MODULE 8 | COMPLAINTS, LEGAL CASES, INVESTIGATIONS AND INTEGRITY

Fact-Finding, Investigations and Evidence

36

LECTURE

Practical hospital governance in Punjab, Pakistan

Establish what the evidence supports.
Use the right authority, process and record.

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SELF-STUDY PDF

A reliable investigation starts with a clear question

An institutional head needs a dependable account of events and a lawful next step. A report should explain what is established, what is disputed and what remains unknown.

- Check the process and the power to order it.
- Preserve records and test explanations.
- Record interviews and reasoned findings.
- Report clearly and track the authorised action.

OFFICIAL SOURCE

A principle tied to a named law, standard or official guidance.

WORKING METHOD

A practical control or teaching format to adapt to the authorised system.

TEACHING CASE

An invented hospital example, used to practise applying the correct process.

Study output

A fact-finding plan, an evidence register and a short findings report.

Module 8 | Presentation 3 of 4. Allow 45-60 minutes with exercises. All explanations are on the pages; check the cited sources before live use.

Different processes answer different questions

One event may require more than one process. Record each route, its authority and its separate purpose.

Process	Main question	Important limit
Administrative fact-finding	What happened and what needs further action?	Its authority comes from the lawful administrative order.
Formal PEEDA inquiry	Are the notified employee charges proved?	Follow the Act, appointment and procedural safeguards.
Clinical safety review	What affected care and what would reduce risk?	Does not itself decide criminal liability or impose a service penalty.
Police / ACE investigation	Is there evidence of an offence within the agency's jurisdiction?	Agency powers and criminal procedure do not pass to a hospital committee.

PEEDA means the Punjab Employees Efficiency, Discipline and Accountability Act 2006. Module 6 covers its detailed disciplinary process.

Sources: **P1**: ss. 5, 9-13 | **P2**: enquiry | **P3**: investigation

State the source of the rule and the method

This lecture uses official sources for legal distinctions and labels practical tools as working methods.

What must be checked

- Identify the applicable law, employment status, institutional charter and current delegation. Read the actual order for this case.
- For a statutory inquiry, use its required notices, safeguards, powers, time limits and decision route. A generic checklist cannot replace them.

What can be adapted

- The registers, interview prompts and report formats here are suggested ways to organise work. Approve them within the lawful institutional system.
- Use a clinical specialist, legal adviser, accountant or digital examiner when the question exceeds the team's competence.

A document called an inquiry report does not prove that a statutory inquiry was lawfully ordered.

WORKING METHOD | Illustrative material is identified in the text.

Separate an allegation, a fact and a finding

Precise wording prevents a suspicion from becoming an unsupported conclusion.

Term	Simple meaning	Invented example
Allegation	A claim that requires examination.	A stores officer issued devices without authority.
Evidence	Material that may support or challenge the claim.	An issue voucher, stock record and witness account.
Established fact	A point supported by the evidence after checking.	Voucher 17 bears the officer's verified signature.
Finding	A reasoned answer to the question being examined.	The issue was authorised by an earlier order; no unauthorised issue is established on this evidence.

An allegation not established by the evidence is not, for that reason alone, a deliberately false complaint.

WORKING METHOD | Illustrative material is identified in the text.

Control urgent risk while facts are being checked

Patient protection, record preservation and fair process can begin together.

Immediate management action

- Arrange urgent clinical care and safe continuity of the service. Secure an unsafe device or affected stock through the authorised technical procedure.
- Preserve relevant records and restrict unauthorised alteration. Record the hazard, reason for the control, responsible person and review time.

Keep the decision proportionate

- Do not describe an interim safety measure as a finding of guilt. A staff deployment change still needs the proper power and a clear service reason.
- Suspension, punishment, pay recovery and criminal referral each require their own lawful decision. Ask the competent authority where the power is held elsewhere.

An urgent hazard needs prompt action. It does not give the MS unlimited disciplinary or investigative powers.

WORKING METHOD | Illustrative material is identified in the text.

Check the appointment before collecting evidence

Working check. For a formal PEEDA inquiry, read the specific statutory requirements as well as the appointment order.

01 Authority

Who signed, and what law, delegation or institutional power applies?

02 Purpose

Is this a preliminary check, a clinical review or a statutory inquiry?

03 People

Who is appointed, who will chair and who keeps the record?

04 Scope

Which events, dates, locations and questions are included?

05 Powers

What records and assistance may the team lawfully obtain?

06 Reporting

Who receives the report, and when is it due?

Under PEEDA, the inquiry officer or convener must be senior in rank to the accused, or the senior-most accused in a joint case.

Sources: **P1**: ss. 2(f), 5(2), 9(1)(a)

Write useful terms of reference

Terms of reference are the written questions and limits of the assignment. This is a preliminary fact-finding format.

01 Event

Identify the incident and the period to be examined.

02 Questions

List the facts to establish, without assuming an answer.

03 Responsibility

Identify the duties and approvals that must be checked.

04 Evidence

Identify available records, witnesses and technical support.

05 Limits

State exclusions and the route for any new issue.

06 Output

Require findings, limitations, supporting records and next steps.

Use “establish whether the items were received” instead of “prove that the storekeeper stole the items”.

Identify conflicts and protect impartiality

Working safeguard. The team must be able to test explanations without a personal stake in the result.

Disclose the issue early

- A proposed member may have approved the disputed action, witnessed the event, made the complaint or have a close personal connection.
- Disclose the relevant facts to the appointing authority. Record any objection and obtain a decision on membership or the affected task.

Keep the assessment independent

- A witness should provide their account. Do not ask that person to decide whether their own disputed conduct was proper.
- Do not accept an instruction to reach a preferred finding. Record the evidence and seek a lawful decision where pressure affects the work.

A change of membership or scope must be properly authorised and recorded. Avoid private substitutions.

WORKING METHOD | Illustrative material is identified in the text.

Build an evidence plan around each question

Working example: a delivery was certified as complete, but the ward reports missing equipment.

Question	Records and people to check	What could change the conclusion?
What was ordered?	Purchase order, specification and approved variation.	A later authorised change in quantity or destination.
What arrived?	Delivery note, receipt, serial numbers and receiving staff.	A separate consignment or goods held for inspection.
What was certified?	Original certificate, signatory and inspection duty.	A signature limited to receipt rather than technical acceptance.
What was paid?	Bill, supporting documents and payment record.	A part-payment or an unpaid disputed balance.

Test both the allegation and a plausible alternative. A payment or signature must be read in its actual context.

TEACHING CASE | Illustrative material is identified in the text.

Preserve records before they are lost or changed

Working method. A preservation instruction identifies material that must remain available for the case.

Make the instruction specific

- List the relevant files, dates, registers, emails, messages, system logs and CCTV locations. Notify the responsible custodians through the authorised route.
- Address automatic deletion, overwriting and routine disposal where relevant. Obtain confirmation of what was preserved and what was already unavailable.

Keep the record usable

- Keep an intact source copy and a controlled working copy. Record who collected each item, when and from whom.
- Preserve evidence that supports the person complained against as well as evidence supporting the allegation. Do not remove inconvenient pages.

Apply the applicable retention rules and any lawful case-preservation requirement. Do not invent one retention period for every record.

WORKING METHOD | Illustrative material is identified in the text.

Use one evidence register

Working format. Give each item a unique reference and maintain a clear link between the report and its source.

Field	What to record	Example
Item reference	Unique number and short description.	E-04: delivery receipt, three pages.
Source and collector	Custodian, person collecting and method.	Received from stores custodian by designated officer.
Date and status	Time obtained; original, certified copy or other copy.	4 October, 10:15; original register inspected.
Integrity and location	Condition, missing parts, storage and access.	Pages 21-23 copied; source returned with receipt.
Use and transfer	Relevant issue; each authorised handover.	Issue 2; copy supplied to review team on recorded date.

Chain of custody means a traceable record of who held or handled an item. A register helps; it does not by itself prove authenticity.

WORKING METHOD | Illustrative material is identified in the text.

Keep originals, copies and corrections distinct

The report must make clear what the team actually inspected.

Handle records accurately

- If an original is unavailable, say so. Record who supplied the copy, its completeness and any attempt to obtain the source.
- Number working copies and keep an index. If an original leaves its custodian, record the lawful authority, recipient and acknowledgement.

Do not repair the past

- Never backdate an entry or replace a disputed original. A later explanation belongs in a separately dated and attributable record.
- Where a record is lawfully corrected, retain the original entry and an audit trail. Preserve different versions and explain the difference.

PHC indicators 145-148 address authorised entries, dates and times, identifiable authors and a chronological patient record.

Sources: **P4**: indicators 145-148

Digital evidence needs its source and context

A screen image may show useful information while omitting the history needed to interpret it.

Preserve through authorised support

- Ask authorised IT staff to preserve relevant source data, available audit logs and the method used to export them. Record system, account, date and time settings.
- Keep the export intact and use a separate working copy. Document any conversion, redaction or technical limitation.

Escalate technical questions

- A disputed deletion, altered file, account misuse or edited recording may require a qualified digital examiner. Routine IT support is not automatically forensic expertise.
- Do not search a private phone, take a password or seize a device merely because an internal committee requests it. Establish the lawful power and procedure.

The team should not declare a digital item authentic or legally admissible solely because it opens on a computer.

Sources: **P5**: arts. 59, 164

Worked example: a CCTV clock is wrong

All people, events and hospital details in this teaching example are invented. They do not describe an actual hospital event.

Allegation	A staff member is said to have removed a sealed carton at 09:10.
Available material	A short shared clip displays 09:10. The recording system clock may be seven minutes slow.
Next checks	Preserve the relevant source footage and surrounding period. Have authorised staff document the system clock and export method.
Compare records	Check access records, issue documents and witness accounts using the identified time difference.
Permitted conclusion	State what the image shows and its limits. Identity, contents, authority and intent still require evidence.

A clock adjustment is a matter to verify, not a reason to edit the source recording.

TEACHING CASE | Illustrative material is identified in the text.

Build a chronology with a source for each entry

Working format. Keep event time separate from the time an entry was written or a document was received.

Time / event	Source	Status or uncertainty
08:45: consignment entered gate	Gate register E-01	Recorded time; confirm clock where material.
09:05: receipt signed	Receipt E-02 and signatory account	Signature verified; exact receipt time disputed.
11:30: ward reported shortage	Email E-03	Email time does not establish when shortage began.
Next day: explanatory note written	Note E-04	Later account; does not replace the original record.

If sources disagree, display the disagreement and investigate it. Do not silently select the time that suits the preferred account.

TEACHING CASE | Illustrative material is identified in the text.

Interview people without coaching their answers

Working method for preliminary fact-finding. A statutory hearing has its own required procedure.

1	**Explain the purpose**	Identify the authorised review, your role, the subject and how the account will be recorded. Do not promise absolute secrecy.
2	**Obtain their account**	Speak to relevant people separately. Ask what they saw, heard or did and distinguish direct knowledge from information received later.
3	**Test the detail**	Ask neutral questions about dates, records and differences. Ask what else the team should examine and what supports their explanation.
4	**Confirm the record**	Record questions and answers accurately. Allow corrections, date the account and record any refusal or inability to confirm it.

Do not prepare a witness's story, threaten them, bargain for a confession or ask people to agree a common version.

WORKING METHOD | Illustrative material is identified in the text.

Check contradictions without assuming dishonesty

Different accounts may reflect incomplete knowledge, a mistaken time, different duties or an inaccurate account.

Test the difference

- Write the exact point of disagreement. Compare the source record and ask each person a clear question about that point.
- Check opportunity to observe, timing of the account and relevant supporting material. Seniority is not a substitute for direct knowledge.

Record the limit

- If a contradiction remains unresolved, explain it in the report and state how it affects the finding.
- A late recollection, unsigned copy or second-hand report may still identify useful leads. Describe its limitations instead of treating it as conclusive proof.

Confidence, repetition and a large number of signatures do not remove the need to check the underlying facts.

WORKING METHOD | Illustrative material is identified in the text.

Give a fair opportunity to answer material concerns

Before an adverse preliminary finding about a person, seek and assess their explanation through the authorised process.

Preliminary fact-finding

- Identify the relevant conduct and the material concern clearly enough for a meaningful answer. Record the response and any further evidence requested.
- If urgent protection is necessary before a response, record why. Do not present that temporary action as a completed finding.

Formal PEEDA inquiry

- Follow the statutory charge, defence and hearing procedure. Section 10 provides for relevant oral and documentary evidence and cross-examination where a party produces a witness.
- A preliminary interview does not replace a defence opportunity or the other safeguards of a later statutory inquiry.

Patient confidentiality and procedural fairness both require a lawful access arrangement. Obtain advice where disclosure is disputed.

Sources: **P1**: ss. 9-10

Use technical expertise for technical questions

An administrative committee should identify the question an expert must answer and the material supplied.

Examples of specialist questions

- Clinical: what care was required in the actual circumstances, and what do the records establish about care provided?
- Technical or financial: does a device log show failure; do quantities reconcile; does an invoice match the contract and delivery?

Keep the opinion within its limits

- Record the expert's field, qualifications, independence, evidence considered and assumptions. Ask for reasons in language the decision-maker can understand.
- A clinical adverse outcome is not itself proof of negligence. A stock difference does not itself identify theft, the responsible person or intent.

The expert explains the technical issue. The authorised decision-maker applies the appropriate legal or administrative process.

WORKING METHOD | Illustrative material is identified in the text.

Use a finding table for every question

Working report format. Link each material conclusion to the evidence and the explanation considered.

Report field	What it should show
Question	The exact issue within the authorised scope.
Evidence supporting concern	Relevant records and accounts, using item references.
Response and contrary evidence	The person's explanation and material challenging the concern.
Assessment	Why evidence is accepted, limited or insufficient.
Finding and limitation	What is established, what remains unknown and what further step is needed.

Use the finding required by the applicable process. Do not apply a criminal standard or an informal label to every type of inquiry.

WORKING METHOD | Illustrative material is identified in the text.

Worked example: a missing receipt is not proof of theft

All people, events and hospital details in this teaching example are invented. They do not describe an actual hospital event.

Concern	Ten monitors cannot be traced from the receiving store to the ward. The issue receipt is missing.
Evidence obtained	Purchase and delivery records show receipt at the hospital. A later ward inventory lists ten matching serial numbers.
Explanation	The ward custodian reports a transfer during renovation. The team checks dates, identities and the transfer authority.
Finding	The missing signed issue record is a control gap. The verified ward inventory contradicts the claim that the monitors are missing.
Next step	Correct the traceability process and examine responsibility for the record gap through the authorised route, without inventing theft.

Missing documentation can establish a documentation gap. It does not automatically establish that the underlying event never occurred.

TEACHING CASE | Illustrative material is identified in the text.

A short report still needs a complete structure

Working format. Put the decision needed near the front and place the detailed evidence in indexed annexes.

01 Mandate

Order, authority, team, scope and reporting period.

02 Method

Records inspected, people heard and specialist input.

03 Chronology

Main events with evidence references and disputed times.

04 Findings

Issue-by-issue assessment, responses and reasons.

05 Limitations

Missing material, unresolved matters and their effect.

06 Next steps

Actions or referrals requested from the proper authority.

A PEEDA inquiry report must also meet the Act's requirements for findings and specific recommendations. Its recommendations do not bind the competent authority.

Sources: **P1**: s. 10(6)

Choose words that match the evidence

Working examples. Explain the reason rather than using a label as a substitute for analysis.

Avoid	Write a precise statement
“Everyone was negligent.”	Identify the specific duty, act, evidence and person; obtain the required expert assessment.
“No record, so nothing happened.”	State which record is absent and what other evidence was checked.
“Complaint was false.”	State whether the allegation was established. Deliberate falsehood requires its own evidence.
“He admitted everything.”	Record the actual words, context and the issues they address.
“Case closed.”	State who decided, what was decided, what was communicated and what remains pending.

A clear finding must survive comparison with the underlying record and the person's explanation.

WORKING METHOD | Illustrative material is identified in the text.

Track deadlines and obtain a lawful extension

Keep one diary for the assignment and separate entries for any statutory or external deadlines.

For administrative fact-finding

- Use the authorised reporting date. Track record requests, interviews, technical reports and unresolved access issues.
- If completion is at risk, report the reason early, the work completed, outstanding tasks and the specific further time requested. Keep the decision on file.

For an ordered PEEDA inquiry

- Section 10(6) sets a sixty-day report period from initiation and requires an extension request for a specific period with written reasons when needed.
- The Act says missing that timetable alone does not invalidate the inquiry. That provision is not permission to leave a case unattended.

Do not assume an internal extension changes a court date, statutory limit or deadline imposed by another authority.

Sources: **P1**: s. 10(6)

Know the limits of internal inquiry powers

A hospital committee must act within its actual legal authority.

An internal fact-finding team

- Does not acquire police powers by using the word investigation. An office order cannot itself create a power of arrest, coercive search or seizure.
- Use authorised access to hospital records and personnel. Refer a refusal, disputed access or suspected offence to the proper authority.

A formal PEEDA inquiry

- Section 11 confers specified Civil Court powers concerning witnesses and documents for an inquiry under the Act.
- These limited statutory powers belong to that lawful process. They do not make the team a police agency or a criminal court.

Confirm the legal basis before exercising a coercive power. Do not improvise a search, trap operation or forced confession.

Sources: **P1**: s. 11

Respond to a police or ACE visit through one lead

Working method. Cooperate with lawful action while arranging prompt legal and institutional support.

1	**Identify the request**	Record officers' identity, organisation, contact, case reference and the authority relied on. A warrant is not required for every lawful action.
2	**Notify and coordinate**	Contact the designated institutional lead and legal adviser promptly. Organise staff support and safe continuity of patient care.
3	**Preserve and produce**	Preserve records and meet lawful requirements. Clarify scope and confidentiality promptly without obstructing lawful action.
4	**Record the handover**	Record items handed over, recipient, date and time. Keep the available receipt and copies where permitted; note any limitation.

A senior officer's absence must not become a pretext for hiding records, deleting material or obstructing lawful action.

WORKING METHOD | Illustrative material is identified in the text.

Manage confidentiality without promising immunity

Sensitive case information needs controlled access and an accurate record of disclosure.

Control the information

- Limit routine circulation to authorised people with a relevant role. Use secure institutional channels and keep a record of material supplied externally.
- For patient records, check identity, legal basis, scope and authorised recipient. Seek prompt advice on disputed access and comply with binding lawful requirements.

Explain the limits

- Do not promise a witness that their identity can never be disclosed. Fair procedure or a lawful request may require disclosure.
- A label such as confidential or internal does not automatically create legal privilege, protection from court production or immunity for a reporter.

Ask the legal adviser to assess any claimed privilege. Qanun-e-Shahadat articles 9-12 address protected professional communications and their limits.

Sources: **P5**: arts. 9-12

Send each recommendation to the right authority

Working routing table. Verify the actual power and any mandatory notification before acting.

What the evidence indicates	Appropriate next step	What must remain separate
A safety or process gap	Authorised corrective action with an owner and a recheck.	Improvement does not decide an employee's guilt.
Possible employee misconduct	Submit the evidence to the competent disciplinary authority.	A fact-finding report is not a final service penalty.
Possible criminal conduct	Seek prompt legal input and follow the applicable reporting and agency route.	The hospital must not make a criminal conviction.
Possible professional breach	Identify the regulator, jurisdiction and applicable referral process.	An employer's decision does not replace regulatory action.

PEEDA section 4(3) preserves separate liability for offences. Do not assume one proceeding automatically ends or suspends another.

Sources: **P1**: s. 4(3)

Understand an ACE reference accurately

ACE means Anti Corruption Establishment. Its enquiry and investigation are distinct from a hospital committee's work.

Read the actual notice

- ACE's official process description identifies preliminary enquiry under rule 5 and investigation following case registration.
- Identify which stage the communication concerns. Keep its reference, requested records, reporting date and named contact in the case diary.

Follow the separate route

- ACE describes outcomes that may include referral for departmental proceedings. A departmental referral still requires the proper service process and authority.
- A hospital reply should provide verified facts and records. Do not describe registration, an allegation or an agency request as a conviction.

Use current law and the particular notice for powers, approvals and deadlines. The website overview is not a complete procedural code.

Sources: **P2**: enquiry | **P3**: investigation

Close actions only when there is evidence

Working action register. Keep pending disciplinary, regulatory and court proceedings visible after the local review ends.

01 Decision

Identify the authorised decision, date and reference.

02 Owner

Name who must implement each action or referral.

03 Deadline

Record the due date and the event that starts it.

04 Evidence

State what will demonstrate completion.

05 Recheck

Test whether the control now works in practice.

06 Handover

Record unresolved matters, file custody and next review.

A report submitted, letter sent or meeting held is not the same as an action completed.

Apply the principles to three situations

Write your answer and the reason before turning to the next page.

1. A committee wants a private phone

A preliminary team wants to take a staff member's personal phone and search all messages. Its order only authorises checking a stores complaint.

What should the team establish before any such step?

2. An incomplete patient record

The clinical notes contain no entry confirming a senior review. A nurse says the senior doctor attended.

What can the team conclude now, and what should it check?

3. A preferred finding

An appointing officer says the report must recommend dismissal. Several records support the employee's explanation.

How should the team complete and submit its work?

For each case, state the authority, evidence, fair process and next decision needed.

TEACHING CASE | Illustrative material is identified in the text.

Answers and reasons

Apply the evidence, legal limits and appropriate process.

1. The order does not itself confer a coercive search power.

Preserve relevant hospital-held material through lawful access. Clarify the actual power and proper process with the competent authority and legal adviser. Do not seize the phone or demand unrestricted private messages on the strength of the committee label.

2. The record gap is established; absence of attendance is not yet established.

Examine the relevant care records, roster, timing and direct accounts, including the doctor's explanation. Record the documentation gap and any unresolved fact. Do not backfill or backdate the original notes.

3. Record the evidence and an independent reasoned assessment.

Include the employee's explanation and supporting records. Address improper pressure through the authorised route. A statutory inquiry report makes the required recommendations; the competent authority must follow the law before its final decision.

The task is to establish supported facts and a lawful next step, even when the evidence challenges the original allegation.

Sources: **P1**: ss. 10-11, 13 | **P4**: indicators 145-148

Prepare a short, evidence-based fact-finding file

Use an invented hospital case to practise the complete process.

Define the assignment

Use an invented case. State authority checks, neutral terms of reference and immediate risk controls.

Organise the evidence

List evidence and key dates. Include a disputed account and a missing record; state the checks needed.

Write the report

Write findings and limitations. Route actions to the proper authority, with an owner and review date.

Review question: can an uninvolved reader trace each finding to the evidence and see who must make the next lawful decision?

Next: Lecture 37 - Integrity, Conflicts of Interest and Anti-Corruption Controls.

WORKING METHOD | Illustrative material is identified in the text.

Sources and continued use | 1

Select a source title or its official-source link to open the document.

P1

Punjab Employees Efficiency, Discipline and Accountability Act 2006

Act XII of 2006. Sections 2, 4(3), 5 and 9-13: authority, ordered inquiry, evidence, powers, report and decision. Read with amendments and current authority notifications.

Government of Punjab | Official legislation | **Official source** | **Assembly base text via ILO**

P2

Enquiry: official process description

Explains the preliminary enquiry stage under rule 5 of the Punjab Anti-Corruption Establishment Rules 2014. Used for the distinction between ACE enquiry and registered-case investigation.

Anti Corruption Establishment Punjab | **Official source**

P3

Investigation: official process description

Explains investigation after case registration and possible referral for departmental proceedings. This overview is not a complete statement of investigative powers or current approval requirements.

Anti Corruption Establishment Punjab | **Official source**

Educational material by Dr Qurban Hussain Khan. Source editions are stated; verify later amendments and applicable institutional orders before live use.

Sources and continued use | 2

Select a source title or its official-source link to open the document.

P4

PHC Minimum Service Delivery Standards for Hospitals

2024 cover edition, CG-01MS-Ed2-01092023. Indicators 144-148: patient identifiers, authorised entries, dates and times, authorship and chronology.

Punjab Healthcare Commission | **Official source**

P5

Qanun-e-Shahadat, 1984

Pakistan Code text. Articles 9-12 cover professional communications; articles 59 and 164 address expert opinion and modern evidence. Read the conditions and limits.

Government of Pakistan | Ministry of Law and Justice | **Official source**

Educational material by Dr Qurban Hussain Khan. Source editions are stated; verify later amendments and applicable institutional orders before live use.