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*A long and healthy life for all communities of the North West Province*

**HEALTH INFRASTRUCTURE MAINTENANCE MANAGEMENT POLICY**

**November 2022**

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<b>Description</b>	This document defines North West Department of Health' position on Infrastructure Maintenance.
<b>Coverage</b>	This document is applicable to all health facilities in the North West Department of Health.
<b>Policy Number</b>	<b>HI22/P01/R25</b>

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## **CHAPTER 1**

### **1.1 POLICY STATEMENT**

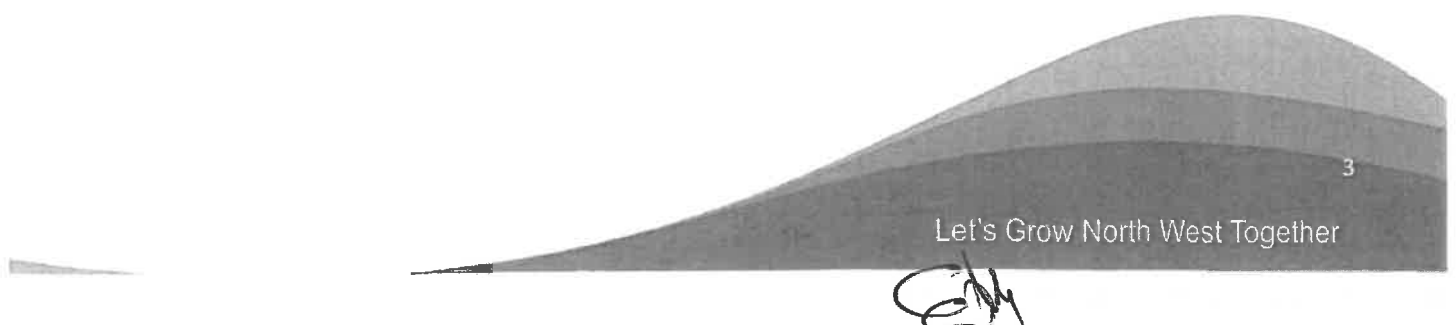
This policy aims to ensure that North West Department of Health fulfils the expectations of the Health Infrastructure Asset in the Province through proper maintenance management of its Immovable Assets to support amongst others the quality health care delivery.

### **1.2 PURPOSE**

The North West Department of Health is tasked with the provision of health care to the population of the North West Province. In order to reach its operational excellence, the Department has to manage maintenance of its infrastructure assets in health facilities to ensure accessible and cost effective healthcare services, appropriate for the desired level of care, in the right place and at the right time, for all residents of the North West.

The policy outlines the maintenance principles and standards, funding needs as well as the roles and responsibilities of stakeholders in the maintenance and preservation of North West Department of Health facilities.

This policy is guided by the principles of operational excellence in terms of health facilities' performance developed by CSIR, as illustrated in **Figure 1 below**;



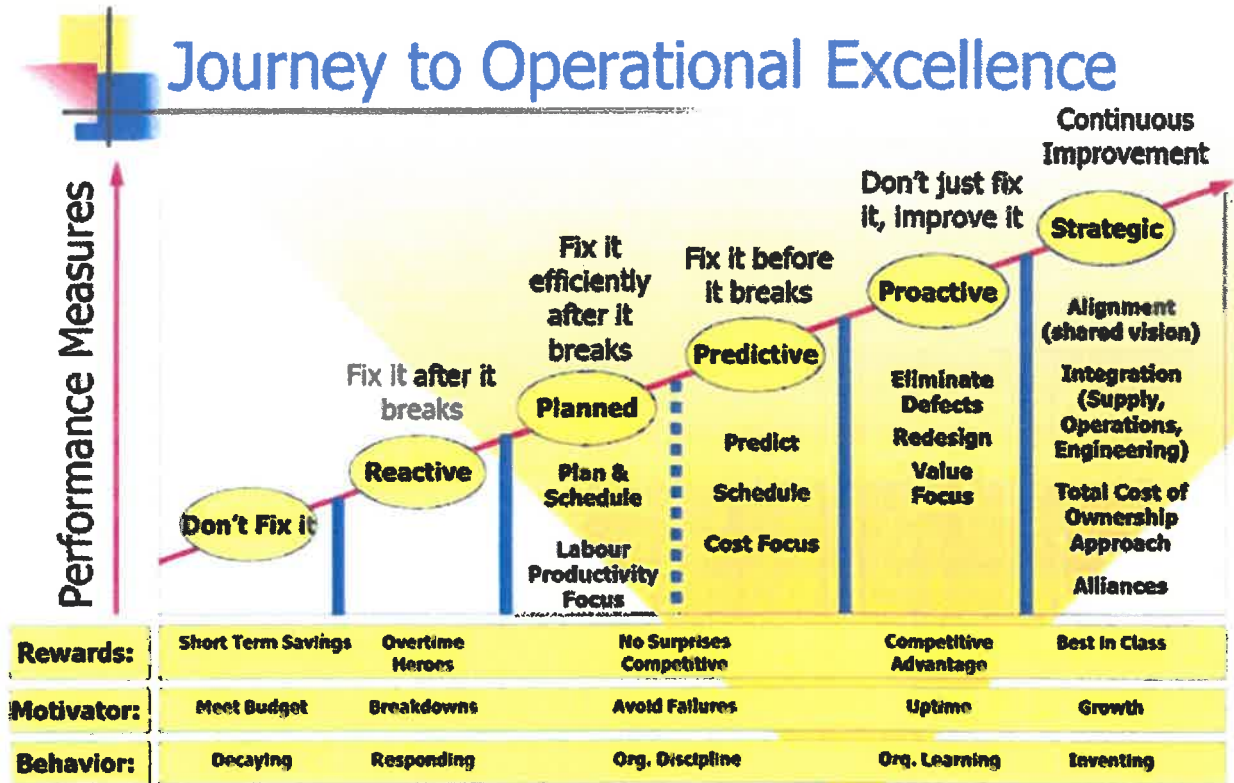


Figure 1: CSIR Health Facilities operational excellence

### 1.3 OBJECTIVES

The objectives of this policy are to:

- Ensure immovable assets perform effectively and efficiently throughout their service life;
- Set minimum maintenance standards for the maintenance of assets;
- Clarify maintenance responsibilities for immovable asset;
- Ensure that associated risks are effectively managed;
- Ensure statutory compliance and
- Provide sound basis for the allocation of maintenance funds.

## **CHAPTER 2**

### **2.1 SCOPE AND APPLICATION OF THE DOCUMENT**

This policy shall be limited to maintenance of building, civil engineering structures, machinery and plant owned by the North West Department of Health (District and sub Districts, Clinics, Hospitals and Head Office), State-owned properties and leased facilities as agreed in the lease contract. This shall be in regard to:

- a) Maintenance standards
- b) Health and safety
- c) Security and access

#### **2.1.1 The policy envisions identification and prioritisation of:**

- a) Maintenance needs
- b) Preventative, corrective and restoration maintenance
- c) Planning cycle
- d) Routine servicing requirements and cycles
- e) The tasks done in-house and the ones outsourced

#### **2.1.2 The work excluded from maintenance includes the following:**

- a) Improvement and upgrading to meet new service capacity or functions;
- b) Refurbishment, reconfigure, rehabilitate to renew the condition or to extend the capacity or useful life of the building.
- c) Capital replacement of major components to extend the capacity or useful life of the building;
- d) Upgrading to meet new statutory requirements;
- e) Replacement or construction of new assets;
- f) Major restoration as a result of natural and other disasters.
- g) Operational tasks to enable occupancy use (e.g. cleaning, gardening, security, waste removal).

**2.1.3** This policy shall ensure that all Non-negotiable/ critical areas of care within Health facilities are maintained to achieve performance standard as per GIAMA. This means that maintenance of plumbing and water supply, medical gas supply, electricity, sterilisation equipment, air conditioners, medical equipment of critical areas such as ***intensive care, cardiac/coronary, burn care, pulmonary care, neonatal intensive care, cerebral care units, accident & emergency, theatres*** should take first priority at any given time. These critical areas define the life and death of patients, maintaining these critical areas at the required standards saves lives as well as reduce medico-legal issues.

**2.1.3.1** The integrated maintenance approach on all immovable assets must be followed to an optimum level and to the following **Asset types**:

- a) Civil works, Building works, Electrical works;
- b) Plumbing, Boilers, Standby Generators; Photovoltaic (solar panels);
- c) Heating, ventilation & Air-conditioning, Fire Detection & Prevention;
- d) Gas installation, Mechanical installation;
- e) Alarms & Access control;
- f) Lifts & Escalators, Laundry equipment, Kitchen equipment;
- g) Mortuaries, Laundries, Water storage tanks;

## **CHAPTER 3**

### **3.1 LEGISLATIVE AND RELATED PRESCRIPTS**

The legislative requirements used as key inputs for this policy are amongst others, but not limited to the following:

- a) Constitution of the Republic of South Africa No 108 of 1996
- b) Government Immovable Asset Management (**GIAMA**) Act 19, 2007.
- c) National Environmental Management Act (**NEMA**)1986
- d) National Infrastructure Maintenance Strategy (**NIMS**)
- e) Division of Revenue Act (**DORA**) No. 12, 2009.
- f) Public Finance Management Act (**PFMA**), 1999 (Act No. 1 of 1999) (as amended by Act No. 29 of 1999)
- g) Occupational Health and Safety Act (**OHSA**)(No 85 of 1993)
- h) National Treasury Instruction No. 03 of 2019/2020: Framework for Infrastructure Delivery and Procurement Management (**FIDPM**)
- i) National Building Regulations and Building Standards Act 103 of 1977 (**NBR**)
- j) State Land Disposal Act, 1961 (No. 48 of 1961)

### **3.2 ABBREVIATIONS AND ACRONYMS**

<b>U-AMP:</b>	User Immovable Asset Management Plan as defined in GIAMA
<b>C-AMP:</b>	Custodian Asset Management Plan as defined in GIAMA
<b>NWDOH:</b>	North West Provincial Department of Health
<b>DPWR:</b>	North West Department of Public Works and Roads
<b>GIAMA:</b>	Government Immovable Asset Management Act, 19 of 2007
<b>PFMA:</b>	Public Finance Management Act, 1 of 1999
<b>CSIR:</b>	Council for Scientific and Industrial Research
<b>PSP:</b>	Professional Service Providers
<b>IPMP:</b>	Infrastructure Programme Management Plan
<b>IPIP:</b>	Infrastructure Programme Implementation Plan
<b>IDMS:</b>	Infrastructure Delivery Management System

<b>IUSS:</b>	Infrastructure Unit System Support
<b>HVAC:</b>	Heating, Ventilation and Air-Conditioning
<b>SANS:</b>	South African National of Standards
<b>MTEF:</b>	Medium Term of Expenditure Framework
<b>IDTS:</b>	Infrastructure Development of Technical Services
<b>CEO:</b>	Chief Executive Officer
<b>PMIS:</b>	Project Management Infrastructure System
<b>EMS:</b>	Emergency Medical Services
<b>CHC:</b>	Community Health Centre
<b>PHC:</b>	Primary Health Care
<b>SLA:</b>	Service Level Agreement
<b>SDA:</b>	Service Delivery Agreement
<b>MOU:</b>	Memorandum of Understanding
<b>BAS:</b>	Basic Accounting System
<b>NHI:</b>	National Health Insurance

## CHAPTER 4

### 4.1 DEFINITION /GLOSSARY OF TERMS

TERM	DEFINITION
<b>Asset Management System</b>	A management system whose function is to establish the infrastructure asset management policy and objectives, as well as processes and organisational arrangements inclusive of structure, roles and responsibilities to achieve asset management objectives.
<b>Backlog Maintenance</b>	Maintenance that is necessary to prevent the deterioration of an asset or its function but which has not been carried out. Deferred on a planned or unplanned basis usually due to lack of funds.
<b>Building</b>	Any structure, whether of a temporary or permanent nature, and irrespective of the materials used in the erection thereof, erected or used
<b>Contractor</b>	Organization or individual that contracts with another institution (the employer) for the construction and/or maintenance of a building, road or other facility.
<b>Corrective Maintenance</b>	The actions performed, as a result of failure, to restore an asset to its original condition, as far as practicable.
<b>Department</b>	Refers to the Province of North West Department of Health
<b>Day to day Maintenance</b>	Refers to housekeeping maintenance that is below an annual pre-approved ceiling amount, e.g. blocked pipes, toilets, leaking taps, broken window panes, etc. This does not include services such as painting, tiling, plastering etc. except in case where touch-up work has to be done after repairs were undertaken.
<b>Emergency Maintenance</b>	These are the emergency repair tasks which are unforeseen and need urgent attention, the failure to attend to which will seriously hamper service delivery (e.g. storm

	damages).
<b>End User</b>	A Provincial Department that uses or intends to use an immovable asset in support of its service delivery objectives as defined in GIAMA, in this context is the institutions.
<b>Facilities Management</b>	Refers to the coordination of space, infrastructure, people and organization with the administration of office blocks, schools, hospitals, shopping complexes, etc.
<b>Framework Contract</b>	A document that outlines the terms and conditions for an ongoing business relationship between two or more parties. The purpose of a framework agreement is to establish rules, responsibilities, and expectations when working together.
<b>Health Facilities</b>	Refers to all health facilities such as Clinics, Community Health Centres, Hospitals, Medical Depot, Emergence Service Centres
<b>Health Technology</b>	Refers to the fundamental part of managing, maintaining, and/or design medical devices used in various health care facilities.
<b>Immovable Assets</b>	Is a sub category of 'fixed assets' and includes land, buildings and infrastructure such as roads, electricity and water distribution networks. In general terms 'Immovable asset' is a term that is used when referring to either 'Properties' (i.e. land and buildings) or 'Infrastructure' (i.e. roads and other networks).
<b>Implementing agent</b>	Institution appointed to oversee the implementation of the funded infrastructure programme/projects on behalf of the Sector Departments.
<b>Infrastructure</b>	The entire system of facilities, equipment, and support services that organizations need in order to function.
<b>Life cycle</b>	Means the prescribed period (per asset class) during which a Custodian could expect to derive optimal value for money from the control of an immovable asset.

<b>Life-cycle cost</b>	Life-cycle costing (or total cost of ownership) is estimation at the planning stage of an asset of all cost involved in the acquisition, operation, maintenance and disposal of an asset including the services cost.
<b>Maintenance</b>	Means all work performed on an existing immovable asset to keep the facility in its original operational condition and to ensure its optimal service delivery through its expected life span
<b>Planned Maintenance</b>	Means any maintenance activity for which the scope of work and date have been predetermined and labour, materials, tools, and equipment required for carrying out the estimated task, are available before commencement of the task.
<b>Preventative maintenance</b>	Refers to planned periodic maintenance. Preventative maintenance is care and servicing for the purpose of maintaining equipment and asset in satisfactory operating condition.
<b>Procurement Strategy</b>	Selected packaging, contracting, pricing and targeting strategy and procurement procedure for a particular procurement, e.g., Design & Construct, Design by Employer, etc.
<b>Programme Management</b>	The grouping of a set of related projects in order to deliver outcomes and benefits related to the organisation's strategic objectives which would not have been achieved had the projects been managed independently.
<b>Project Management</b>	The management of the implementation of projects and sets of projects.
<b>Refurbishment</b>	Refers to comprehensive capital works – actions intended to bring an immovable asset back to its original appearance or state or to extend its life-cycle. Refurbishment generally takes place at the end of an asset's life-cycle to extend the life-cycle and gain further income potential from asset.

<b>Renovations and rehabilitation</b>	Activities that is required due to neglect or unsatisfactory maintenance or degeneration of an asset.
<b>Repair</b>	Entail the restoration of assets to original condition.
<b>Service Contract</b>	Refers to a contract which is usually valid for a period of between 12 to 36 months, where a contractor is appointed to service equipment to ensure that breakdowns do not occur (e.g. servicing of boilers, air conditioners, generation sets, etc.). A service contract can also be regarded as a way in which preventative maintenance is conducted.
<b>Statutory Maintenance</b>	Maintenance that must be carried out to meet statutory requirements.
<b>Term Contract</b>	It's a contract which is usually valid for a fixed term, normally a period of 12 to 36 months where a contractor is appointed to repair/maintain government immovable assets (e.g. a plumbing contractor is appointed to attend to plumbing related work in a specified area/building) within an agreed gazetted rates.
<b>Unplanned Maintenance</b>	Maintenance for which no planning in terms of timing, labour, material and other cost elements has been done. The repair duration and cost estimate is mostly based on historic cost and maintenance history.
<b>Upgrade (Extension, Additions)</b>	Capital works that increases the value of the assets and extend the area or add new functionality of the asset. Upgrades can take place at any time through the life-cycle of the asset and will increase the potential of the asset.

## CHAPTER 5

### 5.1 BACKGROUND

The North West Department of Health is mandated with the provision of accessible and cost effective health care services, appropriate for the desired level of care, in the right place and at the right time, for all people living in the Province. To achieve this, the North West Department of Health is committed to providing accessible, appropriate and cost effective health care **infrastructure (including buildings, plant and machinery)**. The North West Department of Health therefore has to plan effectively for the development and maintenance of appropriate infrastructure.

In the past, Maintenance programmes (based on project prioritization and MTEF budget allocations) was undertaken by The North West Department of Public Works and Roads (DPWR), and some specialist / smaller works done in house by the NWDoH itself. DPWR generally make provision of appointed service providers (either by term contracts or individual project appointments) to perform the functions on behalf of the North West Department of Health. This approach has not been successful, and this is quite evident considering the current status of health facilities in the Province.

The strategy of the department going forward is to invest more in maintenance in order to realise value on initial capital expenditure and service delivery. In addition, the Department will move towards sharing maintenance services between internal and external resources, this primarily to strengthen expertise within maintenance. To this end any new strategy or structure should focus on the value add and positioning of the recruitment programme within the value chain.

Historically, there has been a general lack of attention to the maintenance needs of government infrastructure in the country, which resulted in infrastructure that is in poor condition and unable to fulfil its intended purpose to an acceptable level of service. The rule of thumb for preventative maintenance budgets suggest a range of 2 to 4% of the current replacement cost of immovable (infrastructure) asset. This cost does not take into account the eradication of deferred or backlog maintenance which is likely to be in the region of 10 to 25% of the current replacement cost of the infrastructure.

### **5.1.1 Maintenance Strategy and Implementation**

The purpose of this strategy is to reflect the department's approach to maintenance and support the strategic asset management plan and maintenance policy established by the department so that the stated maintenance objectives are achieved.

#### **5.1.1.1 The maintenance standards**

The maintenance of immovable assets shall be according to:

- a) Statutory requirements
- b) Manufacturer's standards
- c) Professional standards

Funding should thus ideally be allocated on the following basis:

- a) Preventative maintenance- (including statutory maintenance) - should be funded from the operational budget allocated to Health Facilities.
- b) Unplanned and Emergency Maintenance should be funded from the budget allocated to the District. However, the feasibility studies to determine the appropriate cause of action must be conducted.
- c) Day to day maintenance should be funded from the District operational budget.
- d) Refurbishments, renovations and major repairs must be funded from Capital Budget.
- e) Term Contracts must be funded through the Head office budget managed by Engineering & Technical Services Directorate.
- f) Framework Contracts must be funded through the Head office budget managed by Engineering & Technical Services Directorate.

### **5.1.2 Maintenance strategies**

#### **5.1.2.1 Risk management strategy**

- a) Risk is a function of probability and impact. It assesses the likelihood of an asset failing and the result of such a failure. The risk based approach should consider prioritizing for maintenance clinical priorities including risk to life, infection control and so on.

**5.1.2.2 Risk associated with maintenance will be managed in the following order of priority.**

- a) Maintenance in respect of health and safety issues (clinical, infection control, etc.).
- b) Statutory maintenance requirements; security, fire, gas, electrical and mechanical systems, access, structural, building fabric, natural and man-made disasters.
- c) Environmental requirements; sites, grounds and waste disposal.

**5.1.3 Financial strategy (budgeting and funding for maintenance)**

**1) The financial sustainability of immovable asset maintenance is achieved by carrying out a detailed inventory of all assets which will form a basis for:**

- a) Determining the budget for planned and preventative maintenance activities to achieve the established standards and address the risks.
- b) Maintenance budgets must be prepared as part of the annual budget cycle, including forecasts for breakdown maintenance and estimates for preventative maintenance as well as cost estimates relating to deferred maintenance work, must be included in the User Asset Management Plan (U-AMP) and Infrastructure Programme Management Plan (IPMP).
- c) International norm recommends that on average at least 4% of the replacement cost should be spent per annum on maintenance provided that the facility is in a good condition. This level of expenditure would include provision for planned maintenance (including legislated maintenance, such as on lifts or fire equipment) and unplanned work (such as repairs).
- d) Where facilities are not in good condition, larger percentages than the 4% minimum need to be spent - for example where, due to lack of preventative maintenance in the past. The responsibility for budgeting for any form of maintenance lies with the North West Department of Health. Records of detailed maintenance expenditure must be kept to ensure a more accurate budget over time. The budget must take into consideration maintenance priorities based on condition assessments, maintenance scope and unplanned maintenance trends of at least the past twelve months.
- e) Monthly reports must be submitted to indicate the actual and committed expenditure. Attention should be focused on variances between



committed/budgeted/targeted and actual expenditures;

**5.1.4 Procurement strategy**

- a) Maintenance services are to be procured in accordance with the Public Finance Management Act and other approved Contract Conditions.
- b) Procurement of maintenance works, tools and materials in all department's immovable assets should be done in a manner that provides value, fairness and transparency so as to conform to the set maintenance standards.
- c) Where there is a need, North West Department of Health may appoint an Implementing Agent (IA). The Implementing Agent will then appoint service providers (on term contracts or individual project appointments) to perform the functions on behalf of the North West Department of Health.
- d) A Service Delivery Agreement (SDA) with IA or a Service Level Agreement (SLA) with any other appointed Implementing Agent will be entered into with North West Department of Health before commencement of work. The agreement should clearly define the scope of work and budget to be utilised for maintenance purposes. The Implementing Agent will abide by the Asset Management policy and procedures as stipulated by North West Department of Health. The Implementing Agent will only be appointed upon having satisfied North West Department of Health that it has capacity to implement the specified scope of work.

**5.1.4.1 Term Contractors:**

- a) For timely and efficient maintenance, term contractors should be appointed for each asset type, following Supply Chain Management norms and standards for the Delivery and Maintenance of Provincial Infrastructure. Term contractors must be registered on CIDB and their grading should be aligned with the level of maintenance complexity and size. Term contractors will be procured by North West Department of Health Head Office or through an Implementing Agent.
- b) A term contractor may be appointed to service the facilities of several Health Facilities, e.g. an electrical term contractor may service all hospitals and clinics in the district. A term contractor may be appointed for a term of 3 years. Ideally, a pool of term contractors should be available to provide for the event where a



specific term contractor is not available. Term contractors may be utilised on a rotational basis.

**5.1.4.2 Framework Contracts:**

The department through a competitive, transparent and open tender process will establish a panel of contractors (and or consultants) for all classes of infrastructure work for each district. This panel will be renewed on an annual basis within the 36 months period contract. The Infrastructure Unit will develop, rates for Framework Contracts. The proposed rates shall include rates for:

- a) Labour (Required Skills)
- b) Service required
- c) Profit Margin, ideally between 10% and 15%
- d) Disbursement rates for travelling

The primary intentions of using a regionally based approach is to (a) drastically reduced travel costs and disbursements by contractors (b) respond as quickly as possible to especially to priority calls 1 and 2, respectively and (c) spread the work to as many contractors as possible especially to local businesses.

**5.1.4.3 Proposed Payment of Service Providers for Work Done:**

- a) It is envisaged that purchased orders consumerate to the expected work to be done over a period of time be issued out to the contractors. For any job to be done a task list will be issued to be contractor.
- b) For each work claim to have been done by the contractor in the Institutions, the contractor must submit a Job card stamped and signed by Facility Manager and certified by Maintenance Co-coordinator. The Job card serves as a confirmation of the works.
- c) The Infrastructure Unit will have weekly Invoice Vetting Sessions to validate the accuracy, completeness and correctness of the invoices and the associated supporting documents submitted. If satisfied with information presented, invoices accompanied by the necessary supporting documents will be submitted for further processing and payment.



**5.1.5 Health and Safety strategy**

- a) The Department's immovable assets shall be maintained to meet the health, safety and environmental standards under the relevant legislation such as Occupational Health and Safety Act and Environmental Management Act.

**5.1.6 Immovable asset Life Cycle costing strategy**

- a) The strategy shall harmonise the cost of acquiring, operating and maintenance of immovable assets.

**5.1.7 Monitoring, evaluation and research strategy (Maintenance Performance Indicators)**

- a) The strategy will facilitate effective Monitoring and Evaluation (M&E) of planned activities and set standards of maintenance work.
- b) Continuous research on maintenance will be undertaken to enhance M&E and inform the stakeholders for future actions.
- c) In order to continually improve maintenance management of assets delivery performance, a number of Key Performance Indicators (KPI) are to be used as a method of measuring effectiveness of maintenance plans:
- d) Reliability of plant and machinery in health facilities.
- e) Quality and speed of execution of work/response e.g. % of backlogs.  
Emergency work
- f) Maintenance cost e.g. % of budget spent per financial year
- g) Maintenance ratio; the ratio of the total maintenance expenditure on the asset over the Replacement value of the Asset.
- h) Planned Maintenance Ratio; the ratio of Planned Maintenance expenditure over the Total maintenance expenditure in the Period
- i) Deferred Maintenance Ratio; the ratio of deferred maintenance over the total maintenance Budget

## **5.2 Maintenance categories**

- a) Preventative maintenance: is the maintenance which shall be carried out to prevent an item failing or wearing out by providing systematic inspection, detection and prevention of developing failure.
- b) Statutory maintenance: is maintenance which shall be carried out when plants such as lifts, fire systems, fume hoods and air-conditioning systems are serviced and maintained in accordance with legislative requirements.
- c) Corrective maintenance: is maintenance that shall be carried out to bring an item back to working order when it has failed or worn out. Corrective and day-to-day maintenance are collectively reactive maintenance. They are unplanned used for assets experiencing breakdown, failure or vandalism.
- d) Rehabilitation maintenance: is maintenance that shall require major works to be done to restore the asset to its functional state.

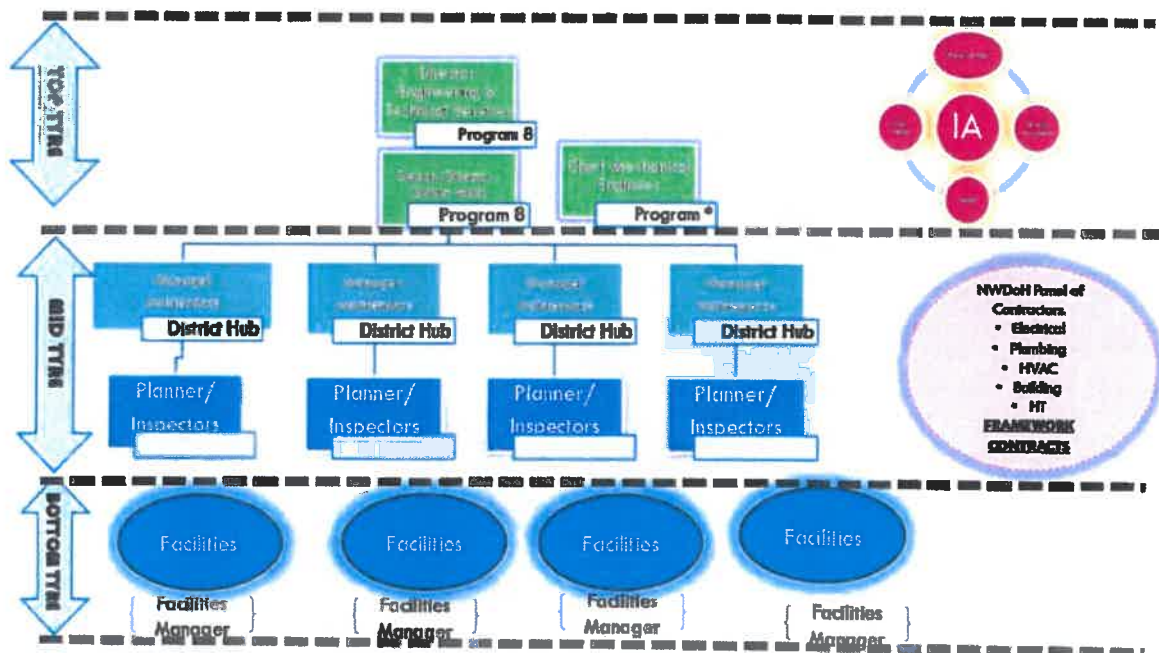
## **5.3 Organizational Structures**

- a) The North West Department of Health Infrastructure Directorate deliver services to multi sites widely separated but performing in most case similar operations. The infrastructure is not only widely geographically separated, but also different sizes, age and complexities. Therefore, it is the intention to provide an organizational model that can serve the multi sites efficiently and effectively. A structure coordinating from Provincial level through to Facility level.



**5.3.1 Figure 2 Maintenance Structure,** below illustrate the multi-level organisational structure.

The organisational structure to deliver the maintenance strategy is shown in



**Figure 2: CSIR Health Facilities operational excellence**

### 5.3.2 Main features of the organisational structure

- The North West Department of Health Department shall ensure the establishment of District Maintenance Hub units
- Each District Maintenance Hub shall have a qualified Senior Manager, who is a Maintenance Specialist responsible for maintenance, who will report to Head Office's Engineering & Technical Services Directorate.
- Each District shall have a Panel of Contractors for Emergency work on Framework Contracts that are based in the District to support District Hubs and Facilities.
- Each District Maintenance Hubs will be monitored by Delegated Official

The Maintenance organizational structure is responsible for all maintenance and refurbishment of all immovable assets and equipment.

Generally, this policy describes the key strategic change to the management of the maintenance functions from a District perspective. This strategy requires a 3 Tier proposal, namely: -

- a) Top Tier: - The Provincial "Maintenance Directorate" structure
- b) Middle Tier: - The District Hub Unit – should be in the long term be based at each of the 4 Districts
- c) Bottom Tier: - At the facility level itself. This will differ from a regional / provincial hospital through to the district hospitals. The clinics and CHCs are lacking any capacity to do technical maintenance functions and thus need to be supported from neighboring district or provincial establishments.

The middle and bottom tiers are seen a vital linkages between the provincial structure and the maintenance projects deliverables. The resources at the districts and hospitals are proposed to support on the ground monitoring, communications and information source to assist the communities and province implement successful, efficient and effective health services.

#### **5.3.2.1 Middle Tier (District Hub) Strategy:**

The proposal is to establish district maintenance units to report and perform support tasks for the Programme 8 Provincial infrastructure Unit. This is done in order to monitor and report on performance of all maintenance activities in the districts. The assets under the management of the Maintenance division are classified as follows: -

- a) Hospitals
- b) Community Health Clinics
- c) Clinics
- d) Staff residences
- e) Offices



- f) Nurses Colleges
- g) Emergency Medical Services
- h) Mechanical and electrical equipment
- i) Clinical equipment
- j) Water and sanitation plant and machinery
- k) Pharmaceutical depot

In the interim it is proposed that these district technical resources be outsourced using Framework Contracts and will operate from the within the Districts and across districts.

The Maintenance Directorate is mainly responsible for the maintenance of Hospitals, residences and office space within the Hospitals' perimeters. All clinics and CHCs used by the Department, forms part of the North West Department of Health portfolio and are managed and maintained internally by the department.

**5.3.2.2 The District or Middle Tier functions include: -**

The monitoring and reporting on: -

- a) Maintenance, both routine maintenance (planned) and emergency (breakdowns, etc.)
- b) Refurbishing and upgrading of the built infrastructure (immovable fixed assets)
- c) Refurbishing, replacing and upgrading of all support infrastructure such as lifts, air conditioning units, major hospital plant and ancillary engineering plant and infrastructure.

Overall responsibility for the implementation and management of the various acts and regulations that govern the built environment within the public health sector (for example the Machinery and Factory Act, Occupational Health and Safety Act) also resort within the Directorate.

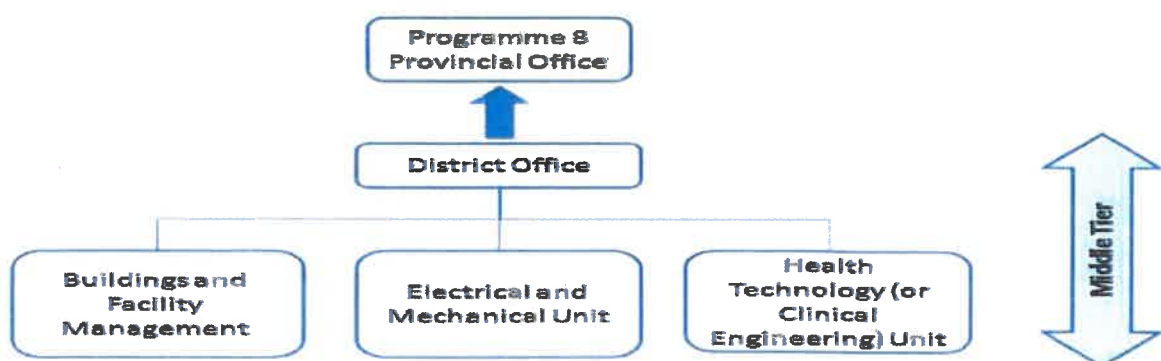
- a) To be the point of contact for requests from health institutions when maintenance or repair is required to infrastructure or equipment.

- b) To identify fixed infrastructure maintenance requirements of the North West Department of Health.
- c) To prioritise maintenance requirements and monitor execution of projects identified in conjunction with maintenance workshops, Health Institutions and the IA as appropriate
- d) To manage, monitor and evaluate the progress of maintenance in accordance with the allocated budget.
- e) To implement corrective measures as may be necessary
- f) To institute adhoc and emergency maintenance as may arise
- g) To identify and incorporate best practice in future planning.

To do these functions it is proposed that three (3) main sub-divisions are formed, namely: -

- a) Building maintenance unit
- b) Electrical and Mechanical maintenance unit and a
- c) Clinical Engineering unit

All of these units should have access to the facility (or "Bottom Tier" resources – i.e. decentralised resources many of which are dedicated or specialist in their main activities to the facilities they are appointed to).



**Note:-** District Office establishment can be duplicated in the sub-districts

*Note: - If there are resources available in any of the sub-areas it will be recommended to duplicate this "District" establishment at other or different centres to ease the workloads and travelling requirements.*

## **CHAPTER 6**

### **6.1 ROLES AND RESPONSIBILITIES**

North West Department of Health Technical and Engineering Services shall manage "Planned" and "Unplanned" maintenance activities on all Health Facilities, consisting of daily, monthly and quarterly inspections and day-to-day repairs, including energy saving. North West Department of Health should ensure provision of sufficient funds on their day-to-day maintenance budget at Health Facilities. Under no circumstances will maintenance work above the threshold / delegation of the Health Facility be executed by the Facility unless such an instruction is given by the Head of Department.

### **6.2 Responsibility of North West Department of Health Infrastructure Program 8**

- a) Maintenance of an Immovable Asset register for North West Department of Health Facilities
- b) Inspections and conducting Conditional Assessments
- c) Development and implementation of norms and standards
- d) Quality assurance and assessment
- e) Handling of Term Contracts (such as maintenance of plant & Machinery related to Health and Safety requirements e.g. lifts, firefighting equipment, boilers, Laundry Equipment, Kitchen Equipment and air conditions as defined in the FIDPM for Health Facilities for North West Department of Health through an SDA. This scope of work should be implemented through term contracts or frame work agreement.
- f) Ensure that District receive a consolidate Maintenance Register of all Health Facilities.
- g) Ensure adequate budget allocation to Community Health Clinics, Hospitals and Specialised hospitals for day to day maintenance
- h) Budget and expenditure control mechanism to budgets allocated to facilities;
- i) Developing and ensure Implementation of Maintenance policy and procedures manual

- j) Development of maintenance procurement strategy, including all SCM issues for term contractors
- k) Ensure provision of Mentorship and training to officials at Health Facilities

### **6.3 Responsibility of Health Facilities**

- 1) Health Facilities in this policy context refer to all CHC, District Hospitals, Tertiary hospital and specialized hospitals, including Clinics and other facilities.
- 2) The **Facility Manager** in this instance refers to a **C.E.O**, Operations Manager or delegated official at a facility and has the following responsibilities.
  - a) Facility Manager must ensure that all vital equipment are in good and safe working condition and at any time, and must have a backup equipment for emergencies;
  - b) Facility Manager should ensure that there are enough consumables on stock to use the equipment at any given time.
  - c) Preventive maintenance has a more priority than repair and installation work. Therefore, the Facility Manager must ensure that preventive maintenance takes place on all necessary immovable assets
  - d) Facility Manager should ensure that day-to-day maintenance is completed within a reasonable timeframe from the date that the need for repair or breakdown was reported. This is to ensure that one's need for repair or breakdown does not result in further breakdowns or place unnecessary pressure on other services, to such an extent that other services are negatively affected and/or cause other breakdowns.
  - e) Each facility must have a stores for basic spare parts which are needed for routine and day to day maintenance
  - f) Each facility should develop a Maintenance plan and submit to the District Maintenance Hub at the beginning of every financial year
  - g) Technicians are to service and repair the following basic systems namely; electricity installation (wiring, fuses, sockets, light), water installation (pipes, tanks, taps, waste water), building & furniture repairs work, simple mechanical and electrical equipment's (e.g. pumps, sucker, kettle, iron, washing machine, routine maintenance on generators or sophisticated equipment according to the user manual and not the service manual



- h) Facilities must use the equitable share (ES) to fund their maintenance plans before requesting intervention from Head Office. An official request must be send from the facility via District to the Head of Infrastructure specifying the need, office and the scope of work to be done.
- i) Maintenance Register - The maintenance register should list all planned maintenance inspections and schedules for each asset on the asset register. This is necessary for monitoring and control purposes. The maintenance registers will be submitted to head office on a quarterly basis by the Facility Manager.

#### **6.4 Responsibilities of Facility Maintenance Manager**

The Facility Maintenance Manager on each Facility or complex will be expected to execute the following duties:

- a) Report to the District Maintenance Hub on a regular basis, the works progress a monthly basis and on ad hoc basis should the nature of the work be likewise
- b) Work with the District Maintenance Hub to compile a list of the prioritized maintenance works that will be communicated to the Director Engineering and Technical Services

#### **6.5 Responsibilities of Proposed ideal District Maintenance Hub Units**

The District Maintenance hubs unit shall be responsible for second and third line maintenance for Community Health Centres and Hospitals. *Exception is on Clinics where the District Maintenance hubs will be responsible also for operational maintenance.*

- a) The District Maintenance Hub Manager shall be the responsible person (GMR2 Appointment) for the District Facilities, and this will make him responsible for all Statutory Inspection and requirements.
- b) The District Maintenance Hub Unit shall handle all maintenance work that is of specialized nature e.g. Steam Generation, Lifts. HVAC, Laundry and Kitchen Equipment This will be done with Framework Contracts managed by the Hub or the Hub internal teams dictated by the complexity of the Scope of Works.
- c) It is the responsibility of the District Maintenance hubs manager to ensure that all maintenance inspections, scheduled and repair work comply with the Occupational



Health and Safety Act and Regulations and when delegated/awarded or contracted, that the person is skilled according to the OHS Act.

- d) District Maintenance Hubs will be responsible for scheduled fumigation of the Health Facilities in their area irrespective of the amount. This excludes fumigation of rodents and termite eradication, which will be carried out through the Head Office's Engineering Technical & Services Directorate.
- e) North West Department of Health District Maintenance Hubs should ensure that day-to-day maintenance at Clinics is completed within a reasonable timeframe from the date that the need for repair or breakdown was reported. This is to ensure that one need for repair or breakdown does not result in further breakdowns or place unnecessary pressure on other services, to such an extent that other services are negatively affected and/or cause other breakdowns.
- f) Maintenance Register - The maintenance register should list all planned maintenance inspections and schedules for each asset on the asset register. This is necessary for monitoring and control purposes.

#### **6.6 Responsibilities of Deputy Director: District Maintenance Hub**

The District Hub Manager will be expected to execute the following duties:

- a) Coordinate the Project Management and Supervision of appointed term Contractors.
- b) Reporting to the Director engineering and Technical Services on the performance of Term Contractors and expenditure on monthly basis.
- c) Planning prioritized maintenance for the Facilities for approval by the Director engineering and Technical Services.
- d) Responsible for capturing information on the PMIS.



## CHAPTER 7

### 7.1 MONITORING AND REVIEW DATES

- a) The Department shall develop standardized tools for monitoring and assessment of immovable assets.
- b) The Infrastructure Delivery and Technical Services (IDTS) Directorate for Maintenance shall continuously monitor, evaluate and report on all maintenance activities.
- c) This policy shall be reviewed after every three (3) years or as may be required from time to time.
- d) Submission of MTEF Maintenance Plan and Conditional Assessments on Assets/ Facilities.


### 7.2 APPROVAL:

  
\_\_\_\_\_  
**Mr. K. Molawa**

**Chief Director: IDTS**

  
\_\_\_\_\_  
**Date**

**Recommended/ not recommended**

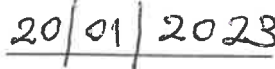
  
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**Mr. O. E. Mongale**  
**Head of Department**

  
\_\_\_\_\_  
**Date**

**Approved/ ~~not approved~~**

  
\_\_\_\_\_  
**HON. MEC. Mr. M. Sambatha**

**North West Department of Health**

  
\_\_\_\_\_  
**Date**