

RAJIV GANDHI SUPER SPECIALITY HOSPITAL SOCIETY
RAJIV GANDHI SUPER SPECIALITY HOSPITAL
TAHIRPUR, DELHI-110093

F.No.10/103/RGSSH/2018/CD#000496953/ 1590-1595

Dated- 18th Jun 2018**GOVERNING COUNCIL****Minutes of Meeting**

The Governing Council meeting was held on 12.04.2018 at 5.30 PM in the Conference Hall under the Chairmanship of Sh Anshu Prakash, Chief Secretary, GNCTD in his office. The following members attended the meeting:

Sh Anshu Prakash	Chairman	Chief Secretary, GNCTD
Sh. S N Sahai	Member	Pr. Secretary (Finance), GNCTD
Sh Raajiv Yaduvanshi	Member	Pr. Secretary (H&FW), GNCTD
Dr S Ramji	Member	Dean, MAMC
Dr O P Yadava	Member	CEO & Chief Cardiac Surgeon, National Heart Institute
Dr. B.L. Sherwal	Member Secretary	Director, RGSSH

Dr. B.L. Sherwal, Director, RGSSH welcomed the Chairman & Members present in the Governing Council meeting and introduced the administrative officials of RGSSH. The Director/Member Secretary sought the permission from the chair to put up the agenda of the meeting. The Chairman formally opened the GC meeting and requested the Member- Secretary to take up the agenda. The members were apprised of the action taken in the last Governing Council meeting, along with the other agendas of the current meeting.

Agenda 1:- (Action Taken Report on previous GC meeting)**Action taken on Agenda 1: Operationalization of 250 beds in First Phase**

- 64 + 30 beds being utilized at present, utilization of remaining beds is in the pipeline.

Action taken on Agenda 2: Recruitment Rules (RRs)

- RRs discussed in the previous GC meeting for certain posts have been finalized
- For remaining posts, RRs have to be finalized in the present meeting (discussed in Agenda 4.10 of current GC)

Action taken on Agenda 3: Implementation of user charges

- (to be discussed in Agenda 3.2 of current GC Meeting)

Agenda 5, 6, 7, 8, 9, 11, 13, 14:

- Matter of Record

Action taken on Agenda 10: Procurement of equipment

Equipment of estimated cost (approx.) of Rs.72 Cr. was approved in 2nd GC meeting. Director, RGSSH informed that major equipment like CT scan, C-arm etc. have been procured, whereas, the procurement of other equipment is under process. Chairman expressed his concern regarding the amount that has been utilized so far. Director, RGSSH informed that so far the Hospital had received only Rs 20 Cr and the same has been utilized.

Action taken on Agenda 12:

Procurement of one ALS Ambulance is under process

Decision: GC Noted

Agenda 2:- Status Update and Action Plan

Director, RGSSH briefly presented the current status of the Hospital along with the achievements since the previous GC meeting. Chairman enquired about the status of clinical services available in RGSSH.

Director, RGSSH informed that 2 functional CATH labs are being run by 2 cardiologists (DM) and their team. Various invasive procedures like Angiography/ Angioplasty/ Pacemaker and non-invasive cardiology services like ECHO, TMT and HOLTER are being provided. Also, Neuro-interventional Cardiology is being provided by one faculty from RML. He further, informed that a fully equipped Endoscopy Centre has been set up, which is providing diagnostic endoscopy services to the patients of even nearby Govt. Hospitals.

He added that the surgical specialities like GI surgery and Urology are functional on a full scale and they perform around 100 surgeries (major & minor) a month, that too, with only one faculty (M.Ch.) in GI Surgery and 2 in Urology (M.Ch.). The Hospital has 10 modular state-of-the-art OTs, out of which 5 are functional. Dr. Sherwal informed that Pulmonology services are provided to the patients. One 14- bedded Critical Care unit with 5 ventilators is functional and managed by two faculties in Critical Care Unit.

The Hospital lab services in Microbiology, Biochemistry & Pathology are being maintained by one faculty in each speciality (MD). This is evidence of the state-of-the-art Technology that can handle any significant overload to provide best quality services. Diagnostic services like USG, CT scan and Digital Radiography systems are available at RGSSH but are under-utilized as the Hospital does not have a faculty in Radiology. Only one Senior Resident is providing the services.

The GC expressed his concern over unavailability of services in certain Departments like Radiology & Gastroenterology. GC suggested that a tie up with the neighbouring Hospital, like GTB, can be done for utilization of CT scan and USG. Dr O P Yadava suggested that one CTVS Surgeon on call, as a backup, should be hired to manage any emergency in Interventional Cardiology.

In Human Resource update, Director informed about the existing staff in RGSSH. GC members were appreciative of the efforts put in by the limited human resources in managing OPD, IPD & lab services in RGSSH. Director mentioned that in the year 2016, a total of 21 faculty members had joined in different Clinical Departments, but, at present, only 10 are left. GC was concerned with the attrition.

Dr Sherwal showed concern about the unavailability of adequate & skilled staff to deal with administrative matter and requested posting of a Deputy Director (Admin) on a regular basis as per MOA and MS on diverted capacity to RGSSH. Chairman suggested that Pr. Secretary (H&FW) may consider posting an officer from DANICS Cadre as DD (Admn.).

Chairman suggested that a teaching programme, like DNB, MCh/DM shall be started soon, this will also enable dedicated manpower in the form of students, who shall stay for a period of 3 years. This would also attract faculties to pursue their academics besides a hike in pay structure.

Dr Sherwal informed the GC about the future expansion plans, including projects in the pipeline like 3 new 30 bedded wards, one more ICU(10 bedded) and one more CCU (10 bedded), fully functional Blood bank and a sleep lab to be opened shortly. This will be a boon to the patients from low socio-economic strata. He also informed about operationalization of the private wards which will be done after recruitment of adequate staff. Bariatric surgery services shall soon be provided to the patients.

Decision:

1. The GC in principle approved the following, with the directions that proposals to be sent to Health Department on file for consideration and approval.
 - a. To tie up with GTBH for utilization of Radiology Services
 - b. For hiring faculty on call Basis in CTVS, till somebody joins on contractual/regular post of the Hospital.
 - c. For appointment of DD(Admin) on regular basis
2. GC instructed that the preparation be made to start DNB programme by the next session.
3. GC decided that the CGHS Rate will be applied to the following services:
 - a. Bariatric surgery
 - b. Sleep lab services

Agenda 3:-Proposal for utilization of existing infrastructure for patient care

3.1 Hand Holding with GB Pant/GTB/LNH/Any other Government Hospital for proper utilization of infrastructure and equipment for a period of 4-5 years

Director, RGSSH informed that the Hospital does not have faculty in certain Departments like CTVS, Neurosurgery, Gastroenterology, Radiology and Anaesthesia. He suggested that hand holding may be initiated with other Govt. Hospitals to fully utilize the infrastructure available. He proposed that one unit of CTVS and Neurosurgery may be started by GIPMER/ LNH faculty. He further informed that Hon'ble MOH had convened a meeting in his office at the Vidhan Sabha with Medical Director (LNH), HOD Neurosurgery (LNH) & Director, RGSSH to explore the possibility of starting Neurosurgery services in RGSSH and had instructed to start the Neurosurgery facility at the earliest. Director further informed that originally the Department of the Neurosurgery & the Neurology were not envisaged at RGSSH.

Dr Sherwal suggested that if a faculty in Radiology & Anaesthesia may be posted on diverted capacity/rotation basis from other Govt. Hospitals to make OT and Radiology services fully functional, till a regular/contractual faculty joins. He also proposed that a visiting consultant may be hired for specialities like Nephrology or Radiology till a full time or regular/contractual

faculty joins. He expressed concern over under utilization of Radiological Services in view of the fact that the Hospital has high end USG and CT scan machines, which are not being utilized fully at the moment, due to lack of Faculty.

With regard to Neurological Services, Members pointed out that Neurology & Neurosurgery services are not the mandate of RGSSH. Moreover, IHBAS, another Delhi Govt Hospital is in vicinity of RGSSH and is offering Neurological Services. GC suggested that it would be better to plan for the expansion of other Services like Cardiology, Gastroenterology, GI Surgery, CTVS and Urology. Chairman enquired about the limitations in expanding these services. Dr Sherwal informed that RGSSH does not have any faculty in Anaesthesia right now because the pay structure is not good enough to retain or attract faculty.

Principal Secretary (Finance), suggested that a proposal be submitted for a revised pay structure, on the model of ILBS for faculty based on a revenue sharing model and also work out a revised consolidated pay structure as per AIIMS pay structure which is being currently followed along with the allowances to the faculty members.

Chairman suggested that a tie- up with the Radiology unit of GTBH may be done and an MOU may be signed, after considering all legalities & financial rules. This will give a hands-on experience to the PG students of GTBH as well. Dr O.P. Yadava proposed that a Cardiac Anaesthetist will also be required for starting CTVS services. Chairman suggested that a Committee be constituted to decide the profile of clinical services which can be provided in RGSSH.

Dr. Sherwal proposed two Special items to the Agenda.

1. Starting of Open Heart Surgery (CTVS services)

1.1. He suggested that since RGSSH has 5 OTs specially designed for Cardiac Surgery with attached ICUs, a team comprising of CTVS Surgeons, Anaesthetists, Nursing Officers, OT staff, Perfusionist, Resident Doctors can be hired on an approx. salary of 20-22 lacs for CTVS Services. He also informed the GC that to start this, an initial one time fixed expenditure of approx. Rs. 1.25 Cr will have to be done to procure the required equipment (Heart & Lung machine). But once established, the expected revenue to be generated from these services would be around Rs. 1.25-1.5 Cr/month. He requested the GC to approve the above proposal.

2. Starting of Renal Transplant Services

2.1. Dr. Sherwal informed 2 experienced Urologists working in RGSSH are keen on starting Transplant Services. He requested the GC to approve the hiring of Nephrologists on visiting consultation basis and outsourcing of certain lab facilities, like HLA typing, and for obtaining license of the centre for Renal Transplant. Once the Renal Transplant unit is established, the expected revenue generation would be approx. Rs 1-1.25 Cr per month. Chairman asked the Director, RGSSH to put up both the proposals on file.

Decision:

In principle GC agreed for the following and asked for the proposal to be sent for consideration and approval to Deptt of H&FW in the first instance.

1. *To start CTVS services and Renal Transplant services*
2. *Hiring of visiting Consultants as an interim arrangement.*
3. *Tie up/MOU with GTBH for Radiological and Anaesthesia services.*
4. *To form a Committee to decide on the focussed vision of expansion of clinical services*

3.2 Approval/Consideration for waiving off user charges as per Govt. Order F.No.e-7224/RGSSH/JS3HFW/1519-1531 dated 6th July 2016

Director informed the GC about several Govt. Orders regarding this issue. Some of the orders were specific for implementation of waiving off user charges for RGSSH (F.No.e-7224/RGSSH/JS3HFW/1519-1531 dated 6th July 2016) wherein it is stated that any financial burden on account of the free services shall be borne by the Govt. of NCT of Delhi. The then Director, RGSSH had sought clarification regarding the implementation of the above mentioned Order to which a response was received from Joint Secretary (H&FW) for provision of all services (OPD, IPD & Diagnostics & Medicines as per EDL) free of costs to the patients. User charges were levied for services in RGSSH as per CGHS rates from Mar, 2016 to Jul, 2016. Another Order was received from Hon'ble MOH regarding waiving off user charges by Hospitals of GNCTD with immediate effect. Matter was discussed in FC and it did not agree to waive off the user charges.

Principal Secretary (Finance) admonished the hospital authorities for implementation of these Orders without seeking the concurrence of the Finance Department. Pr. Secretary (H&FW) also suggested that as RGSSH is based on a society mode, these Orders should not be applicable. Chairman recommended that formal approval in this regard shall be sought from the Hon'ble Minister for the same as the Orders have been approved/issued by the Hon'ble MOH. User-charges was a policy decision and the same should be duly examined / approved by the H&FW Department. Thereafter, the decision should be conveyed with the approval of the competent authority.

Decision:

1. *The proposal to waive off the user charges was not approved*
2. *GC directed that the proposal to be sent to the Deptt of Health & Family Welfare for formal decision regarding user charges.*

3.3 Approval for Operationalization of 16 single-bedded Private/Special rooms

Dr Sherwal informed the GC that 80 single bedded private/special rooms are available in RGSSH. After manpower recruitment, these rooms can be made available for admissions as per CGHS rates. FC had given approval for the same.

Decision: *In principle, the GC endorsed the proposal.*

3.4 Redistribution of 250 beds to various Departments

Director, RGSSH expressed concern over the distribution of beds to the various specialities based on the current scenario. Chairman recommended that if the distribution is according to the patient turn over and the availability of doctors in the concerned Speciality, with added

advantage of revenue generation, then it shall be in the purview of the Director to redistribute beds. Other Members agreed to it.

Decision: *GC approved and delegated the power to the Director.*

Agenda 4:-Strengthening/Development of Human Resources

4.1 Approval for Implementation of 7th CPC Recommendation to Resident Doctors and other Hospital Employees

Dr. Sherwal informed that FC has approved for the implementation of 7th CPC for all Hospital Staff other than Teaching Faculty. The revision of the consolidated pay as per 7th CPC of Faculty on contract basis in RGSSH will be done as per AIIMS pay structure. In this regard, Pr. Secretary (Finance) suggested that since the initial pay was consolidated on AIIMS pay structure, if it has been implemented in AIIMS, accordingly consolidated pay of Faculty be revised at RGSSH. Chairman recommended the proposal.

Decision:

1. *7th CPC was approved by GC for all Hospital staff with allowances like in other Delhi Govt. Hospitals as per recommendations of the Finance Committee.*
2. *Proposal for 7th CPC for the faculty is to be sent to Health Department in the first instance.*

4.2 Approval for advertisement of Faculty posts

Director, RGSSH informed the GC that 91 posts of Faculty were sanctioned on a grade pay for a period of 5 years, with further extension up to the age of superannuation based on Annual Performance Appraisal Report (APAR) as per clause 6.6/7.1 of MOA. However, the initial appointment of Faculty was done on contractual basis extendable for a maximum period of 5 years as per Government Order No. F.No.03 (137)/JSSH/Estt./2012/1982-92 (dated 16-7-2014). He also informed that with the current pay structure, it is becoming difficult to retain Faculty in the Hospital.

Pr. Secretary (Finance) suggested that the GC, in principle, should approve for the continuation of the contracts of the Faculty, which should be renewed every 5 years, in a block of 5 years, on the basis of APR, till superannuation as per MOA and to be interpreted as regular contractual mode of appointment. This should be the norm for future faculty appointments as well. Pr. Secretary (Finance) also recommended that the pay structure of the Faculty shall be revised as per the current norms in AIIMS/ ILBS and should be made comparable or at par to retain the Faculty. Also, Consultants/Non-teaching Specialist/APs can be hired for starting DNB courses on the existing pay structure of Faculty.

Decision:

1. *GC in principle approved for the advertising & initiation of the recruitment process of Faculty.*
2. *The GC made it clear that appointment of Faculty is to be done on consolidated pay as per Government Order dated 16-7-2014 and other terms and conditions be followed as per clause 6.6/7.1 of MOA i.e. the initial contract of Faculty to be for 5 years and renewable for blocks of 5 years on the basis of APR till superannuation which is to be*

interpreted as a contractual mode of appointment as per MOA. Severance of contract can be done with a notice period of 3 months from either side.

3. *A proposal for a revising pay structure based on ILBS model for Faculty, based on revenue-model, and provide for the revised consolidated pay as per AIIMS pay structure (as being currently implemented) along with the allowances to be given to the Faculty members, is to be sent to the Department of Health & Family Welfare.*

4.3 Hiring of Consultants of Grade I, II & III in place of Professor, Associate Professor and Assistant Professor, respectively

Director RGSSH suggested that Consultants can be hired and paid on per visit basis for their consultations in Departments where Faculty is not available.

Dr O.P. Yadava recommended that a dual system with consultants will be a source of confusion and friction. Other members agreed to it. Chairman observed that the Director, RGSSH should be given some time to think over the matter.

Decision: *GC advised the Director, RGSSH to have a fresh look into the proposal and submit the proposal again, if needed, in the next GC.*

4.4 Approval for Grant of Annual increment up to 8% to Faculty Members

Director, RGSSH informed that as per the Govt. Order No. F.No.03 (137)/JSSH/Estt./2012/1982-92 (dated 16-7-2014), an annual increment of upto 8% can be granted to the Faculty Members. He suggested that as Assistant Professors are the only Faculty working in the Hospital since the last two years, increment may be put forth for them as an attractive incentive. Since an annual increment of 3% is given to all the employees in CGHS & DGHS Cadre, and a minimum of 1% DA is given in every six months, considering this, an annual increment of 5% may be given to the Faculty.

Pr. Secretary (Finance) suggested an annual increment of 3.5% for Assistant Professors and Associate Professors and 4% for Professors in all the Society mode Hospitals under GNCTD. Chairman enquired about the reason for **not giving increment of 5%** to all Faculties, to which Pr. Secretary (Finance) informed that it was based on financial calculations.

Decision: *Annual increment of 3.5% for Assistant Professors & Associate Professors and 4% for Professors was approved.*

4.5 Re-designation/Redistribution of 419 nursing posts, change in salaries and mode of engagement

The Director informed that 419 posts of Nurses, under the category of OT Nurse/ICU Nurse/Nursing Sister were sanctioned on running pay scale with GP of Rs. 4600 vide Raj Niwas Diary No. 23894 dated 28th Oct 2015. As per the decision of the GC in the meeting dated 28th Jan 2016, Nursing staff in RGSSH was to be recruited only on outsourced basis. He further informed that 25 "Nursing Aids" (skilled staff category) are currently working in the Hospital. The proposal was put forth to seek approval to re-designate the "Nursing Aids" as Staff Nurses against the post of OT Nurse/ICU Nurse/Nursing Sister and revise the salary of Nurses to a minimum of pay scale plus DA, which has already been approved by FC. Director, RGSSH also sought approval for recruitment of Nurses directly by the Hospital on running pay scale. Lastly, approval was also sought forth for redistribution of these 419 sanctioned posts.

GC opined that nursing personnel, including NS, DNS & ANS, should be recruited directly by the Hospital. Maximum Nursing Staff shall be kept at the level of Staff Nurse/OT Nurse/ICU Nurse on GP of Rs. 4600. The Nursing Aids, if they qualify as per RRs of Staff Nurse, could be considered for re-designations after due examination and approval on file.

Decision:

1. GC approved the Pay Structure for nursing staff as recommended by the FC. GC agreed to the proposal of direct recruitment of Nursing Personnel by the Hospital on minimum of pay scale plus DA in addition to outsourced basis as approved by the GC in its meeting on dated 28th Jan 2016.
2. GC did not agree to the proposal of redistribution of OT Nurse/ICU Nurse/Nursing Sister/Staff Nurse and instead approved that all the sanctioned posts of OT Nurse/ICU Nurse/Nursing Sister to be treated as post of Staff Nurse/Nursing Officer in the grade pay of 4600. Proposal shall be sent to the Health Department.
3. GC desired that designation of Nursing Aids as Staff Nurse by the Outsource agency if they fulfil the terms & conditions as per approved RR of Staff Nurse/Nursing Officer should be examined by the Department of H&FW.

4.6 Ex-post facto approval of appointment of 20 Faculty Members, 1 Blood Bank Officer and 2 Medical Officers

Director, RGSSH propounded that 20 Faculty Members and 1 Blood Bank Officer were appointed by the Selection Committee, as recommended by Government, through an interview held in February, 2016. Another interview was held in September, 2016 and 2 Medical Officers were appointed. Ex-post facto approval is sought for all these appointments from GC.

GC advised that if the appointments were against sanctioned posts and proper procedure has been followed then it may be approved.

Decision: GC granted ex-post facto approval. File to be sent to Department of Health for ratification.

4.7 Promotion, Increment and other facilities as followed by CHS/DHS/AIIMS for Regular Employees

Director, RGSSH proposed promotional benefits as incentives to the staff of RGSSH. For Faculty, it was proposed that Assistant Professor after 2 years may be either promoted as Associate Professor or the consolidated salary may be fixed equivalent to Associate Professor and, accordingly, for Associate Professors after 4 years of service in RGSSH to Professor.

GC members commented that since Faculty posts are contractual in nature, regular promotions cannot be given but financial benefits can be given based on years of experience in RGSSH. Dr S. Ramji, Dean MAMC, suggested that after completion of requisite years of service, higher consolidated pay in next grade pay/Level equivalent to Associate Professor or Professor can be given without change in designation. He further suggested that along with the consolidated pay, other allowances should also be given to Faculty as per AIIMS pay structure and incentives be given based on the revenue sharing model as per ILBS.

Decision:

1. GC in principle approved the financial benefits in the form of higher consolidated pay based on the years of experience of work in RGSSH. However, this should be put up to Department of H&FW on file.
2. File to be put up for other incentives for Faculty based on the revenue sharing model.
3. File to be put up for promotional benefits to Medical Officers/other Hospital Staff on running pay scale.

4.8 Continuation of 34 posts previously sanctioned before formation of Society

Director, RGSSH informed the GC that 53(43+10) posts were sanctioned before formation of the Society and also informed that the staff is still working on these posts. He further informed that out of these 53 posts, 34 posts were treated as already sanctioned posts by the AR department while assessing the manpower for RGSSH.

Chairman asked the Pr. Secretary (H& FW) to examine the file of continuation of all the 53(43+10) posts as this matter is pending since long and people are working against these posts.

Decision: GC decided that as recommended in the FC meeting, file is to be put up for approval/concurrence of Finance Dept. for the continuation of all 53 posts through Health & Family Welfare Department, GNCTD.

4.9 Additional Creation/Re-designation/Redistribution of sanctioned posts for various posts in the Hospital to fill in for manpower deficiencies

Dr. Sherwal informed that certain Departments lack representation for Associate Professor and Professor Posts such as Biochemistry, Critical Care, Radiology, Pathology, Microbiology, Endocrinology and Clinical Haematology. He said that for starting the DNB/M.Ch./DM courses the posts of Professor and Associate Professor are mandatory in the concerned Speciality/Super Specialty. In view of that, he proposed the redistribution/re-designation of sanctioned posts of Faculty in RGSSH. Chairman showed the concern about the non-availability of sanctioned posts in these departments and suggested that the file shall be sent to the Health Department for approval.

Decision: Proposal to be sent to the Health Department for consideration and approval.

4.10 Approval for modification of RRs/adoption of RRs from JSSH/other Society Hospitals for which no RRs for certain posts are available at RGSSH.

Director, RGSSH informed that for certain posts Recruitment Rules are not approved for RGSSH. For these posts, RRs from JSSH can be adopted, if approved.

GC agreed in principle to adopt the approval of RRs for RGSSH, based on qualifications & experience at par with JSSH for similar posts.

Decision: In principle, RRs of the similar posts as JSSH was approved but the matter is to be put up to the Health Department for consideration and approval.

sk 4.11 Ex-post facto approval of Selection Committee for Group B & Group C

Dr. Sherwal informed GC that a Selection Committee for recruitment of Group B & Group C category of posts was constituted as per decision taken in the last Executive Council Meeting under the chairmanship of the then Director.

GC directed that since the Selection Committee had no representation from the Department of Health, the Selection Committee shall be considered null & void and a new Selection Committee shall be constituted with appropriate members or recruitment may be done through an Outsource agency.

Decision:

1. GC approved the Selection Committee with following members for Group B & Group C posts
 - a) Director, RGSSH: Chairman
 - b) Representative from Health & FW Department
 - c) SC/ST representative
 - d) Two outside experts from relevant fields of Speciality.

Director, RGSSH may nominate any other Faculty Member/Officer in his place.

2. GC also approved the recruitment of group B & C staff as per MOA through an outsource agency hired through open market & preferably a Government agency.

4.12 Approval for hiring of Legal Advisor

The requirement of a Legal Advisor/ Consultant was discussed in the last EC meeting and it was decided that a Legal Advisor/ Consultant may be hired, like it is done in IHBAS, to deal with legal issues in RGSSH. It has already been approved by FC. Chairman recommended that terms and conditions may be negotiated as per RGSSH requirements and the options of other Govt. Hospitals may be explored.

Decision: GC in principle agreed for hiring of Legal Advisor/Consultant on reasonable rates.

4.13 Ex-post facto approval for implementation of benefits of Residency Scheme w.e.f. 17.01.2018

Decision: In principle, approved.

4.14 Approval for recruitment process of various B and C posts through Govt./Outsource Agency

Decision: In principle, approved, subject to all rules & procedures being followed.

Agenda 5:- Related to Finance /Financial considerations/Approvals

5.1 Consideration & approval of Expenditure done w.e.f. 20-12-2015 to 31-12-2017

5.2 Financial Approval for FY 2016-17 & 2017-18: typographical error

5.3 Ex-post facto approval for payment of salary to Hospital Employees, wages to outsourced agencies, water and electricity bill for the month of January 2018 from the interest earned on FDs

5.4 Ratification of RE 2016-17 and Budget Estimate 2017-18. Ratification of RE 2017-18 and Budget Estimate 2018-19- FC

5.5 Statutory Audit Report from M/S Navin Sudhir and Associates 2015-16. Statutory Audit Report from M/S A L Sehgal & Co. for 2016-17

5.6 Appointment of M/S A L Sehgal & Co. (CA Firm) as Statutory Auditor for 2016-17

5.7 Hiring of one staff vehicle on rent through GFR-149/GFR-155 9

5.8 To consider Financial Sanction for major projects & major equipment for FY 2018-19

It was suggested that purchase may be done in a phased manner. GC proposed a committee having Dean (MAMC), Principal (UCMS) and Dr O.P. Yadava (current GC member) along with Director (RGSSH) and HOO (RGSSH) to streamline the purchase of major equipment in RGSSH.

The Chairman also commented that the number of GC members may be increased.

Decision:

1. All matters related to finance was endorsed by GC as approved in FC meeting. It was also suggested to take measures to reduce expenditure on the maintenance of the Hospital and conduct timely FC/GC meetings.
2. The committee, as proposed above, was approved to look into the purchase of major equipment in RGSSH.

Agenda 6:- Matter for Consideration

6.1 Approval for providing space to open Jan Aushadhi Pharmacy within Hospital premises

6.2 Consideration for providing space for AYUSH Out Patient Department

6.3 Consideration for providing space for initiation of Dental services at RGSSH by MAIDS

6.4 Consideration for PIP for National Programme for Palliative Care (NPPC) for the year 2018-19: Allocation of space and 50 beds for Palliative Care

6.5 Approval for linkage of JPC Hospital with RGSSH to affiliate with College of Physicians & Surgeons, Mumbai for PG Diploma in General Surgery course

Decision:

1. Analysis is to be done regarding space and other requisites in order to open the Jan Aushadhi Pharmacy. The details are to be put up in the next GC meeting.
2. All other items of agenda 6 were not approved as they are not the mandate of the Hospital.

Agenda 7:- Matter for Information

7.1 Services taken on outsourced basis on RC of other Hospitals

Decision: GC sought further details.

7.2 Recruitment process of Paramedical Staff interview is completed and result is compiled. Selection Committee approval is awaited

Decision: GC directed that any recruitment done by the Selection Committee constituted without approval of GC/ Competent Authority stands cancelled.

7a. Supplementary Agenda

7a.1 Constitution of the Finance Committee as per MOA

GC granted Ex-post facto approval of the Nominated Members for the Finance Committee.

7a.2 Approval of Minutes of Meeting of EC meetings held on 8th Feb 2017, 29th June 2017 and 7th March 2018

GC took note of this.

7a.3 Approval of Minutes of Meeting of FC meeting held in 2/3rd April 2018

GC took note of this.

Agenda 8:- Any other Agenda with the permission of Chair

8.1 Fast track mode of appointment of Faculty or Consultants on ad-hoc basis for 1 year or till the regular appointments made, as per MOA, whichever, is earlier.

As the selection process of Faculty usually takes 6 months to 9 months or even more and in the meanwhile Faculty selected usually joins somewhere else. In view of that, Director (RGSSH) proposed a fast track mode of appointment of Faculty on ad-hoc basis for 1 year on consolidated pay. The Faculty/Consultants may be appointed after approval of the Chairman, GC and for other staff, approval shall be sought at the level of Pr. Secretary (H&FW) or Director RGSSH. It needs to be assured that the process including approval gets completed within 1 month. GC suggested that the Selection Committee for appointment of Faculty/Doctors/Staff should conduct interviews on quarterly basis.

Decision: GC approved for the Fast Track appointment of Faculty/Staff on quarterly basis. The vacancy of Faculty/Staff to be advertised on the website of the Hospital as well as on the website of Department of H&FW, GNCTD and reservation roster to be followed. Director is to ensure timely approval.

8.2 Decision to be taken regarding service provider ICSIL as an outsourcing agency

It was informed that ICSIL is providing the manpower (Group C & D staff) to RGSSH on Outsourced basis, as per Govt. Order. Director informed that the services of the said agency are not satisfactory. He proposed to hire the services of the agency which is providing manpower to JSSH (on outsourced basis), as per their rate contract, till the tender process is completed in RGSSH.

Decision: The matter be urgently put up on file for examination and decision by Department of H&FW, GNCTD.

 8.3 Decision to be taken regarding issues related to dialysis

Director, RGSSH informed that the Dialysis Center in RGSSH is working on PPP mode. However, RGSSH patients cannot avail the facility of Dialysis. Dr. S. Ramji shared that when the Dialysis Centre was started, the RGSSH had only OPD services but now Hospital has IPD services and patients require dialysis. Hence, the MOU may be amended to include the services for RGSSH patients.

Decision: *GC agreed in principle for amendments in MOU. File to be sent to Health & Family Welfare Department through DGHS for a decision.*

8.4 Decision regarding provision of outsourcing of Cafeterias (CCD/Whole foods etc.)

Decision: *Not approved.*

8.5 Issuing of IT Form 16A instead of Form 16 to faculty working on the consolidated pay.

It was informed that IT Form 16 is being issued instead of Form 16A to the Faculty working on contract on consolidated salary due to which higher income tax is being deducted at source. Chairman said the matter needs to be examined by the Finance Department.

 **Decision:** *The matter needs to be put up on the file to the Finance Department through H& FW Department.*

The meeting ended with a vote of thanks to the Chair.


(Dr. B.L. Sherwal)
Director, RGSSH
Member Secretary