

## MEDICAL EDUCATION DEPARTMENT

### 3.4 Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow

#### Highlights

*The Sanjay Gandhi Post Graduate Institute of Medical Sciences (SGPGI) was established at Lucknow in 1983 through an Act of State Legislature. The objective of the SGPGI was to create a Centre of Excellence for providing medical care, educational and research facilities and to provide training in paramedical and allied fields. Total expenditure on various activities of the institute during 2000-05 was Rs 395.91 crore. Review of the Institute for the period 2000-05 revealed that the Institute suffered on the fronts of medical education and research due to shortage of staff and could not start training in para medical activities so far. Rules and regulations were not framed. Financial and accounting arrangements were not satisfactory. Development of clinical infrastructure was not as envisaged and patient care records were not maintained properly. Internal controls for procurements and inventory management were deficient.*

- **There was delay of more than 20 years in finalisation of annual accounts by the Institute.**

**(Paragraph: 3.4.7)**

- **Against a target of setting up 1800 beds by 2003, only 684 beds had been set up by March 2005, despite spending Rs 493 crore against an estimate of Rs 387 crore.**

**(Paragraph: 3.4.13)**

- **There were vital gaps in maintenance of patient care records as in many instances patient case history, vital chart, investigation chart, doctors progress note, investigation summary etc. were not maintained and prescription of doctors was not followed by the nursing staff.**

**(Paragraph: 3.4.14)**

- **Inventory control systems were weak. Medicines worth Rs.8.30 crore were not purchased from the lowest quoting technically qualified firms. There were delays ranging from one year to six years in purchase of imported equipment and no physical verification of stock had ever been conducted.**

**(Paragraphs: 3.4.19 & 3.4.21)**

- **Funds earmarked for research were only 0.17 per cent of non-plan grants of the Institute.**

**(Paragraph: 3.4.24)**

- **The Institute could not impart training in para medical and allied fields though more than 20 years have passed after it was set up.**

**(Paragraphs: 3.4.26)**

#### 3.4.1. Introduction

The Sanjay Gandhi Post Graduate Institute of Medical Sciences (SGPGI) was established at Lucknow in 1983 as a body corporate through an Act<sup>1</sup> of State

<sup>1</sup> The Sanjay Gandhi Post Graduate Institute of Medical Sciences Act, 1983

Legislature. The objective of the SGPGI was to create the centre of excellence for providing medical care, educational and research facilities including training in paramedical and allied fields.

The Institute had 44 departments which included six ‘super specialty’ centres in the areas of Neuro-surgery, Cardio vascular surgery, Gastro-enterology, Nephrology-Urology, Endocrinology and Immunology.

### **3.4.2. Organisational set-up**

The Director is the Chief Executive officer of the Institute and is assisted by the Dean, the Finance Officer, the Medical Superintendent, the Additional Director, and the Executive Registrar. In terms of Section 4 of the Act, the Institute body, headed by the Chief Secretary of the State, comprises Secretary, Medical Health and Family Welfare, Director of Medical Education, Secretary, Finance Department, the Director of the Institute and persons of repute in scientific field, members of State and Central Legislature etc as members. The function of the Institute body was to take decisions on policies relating to the affairs and working of the Institute.

The Act further provided for a Governing Body, an Academic Board, a Finance Committee and a Selection Committee for general superintendence, maintenance of standard of education and research, administration of property and funds of the Institute and selection of professors, heads of department, etc. respectively.

### **3.4.3 Scope of audit**

Audit of the Institute was conducted under Section 14(2) of the Comptroller and Auditor General of India’s (Duties Power and Condition of Services) Act, 1971. Records of the Institute for the period 2000-2005 were test checked during the period from June 2005 to September 2005.

### **3.4.4. Audit objective**

The audit objective of the review was to assess whether:

- Finances of the Institute were managed in an effective manner;
- Planning for the delivery of services was adequate and focused;
- Patient care was satisfactory;
- Research received the desired emphasis;
- Academic infrastructure was adequate and
- Training in para-medical and allied fields were provided.

### **3.4.5. Audit criteria**

The audit criteria were:

- Specific objectives provided in the Act;
- Norms prescribed for infrastructure for hospital activities;
- Procedures for procurement of medical equipment and medicine;
- Plan of research activities relating to extramural and intramural research;
- Training calendars for para-medical and allied fields.

### **3.4.6. Audit methodology**

Records relating to patient care, academic and research activities, procurement of medicine and equipment, consumable and dead stock, construction and maintenance of buildings and roads were test checked during the period June

2005 to September 2005. Adherence to the prescribed procedures was assessed by examining 240 purchase orders of equipment and medicines and 200 patient's case files. At the start of the review an entry conference was held in July 2005 with the Director, SGPGI to discuss audit objectives and audit criteria. An exit conference was held with the Government (Secretary, Medical Education) in December 2005 to discuss audit findings and recommendations contained therein.

### **Audit findings**

#### **Financial management**

#### **3.4.7. Delays in finalisation of accounts**

**There were inordinate delay in finalization of accounts ranging upto more than 20 years**

Under the Act the Institute was required to prepare an annual statement of accounts every year by 30 September of the succeeding year. The Institute prepared accounts for the period 1981-82 to 2003-04 during 2004-05 and 2005-06 after a delay ranging up to more than 20 years. Audit Certificates on annual accounts of these years were qualified by the external auditor by pointing out a number of irregularities/inconsistencies therein (details in *Appendix -3.11*).

Despite this, the accounts for 2004-05 had not been finalised and the accounts of 2002-03 and 2003-04 had not been audited by the external auditor<sup>1</sup> as of December 2005. Moreover the irregularities and inconsistencies pointed out in the annual accounts have not been set right by the Institute so far. Institute in reply stated (December 2005) that delay in preparation of annual accounts was due to seizure of related records in 1990 under Foreign Exchange Regulation Act. Reply is not tenable as accounts prior to 1990 were also prepared in 2003-04 when records were already seized.

The position of receipts and payments during the period 2000-05 as per information furnished by the Institute was as under:

**Table 1**

*(Rs. in crore)*

Sl No.	Particulars	2000-01	2001-02	2002-03	2003-04	2004-05
1	Opening balance	6.77	30.02	10.93	17.76	14.86
2	Receipt during the year:	88.05	76.78	75.21	81.62	83.47
3	<b>Total</b>	<b>94.82</b>	<b>106.80</b>	<b>86.14</b>	<b>99.38</b>	<b>98.33</b>
4	Payments during the year:					
	(i) Pay & allowances	30.67	29.58	28.39	33.21	35.03
	(ii) Office expenses	11.72	14.11	14.05	22.53	19.96
	(iii) Academic programme	1.05	0.86	1.06	0.82	1.09
	(iv) Research activities	0.04	0.13	0.07	0.66	Nil
	(v) Hospital service	8.39	7.09	6.64	7.68	6.78
	(vi) Construction	5.93	8.74	9.15	5.69	16.35
	(vii) Medical equipment	4.64	5.60	2.48	6.24	1.39
	(viii) Misc. Expenditure	2.34	29.76	6.54	7.69	1.74
	<b>Total</b>	<b>64.80</b>	<b>95.87</b>	<b>68.38</b>	<b>84.52</b>	<b>82.34</b>
5	<b>Closing balance</b>	<b>30.02</b>	<b>10.93</b>	<b>17.76</b>	<b>14.86</b>	<b>15.99</b>

*Note:* This does not include transactions pertaining to Hospital Revolving Fund (HRF), Investigation Revolving Fund (IRF) and Patients Employer Deposit (PED).

<sup>1</sup> Chartered Accountant's firm

### 3.4.8 Diversion of funds

Government sanctioned a supplementary grant of Rs.20 crore in March 2004 to meet liabilities of arrears of pay and allowances and other expenses of the Institute with the stipulation that allocated funds should not be kept in the bank or post office and should be used for the purpose meant for. The Institute, with approval of the Director, deposited Rs.2.59 crore in the Pension Fund and diverted Rs.35.03 lakh for purchase of vehicles and articles for the guesthouse despite the fact that listed liabilities to the extent of Rs.1.19 crore were still not discharged.

On this being pointed out, Institute replied (December 2005) that opening of Pension Fund was in pursuance with the Act. Reply is not tenable as supplementary grant was provided for meeting the listed liabilities only.

### 3.4.9. Delay in submission of utilisation certificates

There were significant delays in submission of utilisation certificate to the Government

Utilisation certificates (UCs) for the grants paid by the State Government during the period 2000-01 to 2004-05 were submitted to the Government in one bunch in July 2005 thereby not ensuring utilisation of grants for the intended purpose in a timely manner.

Institute replied (December 2005) that it was not aware of the procedure of submission of UCs by the Institute to the concerned authority. The reply is not tenable, as Government's orders releasing funds had clearly specified that the Institute should furnish UCs to the Medical Education Department.

### 3.4.10. Outstanding advances

Advances worth Rs.69.35 crore remained outstanding up to 15 years

Advances paid to firms and individuals for supply of material and store items should be adjusted upon receipt of materials/ rendering of accounts/cash refund/ recovery, at the close of each year after ensuring satisfactory supply, stock entry and installation certificate etc. As per the details furnished by the Finance Section of the Institute, advances to the tune of Rs.69.35 crore were outstanding for more than 15 years as on 31 March 2005. Out of this, Rs. 64.43 crore was advanced to foreign suppliers against the Letters of Credit for supply of medical equipment and books and journals.

The Institute neither furnished reasons for these outstanding amounts nor was able to produce adjustment register relating to these advances to audit. Audit scrutiny revealed that adjustment of these advances remained pending as receipt of equipment and journal etc. were not properly accounted for and certificate for successful installation and running of equipment etc. were not furnished by the concerned wings. Institute replied that efforts were being made to adjust the outstanding advances.

### 3.4.11. Advances against principal investigators

A test check of records of the Research Section revealed that the investigators were given advances to undertake the projects and the amounts paid posted in the advance ledger. However, the sanctioning authority did not spell out specific terms and conditions for adjustment of these advances. As a result, 35 investigators did not render the account for Rs.69.43 lakh even after lapse of a period ranging up to nine years.

## **Planning for delivery of services**

### **3.4.12. Rules and regulations not framed**

Section 40 and 40(i) of the Act provides that the Government may, by notification, make rules to carry out the purpose of this Act and the Institute may make regulations, with the approval of the State Government. However rules and regulation were not framed even after 20 years of establishment of the Institute. In the absence of rules/regulations there was no clarity in the service conditions of employees and their charter of duties. The Institute adopted the norms of All India Institute of Medical Sciences (AIIMS), New Delhi, with the approval of the Governing Body in January 1997, to regulate pay scales, allowances, fringe benefits and service rules etc. without the approval of the State Government.

### **3.4.13. Clinical infrastructure**

**Clinical infrastructure could not be completed**

Clinical infrastructure for the Institute was to be set up in three phases with 1800 beds strength by 2003. However only 684 beds were made operational as of March 2005 despite the fact that against the estimated cost of Rs.387 crore for all three phases, Rs.492.75 crore had been spent for the purpose as of 31 March 2005. Thus, an important aspect of the working of the Institute did not receive the priority it deserved resulting in time and cost over run. The Institute stated (December 2005) in reply that this could not be done due to paucity of funds and the uncertainty regarding budgetary allocations.

### **3.4.14. Patient care**

As stipulated in the project report of the Institute, the delivery of comprehensive and advanced medical care was to be the guiding principle in the field of patient care. The Institute's aim was to deliver the best medical care anywhere in the world and set an example of excellent medical care in the State. Bed capacity for indoor patients was 684 with the occupancy rate of 65 to 70 *per cent* while 668 outdoor patients on an average were treated daily. Only referral cases were treated in the Institute.

### **3.4.15. Non-maintenance of proper medical records**

**Crucial records relating to Patients treatment were not maintained in many cases**

Individual patient's files were required to be maintained in the Hospital of the Institute for treatment of patients. Records to be kept with patients' files were among others, hospital administration card, requisition slip for providing bed, general case history of the patient, progress notes and order by medical officer, nurses record, vital chart, chart of operation, chart of investigation, doctors visit summary, patient account statement, patient discharge summary.

Scrutiny of 200 patient files (187 live cases and 13 death cases) out of 1.03 lakh patients' files revealed that there were no case histories available in 16 cases. Important proforma like vital chart, investigation chart were not available in 18 cases. In four cases nurses' records were not maintained. Prescription of doctors was not followed by nursing staff in four cases, as some medicines were not provided to patients while some others were given medicine twice instead of once. In five cases doctor's progress notes regarding patient's treatment were not maintained. Detail of investigation summary in 13 cases was not mentioned.

Further scrutiny of patients' files revealed that ECG and Echo tests in 18 cases were done without the advice of the doctors. Consent of a patient for kidney transplant was obtained 12 days after the operation was made. Consent of two patients for operation was obtained on 23.05.2002 and 17.12.2003 though operation was not decided at the time of consent. Preliminary check up of these patients was done four and seven days after the consent was obtained. Scrutiny of other records by audit revealed that death of one patient was reported due to failure of obsolete pacemaker.

Institute stated (December 2005) that all information, supposed to be furnished in proforma, are available in Hospital Information System (HIS) and any slackness in patient care is not possible. Reply of the Institute was not tenable as facts about the treatment of each case duly authenticated by concerned doctors/nurses were required to be maintained in the patients' files for proper patient care

#### **3.4.16. No norms fixed for deployment of doctors**

**Doctors were involved in non- medical activities despite shortages**

The Institute had not fixed any norms for deployment of doctors based on the workload to ensure satisfactory patient care. Further, though there was an acute shortage of doctors (43 per cent) 30 doctors were working in non-medical departments in contravention to the Government orders debarring involvement of doctors in non-medical activities.

#### **3.4.17. Performance records not maintained for OPD patients**

The Institute did not evolve a system for monitoring as to how long each OPD patient had to wait for consultation of the doctor and how many OPD patients had to return without consultation of the doctor due to paucity of time.

#### **3.4.18. Non-maintenance of waitlist for surgeries**

The Institute did not lay down a system to maintain and monitor a waitlist for surgeries in various specialties and investigations so that it could take steps to detect the gaps in capacity and infrastructure for taking corrective actions for improvement.

### **Management of other functions**

#### **Procurements**

#### **3.4.19. Medical equipment**

**Prescribed procedures for procurement of medical equipment were not being followed in many cases**

The Joint Director (Material Management) procures medical equipment. During the period of review purchases costing Rs.20.35 crore (170 purchase orders: 110 imports & 60 indigenous) were made out of which 40 purchase orders (30 imports & 10 indigenous) costing Rs.9.98 crore were test checked in audit. Purchase Procedure approved by Governing Board regulates procurements. Scrutiny of records of procurements revealed:

#### **Purchases without approval of Pre Purchase Committee**

Indents for purchase are required to be approved by the Pre Purchase Committee (PPC), which is a need evaluation committee of the Institute. Approval of the PPC for purchasing four items costing Rs.1.30 crore was not obtained and in two cases equipment (105 S S containers and 500 Textile Filter) was purchased for more than the approved quantity. In reply Institute

stated (December 2005) that PPC is an advisory committee to the Director, who can approve any purchase without seeking advice of the committee. Reply is not tenable as PPC performs the task of assessment for procurement, which was not done in the cases mentioned above.

#### **Purchases without the evaluation of the technical committee**

Technical Evaluation Committee ascertains that required technical specifications are available and quality standards of equipment to be procured are satisfactory. Three equipments valuing Rs.1.12 crore were purchased without the evaluation of the technical committee. In reply Institute stated (December 2005) that technical evaluation committee is an advisory committee to the Director, who can approve any purchase without seeking advice of the committee. Reply is not acceptable as technical evaluation committee performs a mandatory duty of evaluating technical specifications for procurement.

#### **Delay in purchases**

There were inordinate procedural delays in purchase of imported equipment in seven purchase orders. The delays ranged from one year to six years during which time the purpose of the patients' care and research work suffered. This was evident in the case of Uroflowmeter, which was purchased to fulfill the requirement of carrying out 150 to 240 uroflowmetric studies per month. The procurement of equipment took place after four and half years till which time only 12 to 16 studies per month could be done.

#### **Payment without installation report**

Final payments to the firms were required to be made after installation and satisfactory working report of the equipment. It was observed, however, that in all cases, payments amounting to Rs 3.12 crore were made without obtaining installation and satisfactory working report.

#### **Purchases through limited tender**

As per purchase rules wide publicity of tender is required to be done for purchases costing more than Rs.0.50 lakh, to get competitive rates. However, in most of the cases purchase of equipments costing more than this amount, wide publicity was not given. In addition, equipments costing Rs.38.77 lakh were purchased through limited tender without any justified reasons, as required under purchase rules.

#### **Purchases against propriety indents**

As per Purchase Procedure<sup>1</sup> of the Institute, the articles, which are specifically certified to be of proprietary nature by the indenting department, the Joint Director, (Material Management) shall also ascertain whether there were no other manufacturers in the market before placing purchase orders. Nine items costing Rs.36.44 lakh were purchased on selection basis assuming them to be proprietary items on the basis of user department's certificate. Material management department neither maintained a list of all proprietary items with it nor did it check up the facts in market before finalising the procurements.

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<sup>1</sup> Chapter 8 Part-I, Rule 6 (a)

Institute stated (December 2005) that all spare parts of particular equipments are of propriety nature. Reply is not tenable as purchases in question were not spare parts.

#### **Unfruitful expenditure on purchase**

One Simulator costing Rs.3.52 crore and one 3 D Dosimeter costing Rs.1.49 crore procured in June 2001 were non functional since inception because of manufacturing defect in one case and lack of soft ware in the other. However, no effective action was taken by the Institute to either get these replaced or get the refunds from the supplier resulting in Rs.5.01 crore being unfruitful besides the benefits of usage of these equipments not being available to patients .In reply Institute stated (December 2005) that Simulator was working from September 2003 to July 2004 and software for running the Dosimeter was awaited from the firm. Reply regarding Simulator was not tenable, as the equipment was not used to treat any patient since its purchase in June 2001.

#### **3.4.20. Medicines**

For procurement of medicines a separate Hospital Revolving Fund (HRF) was created in June 1997 with an initial corpus of Rs.50 lakh. All transactions relating to medicines such as payment to suppliers and sale proceeds of medicines sold to patients are routed through HRF. During the period of audit, purchases worth Rs.118.23 crore were made through 6596 purchase orders out of which 200 purchase orders valuing Rs.22.82 crore were test checked in audit.

#### **Irregular purchase of medicine**

**Purchase of medicines worth Rs.8.30 crore at higher rate caused extra burden on patients**

Medicines for Rs.8.30 crore were not purchased from the lowest technically qualified tenderer. This resulted in extra expenditure of Rs 3.92 crore, thereby causing extra burden on the patients. The Institute, in reply, stated (December 2005) that quality medicines required for user departments were purchased. The reply was not tenable as norms for obtaining quality products were incorporated in the purchase procedure itself according to which the price bids of only those manufacturers were to be considered who had qualified in the technical bids.

#### **3.4.21. Stores and stock**

##### **Overstocking of medicines**

Stocking of medicines in stores should be as per requirement of patients. Vendors are given one month's lead-time for supply of medicines and surgical items. Accordingly, stock level equivalent to 1/12 stock of the requirement for the year was to be maintained. Purchase of medicines etc. by the Institute (*Appendix –3.12*) was,however, made in excess of the requirements which resulted in their overstocking varying from 214 *per cent* in 2000-01 to 42 *per cent* in 2003-04. As a result, medicines/ surgicals costing Rs.26.40 lakh expired (31 March 2005). Of these, in a number of cases the terms and conditions of the purchase did not stipulate return of the expired medicines and surgicals to the suppliers/ firms, which resulted in a loss of Rs.17.42 lakh. Institute while agreeing with the point assured to minimize the stock in future.



**Physical verification was never conducted**

### **Physical verification**

Annual physical verification of all stores items required as per purchase rules was not conducted during review period. Institute stated (December 2005) that stock verification for financial year 1999-2000 and 2004 -05 was carried out. Reply was not factually correct as the Institute earlier stated (July 2005) during the audit that no physical verification was ever carried out and no reports in this regard were made available to audit.

The above facts establish that internal control mechanism for procurement of items; their receipt and subsequent issue was weak posing risk of leakage of material and stores.

### **3.4.22. Construction activities**

The Institute had a civil engineering wing headed by a superintending engineer, responsible for supervising construction works. Works were executed through various construction agencies through outsourcing. During the review period Rs.45.86 crore were spent on construction works out of which six works (estimated cost: Rs.18.38 crore) were test checked in audit. Following points were noticed in the system of planning and execution of works in the Institute:

#### **Wasteful expenditure**

Expenditure of Rs.38.36 lakh on two works became wasteful due to improper planning as discussed below:

The Director awarded (2001-02) the work of construction of a Wellness clinic, for providing complete health checking facilities, to the Construction and Design Services (C&DS), U.P. Jal Nigam at an estimated cost of Rs 86.20 lakh. The work was stopped in March 2003 and it was decided by the Institute to construct an Emergency Receiving Station in place of Wellness clinic. The work on the Emergency Receiving Station was started (May 2004) after dismantling the existing structure rendering the expenditure of Rs 29.50 lakh thereon wasteful.

Director SGPGI sanctioned initial estimate of Rs.2.44 crore for construction of a mortuary and the work was awarded (August 1997) to C&DS U.P. Jal Nigam. The construction agency started the work in August 1997 and Rs.52.53 lakh were spent on the work till May 2003. The Secretary, Medical Education inspected (January 2003) the site of construction on an instruction from the President of the Institute and found it unsuitable due to it being in the vicinity of kitchen and staff entrance. Accordingly, construction agency was ordered (May 2003) to convert mortuary into pediatric ward. In the process, Rs.8.86 lakh representing the cost of dismantled structure became infructuous.

In reply (December 2005) Institute accepted the wasteful expenditure in both the cases but said it to be insignificant.

#### **Cost and time over run**

As per financial rules construction works should be completed within stipulated time and sanctioned estimated cost. It was observed in audit that six works (*Appendix 3.13*) could not be completed within stipulated period of 24

months due to faulty planning, resulting in cost over runs of Rs.12.91 crore on these works.

The Institute stated in reply (December 2005) that works related to special type of buildings, initial estimates for which were prepared and sanctioned as per drawing and designs. But civil construction plinth area was taken into consideration in the revised estimate and all services were utilized based on actual design. The reply is not tenable since these factors should have been taken into consideration during initial planning of these works.

### Establishment of CBMR

Centre of Biomedical Magnetic Resonance (CBMR) at SGPGI was approved (August 1999) by the Institute Body to be completed by 2005-06 at an approximate cost of Rs.23.90 crore. Required funds for its establishment were to be given by the Department of Science and Technology (DST), Council of Scientific and Industrial Research (CSIR) and Indian Council of Medical Research (ICMR).

Scrutiny of records revealed that after spending Rs.4.43 crore, further work on the CBMR was stopped, based on the decision of the Governing Body (November 2002), on the ground that it was not covered under the mandate of the Institute. It was observed in audit that Governing Body of the Institute had no powers to over rule the decision of the Institute body and that too after a substantial financial stake had already been created in the CBMR.

Thus, expenditure of Rs.4.43 crore (out of Rs.7.63 crore released from CSIR and other agencies) on CBMR during 2001-05 became unfruitful and the unutilized grant of Rs.3.20 crore was refunded to CSIR (May 2004).

### 3.4.23. Manpower management

#### Shortage of nursing staff

As per recommendations of the nursing council of India (NCI) patient and nurse ratio for critical and intensive care is required to be 1:1, for rest of indoor cases 3:1 and leave reserve, 30 *per cent* of the total nursing staff. A comparison of these norms with actual deployment of nursing staff in the institute revealed shortages in cadre of nurses ranging from 27 *per cent* to 49 *per cent* as shown under:

Table 2

Year	Beds available during the year	Total requirement for nursing staff (as per NCI).	Sanctioned strength during the year	Shortage in sanctioned strength (in percentage)	PIP during the year	Shortage in PIP against required number (in percentage)
2000-01	544	664	632	32 (5%)	483	181 (27%)
2001-02	544	664	632	32 (5%)	448	216 (33%)
2002-03	555	680	605	75 (11%)	453	227 (33%)
2003-04	605	739	605	134 (18%)	479	260 (35%)
2004-05	684	908	605	305 (34%)	462	446(49%)

Patient care was bound to suffer as a result of shortage of nursing staff. On this being pointed out, the Institute replied (December 2005) that advertisements had been issued for filling the vacant posts.

### **Shortage of staff**

Over all shortage of the staff in all the cadres was 32 *per cent*, details of which are shown below (July 2005):

**Table 3**

Category	Sanctioned strength	Men in position	Shortage
Group-A (Teaching faculty, Doctors, Sr. Officers including Director etc.)	277	157	120
Group-B (Administrative Staff)	81	52	29
Group-C (Nurses and ministerial staff)	1634	1120	514
Group-D (Ward boys, sweepers, peons etc.)	463	334	129
<b>Total</b>	<b>2455</b>	<b>1663</b>	<b>792</b>

Functioning of the Institute was liable to suffer due to heavy shortages in its ranks.

#### **3.4.24. Research activities**

One of the main objects behind setting up of the Institute was to develop research facilities of a high order in the field of medical sciences where research studies of international standards could be carried out. In the Institute, faculty members undertake research schemes related to health and medical subjects, both intramural<sup>1</sup> and extramural<sup>2</sup>.

#### **Allocation of funds**

**Intramural research was not given requisite emphasis**

Although research was one of the major objectives of the Institute, it did not receive requisite emphasis as funds to the extent of Rs 0.34 crore (0.17 *per cent*) only, of the total non-plan grant (Rs 196.93 crore) of the Institute were allocated for intramural projects. The Research Committee in its 47<sup>th</sup> meeting (November 2003) had suggested that the budget for intramural funding should be Rs 50 lakh in each financial year so that the Institute could fund more intramural projects. However, no budget allocation was made for 2003-04 while it was only Rs 23 lakh during 2004-05. Institute in its reply stated that it would consider higher allocation for intramural research activities from next financial year.

#### **Review of research projects**

Quality and progress of intramural research is to be monitored by the Research Committee and the Ethics Committee through procedures of peer review, open presentations of research proposals and evaluation of the concluded research. A total of 61 research projects were undertaken by the Institute during 2000-05 out of which only 34 (56 *per cent*) were completed and report was submitted in 20 projects only (59 *per cent*) completed there against.

Period of one year was normally allowed for completion of an intramural research project. Against this, 12 out of 27 incomplete intramural projects (44 *per cent*), involving expenditure of Rs 13.75 lakh were pending beyond their due dates. Further analysis in this regard revealed that in four cases, project

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<sup>1</sup> Research funded by the Institute

<sup>2</sup> Research sponsored by outside agencies

could not be started as principal investigator left the Institute and one project was stopped due to less number of patients being available for testing. The Institute in its reply attributed delays to non-availability of equipment, technique and type of patent required for the research purpose.

In 14 (41 *per cent*) out of 34 intramural projects (sanctioned amount: Rs 13.75 lakh) reports had not been submitted despite research work having been completed by 2003-04. In 20 cases of intramural research where work was completed and report was also submitted, there was nothing on record to indicate whether findings of the research were evaluated/accepted by the Research Committee through peer review or open presentation of research proposals. Thus, none of the research findings of this period were patented or commercialised.

The Research Committee, which met eight times during 2000-05, had not reviewed the progress of the projects even once. The Institute in its reply stated that the projects would be reviewed in the next Research Committee meeting.

#### **Maintenance of record of assets**

For permanent and semi permanent assets acquired solely out of the grant, both for intramural as well as extramural projects, a separate register of assets is required to be maintained by the Institute. As per the finalised accounts of 2003-04, assets worth Rs 4.39 crore were accounted for under this head. However, the research wing of the Institute did not maintain the asset register in respect of the assets acquired by it out of the grant-in-aid received for research schemes/projects. It could not, therefore, be checked in audit whether the said assets had been returned to the funding agency or utilized by the Institute with the permission of funding agencies after accounting for the same in the Institute's stock register. Institute in its reply assured to prepare asset register.

#### **3.4.25. Academic activities**

Admissions are given for Ist year PG courses in the Institute. Candidates apply for admission and go through screening after which admission letters are issued and admission is given in different courses.

#### **Seat occupancy position**

The position of occupancy of seats was as under:

**Table 4**

Sl. No.	Year	Sanctioned seats	No. of students admitted	No. of students who dropped out	Shortfall
1	2000	52	41	2	13
2	2001	61	52	6	15
3	2002	59	54	5	10
4	2003	61	52	5	14
5	2004	63	55	2	10

It would be seen from the above that seats ranging from 21 *per cent* in 2000 to 13 *per cent* in 2004 remained vacant during the period of audit. Some of the students left the course subsequently. Institute failed to take all these factors in to account while admitting students for the courses. By conscious planning

and offering seats to the waitlisted candidates it could have filled up all seats. Institute stated that shortfall some times was due to less number of qualified candidates for admission. Institute further stated that most of the seats in various courses were filled up and shortfalls in admission were decreasing each year.

### **Coverage of super specialties**

It was targeted to set up all three phases of the Institute by 2003 and start academic activities in all the super specialties and disciplines by this date. As against this, even phase one of the Institute was not completed as of March 2005. As a result, teaching in super specialties such as oncology, nutritional diseases, tropical diseases, community medicine including epidemiology, dermatology, rheumatology, clinical pharmacology, and bioengineering etc. was not started by the Institute. Institute replied that paucity of fund and uncertainties regarding budgetary allocation were the reasons for non-coverage of all super specialties. However, it was observed in audit that the Government was contemplating setting up two more Institutes in the State of similar nature, one at Lucknow itself and the other in Etawah district, about 300 kilometers away from Lucknow. This decision of the Government in a scenario where it was not able to service all the requirements for successfully running an existing Institute of a similar nature, namely SGPGI, was questionable.

### **3.4.26. Training of paramedical staff**

SGPGI Act, 1983 envisaged provision for training in paramedical and allied fields, particularly in relation to super specialties. Institute could not, however, start training functions in paramedical and allied fields even though more than 20 years have passed after it was set up due to non availability of funds. Institute stated that efforts had been made to start nursing college and school for technician but it could not materialize due to paucity of funds.

### **3.4.27. Monitoring and evaluation**

The Government was required<sup>1</sup> to monitor the activities of the Institute by periodically inspecting its buildings, libraries, equipment, examinations, laboratories, teaching and other work conducted by the Institute. There was nothing on record to indicate that the Government ever conducted any inspections of the Institute to monitor its activities.

Institute body was required<sup>2</sup> to meet at least once in every year to take decisions on questions of policy relating to the administration of the affairs and working of the Institute. Against this, Institute body has met only once in 1999.

Government's decision 5(C) below GFR 150 envisaged that a review of the performance of the grantee Institute would be undertaken by the grant sanctioning authority concerned at least once in three to five years. No such review of performance was ever conducted either by the State Government or the Institute body.

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<sup>1</sup> Section 34(1) of the Act

<sup>2</sup> Section 6 of the Act

### 3.4.28. Conclusion

Against the targeted creation of 1800 bed capacity by the end of 2003, only 684 beds had been provided by the end of March 2005. There were shortages in the cadres of doctors (43 *per cent*) and nurses (49 *per cent*) depriving the patients of quality time in diagnosis, treatment and medical care. Annual accounts were finalised with delays ranging up to more than 20 years. A large number of research projects remained incomplete and research allocation was barely 0.17 *per cent* of the total non-plan grants. There were vital gaps in maintenance of patients care records as in many instances patient case history, vital chart, investigation chart, doctors progress note, investigation summary etc. were not maintained. Internal control system for procurement of items, their receipt and issue was weak posing risk of leakages. Extra expenditure incurred in procurement of medicines was an avoidable burden on the patients. There were delays ranging from one year to six years in purchase of imported equipment and no physical verification of stock had been conducted.

#### Recommendations

- The Government should ensure timely finalisation of the Annual Accounts by the Institute and the audit of the same by the external auditor.
- Rules and regulations should be framed early.
- Positioning of medical, para-medical and teaching staff needs to be done - for improving the quality of patient care and academic activities.
- The Institute should introduce a system of maintaining waitlists for surgery and for obtaining feedback from the patients on the services offered to them for evaluation of its performance.
- The Institute should accord necessary importance to intramural research by allocating adequate funds. The system of monitoring of research projects needs to be revamped so that research work is put to best use.
- Physical verification of all stock items should be conducted regularly.
- The procurement procedure of the Institute should be improved upon with special focus on transition from manual system to computer-based operations.

Government, during discussion confirmed (December 2005) the facts and figures and accepted the recommendations of audit. However, written reply of the Government had not been received (December 2005).