REPUBLIC OF SOUTH AFRICA

OPERATION PHAKISA

planning | implementation | growth

Ideal Clinic Realisation and Maintenance

Overview

Introduction to Ideal Clinic realisation and maintenance lab

1. There were 164 participants in the Lab
2. The participants were drawn from various stakeholders both within and outside government
3. The lab went for 6 weeks starting from the 12th October to 21st November 2014
4. The objectives of the lab was to develop a detailed implementation plan for scaling up ICRM programme
5. The lab had four high level syndication sessions with Steerco
6. The lab was formally closed on the 21 November 2014 by the DG of Health

1 However, the challenges that PHC faces jeopardise the essential role it plays in the country

Patients experience low-quality **service delivery**, with non-integrated care that is not aligned with the patient's needs	Patient **waiting time** in clinics is 2-5 hours, with on average 79% of time in clinic spent waiting
80% of clinics are not "fit for purpose", with obsolete or inadequate **infrastructure**	Essential (medical) supplies are often missing at clinic level, because of a broken and unresponsive **supply chain**
Lack of strong **financial management** causes PHC facilities to run out of funds early into the year	Uneven implementation of initiatives caused by inadequate **institutional arrangements** between provinces and national
With 46,000 vacancies, **human resources** in PHC are lacking, with shortages of key personnel in the clinics	**Scaling up and sustaining** a major PHC transformation will be challenged by the fragmented health government structure

1 These challenges have led to negative public perception that undermines trust in the PHC system

EXAMPLES

DailyNews

SA needs 14 351 doctors, 44 780 nurses

Durban - KwaZulu-Natal is facing a chronic shortage of doctors, with 49 percent of public health jobs not filled, a survey by the SA Institute of Race Relations has revealed.

According to the survey - due to be published this week - the province also has a 26 percent vacancy rate for nurses.

Countrywide, 56 percent of doctor posts are vacant (14 351) and 46 percent (44 780) of nursing jobs unfilled.

Lee Rondganger, 22 January 2013

Saturday Star

Districts have little money, power to provide services

As the ranks of managers bloat, less money may be going to service delivery in some health districts as about half of districts report they do not have the managers, money or control to do their jobs properly

Laura Lopez Gonzalez , 27 September 2014

Mail & Guardian AFRICA'S BEST READ

Health MDGs: Child and maternal health needs critical care

Despite increased efforts to improve child and maternal health, countries are still lagging behind in meeting their Millennium Development Goals.

24 Sep 2014 22:58| Ina Skosana

SOURCE: http://www.iol.co.za/dailynews/sa-needs-14-351-doctors-44-780-nurses-1.1456417#.VCgIh2ddV1Y

2 The NDoH therefore developed the Ideal Clinic concept to transform PHC delivery

Developing the concept of Ideal Clinics

- National Department of Health (NDoH) developed the concept of an “Ideal Clinic” – the requirements for a clinic that is able to provide high quality care
- The Ideal Clinic is defined along 10 components and 26 sub-components
- Transforming clinics to ideal status is a key preparation for the National Health Insurance

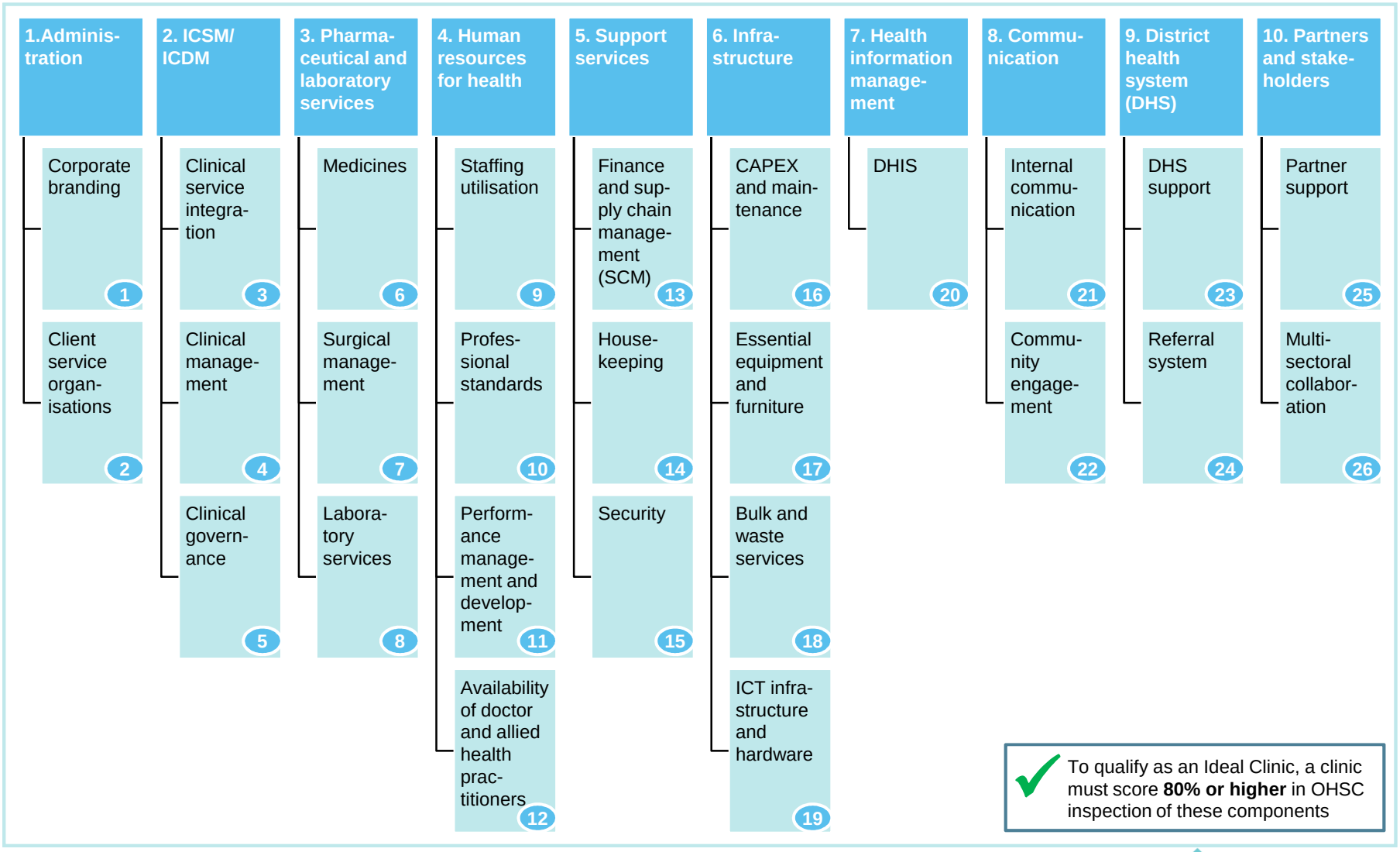
Piloting at 10 learning sites

- 10 clinics were designated as pilot sites to test the Ideal Clinic concept
- Pilot clinics were closely monitored and assisted to reach ideal status in the course of 2013/14
- Pilot implementation team consisted of reps from pilot clinics, districts, provinces, NDoH, NHI and OHSC

Scaling up to 3,507 facilities nationally

- Pilot results were used to optimise Ideal Clinic concept, rationalise progress tracking and align with OHSC tools
- National and provincial departments have prepared costing and implementation plans for scale-up of Ideal Clinic
- Nationwide coordinated transformation programme required to roll out to all clinics

2 The “Ideal Clinic” provides detailed guidelines for clinics to improve their functional effectiveness



SOURCE: NDoH Ideal Clinic Status Realisation Tool

2 The Ideal Clinic initiative aspires to transform PHC in line with broader national priorities

- Crucial for strengthening the public healthcare system and ensuring consistently good quality of care delivered at public health facilities
- Part of strengthening of PHC, which is a fundamental building block of National Health Insurance
- One of the key national priorities reflected in Chapter 10 of the National Development Plan 2030 and the Medium Term Strategic Framework (2014-19)

2 The NDoH has leveraged the President's "Operation Phakisa" initiative to fast-track the Ideal Clinic initiative

"We will next month launch an adaptation of the Big Fast Results methodology that we have been discussing with the government of Malaysia... The methodology involves setting clear targets and following up with on-going monitoring of progress and making the results public. Using this implementation methodology, the Government of Malaysia was able to register impressive results within a short period. In ***South Africa,*** we have renamed the Malaysian approach ***Operation Phakisa***, to emphasise its critical role in fast-tracking delivery on the priorities included in the National Development Plan 2030 ... We will also pilot this methodology to improve service delivery in our clinics nationwide, ***promoting Minister Motsoaledi's Ideal Clinic Initiative***"

– 20 June 2014

SOURCE: State of the Union Address, 20 June 2014

2 Operation Phakisa follows an 7-step approach to improve service delivery and execution of plans

i **Delivery laboratories**	▪ Develop 3-feet implementation plans
ii **Road map final-isation and sign-off**	▪ Engage with potential funders, design final road map, get government approval
iii **Public commitment**	▪ Share laboratories' outputs in a public Open Day
iv **Capability building**	▪ Assess gaps and build a programme to support delivery
v **Delivery**	▪ Drive execution of 3-feet plans, problem solve challenges, escalate issues where necessary
vi **Monitoring**	▪ Measure progress against KPIs, report internally and publicly
vii **External accountability**	▪ Audit results and make them publicly available

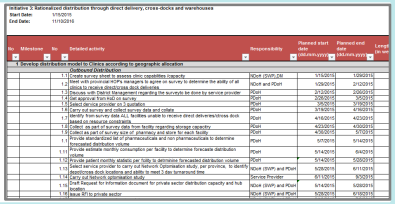
2 The Phakisa Labs galvanise delivery through participation, detailed planning and shared commitment to deliver

Essential stakeholders in one room

- Participants from public, private and social sectors
- 100% time commitment for 6 weeks
- Full ownership of aspirations, decisions, initiatives generated in lab
- Commitment to implementation post-lab

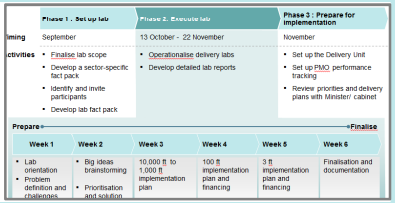
Detailed "3-feet" imple-mentation planning

- Detailed, step-by-step execution plans (total of ~5,000 action items) based on high level strategy formulated earlier in the lab
- Ownership agreed with every step
- Timeline defined on a day-by-day level



Results in a very short time

- From high-level strategy to detailed implementation in 6 weeks' time
- Final document is ready to be signed off by cabinet
- Implementation plan spans a well-defined and limited amount of time (3 years)

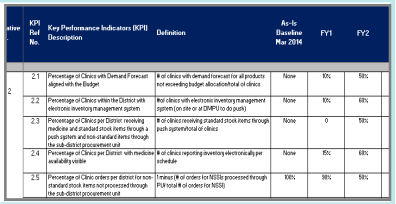


Public and high-level leadership commitment

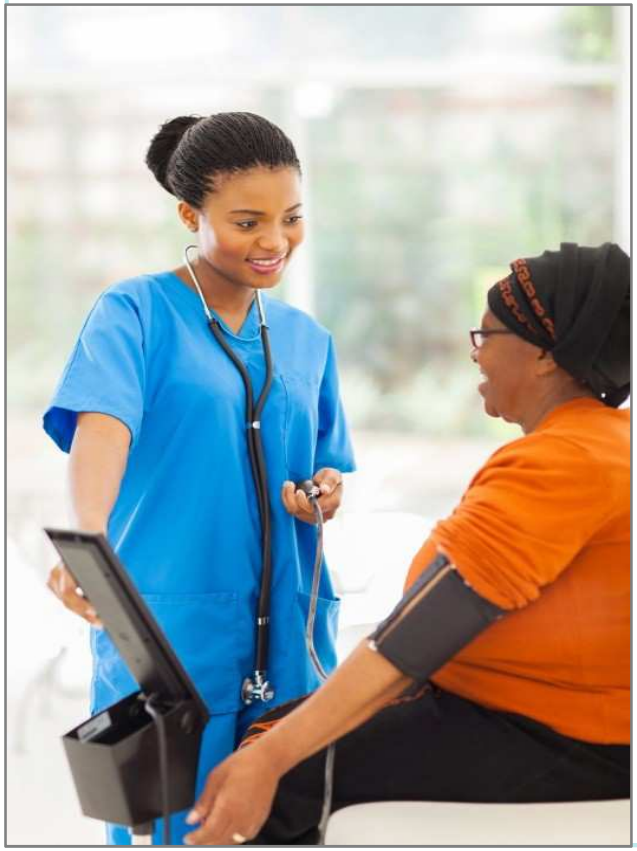
- Weekly sign-off by critical stakeholders (Minister, CEOs, provincial heads)
- End-of-lab commitment by the President
- Open Days and media involvement to ensure leadership accountability for implementation

Continued monitoring and account-ability

- Detailed KPIs developed in lab for each initiative
- Dashboard and tracking tool developed by DPME based on 3-feet plans/KPIs
- Dedicated follow-up and high-level leadership reporting on progress against dashboard



3 The aspiration of the Ideal Clinic Realisation and maintenance lab is to develop an implementation plan to transform PHC facilities across the country



The lab aspiration is to

- Transform **100% of PHC clinics** in the 52 districts to qualify as **Ideal Clinics by 2018/19**; up from a base of zero in 2013/14
- Create a **blueprint and active mentoring approach** to facilitate the ability to **unblock bottlenecks that hamper quality service delivery** at PHC facilities
- Develop a **detailed, costed scale-up plan** for the Ideal Clinic realisation and maintenance

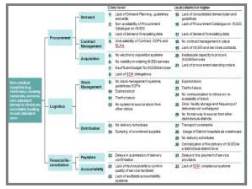
3 The ICRM lab participants worked for 6 weeks to develop solutions and detailed action plans for PHC

12 October, 2014 — **6 weeks** — **21 November, 2014**

Lab preparation

- Gathering baseline information

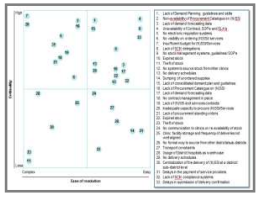
Gathering of issues



- Identification of issues
- Structuring problems into addressable breakdowns

~240 issues identified across 8 workstreams

Prioritisation of issues



Prioritise based on

- Time horizon
- Impact vs. ease of implementation
- Sustainability/ criticality

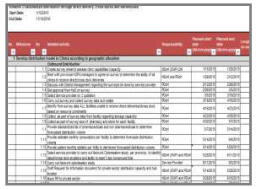
~100 issues prioritised

Developing solutions

- Discussion of possible solutions
- Minister syndication
- Prioritisation of solutions

~130 initiatives developed, 80 prioritised

Developing detailed action plan



- Minister syndication and Presidential launch
- Detailed action plan with budget, timeline and person accountable

"3-feet plans" by initiative developed, including ~5,000 action points

Finalisation

- Finalisation and documentation of report
- Preparation for cabinet workshop
- Open Day "roadshow" in all provinces

3

Total of 164 participants with different backgrounds attended (1/2)

12 National government departments

- NDoH
- DBE
- DPSA
- DPW
- Military Health
- DOT
- National Treasury
- DHET
- DRDLR
- DHS
- NHLS
- DPME

9 Provinces

- Gauteng Province
- Eastern Cape
- KwaZulu-Natal
- Northern Cape
- Free State
- Western Cape
- North West Province
- Limpopo
- Mpumalanga

3

Total of 164 participants with different backgrounds attended (2/2)

4 Metropolitan municipalities

- City of Tshwane
- City of Joburg
- City of Cape Town
- eThekwini

4 Statutory councils

- Medical Research Council
- Council for Scientific and Industrial Research
- South African Pharmacy Council
- Office of Health Standards Compliance

3 Trade unions

- DENOSA
- NEHAWU
- PSA

3 Schools of public health

- University of Pretoria School of Public Health
- Lean Institute: University of Cape Town
- University of KwaZulu-Natal

3 Total of 164 participants with different backgrounds attended (2/3)

6 Private sector organisations

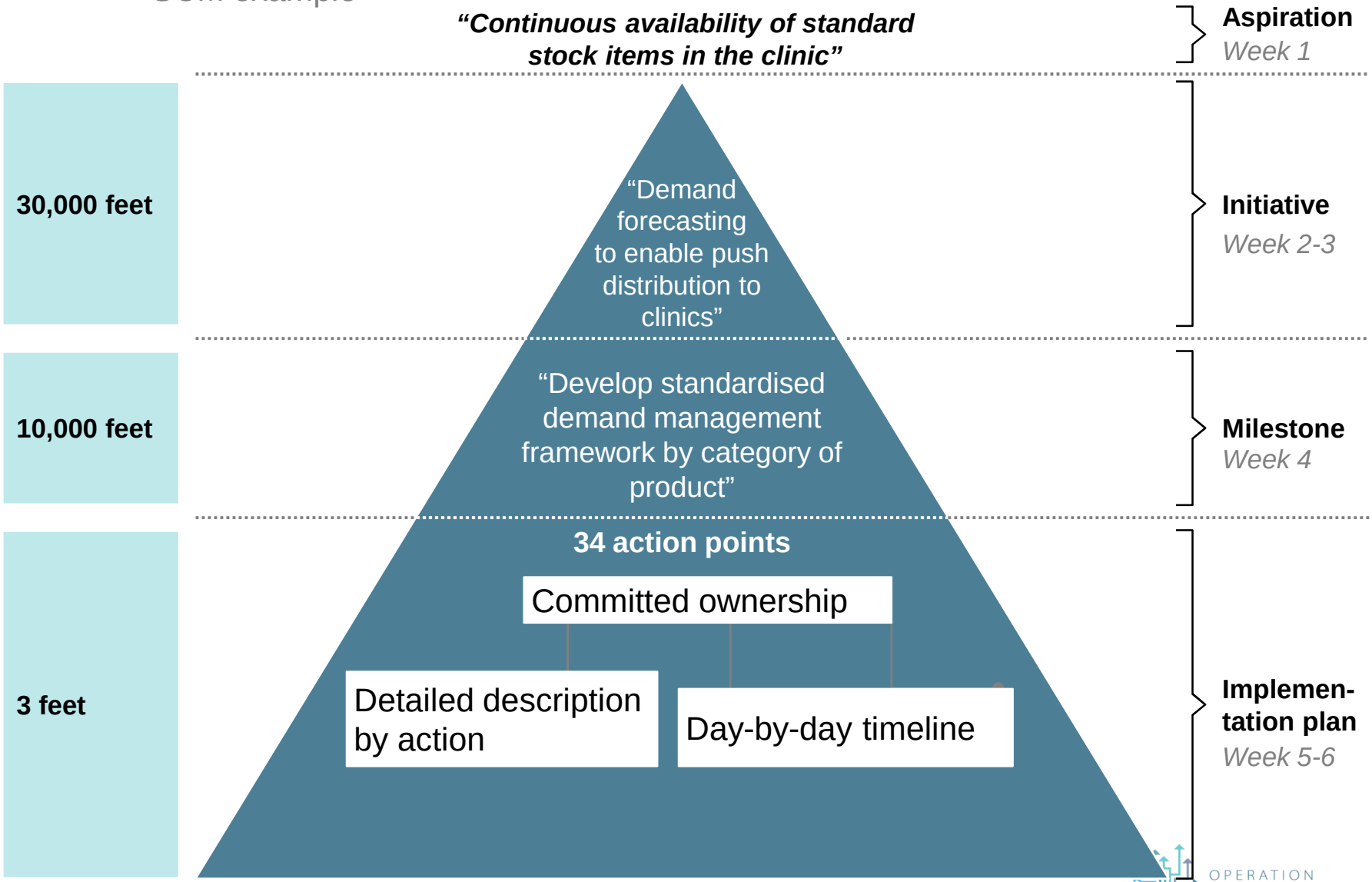
- Intercare
- Medtronic
- Deloitte
- Philips SA
- EOH Health
- GRM Futures Group

18 NGOs and development partners

- BroadReach
- Aurum
- Access Chapter 2
- John Snow, Inc. (JSI)
- Health Systems Trust
- RuDASA
- Health Information Systems Program
- Hospice Palliative Care Assoc. of SA
- FPD
- PEPFAR
- SCMS
- Reducing Maternal and Child Mortality though strengthening PHC
- HLSP
- Management Sciences of Health
- ASAIPA
- USAID
- WITS RHI
- CDC

3 The lab teams drilled down from high-level aspirations to detailed "3-feet plans" for each initiative

SCM example



4 Each workstream defined a specific workstream aspiration to improve the PHC facilities

Workstream		Aspirations
Service delivery	1	▪ All public sector healthcare facilities in South Africa deliver optimal quality healthcare from both the patient and healthcare provider perspective
Waiting times	2	▪ 80% of patients report a positive experience of care ▪ 90% of patients satisfied with their waiting time ▪ Total waiting time for patients of no more than 2 hours
Infrastructure	3	▪ All primary healthcare facilities have world-class infrastructure that is delivered on time and well maintained for the future
Human resources for health	4	▪ Every PHC facility is appropriately staffed ▪ Every health worker has the necessary skills ▪ Public health sector is an employer of choice and attracts the best talent
Financial management	5	▪ Equitable allocation of resources per capita between districts ▪ Availability of resources for service delivery throughout the year through realistic budgeting and improved financial accountability
Supply chain management	6	▪ Continuous availability of medicines and supplies ▪ Reduced costs of procurement and distribution of commodities ▪ Improved turnaround times for the delivery of non-standard stock items
Institutional arrangements	7	▪ Effective institutional arrangements and intergovernmental agreements to support the realisation and maintenance of Ideal Clinics in South Africa
Scale-up and sustainability	8	▪ A national scale-up framework and an implementation plan that enables all primary healthcare facilities in South Africa to achieve Ideal Clinic status

4 ch work stream developed innovative solutions to achieve their aspiration and resolve critical challenges (1/2)

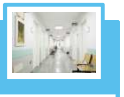
Service delivery

- Deliver integrated package of PHC services that is holistic, patient-oriented and community-centred
- Streamline, modernise and integrate health information management systems
- Improve facilities' ability to create a clean and safe environment

Waiting times

- Optimise processes within facilities to reduce time spent by patients
- Manage the volume of patients physically going to facilities by offering alternative points of service
- Monitor, evaluate, communicate and respond to feedback on patients' experience of care
- Improve frequency and quality of communication with patients

Infrastructure



- Roll out a large-scale infrastructure programme to build or refurbish all PHG facilities to world-class standards
- Implement an effective, user-friendly rapid-response approach for facility maintenance
- Develop innovative partnerships with public and private sector stakeholders to ensure delivery and sustainability of PHC infrastructure

Human resources for health

- Achieve more with existing staff through optimal staff distribution and improved productivity and better retention
- Fill the demand by attracting talent from new sources, including contract staff from private sector, professionals in other countries and view cadre groups being introduced
- Improve HR processes to simplify and speed up the attraction of staff
- Empower staff through targeted and relevant training

4 Each work stream developed innovative solutions to achieve their aspiration and resolve critical challenges (2/2)

Financial management

- Implement a new budgeting approach that is realistic, equitable and inclusive to ensure sufficient resources are allocated to facilities
- Improve adherence to budgets to ensure optimal spend on non-negotiables and improved accountability for all funds

Supply chain management

- Standardise facility ordering process and delegate procurement to facilities to reduce requisition delays for most items
- Switch to a push system to proactively supply facilities with standard stock items
- Improve SCM logistics and contract management to save both time and money

Institutional arrangements

- Optimise the existing constitutional and legislative framework to
  - Improve operating model across all levels of government
  - Improve public accountability and transparency
  - Increase responsiveness at the point of service delivery

Scale-up and sustainability

- Scale up the ICRM initiatives as a coherent programme to 3,507 facilities and all districts and provinces
- Implement a comprehensive monitoring and evaluation process to track impact
- Ensure sustained impact of the ICRM programme through stakeholder engagement, change management and innovative communications

4 In addition, 5 cross-cutting themes have emerged which are crucial for successful implementation

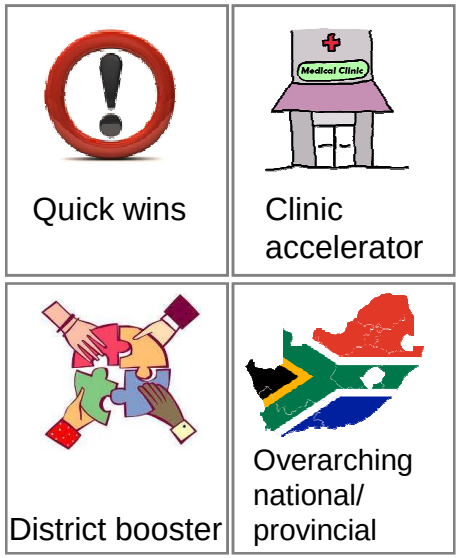
Leadership	**Need for strong leadership at all levels of government** from national to facilities to champion ICRM, re-prioritise funds and accelerate implementation
Management	Need to **upgrade management capabilities** (planning, implementation, monitoring, change management) across the system
Public accountability	Transparency and public commitment to deliver on the aspirations of Operation Phakisa
Capacity and skills	Need to secure a **sufficient number of suitably qualified and skilled people** to lead and run Ideal Clinics
Delegation of authority and decentralisation	**Decision making must move closer to the point of service delivery** to improve both the efficiency and the effectiveness of service delivery

5 Health lab initiatives will be implemented in the next 3 years by "delivery units" at national, provincial and district level

Who will implement?

- Structure of the delivery units who will implement the lab initiatives at a national, provincial, district, sub-district and facility level
- Terms of reference for the governance structure

What will they implement?



- Collation and classification of the initiatives created by the 8 workstreams
- Initiatives will be in 4 categories depending on model of implementation

When?

- Phasing of the scale-up taking into account considerations such as
  - Budgetary constraints
  - Timing and locus of impact
  - Time required to set up for implementation

5 Scale-up of the Ideal Clinic programme will be managed in 3 phases

Sustainability

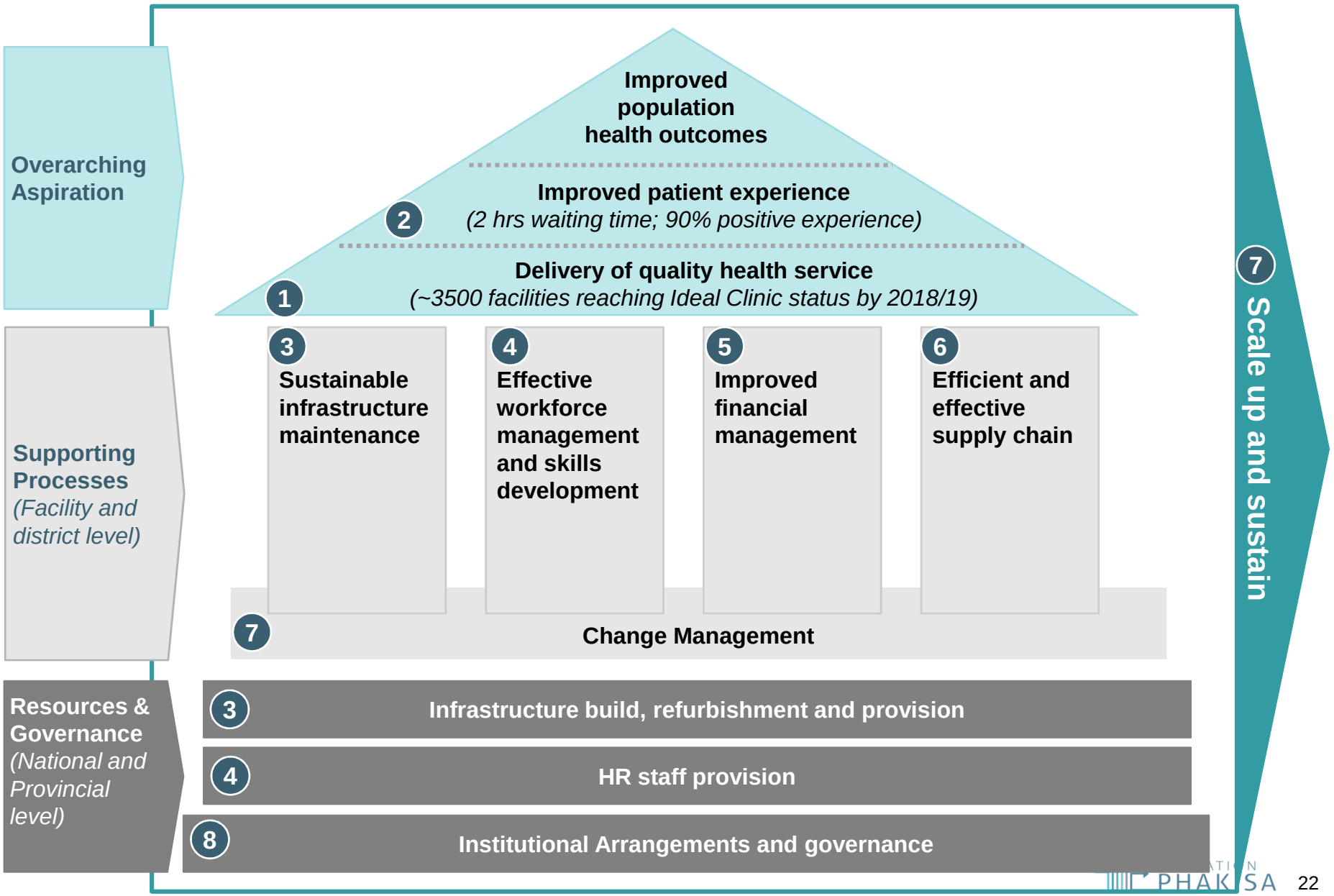
Preparation 2014-15

Implementation 2015-19

Maintenance and continuous improvement 2019+

	Preparation 2014-15	Implementation 2015-19	Maintenance and continuous improvement 2019+
Description	▪ Engage stakeholders and get buy-in ▪ Establish, train and induct implementation teams ▪ Communication and change management process kick-off ▪ Customise plans at national and provincial level	▪ Lab initiatives implemented in a sequence that takes into account resources and budgeting ▪ Clinic booster and district booster activities to be rolled out on a geographical basis	▪ Improved health outcomes ▪ Communities empowered to engage on the social determinants of health ▪ Facilities have essential medicine, clinical equipment and supplies ▪ PHC facilities are clean, safe and comfortable for staff and patients
Principles	▪ All ICRM plans and targets to be shared ▪ Transparency on progress at all levels ▪ A peer review process to provide support and encourage continuous quality improvement amongst facilities ▪ Apply sustainability principles throughout	▪ Control and sequence introduction of changes to limit/prevent the system being overwhelmed ▪ Identify dependencies ▪ Specify preparatory work and time required by each initiative ▪ Link implementation of initiative to resources available and required ▪ Identify initiatives that need to be piloted before scale -up	▪ Apply sustainability principles throughout, e.g., use existing resources, leveraging on and strengthening of existing structures and operating systems, integrate initiatives within existing DHS

To achieve this, the Lab's work has been organised into 8 workstreams



The 8 workstreams developed 80+ initiatives however, the capacity of any system to absorb change is limited

Rationale	Implications
▪ The capacity of any system or organisation to **absorb large scale** change is limited	▪ Initiatives need to be **prioritised and rationalised** to leave only the most high impact initiatives within the Phakisa programme
▪ It is important to **limit the number of separate interventions** that facilities/districts experience in order to avoid “initiative fatigue”	▪ Initiatives need to be **organised into a small number of intervention sets** that minimise the number of touchpoints for a facility/district
▪ It is critical to **plan and manage implementation in a programmatic** way	▪ An **overall implementation master plan** is needed to inform sequencing and rollout method for all initiatives

The 80+ initiatives that will conform the ICRM scale up plan

1 Prioritise

- Can fundamentally change the PHC system
- Can deliver visible impact soon
- Can realistically be achieved in the 2018/19 horizon

2 Structure

- Minimise the number of interventions at facility and district level
- Allow for effective planning and management of the implementation

3 Segment

- Map all initiatives taking into account
  - Level of government at which initiative will be coordinated
  - Anticipated speed of implementation

4 Scale up

Develop a comprehensive master plan for implementation, including

- Sequence and timing of initiatives
- Rollout method for intervention groups (geography, etc)
- Required enablers and delivery units to ensure successful implementation

Initiatives were prioritised into three categories

Quick win – rapid, visible impact

- Less than 6 months to impact
- High visibility
- Easy to implement
  - Facilities can do independently
  - National can do unilaterally
- Funds can be made available within existing budgets

Breakthrough – must win

- Will change the way the PHC system works
- Must-win initiative for the NDoH
- Out of the box innovations
- High impact
- NDoH willing to advocate for additional funds and resources to ensure success

Major delivery fix – effective execution

- Foundations exist (e.g., legislation, strategy, guidelines, pilots etc.) but are not yet fully implemented
- Challenges exist with delivery or execution
- Impact visible expected within 2018/19 horizon

Initiatives that can be successfully implemented within the current "*business as usual*" context have been deprioritised from the ICRM Lab programme

OMV1

The work streams identified 7 quick wins that will be implemented on the first half of 2015/2016 Fin Year

Quick win – rapid, visible impact

- Communicate clear expectations of patients and community (WT)
- Update technical standards for a sustainable infrastructure (Infra)
- Include FM in funds budgeting process (FM)
- Ring-fence funds for non- negotiables (FM)
- Delegate procurement of NSSIs to clinic (SCM)
- Provincialisation (IR)
- Branding and communications (SS)
- Stakeholder engagement and change management (SS)

Slide 27

OMV1 Shall we add the rapid scale of the dashboard elements?
More specific wording?
Olalla Montes Vazq, 2014/11/05

12 breakthrough initiatives that will radically change the way the current health system functions

Breakthrough – must win

- Extended operating hours at PHC facilities (WT)
- Consistent system for making appointments (WT)
- Call centre services for citizens (WT)
- Specialist/GP and other special skills contracted from private sector (HR)
- Health Advocates (HR)
- Bring back our professionals (HR)
- Create and implement detailed roll out of IC roll out (Infra)
- Establish maintenance hubs (Infra)
- Ensure all new directives are funded before implementation (FM)
- Demand forecasting to push SSIs to the clinic (SCM)
- Ensure health is national function (IR)
- Development of catalogues for procurement of goods and services (SCM)

The prioritised initiatives will fall into 4 types of model interventions

	Definition	Implementation method
 **Quick wins**	▪ Interventions that can be implemented quickly, independently and unilaterally	▪ Co-ordinated by a central project team ▪ **Big Bang scale up**
 **Ideal Clinic Accelerator**	▪ Interventions that will be implemented at the clinic level ▪ Implementation will be supported by team of change agents who will take facility through pre-defined journey of change	▪ Change agent team deployed for a period of time to assist with implementation ▪ Likely to be rolled out on a **geographic basis**
 **District Booster**	▪ Interventions that will be implemented at the district level ▪ Implementation will be supported by team of change agents who will take district through pre-defined journey of change	▪ Change agent team deployed for a period of time to assist with implementation ▪ Likely to be rolled out on a **geographic basis**
 **Overarching interventions**	▪ Interventions that will be coordinated at Provincial or National level	▪ Rolled out according to **optimal pace and sequence** (i.e. needs, performance)

The overarching interventions will be implemented according to the optimal pace and sequence of each

Overarching interventions	Description	Method
Needs based	▪ National and Provincial work together to develop a package of initiatives to be rolled out to the **worst clinics/districts first** – time intensive and will require resources	▪ Co-ordinated nationally or provincially be a central project team
Performance based	▪ National and Provincial work together to develop a package of initiatives to be rolled out to the b**est clinics/districts first** – should be quick and easy to implement	▪ Co-ordinated nationally or provincially be a central project team
Ongoing – as the opportunity arises	▪ Subset of initiatives that cannot be rolled out on a needs or performance basis because their implementation is continuous or opportunity based	▪ Co-ordinated nationally or provincially be a central project team

At the end of the Lab

Way forward

- Three Feet plans for each work stream have been produced
- These plans are being refined for final submission
- A final report due this week
- The need to get budget for implementation of the lab initiatives
- The need to have a delivery unit for the outcomes of the lab
- Do costing of the plans for all work streams
- Develop recommendations for funding options
- Integration of the three feet plans into the Annual Performance Plans

At the end of the Lab

Way forward: Three Feet plans for SD

- Development and implementation of a revised package of PHC services
- Alignment of clinical programme policies with the PHC service package by expert committee
- Review the Integrated Chronic Disease Model (ICDM) manual and implementation strategy
- Development of the Integrated Clinical Services Model (ICSM) implementation guide
- Establish a Provincial ICSM implementation team (ideal clinic) that consists of programme managers form all directorates
- District implementation of ICSM
- Determination of facility classification based on population growth and migration
- Establish Task team for development of a National Referral Policy
- Sub-team to look at **cross border** (external) and cross boundary (internal) referrals
- Development of Provincial referral policy and guidelines (to local dynamics)

At the end of the Lab

Way forward: Three Feet plans for WT

- Implementation of a country-wide system for evaluating, improving, and communicating patient experience of care and waiting times at clinic level
- Roll out of the SMS-based platform for communicating individualized patient information (e.g., reminder system for appointments and medications)
- Support to clinics to adjust hours / days of operation to increase accessibility and reduce waiting times
- Implementation of an electronic queue management systems
- Communication of clear expectations for Waiting Times and process of care

At the end of the Lab

Way forward: Three Feet plans for HRM

- Develop PHC norms implementation plan – to support nation-wide HRH Redistribution
- Establish working teams that will drive the Redistribution of HRH
- Facilitate the consultation between Employer and Organised Labour and ensure buy in from both parties.
- Establish Capacity Development Workshop Agenda with specific objectives and outcomes including orientation on WISN concept and Methodology
- WISN implementation
- Conduct or recommend training in Financial Management for Non-Financial Managers
- Finalise delegation framework for District, Sub District and Facility managers
- Train managers in the proper implementation of PMDS across the board

At the end of the Lab

Way forward: Three Feet plans for HRM

- Standardizes the organizational structures for district, sub-district and facilities
- Review the current and develop new job descriptions for district managers, sub district managers and facility managers
- Develop Generic Job Description of Operational Manager to focus on overall management of the Clinic particularly for Small Clinic, Medium Clinic, Large Clinics, taking into consideration the workload of the Clinic.
- Develop Job Descriptions of the support staff to focus on overall management of the Support Functions Clinics taking into consideration the workload and size of the Clinic.
- Strengthen management systems for monitoring the performance of the GP's and DCST's
- Train the non health professionals on basic client services
- Start the "Bring Back the Professionals" campaign for all professionals that have left public service

At the end of the Lab

Way forward: Three Feet plans for Infra

- Develop and implement a detailed Infrastructure Program for the Ideal Clinic Programme
- Establish a Central Oversight Delivery Unit in the National DoH
- Establish Provincial Delivery Units to implement ICRM infrastructure roll-out programme plan
- Recruit various professional services and second various position to form part of negotiating and contracting team
- Determine key elements and components of Health Infrastructure Management which includes establishing an asset register
- Establish Standardized Procurement Procedures
- Establish a Pre-qualified Panel of Service Providers

At the end of the Lab

Way forward: Three Feet plans for Infra

- Develop maintenance hubs in all 52 districts which must must operate for 24 Hours and Build capacity in Maintenance Hubs as required
- Enter into a service level agreement with garages to ensure that the cars used for service delivery are fixed in a shortest time possible.
- Develop a mini store at the local level and well maintained working space at the clinic.
- The Clinic Operations Manager will be responsible for the equipment in the mini store.
- The clinic handy man will be identified from the community, using the existing EPWP program. The Clinic handyman must conduct weekly test on the generator , man holes, lighting, air conditioning.
- Develop a Standard Maintenance Management Framework and Approach with broad requirements for a Computerised Maintenance Management System, Processes and Tools
- Develop Validation Process and Tools: Quality Assurance and Handover Protocol
- Establish Asset Register: provide information regarding the asset

At the end of the Lab

Way forward: Three Feet plans for Infra

- Design CMH organogram, detail job descriptions and salary levels for all the for CMH staff/team
- Identify the gaps and incorporate measures and standards for the Ideal Clinic Realization and Maintenance dashboard
- Develop Maintenance management framework, process and requirements for the Computerised Maintenance Management System (CMMS) include Processes and Tools
- Develop Validation Process and Tools: Quality Assurance and Handover Protocol
- Develop and Annual Maintenance Plans with budget, activities and enabling resources incorporating environmental plans.
- Identify the materials required for planned and unplanned maintenance the financial year
- Identify work that is to be outsourced fully or emergency work that may require external intervention.

At the end of the Lab

Way forward: Three Feet plans for SCM

- Develop and implement a Procurement framework on NSSI, SSI, Equipment and Housekeeping Services.
- Collate all available Procurement Catalogues on supplies and services in various provinces and National Department to develop a Master Catalogue
- Determine items for PHC which can be procured through specific distribution models
- Devolve model to each district / sub-district level and for all items
- Develop Procurement framework on NSSI, SSI, Equipment and Services
- Prepare a Procurement Framework on Supplies
- Establish a Task Team to Develop and Implement Delegation Framework
- Develop Delegation Guidelines for PHC Facilities managers
- Train PHC facility managers/ support in Supply Chain Management, Delegations and PFMA

At the end of the Lab

Way forward: Three Feet plans for SCM

- Monitor the implementation of SCM delegations to PHC facilities in Provinces
- Develop provincial (N)SSI transversal procurement contracts through which supplies can be procured
- Establish a Contract Management unit at Provincial level Sector Wide Procurement Unit (SWPU)
- Align the Demand Plan to Annual Performance Plan, District Health Expenditure review, District Health Plan, Operational plans and the budget allocation
- Develop guidelines for replenishment in consultation with all provincial SCM & Pharmaceutical Services and disseminate recommended models
- Form a "Cross Dock implementation" team consisting of DoH and external specialist advisors
- Draw up implementation plan for depots/sub depots that need to be converted to cross dock facilities

At the end of the Lab

Way forward: Three Feet plans for FM

- Include Facility Managers in the budgeting process
- Compile non-compensation price guidelines for all provinces
- Create “need list” and cost driver template for facility managers, and train managers to use this list.
- Designate clinics as cost centres
- Align planning and budgeting cycle to ensure funding of new programmes
- Ring-fence funds for non-negotiables at district and sub-district levels

At the end of the Lab

Way forward: Three Feet plans for FM

- Establish a task team to develop a Financial Management Framework for performance agreements of Facility Managers (FM) and Produce a draft framework of Facility Managers (FM) performance agreements
- Develop a draft Financial Management framework of KPIs for Facility Managers (FM)
- Conduct joint analysis of DHER
- Circulation of instruction note on shifting of non negotiables to provinces and enforce a policy directive on shifting of Non Negotiables
- Develop a policy directive on shifting of Non Negotiables
- Train facility managers in basic financial skill such as Finance Management for Non-Finance Managers
- Develop framework for financial delegations to the Facility Managers
- Identify and appoint the task team for development of Activity Based Costing Model with representatives from all provinces.
- Pilot Activity Based Costing Model in all NHI pilot site and Pilot Activity Based Costing Model in all NHI pilot site
- Develop a training manual for activity based costing

At the end of the Lab

Way forward: Three Feet plans for IA

- Consider amendment of the constitution. Tabling of the submission at the SALRC, for opinion and consideration
- Develop draft intergovernmental agreements based on the agreed upon norms and standards
- Tabling of the draft intergovernmental agreements to the technical NHC
- Tabling of the draft intergovernmental agreements to the NHC and ensure that Intergovernmental agreements should be signed
- Monitor and evaluate adherence to the signed intergovernmental agreements
- Account on an annual basis to the public on adherence to the norms and standards
- Standardize guidelines for Health Councils & committees and market the structures to clarify roles and their linkages with existing structures
- Provide training for the structures in order to ensure proper understanding of their roles and that they have the appropriate skills from district to district
- Establish and strengthen clinic committees

At the end of the Lab

Way forward: Three Feet plans for IA

- Explore whether section 216 of the Constitution is clear enough to give guidance on the possible delegation to the lowest level of management
- Explore the feasibility of delegations of the HODs being advanced beyond the Regional, District levels, Sub-district and Clinic levels
- Meeting between the HODs and District Managers for agreed delegations
- Publication of delegation of authority and Dissemination of policies and procedures to all staff

At the end of the Lab

Way forward: Three Feet plans for SS

- Finalise Ideal Clinic Scale Up project plan
- Develop an ICRM Sustainability Management Guide
- Appointment of the delivery unit

END

THANKS