MODULE 2 | SECRETARIAT AND OFFICIAL CASES

Working with the Provincial Secretariat

05

LECTURE

Practical hospital governance in Punjab, Pakistan

Find the correct route.
Submit a case that can be decided.

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SELF-STUDY PDF

Turn a hospital need into a Government case

For the Medical Superintendent (MS): understand where a case goes, why it is referred and what the hospital must supply.

- Identify the administrative route for a case.
- Separate advice, approval and official issue.
- Prepare a complete hospital submission.
- Manage consultation and delay with a clear record.

OFFICIAL SOURCE

A statement tied to a named law, rule or Government instruction.

WORKING METHOD

A recommended hospital control or teaching format.

TEACHING CASE

An invented example. It is not a report about RIC or any other hospital.

Study output

One route map and one submission checklist. Use them for a real, non-confidential issue.

Module 2 | Presentation 1 of 3. Allow 45-60 minutes, including exercises. The source edition and current institutional orders must be checked before live use.

Three skills, one continuous process

Module 1 established authority. Module 2 develops the practical work of submitting and progressing official cases.

Lecture	Main question	Practical output
5 | Secretariat	Where must the case go, and who needs to be involved?	A verified route and submission checklist.
6 | Official case	How do I present the facts, rules, options and recommendation?	A complete, referenced case note.
7 | Correspondence	How do I answer, follow up and close the matter?	A reply, reminder and action record.

The lectures use a continuing teaching case. They also work as separate references when a specific office problem arises.

COURSE ROADMAP | Illustrative material is identified in the text.

Secretariat procedure and hospital powers are separate

The Manual explains Government office work. The hospital must also use its own applicable law, notification and orders.

Inside the Secretariat

- The Rules of Business and their Schedules organise Government business. Manual paragraph 1.3 refers to that distribution.
- Standing orders identify departmental work allocation, submission channels and delegated disposal powers.

At the hospital

- Check the institutional framework and who may submit the proposal on the institution's behalf.
- The MS is not automatically the statutory Head, the whole Board or the approving Government authority.

For example, the 2003 Act separately addresses the Board, Head and MS. This is not proof that the 2003 framework applies to every hospital.

Sources: **S1**: paras. 1.3-1.4 | **S3**: ss. 3, 5-8, 13

A proposed evening diagnostic service

Teaching Hospital A proposes a 12-week evening echocardiography pilot. Assume its verified local orders reserve the requested extra grant to Government.

1

Service need

A checked teaching dataset shows 160 patients awaiting routine examinations.

2

Proposed response

Four extra sessions each week, with five planned examination slots per session.

3

Authority question

What may the hospital propose, and what further decision and funding are required?

All names, figures and case references in this module are invented. Clinical safety, staffing and financial arrangements must be verified in a real case.

TEACHING CASE | Illustrative material is identified in the text.

A case is more than a covering letter

Rule 2(f) describes a case as the matter under consideration with the papers needed to decide it.

Term	Plain meaning	Practical check
Case	The issue and its decision material.	Can the reader identify the decision required?
File	The organised record holding the material.	Are the documents and previous actions traceable?
Case note	The analysis and recommendation.	Does it explain how the evidence supports the request?
Draft for approval	Proposed wording for a communication.	Is it clearly a draft until approval and issue?

A letter asking for necessary action, with no clear request or evidence, may leave the essential case unfinished.

Sources: **S2**: r. 2(f) | **S1**: paras. 3.12, 4.3, 4.12

Start with the administrative department

The administrative department is the Government department responsible for the institution's business under the applicable arrangements.

1	**Confirm the subject**	Identify the actual decision: a grant, staff matter, service proposal, rule question or other action.
2	**Confirm the department**	Check the current allocation of business and the hospital's reporting orders. Use the current official name.
3	**Confirm the section**	Use its subject allocation and current receiving arrangements. A familiar officer may handle a different subject.
4	**Confirm the route**	Retain the submission order or other authority. Record the official receiving channel and reference details.

Keep a current contact sheet by office and function. Update it when responsibilities change; do not make the route depend on one personal contact.

Sources: **S1**: paras. 1.3-1.4, 1.13 note, 5.16

Understand what the Secretariat officers do

These are selected functions from the Manual. Exact disposal powers depend on the Rules and current standing orders.

Office	Function relevant to your case
Secretary	Official head of the department; allocates work and submission channels and ensures complete higher-level cases.
Additional Secretary	Handles an assigned sphere of work; the exact remit must be checked.
Deputy Secretary	Supervises assigned sections and disposes of cases within the applicable powers.
Section Officer	Runs the section, examines its business and prepares notes and drafts for the required decision.

An officer processing the file may not be the person who can approve the request. Ask separately who is dealing with it and who may decide it.

Sources: **S1**: paras. 1.4-1.8

Map the route for this case

This is a working sequence, not a fixed chain of office-holders for every Punjab hospital.

1	**Hospital preparation**	Clinical, technical and finance staff provide the evidence and a clear proposal.
2	**Institutional submission**	The authorised institutional office submits it. Obtain a Board decision where the framework requires one.
3	**Departmental processing**	The administrative department examines the case and arranges any required consultation.
4	**Decision and issue**	The competent authority decides. The authorised office communicates the outcome and any conditions.

Add the actual office, source of authority and record at every stage. Do not insert every senior rank into a route simply because it exists.

Sources: **S1**: paras. 1.4, 4.12-4.18, 5.11, 5.16

Make a routing card before sending the file

A routing card is a short working record. It helps another officer continue the case if you are absent.

01 Decision

The exact approval, advice or action being requested.

02 Institution

Hospital framework and authorised submitting office.

03 Department

Responsible department and section for this subject.

04 Consultation

Which advice is required, why and through whom.

05 Authority

Who may decide and which provision or order applies.

06 Tracking

Hospital reference, receipt evidence and next review date.

Mark an unresolved authority or routing point as not verified. Obtain a precise clarification rather than inventing a missing delegation.

WORKING METHOD | Illustrative material is identified in the text.

Use the powers already available

Manual paragraph 5.16 addresses references from Heads of Attached Departments and Autonomous Bodies.

The official instruction

- The Head's proposal should state the facts, points for decision and specific recommendations.
- The Head is responsible for technical soundness and should send cases that require a decision beyond the Head's own competence.

The hospital application

- Identify the actual statutory Head and the lawful submitting arrangement for your institution.
- Resolve decisions within your verified powers. For a reserved decision, send the complete proposal through the proper channel.

Do not send routine work upwards merely to avoid responsibility. Equally, do not retain a decision that belongs to another authority.

Sources: **S1**: para. 5.16 | **S3**: ss. 7-8

Match the consultation to the issue

Use the applicable Rules and departmental channel to identify who must be consulted. The examples below are a working guide.

Finance

State the funding, spending or recurring-cost question.

Supply a complete cost and funding statement.

Law

State the legal issue and the proposed instrument.

Supply the facts, provisions and precise question.

S&GAD

State the relevant service or administrative-rule issue.

For Regulations Wing advice, use paragraph 1.60.

Planning and Development

Identify any development-planning or project issue.

Verify the applicable project route separately.

These are examples of consultation needs, not a rule that every hospital case must go to all four departments.

Sources: **S1**: paras. 1.60, 5.11

Ask a question that can be answered

The referring office should identify the proposal and precise points on which advice is needed.

Weak reference	Useful reference
Please give financial views.	State the proposed cost, period, funding source and the exact point requiring financial examination.
Please advise legally.	Identify the two relevant provisions and ask which route applies to the stated facts.
Please decide the staff matter.	Identify the employee category, proposed action, governing rule and authority question.
Please examine the whole file.	List the unresolved points and the page or attachment supporting each one.

A request for advice should include the referring department's own reasoned position where required. It should not transfer all analysis to the consulted office.

Sources: **S1**: paras. 1.60, 5.11(iv)

Advice, concurrence, approval and issue

These practical distinctions help you read the actual wording and legal effect of a response.

Advice

An opinion on the question referred.

Check whether the governing rule gives it a further effect.

Concurrence

Agreement required from a consulted authority.

Check its scope, conditions and the governing provision.

Approval

A decision by the authority empowered to decide.

Identify exactly what was approved and what remains.

Issue

The authorised communication of the decision.

Preserve the approval, final wording and issue record.

A positive comment does not necessarily approve a grant, appoint staff or permit a contract. Read the complete decision and its conditions.

WORKING METHOD | Illustrative material is identified in the text.

Know when a formal Government summary is needed

A hospital submission and a formal summary for the Chief Minister, Governor or Cabinet are different documents.

Hospital material

- Supply the facts, proposal, required decision, supporting records and institutional recommendation.
- The hospital should verify who may submit it and what further approvals or consultations are required.

Government summary

- Manual paragraphs 4.15-4.18 specify the form and authorised process for the higher-level summary.
- The department prepares and routes that summary under the applicable Rules. A new heading does not give the MS that authority.

If asked to supply a draft for departmental use, label it clearly and preserve the required departmental examination, signature and approval process.

Sources: **S1**: paras. 4.15-4.18, 5.16

Technical soundness remains the institution's job

A well-written case cannot replace the clinical, technical or financial work needed to support it.

1	**Clinical case**	Define the service gap, the affected group and the safe proposed scope. Use verified aggregate data.
2	**Staffing case**	Show who can provide the service, required cover and the lawful staffing or payment arrangement.
3	**Technical case**	Confirm equipment availability, maintenance needs and the effect on existing services.
4	**Financial case**	Show the full proposed cost, duration and funding route, including any continuing liability.

In a live submission, identify who checked each technical statement and where the signed evidence is kept.

Sources: **S1**: para. 5.16(ii); para. 4.3

Check the submission before dispatch

The complete case should be understandable without a phone call explaining what the hospital meant.

☐ Purpose

One precise decision or clearly separated related decisions.

☐ Facts

Dates, data period, definitions and supporting records.

☐ Authority

Applicable provision, submitting office and reserved decision.

☐ Proposal

Options, recommendation, costs and material risks.

☐ Attachments

Indexed, legible documents with accurate references.

☐ Issue control

Authorised signature, correct recipient and receipt plan.

Use a prescribed departmental checklist where one applies. This teaching checklist helps organise the case; it does not replace that requirement.

Sources: **S1**: paras. 3.25-3.30, 4.3, 4.14, 5.16

Route the evening-service proposal

Teaching case: the institutional framework has been checked and the extra grant is reserved to Government.

Hospital team	Prepare the demand record, staffing plan, technical review, cost statement and proposed pilot terms.
Institutional office	Use the authorised submission route. Obtain any required Board recommendation and attach its actual decision.
Administrative department	Ask for consideration of the defined pilot and grant request. Identify the precise decisions and required consultations.
Competent authority	The department seeks the necessary decision under the applicable powers. Receipt of the proposal is not approval.
Hospital follow-up	Record the communication received, outstanding conditions and the next authorised action.

The example does not assign a real grant power to an MS, Board, Secretary or Minister. The live authority must come from the applicable source.

TEACHING CASE | Illustrative material is identified in the text.

State the request before attaching the evidence

Teaching example: a concise description of the case to accompany a complete proposal.

Subject	Proposed 12-week evening echocardiography pilot: consideration of service plan and additional funding.
Reason	A checked teaching dataset records 160 pending routine examinations. The proposal is intended to address the service gap.
Proposal	Four extra sessions weekly with five planned slots per session, subject to safe staffing and equipment availability.
Decision requested	Consider the proposed pilot and grant through the competent authority after the required consultations.
Evidence	Attach the referenced demand, staffing, technical, cost and authority records. Identify any point still awaiting verification.

Lecture 6 develops the full case, including options, cost calculations, source references and a precise recommendation.

TEACHING CASE | Illustrative material is identified in the text.

Prepare for a departmental meeting

Use a brief that allows you to answer questions from the record while preserving the formal decision process.

01 Ask

The exact decision you need from this meeting or office.

02 Evidence

Current figures, source dates and important limitations.

03 Options

The alternatives and why the preferred one is proposed.

04 Authority

The powers and approvals still required.

05 Open issues

Known objections, missing records and proposed answers.

06 Next action

Who will do what, by when, and what record will follow.

After the meeting, confirm the agreed action and preserve the record. A helpful discussion does not replace a required formal decision.

WORKING METHOD | Illustrative material is identified in the text.

Use priority labels accurately

The Manual recognises priority handling, including electronic priority options. It also restricts indiscriminate use.

The official instruction

- Paragraphs 3.34-3.35 require a justified priority and review of that priority as the case moves.
- Paragraph 3.42 requires the submitting officer to watch priority cases and follow up when unduly delayed.

A useful urgency note

- State the event, service risk, existing protective action and the time by which a decision is needed.
- Name the exact decision. Keep a management target separate from any statutory deadline or procurement emergency test.

An urgent label affects handling. It does not itself prove the legal grounds for an emergency purchase or create spending authority.

Sources: **S1**: paras. 3.34-3.42

Resolve disagreement through the official channel

Manual paragraph 5.11 addresses inter-departmental discussion when views differ.

1	**Identify the issue**	Record the exact point of disagreement and both positions, with their supporting facts or provisions.
2	**Complete the record**	Supply the missing information. Check whether the disagreement comes from different assumptions.
3	**Arrange discussion**	Use the responsible departmental officers and the prescribed level of discussion or escalation.
4	**Record the outcome**	Preserve the agreed note or final advice. If disagreement remains, keep it visible for the deciding authority.

Do not remove an adverse opinion to make the file appear agreed. A clear account of unresolved issues helps the competent authority decide.

Sources: **S1**: para. 5.11(ii), (x)-(xiv); para. 4.18

Diagnose why the case has stopped

A useful follow-up identifies the next required action, rather than repeating that the case is pending.

Observed position	Next practical action
Wrong section or uncertain recipient	Verify the allocation and record the official transfer or correct submission.
Documents requested	Answer each point and provide the indexed evidence in one coherent reply.
Consultation awaited	Identify the consulted office, exact question and current reference. Follow up through the proper route.
Decision reserved to another level	Confirm that the complete case has reached the required authority and that no approval step is missing.

Separate the location of the file, the issue blocking it and the person responsible for the next action.

Sources: **S1**: paras. 2.11, 5.11(x)-(xiv), 6.5

Escalate an urgent case with a usable brief

Teaching example: the pilot cannot start while its funding and staffing arrangements remain unresolved.

Current position	The complete proposal was submitted under the recorded hospital reference; the receiving reference is retained.
Outstanding point	The additional funding decision is awaited. A favourable discussion is not recorded as a grant sanction.
Service effect	State the verified current demand and the effect of delay. Update the data period instead of repeating old figures.
Interim action	Continue the authorised existing service and any separately approved protective measures.
Decision sought	Request a decision or a clear statement of the remaining requirement through the authorised institutional channel.

Avoid naming an individual as the cause of delay unless the record supports that statement. Describe the pending action and its consequence.

TEACHING CASE | Illustrative material is identified in the text.

Read the reply before acting

Determine whether the communication is advice, a query, an approval or an instruction. Then read its exact conditions.

What arrives	What the hospital should establish
Request for further information	The exact questions, responsible contributors and required reply date.
Approval with conditions	What is approved, by whom, for which period, and what conditions remain.
Direction to prepare another case	The required proposal and route; do not treat the direction as the final approval.
Refusal or revised decision	The reasons, lawful options and any applicable reconsideration or review procedure.

Keep the original communication and a separate action record. Report implementation with evidence, not merely the date the letter arrived.

Sources: **S1**: paras. 4.13, 6.5

Three Secretariat situations

Write the next action and its reason before reading the answers.

01 | Wrong route

A hospital sends a staffing proposal to a familiar officer whose section no longer handles that subject.

What needs verification?

02 | Positive advice

A consulted officer supports the pilot. No decision by the competent grant authority is on the file.

May the support be recorded as grant approval?

03 | Urgent file

The covering letter says urgent, but gives no service risk, decision required or evidence.

What must the hospital add?

Base your answer on the actual office function, wording and record. Personal familiarity and urgency do not answer every authority question.

TEACHING CASE | Illustrative material is identified in the text.

Answers and reasons

The aim is to make the next action precise and support it with the proper record.

01 | Verify the current subject allocation.

Find the responsible department and section, confirm the official receiving route and record the transfer or corrected submission. Keep the existing references linked.

02 | Establish the required decision.

Support or advice must not be relabelled as approval. Identify the competent grant authority and obtain the actual decision, including its conditions and authorised communication.

03 | Supply a complete urgency case.

State the verified service risk, interim arrangements, precise decision and relevant time. Attach the supporting material and follow the prescribed priority route.

Use the answer to improve the file. A statement that authority is missing should lead to a specific request for the missing decision or document.

Sources: **S1**: paras. 1.4, 2.11, 3.34-3.42, 4.3, 5.16

Prepare your next submission

Choose one pending non-confidential issue. Use verified institutional documents for the actual authority and route.

1 | Routing card

Identify the decision, submitting office, receiving section and required consultations.

2 | Case checklist

List the necessary facts, advice and attachments. Assign each missing item.

3 | Follow-up record

Record submission, receipt, pending point, next action and review date.

Review question: can another officer explain where the case must go and what must happen next?

Continue with Lecture 6: Writing a Complete Official Case. It turns the evidence and route into a decision-ready submission.

WORKING METHOD | Illustrative material is identified in the text.

Sources and continued use

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

S1

Manual of Secretariat Instructions, 2023

Government of Punjab edition amended up to February 2025. Paragraph references are given on the teaching pages. Read with later amendments and current departmental standing orders.

Services and General Administration Department | Regulations/O&M Wing | **Official source** | **Later notifications**

S2

Punjab Government Rules of Business 2011

Official 121-page compilation hosted by PDMA. Rule 2(f) defines a case. The Rules and their current Schedules govern Government business; the older compilation is not a certificate of the latest amendments.

Government of Punjab | S&GAD | Official copy hosted by PDMA | **Official source**

S3

Punjab Medical and Health Institutions Act 2003

Act IX of 2003. Sections 3, 5-8, 13 and 19. Used to distinguish the institutional framework from Secretariat procedure. Verify the law and notification actually applicable to the hospital.

Government of Punjab | Specialized Healthcare and Medical Education Department | **Official source**

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