 19	2016 / 17	2017 / 18	2018 / 19
District Hospital	5.6%	5.6%	5%	25.5%	22.2%	22.6%
Regional Hospital	6.3%	6.2%	6.1%	39.4%	37.1%	35.3%

The high bed utilisation rate at Ladysmith is due to the fact the sub-district have no district hospital, therefore Level 1 and Level 2 patients are treated at the Hospital. The Hospital is also a referring hospital for Estcourt and Emmaus. The maternity ward at Ladysmith hospital has a bed utilisation rate of 93% and above for the past three years. The fluctuation in OPD not referred rate at the Regional hospital was due to data collection. All emergency cases were also counted as not referred cases, especially during weekends.

Ladysmith - Inpatient deaths in Medical wards at Ladysmith hospital account for 70% of all the deaths in 2018/19. (895/1280). Non-communicable diseases have continued to account for approximately two thirds of all deaths and half of the premature mortality burden, with injuries, HIV/AIDS and TB accounting for approximately 15% of deaths and 20% of the premature mortality burden. The non-communicable diseases deaths breakdown is as follow;

Cardiovascular 50%

Trauma 22%

Cancer 15%

Diabetes 13%

Source: District Municipality Uthukela
District Health Plan 2020/21 – 2024/25

PoPD: Conversion of Existing Space to POPD

The present POPD is functional from 7h30 to 16h00, Monday to Friday. There are 3 consulting rooms but only 2 functional. The third is used for storage. The POPD waiting area is mixed with adult patient. Acute and emergency cases and after hours patients are seen in the Casualty. Only one bed is allocated for paediatric patients in Casualty. Also, in Casualty, paediatric patients share the room with adult medical cases and the area is very cold especially in winter as the windows are always left open to maintain ventilation.

Paediatric: Data on number of patients admitted for the 2018/19 and 2019/20 financial year:

April 2018 to March 2019:

- Total admission : 2789
- Total deaths : 51
- In house mortality : 1,8%
- Infant mortality : 3.3%
- Under 5 Mortality : 2.2%
- Severe acute malnutrition mortality : 14.5%
- Under 5 pneumonia mortality : 2.7%
- Under 5 diarrhoeal mortality : 1.9%

April 2019 to March 2020:

- Total admission : 2881
- Total deaths : 38
- In hospital mortality : 1.3%
- Infant mortality : 2.5%
- Under 5 mortality : 1.6%
- Severe acute malnutrition mortality : 13.6%
- Under 5 pneumonia mortality : 0.7%
- Under 5 diarrhoea mortality : 1.2%

Table 6: Data on patients admitted for the 2018/2019 and 2019/2020 financial year

Organisation Unit	Data / Period	April 2018 to March 2019	April 2019 to March 2020
Ladysmith Hospital	Admission - Paediatric	2930	2682
	Inpatient death - Paediatric	89	48
	Child under 5 years diarrhoea case fatality rate	2	1.6
	Child under 5 years severe acute malnutrition case fatality rate	11.9	14
	Child under 5 years pneumonia case fatality rate	2.3	0.95
	Death in facility under 1 year rate	12.5	9.9
	Death in facility under 5 years rate	13.6	10.7

Source: Ladysmith Hospital – Paediatric Unit
DHIS data

Triage occurs on arrival at the Ladysmith Hospital prior to arrival in Paediatric OPD

We have 4 functional areas:

- A&E requiring procedures or stabilisation
- Self-referred walk-in patients
- Referred patients
- Special clinics – ward follow up or specialist

This means that we need a minimum of 4 clinical spaces – a procedure room and at least 3 consulting rooms. The patient numbers assist in determining exactly how many or how large these should be 40 patients per day which means at least one functional area will need 2 consulting rooms – so minimum of 4 consulting rooms.

Procedure rooms needs to accommodate child being nebulised; child getting oral rehydration; child undergoing a procedures (venesection or LP); and children being stabilised prior to transfer to the ward. So 4 beds is appropriate with full service points (4 electrical points, oxygen, vacuum and medical air).

For reception, assessment and waiting areas, we need space to accommodate 50% of patients at any time

- Reception, administration and assessment area – these can be a single-functional area – about 15 m²
- Waiting area divided into 2 or 3 components – pre-assessment, post-assessment general (self-referred) and post-assessment special clinics (referred, follow up or specialist) – simplistically this is a sub waiting area for each functional service/clinic
For each child there is a caregiver and usually a sibling so 1 patient = 3 people (1 adult & 2 children)
Need to include access to a play area – usually about 10 m²
- Consulting rooms – 4 or 5
Each consulting room needs to accommodate a desk, 2 visitor chairs (mom & child), an examination couch and a clinical hand basin – so 5 m² seems small an 10 – 12 m² is more appropriate
- Resuscitation/procedure room – 4 beds
These beds need to have space for a bed, for a mom in a chair, for staff doing a procedure and circulation space – again 5 m² seems too small & I would be thinking of closer to 12 m² per bed
One also needs circulation space and space for resusc and procedure trolleys ect
- Treatment room – similar to a consulting room plus a medicines cupboard and space for a fridge for vaccines
- Counselling room this is standard – desk and 4 chairs, clinical hand basin but no examination couch
- Patient ablution facilities – these need to be large enough to include an anteroom with hand basin and nappy change surface plus a room with the actual toilet
- Store room – routine for surgical sundries etc
- Sluice room
- Staff room and ablutions

Parents (Mothers & Fathers) Lodge:

There are 2 old park homes which accommodate the mothers of babies admitted in the Neonatal ICU (NICU) only. Each of these areas house 9 mothers each, 18 in total. However, Ladysmith Hospital have an average of 25 to 30 mothers at any given time, so the existing mother lodge is grossly inadequate for the number of mothers. In addition, the condition of the mothers' lodges are in poor condition

- The critical issue is the number of beds
- This is determined by how much space is available
- We like to be able to separate moms so a minimum of 2 dormitories are required
- No dormitory should have more than 6 beds
- Single and double rooms are a luxury as they take up much more space than a 6 bed dormitory – so multiples of 6 is preferred

Laundry:

The Department of Health (DoH) took a decision to move all the laundry machines from St. Chads Community Health Centre (CHC) to Ladysmith Hospital because there was not enough space at St. Chads CHC. However, this created an overload on the electricity capacity.

There was also a decision to procure an additional water tank that will be used for back up storage when there is no water in the hospital. However the plinth and the room for the water tank is too small.

Finally, the laundry is not properly defined because the same entrance and space is used for dirty and clean linen.

Mortuary:

The existing mortuary is non-compliant. Bodies are kept in open shelves in the cold rooms. There is no eating room for staff and there's no separate corpse stretcher room. The waiting area for the bereaved families is an open passage and has no ablution. The nearest public toilet is next to the hospital main entrance about 30 meters away.

Government Cars Washing Area Surfacing:

There is no wash area for hospital cars. Currently, vehicles are washed in a passage which is a passage which is an entrance leading to the mortuary. On the floor, there is a drainage system that is not designed for the washing cars. When cars are washed, the soil also flow with water into these drains and causes blockages. This poses a threat of flooding to adjacent buildings.

3.2. Scope of the Project

Conversion of existing space into Paediatric OPD Room, Reconfiguration of laundry area, new vehicle Wash area resurfacing of tarred area, conversion of garages to storage area, Reconfiguration of Mortuary

3.2.1. Brief overview of the Project Scope

Paediatric OPD Room

It should be noted that this is not a standard paediatric opd room. This is a smaller paediatric opd to cater for needs as described above.

- Provide a 24 hour paediatric outpatient department (cold cases plus emergencies)
- Provide 4 emergency beds (each with 5 electrical points, oxygen point and suction point)
- Provide 5 consulting rooms
- An area with an infant resuscitation for neonates (3 electrical points, oxygen and suction points)
- Rehydration area
- Waiting area
- Reception area
- Tea room for staff
- Ablution facility for staff and patients
- Office space for administrative purposes of the unit
- Store room for consumables and surgical sundries
- Temperature controlled
- Separate entrance for EMS
- 2 dormitories 6 bed Mother's lodge
- 1 dormitory 2 bed Father's lodge

Mortuary

It should be noted that this mortuary is to cater for Ladysmith Hospital only. The mortuary need to be complaint within the existing footprint. Minor extension to the existing footprint will be allowed due to space constraint. The only extension to the footprint allowed will be around the delivery / service area.

- Office space
- Visitor Admin space
- Visitor's Reception / Entrance
- Visitor's Waiting – Partition and convert open space adjacent to the mortuary into bereaved families waiting and ablutions
- Visitor's Ablutions
- Viewing Room
- Body Display, Preparation and Storage – Procure and install closable shelves / cabinets for bodies
- Body Preparation
- Body Storage
- Service Vehicle Access
- Staff Showers, Change and Ablution – Partition and convert part of the post-mortem / autopsy area into a staff eating room

Laundry

It should be noted that the laundry is to cater for Ladysmith Hospital only. The laundry need to be complaint within the existing footprint.

- Complete the electrical cable by installing upgraded distribution board
- Procurement and installation of a new hot water tank
- Install on the laundry roof of cold water tank
- Separate washing area to clean and dirty linen area
- Build clean linen exit
- Renovate and extend staff eating area and ablutions.

Pharmacy Storage

- Storage area with the bottom and top storage areas, same as the current ARV and IV fluid storage.
- Two hydraulic lifts to move stock up and down the bottom and top storage areas
- Provide double sink
- Floor and shelving that meets the good pharmacy practice standards
- Air-conditioning
- Security cameras and alarm system.

3.2.2.Brief conditional assessment

Paediatric OPD:

The existing open space to be converted to OPD is between the ward 6 of the Paediatric ward and garages, laundry, pharmacy bulk store. The open space is roughly 80 x 15m sqm and in fairly good

condition. There are underground services that will be relocated. The emergency drop off will take advantage of existing drop off in the vicinity.



Fig 8, 9 & 10: Existing waiting area for PoPD (paediatrics out-patients). Adult patients are mixed with paediatric patients



Fig 11, 12 & 13: Existing 3 consulting rooms for paediatrics. Only 2 are functional as the 3rd room is used for storage.

Proposed Site: Proposed site for the new Paediatric OPD



Fig 14 & 15: Existing open space between the ward 6 of paediatric wards and garage, laundry, pharmacy and bulk storage



Fig 16 & 17: Existing open space between the ward 6 of paediatric wards and garage, laundry, pharmacy and bulk storage

Parents (Mothers & Fathers) Lodge

The existing Mother's lodge is in poor condition. The space is inadequate and there are beds on the floor. The windows and doors are broken. The ablution facilities are in poor condition



Fig 18 & 19: Existing interior of mother's lodge. There is space constraints and inadequate locker facilities.



Fig 20 & 21: Existing interior of mother's lodge and its ablution facilities. There are broken windows and doors. The space is inadequate.

Mortuary

The existing mortuary is not compliant. The spaces are not in line with standard design norms. There is no waiting area for visitors and they are made to wait outside. There is no provision for staff area. The service delivery area is not properly designed. The floor and ceiling materials are in poor condition.



Fig 22 & 23: Existing access point to the mortuary and relatives waiting to collect their loved ones. No waiting area.



Fig 24 & 25: Existing interior of mortuary and typical fridge interior. No compartmentalized shelving provided.

Laundry

The existing laundry is in a very poor condition. The spaces are not in line with standard IPC design norms. There is no demarcation of clean from dirty area. There is no proper shelving for clean linen. Washing and drying machines are haphazardly arranged with exposed cables running along exposed drainage posing a health risk.



Fig 26 & 27: Existing access to laundry room and interior of laundry room
Clean and dirty linen are combined



Fig 28 & 29: Existing interior of laundry room. No shelves for clean linens and dirty linen are piled on the floor.

Resurfacing of the Hospital car washing area

There is evidence of drainage problems around car wash area. There is water puddle around the Hospital car washing area showing signs that water is not draining properly.



Fig 30 & 31: Existing access to wash area. No proper drainage for water. Water surface drain

Pharmacy Storage

The pharmacy storage is inadequate to cope with the frequency of supply. Stocks are piled outside because the store is full.

The existing parking to be converted to pharmacy storage is in fairly good condition. There are however, visible cracks in the wall that might require structural assessments when consultants are appointed. The flooring and roofing are in fairly good condition but will require inspection and additional work to make them water tight.



Fig 32 & 33: Existing space to be used for extension of pharmacy bulk storage



Fig 34 & 35: Existing interior of pharmacy bulk storage and existing space to be used for extension of pharmacy bulk storage

3.2.3. The Proposed Service Profile

Paediatric Service Profile: Regional Hospital

- a. Ear, nose and throat (ENT)
- b. Haematology
- c. Endocrinology
- d. Gastro – intestinal tract (GIT)
- e. Nephrology
- f. Neurology
- g. Oncology

Mortuary Service Profile: Regional Hospital

- a. Preservation of dead body
- b. Discreet management of human remains
- c. Receiving and storing of dead body for post mortem
- d. Carrying out of medico legal post mortem
- e. Teaching programs for undergraduate and post graduate

Laundry Service Profile

- a. Receiving and storing of dirty & soiled linen
- b. Sorting and weighing
- c. Loading and Washing
- d. Unloading and drying
- e. Tumble drying
- f. Inspection, Ironing and folding
- g. Repairs
- h. Packaging and Storage
- i. Delivery of clean linen

Pharmacy Storage Service Profile: Regional Hospital

- a. Receiving of stock
- b. Storage of stock (General medicine, thermo labile, flammable products and schedule 5/6 vulnerable)

- c. Distribution of stock to consulting room for dispensing
- d. Distribution of bulk stock to other facilities, ward based outreach teams (WBOTs)
- e. Keeping record of stock

3.2.4. 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 7: Paediatric Outpatient Unit:

Source: IUSS Health Facility Guides – Paediatrics and Neonatal Facilities

Components of paediatric care	Description
Entrance and Common area	Should have entrance, adequate parking, main entrance, Reception, Main waiting area, Play area, Ablutions, Baby change area, Infant feeding room.
Triage Occurs on arrival at the hospital prior to arrival in PoPD	We have 4 functional areas <ul style="list-style-type: none"> • A&E requiring procedures or stabilisation • Self-referred walk-in patients • Referred patients • Special clinics – ward follow up or specialist
Paediatric outpatient care	The function of the POPD is to provide consultation and examination of the following patients <ul style="list-style-type: none"> • Patients who do not need to be admitted • Patients to be admitted as day patients or inpatients • Patients who require follow-up appointments and monitoring of their conditions as outpatients or day patients.
Neonatal care	This patient area should be divided into two main areas (separating infectious from non-infectious babies), with patients areas glassed-off separately in the infectious section. Each bed space should have at least two oxygen outlets, two air outlets (to allow for the simultaneous connection of a continuous positive airway pressure (CPAP) devise, an oxygen blender and gas supply, two vacuum suction points, and eight electrical points (with four being on the emergency electrical circuit or non-interruptible power supply of the hospital and marked as such).

Table 8: Paediatric Functional Areas

Source: IUSS Health Facility Guides

Zones	Accommodation Spaces
Administration spaces	Nurses' station, sister's office and other office space as required.
Public spaces	Entrances, main circulation and waiting areas
Patient spaces	Patient accommodation and ablution facilities, patient play and recreation rooms, showers for the disabled and treatment rooms.
Services and support areas	Ward kitchen and storage, clean utility, sluice, stores, cleaner's room, linen room, cleaning room, medicine store, dirty utility and waste management area.
Staff spaces	Staffrooms, lockers area, ablutions, overnight accommodation

3.2.5. Bed distribution

Table 9: Comparison of bed numbers:

Source: IUSS Health Facility Guides

Level of Service	Population Served	Beds per 1000 population	Doctors	Placement of nursery	Outpatients	Teaching	Paediatric beds in a hospital	Children wards
Level 1 District	300 000	0.7 to 1.3 beds	Generalist	Nursery is a component of the maternity unit	Dedicated children's component in the outpatients' department (OPD)	Teaching function	20% of Hospital beds to be allocated to neonates and children	Children medical and surgical, dedicated ward for both

3.2.6. Phasing, Decanting and Incubation Strategies

- Phasing

Phasing plan to be finalised between the implementing agent (IA) and the Ladysmith Hospital management prior to construction

- Decanting

Decanting plan to be finalised between the implementing agent (IA) and Ladysmith Hospital management prior to construction.

- Contingencies

No Contingencies

- Redundancies

No Redundancies

4. Technical Brief

4.1. Detail Scope of Work

4.1.1. External Circulation to site

- Entrances: The entrance to the Paediatric OPD, Mortuary, laundry & resurfacing of Hospital car wash area and Pharmacy storage is the same at the Hospital.
- Vehicular and Pedestrian Access and Parking: The vehicular and pedestrian access and parking to the Paediatric OPD, Mortuary, laundry & resurfacing of Hospital car wash area and Pharmacy storage is the same at the Hospital.

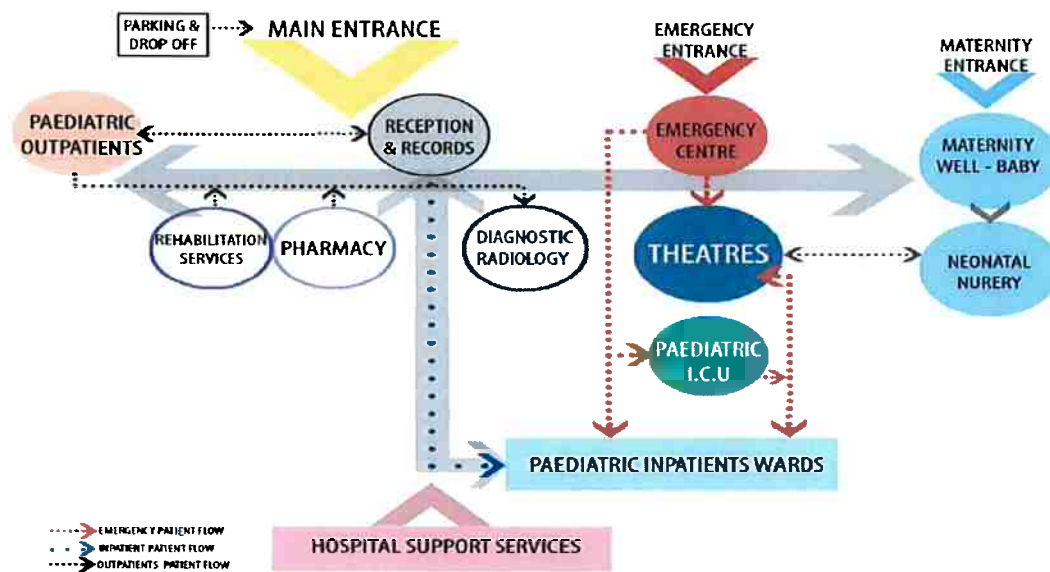


Figure 36: Paediatric out-patient - Circulation and movement of public, staff, patients, & visitors

Source: IUSS Health Facility Guides – Paediatric and Neonatal Facilities

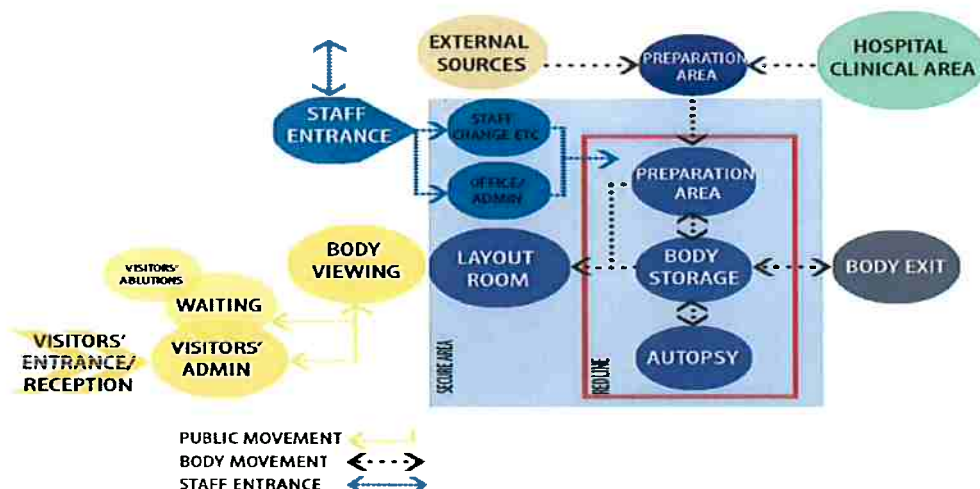


Figure 37: Mortuary - Circulation and movement of public, staff, patients, and visitors

Source: IUSS Health Facility Guides - Hospital Mortuary Services

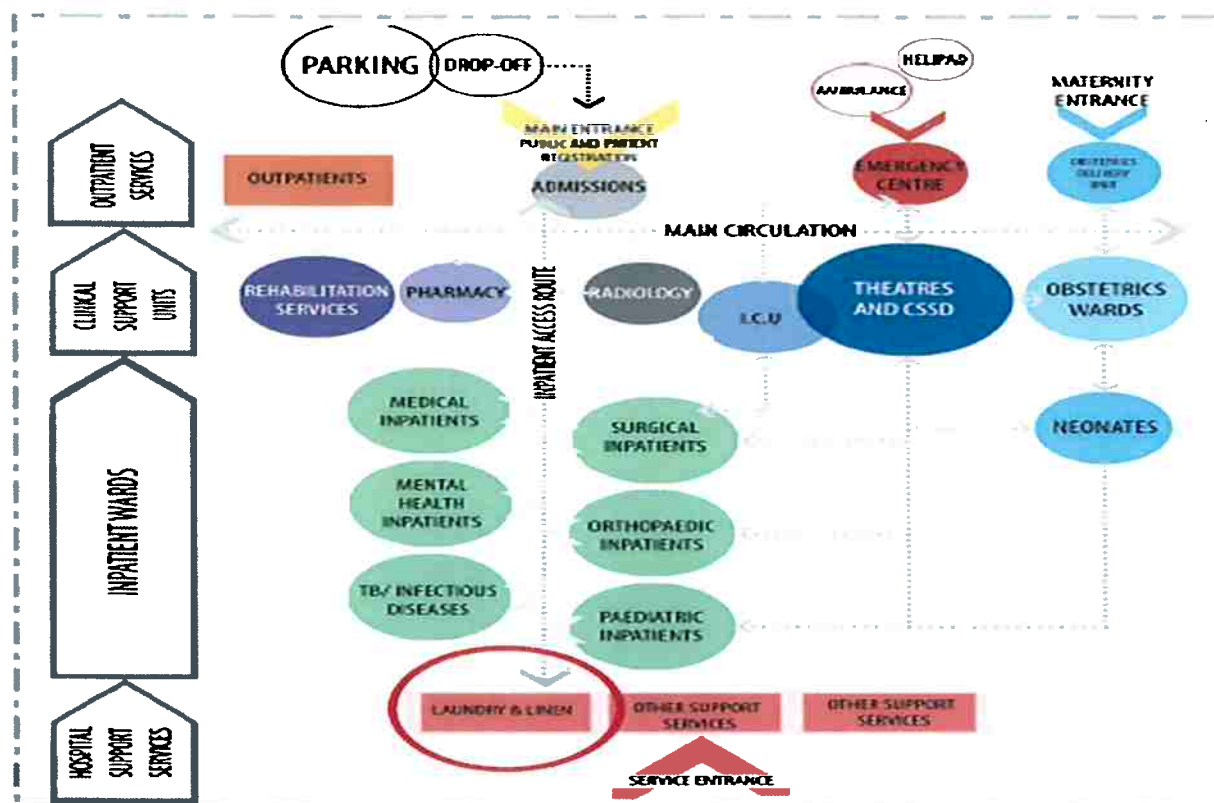


Figure 38: Laundry - Circulation and movement of public, staff, patients, and visitors

Source: IUSS Health Facility Guides – Laundry and Linen Department

4.1.2. Security and Access control

Although it is a public facility, security is important at the entrance to the Paediatric OPD, Mortuary, Laundry and Pharmacy storage. Adequate space should be allowed for this function. Access control should be considered throughout the Paediatric OPD, Mortuary, Laundry and Pharmacy storage, with varying levels of access and security needed per function.

4.1.3. Orientation and Rational Planning Principles

- Architectural Character
 - The hospital is located within a specific context. The architectural character should consider the context. It should also clearly communicate the function and nature of the building, being a public health facility.
- Respond to the climate and the ventilation requirements
 - The design should respond to the local climate and ventilation requirements
 - Sunlight and natural ventilations should be provided as far as possible.
- Integrated external and Internal areas
 - The use of internal and external spaces should be considered and carefully integrated
- Appropriate space norms and room design
 - The use of appropriate space norms and room design is essential
- The design of a building that is appropriate for the functions intended to be carried out within the spaces designed

- Design should reflect therapeutic treatment spaces that are user-friendly and community sensitive
- An ergonomically safe and risk-free work and healing environment
 - Building should be an ergonomically safe building that maximises patient and staff safety, human rights and reduces risk.
- Compliance with quality assurance principles
 - Design that balance requirements for clinical need and capital, and recurrent budget considerations
- Designing close relationships with nature
 - Avoid large sprawling designs, which are both resource and cost intensive
- Design with enviro-friendly efficiency as primary goal
 - Design that is flexible and adaptable to future change
 - Ensuring that the functional and aesthetic requirements of furniture and fittings, fabric and finishes are met
 - Use of latest technology and innovations to aid in healing

4.1.4. Building and Engineering Services

Green initiatives must be considered for Paediatric OPD, Mortuary, Laundry and Pharmacy storage

- Medical Gas - Required
- Bulk O2 - Required
- Medical Air - Required
- Vacuum - If required
- HVAC - If required
- Lifts - Not required
- Electrical Services for Paediatric OPD, Mortuary, Laundry and Pharmacy storag
 - Electricity
 - Backup/Emergency Systems
 - UPS and
 - Emergency Generator
 - High Tension Substations (HT)
 - Not required
 - Low Tension Substations (LT)
 - To be provided
 - Lightning Protection
 - To be provided
 - Boiler
 - Boilers not required
 - Heat pumps to be provided
- Civil Engineering for Paediatric OPD, Mortuary, Laundry and Pharmacy storage.
 - Water
 - Potable water
 - To be designed to meet all standard and regulations
 - Fire Water
 - To be designed to meet all standard and regulations

Water will be supplied from existing water reticulation. The water demand for the proposed facility is 32 000 litres per day. This will be added to the existing hospital demand.

- Sewer
 - The sewage disposal will be tied to existing sewage reticulation. The minimum 160mm diameter uPVC sewer pipes for reticulation and 110mm for building connections.
- Storm water
 - The storm water to be designed to meet all standards and regulations
- Grey water
 - Grey water to be designed to meet all standards and regulations.
- Other Bulk Services
 - ICT - network and cabling
 - Electronics - access control
 - Telecommunications
 - IT Communication

4.1.5. Accommodation schedule

The following accommodation schedule is a guide and must be developed and verified by KZN-DOPW.

Table 10: Proposed accommodation schedule

REQ	ROOMS	COMMENT	AREA PER SQ. M	TOTAL AREA
PAEDIATRIC OPD				
√	Entrance	Single access point	10	10
		Access control with intercom	5	5
√	Reception area	Outside of ward area - Reception, administration and assessment areas- these can be a single functional area		15
√	Waiting Area	Outside of ward area – Waiting area divided into 2 or 3 components – pre-assessment, post assessment general (self-referred) and post assessment special clinic (referred, follow up or specialist) – this is a sub-waiting area for each functional service / clinic	15	15
√	Public ablutions	Outside of ward area 1 x Male 1 x Female 1 x Disabled	6	6
√	High care cubicle - Resuscitation / Procedure room	4 beds	10	40
√	Isolation cubicle	1 x 1 bed	5	5
√	Treatment room	Similar to a consulting room – Medicine cupboard and space for a fridge for vaccines	15	15
√	5 Consultation room		10	50
√	Counselling room	Standard Desk and 4 chairs Clinical basin	15	15
√	Rehydrating area	1 x rehydration area Area with an infant resuscitation	5	5
√	Meeting room / Tea room for staff	Staff room and ablution	10	10
√	Administrative office		15	15

REQ	ROOMS	COMMENT	AREA PER SQ. M	TOTAL AREA
✓	Store room	For consumables and surgical sundries	10	10
✓	Sluice room		5	5
TOTAL				221
PARENTS (MOTHERS & FATHERS) LODGE FACILITY				
✓	2 x 6 beds dormitories	1 for every 2 paediatric and neonatal beds	75	75
✓	1 x 2 beds dormitory		20	20
✓	Lounge / Dining room	10 m² for every 8 mothers	10	10
✓	Ablutions	1 shower for every 6 mothers 1 toilet and hand basin for every 6 mothers	2 2	4
✓	Laundry	Washing trough, work surface and clothes line	5	5
✓	Outdoor 'recreation' space		10	10
TOTAL				124
MORTUARY				
✓	Ablution areas	Ablution areas – male and female 1 whb per wc or urinal	3 per cubicle	15
✓	Shower facilities	Shower facilities – male and female	3 per cubicle	15
✓	Changing room	Staff changing room – lockers to be provided	15	15
✓	Storage space	Equipment and PPE storage space	15	15
✓	Offices	Office space – Interview, body, receiving, pathologist	12	12
✓	Body / Bier room	Area where a body can be laid out for viewing and identification	15	15
✓	Viewing room	Viewing room – External to body layout area	15	15
TOTAL				102
LAUNDRY				
Reception, Sorting and Classifying				
✓	Receiving / Holding Area	A separate area is generally not required	60	60
✓	Sorting / Pre-Wash Area	Off-loading / deliveries should be under cover	40	40
Washing and Drying				
✓	Washing - Extractors	Establish area with supplier of equipment	80	80
✓	Tumble Drying	Establish area with supplier of equipment	80	80
Calendering & Pressing				
✓	Flat Work Ironers	Establish area with supplier of equipment	55	55
✓	Ironing Presses	Few press machines are used in hospital work in SA	55	55
Assembling, Packing and Dispatch				
✓	Assembling / Packing	This area is usually integrated into the calendaring and pressing	60	60
✓	Dispatch	This may require a loading bay	36	36
Support Area				
✓	Supervisor Office	Smaller laundries – desk space only	12	12
✓	Admin Office		24	24
✓	Sewing / Repairs	These areas usually integrated with assembling	36	36
✓	Detergent Store		14	14
✓	Machine Cloth Store		12	12
✓	Clean Linen Store		90	90
TOTAL				654
PHARMACY STORAGE				

REQ	ROOMS	COMMENT	AREA PER SQ. M	TOTAL AREA
✓	Storage Area	Ground floor storage area – 2 parking bay adjacent to the ARV and IV Fluids store 1). Floor shelving that meets good standards 2). Security cameras and alarm system	30	30
✓	Mezzanine Storage Area	Mezzanine Storage Area – 2 parking bay adjacent to the ARV and IV Fluids store	30	30
✓	Hydraulic lift	2 x hydraulic lift	5	5
✓	Water sink	2 x water sink	2	2
✓	Patient kit room		5	5
✓	Dirty utility room	5m² for stand – alone unit	5	5
✓	Cleaner's room	Shelves, hand basin, low level sink and slop hopper	5	5
TOTAL				82
GRAND TOTAL				1183 sq. m

4.1.6. Critical departmental relationships:

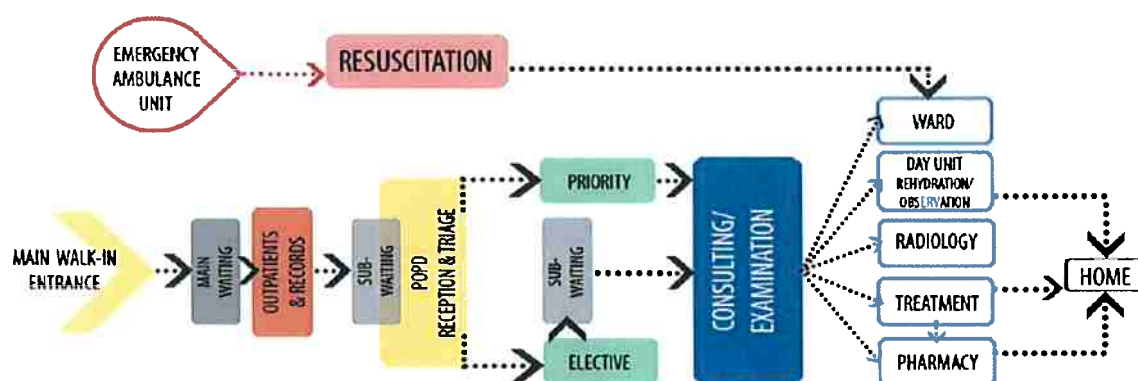


Figure 19: Patient flow in the outpatient department

Source: IUSS health facility Guides – Paediatric and Neonatal facilities

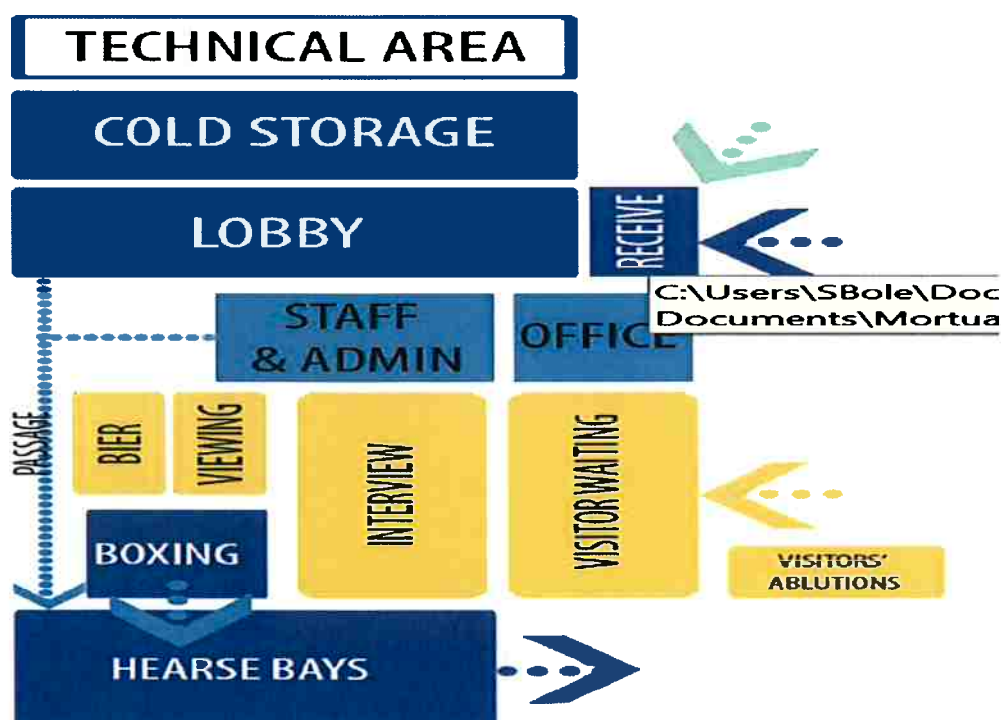


Figure 20: Mortuary: Zoning and access
IUSS health facility guides: Hospital Mortuary Services

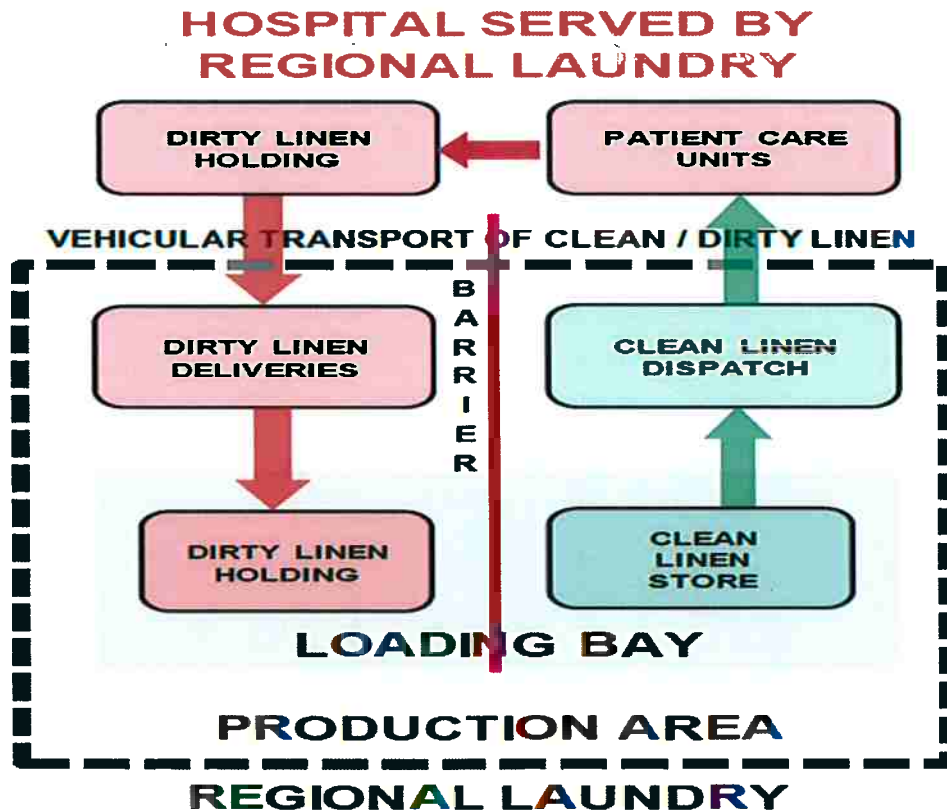


Figure 31: Mortuary: Zoning and access
IUSS health facility guides: Hospital Mortuary Services

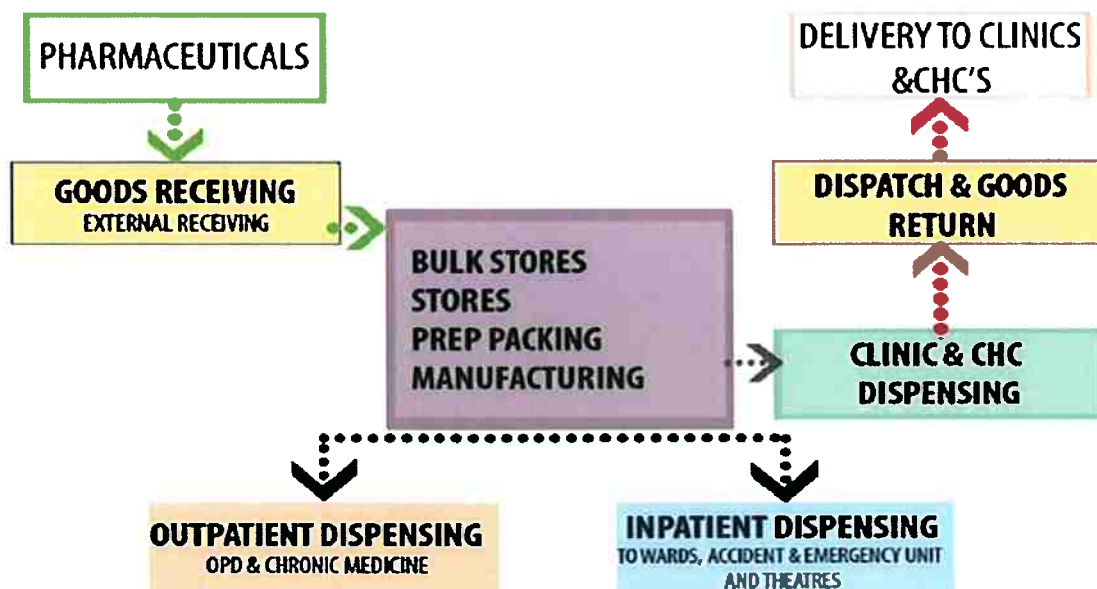


Figure 42: Pharmacy Storage: Zoning and access
IUSS health facility guides: Hospital Mortuary Services

4.2. Comparative Examples

Paediatrics:

Example 1: The following are images of BHP Billiton Paediatric Centre of Excellence at King Edward VIII Hospital considered to be good example. The hospital was commissioned on the June 5, 2012



Figure 43 - 46: Unit Configuration

SOURCE: Department of Health. Province of KwaZulu-Natal

Example 2: Another example is the recently completed Dr Pixley Paediatric out Patient unit. This is considered to be a good example to use.

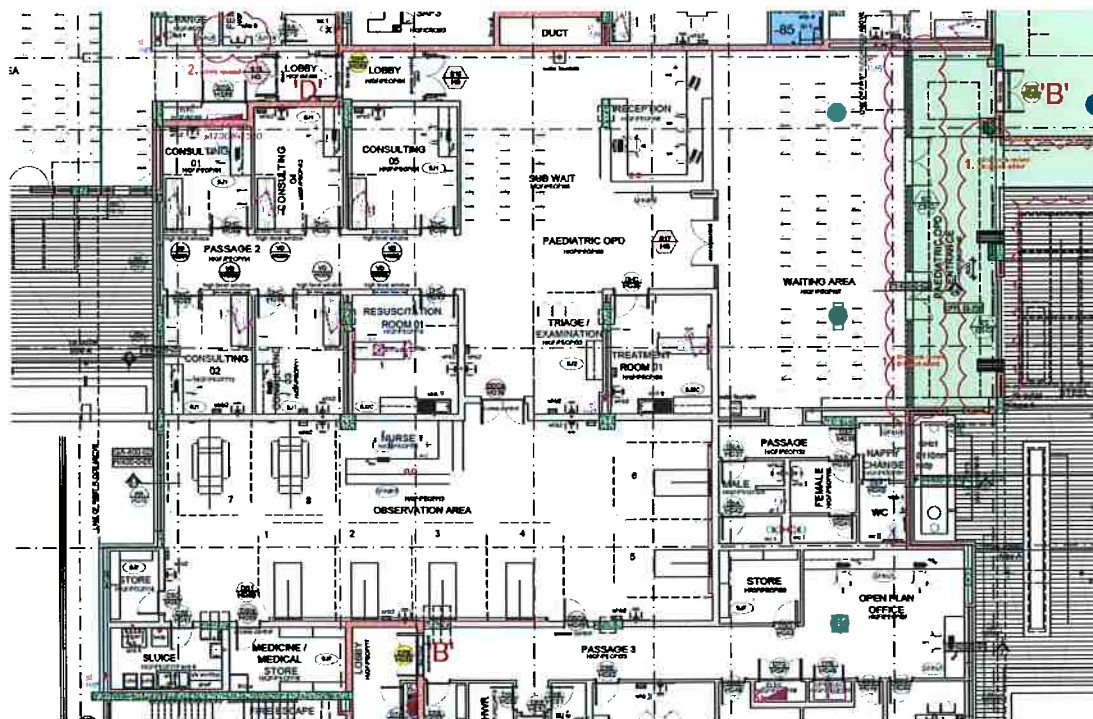


Figure 47: Dr Pixley Hospital - PoPD

SOURCE: Department of Health. Province of KwaZulu-Natal

LADYSMITH HOSPITAL: CONVERSION OF EXISTING SPACE INTO PAEDIATRIC OPD ROOM, RECONFIGURATION OF LAUNDRY AND MORTUARY, CONVERSION OF GARAGE TO STORAGE AREA

Example 1: Below is spatial layout of Mortuary from IUSS as an example.

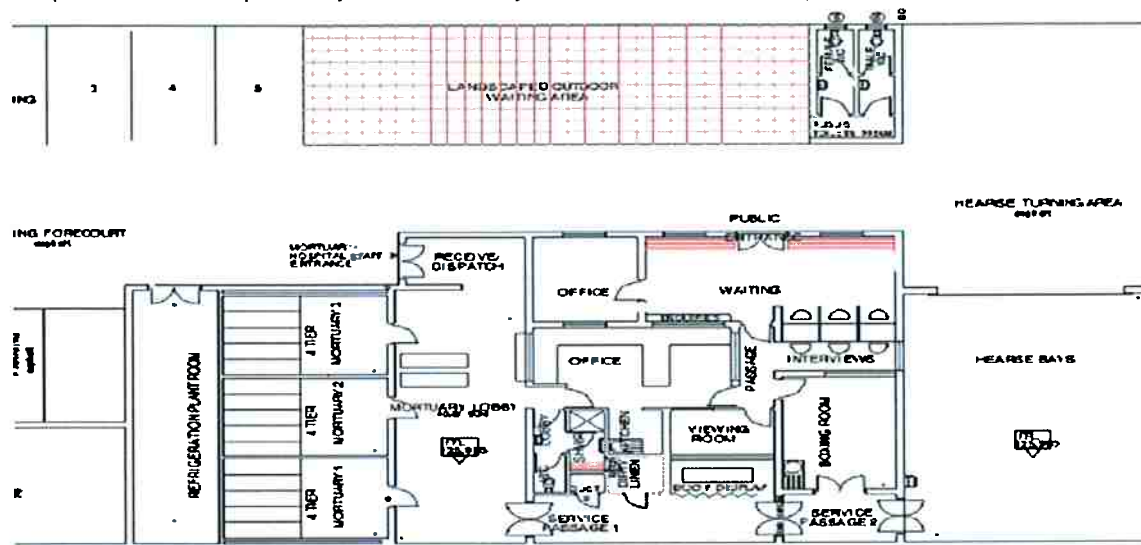


Figure 47: Unit Configuration

SOURCE: IUSS Health Facility Guides – Hospital Mortuary Services

Example 2: Below is spatial layout of the recently completed Dr Pixley mortuary considered to be a good example.

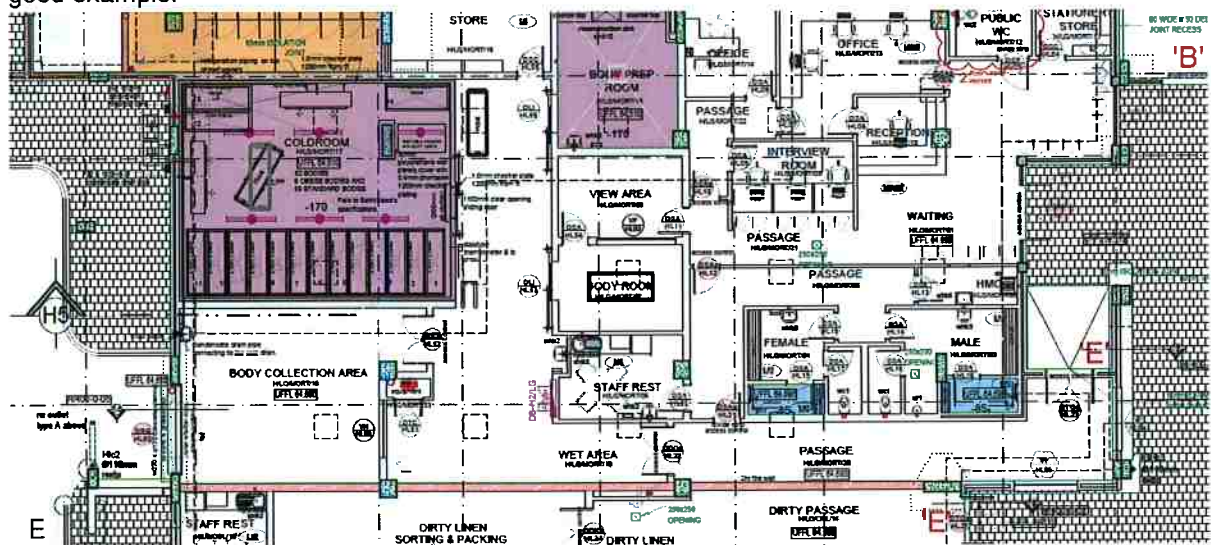


Figure 48: Mortuary Configuration – Dr Pixley

SOURCE: Department of Health. Province of KwaZulu-Natal

Example 1: Below is spatial layout of laundry from IUSS as an example.

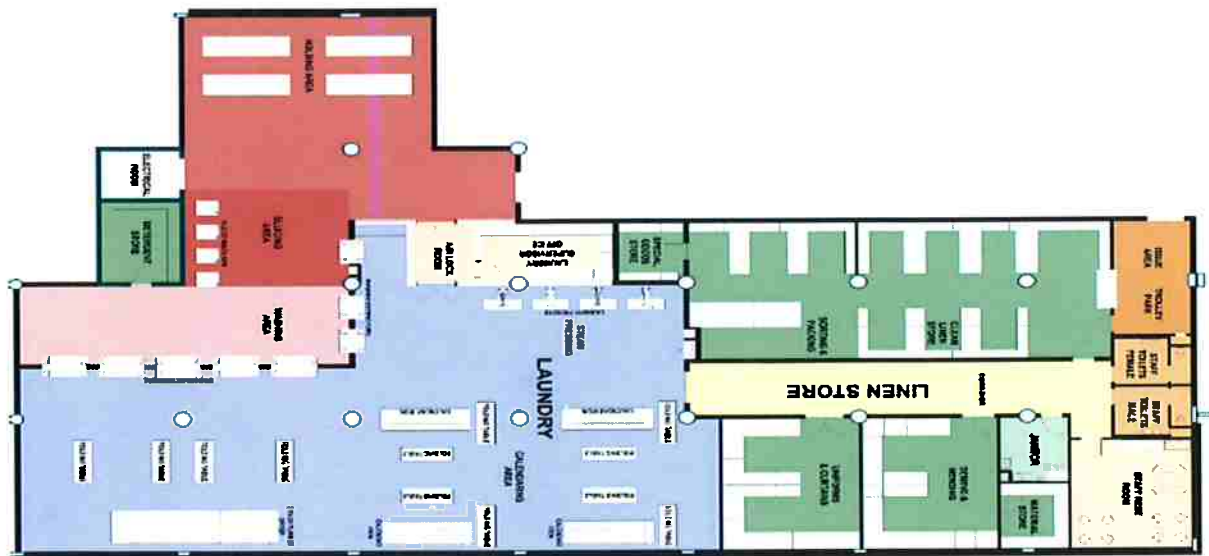


Figure 48: Unit Configuration

SOURCE: IUSS Health Facility Guides – Laundry and Linen Department

Example 2: Below is spatial layout of laundry from the recently completed Dr Pixley considered to be a good example.

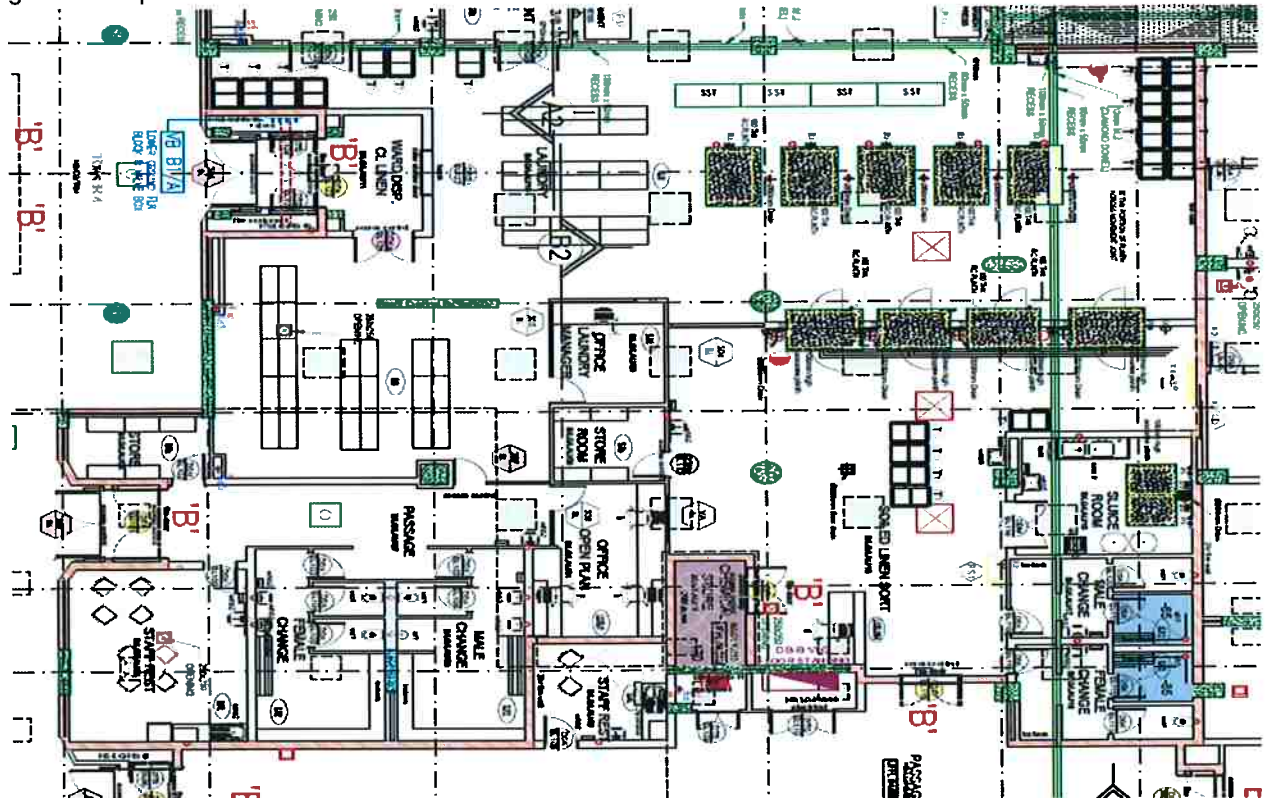


Figure 49: Dr Pixley – In House Laundry

SOURCE: Department of Health. Province of KwaZulu-Natal

5. Project / Programme Management and Cost control

5.1. Project Management

5.1.1. IDMS guidelines

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

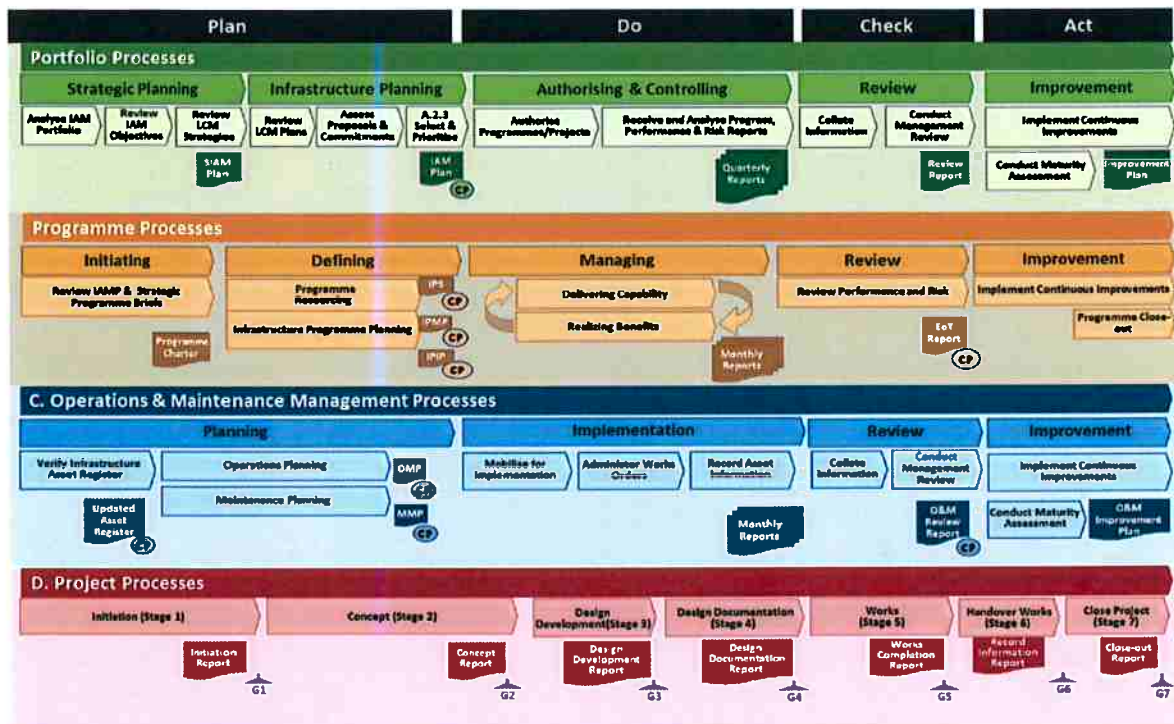


Figure 49: IDM Progress Diagram - FIDPM

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

Stage 1 PROJECT INITIATIONS

- Deliverable Initiation report
 - 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

- Deliverable Concept report
 - 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.
 - The concept report should as a minimum, provide the following information:
 - 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

5.1.2. Project Management Plan / Resource Management

The following Project Management plan is a guideline.

Table 11: 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 therefor 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"> • Must develop, design, document, manage and close the project • May not proceed with any stage (IDMS) of the work until the KZN-DOH is satisfied with the stage of the project. • Must clarify any uncertainties, discrepancies, etc to the satisfaction of KZN-DOH • Is expected to deliver a well-designed, cost effective, low maintenance facility that will suit the needs of the x community and KZN-DOH • Must adhere to the timeframes for the work to be completed as presented.
Evaluation and Engagement:	<ul style="list-style-type: none"> • The project may not proceed to any stage until KZN-DOH is satisfied with the current stage (wherever that is) of the project; • KZN-DOH will follow the IDMS principles for approval and evaluation

5.1.3. 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 12: Risk Log

Risk	Owner	Probability (low/med/ high)	Consequence (L/M/H)	Actions
SCM procedures not adhered to	Project Leader	Med.	High	KZN-DoPW 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
Space constraint for Paediatric Unit	Project Leader / Implementing Agent	High	High	Implementing Agent (IA) to make sure that experienced consultants are appointed to avoid inappropriate design and abortive work.
Downtime period	Project Leader / Implementing Agent	High	High	Implementing Agent (IA) to make sure that decanting plans are finalised with the Hospital management prior to construction.

5.1.4. Occupational Health and Safety Baseline plan

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

5.1.4.2. 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.

5.1.4.3. 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.

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

5.2. Communication Plan

The following plan is a guideline.

- Strategies

In order to ensure good communication, frequent engagement will take place throughout 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 UThukela District
- Ladysmith Hospital
- KZN-DoPW
- Consultant team

Communication is expected to take place between:

- KZN-DOH UThukela District and Community
- KZN-DOH ID and IA
- IA and Consultants
- IA and Ladysmith Hospital
- IA and Contractor/s
- Between Consultants

5.3. Project Milestones

Table 13: MILESTONES and TASKS

Milestone	Date	% Project Complete
PROJECT START DATE	01/04/1999	0%
PRE-FEASIBILITY	01/05/2020	3%
FEASIBILITY	30/04/2021	10%
DESIGN	15/01/2022	30%
TENDER	14/01/2023	40%
CONSTRUCTION	14/01/2024	81%
Construction 0 - 25%	14/01/2024	51%
Construction 26 - 50%	11/06/2024	61%
Construction 51 - 75%	11/01/2025	70%
Construction 76 - 100%	10/07/2025	81%
PRACTICAL COMPLETION	14/12/2025	81%
HANDED OVER	21/01/2026	84%
WORKS COMPLETION	14/04/2026	91%
FINAL COMPLETION	29/07/2026	96%
CLOSE OUT	30/10/2026	100%

5.4. 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 14: Estimated Building Cost

Building Cost (incl. VAT)		
Funding source		
Budgetary Item	Amount	Explanatory Notes
Current Estimated Building Cost	R 20 000 000.00	Date of estimate, 26 February, 2021
Pre-tender escalation	R 1 500 000.00	0.4 % per month for 24 months
Post-tender escalation	R 1 650 000.00	0.5 % for 36 months x 0.6

Building Cost (incl. VAT)		
Estimated Fees	R 4 500 000.000	20 % of construction cost
Contingency	R 2 250 000.00	10 % provision
Estimated Building Cost (incl. VAT)	R 29 900 000.00	
Estimated Building Rate per m² (incl. VAT)		

Health Technology:

Medical equipment, office chairs / tables, IT, Linen, Kitchens equipment, etc

Table 15: HT – Furniture and Equipment Cost

HT (Furniture & Equipment) Cost (incl. VAT)		
Funding source		
Budgetary Item	Amount	Explanatory Notes
Current estimate for HT (Equipment)	R 1 338 000.00	10% Contingencies
Current estimate for Furniture		
Provision for Escalation	R 13380.00	10% escalation
Estimated fees		
Estimated Commissioning Cost		
Estimated escalation		
Estimated additional Operational Cost		
Estimated HT (Furniture & Equipment) Cost (incl. VAT)	R 1 351 380.00	

Table 16: Estimated Monthly Cash flow (AIP)

Estimated Cash flow for current year (Total Construction cost + Fees, Incl. VAT)											
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

Table 17: 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 0.00	R 0.00	R 0.00
Yr 22/23	R 1 000 000.00	R 0.00	R 1 000 000.00
Yr 23/24	R 1 000 000.00	R 0.00	R 1 000 000.00
Yr 24/25	R 2 450 000.00	R 12 000 000.00	R 14 450 000.00
Yr 25/26	R 1 450 000.00	R 12 000 000.00	R 13 450 000.00
TOTAL	R 5 900 000.00	R 24 000 000.00	R 29,900,000.00

5.5. 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 18: 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
Reporting	All required	All required	All required	All required	All required	All required
Local Area	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
Branding	Not Required	Site only	Site and Uniform	Site ,Uniform and tender documentation	Site ,Uniform and tender documentation	Site ,Uniform and tender documentation
Recruitment	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
PSC	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
CLO	Not Required	Required	Required	Required	Required	Required
Tender Specification	Not Required	Required	Required	Required	Required	Required

6. 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 or 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,
- The responsibilities of the owner and supplier.

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

For example:

- 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."

6.1. Minimum HTS list

Table 19: Minimum Equipment list – HT planning, procurement and commissioning

Section	Room	Item Description	Quantity	Estimated Cost		Group Description
				Per each	Total	
PoPD	Waiting area	Chair	20	R 1 000	R 20 000	Furniture
	Reception	Computer	1	R 15 500	R 15 500	ICT Equipment
		Notice Board	1			Furniture
		Chair, office, highback	2	R 2 100	R 4 200	Furniture
		Games	1	R 5 000	R 5 000	Furniture
		Clock	1	R 300	R 300	Furniture
		Dispenser water	1	R 3 000	R 3 000	Kitchen equipment
	Staff room	Table	2	R 4 000	R 4 000	Furniture
		Chair	4	R 2 100	R 8 400	Furniture
	Office	Chair, Visitors	2	R 2 100	R 4 200	Furniture
		Desk	1	R 4 000	R 4 000	Furniture
		Chairs	1	R 2 100	R 2 100	Furniture
		Cabinet, Filing	1	R 3 000	R 3 000	Furniture
		Cabinet, Stationery				Furniture
		Bin, Pedal	1	R 500	R 500	Cleaning Equipment
		Paper Tower Dispenser		0	0	Cleaning Equipment
		Notice Board		0	0	Furniture
		Computer	1	R 15 000	R 15 000	ICT Equipment
		Blinds / Curtains				Furniture
		Paper Towel Dispenser				Cleaning Equipment
		Fridge, Bar	1	R 3 000	R 3 000	Kitchen Equipment
		Printer		R 3 000	R 3 000	ICT Equipment
	Procedure Room	Examination Couch	4	R 10 000	R 40 000	Medical Allied Equipment
		ECG Machine	1	R 55 000	R 55 000	Medical Allied Equipment
		Defibrillator	1	R 55 000	R 55 000	Medical Allied Equipment
		Emergency Trolley	1	R 10 000	R 10 000	Medical Allied Equipment
		Schedule drug	1	R 5 000	R 5 000	Medical Allied Equipment
		Fridge, Medication	1	R 50 000	R 50 000	Medical Allied Equipment
		Trolley	3	R 5 000	R 15 000	Medical Allied Equipment
		Scale, Electronic	2	R 1 000	R 2 000	Medical Allied Equipment
		Scale, Wheelchair	1	R 1 000	R 1 000	Medical Allied Equipment
		BP Machine	2	R 15 000	R 30 000	Medical Allied Equipment
		Glucometer	2	R 2 000	R 2 000	Medical Allied Equipment
		Blood Gas Analyser	1	R 200 000	R 200 000	Medical Allied Equipment
		Drip Stand	4	R 2 000	R 8 000	Medical Allied Equipment
		Wheel Chairs	1	R 5 000	R 5 000	Medical Allied Equipment
		Stretchers	1	R 6 000	R 6 000	Medical Allied Equipment
		Curtains / Blinds	1	R 6 000	R 6 000	Furniture
	Consulting Room X5	Desk	5	R 4 000	R 20 000	Furniture
		Chair, Office, Highback	5	R 2 100	R 10 500	Furniture
		Cabinet, Filing	5	R 3 000	R 15 000	Furniture
		Cabinet, Stationery	5	R 3 000	R 15 000	Furniture
		Couch, Examination	5	R 5 000	R 25 000	Medical Allied Equipment
		Bin, Pedal	5	R 500	R 2 500	Cleaning Equipment
		Foot Stool	5	R 500	R 2 500	Furniture
		Paper Towel Dispenser	5			Furniture
		Computer	1	R 15 500	R 15 500	ICT Equipment
		B P Machine	5	R 15 000	R 75 000	Medical Allied Equipment

Section	Room	Item Description	Quantity	Estimated Cost		Group Description
				Per each	Total	
		Diagnostic Set, Wall Mounted	5	R 7 000	R 35 000	Medical Allied Equipment
		Lamp, Examination	5	R 40 000	R 200 000	Medical Allied Equipment
		Oxygen Flowmeters	5	R 4 500	R 22 500	Medical Allied Equipment
		Suction wall mount	5	R 2 000	R 10 000	Medical Allied Equipment
		Chair, Visitors	2	R 2 100	R 4 200	Furniture
	Mother Lodge	Hospital Beds with Mattress	12	R 9 000	R 108 000	Furniture
		Bedside lockers	12	R 1 800	R 21 600	Furniture
		Chair, Visitors	12	R 2 100	R 25 200	Furniture
Pharmacy	Pharmacy	Fridge Medication	1	R 50 000	R 50 000	Medical Allied Equipment
		Packing Machine	1	R 60 000	R 60 000	Medical Allied Equipment
		Liquid filling machine	1	R 20 000	R 20 000	Medical Allied Equipment
		Shelving	1	R 4 000	R 4 000	Furniture
		Chair, Office, Highback	5	R 2 100	R 10 500	Furniture
		Ladder 2 step	1	R 1 500	R 1 500	Furniture
		Table for tea room	2	R 2 000	R 4 000	Furniture
		Hyster	1	R 45 000	R 45 000	Medical Allied Equipment
		Chairs for tea room	10	R 2 100	R 21 000	Furniture
		Desk	2	R 4 000	R 8 000	Furniture
		Book Cupboard	1	R 3 000	R 3 000	Furniture
		Document drawer Cupboard, wooden	1	R 2 000	R 2 000	Furniture
Laundry				R 50 000	R 50 000	Furniture
Mortuary				R 50 000	R 50 000	Furniture
Total					R 1 338 000	

7. 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

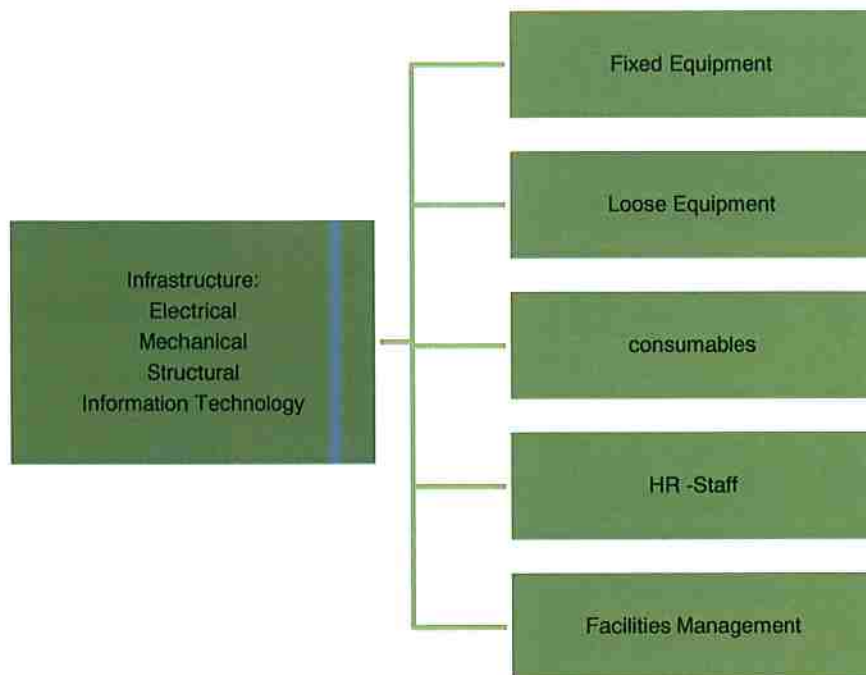


Figure 50: Key elements in the commission process

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

8. Organisational Development

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

Paediatric health inpatient units including OPD 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 human capacity to operationalize and provide efficient and effective service.

8.1. History

The purpose of Organisational Development in the context of Infrastructure Projects is to prepare the new facility or building for occupation and to ensure that all internal personnel, where appropriate are appointed and trained to operate the facility.

Key Elements for a Success

- Allocation of budget to fund the required posts
- Availability of critical personnel
- Implementation plan and commissioning strategy.

8.2. Programme

Table 20: Existing Staff

STAFF ESTABLISHMENT: PAEDIATRIC OPD					
DETAIL	SERVICE AREA	NO OF STAFF	RANK OF STAFF	NO OF STAFF	RANK OF STAFF NON CLINICAL STAFF
Medical Service	Outpatient Department	1	Medical Officer		
Nursing Services	Outpatient Department	2 2	Professional Nurse Speciality Enrolled Nurse		

8.3. Facts

The proposed Paediatrics OPD will consist of five consulting rooms and resuscitation/procedure room. The additional treatment area will require additional human capacity to effectively and efficiently utilise the new rooms and provide the required health services to Paediatric patients.

8.4. Proposed additional Staffing Requirements

Table 21: Additional staff requirement

STAFF ESTABLISHMENT: PAEDIATRIC OPD					
DETAIL	SERVICE AREA	NO OF STAFF	RANK OF STAFF	NO OF STAFF	RANK OF STAFF
Medical Service	Outpatient Department	4	Medical Officer	1	Admin Clerk

STAFF ESTABLISHMENT: PAEDIATRIC OPD					
DETAIL	SERVICE AREA	NO OF STAFF	RANK OF STAFF	NO OF STAFF	RANK OF STAFF
Nursing Services	Outpatient Department	10	Professional Nurse (Speciality)		
		12	Enrolled Nurse		
		7	Enrolled Nursing Assistant		

8.5. Change Management

Change, at its basic level is about moving from a current state through a transition state to arrive at a future state. The goal of Change Management is to improve the performance in some meaningful way so that performance levels of the future are better than what was the current state.

Usually, the reasons we change are to address a current issue or to take advantage of a future opportunity. Change Management is an enabling framework for managing the people side of things. For an organisation, change management means defining and implementing procedures to deal with changes in the business environment and to profit from changing opportunities.

Change management activities involve defining and instilling new values, attitudes, norms and behaviours within an organisation that support new ways of doing work, adjusting to the new infrastructure configuration and overcome resistance to change, build resistance among stakeholders.

9. Procurement

9.1. 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.

9.1.1. Formulation Process

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

9.1.1.1. 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

9.1.1.2. 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

9.1.1.3. 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

9.1.1.4. 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

9.1.1.5. 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

9.1.2. 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)

9.1.3. Delivery Management Strategy

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

9.1.3.1. Professional Services

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

Table 22: Professional Services

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:

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	DoPW Standard Approved

9.1.3.2. For Works

The Strategic Arrangements contained in the IPMP are as follows:

Delivery Management Strategy for Works			Contracting Arrangements for Works			Procurement Arrangements for Works		
Delivery Mode	Implementer	Estimated Project Control Budget (R29 900 000.00)	Contracting strategy	Pricing strategy	Form of Contract	Procurement Procedure	Estimated Bid/Tender Award Date	Comments / Current Stage
Individual Project	DOPW	29 900 000.00	Design by Employer	BOQ	JBCC	Public Open Tender	Jan-23	Identified

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.

9.1.4. 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

10. External Appointments

Delete what is not applicable and elaborate where required

10.1. 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)

10.2. 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

10.3. 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)

10.4. 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

11. Contact Numbers

Stakeholder	Authority	Contact Person
Department of Health Project Leader Tel Mobile Email	Architect	Infrastructure Development Mr Temitope Sokoya 033 940 2610 060 843 4614 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
Ladysmith Hospital Tel Mobile Email	Acting CEO	Dr M.E Pule 036 637 2111 TBC Mokhethi.Pule@kznhealth.gov.za
UThukela District Manager Tel Mobile Email	Acting	Ms N C Ndhlovu 036 631 2202 083 706 8941 nomalanga.ndhlovu@kznhealth.gov.za
Head Office Programme Tel Mobile Email	Clinical Manager	Dr Beharie Ansuya 036 637 2111 TBC Ansuya.Beharie@kznhealth.gov.za
KZN-DoH Paediatric & Child Health Tel Mobile Email		Dr Neil McKERROW 033 395 2718 082 449 2833 Neil.mckerrrow@kznhealth.gov.za
Infection Prevention Control Tel Mobile Email		Mrs Reshma Misra TBC 076 199 8238 Reshma.Misra@kznhealth.gov.za
Implementing Agent Tel Mobile Email		KZN – Public Works TBC TBC TBC

12. Part 6 – 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: Dr. M.E. Pule
Designation: Clinical Manager – Ladysmith Hospital
Date: 20/1/2021

Signature: 

Name: Mr B.L Msibi
Designation: CEO – Ladysmith Hospital
Date: 2020/01/20

Signature: 

Name: Mrs N. C Ndhlovu
Designation: UTHukela Health District – Acting District Director
Date: 2021/01/20

Signature: 

Name: Dr Neil Mckerrow
Designation: KZN – DoH Paediatrics & Child Health
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.

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

PROPOSED TEAM MEMBERS	REGISTERED WITH RELEVANT PROFESSIONAL COUNCIL (YES/NO)	DATE OF REGISTRATION AS A PROFESSIONAL / CANDIDATE	PROFESSIONAL REGISTRATION IN GOOD STANDING (YES/NO)	YEARS OF POST REGISTRATION EXPERIENCE
• Lead Professional:				
• Support Professional/Candidate:				
Mechanical Engineering Firm:				
• Lead Professional:				
• Support Professional/Candidate:				
Civil Engineering Firm:				
• Lead Professional:				

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

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

PROFESSIONAL REGISTERED ARCHITECT CERTIFICATE AND PROFESSIONAL INDEMNITY

PROFESSIONAL REGISTERED QUANTITY SURVEYOR CERTIFICATE AND PROFESSIONAL INDEMNITY

PROFESSIONAL REGISTERED STRUCTURAL ENGINEER CERTIFICATE AND PROFESSIONAL INDEMNITY

PROFESSIONAL REGISTERED CIVIL ENGINEER CERTIFICATE AND PROFESSIONAL INDEMNITY

PROFESSIONAL REGISTERED MECHANICAL ENGINEER CERTIFICATE AND PROFESSIONAL INDEMNITY

PROFESSIONAL REGISTERED ELECTRICAL ENGINEER CERTIFICATE AND PROFESSIONAL INDEMNITY

PROFESSIONAL REGISTERED 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**

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 DISCIPLINE ORGANOGRAM

ELECTRICAL ENGINEERING DISCIPLINE ORGANOGRAM

CONSTRUCTION HEALTH AND SAFETY DISCIPLINE ORGANOGRAM