MODULE 13 | DEVELOPMENT BUDGETS AND BUILDING NEW SERVICES

Project Completion, Commissioning and Opening New Services

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LECTURE

Practical hospital governance in Punjab, Pakistan

Open a safe, funded service.
Verify readiness and measure results.

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SELF-STUDY PDF

From a completed project to a working service

A new unit becomes useful only when patients can receive safe care and the hospital can sustain it.

- Distinguish completion, acceptance and clinical readiness.
- Check people, approvals, supplies and running costs.
- Prepare a defensible opening and handover decision.
- Use PC-IV, PC-V and service data for follow-up.

Study output

A service-readiness review, a handover list and a plan to measure the expected benefits.

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.

Module 13 | Presentation 4 of 4. Allow 45-60 minutes with exercises. All explanations are on the pages; check the cited sources before live use.

Four decisions require different evidence

The same date may appear on several records, but the decisions are not interchangeable.

Decision	What it establishes	Main evidence
Project completion	What was delivered against the approved scheme.	Approved scope, actual results, cost and completion report.
Contract acceptance	Whether the contracted work or goods meet the agreed terms.	Inspection, tests and the authorised acceptance record.
Opening a service	Whether the defined care can safely begin.	People, clinical systems, licences, supplies and verified facilities.
Benefits achieved	Whether the service improves the problem it was built to address.	Reliable activity, access, quality, cost and outcome data.

Payment, possession of keys or a public opening ceremony does not establish all four decisions.

WORKING METHOD | Illustrative material is identified in the text.

Apply the correct framework to the actual scheme

PC-IV records project completion. PC-V records performance after completion.

The planning source

- This lecture uses the Planning Commission 2024 manual and forms to explain the project cycle and the evidence they request.
- They are federal publications. For a Punjab Annual Development Programme (ADP) scheme, confirm the current P&D, Finance and administrative-department directions and the approval conditions.

The practical check

- Record the required form version, responsible officer, approving or receiving forum, submission schedule and reporting period for this scheme.
- The manual and forms address different closure stages. Do not assume that one federal deadline or one number of reporting years applies to every Punjab project.

The clinical opening decision also remains subject to the institution's powers and applicable healthcare requirements.

Sources: **C1**: chapter 6 | **C2**: completion instructions | **C3**: post-completion form

WORKING METHOD

Name the people who must hand over and receive

The receiving hospital must be involved before construction ends.

Role	Required contribution
Sponsoring and executing agencies	Approved scope, delivery evidence, costs, outstanding liabilities and formal handover.
Receiving hospital leadership	Defined operating service, responsible departments, approvals and escalation of unresolved risks.
Clinical, nursing and technical leads	Evidence that people, equipment, facilities and patient pathways work together.
Finance, HR and support services	Recurring funding, lawful staffing, assets, contracts, supplies and records.

A handover record should identify who accepts each responsibility, from what date and with what conditions.

WORKING METHOD | Illustrative material is identified in the text.

WORKING METHOD

Build the handover file while work continues

Request these records early; some are difficult to reconstruct after contractors leave.

01 Scope and changes

Latest approved scope, authorised changes and evidence of delivery.

02 Drawings

Approved plans and as-built drawings showing what was actually installed.

03 Tests

Inspection, commissioning, calibration and relevant validation records.

04 Operation

Operating manuals, maintenance schedules and staff training evidence.

05 Assets and support

Inventory, warranties, spares, supplier contacts and support contracts.

06 Open items

Defects, liabilities, responsibilities, deadlines and required approvals.

A missing document is an open action. Do not describe it as received merely because it was promised.

WORKING METHOD

Commission the complete service

Commissioning means checking that the installed systems can perform their intended work safely.

1	**Define acceptance criteria**	Use the contract, approved design, applicable standards and the intended clinical workload.
2	**Test individual systems**	Competent staff verify installation, safety, performance and the required technical records.
3	**Test the combined pathway**	Check that power, gases, water, equipment, staff and information systems work together under an approved safe test plan.
4	**Record the result**	Identify who tested, what passed, what failed and what must be corrected before clinical use.

No unsupervised experiment with a live patient or live critical utility should be used to demonstrate readiness.

WORKING METHOD | Illustrative material is identified in the text.

WORKING METHOD

Separate critical defects from remaining minor work

An unfinished item needs a decision based on risk, the contract and the permitted service scope.

Before opening

- A defect affecting safe power, oxygen, fire escape, infection prevention or required clinical function may prevent use of the affected area or service.
- Obtain a competent assessment. Do not reclassify an important defect as minor simply to meet an opening date.

At contract close-out

- Keep a defects list with evidence, owner and due date. Record restrictions and retest completed corrections.
- Apply the actual terms for acceptance, warranties, defect correction, securities and retention. Their dates and release conditions are not automatically identical.

Any limited acceptance or release of money must follow the authorised contract process; an MS cannot invent a waiver.

WORKING METHOD | Illustrative material is identified in the text.

WORKING METHOD

Transfer assets and responsibility together

A delivered asset needs a recognised custodian and support arrangements.

01 Identity

Description, serial or asset number, location and condition.

02 Ownership

Receiving organisation and authorised transfer or acceptance record.

03 Custodian

Named department or officer responsible for safe custody and use.

04 Maintenance

Service schedule, warranty position, support route and essential spares.

05 Training

Authorised users, operators and technical support staff.

06 Records

Asset register entry, manuals, tests and any applicable account treatment.

Assets, liabilities and continuing obligations must remain traceable when a project office closes.

WORKING METHOD | Illustrative material is identified in the text.

A staffing estimate is not an appointment order

The proposed service must have an authorised and competent team on every planned shift.

Administrative authority

- Check sanctioned posts, approved engagement arrangements, the competent appointing authority and the applicable recruitment or service rules.
- A post or salary estimate shown in a project document must not be treated as automatic authority to appoint, absorb or retain a person after project closure.

Clinical readiness

- Verify professional credentials, current registration where required, competence for the assigned work and the hospital's authorisation to practise.
- Complete induction, emergency training and a workable duty roster with backup. Unfilled positions cannot be counted as available care capacity.

Start the case for continuing posts and funding early through the correct Punjab or institutional route.

Sources: **C1**: paragraphs 6.04 and 6.08; transition to operations | **C4**: HRM; credential verification

Fund the whole operating service

Capital expenditure creates capacity. Recurring expenditure keeps that capacity usable.

Cost group	Items to confirm before opening
People	Approved staffing, pay source, duty coverage and necessary training.
Clinical supplies	Medicines, disposables, reagents, blood arrangements and replenishment.
Facilities and equipment	Utilities, servicing, calibration, maintenance, spares and support.
Support and obligations	Cleaning, waste, IT, security, existing liabilities and contracted services.

Record the cost estimate, funding authority, available allocation, release or cash position and the responsible budget holder.

Sources: **C2**: recurring costs and sustainability

TEACHING CASE

Calculate the operating funding gap

All figures are invented. This example uses PKR million for one full year.

Annual operating need	Staff 24 + clinical supplies 12 + utilities and support 6 + maintenance 3 = PKR 45 million.
Approved funding	The confirmed annual provision is PKR 36 million. The uncovered estimate is 45 - 36 = PKR 9 million.
Cash timing	If the approved amount has not yet been released or made available, the immediate spending position is a separate problem.
Decision	Seek a lawful funding solution or reassess the proposed service scale. Do not hide a recurring gap inside the capital project account.
Limit	These estimates do not set a hospital budget norm. Check actual commitments, staffing, prices and the planned opening period.

A first stock delivery or a supplier warranty does not pay all the future operating costs.

TEACHING CASE | Illustrative material is identified in the text.

Check approvals for the activity being opened

Confirm the current requirement, issuing authority, covered location and permitted activity.

Approval or control	When it matters	Evidence to obtain
PHC	Establishment and relevant service scope.	Licence status, conditions and action for changes.
PNRA	Work involving ionising radiation.	Required authorisation, conditions and technical checks.
PBTA	Regulated blood-establishment processes.	Registration, licence and permitted processes.
Other site or service approvals	Applicable building, fire and environmental controls.	Approval, conditions, inspections and open actions.

PHC = Punjab Healthcare Commission; PNRA = Pakistan Nuclear Regulatory Authority; PBTA = Punjab Blood Transfusion Authority.

Sources: **C5**: section 14 | **C6**: radiation licensing | **C7**: sections 10-18

WORKING METHOD

Test the patient pathway before opening

Follow a patient from referral to discharge, including deterioration and unexpected delay.

01 Access

Eligibility, referral route, booking, triage and clear patient information.

02 Assessment

Patient identification, competent assessment, consent and records.

03 Treatment

Required staff, equipment, medicines and safe procedures.

04 Emergency support

Resuscitation response, escalation, transfer and receiving arrangements.

05 Discharge

Instructions, prescriptions, follow-up and communication with other providers.

06 After-hours care

Contacts, duty coverage, laboratory support and response to failure.

A clinical department cannot work safely if its essential supporting services are absent.

WORKING METHOD | Illustrative material is identified in the text.

Complete infection-prevention checks

A new or renovated room needs more than visible cleanliness.

Before occupancy

- Infection prevention and technical teams should review construction risks, cleaning, water systems, ventilation and the movement of clean and contaminated items.
- Obtain the required checks and test evidence for the actual room purpose. A theatre, isolation room and ordinary office have different needs.

Before the first patient

- Confirm hand hygiene, cleaning supplies, protective equipment, reprocessing or sterile supply arrangements and waste collection.
- Use approved local procedures and trained staff. Keep a route to stop work and correct a defect if safe conditions cannot be maintained.

CDC guidance supports the technical assessment; its US legal references are not Punjab statutory requirements.

Sources: **C8**: construction and renovation | **C4**: infection control and facilities

WORKING METHOD

Make information and supplies ready

A new service can fail through an untested order, stock or records process.

01 Patient record

Registration, identification, access permissions and record completion.

02 Orders and results

Test requests, medicine orders, results review and escalation.

03 Stock

Approved items, safe storage, starting stock and replenishment responsibility.

04 Equipment support

Consumables, compatible accessories, downtime and repair response.

05 Financial records

Approved charging or claim arrangements, receipts and reconciliation where relevant.

06 Downtime

Paper or other authorised alternative when the digital system fails.

Use test records safely. Remove test transactions and protect patient and staff information.

WORKING METHOD

Run a rehearsal and record what failed

Use a safe simulation with staff and test materials before the first real patient.

1	**Choose the scenario**	Walk through the planned service and a credible emergency, such as deterioration or loss of a required system.
2	**Observe the response**	Check real contact numbers, routes, access, equipment availability, records and staff roles.
3	**Identify the gaps**	Record failure, patient consequence, responsible person and corrective action. Do not treat attendance as proof of competence.
4	**Retest the essentials**	Repeat the failed steps after correction. Keep evidence for the opening decision and brief the other shifts.

A rehearsal complements required inspection and technical testing; it does not replace them.

WORKING METHOD | Illustrative material is identified in the text.

WORKING METHOD

Write an explicit opening decision

The authorised decision should state exactly what may operate and on what evidence.

Decision	Appropriate use
Open the defined service	Required legal, staffing, clinical, technical and funding conditions have been met.
Open a safe limited phase	A genuinely separable part is ready; its dependencies are secure and the restricted scope is authorised.
Defer the affected activity	A mandatory condition or essential safety requirement is unmet. State the remedy, owner and review date.
Review or stop after opening	Actual performance or a new failure makes the authorised scope unsafe or unsustainable.

A condition written in a minute cannot excuse unlawful operation or an unresolved essential safety requirement.

WORKING METHOD | Illustrative material is identified in the text.

WORKING METHOD

Set a realistic first phase

A gradual start can expose operational problems at a manageable workload.

Define the phase

- Specify the permitted patients, procedures, hours, capacity, exclusions and referral arrangements. Match them to the people and support actually ready.
- Name the service lead, duty decision maker and escalation route. Inform referral teams so the service is not advertised beyond its actual scope.

Review before expansion

- Check activity, delays, complications, cancellations, staff pressure, supplies and failures at an agreed local review interval.
- Increase work only when evidence supports it and the required authority is obtained. Do not use a planned future recruitment as current capacity.

A phased opening is a management method, not a substitute for a required licence or safe staffing.

WORKING METHOD | Illustrative material is identified in the text.

TEACHING CASE

Installed capacity is not usable capacity

All values are invented. This is a planning example, not a staffing standard.

Scenario	A new service has 12 treatment spaces. The assessed staff and support plan can safely operate only 8 at present.
Capacity decision	The initial usable capacity is at most 8 spaces under these assumptions, not 12. Other constraints may reduce it further.
Operating plan	If it offers 2 sessions per working day for 20 days, planned capacity is 8 x 2 x 20 = 320 treatment slots.
Reality check	Allow for cleaning, downtime, case duration, emergencies, absence and the actual specialist staffing assessment.
Expansion	The other 4 spaces become usable only after the missing resources and checks are completed and the change is authorised.

Never convert this illustrative calculation into a universal patient-to-staff ratio.

TEACHING CASE | Illustrative material is identified in the text.

WORKING METHOD

Respond when the new service cannot continue safely

Plan this response before opening, including who can restrict activity outside office hours.

1	**Protect patients**	Stop or restrict the affected work, stabilise patients and activate the agreed alternative or transfer route.
2	**Find the cause**	Obtain clinical, technical and support-service evidence. Separate an isolated defect from a wider system problem.
3	**Communicate and document**	Inform the authorised leadership and affected teams; meet incident-reporting duties that apply.
4	**Verify recovery**	Correct the cause, retest the relevant pathway and record who authorises safe resumption.

Preserve evidence and contractual rights. Pressure to maintain an opening announcement must not determine clinical safety.

WORKING METHOD | Illustrative material is identified in the text.

Prepare PC-IV from evidence, not memory

The 2024 form asks for a comparison between the approved project and actual delivery.

Evidence group	What to bring together
Authority and dates	Original and revised approval, actual timetable and authorised extensions.
Delivery and money	Physical targets, achievements, planned and actual cost, releases and expenditure.
Transition	Account status, asset ownership, operating agency and recurring funding.
Results and learning	Achievement of objectives, sustainability, relevant climate measures, reasons for variation and lessons.

Use the prescribed form and attachments; explain incomplete targets and uncertainty rather than copying the original promises.

Sources: **C2**: PC-IV form and instructions

Completion reporting and account closure can differ

Keep the report accurate about the stage actually reached.

PC-IV status

- The revised 2024 form calls for reporting after completion even if project accounts remain open. It asks for the account status, reasons and expected closure date.
- Do not delay all reporting merely to hide an unresolved balance. Equally, do not certify that accounts are closed when they remain active.

Financial closure work

- Reconcile expenditure, commitments, advances, recoveries and asset records. Identify who will settle each remaining obligation through the authorised route.
- Retention, securities, warranties, pending claims and audit matters need documented treatment under the governing rules and contract; they do not disappear when staff leave.

Follow the applicable sequence for completion report, final closure certification and forum approval; seek written direction on any conflict.

Sources: **C2**: project accounts and completion instructions | **C1**: paragraphs 6.05-6.08

Use PC-V to examine the operating service

A project may be physically complete while its intended service remains underused.

What to compare

- Use the approved objectives and targets as the starting point. Compare actual service performance, costs and benefits with those expectations.
- Explain differences, the condition and use of assets, and the resources needed to sustain operation. Identify the officer responsible for each measure.

How to keep the record useful

- Confirm the scheme's required reporting years, recipient and submission dates. Maintain the underlying data throughout operation, not only when a report is due.
- Report adverse findings as well as achievements. Link the findings to a corrective decision, responsible person and follow-up evidence.

Formal post-completion reporting should be supported by routine service records that can be checked.

Sources: **C3**: annual performance form

WORKING METHOD

Measure results at three different levels

A visible building is an output. The effect on patients needs different evidence.

Level	Example for a new diagnostic service	Question
Output	Rooms and equipment delivered and accepted.	Was the approved asset created?
Operating result	Tests completed, downtime and waiting time.	Is the service usable and delivering the intended work?
Patient or population benefit	Earlier access to appropriate diagnosis or fewer avoidable referrals.	Did care improve, and what else may explain the change?
Unintended effect	Extra delays elsewhere, unequal access or unsustainable cost.	Did the change create another problem?

Define the measure, baseline, source, review period and owner before interpreting improvement.

WORKING METHOD | Illustrative material is identified in the text.

TEACHING CASE

Calculate use of the planned service

All figures are invented and refer to the same month.

Given	The operational plan offered 320 treatment slots. Records show 240 completed treatments during that month.
Calculation	Use of planned slots = completed treatments / planned slots x 100 = 240 / 320 x 100 = 75%.
What is missing	The percentage does not explain non-attendance, cancellations, staffing losses, unsuitable referrals or equipment downtime.
Decision	Separate the reasons and compare the service offered with the original plan. Do not increase throughput by weakening necessary safety checks.
Definition	If the denominator changes to slots actually available after cancellations, label that different measure clearly.

A capacity-use measure is not a quality score and does not by itself show patient benefit.

TEACHING CASE | Illustrative material is identified in the text.

TEACHING CASE

Check a simple operating cost per treatment

All figures are invented. The period and cost boundary must match the activity count.

Given	Measured operating resource cost for the month is PKR 1,200,000. Completed treatments in that month total 240.
Calculation	Average operating cost per completed treatment = 1,200,000 / 240 = PKR 5,000.
Boundary	This example excludes the annualised capital cost. It is not the full economic cost, a patient charge or an approved tariff.
Interpretation	A lower activity count can raise the average even if the total monthly cost is unchanged. Check case complexity and care quality.
Use	Compare like with like, explain exclusions and reconcile source data. A claimed saving needs evidence of which resources or spending actually reduce.

Use the cost definition required by the formal evaluation; this limited calculation is only a teaching example.

TEACHING CASE | Illustrative material is identified in the text.

WORKING METHOD

Review the new service with a small dashboard

Choose measures that answer a decision, and keep the evidence behind the numbers.

Measure	Possible decision
Access and completed activity	Adjust referrals, booking or capacity if demand and delivery do not match.
Safety and quality	Investigate harm, near misses, failed checks and inappropriate care.
People and reliability	Correct rota gaps, downtime, missing supplies and support failures.
Cost and continuing funding	Resolve recurring gaps and compare actual resource use with the approved operating plan.

Review both results and unresolved actions. A green summary is unreliable if critical exceptions are omitted.

WORKING METHOD | Illustrative material is identified in the text.

TEACHING CASE

A new procedure unit has an opening date

All people, circumstances and figures in this case are invented.

The evidence available

- The rooms are complete and most equipment has been delivered. The project team requests immediate clinical opening and a completion certificate.
- One essential backup system failed testing. Some staff are awaiting lawful appointment, and the recurring consumables allocation remains unresolved.

The defensible response

- Record the true construction and contract status. Escalate the failed test, staff gap and funding problem with named actions and the actual approval routes.
- Defer the affected clinical activity. A separate phase may open only if it is independently lawful, fully supported and safe, with written authorisation and clear limits.

The honest report can acknowledge completed work while identifying why patient care is not yet ready.

Three decisions before the first patient

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

1 | The missing licence

A new ionising-radiation service has passed supplier testing, but the required operating authorisation is still pending.

Can a hospital opening minute replace the authorisation?

2 | The recurring budget

Estimated annual operating need is PKR 45 million; confirmed provision is PKR 36 million.

What is the gap, and what separate funding question must still be checked?

3 | The performance report

A service completes 180 treatments against 300 planned slots. Its measured operating resource cost is PKR 900,000 for the same month.

Calculate use and cost per treatment. What do they fail to prove?

Write the decision, its reason and the evidence required. All scenarios and figures are invented.

TEACHING CASE | Illustrative material is identified in the text.

Answers and reasons

Use the evidence, the calculation and the cited source.

1 | No

An internal minute cannot replace a required operating authorisation. Complete the applicable regulatory process and its conditions before the affected clinical operation begins.

2 | PKR 9 million

45 - 36 = PKR 9 million of estimated annual need is uncovered. Separately check release or cash availability, commitment timing and the lawful authority to spend.

3 | 60% and PKR 5,000

180 / 300 x 100 = 60%. PKR 900,000 / 180 = PKR 5,000 per completed treatment. These figures do not establish clinical quality, full economic cost, affordability or patient benefit.

Use the actual approved scope and cost boundary before comparing a live service with a target.

Sources: **C6**: applicable radiation authorisation

Prepare one service for a justified opening decision

Use a non-confidential real case or the invented examples in this lecture.

Readiness review

State the intended service, essential conditions, evidence, open risks and proposed decision.

Handover record

List assets, documents, defects, liabilities, receiving officers and continuing support.

Benefits review

Define three measures, their baselines, data sources, review dates and responsible officers.

Ask a clinical lead, technical lead and finance officer to challenge the evidence and the assumptions.

Use the institution's authorised format. This teaching structure does not replace a prescribed PC-IV or PC-V.

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.

C1

Manual for Development Projects, 2024

Planning Commission, chapter 6: completion, operational and financial closure, handover, recurring costs and evaluation. Federal framework; verify the directions that govern the particular Punjab scheme.

Government of Pakistan | Planning Commission | **Official source**

C2

PC-IV: Project Completion Report, revised 2024

Official completion form and instructions. Covers approved and actual delivery, costs, account status, ownership, recurring funding, results and lessons. Use the version directed for the scheme.

Government of Pakistan | Planning Commission | **Official source**

C3

PC-V: annual performance report, revised 2024

Official post-completion form. Compares operational performance with approved expectations. Confirm the reporting period, recipient and submission schedule for the scheme.

Government of Pakistan | Planning Commission | **Official source**

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Sources and continued use | 2

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

C4

PHC: MSDS for Category I Hospitals

2024 reference manual: service scope, continuity, care, medicines, infection control, facilities, staffing and information management. Use the current standards for the actual service and hospital category.

Punjab Healthcare Commission | **Official source**

C5

Punjab Healthcare Commission Act 2010

Section 14: use of a healthcare establishment in accordance with licence terms and conditions. Check the current licensing regulations and any relevant change in the service scope.

Punjab Healthcare Commission | Official Act | **Official source** | **PHC licensing information**

C6

PNRA: licensing and radiation safety framework

Official licensing framework for facilities and activities involving ionising radiation. Check applicable regulations, authorisations, conditions and facility-specific commissioning requirements.

Pakistan Nuclear Regulatory Authority | **Official source** | **PNRA regulations**

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Sources and continued use | 3

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

C7

Punjab Blood Transfusion Safety Act 2016

Sections 10-18: blood-establishment responsibilities, records, registration, licensing and obligations. Apply according to the processes actually undertaken, not the name of the proposed department.

Punjab Blood Transfusion Authority | Official Act | **Official source**

C8

Environmental Infection Control: recommendations

Construction and renovation: multidisciplinary risk assessment, environmental controls and verification before occupancy. International technical guidance; US regulatory references are not Punjab law.

US Centers for Disease Control and Prevention | **Official source**

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