

THIRTEENTH KERALA LEGISLATIVE ASSEMBLY

**COMMITTEE
ON
PUBLIC ACCOUNTS
(2014-2016)**

SIXTY FOURTH REPORT

(Presented on 9th July, 2014)



SECRETARIAT OF THE KERALA LEGISLATURE
THIRUVANANTHAPURAM
2014

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on

**Action Taken by Government on the Recommendations contained in the
91st Report of the Committee on Public Accounts (1998-2000)**

1032/2014.

CONTENTS

	<i>Page</i>
Composition of the Committee ..	v
Introduction ..	vii
Report ..	1-17
Appendices :	
I Summary of main Conclusion/Recommendation ..	18
II. G. O. (Ms.) No. 45/83/HD dated 17-2-1983 ..	19-21
III. G. O. (Rt.) No. 2027/2009/H & FWD dated 16-7-2009 ..	22-23

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INTRODUCTION

I, the Chairman, Committee on Public Accounts, having been authorised by the Committee to present this Report, on their behalf present the Sixty Fourth Report on Action Taken by Government on the Recommendations contained in the 91st Report of the Committee on Public Accounts (1998-2000).

The Committee considered and finalised this Report at the meeting held on 30th June, 2014.

Thiruvananthapuram,
9th July, 2014.

DR. T. M. THOMAS ISAAC,
Chairman,
Committee on Public Accounts.

REPORT

This Report deals with the Action Taken by Government on the recommendations contained in the 91st Report of the Committee on Public Accounts (1998-2000).

The 91st Report of the Committee on Public Accounts (1998-2000) was presented to the House on 18th December, 2000. The Report contained 22 recommendations relating to Health and Family Welfare Department. Government were addressed on 21st July, 2001, to furnish the statements of Action Taken on the recommendations contained in the Report and the final replies received on 6-6-2011.

The Committee considered the Action Taken statements at its meetings held on 24-10-2008, 6-1-2009, 18-11-2009 and on 20-9-2011. The Committee was not satisfied with the Action Taken by Government on the recommendations contained in Sl. Nos. 5 and 19 (Para Nos. 52 and 66) and decided to pursue them further. Such recommendations, replies furnished thereon and further recommendations of the Committee are included in Chapter I of this Report.

The Committee decided not to pursue further action on the remaining recommendation vide Sl. No. 1, 2, 3, 4, 6 to 18, 20, 21 and 22 (Para Nos. 48, 49, 50, 51, 53-65, 67, 68 and 69) in the light of the replies furnished by government. The recommendations of the Committee and the Action Taken by Government are included in Chapter II of this Report.

CHAPTER I

RECOMMENDATION IN RESPECT OF WHICH ACTION TAKEN BY GOVERNMENT ARE NOT SATISFACTORY AND WHICH REQUIRES REITERATION

HEALTH AND FAMILY WELFARE DEPARTMENT

Recommendation

(Sl. No. 5, Para No. 52)

1.1 The Committee would like to know whether the decision taken by the Department to equip the Primary Health Centres adjacent to the accident prone areas on National Highways (especially the stretch from Kayamkulam to Aroor) to cater to the needs of accident victims had been materialized and if so, the facilities provided in Primary Health Centres at present may also be intimated to them. The Committee also desire to know whether the facilities for ascertaining the victims blood group, immediate arresting of bleeding and conveyance facilities for transmitting the trauma victims to the nearest well equipped Hospital etc., had been made. The Committee should be informed of the action taken in this regard.

Action Taken

1.2 There are 4 hospitals at Kayamkulam, Harippad, Cherthala and Aroor adjacent to National Highway where Trauma care units are to be set-up. Of this, a trauma care unit at Harippad at an estimate of ₹ 90 lakh is being constructed under Tsunami Relief Fund. The work has been awarded and preliminary work started. Regarding the Trauma Care Units at the other hospitals, no proposal has so far materialized for want of funds. However, these hospitals are equipped to administer primary medical aid to the accident victims. Though Blood Bank facilities are now not available in all the Primary Health Centres from Kayamkulam to Aroor, Taluk Hospital Aluva and Government Hospital Ernakulam have been equipped with such facilities. Under the Central Scheme for upgradation and strengthening of Emergency facilities in Government Hospitals adjacent to National Highways, Trauma care centres have been sanctioned in Taluk Hospital, Neyyattinkara and District Hospital, Palakkad. In addition Government of Kerala has approached Government of India (National Rural Health Mission) for assistance for setting up Emergency Medical Assistance Programme under Private/Public Partnership which would provide 300 equipped ambulances with trained Paramedical staff in a phased manner to attend to emergencies that threaten life, health and property of all throughout Kerala. The Scheme provides for a 24 hour Call Centre, a dedicated toll-free number for dialing by public, treatment to stabilize the patients for the first 24 hours free of cost at the nearest well equipped hospital and transport thereafter to the hospital of the patient's choice.

Further Recommendation

1.3 The Committee noted that no budget provision was provided for setting up Trauma care unit attached to Primary Health Centres near to National Highways. The Committee, therefore, expressed its displeasure in the matter and recommended that the scheme should be implemented under the National Rural Health Mission (NRHM) or by providing necessary provision in the Budget.

Recommendation

(Sl. No. 19, Para No. 66)

1.4 The Committee desires that the accounts of the Hospital Development Committees should also be audited by the AG to keep up the financial propriety.

Action Taken

1.5 Government have entrusted the audit of accounts of the HDC of various Government Hospitals to the Accountant General as per G.O. (Ms.) No. 155/1996/H&FWD. dated 23-3-1996. As per G.O. (Rt.) No. 3379/04/H&FWD. dated 3-12-2004. Government entrusted the audit of accounts of the HDCs/HDSs of all Government Hospitals/Speciality Hospitals in the State to the Local Fund Audit Department.

The Finance Inspection Wing has conducted an inspection in the Office of the Medical College Hospital, Thrissur during 6/2001 and irregularities reported. Health Department has taken up the matter seriously and decided to entrust the audit work of all HDCs to the Local Fund Audit Department in consultation with the Finance Department. It appears this Government Order was issued as per the recommendation of PAC but the period of year and report are not shown anywhere in the disposal leading to G.O. (Rt.) No. 3379/04/H&FWD. dated 3-12-2004. Hence the omission may be regretted.

Moreover, Government deeply regret for not sending a copy of the said Government Order to Accountant General (Audit/A&E). As per the recommendation of the Subject Committee VI (Social Services) 2001-2002, Government vide G.O. (Rt.) No. 1266/05/H&FWD. dated 2-5-2005 entrusted District Inspection Wing under the Finance Department to conduct detailed enquiry regarding the structure, working and irregularities in the appointment of staff in certain institutions including Hospital Development Committees. At present the HDC Accounts of the Hospitals under the Health Services Department are being audited by the Internal Audit team of the Directorate of Health Services and Accountant General Audit the HDC Accounts of major hospitals also.

Further Recommendation

1.6 The Committee recommended that the accounts of the Hospital Development Committees/Hospital Development Societies (HDCs/HDSs) functioning in all the Government Hospitals in the State should be audited by the Accountant General (Audit).

CHAPTER II

RECOMMENDATION IN RESPECT OF WHICH THE COMMITTEE DO NOT DESIRE TO PURSUE FURTHER IN THE LIGHT OF THE REPLIES FURNISHED BY GOVERNMENT

Recommendation

(Sl. No. 1, Para No. 48)

2.1 The Committee found that, though the Health & Family Welfare Department was badly in need of money and many of its requirements were pending for a long time, the entire budget allocation was not utilised during 1987-88 and 1992-93 but made a savings of ` 107 lakh and ` 54 lakh respectively during the above years. The Committee noticed that if the Department had made an earnest attempt, it could have utilised the amount fully for any of its crucial needs.

Action Taken

2.2 The valuable suggestion of the Committee has been taken into account and all the HODs are instructed to ensure that the Budget provision is fully utilised.

Presently the Health and Family Welfare Department utilizes the budget allocation completely; and the department submits proposal for additional funds every year when the budget provisions are exhausted. For example, under the head of Materials & Supplies, by the DME additional funds were utilised is as follows:

24-MS (Non Plan)	
2006-07 ..	ˆ 8,36,51,000
2007-08 ..	ˆ 2,69,22,000
2008-09 ..	ˆ 17,71,63,000

It may also be pointed out that the reason for saving under Non Plan is mainly under the salary head. Many posts were vacant in this department during the period 2006-07 and 2007-08. At the time of Budget preparation anticipated amounts were included under each item under Non Plan Budget. These funds were allotted to the subordinate institutions as per their request. But most of the subordinate institutions did not submit their request in time. The Government have ordered to meet the day-to-day expenditure of the Institutions handed over to Local Self Government from the fund of Local Self Government themselves. These are the reason for savings under Non Plan side. It is also informed that during the year 2006-07 and 2007-08, belated supply of Machinery, Equipments, Materials etc., caused excess savings and the payments in this regard were effected on subsequent years. Chief Engineer, PWD has reported that the savings under capital head was occurred due to clearing of pending bills, slow progress of works, non adjustment of CSSA in Divisions, non-arrangement of works etc., and action for regularisation of the savings has already been taken.

Recommendation

(Sl. No. 2, Para No. 49)

2.3 The Committee feel that the overcrowding in hospitals and accommodating patients in every nook and corner in the wards not only bring down the standard of service but also affects adversely the general hygiene of the hospital and its premises. The Committee observed that the Department had not made any commendable progress in providing the required bed strength in any of the Medical College Hospitals in Kerala.

Action Taken

2.4 Remedial measures have been taken to avoid overcrowding of patients and bystanders and also to keep the hospital premises hygienic. Even though major Medical College Hospitals have been earmarked as referral hospitals, they are finding it difficult to avoid overcrowding of patients due to substantial increase of referred patients from peripheral hospitals. In order to increase the bed strength additional space has to be provided. Due to paucity of funds additional construction has not been taken up. In spite of the above position earnest step has been taken to avoid overcrowding in hospitals.

Recommendation

(Sl. No. 3, Para No. 50)

2.5 The Committee therefore recommend that the admission of patients should some how be restricted in accordance with the availability of beds and to keep up the position of Medical College Hospitals as referral hospitals as declared by Government. The Committee urge the Department to equip the secondary hospitals viz., the District and Taluk Hospitals with necessary amenities and to impart a better care and attention at the outpatient wings of Medical College Hospitals to control the persisting rush for admission in the Medical College Hospitals in the State.

Action Taken

2.6 In 1982 Government had ordered that the Medical Colleges, Thiruvananthapuram and Kozhikode would be designated as referral institutions. But it did not become so in the truest sense. Subsequently Government felt that it is high time that referral system is enforced strictly in MC, Thiruvananthapuram to begin with. Having examined the matter in detail, Government vide G.O. (Rt.) 817/04/H&FWD dated 18-3-2004 constituted a Committee chaired by Dr. Balaraman Nair, President of the TC, Medical Council to study the ground realities and suggest ways and means to strengthen the District and Taluk Hospitals of Thiruvananthapuram and Kollam Districts so that Medical College Hospital, Thiruvananthapuram will become a referral hospital in the true sense. DHS has informed Government that the report has not been released so far.

Recommendation

(Sl. No. 4, Para No. 51)

2.7 The Committee desires to be informed of whether the project amounting to ₹ 423 crore submitted to Government of India for strengthening the secondary hospitals has secured sanction. The present position of the work in

respect of the Super Specialty Block attached to Medical College Hospital, Kozhikode by providing additional funds in the budget may also be intimated to the Committee.

Action Taken

2.8 The projects then proposed amounting to ₹ 423 crore for strengthening the secondary level hospitals have not been sanctioned by the Government of India. Subsequently Government of India have sanctioned ₹ 631 crore, under NRHM up to 2009-10, for strengthening the secondary level health institutions in the State.

The construction of the Super Specialty Block in the Medical College, Kozhikode has already been completed. Central assistance of ₹ 9 crore (4 crore under Revenue head and 5 crore under Capital head) was utilized for this project.

Recommendation

(Sl. No. 6, Para No. 53)

2.9 The present position of the Trauma Care Unit to be established at Medical College Hospital, Thiruvananthapuram at an estimated cost of ₹ 1.55 crore may also be intimated to the Committee.

Action Taken

2.10 A three storied building for the establishment of Trauma Care Centre has been completed. Total Cost of Construction is ₹ 1.80 crore. In order to make the building functional, Government have sanctioned additional Central assistance to provide furniture, equipments and other infrastructure facilities. It is also decided to construct a flyover from casualty to Trauma Care Centre for the conveyance of patients and bystanders. Administrative Sanction has been issued by Government for ₹ 45 lakh for construction. Public works Department has initiated action to construct the flyover shortly. The building is proposed to be made functional within two months.

Recommendation

(Sl. No. 7 Para No. 54)

2.11 The Committee agree that prescribing exhaustive dietary guidelines for supply of diets to the patients is a complex task. Since majority of patients seeking treatment at Medical College Hospitals suffer from malnutrition and are of

different physiological states like pregnancy, lactation, infancy and old age, their demand on nutrient requirement also varies. The Committee therefore strongly believe that cost benefit alone, should not be considered as the criteria for prescribing diet. The Committee urge that apart from drugs and pills prescribed to each patient, a well balanced diet system which easy to follow in the peculiar situation of the Hospitals should also be adopted. The Government should see that necessary funds are also provided for this purpose.

Action Taken

2.12 Apart from providing drugs and pills to the patients, proper diet to the patients are also being provided in all Medical Colleges in the State. The present system of diet in Medical College Hospitals is as follows:

Milk .. 500 ml. (1/2 litre)

Bread .. 450 gms.

Biscuit .. 450 gms.

About 15% of the total allocation of budget is being utilized for the supply of diet. Moreover, with the help of voluntary organizations Diet is being provided in all Medical Colleges according to the necessity.

Recommendation

(Sl. No. 8, Para No. 55)

2.13 The Committee observed that one of the recommendations of the High Power Committee was that "Larger Hospitals should run Canteens in the hospital premises preferably under the aegis of Hospital Development Committees to supplement hospital diet as well as for the catering of the staff". The Committee feel that had the Department strictly implemented this recommendation it could have avoided the menace created by the street vendors and others through the supply of substandard and unhygienic food items inside and around the hospital premises.

Action Taken

2.14 At present in all larger hospitals in the State Canteen facilities are available in the hospital premises itself. Thus the patients can supplement hospital diet with the food that is available through the Canteens. Most of them are run by the Hospital Development Committees/Hospital Development Societies of the concerned hospital. Units of Indian Coffee House, Kudumbasree Units, Co-operative Societies under the Hospital Workers Union, Employees' Society are also running canteens effectively in certain hospitals.

Recommendation

(Sl. No. 9, Para No. 56)

2.15 The Committee observed that the Department miserably failed in implementing the recommendations of High Power Committee on the purchase, distribution and stores control of drugs. It was noticed that the department could never utilise 40% of the financial provision for the purchase of drugs as recommended by High Power Committee. The Committee were alarmed at the point that even the combined expenditure on drugs and diet was less than 40% of the total expenditure during the period from 1988 to 1992 except for the year 1990-91. During oral evidence the Committee was convinced that no separate provision was being made for purchase of drugs. The position remains the same even at present.

Action Taken

2.16 The budget provision for the drugs and diet are earmarked under the Common Head of Account under materials and supplies. There is no separate provision earmarked for purchase of medicines as recommended by High Power Committee. However 60 to 70% of the total budget provision under Medicals and supplies is used for the purchase of medicines alone. About 15% of the budget allocation under Medicals and supplies is allotted for diet. The percentage observed by Committee is the percentage of total budget allocation of the Director of Medical Education.

Recommendation

(Sl. No. 10, Para No. 57)

2.17 The Committee strongly recommend that 40% of the total provisions of the hospital funds should clearly be set apart for the purchase of drugs alone as recommended by the High Power Committee hereafter. Further the lapses in keeping 20 life saving drugs in all Medical College Hospitals turned to be an astonishing and hardly conceivable fact to the Committee. The Committee were alarmed at the finding that out of the loss of ₹ 14.77 lakh sustained by the Department on account of cost of time expired medicines, the value of Benzyl Penicillin Sodium Salt alone, purchased in 1971 amounted to ₹ 12.25 lakh. The Committee desire to know the intention of the Department behind the purchase of such a huge quantity and whether they have conducted any enquiry into the circumstances leading to the accumulation of time expired medicines and resultant loss of ₹ 14.77 lakh (i.e., the total cost of time-expired medicine purchased between 1973 and 1992.)

Action Taken

2.18 About 60 to 70% of funds earmarked for running the hospitals is fully used for the purchase of drugs alone. The observation that the 40% in the PAC is the total provision of the hospital fund which include machinery and other residuary items, office expenses etc. Now 20 life saving medicines are being stored in Medical College Hospitals for emergency purposes. No enquiry is conducted on the issue of time barred medicines. However internal audit has given instruction to verify time expired medicines and to ascertain the loss sustained to Government during periodical audit.

Recommendation

(Sl. No. 11, Para No. 58)

2.19 The Committee came to know that the subordinate officers were responsible to prepare annual indents for the quantity of medicines to be purchased and to send it to the Head of the Department (D.M.E.) by January every year. But they seldom adhere to this procedure but resort to local purchase of medicines at higher rates. The Committee found that though the Department suffered a loss of ` 2.14 lakh during 1991-92 due to local purchase of medicines, it had neither recovered the loss from the CPC firms as instructed by Government nor taken any action against the officers responsible for making payments without adjusting the loss sustained by Government. The Committee deprecate this action and recommend that the loss suffered by Government amounting to ` 2.14 lakh on account of local purchase should be recovered from the CPC firms, as per norms.

Action Taken

2.20 The local purchase was effected due to the non supply of medicines by the CPC firms in time. The distribution of medicines to patients cannot be postponed so resorted to local purchase of medicines. However the CPC Chairmen has taken action to supply medicines in time by the firm. Action against officers responsible and concerned firm will be difficult as lot of time has elapsed and many of the officers have retired, and in some cases firms which had supplied medicines is non existent. Hence this may kindly be waived.

Recommendation

(Sl. No. 12, Para No. 59)

2.21 The Committee further recommend that in order to safeguard the interest of Government and to ensure an uninterrupted supply of medicine by the Central Purchase Committee firms, they should be made liable to remit 5% of the quoted amount of the indents before the issuance of purchase orders to them. The caution/security deposit thus obtained from them should be released only after fulfillment of the contractual obligation.

Action Taken

2.22 Security deposit of 5% of the ordered quantity is now being collected from the CPC firms.

Recommendation

(Sl. No. 13, Para No. 60)

2.23 The Committee urge that, the system prevailing in Medical College Hospital, Thiruvananthapuram for the physical verification of stores should be extended to all other Medical College Hospitals in the State. The District store verification under the Director of Health Services should strictly conduct their inspection in all the Medical College Hospitals in order to ensure correct and an up-to-date maintenance of stores and stock. The Committee emphasize the need to provide computers in the medical stores attached to Medical College Hospitals to modernise and speed up the system of accounting, the distribution of medicines and allied activities and for an effective storekeeping.

Action Taken

2.24 The Physical verification of store of Medical Colleges are being done by the store verification team of Director of Health Service Steps have been initiated to computerise medical stores, step have also been initiated to modernise and speed up the system of accounting, the distribution of medicines and allied activities for an effective storekeeping.

Recommendation

(Sl. No. 14, Para No. 61)

2.25 The Committee desire to be informed of the details of facilities available in all Medical College Hospitals for the proper testing of blood before giving and they direct that it shall be ensured that patients are supplied with blood which has been properly tested.

Action Taken

2.26 Now in all blood banks attached to Medical Colleges the testing of blood groups. Hepatitis-B, Hepatitis-C, Syphilis, VDRC Test, HIV, Eliza Test are being done. Blood is properly tested before giving it to patients. Sufficient blood is tested and stored for the supply to needy patients.

Recommendation*(Sl. No. 15, Para No. 62)*

2.27 Being convinced of the absence of a systematic method for the disposal of used X-ray films, the Committee recommend that the used films which were not handed over to the patients or kept for further investigation should be disposed of only after maintaining a stock register as prescribed in the Kerala Financial Code.

Action Taken

2.28 Now systematic method for the purchase and disposal of X-ray films are followed. Stock register is also maintained for X-ray films.

Recommendation*(Sl. No. 16, Para No. 63)*

2.29 The reason adduced by the witness for the delay in commissioning a separate Department of Nuclear Medicines in Medical College Hospital, Kozhikode, set-up in 1989 was due to the promotion and transfer of an Associate Professor and also the delay in construction of a “delay tank” for the disposal of the nuclear wastes. The Committee are at a loss to understand that the Department failed to find out a substitute to this official transferred so as to monitor things in a fruitful manner. The Committee want to know whether the nuclear medicine unit has since been commissioned. If so, the exact reason for the delay of over 10 years for the functioning of the Department and action taken against the person who was responsible for the delay may be intimated to the Committee.

Action Taken

2.30 Separate Nuclear Medicine Department was set-up in 1989 at Medical College, Kozhikode with the following sanctioned posts :

- (i) Associate Professor—1
- (ii) Lecturer—1

Qualification and method of appointment for the above posts have also been fixed as per G.O.(Ms.) No.45/83/HD dated 17-2-1983 (copy enclosed as Appendix II).

The present staff position pattern against the sanctioned strength, is as follows:

Associate Professor—Vacant

Lecturer—1

Net effect is that the service of Associate Professor of Nuclear Medicine is not available, now at Medical College, Kozhikode. The vacant post of Associate Professor could not be filled up due to non availability of qualified hands as per G.O. (Ms.) No. 45/83/HD dated 17-2-1983 and this is the reason for not providing a substitute for the person who had been transferred to Medical College, Thiruvananthapuram. Construction of delay tank is completed in 1995 and used for the disposal of Nuclear waste.

Now the routine clinical investigation such as T3, T4 test are being conducted under the supervision of Assistant Professor of Radiotherapy.

Since qualified hands are not readily available now, the delay occurred was mainly due to administrative reasons.

Recommendation

(Sl. No. 17, Para No. 64)

2.31 The successive repairs/maintenance required for the equipments was stated by the Secretary, Health & Family Welfare Department as one of the major impediments faced by the Department in conducting major operations such as open heart surgeries or other thoracic surgeries. It was further observed that frequent breakdown of essential equipments such as Echo Cardiographs, Heartlung Machine, Ventilators etc. adversely affected the treatment of patients. The Committee urges that immediate steps should be taken to get the equipments ready for use and those which are in irreparable condition should be disposed off by replacing with new ones.

Action Taken

2.32 All equipment installed in the operation theatres especially, Thoracic Surgery units of Medical Colleges are functioning satisfactorily. Annual maintenance contract has been settled with the supplier firm for repairing all major and minor equipments. Concerted efforts are being taken to repair the equipments which can be repaired and condemn the equipments which are not repairable. Many hospital equipments which are lying idle especially minor equipments have been repaired by the technical staff of central workshop of Medical Colleges. Action is being taken to repair all the equipments by local firms meeting the expenditure from HDS funds.

Recommendation

(Sl. No. 18, Para No. 65)

2.33 The Committee also stressed the need to simplify the procedural formalities for getting the equipments repaired through a concerted action plan to avoid inordinate delay. The present position of the idle equipments mentioned in para 3.16.14 of the Audit Para (given as Appendix 4) may be furnished to the Committee, as assured by the witnesses during evidence.

Action Taken

2.34

- (1) *Image Intensifier X-ray Machine in Gastroenterology, Medical College, Thiruvananthapuram*

The Image Intensifier X-ray Machine installed in 1985 was under repair from 1987 onwards. The camera unit of the image intensifier was handed over to the IHRD for repair. But it is reported that the machine was beyond repair since the spares of the unit are not available and in the survey report of stores it is certified that “the item is damaged beyond economic repair” and fit for disposal condemnation.

- (2) *Endoscopes, GIF.K.10, GIF P.10, Pentax FG 36 TA*

These equipment in the department of Gastroenterology, Medical College, Thiruvananthapuram are also beyond repair and listed for condemnation as per survey report of the store.

- (3) *Urology table in the Department of Urology, Medical College, Thiruvananthapuram*

The equipment was purchased in 1985 and for want of space in the urology theatre, in 1988, one special theatre was constructed by extending the original urology theatre and the equipment was installed. From the date of installation, it was not working properly due to partial damage incurred. Steps were taken to repair the equipment but it is not materialised. Since then the table was used only for End-urology operations, but not under imaging as the X-ray portion of the equipment was out of order.

- (4) *Ultrasound Scanner in Medical College, Kozhikode*

The machine was used for many years. At present it is not in working condition.

- (5) *Electro Hydraulic Litho Tropter in Medical College, Kozhikode*

The equipment was used for many years and not in working condition at present.

- (6) *Image Intensifier X-ray Machine in the department of Orthopaedics, Medical College Hospital, Thiruvananthapuram*

The machine was installed in the department of Orthopaedics, Medical College Hospital, Thiruvananthapuram in 1985. It was under repair from 1987 onwards. It was irreparable and requested for condemnation. A new image intensifier X-ray machine was installed in that Department.

- (7) *Ultrasound Litho Triptor in the Urology Department, Medical College, Kozhikode*

The equipment was used for many years and now not in working condition.

- (8) *Uroflowmeter in the Urology Department, Medical College, Kozhikode*

At present the same is not in working condition and it was used for many years.

- (9) *Image Intensifier X-ray Machine in the department of Orthopaedics, Medical College, Kozhikode*

The Machine was purchased in 1972 and was idling since 1991 which was handed over to the IHRD Regional officer for repair. Later the IHRD has reported that it is not economical to repair and requested to give the item to IHRD. Since it is useful for them for demonstration. The equipment has not been returned as per records of Medical College.

- (10) *Image Intensifier X-ray Machine in the department of Gastroenterology, Medical College, Kozhikode*

The X-ray image intensifier mentioned in the report has been repaired in June 2002 and it is put to regular use nowadays. But it may be noted that the machine is an outdated one and it is difficult to do all procedures with the same.

- (11) *Ultrasound Scanner in Radiodiagnosis Department, Medical College Hospital, Thiruvananthapuram*

The machine was installed in the department in 1989. It was under repair in November 1992. The Company people in Japan were communicated regarding the problems of the machine. They sent some spare boards but were not suitable. Hence as a last trial, experts from the suppliers, VSSC and IHRD inspected the machine but could not repair. As there is no other machine available, Ultrasound cases could not be done till a new machine was acquired.

- (12) *300 MA X-ray Machine in the department of Radiodiagnosis Chest Hospital, Mulamkunnathukavu*

As per the Letter No.A1/13272/03/MCTCR dated 13-10-2004. The principal Medical College, Thrissur has reported that the equipment 300 MA X-ray machine of Radiodiagnosis department of Medical College Chest Hospital,

Mulamkunnathukavu, which was idling for want of electric connection is already commissioned since one month on a temporary measure and now working satisfactorily. For getting permanent connection, the Kerala State Electricity Board has instated to provide a 100 KVA transformer for an additional energization for an amount of ₹ 2.8 lakh need to be deposited with K.S.E.Board.

(13) *Colonofibroscope in the department of Gastroenterology, Medical College, Kozhikode*

It was purchased during 1981. It was idling since 1993. The repair of the item is not economical.

(14) *Complete set of PCN2 equipment in the department of Urology, Medical College, Kozhikode*

It is being utilized partially since C-arm Image Intensifier is not available in the department. Complete Utilization of PCN2 set is not possible.

Nowadays, while purchasing every sophisticated equipments Annual Maintenance Contract is entered into with the supplier firm (Comprehensive or Labour) for the repair of equipments after the warranty period. As such inordinate delay is avoided in almost all the equipment at least for a period of even years from its installation.

Recommendation

(Sl. No. 20, Para No. 67)

2.35 The Committee find that the Department had no hesitation in making payment of ₹ 7.64 lakh to the Kerala State Electricity Board as penal interest for the lapses in making timely payment of energy charges. The Committee are also at a loss to understand how the Department paid the energy charges pertaining to KHRWS pay wards attached to the District Hospital, Palakkad without any objection though the Society is an autonomous body working profitably and required no aid or assistance from the Government. The Committee therefore recommend that immediate action should be taken to realize the energy charges already paid by the Department in respect of KHRWS pay wards.

Action Taken

2.36 At first total consumption of KHRWS has been worked out and assessed as 14915 watts and total dues was calculated, as per the rate of minimum charges furnished by Kerala State Electricity Board, as ₹ 1,15,25,734 (for 14945 watts). But the 'KHRWS' argued that the amount is an inflated one and it will remit the amount if the penal charges are waived, otherwise the society will be put to severe hardships. There were no separate metering facility to the energy consumption by the District Hospital, Palakkad with its attached establishments and the KHRWS pay ward rooms.

Government then examined the matter in detail and as a final settlement of the issue, fixed the total dues of KHRWS as Electricity Charges, as ₹ 6,40,000 and issued G.O. (Rt.) No. 2027/2009/H&FWD dated 16-7-2009 (copy enclosed as Appendix III).

The Managing Director, KHRWS informed that ₹ 6.40 lakh has already been remitted to the Assistant Engineer, Kerala State Electricity Board, Sultanpet, Palakkad vide cheque No. 102231 of SBT Main Branch, Thiruvananthapuram dated 16-3-2009. But actually the amount had to be paid to the Government account and not to the Kerala State Electricity Board, since the dues were to the Government. Hence necessary directions are given to the Managing Director, KHRWS to inform KSEB to adjust the amount of ₹ 6.40 lakh towards future electricity charges of District Hospital, Palakkad, thereby recouping the amount due to Government.

Recommendation

(Sl. No. 21, Para No. 68)

2.37 The Committee strongly recommend that sufficient funds should be provided to the hospitals for making payments in respect of energy and water charges in time. Further a bit of delay should never lead to a situation of disconnection of power and water supply to the hospitals on humanitarian grounds.

Action Taken

2.38 The Government is taking care to see that sufficient funds are provided to the hospitals for making payments in respect of energy and water charges in time. Situation will be averted leading to a stoppage of Electricity and water supply to hospitals on humanitarian grounds.

Recommendation

(Sl. No. 22, Para No. 69)

2.39 The Committee observed that laxity on the part of the Department in providing necessary infrastructural facilities and power connection was the main reason for the inordinate delay in installation and commissioning of the X-ray units at the three Community Health Centres at Adimali, Panathady and Pathanapuram. The Committee wants to know whether these three units have since been commissioned and are working at present. The Committee may also be intimated with the present condition of the X-ray units commissioned at nine Community Health Centres in the State.

Action Taken

2.40 The X-ray units in Community Health Centre, Adimaly, Panathady and Pathanapuram have been commissioned and now these are functioning properly. It is also reported that X-rays units commissioned at the following nine Community Health Centres in the State are functioning in good condition at

present and HDC and NRHM staff are available in these units for the smooth functioning of the institutions :

1. Community Health Centre, Althur .. X-ray unit is functioning and working in good condition at present
2. Community Health Centre, Mallappally .. X-ray unit is functioning and working in good condition at present
3. Community Health Centre, Chavara .. X-ray unit is functioning and working in good condition at present
4. Community Health Centre, Perambra .. X-ray unit is functioning in good condition. The Hospital Management Committee appointed X-ray Technician in this unit
5. Community Health Centre, Pathanapuram .. X-ray unit is functioning at present
6. Community Health Centre, Mukkom .. X-ray unit is functioning at present
7. Community Health Centre, Panathady .. X-ray unit is functioning in good condition. HDC & NRHM Staff are available in the unit for smooth functioning
8. Community Health Centre, Kesavapuram .. X-ray unit is functioning at present
9. Community Health Centre, Adimali .. X-ray unit is functioning in good condition, NRHM staff available in the unit.

Thiruvananthapuram,
9th July, 2014.

DR. T. M. THOMAS ISAAC,
Chairman,
Committee on Public Accounts.

APPENDIX I

SUMMARY OF MAIN CONCLUSIONS/RECOMMENDATIONS

<i>Sl. No.</i>	<i>Para Number</i>	<i>Department concerned</i>	<i>Conclusions/Recommendations</i>
1	1.3	Health and Family Welfare	The Committee noted that no budget provision was provided for setting-up Trauma care unit attached to Primary Health Centres near to National Highways. The Committee, therefore, expressed its displeasure in the matter and recommended that the scheme should be implemented under the National Rural Health Mission (NRHM) or by providing necessary provision in the Budget.
2	1.6	„	The Committee recommended that the accounts of the Hospital Development Committees/Hospital Development Societies (HDCs/HDSs) functioning in all the Government Hospitals in the State should be audited by the Accountant General (Audit).

APPENDIX II

GOVERNMENT OF KERALA

Abstract

MEDICAL COLLEGES—POSTS IN THE NUCLEAR MEDICINE WING—QUALIFICATION,
METHOD OF APPOINTMENT AND AGE LIMIT—PRESCRIBED—ORDERS ISSUED

HEALTH (M) DEPARTMENT

G.O. (Ms.) No. 45/83/HD.

Dated, Trivandrum, 17th February 1983.

Read :—1. Letter No. E1-15096/80/MCT dated 6-8-1980 from the Principal,
Medical College, Trivandrum.

2 Letter No. AII(2)17915/82/GW dated 1-11-1982 from the Secretary,
Kerala Public Service Commission, Trivandrum.

ORDER

In consultation with the Kerala Public Service Commission Government are pleased to prescribe the following qualifications, method of appointment and age limit for the posts of Professor, Associate Professor, Assistant Professor and Tutor in Nuclear Medicine in Medical Colleges.

I. Professor/Associate Professor

(a) *Qualification:*

M.D. in Nuclear Medicine or M.N.A.MS./M.A.MS. in Nuclear Medicine with one year's approved research experience

OR

M.D. Radiotherapy or MD in Medicine with Diploma in Nuclear Medicine or two years specialized training in Nuclear Medicine from a postgraduate Medical College or Institute where there is a separate Nuclear Medicine Unit.

(b) *Teaching Experience:*

As Assistant Professor/Reader in Nuclear Medicine for 5 years in a Medical College after requisite postgraduate qualification.

(c) *Method of Appointment:*

(i) For Professor—By promotion from the cadre of Associate Professor of Nuclear Medicine.

- (ii) For Associate Professor—By promotion from the cadre of Assistant Professor of Nuclear Medicine.

In the absence of qualified hands for promotion, by direct recruitment.

Upper age limit

For direct recruitment.

- (i) Professor:

50 years (No relaxation of age limit will be available to Scheduled Castes/Scheduled Tribes and OBCs.

- (ii) Associate Professor :

45 years with usual relaxation for Scheduled Castes/Scheduled Tribes and OBC candidates.

II. Assistant Professor

- (a) *Qualification*:

M.D. Nuclear Medicine or M.N.A.MS/M.A.MS in Nuclear Medicine with one year's approved Research experience

OR

M.D. Radiotherapy or M.D. in Medicine with Diploma in Radiation Medicine or two years specialized training in Nuclear Medicine from a postgraduate Medical College, or institute, where there is a separate Nuclear Medicine Unit.

- (b) *Teaching Experience*:

3 years teaching experience as Tutor in Nuclear Medicine or Radiology of which one year should be in an Isotope Laboratory after 'postgraduate degree/diploma qualification in Nuclear Medicine.

- (c) *Method of Appointment*:

By promotion from the cadre of Tutor in Radiology/Nuclear Medicine with the qualification and teaching experience prescribed above. In their absence, by direct recruitment.

Upper age limit for direct recruitment: 40 years with usual relaxation to the Scheduled Castes/Scheduled Tribes and OBC candidates.

III. Tutor in Nuclear Medicine

(a) *Qualification* :

(i) M.B.B.S. degree of any University recognized by the Medical Council of India with permanent registration from the Travancore Cochin/Kerala Medical Council.

(b) *Method of appointment*: Direct recruitment

(c) *Upper age limit*: 40 years with usual relaxation for Scheduled Castes/ Scheduled Tribes and OBC Candidates.

By order of the Governor,

C. RAMACHANDRAN,
Secretary to Government.

To

The Principal, Medical College, Trivandrum

The Secretary, Kerala Public Service Commission, Trivandrum
(with Covering Letter)

The Principal, Medical College, Kottayam

The Principal, Medical College, Calicut

The Principal, T.D. Medical College, Alleppy

The Principal, Medical College, Trichur

The Accountant General, Kerala, Trivandrum

General Administration (SC) Department- vide item No. 671
dated 27-1-1983 of the Council of Ministers

Copy to Health (B) Department

Copy to Health (Spl.) Department

Copy to M1 Seat

Stock File/Office.

APPENDIX III

GOVERNMENT OF KERALA

Abstract

H&FWD—KERALA HEALTH RESEARCH & WELFARE SOCIETY—PUBLIC ACCOUNTS
COMMITTEE (1998-2000)—91ST REPORT—RECOMMENDATION No. 20 PARA 67
PAYMENT OF ELECTRICITY CHARGES—ORDERS ISSUED

HEALTH & FAMILY WELFARE (G) DEPARTMENT

G.O. (Rt.) No. 2027/2009/H&FWD. *Dated, Thiruvananthapuram, 16th July, 2009.*

*Read:—*1. Letter No. 1569/PKD/Ele/KHRWS dated 8-11-2006.

2. Meeting held on 19-3-2007 by the Hon'ble Minister (H&FW).

ORDER

The Committee on Public Accounts (1998-2000) observed that the Health Department without any hesitation made the payment of ₹ 7.64 lakh to the Kerala State Electricity Board as penal interest for the lapses made by KHRWS in making timely payment of energy charges pertaining to KHRWS which is an autonomous body working profitably and recommended immediate action to realise the energy charges already paid by the Department in respect of KHRWS pay wards associated with District Hospital, Palakkad. The Director of Health Services reported that an amount of ₹ 1,15,25,734 is due up to 9/2004 and requested the intervention of Government in this regard. KHRWS was asked to pay the dues immediately and report compliance. KHRWS did not take any steps to settle the amount, Government informed KHRWS that stringent measures such as Revenue Recovery proceedings/recovery from pay ward collection of KHRWS will be initiated to realise the amount.

The District Hospital, Palakkad with the School of Nursing attached to it and the KHRWS which operates pay ward rooms for inpatients are housed in the same premises. There were no separate metering facility to measure the energy consumption by the District Hospital with its attached establishments and the KHRWS pay ward rooms. The Managing Director, Kerala Health Research & Welfare Society, vide reference 1st cited, has argued that the arrear amount calculated is an inflated one and the Government may reconsider the matter. Subsequently the Hon'ble Minister for Health convened a meeting on 19-3-2007 to sort out the issue. In the meeting the Hon'ble Minister (H&FW) approved the suggestion that KHRWS may remit ₹ 6,40,000 as a final settlement of the issue.

In the circumstances, an amount of ₹ 6,40,000 will be remitted by the Kerala Health Research & Welfare Society as a final settlement of the issue and future payments will be remitted by the Kerala Health Research & Welfare Society promptly based on the invoice from the Kerala State Electricity Board.

By order of the Governor,

P. USHAKUMARY,
Joint Secretary to Government.

To

The Managing Director, Kerala Health Research & Welfare Society
The Public Accounts Committee [vide PAC (1998-2000) 91st report]
The Principal Accountant General (Audit/A&E), Kerala,
Thiruvananthapuram
Stock File/Office Copy.
