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OUTSOURCING NON- CLINICAL SERVICES

TRAINING MANUAL

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Submitted to: Dr. Zhaneta Shatri
Health Team Leader
EEHR Contracting Officer's Technical Representative
USAID/Albania

OUTSOURCING THE NON CLINICAL SERVICES TRAINING MANUAL

DISCLAIMER

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development (USAID) or the United States Government

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I. OUTSOURCING OF NON-CLINICAL SERVICES

1.1 SECTION ONE - PROJECT START-UP

Definition of “Out-Sourcing”: The transfer of a business function to an external service provider.

1.1.1 SELECTION OF A STUDY TEAM

- The decision of whether to outsource non-clinical services and which services to outsource requires careful consideration and study as it can have great impact on hospital operations. The first step towards implementing outsourcing is the appointment of a Study Team.
- The Hospital CEO selects a Study Team captain to lead the effort and establishes a project schedule with deadline dates for the completion of a Pre-Bid Study, development of specifications for bid documents, and tender reviews.
- Together, the Hospital CEO and team captain select Study Team members. Expertise in managing hospital non-clinical services, procurement, contracting (legal), accounting and nursing administration is needed. If the hospital staff is lacking in knowledge or experience, consideration is given to looking beyond institutional employees to gather the technical assistance required.

1.1.2 GOALS

2.1 Why Outsource?

- Improved Quality of Service
- Reduce and control operating costs
- Gains in Efficiency
- Incorporation of external expertise into hospital operations
- Allow hospital management to focus on core competencies

2.2 Questions to Consider:

- What if the hospital has been spending too little on a service and that to deliver a better quality outsourcing will not result in cost reduction?
- What if to properly engage with a private company and carefully monitor contract performance it takes more time to manage an outsourced service?
- How much risk is hospital management willing to take if no private sector companies have directly applicable experience

1.1.3 WHICH NON-CLINICAL SERVICES TO OUTSOURCE? - PRELIMINARY DETERMINATION

3.1 The list of non-clinical services that potentially can be managed by a private company is long. The Study Team decides, based on the hospital’s strategic goals, current problems with service delivery, and knowledge of the business environment of the community, which non-clinical services are to be selected to study for outsourcing feasibility.

- Housekeeping – (can include Pest Control)

- Laundry
- Food Service
- Security
- Plant Operation and Maintenance
- Transportation

2. THE PRE-BID STUDY

2.1 INTRODUCTION

After the Study Team has determined which services to evaluate for out-sourcing, the Pre-Bid Study begins.

2.2 FORMAT FOR THE PRE-BID STUDY

- Executive Summary
- Market Capabilities
- Cost Data
- Risk Identification
- Policy Issues
- Approach to Outsourcing

2.2.1 EXECUTIVE SUMMARY

Highlights the key findings.

2.2.2 MARKET CAPABILITIES

For *each* service that the Study Team has identified for possible outsourcing, research is done on potential bidders for the service.

- Who are the vendors in the market that provide the service?
- How many vendors are working in the market? Is there competition or is there a monopoly?
- What experience does each company have? Does the company have management experience working in a hospital, or is the company's experience only in other types of institutions?
- Is the company a local company or a multi-national company? If the company has no hospital experience in Ethiopia, does the company have hospital experience elsewhere that assures knowledge of specific hospital needs, regulations and staff training requirements?
- How do other customers rate the service?
 - Availability
 - Timeliness
 - Effectiveness
 - Continuity of service provision
 - Adherence to health and safety guidelines
 - Efficiency
 - Sensitivity and respect for the client's organization
- What have been the greatest challenges of working with the company?

- Will the company bring to the hospital new technology and methodologies?
- What kind of training does the company provide department employees?
- What is the distance to the company headquarters? Will corporate staff be regularly available for meetings with hospital administration and oversight of the account?

Based on the information gathered on available bidders, the Study Team determines if enough qualified bidders exist to issue a tender for outsourcing a specific service.

2.2.3 COST DATA

For each service to be bid, the Study Team collects data on the current cost of providing that service. The hospital cannot properly evaluate contractor bids against current cost unless the current cost is known. There are many types of cost measures that can be used. Examples of cost measures:

Food Service:

- Cost per patient day
- Food cost per patient day
- Annual staffing cost

Housekeeping

- Cost per square meter
- Annual cost of chemicals and cleaning supplies
- Annual staffing cost
- Annual cost of cleaning contracts (i.e., window washing)

Linen and Laundry

- Cost per patient day
- Laundry cost per kilogram of weighed dirty laundry
- Annual staffing cost
- Annual linen replacement cost

Plant Operations

- Building operation cost per square meter
- Annual emergency repair expense
- Annual staffing cost
- Annual cost of preventive maintenance program
- Annual cost of plant equipment maintenance agreements

Security

- Annual value of reported loss
- Annual staffing cost

Materials Management

- Supply cost per patient per day
- Annual inventory cost
- Annual staffing cost

2.2.4 RISK IDENTIFICATION

- Outsourcing non-clinical services has risks. The Study Team determines what those risks are for the hospital and considers the risks when deciding whether to outsource the service

- Poor Contract Document - Successful outsourcing happens when good results are achieved for both the hospital and the private business. This requires a fair and balanced contract. It requires clear specifications for service delivery, performance measures and penalties for lack of performance. A major risk for the hospital is a poorly written contract. Does the hospital have good legal and technical help on drafting the contract document?
- Lack of Management Experience - Does the current hospital management team have experience managing service contracts? Has hospital management accurately estimated the level of effort required to properly manage outsourcing contracts?
- Loss of Control – If a hospital service is outsourced, and the company fails to deliver the quality of service expected and paid for by the hospital, can the hospital cancel the contract without major interruption to hospital operations? Are there options that can be exercised by hospital management when this happens?
- Labor Unrest – The introduction of a private company to manage a hospital service usually changes the conditions of work for hospital employees in the outsourced department. Staffing levels may be decreased. Work requirements may be changed. Performance measures may be instituted or changed. Is the hospital capable of managing labor unrest during the transition period?

2.2.5 POLICY ISSUES

The decision to outsource services in a public hospital potentially raises a number of issues that require policy decisions.

- Cost/Quality Tradeoff – The quality of service that can be provided by a vendor reaches across a broad spectrum. Menus can vary from basic offerings to gourmet entrees for those patients on regular diets. Public spaces can be cleaned once per day or once per shift. The Study Team decides where on the cost/quality spectrum the hospital wants to bid.
- International Companies – If the hospital wants to outsource a service but finds during its review of market capabilities that locally based companies do not exist that can provide an adequate service, is the hospital interested in inviting international companies to tender?
- Group Purchasing - Hospitals outside Tirana may find it difficult to interest companies to bid on an outsourcing contract if there is not a sufficient volume of business in the region to make it economically worthwhile for the vendor. In that case, the hospital needs to consider joining with other hospitals for a group purchasing tender. This mechanism may entice companies to risk entry into a new market, but group agreement on contract specifications can be difficult.

2.2.6 APPROACHES TO OUT-SOURCING

There are different tactical approaches to outsourcing non-clinical services.

- “Umbrella” Approach: In some markets there are companies that can come into a hospital and manage more than one type of service. For example, one company might be hired to manage the food service, laundry and housekeeping departments under a single contract. This is called an *“Umbrella” Approach*. The benefits and disadvantages to this approach need to be carefully weighed.
 - Advantages:
 - Simplified contract process – only one contract to negotiate
 - One point of contact for hospital management
 - Tend to be larger companies with more experience
 - Disadvantages:
 - Services tend to be sub-contracted out by the company
 - The company often has unequal experience and expertise in the services being provided

- Difficulty in achieving true transparency in accounting and understanding costs for each service department
- If the contractor under-performs and the hospital decides to cancel the contract, all service department operations covered by the contract are disrupted simultaneously. Hospital management has the great challenge of re-contracting and transitioning management for multiple departments at the same time.
- Single Service Approach – This is the more traditional approach where one company with specific expertise is hired to manage one hospital service department.
- Hospital vs. Company Employees: Hospital management considers whether it is preferred to keep staff workers in an outsourced department as hospital employees, or have staff work as employees of the contract company.
 - When workers remain employees of the hospital, there is often less labor unrest during the management transition and better morale in the hospital.
 - Retaining staff as hospital employees can signal the value management places on the hospital staff working together as a team.
 - The hospital must evaluate existing labor contracts and severance pay policies to calculate the cost of terminating hospital employees.
 - The hospital determines if the company is able to employ workers at lower compensation levels than established government salaries. The hospital potentially may benefit from lower staffing costs.
- Letter of Interest – If companies with hospital experience do not exist in the locale, a different approach is for the hospital to look for companies in the region that have the potential to provide non-clinical services to the hospital *provided they can learn and meet hospital requirements*.
 - The Study Team identifies companies with good management and meets with the company to discuss the company's interest and capability to enter the hospital market.
 - A “Letter of Interest” is sent to the companies outlining the hospital's interest in finding businesses capable of expanding and meeting hospital service requirements.
 - The hospital shares with the companies international hospital accreditation standards for the non-clinical service.
 - Interested companies respond to the Letter of Interest with a pre-bid statement explaining how the company would develop its internal capability and expertise in order to be a qualified bidder for the tender.

2.2.7 CAPITAL EQUIPMENT

Often during the out-sourcing tendering process the need for new equipment or infrastructure improvements to support the service delivery requirements are identified. The Study Team needs to determine how the funding of this can be accomplished. Options may include:

- Equipment is acquired from the Ministry (i.e., new laundry equipment)
- The bid document states that the company is to provide the equipment needed to perform the service levels specified. Different approaches to how the company recovers the cost of procuring the equipment include:
 - The company retains ownership of the equipment and charges the hospital a monthly equipment user fee. If the contract is cancelled or not renewed, the equipment is removed by the company unless the hospital is able to negotiate a purchase of the used equipment.
 - The cost of the equipment plus financing charges is charged back to the hospital over the length of the contract. At the end of the contract, the hospital owns the equipment.

3. TENDERING – OFFER TO BID DOCUMENT

Note: See Annex One: Example - Offer to Bid for Outsourcing Non-Clinical Services

3.1 GENERAL CONDITIONS

- Description of the Facility – Facility management companies, depending on which service is to be provided, will need to have basic information about hospital operations that affect that department's operations. For example, Food Service vendors need patient census data to estimate and bid on food cost.
- Description of the hospital's approach to out-sourcing – (Discussed in Pre-Bid Study, Sec. 2.6 above)
- Definition of Contract Duration – The start-up costs for a company opening a new account can be substantial. There are bidding costs, extra staffing costs for the mobilization period, additional administrative capacity to be added to support the new client, and potential capital equipment costs that will be amortized over the life of the contract. A minimum of three years for an initial start-up may be required by a private company. This, and contract renewal terms, need to be negotiated.
- Required Permits and Licenses including Certificate of Insurance.
- Statement of Compliance with all applicable local, regional and national laws and regulations
- Statement of Commitment to Confidentiality by both Hospital and Bidder
- Statement of Commitment to adhere to all government regulations for Health, Safety and the Environment by both Hospital and Bidder

3.2 SERVICE REQUIREMENTS

For each service, the bidder provides a very specific definition and frequency of activities to be carried out under the contract agreement.

Examples of service definitions required from bidders:

- Housekeeping:
 - The bidder specifies for each room, internal and external public area, elevator, stairways, etc. in the hospital how often the space will be routinely cleaned.

Note: See Annex Two: Example: Hospital Unit Space Program

- The frequency of all “special projects cleaning”, such as window washing, is also specified.
- The housekeeper training program is detailed: a) Initial training curriculum, with time specified; and b) frequency, scope and time of worker re-training
- The frequency and method for removal of all trash and hazardous waste is specified.
- Food Service
 - The bidder provides proposed menus and specifies the frequency of menu rotation.
 - Staff and Visitor Catering service requirements are defined – menu options, time and place of service, prices, etc.
- Laundry –
 - The bidder specifies procedures for segregation and collection of used linen and frequency

of service.

- The level of effort for linen repair is defined
- Staff uniform service requirements are detailed
- **Mobilization** - Contract start-up requires additional management resources from the company. The number of additional personnel, their expertise, and the amount of time to be committed to the contract start-up is defined.
- The company provides hospital management with a mobilization schedule and activity plan.

3.3 PRICE AND PAYMENT

For each service, the bidder presents a detailed cost proposal

- Proposed staffing pattern, coverage and costs
- Equipment and Supply budget
- Training Expense
- Management Fee to company

A monthly invoicing schedule is documented

3.4 CONTRACT SERVICE MANAGEMENT

The outsourcing contract details the management duties that the contractor's representative must perform. These include:

- Supervision of staff and administration of the services to be performed
- Planning and cost control
- Management of sub-contractors
- Interface with hospital management team
- Monitoring performance against contractually agreed upon performance measures

3.5 PROCUREMENT OF SUPPLIES AND EQUIPMENT

- The Contractor is responsible for the procurement process associated with the delivery of the service. The Contractor assures that all enquiry and purchase requisitions are processed correctly and on schedule.
- Purchasing is carried out using the Contractor's systems with adequate visibility of costs and quality, also with the potential to interface with the Employer's systems.
- The Contractor is responsible for inventory tracking, receipt and issue of supplies used for the delivery of service.

3.6 INCIDENT REPORTING AND EMERGENCY RESPONSE

- The Contractor agrees to fully participate in the hospital's Incident Reporting and Tracking system that monitors all patient, staff and visitor events that are considered abnormal.
- The Contractor agrees to fully participate in the hospital emergency response protocols and disaster preparedness training.
- The Outsourcing contract defines the expected company response for an interruption of service delivery including penalties and company contingency plans.

3.7 QUALITY ASSURANCE

- As part of the Contractor bid proposal, the company will present a quality monitoring plan that includes the definition of Key Performance Indicators that are both qualitative and quantitative. The negotiated Performance Monitoring Plan is part of the final contract document.
- The Contractor agrees to both scheduled and unannounced quality monitoring inspections by

hospital administration.

- The Contractor agrees to full participation in the hospital Quality Assurance program including adherence to all Infection Control requirements.

3.8 ORIENTATION AND TRAINING

- The Contractor provides a detailed staff orientation, training, and A defined schedule continuous re-training program for all workers.
- Specific skill competencies are evaluated and tested for each position
- In coordination with the hospital safety and infection control officers, the Contractor provides affected workers training for the safe handling of chemicals and medical waste, and safe equipment operation and maintenance.

3.9 CLIENT RIGHTS

- As defined in the outsourcing contract, the client has the ability to invoke penalties for non-performance up to and including the termination of the contract.

4. HOSPITAL MANAGEMENT OF OUTSOURCED SERVICES

4.1 MANAGEMENT BY THE HOSPITAL ADMINISTRATOR

- The contract company deploys an experienced department manager to run the out-sourced service department. The department manager has two co-equal reporting lines to: a) The hospital administrator; and b) the company manager.
- The hospital administrator meets regularly with *all* hospital department managers, contract department managers and non-contract department managers, to review department performance, discuss and solve problems, monitor budgets and respond to new or unusual events.
- The contract department manager also has reporting requirements to the company executive overseeing the account. This dual reporting burden on the department manager of the out-sourced service department does not change the oversight responsibility of the hospital administrator.

4.2 INTEGRATION INTO THE HOSPITAL MANAGEMENT TEAM

- The contract department manager is most successful when (s)he is an equal and participating member of the hospital department management team. The outsourcing relationship is *not* one of a supplier mentality but rather a partner mentality.
- The contract department manager is integrated into the hospital management team and works as a team member towards fulfillment of the hospital mission. That often involves multi-department collaborations on projects and response to unanticipated events that disrupt normal service.

4.3 TENSION AND CONFLICT MANAGEMENT

- Almost inevitably there will be occasions when tension develops between the company and the hospital over the use of resources. The company's profit depends upon maximizing efficiency and minimizing the use of resources. The hospital is continually monitoring to assure that the promised level of service is not being decreased to increase company profit.
- The contract specifications are the reference point for negotiating. Disagreements are first discussed with the department manager. If not resolved, the hospital administrator engages in negotiation with the company manager. The hospital administrator retains the right to request a new department manager.
- Before signing an out-sourcing agreement, the hospital administrator develops a general contingency plan for an unexpected termination of contract. Alternative companies who can mobilize on short notice are identified.

Keys to Success

- Don't underestimate how much time it takes to manage a contract. Companies try to sell contracts with promises of great time savings for hospital management. Contract monitoring needs to be rigorous and routine.
- Hospital management needs to schedule department manager meetings for outsourced service departments with the same frequency as non-outsourced department manager meetings.

- Hospital management needs to make scheduled and non-scheduled inspections
- The hospital needs to periodically audit the contractor's budget reports and supply and equipment inventories.
- An annual performance appraisal of the department manager needs to be conducted jointly by the hospital administrator and contractor.
- The contract should be regularly re-bid to assure that the hospital continues to pay a fair price for the service and is not missing the opportunity for the introduction of new technology or methodologies.

ANNEX A

OUTSOURCING NON-CLINICAL SERVICES

EXAMPLE - OFFER TO BID

Further to your expression of interest, your company has been selected to submit an offer for facilities management services to _____ Hospital, in accordance with the Conditions of Contract for Provision of Services and is subject to the terms of offer contained within this documentation.

The Hospital is inviting bids for facilities management for the following services:

- Laundry Service
- Food Service
- Plant Operations and Maintenance
- Housekeeping

The Hospital wishes to put in place service agreements for the provision of these services that maximizes value and quality. The length of the contract will be three years.

If you are one company bidding to manage under one management contract multiple services (*an "Umbrella" Approach*), you must list which services your bid covers. However, consistent with the Hospital's intention to put in place a robust performance management framework, each service package is to be clearly identified as a separate service and pricing of that service done separately. The expected savings from a consolidated management structure should be demonstrated. If a bidder only wishes to bid on one non-clinical service, clearly state the service for which a tender is offered.

Definitions:

Contractor: The company the Hospital contracts with to manage the out-sourced service(s).

Sub-Contractor: A company hired by the Contractor, working under the direction of the Contractor, to provide a service the Contractor is contractually obligated to provide to the Hospital.

It is our intention to ensure that this development attracts the best in local resources and supports the development of local enterprise. Bids incorporating contributions from local companies and those that sub-contract particular services to local enterprises will be viewed and evaluated favorably.

The rest of this document is structured as follows:

- **Project Introduction** -- A general description of the hospital
- **Requirements** – Outlines the general requirements and expectations for delivery of the services to the hospital.
- **Instructions for Bidders** -- Provides the bidder guidance on the form of its written bid submission and financial submission
- **Performance Management** -- Written description of proposed performance management expectations. Outline the approach to rectifying service failings and explains the proposed system for penalties for poor performance.

Reference Documents

- **Project Documents** – (Provided by hospital) Additional information about the design of the facility, clinical activity and other documentation that may be relevant for the bidder to

determine service level requirements.

- Compliance Documents – (Provided by bidder) A list of standards to which services are to be provided.
- Financial Response Documents – (Provided by bidder) Detailed operations budget, capital equipment budget and staffing plan.

1. PROJECT INTRODUCTION

Description of the hospital including geographic location, total size of the hospital (number of beds, number of operation rooms, number and size of ambulatory care clinics, etc)

Operational Data

- Inpatient Admissions – Total
- Inpatient Days – Total
- Inpatient Days by Unit
- Inpatient Number of Surgical Cases
- Outpatient Visits Total
- Outpatient Number of Surgical Cases
- Outpatient Dialysis Visits
- Outpatient Chemotherapy Visits
- Accident and Emergency Visits
- Average Length of Stay – Inpatients

2. REQUIREMENTS

The Contractor's scope of work for the Hospital shall include the following main activities:

- Laundry
- Catering Services
- Plant Operations and Maintenance
- Housekeeping

(Umbrella Approach) Each category will be managed as an individual service but where appropriate sharing facilities and coordinated under a single management structure in co-ordination with the hospital's site representative. Bidders are expected to demonstrate in their submissions efficiencies and savings arising from the use of shared facilities and resources.

It is anticipated that the contractor will put in place his own network of specialist contracts to support specific equipment and services for which the contractor is responsible.

- Example: Pest Control, Window Washing, Elevator Maintenance

Food Service - The contractor's scope of work for the Food Service shall include, but not be limited to the following main activities:

- Catering facilities management & operations
- Selection and training of department personnel
- Food supply & storage
- Food transportation and handling
- Food production and presentation
- Provision of all consumables associated with catering services

Laundry Service – The contractor's scope of work for Laundry Service shall include, but not be limited to the following main activities:

- Overall laundering of patient linen, surgical gowns and staff uniforms

- Provision of all consumables associated with laundry services
- Selection and training of departmental personnel.

Housekeeping – The contractor’s scope of work for Housekeeping shall include, but not be limited to the following main activities:

- Overall cleaning of all areas of the hospital and related buildings according to the agreed cleaning regimes of defined departments
- Provision of all consumables associated with the cleaning services
- Selection and training of departmental personnel

Plant Operations and Maintenance – The contractor’s scope of work for Plant Operations and Maintenance shall include but not be limited to the following main activities:

- Provision of Technically Competent Operations and maintenance personnel
- Achieve the maximum efficiency/reliability of the facilities consistent with economic operation, Equipment Monitoring, First line Maintenance
- Ownership and ongoing development of maintenance / inspection strategies and plans
- Execution of planned maintenance / inspection routines and ad-hoc or breakdown maintenance
- Provision of maintenance spares and materials
- Provision and operation of computerized systems for the management of inspection and maintenance activities including certification management
- Spares and materials management strategy, operations and provision of associated personnel and provision and operation of a computerized spare part and materials stock and storage management system.

Facilities provided by the Contractor

The Contractor shall provide facilities and services including but not limited to:

- The Contractor’s IT systems
- All materials, supplies and consumables needed to provide the service

Facilities provided by the Hospital for the Contractor’s use

The Hospital shall provide the following facilities and services for the contractor’s use at commencement of services or if required during mobilization:

- Offices and office furniture (to be agreed with the Hospital)
- Telephone system. Note: The contractor shall be billed for telephone use, at cost.
- Catering facilities and equipment
- Laundry facilities and equipment
- Workshops and stores
- Parking
- Access to engineering document information
- Overall management system structure and policies
- Major spares items
- Links for controlled access of Hospital’s IT system

MANAGEMENT

The Contractor shall provide all management, supervision, technical, administration, services and facilities deemed necessary to provide the services required for the Hospital.

The Contractor shall be responsible for the management and execution of the services including but not limited to, all aspects of planning, control, reporting, supervision, administration, quality

management, HSE management, permits and licenses. The Contractor's organization shall be responsible for establishing and maintaining all necessary systems, controls and procedures.

The Contractor's management function shall be to ensure that the Contractor, all sub-contractors and others contributing to and undertaking the services within the Contractor's scope shall comply in full with its responsibilities. This includes taking and/or implementing corrective action where necessary and as instructed by the Employer, to ensure that the services are performed in a safe, effective manner.

The Contractor's Management activities shall include but not be limited to the following functions:

- Management, supervision and administration of the services
- Development, co-ordination, organization and management of all interfaces with the Hospital and others as required
- Logistics - operate and maintain an efficient supply chain to provide and maintain adequate stocks.
- Assuring the coordination of the Contractor's IT systems with the Hospital's IT systems to manage the services
- Realistic based performance forecasting
- Planning and cost control and scheduling of the services
- Health Safety and Environmental management
- Quality management, control and assurance
- HR management, training and competency
- Management of all sub-contractors

INTERFACES WITH THE EMPLOYER

The Contractor's Site Manager shall report to the Hospital's Representative (or his delegate) who will have a full time presence on site. The Hospital's Representative shall be the focal point for all the works and of the services delivered by the Contractor.

PERMITS & LICENSES

It is the responsibility of the Contractor to obtain all relevant licenses, permits, approvals from the Authorities required for operation and maintenance of the facilities in the country within the Contractor's scope of work. These are to be reviewed and licenses, permits and approvals are to be obtained as part of the mobilization process. The Contractor shall then, continue to review them and update them as necessary throughout the period of the contract

Upon the Hospital's request the Contractor shall provide licensing and permit support information to the Contractor in a timely manner.

The contractor shall provide the Hospital with names of permitting personnel, their contact details and a clear plan of how to progress through regulatory needs. The Contractor shall follow-up on any changes in the country's Laws and Regulations associated with the scope of work. The Contractor shall provide the Hospital with copies of all relevant licenses, permits, and approvals obtained by the Contractor from the Authorities. The Contractor shall pay all fees and dues for licenses and permits within the Contractor's responsibility.

It is the Contractor's responsibility to comply with all legal requirements concerning certification of Contractor's equipment and materials. The Contractor shall be responsible for obtaining the relevant certificates on time for the performance of its duties under any one of the service contracts. The Contractor shall deliver to the Hospital all relevant certificates in original. The Contractor shall keep all documentation related to the obtained certificates and shall make the documentation available to the Company on request.

HEALTH SAFETY & ENVIRONMENT (HSE)

The works shall be executed in accordance with the HSE practices of the Hospital, which take all reasonable precautions to protect personnel, installation, facilities, and environment.

The contractor is responsible for local management and implementation on behalf of the client. The Contractor's Site Manager is the nominated HSE officer responsible for all personnel regardless for whom they work. The Site Manager shall:

- Ensure that the Hospital's HSE plan is implemented and reported
- Ensure that all accidents and incidents are adequately investigated and reported according to local regulations and the Hospital's policy
- Fulfill the role of Emergency Response Site Coordinator
- Ensure all audits and inspections are carried out and reported
- Be responsible for the health, safety and welfare of the all personnel within the hospital.

The Contractor shall work with the Hospital to develop site-specific HSE plans in accordance with the Hospital's policies and philosophies. Risk to the health of personnel involved in operation and maintenance work shall be assessed by the Contractor and appropriate measures effected to minimize any risk.

Safety is a function of safe plant and equipment, safe systems of work, competent personnel, sound organization, communication and emergency planning. The Contractor shall ensure that safety goals or outline performance standards are identified to ensure safe working. Performance standards shall relate to the purpose of the system, item of equipment, procedure etc. The Contractor shall take all measures necessary to ensure the safety and security of all personnel, plant, equipment and materials during the execution of operation and maintenance work.

Prior to the commencement of work, the Contractor shall provide to the Hospital, for approval copies of their HSE policy statements, health and safety manual, site specific HSE plan, operating procedures, and site specific emergency response plan that shall be enforced at all times until final demobilization from the facilities.

The Contractor shall appoint designated HSE personnel, who shall be responsible for day-to-day supervision of the work, and for co-ordination with the Hospital's HSE Representatives on all matters relating to safety and security aspects of the work.

HSE induction training is mandatory for the Contractor's personnel. The Contractor shall supply his own personnel, sub-contractors and vendor personnel with suitable and adequate protective clothing, (PPE) and any other such protective clothing and/or equipment as may be required.

The Contractor shall ensure that all test equipment, shall be inspected and tested, by a competent person for accuracy. Such tests shall be supported with test verification documentation.

The Contractor shall provide adequate first aid equipment, other such safety equipment, of an approved type and in sufficient quantities, as may be specified, (or expected in accordance with good working practices), and shall maintain this equipment in accordance with regulatory and industry standards. In addition, the Contractor shall keep up-to-date records of all such equipment.

The Contractor shall provide first aid to ensure the continued health, safety and welfare of his employees. The Contractor's personnel shall have access to the Hospital's medical facilities.

ENVIRONMENTAL COMMITMENT

The Hospital is committed to achieving excellence in environmental performance. To this end, International Standards for Organizations (ISO) 14001-Environmental Management Systems has been adopted as the Hospital quality standard.

The Hospital acknowledges its responsibility, and that of all those who work with and for the Employer, to ensure that all activities are conducted with a full and proper regard for the environment.

The Hospital is committed to being open about its environmental performance and to working with the Contractor, suppliers, partners and other third parties to encourage a responsible and effective approach to Health and Safety issues.

EXPECTATIONS

The Hospital requires its contractors and their sub-contractors to be committed to the safety of individuals, and to protecting the environment. It further requires them to follow any procedures the Hospital or relevant legislation has put in place to ensure or assure this safety and protection. The Hospital requires its Contractors and their sub-contractors to take an active part in developing and promoting safe and environmentally sound work practices

PEOPLE DEVELOPMENT AND TRANSFER OF KNOW-HOW

It is the Hospital's expectation that the Contractor includes a program and approach for the transfer of know-how, skills and technology to a site based facilities management team. The Contractor is to indicate the key knowledge / technology elements to be addressed and any specific initiatives / activities planned.

The Contractor is to develop a strategy to employ and train local citizens to take over key positions at all levels during the course of the contract. All skills labor transfer policies and requirements implemented by the Ministry of Labor and Home Affairs (Labor Department) are to be adhered to.

PLANING AND COST CONTROL

The Contractor shall ensure that there is a planning and cost control system in place to manage the activities associated with the service.

Planning – Such activities shall include but not be limited to preparing overall schedules and updates as required:

- Yearly Plan extended on three and five years
- Monthly Plan extended on 1 year – updated quarterly
- Weekly Activity Schedules

The Contractor shall develop detailed schedules, work plans, manpower plans and include details of all required resources, labor and spare parts.

Cost Control – Such activities include the production of an operations cost report for the services. This shall include but not be limited to:

- Monthly updates covering all cost elements – manpower, materials, subcontracts, management fees etc
- Variances against budget

The Hospital will set an agreed budget with the Contractor, which shall be used as the basis for reporting against.

CORPORATE SUPPORT

The Contractor's Site Manager will be supported from the Contractor's corporate head office, and shall be responsible for coordinating any corporate resources and all communications with head office. Any document related to the execution of the Contract will be managed by Contractor's Site Manager.

It is envisaged that the Contractor will receive at least the following aspects of corporate support from the Contractor's corporate office:

- Overall management and technical support
- Finance and Payroll
- Commercial
- Sub contract management
- Human Resources & training

- Contract focal point

The Contractor shall ensure a comprehensive technical support service is available for its personnel and sub-contractors for all aspects of the services provided under the contract

INNOVATION AND IMPROVEMENTS

The Contractor shall be proactive throughout the contract with new ways of working to maximum the uptime of the equipment and meeting the Hospital's business objectives, for example:

- Application of new technologies
- Benchmarking internally and externally highlighted best practices
- Trending failures that directly affect service delivery
- Monitor routine / non-routine ratios to highlight areas of high non-routine maintenance
- Developing methods of reducing costs whilst improving turnaround times or repairs without compromising safety

STAFF AND ORGANIZATION

The Contractor shall provide all resources necessary for the safe and efficient management, administration, planning, and execution of the services on a 7 days per week basis. The Contractor shall provide an organization to manage and control the services from award of contract.

KEY PERSONNEL

The Contractor shall appoint key personnel for the management services.

The Contractor shall define the organization structure including key positions and support requirements, both specialist and corporate, as part of this tender process. All personnel nominated by the Contractor shall have the relevant qualifications, experience, general training and key competencies for their respective positions

The Contractor shall appoint a dedicated Site Manager who shall have the responsibility and authority for the overall management, administration, monitoring, reviewing and coordinating all aspects of the services for the hospital.

HOSPITAL PERSONNEL

The Hospital's liaison person will be the Chief Operations Officer or designate.

ROLES AND RESPONSIBILITIES

The Contractor shall develop and maintain clear roles and responsibilities statements for all personnel associated with the services. The Contractor shall carry out a skills review of all personnel. These are to be assessed against skills requirements for all roles. From these studies the Contractor shall carry out a skills gap analysis and details how these gaps are to be closed.

STAFF MOVEMENT

Should the Contractor wish to replace any of the key personnel during this contract the Contractor shall advise the Hospital giving thirty (30) days notice and shall obtain written approval to replace this employee with one with the same or better qualification and experience to ensure that the contracted level of service is delivered satisfactorily.

SPECIALIST SUB CONTRACTORS

The Hospital recognizes that the Contractor will require the services of specialist sub-contractor from time to time to provide 'non-core' services. The Contractor will be fully responsible for the results of any sub-contractor's work.

The Contractor shall provide a list of their intended specialist sub-contractor's the cost and the services they are likely to cover, for advance approval by the Hospital.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

The Contractor shall provide suitable PPE for all aspects of the service where the Contractor personnel and sub-contractors are exposed to risks and hazards.

TRAINING AND COMPETENCIES

The Hospital requires the adoption of a competency based approach to staff training and development, encompassing all areas of performance management from recruitment, through development to promotion, succession and career management has a number of advantages. As the concept is results oriented, attention remains focused on primary business needs. This approach will enable the Contractor to recruit, evaluate and manage staff more effectively and ensure that the right person is placed in the right place at the right time.

Experience in related industries has demonstrated that a highly skilled workforce is vital to a company's competitiveness and business success and will make a positive contribution to safety and overall performance. In order to meet its training objectives the Contractor will implement a Competence Assurance based training program to ensure that individual employees have the correct attitude and possess the necessary experience, skills and knowledge together with the ability to apply them to their job. The Contractor will provide the conditions necessary to ensure success including the active commitment and support of Senior Management, the organization necessary to enable learning to take place and the availability of suitable expertise. The Contractor shall:

- Create a training and competency program that compliments the Hospital's philosophy
- Select and recruit local personnel in compliance with local Labor Laws. A general understanding of English and the relevant industry shall be required.
- Provide safety and environmental training prior to employment according to the Contractor's training program procedure for personnel. This shall be maintained, regularly reviewed including personnel training record audits.
- Ensure all personnel are familiar with hygiene and local environmental legislation.
- Provide experienced key personnel to manage the operation to the Hospital's satisfaction.
- Ensure all personnel have undergone regular medical and eye examinations.

SAFETY TRAINING

In addition to the above, the Contractor shall provide full training in the hospital on equipment operation and maintenance and minor repair procedures. Training shall be for the core crew and any other personnel as required. Should core crew personnel change and additional training be required, then the Contractor shall ensure that all training is carried out as per the agreed training matrix produced by the Contractor as part of the mobilization plan.

THE TRAINING SHALL INCLUDE BUT NOT BE LIMITED TO THE FOLLOWING AREAS OF SAFETY:

- Site inductions
- Emergency response
- First aid
- Minor fire fighting
- Manual handling
- Permit to work
- Risk assessment
- Health and hygiene

TRAINING FOR EQUIPMENT OPERATION

Training shall include but not be limited to the following areas:

- Kitchen equipment

- Laundry equipment
- Proper use of chemical and cleaning agents
- Plant operations equipment and first line maintenance
- Specialist equipment troubleshooting / maintenance
- Plant control including shutdown/safety systems
- Security equipment

TRAINING FOR EQUIPMENT MAINTENANCE

Training shall include but not be limited to the following areas:

- Basic routine maintenance, e.g. levels, lubrication oil, checks etc.
- Use of special tools and work practices/methods
- Fault finding and rectification
- All routine maintenance
- Methods to facilitate the early detection of major failures
- Condition monitoring
- Specialist vendor training

The Contractor shall provide certification evidence of all training to the Hospital's satisfaction. Further training for new the Contractor personnel may be required through the life of the contract and shall be the Contractor's responsibility.

EMPLOYEE AND INDUSTRIAL RELATIONS

The Contractor shall be responsible for developing an Employee Relations Management Plan (ERMP) and procedures, which shall address issues including, but not limited to:

- Human resource management and industrial relations
- Employment conditions
- Avoidance and resolution of disputes
- Employment, redundancy and/or special arrangements
- Local labor issues

WORKING ENVIRONMENT AND ACCESS AUTHORIZATION

The Hospital's Permit to Work system shall be operational in the hospital. The Contractor shall utilize this system for all activities as defined as requiring a permit. Specific local rules may need to be developed for activities where the Permit to Work system is considered unnecessarily restrictive.

Written permits will be required for:

- All hot work in a designated hot work area
- All cold work classed as non-routine activity
- Electrical work and isolations
- Confined space entry
- Excavations
- Gaseous hazardous activities
- Any areas where the work can impact on the Hospital's business operations

QUALITY ASSURANCE AND QUALITY AWARENESS

The Contractor shall implement a Quality Management System that complies with ISO 9001- 2000. The Contractor shall ensure that any sub-contractors apply a consistent Quality Management System appropriate to their scope of work.

The assurance of quality and safety shall be a fundamental philosophy of all activities carried out by the Contractor in delivering the services. It shall therefore be an objective of the Contractor, to insist on real evidence of quality rather than rely on assumptions or beliefs that such quality exists. To achieve this objective the Contractor shall have in place a system to establish what their quality performance standards are.

To achieve this objective the Contractor shall:

- Review and assess all the contractual requirements
- Develop and implement an overall Quality System to cover all activities, which shall be clearly identified within the Quality Plan
- Develop and implement a schedule of Quality Reviews and Audits Implement a Continuous Improvement Program.

The contractor shall provide at an early stage 'Quality Awareness' induction program for all Senior/Supervisory personnel assigned to the project for more than 2 months duration. The intent of the course shall be aimed at familiarizing personnel with contract requirements and promoting quality awareness

EMERGENCY RESPONSE

The Client shall define the Emergency Response requirements in conjunction with the Contractor. Fire-fighting and security support will be provided by the Contractor. The Contractor will be required to provide the following:

- Emergency Response Site Coordination
- Emergency Response Administration
- Fire Wardens
- Operations and Maintenance Emergency Response support

These arrangements will be defined during mobilization.

INCIDENT REPORTING AND MANAGEMENT

The Contractor will comply with and follow the Incident Reporting system established by the Hospital.

The Contractor shall provide details of the company's existing incident management system and how it will be incorporated into the Hospital Incident Reporting program. The Contractor shall also be prepared to show its Incident Reporting data to the Hospital.

OPERATIONAL RISK MANAGEMENT

As part of the mobilization process, the Contractor shall carry out a full operational risk review of all the facilities and operations at the hospital. This shall include all the risks to successful operations critical to supporting the hospital. The Contractor shall clearly show how the risks will be mitigated and how residual risks will be managed.

All contractors will comply with and follow the procedures of the hospital risk management program.

BUSINESS CONTINUITY

The Contractor shall demonstrate to the Hospital the measures in place that enable the Contractor to support the Hospital's operations. These measures shall include Business Continuity Plans (BCP) that will enable the Contractor to continue to support the Hospital in the event of disruption to the Contractor's business operations (fire, flood, supply chain disruption, sickness of personnel etc)

HELP DESK

The Contractor shall supply and operate, on behalf of the Hospital Help Desk. The Help Desk shall provide a 24/7 service for recording all help requests. The system supporting the Help Desk shall allow all those who have logged a request to track its progress and delivery

The Help Desk personnel shall record the initiation of the help request, their contact details, when the request was made, details of the request and, where the request has been allocated, progress on its completion / delivery and close out details. All entries made are to be time stamped.

COMPUTERIZED MANAGEMENT INFORMATION SYSTEMS

The Hospital anticipates the use of a range of computer-based applications to support the services that will be provided by the Contractor. These applications are provided by the Contractor.

The Contractor shall ensure the correct, regular, and continuous use of all computer systems that support his activities under the contract.

The Contractor shall submit for the Hospital's approval, the system(s) he proposes to adopt for managing all the aspects of maintenance and materials management associated with the service scope of work in accordance with the Hospital's approved processes and procedures

The Hospital reserves the right to audit the correct usage of all computer applications used by the Contractor in support of his responsibilities under this contract and to have access to all reports and data created by these applications.

The Contractor shall be responsible for all license fees, IT costs, system set up and configuration (including any interfaces), data transfer / load, testing, training, documentation, and ongoing support for all his systems.

MAINTENANCE MANAGEMENT

The Contractor shall supply and operate a web enabled computerized system to support the management of inspection and maintenance activities carried out as part of his responsibilities for the services. All data held on this system (and all other management systems pertaining to the works should be the property of the Hospital.

The Contractor's system is expected to be capable of providing the following:

- Asset Register holding details of all tagged equipment together with technical data, asset information, spare parts etc.
- A Register of all routine maintenance tasks together with a full work description and instructions, scheduling information, and the materials to be used. The system may automatically create work orders as these tasks fall due.
- Provide a maintenance history on plant by capturing and storing data on all completed jobs, recording equipment faults, and enabling the analysis of the labor and materials cost of maintenance.
- Calculate or otherwise present information relevant to the standards of maintenance performance on the facilities included in the Contractor's responsibilities. Produce reports that are accepted by the Employer as key performance indicators of effective and efficient maintenance.
- Allow an auditable inspection by an independent verification body (IVB) of all maintenance carried out on safety systems, in order to demonstrate compliance with the relevant safety performance standards.

INSPECTION MANAGEMENT

The Contractor shall provide applications that allow the recording and analysis of inspection and corrosion data. Such applications will also enable the production of trend reports, and track actions rose from inspection reports.

PURCHASING, PROCUREMENT AND INVENTORY MANAGEMENT

The Contractor is assigned with the overall responsibility for the Procurement Process associated with delivery of the service.

The Contractor shall be responsible for ensuring that all enquiry and purchase requisitions are processed correctly and on schedule. Purchasing will be carried out using the Contractor's systems with adequate visibility of costs and quality, also with the potential to interface with the Hospital's systems.

A system for the procurement of all materials, consumables, spare parts, tools, and provisions related to the contractor's responsibilities will be provided. This will include the ability to create and authorize purchase orders and to reconcile these purchase invoices with invoices from suppliers and sub-contractors.

The term purchasing in this case is defined as covering the following activities:

- Preparing recommendations of suitable bidders (Requisition)
- Preparing enquiries (Invitation to Bid)
- Dealing with commercial and technical clarifications during the bidding period
- Expediting, receiving and distributing bids.
- Finalizing commercial bid evaluations, as applicable.
- Negotiations with bidders.
- Preparing purchase orders.
- Expediting return of purchase order acceptances
- Negotiation of purchase order variations and claims.
- Preparing purchase order amendments.
- Assisting in the clearance of invoices for payments, as applicable.
- Reporting status of procurement activity.
- Closing out of files on completion and reporting of sub-contractor performance, if required.

The Contractor shall provide a computer system for the management of spare parts and material inventories related to the maintenance of the plant and equipment. The system shall be capable of on-line updating of all materials movements to allow immediate access to accurate stock information (on-line error checking) and available warehouse space (stock map), with an audit trail of all inventory and related logistics activities providing detailed accountability and traceability.

PLANNING AND SCHEDULING

Computer applications shall be used for planning and scheduling of the Contractor's activities related to the provision of the services. The extent of the use of these applications, which will include inspection and maintenance tasks, will be agreed with the Employer.

The applications will identify the planned durations of activities, the allocated resources and any special tools and materials required. Actual progress of tasks will also be recorded by the applications and will be used as the basis of relevant management reports to the Hospital.

DATA EXPORT

The Hospital expects to monitor various parameters relating to the status of the facilities using its own computer systems. These parameters include inventories of spare parts and key materials, and associated procurement activities.

The Contractor shall prepare electronic files that define the values of these parameters and submit them to the Hospital's system(s) via the defined processes and procedures. The precise information to be supplied by the Contractor and the frequency of submission to the Hospital will be agreed.

HARDWARE

The Contractor shall provide any servers and other hardware required specifically to support his computer systems as outlined above. The Hospital expects that the Contractor's hardware will be connected to the Hospital's network

SOFTWARE

The Contractor will supply the following computer systems which will be used by the Contractor in support of his responsibilities for service delivery as outlined elsewhere in this document:

- A Document Management system for the storage and controlled access to technical, administrative and regulatory documents associated with the services carried out by the Contractor. Details of this system will be provided to the Contractor.
- Condition monitoring systems that are procured as part of individual items of plant and equipment.
- Desktop applications including word processor, spreadsheet, browser, and other office applications.

HOSPITAL SUPPLIED SYSTEMS

- The Hospital will supply the IT systems infrastructure within the Hospital's facilities, including network cabling and communications hardware. Details of these systems will be provided to the Contractor.
- The Hospital will provide email services and limited internal access to the contractor from its desktops.
- The Contractor will provide desktop and associated hardware (PC's, printers etc.) that will be used by the Contractor.

HOSPITAL'S RIGHTS OF INSPECTION AND AUDIT

In order to confirm that the requirements of the Contract are met, the Hospital shall have the right, but not the obligation, at all times to inspect, make audits, test and examine all materials, supplies, machinery and equipment provided and all work or services, or documentation relating thereto, performed by the Contractor or any sub contractor. The Hospital shall have the right to require the Contractor to uncover or open up any part of the facilities and to reinstate such uncovered or open part following inspection or testing by the Contractor. The Hospital has the sole option to use a Third Party to carry out any inspection.

BIDDER INSTRUCTIONS

This section explains the stages of the bidding process from the date this document is issued.

Bidders are advised that the client may at their discretion vary the selection procedures to ensure that it achieves the best value outcome for this procurement.

The table below outlines the various stages of this process, showing the key dates and activities to be undertaken during this time. This is the intended timetable for this procurement however the client reserves the right to change the dates as required to meet the demands of the project, we will endeavor to ensure that any such changes are communicated to the bidders as soon as possible.

Stage	Description	Date
Confirmation of receipt	The bidder is to confirm that they have received this document and provide contact details for the ongoing process	TBC

Clarification period	The period during which the bidder may ask for additional information or clarification to support their submission	
Response date	The date when the submission is due from the bidder	
Bid evaluation period	The period during which submissions will be evaluated and scored. This period may also be used to clarify areas of the bid that are unclear.	
Selection process	The client will select one or more providers to continue discussions with	
Negotiation phase	Discussions with the preferred bidder to finalize details of the contract	
Contract finalization	Confirmation of the contractual and commercial agreement that has been reached to the provision of the services	
Contract signature	Execution of the contract by all parties	
Service commencement	The date or dates upon which the provision of these services will commence	

RECEIPT CONFIRMATION AND NOTIFICATION OF BID MANAGER

Within three (3) working days of the date of issue of this offer to bid, each Bidder must confirm receipt and provide contact details for the Bid Manager to whom all future correspondence regarding this procurement should be addressed.

The Bid Manager must have the full authority to represent the Bidder and negotiate on its behalf. Confirmation of receipt of the offer to bid must be sent to: (postal address or email)

CHANGES TO THE BID PROCESS

The Client may:

- Amend the Timetable for any stage of the Selection Process;
- Vary any aspect of the Selection Process and/or introduce additional steps or stages into the Selection Process.
- The Hospital will notify each Bidder's Bid Manager of any changes made to the Selection Process and Outline Timetable.
- Under no circumstances will the Hospital be liable for any costs or expenses incurred by Bidders, as a result, directly or indirectly, of any such changes to the selection process or the outlined timetable

- The Hospital may decide not to award any contract or contracts pursuant to this Offer to Bid where no satisfactory bids are received
- It is the bidder's responsibility to notify the client of any change in contact details, the validity period of the bid, or if the bid manager changes.
- Any information additional to that contained in this document will be sent to the contact details provided by the bidder
- Where the bidder intends to use sub-contractors to provide services it is the bidder's responsibility to ensure the appropriate information is passed to that sub-contractor
- All requests for clarification of this offer to bid must be sent to the Hospital in writing. Confirmation of receipt will be provided by the Hospital.
- Where Bidders consider that the response to a question is commercially confidential, written communication labeled "Commercial in Confidence" will be sent, and Bidders are to specify, where possible, such changes as would render the request and any response non-confidential.
- During the evaluation process the Hospital may wish to raise clarification questions with the bidder. The response is to be sent by mail or e-mail.
- Bidders should be prepared to attend meetings to discuss their tender. The Hospital will attempt to provide appropriate notice of any such meeting and will endeavor to use teleconferencing where appropriate to minimize travel and cost. Bidders should confirm their ability to attend at least 24 hours prior to the arranged time of the meeting.

SUBMISSION INSTRUCTIONS

- Each bidder's submission should clearly state the services for which a tender is being offered.
- All bids submitted must be compliant with the requirements as stated in this document.
- All bids must include fully priced proposals and complete budgets
- Bidders may propose additional options within their bids, to the extent that these options can be described in the response to questions within the response pro forma and do not affect the responses to the requirements in other sections
- Variant bids are acceptable, however they must still satisfy the requirements, provide complete financial pro forma statements and provide a summary of the advantages such a variant bid will provide over the expected form of submission.

Two hard copies of bids must be sent to:

The Hospital

(Address)

By email to:

Bids must be delivered no later than 12:00 on the response date.

All bids must be written in English

Electronic files should be provided in the following formats:

- Text documents -- Microsoft Word 2003 or a later version that is compatible with Word 2003, any organization charts (or similar graphics) should be embedded and not submitted as Visio files or similar applications. It is the bidders responsibility to ensure they remain legible when printed in standard documents format (A3 or A4)
- Financial submissions -- Microsoft Excel 2003
- Drawings or sketches -- AutoCAD 14

EVALUATION OF BIDS

- The Hospital is seeking the best value offer for the services. The evaluation will assess the

extent to which the proposed solution meets the requirements while meeting the cost objectives of the client

- Bid evaluation will gauge the expected service delivery outputs for each service by considering the bidders understanding of the requirements, evidence of past experience and any other justifications for confidence in the bidder being able to deliver the services at or above the required standard.
- The quality and clarity of the presentation of the bid will be an important criteria by which the bidder's submissions are assessed.

BIDDER CHANGES

If the bidder wishes to substitute or change one of their sub-contractors or the organization itself changes significantly they should inform the client as soon as possible and certainly prior to the end of the evaluation period.

COSTS AND EXPENSES

Bidders are responsible for all costs incurred by them in connection with their responses to this document and all future stages of this procurement.

QUESTIONS AND RESPONSE PRO FORMA

The table below lists the specific questions that are to be answered in response to this offer document.

Bidders should answer the questions as listed and assume the same numbering convention as that in the table, in the event that a bidder submission is for one or more of catering, laundry, housekeeping or Plant Operations and maintenance, then the bidder should only complete the general requirements section (marking any questions which they believe are not relevant to their submission N/A) and in addition, complete the Service Specific questions which are relevant to the service/s for which a bid is being submitted.

GENERAL REQUIREMENTS
<p>I. Bidders are requested to provide an executive summary of their overall Bid which sets out the following, in no more than 1,500 words:</p> <ul style="list-style-type: none">(a) their overall approach for delivering the services for this project;(b) key features of their Bid and how these meet the Service Requirements as a whole;(c) internal management arrangements, including proposals for working with the Client and other stakeholders at all levels;(d) details of where their proposed Solution provides added value to the Project in comparison to the Requirements;(e) brief description of, and confirmation of the number of the Bids provided as part of this Response.(f) In the description, Bidders must discuss management of risks and other uncertainties affecting service delivery.

Bidders should note that the executive summary is for information only and will not form part of the evaluation.

Bidder Response

Environment & Amenities

2. Bidders must describe how their Solution will:

- (g) ensure their Facilities are always clean and hygienic to the highest standards recognised for international medical facilities

Bidder Response

3. Bidders must provide for the previous 12 months the number and average complaint rate per person relating to Facilities they are currently managing (or were managing during the prior 24 month period)

- (h) waste handling;
- (i) cleanliness of the Facility, including all patient accessible areas;
- (j) security; and
- (k) violent incidents involving staff or Patients;
- (l) continual improvement investigation into shortcomings for all of the above and consequent service improvements.

Bidder Response

Sourcing

Description of Resource Strategy

4. Bidders must provide a description of the approach to sourcing delivery of these services (maximum 2000 words) that demonstrates how they will deliver the Services and as a minimum how they propose to:

- (m) meet the essential day-to-day staff leadership, management and supervisory requirements including during the Mobilization Period;
- (n) attract and retain Staff in the numbers, competencies, and qualities required to ensure the safe and high quality provision of the required Services;
- (o) support local employment objectives
- (p) achieve and maintain a positive employee relations environment;
- (q) cover any identified workforce risks and uncertainties;

(r) comply with all relevant employment legislation applicable in the country
Bidder Response
5. Bidder is to outline its strategy for employing and training nationals to take over key positions at all levels during the course of the contract.
Bidder Response
Resource Plan
6. Bidders must provide the following: <ul style="list-style-type: none"> (s) a draft staffing plan to deliver the Solution, demonstrating how the Bidder's proposed staffing arrangements will consistently and reliably contribute to the provision of the Services. This plan should be consistent with the cost plan
Bidder Response
Management Organization Structure
7. Bidders must provide a proposed management organization structure chart illustrating the interaction of management and reporting relationships in the delivery of the Services.
Bidder Response
Staff Training and Development
Induction
8. Bidders must provide a proposed induction program for all new recruits
Bidder Response
Staff Handbook
9. Bidders must provide a Staff Handbook containing details of their existing employment terms and conditions, which includes as a minimum the following existing policies, or a detailed description of the policies they will have in place in order to deliver the Services <ul style="list-style-type: none"> (t) staff involvement, consultation and communication; (u) disciplinary; (v) bullying and harassment; (w) grievance; (x) whistle blowing;

<ul style="list-style-type: none"> (y) confidentiality; (z) compensation; (aa) performance management/appraisal; (bb) training and development; (cc) sickness absence; (dd) leave/cover arrangements;
<ul style="list-style-type: none"> (ee) lone/remote working; (ff) drug and alcohol misuse; (gg) smoking; and (hh) relocation.
Bidder Response
Health And Safety Policies
<p>10. Bidders must describe in detail how their health and safety policies will support the Solution. Responses should include a detailed explanation of their approach to:</p> <ul style="list-style-type: none"> (ii) managerial accountabilities; (jj) assessment of health and safety risks; (kk) health and safety improvement measures; (ll) staff consultation and counselling processes; (mm) safety audit procedures; (nn) accident reporting processes; and (oo) health and safety record-keeping and reporting.
Bidder Response
Benefits of proposed Terms, Conditions and Policies
<p>11. Bidders must demonstrate how their existing employment terms and conditions, and HR policies will:</p> <ul style="list-style-type: none"> (pp) support their Solution; (qq) reflect good practice and comply with relevant employment legislation applicable in the country;

(rr)	encourage the recruitment and retention of high quality, competent staff;
(ss)	promote a positive working environment; and
(tt)	resolve any employee relations issues which may arise.
Bidder Response	
Workforce Information Management	
12. Bidders must describe the systems and processes that they have in place to monitor and manage workforce information. Bidders must demonstrate how these will facilitate the:	
(uu)	day-to-day management of their Staff
Bidder Response	

CONTRACT MANAGEMENT REQUIREMENTS	
Reporting Requirements	
13. Bidders must describe how they will manage the invoicing process including verification of invoices, provision of supporting documentation and how they will minimize any discrepancies.	
Bidder Response	
14. Bidders must describe how they will ensure the quality of their data, timeliness of reports, and proposals for presentation of data for ease of review.	
Bidder Response	
15. Bidders must describe how they will create and deliver minimum data set required for the management reporting and performance management requirements	
Bidder Response	
Contract Management Structure	
16. Bidders are required to demonstrate how they intend to manage their subcontractors to ensure quality of service provision, and manage directly any issues arising during the term of the contract.	
Bidder Response	
Business Continuity	
17. Bidders must outline their approach to Business Continuity (The final requirement would be jointly developed between the successful bidder and the Client)	

Bidder Response
Mobilization Plan
Overall Mobilization Plan
<p>18. Bidders must provide a draft Mobilization Plan for delivery of the Services including:</p> <ul style="list-style-type: none"> (vv) indication of the reporting lines required during the mobilization period. Specific areas where the provider will expect direct involvement with the rest of the Project Team to ensure successful mobilisation (ww) how they will resource the Mobilization Period to ensure a smooth transition to service commencement; (xx) key Mobilization Milestones, activities and likely lead times to complete mobilisation and ensure completion prior to service commencement
(yy) from where the different categories of staff will be recruited
(zz) time-scales and lead times for recruitment, pre-employment checks, work permits and entry requirements (if relevant).
Bidder Response
19. Bidders must describe how their mobilization strategy has been influenced by previous experience in contractual mobilization, detailing key lessons learnt and how these have been applied to this Project. Where relevant, this should link to the risk register provided.
Bidder Response
Risk and Contingency Management
20. Bidders must provide a risk register identifying the key risks during the Mobilization Period and Service Delivery and identifying their strategy for avoiding and minimizing these risks.
Bidder Response
21. Bidders must;
(aaa) Confirm the processes that formally apply Risk Management to enhance the operational effectiveness.
(bbb) Confirm the management controls of the quality of service delivery by third party contractors.

(ccc) Confirm the processes to ensure that the service delivery complies with all required statutory appointments, certificates and inspections and that it is effectively fulfilling its duty of care.
Bidder Response
22. Bidders must demonstrate how they will provide adequate resource to support the procurement and mobilization phases, through to Service Commencement.
Bidder Response
Service Specific Questions
Catering
23. Bidders should outline their approach to purchasing the following:
(ddd) Fresh produce –sourcing policy etc.
(eee) Dry or preserved goods
(fff) Frozen produce
Bidder Response
24. Bidders should outline their approach to menu development and maintenance of nutritional standards and variety
Bidder Response
25. Bidder should provide details of their approach to the following:
(ggg) Receipt of goods
(hhh) Food storage
(iii) Stock rotation
(jjj) Food handling
(kkk) Chilling and reheating of cooked foods
(lll) Food samples
(mmm) Re-use of over produced foods
(nnn) Equipment checks
Bidder Response
26. Bidders should provide details of their approach to the following staffing issues:
(ooo) Qualifications

(ppp)	Training plan
(qqq)	Qualified staff in attendance
(rrr)	Customer care
(sss)	Uniform
(ttt)	Safety footwear
(uuu)	Food service supervision
(vvv)	Food production supervision
Bidder Response	
27. Bidders should give an outline specification for equipment and area required to deliver the catering services by the following area types	
(www)	Goods receipt and storage
(xxx)	Food prep and kitchen
(yyy)	Servery
(zzz)	Wash up, waste handling, disposal and storage
Bidder Response	
28. Bidders should outline their approach to managing the following health and hygiene issues:	
(aaaa)	Personnel hygiene
(bbbb)	Waste and rubbish
(cccc)	Washing up crockery, cutlery, trays, water jugs, glasses
(dddd)	Cleaning procedures
Bidder Response	
29. Bidders should give details of their approach to the following areas of catering management	
(eeee)	Quality control
(ffff)	Health and safety
(gggg)	Major incident management – food poisoning outbreaks, traceability etc.
Bidder Response	

Laundry Service
30. Bidders must provide details of their approach to the following aspects of their laundry and linen service
(hhh) Textile Control Procedures
(iii) Occupational Safety & Hygiene
(jjj) Quality Control and Process Monitoring
(kkk) Handling, Collection and Transportation of Soiled Healthcare Textiles
(lll) Sorting
(mmm) Washing, Extraction and Drying
(nnn) Finishing
(ooo) Packaging & Storage
(ppp) Delivery of Cleaned Healthcare Textiles
Bidder Response
Cleaning
31. Bidders should provide details of the staffing levels and ratio of staffing supervision they intend to put in place to operate this contract
Bidder Response
32. Bidders should provide details of the standards and method statements they will employ to clean the following area types.
(qqq) General
(rrr) Floors
(sss) Vertical Services & High Level
(ttt) Furniture, Fixtures and Fittings
(uuu) Sanitary Fittings
(vvv) Clinical Areas
Bidder Response
33. Bidders should provide details of their approach to deep cleaning the following types of areas:
(www) Hospital wards

(xxxx)	Toilet and wash areas
(yyyy)	Operating rooms
(zzzz)	Catering areas -- kitchen and cafeteria spaces
Bidder Response	
34. Bidders should outline their approach to the following issues:	
(aaaaa)	Staff training
(bbbbb)	Use and control of hazardous cleaning products
(ccccc)	risk assessment of cleaning in clinical areas
Bidder Response	
Plant Operations and Maintenance	
35. Bidders should provide details of the processes they use to carry out the following	
(dddd)	Service activation & request handling and escalation process
(eeee)	Work allocation, execution, status tracking and feedback and close out process (i.e. at individual work order level)
(ffff)	Reactive and Planned Preventative Maintenance (PPM) scheduling and tracking process (i.e. at aggregate level)
(ggggg)	Plant & equipment change control process
(hhhhh)	Quality control and corrective action process
(iiii)	Performance measurement and improvement process
(jjjj)	Minor capital works program planning and tracking process
(kkkkk)	Selection and development of sub-contractors
Bidder Response	
36. Confirm the key elements of your approach to the development of a coherent integrated maintenance strategy. As a minimum indicate the proposed approach to the development of:	
(llll)	The maintenance and associated logistic support concepts and strategies.

(mmmmm)	All maintenance & engineering standards, processes, policies and procedures.
(nnnnn)	Detailed maintenance schedules and plans for preventive, condition based and corrective maintenance tasks as well as all statutory inspections / tests.
(ooooo)	Annual Facility Condition Surveys and Maintenance Management/Compliance Audits.
(ppppp)	Innovation and improvement
(qqqqq)	Confirm the key elements of innovation associated with your service offer? Also indicate their tangible benefit
Bidder Response	

FINANCIAL SUBMISSION

Bidders must provide financial details for their Bids, based on the minimum requirements set out below.

The Financial details shall comprise at least the following:

- Assumptions
- Projected profit and loss statements
- Projected cash flow report
- Projected balance sheet

The Financial Details must be presented on the following bases:

All monetary figures must be denominated in local currency.

- A detailed analysis of all direct costs and overheads including, but not limited to, staff costs, consumables, maintenance, IT, depreciation, financing costs, lease rentals and taxation;
- Where the Bidder proposes subcontracting any services to any third party, the costs associated with each individual service should be input as a separate line item and clearly identified as being the cost associated with a subcontract;

The format for submission of the Financial Model should adhere to the following:

- Bidders must submit one copy of the financial details for each bid on CD Rom.
- Be submitted in Microsoft Excel 2000 or versions above
- Data submitted on CD should be checked to ensure that it is free from any viruses or other malicious software
- All inputs should be provided and no externally linked files submitted; files should not be password protected

PERFORMANCE MANAGEMENT

INTRODUCTION

In order to maintain a high standard of service delivery and ensure excellent value for money from the facilities management Contractor/s, it is intended to put in place a robust performance management and continuous improvement system with the Contractor. The intention of this

system is that the Hospital and Contractor work together to ensure that the appropriate level of service is delivered and that all parties understand the issues and expectations that arise from the delivery of the services. It is designed to ensure that the Contractor is held accountable for the delivery of the services.

OPERATION

During the operation of the hospital the Contractor of services will be required to submit regular performance reports to the operations manager at the hospital. The period of these reports is monthly and is consistent with the invoicing for services. The report will contain data directly relating to the quality of each service provided, the agreed upon Key Performance Indicators (KPIs). The data will be both quantitative and qualitative. Key Performance Indicators are decided during the contract negotiation period. In addition, reports will include written incident reports documenting any significant events occurring in the reporting period during the delivery of these services.

In the event that the Contractor does not achieve, within an agreed percentage of the threshold, e.g. 10%, or that the trend shows a deterioration in the delivery of services over a longer period (e.g., three contiguous months), then the Contractor will be required to put in place a service improvement plan. Delivery of the service improvement plan will be the responsibility of the provider, and costs associated with its delivery will also be the Contractor's responsibility (except in exceptional circumstances and by prior agreement).

Service improvement plans are monitored by the Contractor and Hospital management. If the provider fails to reach a predetermined level of performance, then the Hospital reserves the right to withhold revenue for that portion of the service that is deemed to be unacceptable. At the same time the Contractor will remain responsible for the costs associated with restoring the service to an acceptable level.

In the event that the Contractor, after the service improvement plan has been implemented, is unable to deliver or restore to an acceptable level the service in question, the Hospital reserves the right to terminate the agreement in part or in whole and find and install a replacement Contractor for those services in question.

It is anticipated that the Hospital may wish to carry out planned as well as unannounced inspections and audits of the reporting data. In the event that such audits reveal anomalies in the data or reporting, the Contractor will be required to provide justification for the anomaly, correction of the data and if required retrospective adjustments to any payments received.

