

KwaZulu-Natal

Department of Health

Physical Facilities Planning Policy



Physical Facilities Planning Policy

The policy will apply to all extensions, renovations, alterations and replacements of Physical buildings within the Department of Health.

The policy will not apply to programmes such as the Clinic Upgrading and Building Programme as well as planned projects of the Facilities Management Engineering and Maintenance division that are identified during the course of time.

The Role and Function of Individual Key Role Players

The Role of the Institution

The role of the institution is to identify the project and in this regard the most appropriate people to identify the need and plan the extension or improvement of a facility are those who use the facility on a daily basis.

The Role of the Head Office Planner

The role of Head Office in the Planning function will be to assess if the project:

- a) Is within the broad norms i.e. that the extension or renovation is in keeping with the patient activity and staffing norm of the institution concerned.
- b) Is in keeping with the current service delivery role as approved by Head Office from time to time
- c) Is economically viable
- d) Competes with projects already on the Planned Programme.

The Head Office Planner should provide advice on the overall planning of the extension or renovation and should leave the specific detail such as the placement of fixtures and flow patterns to the planning committee who at the end of the day will be using the said facility.

Head Office Facilities Planning Committee

This project request will be tabled before the Head Office Facilities Planning Committee (HOFPC) for consideration. The HOFPC will consist of the Director: Facilities Management, the Deputy Director: Engineering and Maintenance, the Deputy Director: Capital Planning, any Planners and Works Inspectors as required depending on the projects tabled, the Deputy Director: Support Services and the Deputy Director: CUBP.

Interrogate Requirements

1. It is not advisable to undertake planning on a short term basis as it often leads to a situation where buildings are erected that block long term development expansion. It also leads to the situation very evident in most of our older hospitals where you find many small to medium sized buildings scattered around in a haphazard fashion all joined with covered walk ways. This does not facilitate easy management of a facility and should be avoided. The present Medium Term Expenditure Framework (MTEF) calls for a 3 year plan of expenditure and it is therefore suggested that we plan for a five year term as it normally takes at least

2 years to prepare the plans, call for tenders, adjudicate tenders and award the contract. Institutions are therefore requested that they prepare a “master plan” for their facility on the basis of a simple schematic diagram (using the Facilities Audit site plan as a template) as per the attached example in **Annexure A** . With due reference to this plan Institutions must prepare a five year plan in priority order for the rehabilitation and/or revitalisation of their physical facility. This in turn will enable Head Office to be aware of the needs of each Institution and facilitate the required long term planning and prioritisation of all the Institution’s needs. The development of “wish lists” is discouraged as it leads to the skewing of the real need and has a negative impact on the accurate needs assessment as a whole. **Care should always be taken to ensure that the result of the Facilities Audit are always paramount when preparing the multi-year plan as it is vital to improve the overall condition of the facility.**

2. In view of the fact that people come and go, it should not be the responsibility of a single person to plan the requirements of an Institution. Should this be permitted it often happens that the plan “dies” as soon as the person leaves or the plan ends up being drastically revised by whoever replaces that person. Needless to say both these actions will result in a serious revision of the master plan which will not be in the interests of the Institution concerned and will result in further delays. It is accordingly required that once a project has been identified a Planning Forum should be formed at an institution. The Planning Forum must consist of at least the Medical Superintendent / Hospital Manager, the Matron-in-Charge, the Administrator, the Maintenance Supervisor, and at least two key persons from the area that will be impacted by the proposed activity. The Chairperson of this Forum must be elected at the first meeting by the members present.
3. Once the Planning Forum are convinced and have the necessary evidence to support their motivation for the project to be undertaken they must submit their request to Head Office as per the attached questionnaire (**Annexure B together with the schematic diagram**) which will amongst other things list items such as patient load, other options, running cost implications etc. for **“Authority to Plan.”**

Ministerial Approval to Plan

4. If approved by the HOFPC then:
 - a) Application will be made for **“Ministerial Approval to Plan”**, based on the estimate given by the Institution. In this regard the Maintenance Supervisor must be requested to assist in providing the estimate.
 - b) Once approval has been granted the Department of Works or a Duly Appointed Agent will be contacted to proceed with planning and the appointment of a consultant. The Department of Works or a Duly Appointed Agent will be provided with a detailed brief on the project to facilitate planning. These parties will be instructed to commence planning as members of the Institutional Planning Committee.
 - c) The Institution will be instructed to form an Institutional Planning Committee (IPC) consisting of the original Planning Forum, the Regional Engineer (when possible) and the Department of Work’s or a Duly Appointed Agent’s Project Leader and Consultant who will create line drawings in consultation with the hospital. The Public Relations Officer

should also serve on this committee on an ad hoc basis once a definite decision has been made and approval has been granted for the work to be undertaken. His/her responsibility will be to inform all role players of changes as they are proposed to occur as well as community liaison and information to the public.

The Chairperson of the IPC must be elected at the first meeting.

Approval of Line Drawings

5. The IPC, assisted by the appointed consultant, will develop line drawings (These are very basic spatial footprint diagrams of what is required) from project input received and submit these line drawings and estimated cost of the building (based on norms) together with a rough estimate of equipment required for **“Approval of Line Drawings”** to the HOFPC.
6. The HOFPC in their deliberation will consider certain basic planning principles such as:
 - a) Overall functionality
 - b) Flows
 - c) Size of rooms
 - d) Are all required facilities included
 - e) Position in relation to existing facilities
 - f) Position on overall site plan
 - g) Equipment required
 - h) Affordability
7. Should “Approval of Line Drawings” be granted by the HOFPC, Ministerial Approval to Document and go to tender (if funds are available), or just to document will be requested. Should approval be granted, the IPC will be permitted to proceed to the sketch plan stage. (This sketch plan will be a major enhancement of the original line drawing and include windows, doors, roof structure, position on site etc.)

Completion of Sketch Plans

8. Once the sketch plans have been completed the plan should be signed by all members of the IPC accepting the plan as proposed. It must be made clear that a sketch plan cannot be altered if the committee has a change of mind, as this plan is probably the most important part of the project upon which cost estimates and time frames will be calculated. In order that it may progress to the next stage of planning it must be submitted to HOFPC together with cost estimates of both the building and equipment for consideration. The consultant will be required to present the proposal to the committee together with a selected member of the IPC who must be able to discuss the institution’s view point in order that the plan can be considered by all involved. Once approval is granted by the HOFPC, then the matter will be referred to the Department of Work’s **“Plans Approval Committee”**.

Department of Works - Plans Approval

9. Once approved by the Department of Works **“Plans Approval Committee”** the Department of Works or a Duly Appointed Agent will instruct the Principal

Consultant and his team to proceed with documentation in consultation with the IPC.

Documentation - Room Data Sheets and Mechanical and Electrical Plans

10. Room data sheets must include fittings and the position thereof, such as cupboards, hand basins, plugs, telephone points, computer points, drip rails, oxygen and suction points, type of floor covering etc. Loose equipment determining spatial (space) requirements such as beds, chairs, desks, etc. should be included as well.
11. Although Mechanical and Electrical plans are part of more detailed designs, it will be necessary to obtain a description of the Air-conditioning system and why the specific system has been chosen. This may avoid fruitless expenditure of preparing plans and later re-doing them. Site plans showing electrical reticulation and new transformers /emergency generators etc will be useful as well as site plans of proposed water and sewer lines

Authority to Proceed with working drawings and Bills of Quantities

12. Prior to the preparation of the working drawings and Bills of Quantities, the room data sheets as well as the mechanical and electrical plans must be submitted through the Department of Works or a Duly Appointed Agent to the HOFPC for approval. The HOFPC will consider issues such as over-provision or omission and logical positioning of fittings etc.
13. Once approval is granted by the HOFPC the consultants will complete working drawings and Bills of Quantities and forward the documentation to the Department of Work's or a Duly Appointed Agent's Quantity Surveyor for quality control, final estimate and norm test. Thereafter, the matter will be referred back to the HOFPC for final plans approval.

Department of Health Final Plans Approval

14. Once all the above information is available a decision to proceed to tender will be made by the HOFPC based on the availability of budget and with due consideration to the multi-year plan. If accepted, "**Ministerial Approval to Proceed to Tender**" will be obtained and the Department of Works or a Duly Appointed Agent will be advised accordingly.

Actions by the Department of Works or a Duly Appointed Agent

15. Once approval has been granted by the Minister of Health to proceed to tender the project responsibility becomes that of the Department of Work's or a Duly Appointed Agent who will be responsible for the following steps:
 - a) Submission to the Tender Award Committee for authority to proceed to the Procurement Committee KwaZulu-Natal.
 - b) Submission to the Procurement Committee KwaZulu-Natal for acceptance.
 - c) Advertising of the Tender by the Department of Works or Duly Appointed Agent.
 - d) Receipt and adjudication of Tenders by the Department of Works or a Duly Appointed Agent.

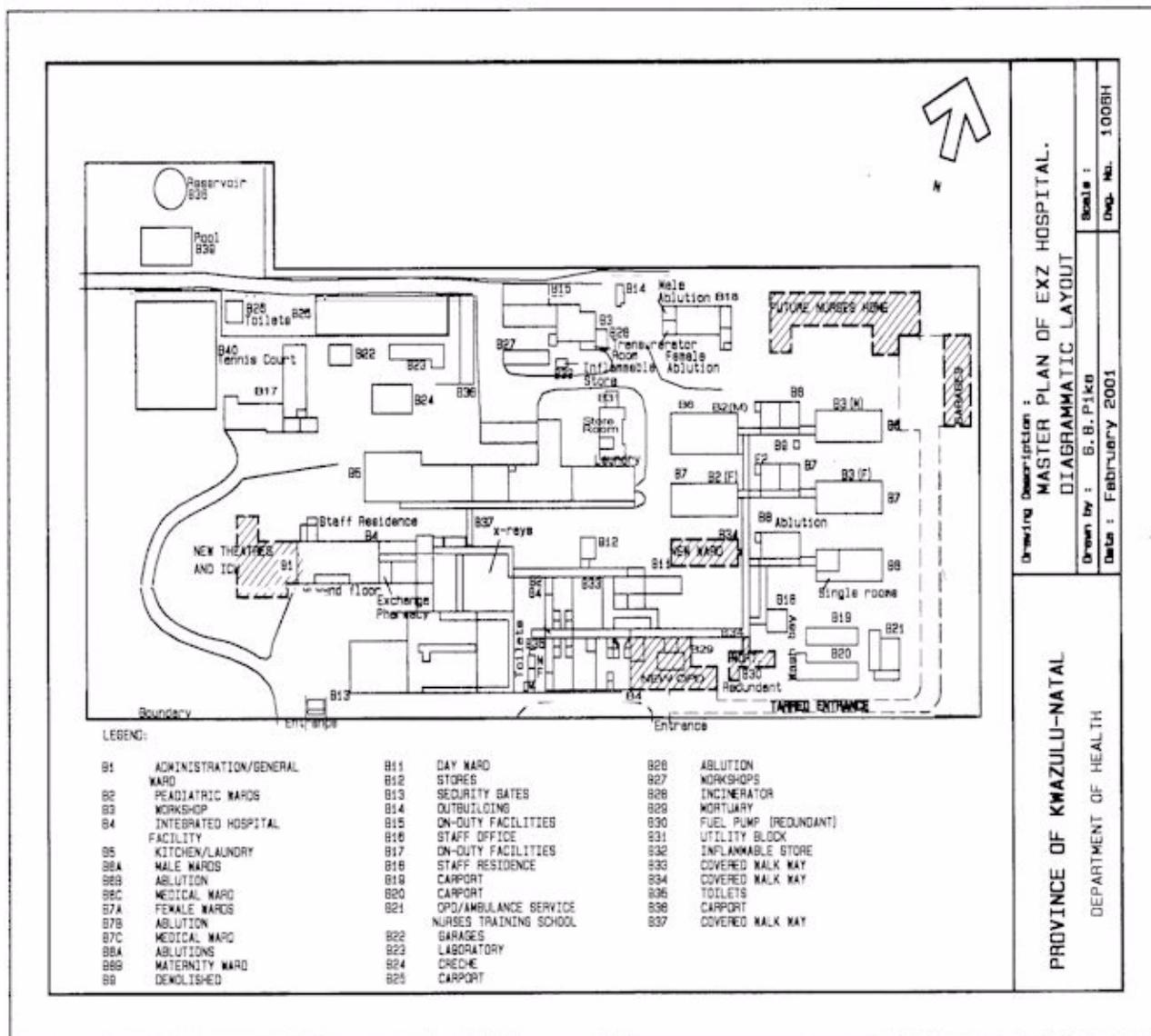
- e) Re-submission to the Tender Award Committee for recommendation to the Procurement Committee KwaZulu-Natal.
- f) Submission to the Procurement Committee KwaZulu-Natal for a Tender Award.
- g) Appointment of contractor.
- h) Contractor on site.
- i) Construction period. Provide Department of Health with monthly progress report and cash flows together with each construction payment certificate.
- j) Completion of project.
- k) Pre-delivery and/or First delivery inspection in preparation for handover.
- l) Handover of site to Department of Health .
- m) Maintenance manual and "As-build" drawings to the hospital (electronic copy to Health head office)
- n) Final delivery after maintenance period

Commissioning by the Department of Health

16. Once Ministerial approval has been granted to proceed to tender, steps need to be taken by the respective Institution (supported by Head Office) to prepare the following:
- a) Establish the equipment needs based on available and new equipment required.
 - b) Assess additional staffing needs and motivate for the creation of posts where necessary.
 - c) Purchase any additional equipment identified for delivery to site at an appropriate date.
 - d) Ensure that any additional posts are advertised and filled by the responsible institution
 - e) Prepare a Maintenance manual. This needs to describe preventative maintenance required at prescribed intervals e.g. Cleaning of gutters every 2 months etc. and should also include warranty periods for specific items and contact names and members of suppliers of specialist installations.

Facility in use

Annexure A – Example of Schematic Diagram



Annexure B

Facilities Planning Questionnaire

1. Name of Institution:

2. What is the nature of the work required? Please mark the appropriate box with a cross. (X)

- a. Extension
- b. Renovation
- c. New building
- d. Alteration
- e. Replacement

3. Describe where in the Institution the work is required.

4. Describe what is required in detail.

5. Why is this required?

6. What alternative options have been considered?

7. If this is an existing building / room, has it's **condition** in terms of the Facilities Audit been identified as: (Please circle the appropriate choice)

- a. As new
- b. Maintain
- c. Repair
- d. Replace / Upgrade
- e. Condemn

8. If this is an existing building / room, has it's **suitability** in terms of the Facilities Audit been identified as: (Please circle the appropriate choice)

- a. Ideal
- b. Acceptable
- c. Tolerable
- d. Hardly tolerable
- e. Intolerable

9. What will be the effect of the work requested on

a. Patient Activity?

b. Work performance?

c. The environment?

d. Other departments within the institution?

e. Will the service be able to continue uninterrupted during the period when the work is being undertaken? If not, what will your contingency plans be?

10. Please supply statistics (both patient and staff) that are relevant and in support of the request made. The statistics must cover a period of at least the past 12 months. These should be attached as Annexure C.

HOSPITAL MODEL

11. What will the ANNUAL financial implications of the project be i.e

ITEM	AMOUNT	RATE	TOTALS
Additional staff			
<i>No. of Staff Members (List to be provided separately, but total inserted here)</i>	<i>Annual Salary Package</i>		
Future running costs			
Specify e.g.			
Electricity and Water			
Cleaning			
Medical Gas			
Maintenance			
Approximate cost of the work to be undertaken			
<i>Area to be renovated</i>			
Minor Upgrade *	m ²	R2000.00 m ²	
Total Refurbishment *	m ²	R3500.00 m ²	
Renovation of ablutions *	m ²	R4000.00 m ²	
<i>Additional new area</i>	<i>m²</i>	<i>R9837.00 m²</i>	
Additional equipment (List to be provided separately, but total inserted here)			
Professional fees		± 18% of total	
Commissioning cost			
VAT 14%			
GRAND TOTAL COST			

* It is important to separately define minor upgrades from total refurbishments as the cost per square meter will differ dramatically due to the extent of the work that needs to be undertaken. It will also be necessary to identify the area that requires the renovation of ablutions as this normally doubles the cost of work to be undertaken.

COMMUNITY HEALTH CENTRE MODEL

11. What will the ANNUAL financial implications of the project be i.e

ITEM	AMOUNT	RATE	TOTALS
Additional staff			
<i>No. of Staff Members (List to be provided separately, but total inserted here)</i>	<i>Annual Salary Package</i>		
Future running costs			
Specify e.g.			
Electricity and Water			
Cleaning			
Medical Gas			
Maintenance			
Approximate cost of the work to be undertaken			
<i>Area to be renovated</i>			
Minor Upgrade *	m ²	R2000.00 m ²	
Total Refurbishment *	m ²	R3500.00 m ²	
Renovation of ablutions *	m ²	R4000.00 m ²	
<i>Additional new area</i>	<i>m²</i>	<i>R7908.11 m²</i>	
Additional equipment (List to be provided separately, but total inserted here)			
Professional fees		± 18% of total	
Commissioning cost			
VAT 14%			
GRAND TOTAL COST			

* It is important to separately define minor upgrades from total refurbishments as the cost per square meter will differ dramatically due to the extent of the work that needs to be undertaken. It will also be necessary to identify the area that requires the renovation of ablutions as this normally doubles the cost of work to be undertaken.

CLINIC MODEL

11. What will the ANNUAL financial implications of the project be i.e

ITEM	AMOUNT	RATE	TOTALS
Additional staff			
<i>No. of Staff Members (List to be provided separately, but total inserted here)</i>	<i>Annual Salary Package</i>		
Future running costs			
Specify e.g.			
Electricity and Water			
Cleaning			
Medical Gas			
Maintenance			
Approximate cost of the work to be undertaken			
<i>Area to be renovated</i>			
Minor Upgrade *	m ²	R2000.00 m ²	
Total Refurbishment *	m ²	R3500.00 m ²	
Renovation of ablutions *	m ²	R4000.00 m ²	
<i>Additional new area</i>	<i>m²</i>	<i>R6565.90 m²</i>	
Additional equipment (List to be provided separately, but total inserted here)			
Professional fees		± 18% of total	
Commissioning cost			
VAT 14%			
GRAND TOTAL COST			

* It is important to separately define minor upgrades from total refurbishments as the cost per square meter will differ dramatically due to the extent of the work that needs to be undertaken. It will also be necessary to identify the area that requires the renovation of ablutions as this normally doubles the cost of work to be undertaken.

12. Describe the overall advantage that this work will have on the service rendered by the Institution and on the service delivery in the District as a whole.

13. Do you have any additional motivation in support of your request? If so, please attach as Annexure D.

14. Do you have any sketch of the proposed work to be undertaken? If so, please attach as Annexure E.

15. Has this request been prepared and supported by all the members of the Planning Forum of your institution? (If so, the Chairman of the Planning Forum must please counter sign this questionnaire) If not prepared and supported by all members of the Planning Forum, please supply details as to why not.

Head of the Institution

Chairman of the Institutional Planning Forum (IPC)

Full Name: _____

Full Name: _____

Date: _____

Date: _____

Signature: _____

Signature: _____