



Annual Report  
2014

Sri Jayewardenepura General Hospital

Prepared by:  
Planning Unit  
Sri Jayewardenepura General Hospital  
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# Content

<b>1. Corporate Information</b>	
1.1 Historical Facts	4
1.2 Corporate Governance	5
1.3 Our Milestones	6
1.4 Vision and Mission	10
1.5 Our Strengths	11
1.6 Our Expectations	12
1.7 Our Achievements	13
1.8 Hospital Staff	17
1.9 Medical Specialist Unit	15
1.10 Our Services	16
1.11 Our Website	17
<b>2. Management Team</b>	
2.1 Chairman's Message	19
2.2 Director's Message	20
2.3 Board of Directors	21
2.4 Management Committee	22
2.5 Specialist Staff	23
<b>3. Operational Information</b>	
3.1 Summary of the Performance	27
3.2 General Performance	32
3.3 Sector Review	33
3.4 Ten Year Summary	65
<b>4. Financial Reports</b>	
4.1 Statement of Financial Position	68
4.2 Financial Performance Statement	69
4.3 Cash Flow Statement	70
4.4 Notes to the Accounts - 2014	71
4.5 Significant Accounting Policies - 2014	79
<b>5. Auditor Reports</b>	
5.1 Auditor General's Report	83
5.2 Action taken to correct weaknesses mentioned in the Audit Quarries	99
<b>6. Vision for the Future</b>	
6.1 Expected Medium Term Activities to Improve the Work Performance of Institute	115

# 1. Corporate Information



## 1.1 Historical Facts



Sri Jayewardenepura General Hospital, a gift by the Government of Japan to the People of Sri Lanka on an initiative of His Excellency J. R. Jayewardene, the first Executive President of Sri Lanka, The hospital was ceremonially opened by Ishimaysu Kitaagawa, the representative of Japan and the President of Sri Lanka on the 17th day of September 1984.

Sri Jayewardenepura General Hospital was established by the Act of Parliament No. 54 of 1983. The primary intention of establishing Sri Jayewardenepura General Hospital was to provide excellent medical and surgical services compared to other government hospitals, at affordable prices to the public

The first Board of Directors appointed on the 23rd of February 1985 by the then Minister of Teaching Hospitals and Women's Affairs consisted of Dr. R.B.J. Peiris (Chairman), Dr. D.D. Samarasinghe (Ministry Representative), S.P. Chandradasa (Representative of Ministry of Finance), K.N. Choksy (President's Counsel), M.T. Fernando (Chartered Accountant), Dr. Malinga Fernando (Director General of Health Services) and Dr. S.A. Cabraal (Director - PGIM) and K.D.L. Rathnasena (Secretary). The first Board Meeting was held on 28th February 1985.

First patient was admitted to the hospital on 17<sup>th</sup> December 1984, under the care of Dr. H. H. R. Samarasinghe (Consultant Physician) and the first surgery in the hospital, a thyroidectomy was performed by Dr. K. Yoheswaran (Consultant Surgeon) with anaesthesia administered by Dr. K. A. Perera (Consultant Anaesthetist) on 17<sup>th</sup> January 1985. First delivery at a child was on 18<sup>th</sup> January, 1985 under the care of Prof. Kingsley de Silva (Consultant Obstetrician and Gynaecologist).

Sri Jayewardenepura General Hospital was setup to supplement the curative health service in Sri Lanka and to assist in the training of medical undergraduates, postgraduates and other health personnel. While the Board of Directors take policy decisions, operational control is vested on a Committee of Management. Financing of the operations and capital equipment is through a grant from the General Treasury and revenue generated by the hospital.

This modern Hospital has now functioned over thirty years and has maintained its state of excellence expected and has developed continuously by acquiring most of the modern medical facilities.



## 1.2 Corporate Governance

Sri Jayewardenepura General Hospital Board is guided by the "Code of Best Practice on Corporate Governance for Public Enterprises", a handbook by the Public Enterprises Department of General Treasury. Generally the successive Boards since the inception of the hospital practiced the principles contained in this document.

### **The Board and the members**

The Board consists of eight members appointed by the Minister and three ex-officio members. The Director of the hospital implements the Board decisions and provides solutions for day to day administrative issues together with the Committee of Management. The Hon. Minister of Health has the authority to give directives under the powers vested to him by section No.9 of Sri Jayewardenepura General Hospital Board Act.

The Non-executive Board Members, while not involved in the routine administration of the hospital, participate in close review and monitoring of the operations. Two of the Board Members function as members of the Procurement Board, and one in the Budgetary Planning and Implementation Committee. The Treasury representative chairs the Audit Committee meetings.

### **Remuneration of Board Members**

The remuneration of the chairman and The Board Members is on the basis of the Public Enterprises Circular NO.PED 04 of 01.01.2003.

### **The Committee of Management**

The Committee of Management under the chairmanship of the Director consists of the members as per SJGH Act, and administers the day to day affairs of the hospital and carry out an advisory function to the Board.

### **Audit Committee**

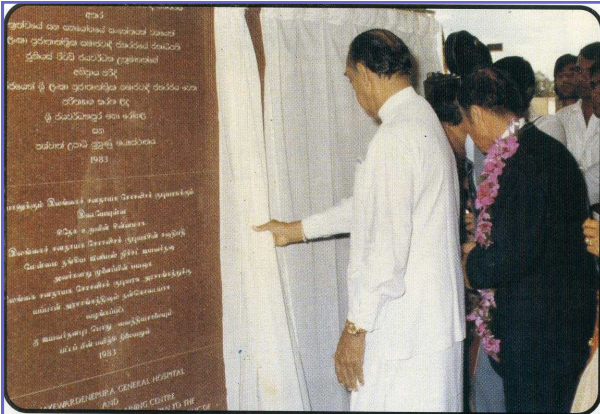
The Audit Committee functions under the chairmanship of Treasury representative to the Board and consists of two other Non-executive Board members. The Internal Auditor functions as the convener to the committee. The Audit Superintendent from the Auditor General's Department participates on invitation as an observer for Audit Committee meetings.

The committee is empowered to oversee and exercise due diligence and control over the financial aspects, operations and performances of the hospital.

### **Code of Ethics and Best Practices**

The principles contained in the document published by Public Enterprises Department are being used as guidance.

## 1.3 Our Milestones



Opening the Hospital by His Excellency President J. R. Jayewardene

**1984**

Sri Jayewardenepura General Hospital was declared open by the first executive president His Excellency the President J. R. Jayewardene and Honourable Ishimaysu Kitaagawa representing the Government of Japan on the 17<sup>th</sup> of September, 1984.

First patient was admitted to the Sri Jayewardenepura General Hospital on 17<sup>th</sup> December, 1984.



National School of Nursing

**1986**

The school of Nursing attached to Sri Jayewardenepura General Hospital was opened on 01st July, 1986.

**1987**

Diagnosed the first AIDS patient in Sri Lanka by Dr. H. H. R. Samarasinghe.

Established the first Infection Control Committee in Sri Lanka at Sri Jayewardenepura General Hospital .



Coronary Artery Bypass Graft Surgery

**1990**

Ophthalmology Unit, was opened. Laser treatment unit and visual field analyzer was established.

Eye, Psychiatry and Oncology clinics started to function.

**1991**

First Coronary Artery Bypass Graft surgery was performed by Dr. N. U. Gunasingha on 11th August, 1991.

First surgical correction of scoliosis done by Prof. J. R. Corea.



Dialysis Unit

**1993**

Dialysis unit was opened.

First Laparoscopic Cholecystectomy was done in August, 1993.

**1994**

Orthopedic Unit and Cardiology Unit were opened.

An ultrasound scanner with a vaginal probe was installed in Sri Jayewardenepura General Hospital for the first time in the Sri Lanka.



Ultra-Sound Scanner with Vaginal Probe

**1995**

Arterial switch (pediatric heart surgery) done in Sri Lanka for the first time by Dr. P. A. Goonaratna and Dr. A. D. Kapuruge.

**1998**

Fibre Optic Bronchoscope was installed and started to function.



Mammography Machine

**2000**

First Kidney Transplant done by Dr. D. L. Piyarisi on 30<sup>th</sup> November, 2000.

**2003**

Mammography unit was opened.





Channeling Service

2006

Hospital Channeling Service started on March, 2006. 'Rajya Osusala' was opened within the hospital premises.

2007

Neuro-surgical unit ,Neurology unit and Rheumatology units were started.



'Osusala'

2009

Dermatology unit was opened.

2010

Neuro-surgical ICU and Psychological Counseling unit were started.



National Productivity Award 2010/11

2011

Implemented 5S concept with the assistance of National Productivity Secretariat.

2012

Health Education unit was opened. Won the National Productivity Award.



Donor kidney harvested for Kidney Transplant by Key Hole surgery for the first time

### 2013

Donor's kidney harvested for Kidney transplant by Key Hole surgery for the first time in August 2013.



Coronary Bypass Graft surgery was done whilst the heart was functioning

Performing the Coronary Artery Bypass Graft surgery without cardioplegia for the first time in Sri Lanka in August 2013



Opening ceremony of the University College of Health Studies

Establishment of the University College of Health Studies in October 2013.

Establishment of the Professorial Units in Sri Jaywardenepura General Hospital for Clinical Training of Medical Students of Kothalawala Defence University and commencement of clinical training for final year medical students.



Walk -Thirtieth Anniversary

Commemoration of the Thirtieth Anniversary of the Hospital in (December) 2014.

## 1.4 Vision and Mission

### Vision

To be a centre of Excellence  
Providing Advanced Medical services to  
National and International Community.

### Mission

To be a Multi-Disciplinary Fee Levying State Hospital  
& Tertiary Referral Centre with High Ethical Standards,  
Providing Quality Patient Care with Facilities for  
Undergraduate & Postgraduate Education & Research,  
Servicing National & International Community  
Supported by a Dedicated & Motivated Staff.



## 1.5 Our Strengths

- High reputation and long standing impressive image with highly qualified, experienced, competent and dedicated medical, nursing, technical and other staff.
- Drive power and responsibility from a Parliamentary Act ( No. 54 of 1983).
- Well designed building complex and infrastructure with comprehensive facilities with provision for further expansions.
- Empowered by technical assistance with modern medical and surgical equipment and high standard laboratory facilities to provide patient care, staff training, medical education and research.
- Substantial financial contribution from the Treasury through the Ministry of Health and autonomy to deal with financial and administrative matters independently.
- Ability to provide patient care in a wide range of medical and surgical subspecialties at very competitive rates compared to other private health care providers.



## 1.6 Our Expectations



- To be a global standard in health care according to a Corporate Plan
- To be a State of the Art facility
- To be affordable to the public
- To Provide Health care of international standards.
- To continue training of Undergraduates & Post Graduates
- To be Adequately & competently staffed in all areas.
- To generate Revenue while been affordable to the public
- To honour the rights and benefits of the staff who are employees of the Ministry of Health

# 1.7 Our Achievements

## 1. Implementing a computerized Billing System

Sri Jayewardenepura General Hospital provides healthcare services to inward and outpatients for reasonable and economically feasible rates. The hospital based computerized control and billing system was established after improvisation.

## 2. Implementing a computer Network in the Hospital

It is compulsory to implement infrastructure facilities which meet the necessities and suitability to conduct computerized billing system and other information technology projects. The computer network established in keeping with international standards was further developed to cover the whole hospital.

## 3. Development of sanitary facilities in wards

Sri Jayewardenepura General Hospital was constructed by the Government of Japan 30 years ago and the buildings needed repairs and maintenance. As the first step to meet this requirement the above project started in 2012 to develop sanitary facilities in wards, This further expanded and continues . Repairs to the lavatories and washrooms of wards replacements and additions are being continued under this project.

## 4. Genitourinary Surgical services

Due to the lack of a specialist, patients in need of extended genitourinary care were referred to other hospitals with this facility. Since the time of recruitment of a genitourinary and Kidney Transplant surgeon in 2013, patients have been able to receive care in the hospital itself. Currently, Sri Jayewardenepura General Hospital provides facilities for laparoscopy surgeries which are known to have minimal complications (pain and surgical incisions) in surgical procedures such as harvesting donor kidneys for transplants, carcinoma of prostate and kidney, removal of stones in the urinary tract etc.

It is expected to extend the services of this units to a state of Genitourinary Unit providing facilities using modern equipment and technology with high quality standards .

## 5. Recruiting Employees for vacancies and creating new positions

Recruitments were made to fill the vacancies existed in the posts of Accountant, Internal Auditor, Doctor, Nurse, Ward Clerks and minor staff.

## 1.8 Hospital Staff

Sri Jayewardenepura General Hospital Consists of 1746 staff members. Summary of the number of staff categories are as follows

<b>Executive Staff</b>		<b>16</b>
<b>Medical Staff</b>		<b>330</b>
Consultants	39	
Medical Officers	143	
Intern Medical Officers	58	
Post Intern Medical Officers	27	
Post Graduate Medical Officers	63	
<b>Nursing Staff</b>		<b>639</b>
Nursing Sisters	24	
Nurses	519	
Student Nurses	96	
<b>Para Medical Staff</b>		<b>96</b>
Para Medical	96	
<b>Other Staff</b>		<b>153</b>
Management Assistants	109	
Others	44	
<b>Junior Staff</b>		<b>512</b>
Orderlies, Laborers, Orderly Supervisors	441	
Other Minor Staff	71	

## 1.9 Specialty Units

Sri Jayewardenepura General Hospital provides a wide range of medical specialty services. Patients are offered services by a team of eminent and skilled specialists. The Specialty units providing patient care at Sri Jayewardenepura General Hospital are listed below

- Ophthalmology
- Otorhino laryngology (ENT)
- Medical
- Microbiology
- Dermatology
- Neonatology
- Anesthesiology
- Histopathology
- Obstetrics & Gynaecology
- Haematology
- Blood bank and Transfusion medicine
- Nephrology
- Genitourinary and Kidney Transplant
- Rheumatology & Rehabilitation
- Orthopaedic
- Radiology
- General Surgery
- Neurology
- Neurosurgery
- Cardio Thoracic surgery
- Cardiology
- Paediatrics

## 1.10 Our Services

Aim of Sri Jayewardenepura General Hospital is to provide a range of high quality services to national and international community under one roof, at a reasonable rate.

### Medical Services

- Vision and related tests
- Ultra Sound Scan
- Infection Control Service
- ECG Tests
- EMG Tests
- Birth & Death Registration
- X –ray
- Endoscopy
- Speech Therapy
- Colonoscopy
- Intensive Care
- Neonatal Intensive Care
- Nutrition advisory services and consultation
- Pharmacy ( Osusala)
- Out Patient Treatment Unit
- Out Patient Clinics
- Bronchoscopy
- Physiotherapy
- Psychological Counseling Services
- Mammography
- Urological treatment services
- Laboratory services
- Blood Transfusion services
- Chanel Service
- Medical Checkup Unit
- Exercise ECG
- Audiometric test
- Computer Tomography (CT)
- Health Education
- Neurosurgery Intensive Care
- Emergency Treatment
- Angiography and Cardiac Catheterization
- ECG
- Coronary care and Cardiac ICU
- Cardio Thoracic Intensive Care
- Halter Monitoring
- Immunization
- Emergency Ambulance Service

### Other Services

- Banks
- Automated Teller Machines
- Cafeteria
- Post Office
- Vehicle Park



# 1.11 Our Website

[www.sjghsrilanka.org](http://www.sjghsrilanka.org)

The screenshot shows the homepage of the Sri Jayewardenepura General Hospital website. At the top left is the SJGH logo, a stylized orange diamond with a white cross. To its right, the text reads "SRI JAYEWARDENEPURA GENERAL HOSPITAL AND POST-GRADUATE TRAINING INSTITUTE" followed by "Thalpathpitiya, Nugegoda, Sri Lanka. Tel: +94 11 2 778610". On the top right, there are buttons for "Contact Us" and "Directions", and a language selector with "සිංහල" (Sinhala), "English", and "Tamil". Below the header is a green navigation bar with links: "About SJGH", "General Info", "Patient Services", "Clinical Specialties", and "Support Services". The main content area features a large banner with a background image of two smiling nurses in white uniforms. The text on the banner reads "Welcome To Sri Jayewardenepura General Hospital". Below the banner, there are two columns. The left column has a "JOIN SJGH NOW" button and a small image of the nurses. The right column has a green header "Sri Jayewardenepura Teaching Hospital and Post-Graduate Center (SJGH)." followed by the quote "A Breath of Fresh Air" in red. Below the quote, a paragraph states: "SJGH is a modern setting in salubrious surroundings where one travels that extra mile, while taking in the panorama of change to meet an extraordinary array of health care professionals who are committed to healing the mind, body and soul of those in need."

“Sri Jayewardenepura General Hospital official Website”

## 2. Management Team



## 2.1 Chairman's Message



This message for the Annual Report of Sri Jayewardenepura Hospital for 2014 is delivered with the success we have achieved in the previous year. I was able to create a peaceful corporate environment after settling difficult problems and certain challenges. The Hospital staff who works with dedication and professional expertise to achieve objects of the Hospital is the foundation of our success.

Sri Jayewardenepura General Hospital consists of a row of normal wards with 1079 beds and paying rooms complex (29). A patient in a normal ward is charged only Rs. 650/- per day when the actual expense for a patient for a day is around Rs. 1,300/-. We are able to provide such enormous relief to the patients, by giving the people the fruits of welfare of the financial assistance the Sri Jayewardenepura General Hospital receives from the Government according to the State Policy.

The hospital stepped into 2014, realizing the dynamic nature of the health sector and with several methodologies to face it successfully. Our main aim was to put the Hospital on a financially break even footing, by proper management of physical and human resources of the institution. The steps taken to minimize waste and corruption with the intention of achieving these goals are special.

I thank the former Minister of Health, Hon. Maithripala Sirisena who greatly assisted me to carry out my duties as the Chairman of the Sri Jayewardenepura General Hospital, the Deputy Minister of Health, Hon. Lalith Dissanayake, Secretary to the Ministry of Health, Ms. Sudharma Karunaratne, Director General of Health Services, Dr. Palitha Maheepala. I also thank the Board of Directors dedicated to the proper management of the Hospital, Director of Sri Jayewardenepura General Hospital, Dr. S. K. Gamage, Acting Deputy Directors, Dr. Priyanga Senananyake and Dr. (Mrs.) Santhushya Fernando, Secretary of the Hospital, Ms. Thilani Rajapakse, (Attorney-at-Law) all the Consultants and other medical staff, the nursing staff for their support and for their dedication to the Hospital.

M. M. N. D. Bandara

BA, MSc, Dip. In Public Administration

Chairman - Sri Jayewardenepura General Hospital

## 2.2 Director's Message



This message for the Annual Report for 2014 is delivered with much pleasure. There are many challenges facing Sri Jayewardenepura General Hospital as a fee levying general hospital. However, we were able to overcome those challenges and create a name in the health sector owing to the team spirit in which all the staff worked. The data in this Annual Report of the Hospital shows that we are on the correct path to achieve our goals in the year 2015. This growth was achieved whilst competing in the highly competitive private health sector. Sri Jayewardenepura General Hospital will attain a foremost position in the health sector of Sri Lanka in the near future.

Sri Jayewardenepura General Hospital is on a straight path, with the long term vision of providing a health service of the highest quality to the local and international community. The patients and their relatives always seek Sri Jayewardenepura General Hospital trusting its services even in the presence of a wide network of private hospitals because we are empowered with doctors, nurses, technical officers and other officers with very high professional abilities and great dedication.

I sincerely thank the Minister of Health, Hon. Maithripala Sirisena, the Deputy Minister of Health, Hon. Lalith Dissanayake, Secretary to the Ministry of Health Mrs. Sudharma Karunaratne, Director General of Health Services Dr. Palitha Maheepala, Chairman of Sri Jayewardenepura General Hospital Mr. Nimal Bandara, the Board of Directors of Sri Jayewardenepura General Hospital, the Board of Management, Acting Deputy Director Dr. (Mrs.) Santhushya Fernando, all the staff members of Sri Jayewardenepura General Hospital who serve with much dedication, all patients who come to this Hospital relying on us, I thank the planning assistant officers of the Planning Unit of the Hospital for preparing this Annual Report very successfully.

Dr. S. A. K. Gamage

MBBS (Sri Lanka), MSc(Med. Admin.)

Director-Sri Jayewardenepura General Hospital



## 2.3 Board of Directors



From left;

**Mr. S. J. Paranagama** - Ministry Representative

**Mrs. Thilani Rajapakshe, Attorney-at-Law** - Secretary to the Board

**Mrs. Hiransa Kaluthanthri** - Treasury Representative

**Dr. S. A. K. Gamage** - Director, SJGH

**Mr. M. M. N. D. Banadra** - Chairman, SJGH

**Dr. (Mrs) Medha Weerasekara** - Consultant Representative

**Dr. P. J. Ambawatta** - Consultant Representative

**Dr. Harsha Samaraweera** - Ministry Representative

**Dr. V. K. P. Indraratne** - Consultant Representative

**Dr. P. G. Maheepala** - Director General of Health Service

**Prof. Janaka de Silva** - Ministry Representative

Not in the Photograph,

**Prof. Ranjith Bandara** - Ministry Representative

**Dr. Madhawa Karunarathne**

## 2.4 Management Committee

**Dr. S. A. K. Gamage**

Director - Sri Jayewardenepura General Hospital  
Chairman of the Committee

**Dr. Priyanga Senanayake - to May 2014**

**Dr. (Mrs.) S. Fernando - from June 2014**

D/Director (Actg.) - Sri Jayewardenepura General Hospital  
Member

**Dr. Rohan Aloysius**

Consultant Paediatrician  
Member

**Dr. P. J. Ambawatta**

Consultant Pathologist  
Member

**Dr. Harsha Gunasekara**

Consultant Neurologist  
Member

**Mr. E. A. Piyadasa - to May 2013**

Chief Accountant  
Member

**Mr. D. A. Perera**

Acting Accountant  
Member

**Mrs. Thilani Rajapakshe, Attorney-at-Law**

Hospital Secretary  
Member

**Mrs. A. N. Saputhanthri**

Chief Matron  
Member



## 2.5 Specialist Staff

### Consultant Physicians

Dr. (Mrs.) Anula Wijesundara  
*MBBS, MD (Cey), FRCP (Eng), FCCP, FRACP (Hony), DCH (Eng), DGM (Eng)*

Dr. (Mrs.) Champa Jayasundara  
*MBBS, MD*

Prof. R. L. Satharasinghe  
*MBBS, MD. MRCP (London), FRCP (Ed.), MRCP, FRCP (USA), FRCP (Cey), CCST (UK), MACG (UK)*

Dr. Chinthaka de Silva  
*MBBS, MD, MRCP (UK)*

### Consultant Surgeons

Dr. Gamini Goonetilake  
*MBBS (Cey), FRCS*

Dr. D. L. Piyarisi  
*MBBS, MS, FRCS (Ed.)*

Dr. (Mrs.) D. H. Samarakoon  
*MBBS, MS (Colombo), MRCP (UK)*

Dr. S. A. Gunawardana  
*MBBS, MS, MRCS (Eng.)FRCS*

### Consultant Paediatrician

Dr. R. A. R. D. Aloysius  
*MBBS, DCH, MD, MRCP*

### Consultant Obstetrician and Gynaecologists

Dr. Hemantha Perera  
*MBBS, MS (Sri Lanka), FRCOG (UK)*

Dr. Madhava Karunaratne  
*MBBS, MS, FRCOG, FSLCOG*

### Consultant Cardiologists

Dr. (Mrs.) N. L. Amarasena  
*MBBS, MD (Colombo), FRCA (London)*

Dr. J. P. Herath  
*MBBS, MD*

### Consultant Neonatologist

Dr. (Mrs.) M. Weerasekara  
*MBBS, DCH, MD (Pead.), MRCP (UK)*

### Consultant Nephrologist

Dr. C. A. Herath  
*MBBS, MD*

### Consultant Neurologist

Dr. H. H. Gunsekara  
*MBBS, MD, MRCP*

### Consultant Rheumatologist

Dr. Kaleel Cassim  
*MBBS, MD*

### Consultant Dermatologist

Dr. (Mrs.) D. Ariyawansa  
*MBBS, MD (Dermatology)*

### Consultant Cardiothoracic Surgeons

Dr. A. D. Kapuruge  
*MBBS, MS, FRCS*

Dr. H. R. Y. de Silva  
*MBBS, MS, MRCS (Eng), FRCS(C-TH)*

### Consultant Orthopaedic Surgeon

Dr. A. B. S. Ananda Perera  
*MBBS, MS, FRCS*

### Consultant Eye Surgeon

Dr. D. H. Wariyapola  
*MBBS, DO, FRCS (Ed), MS*

### Consultant Neurosurgeon

Dr. (Mrs.) M. Wijerathne  
*MBBS (Hons, Melb.), MS (SL), FRCS (Ed.)*

### Consultant ENT Surgeon

Dr. Asoka Jayasena  
*MBBS, MS, FRCS*

## Consultant Anaesthetists

Dr. (Mrs.) C. N. Karunaratne  
*MBBS, MD (Cey), FRCA (London)*

Dr. V. K. P. Indraratne  
*MBBS, MD, FFARCSI, FRCA*

Dr. (Mrs.) J. S. K. Rajasinghe  
*MBBS, MD (Anaesthesia), FRCA (UK)*

Dr. (Mrs.) R. P. S. Palihawadana  
*MBBS, MD (Anaesthesia), FRCA (UK)*

## Consultant Radiologists

Dr. D. J. Wickramaratne  
*MBBS (Cey), MD (Radiology)*

Dr. (Mrs.) N. M. P. K. Arambepola  
*MBBS, MD (Radiology)*

Dr. (Mrs.) R. M. S. T. Samaraweera  
*MBBS, MD (Radiology)*

## Consultant Pathologists

Dr. (Mrs.) M. Joseph  
*MBBS, Dip. Path., MD (Pathology)*

Dr. P. J. Ambawatta  
*MBBS, Dip. Path., MD (Pathology)*

Dr. Sonali Rodrigo  
*MBBS, Dip. Path., MD (Pathology)*

## Consultant Haematologists

Dr. (Ms.) C. Kariyawasam  
*MBBS, Dip. Path., MD (Haematology)*

## Consultant Microbiologists

Dr. (Mrs.) S. K. Jayathilake  
*MBBS, Dip. Medical Micro., MD (Microbiology)*

## Resident Physician

Dr. (Mrs.) Shyama Subasinghe  
*MBBS, MD*

## Resident Nephrologist

Dr. M. C. B. Galahitiyawa  
*MBBS, MD (Col), MRCP (UK)*

## Resident Urologist and Kidney Transplantation Surgeon

Dr. L. Niroshan Senavirathna  
*MBBS (Col), MS (SL), MRCS (UK)*

# 3. Operational Information



## 3.1 Summary of the Performance



Sri Jayewardenepura General Hospital is established under the provision of Parliament act number 54 of 1983 and ceremonially opened on 17th of September 1984. Sri Jayewardenepura General Hospital is governed by a board of directors which is appointed by Ho. Minister of Health and act as a training center for medical undergraduate and postgraduate trainees in addition to providing patient care services. In 2014 Number of staff members was 1746.

Designation	Approved cadre	Actual cadre
Executive staff	20	16
Consultants	51	39
Medical Officers	152	143
Intern Medical Officers		58
Post Intern Medical Officers		27
Post Graduate Medical Officers		63
Nursing Staff	580	543
Paramedical Staff	110	96
Orderly Staff	441	336
Laborers	25	14
Student Nurses	300	96
Casual Laborers	-	91
Other Staff	161	153
Other Minor Staff		71

The table below gives a comparative summary of the indicators on inpatient and out patient care services provided by the hospital .

Indicator	2013	2014	Increase/ Decrease (%)
1. Number of Patient Beds	1078	1079	0.09
2.Total Number of Patient Admissions	54283	53424	-1.58
3. Average Length of Stay (Days)	4.6	4.7	2.17
4. number of Admissions to ICUs	1085	1324	22.03
5. Hospital Bed Occupancy (%)	64.1	64.1	0.00
a. Bed Occupancy of General Wards (%)	65.10	64.28	-1.26
b. Bed Occupancy of Paying Wards(%)	58.05	61.96	6.74
6. No. of Out Patient Department Visits	18843	18733	-0.58
7. Total Number of Patients attended for Clinics	151156	158174	4.64
8. Total Number of Surgeries done	13630	13243	-2.86
9. Number of Cardio Thoracic Surgeries done	199	385	93.47
10. Number of Kidney Transplants done	16	22	37.50
11. Number of Dialysis done	5228	6015	15.05
12. Number of Echo Cardiograms done	12760	12964	1.60
13. Number of ECG Tests done	35300	34502	-2.26
14. Number of X- ray Tests done	43284	44607	3.06
15. Number of Refraction Tests done	4265	4012	-5.93
16.Number of Nutrition Advices given	2129	2496	17.24
17. Number of Speech Therapies done	710	926	30.42
18. Number of Medical Check-ups	4370	3091	-29.27
19. Number of Psychological counselling treatments done	884	1204	36.20
20. Number of Pathological tests done	871294	899057	3.19

A majority of sectors of Sri Jayewardenepura General Hospital has shown a considerable improvement in 2014 compared to the previous year. There is a significant increase in the number of Cardio Thoracic Surgeries performed, kidney transplants done, Psychological Counselling treatments done and Speech Therapies done in 2014.



Following table shows the unit wise summary of in-patient care provided by Sri Jayewardenepura General Hospital in 2014.

Unit	Patient Admission		Increase/ Decrease (%)	Bed Occupancy (%)		Increase/ Decrease (%)
	2013	2014		2013	2014	
General Medical Unit	16,493	16187	-1.86	105.87	105.60	-0.26
General Surgical Unit	6,927	7651	10.45	47.88	51.90	8.40
Gynecology and Obstetrics Unit	8,659	8214	-5.14	88.48	83.75	-5.35
Paediatrics Unit	3,091	2581	-16.50	63.52	56.23	-11.48
ENT Unit	1,331	1201	-9.77	31.91	29.09	-8.84
Orthopedic Unit	2,174	1824	-16.10	59.7	47.84	-19.87
Ophthalmology (Eye) Unit	1,719	1540	-10.41	58	41.36	-28.69
Cardiology Unit	2,042	2172	6.37	58.23	64.52	10.80
Cardio-Thoracic Unit	540	829	53.52	45.89	69.92	52.36
Dermatology Unit	82	33	-59.76	22.53	10.02	-55.53
Neonatal Intensive Care Unit	901	930	3.22	73.51	75.10	2.16
Neurology Unit	429	311	-27.51	67.05	30.52	-54.48
Neurosurgery Unit	958	863	-9.92	49.25	39.99	-18.80
Dialysis and Nephrology Unit	5,737	6203	8.12	66.98	71.54	6.81
General ICU	794	841	5.92	93.99	90.51	-3.70
Cardiothoracic ICU	291	483	65.98	48.92	72.13	47.44
Paying ward –Class I	1,950	1892	-2.97	107.99	102.65	-4.94
Paying ward –Class II	5,072	4877	-3.84	47.33	53.21	12.42

Following is the summary of the financial performance of Sri Jayewardenepura General Hospital in year 2014.

Description	(Rs. '000)		Increase / Decrease	
	2013	2014	Value (Rs. '000)	Percentage (%)
Income generated from operations	1,120,511	1,316,437	195,926	17.49
Government Grant –Recurrent	999,600	1,700,000	700,400	70.07
Other Income	31,788	34,271	2,434	7.81
Other Operating Income (Interest)	5,514	5,470	(44)	-0.80
Capital Grant Amortization	146,724	156,602	9,878	6.30
<b>Total Income</b>	<b>2,157,414</b>	<b>3,050,708</b>	<b>893,294</b>	<b>41.41</b>
Materials & Consumables used	599,144	727,714	128,570	21.46
Staff cost	1,151,106	1,273,118	122,012	10.60
Depreciation & amortization	146,724	156,602	9,878	6.73
Other operating expenses	308,147	326,724	18,577	6.03
<b>Total expenses</b>	<b>1,958,397</b>	<b>2,484,158</b>	<b>525,761</b>	<b>26.85</b>
Profit /Loss from operation	99,017	728,623	629,606	635.86
Finance cost	3,827	4,990	1,163	30.39
Other expenses	-	-	-	
Profit /Loss before Taxation	95,190	723,632	628,442	660.20
Income tax	2,903	3,018	115	3.96
<b>Profit /Loss after Taxation</b>	<b>92,286</b>	<b>720,613</b>	<b>628,327</b>	<b>680.85</b>

The revenue of the hospital has increased by Rs. 628 million in 2014 compared to the previous year and its ratio of increase is 680.85%.

## The major projects among the development activities during 2014:-

1. Establishment of the computer billing system
2. Establishment of a computer network in the hospital
3. Improving the sanitary facilities in wards
4. Recruiting employees for existing vacancies and creating new cadre provisions.
5. Commencement of providing surgical services for patients suffering from Genito-urological diseases.

(Please see page no. 13 for further information on above projects )

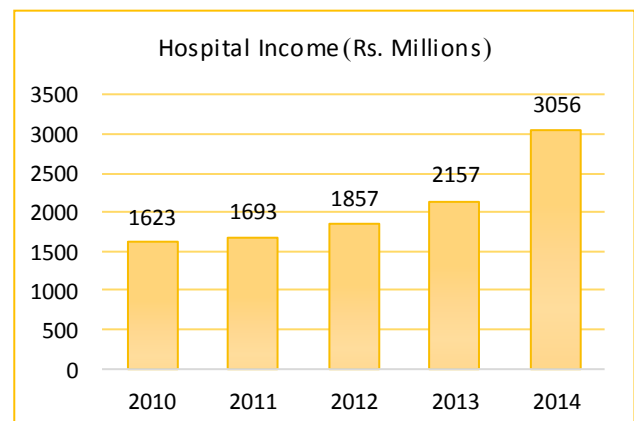
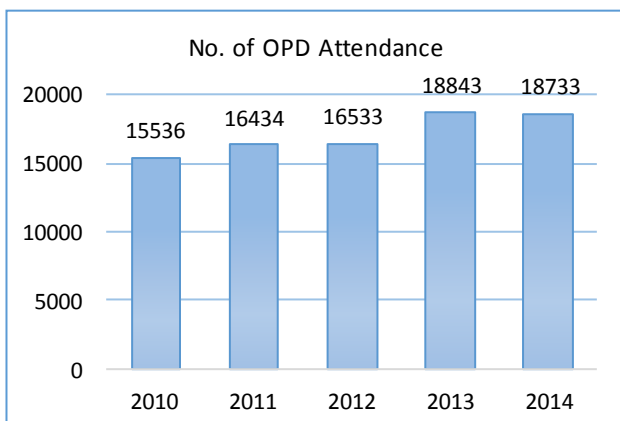
## 3.2 General Performance

There is a considerable increase in the number of surgeries done and the patient attendance at clinics in 2014 compared to 2013. The number of neonatal deaths and the number of deaths have decreased.



The hospital income and the attendance for clinics have recorded a maximum in 2014 for the last five year period..

	2010	2011	2012	2013	2014
No. of beds in Hospital	1046	1047	1088	1078	1079
Total No. of admissions	53962	52554	57119	54283	53424
No. of OPD Attendance	15536	16434	16533	18843	18733
No. of Clinic Attendance	149923	147289	147757	151156	158174
No. of Surgeries Performed	14152	13173	13613	13630	13683
Bed Occupancy Rate (%)	66.10	66.80	70.47	64.07	64.1
Hospital Income (Rs. Millions)	1623	1693	1857	2157	3056
No. of Neonatal deaths	20	12	27	21	14
Total No. of deaths	714	707	748	714	689



## 3.3 Sector Review

### I. General Medical Unit

General Medical unit at Sri Jayewardenepura General Hospital consists of 3 medical wards (ward 06, 12 and 17) the unit is equipped with all modern resuscitation and monitoring facilities and conducts regular outpatient

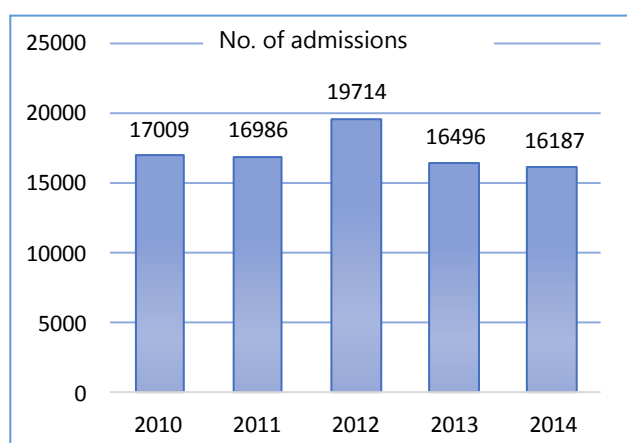
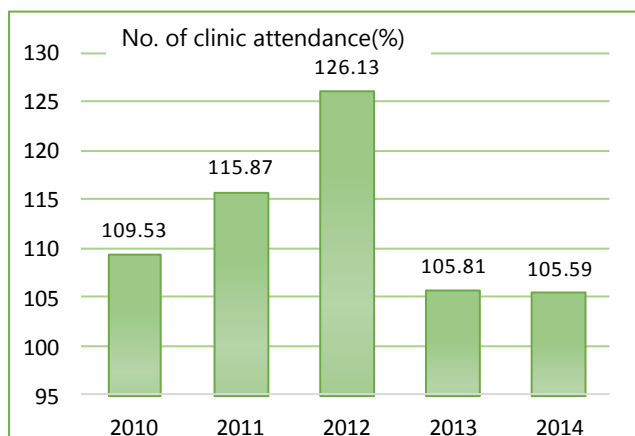


clinics. Special clinics to address diabetes mellitus and other endocrinopathies are being conducted. Considering the high and increasing prevalence of bronchial asthma in Sri Lanka a special clinic for bronchial asthma is being conducted at SJGH. Medical teams with multidisciplinary skills attend in various types of routine and emergency medical care in the hospital working closely with other subspecialty units to provide better service to patients.

Modern fibre-optic bronchoscopy facilities are available for diagnostic and to intervention procedures for various respiratory conditions. Widely available endoscopic facilities functions in a very helpful manner in dealing with many gastro intestinal conditions.

The General Medical Unit has maintained the bed occupancy rate constant in 2014.

	2010	2011	2012	2013	2014
No. of Clinics Held	395	344	395	291	293
No. of Clinic Attendance	39421	36863	39638	38508	35965
Total No. of Admissions	17009	16986	19714	16496	16187
Bed Occupancy Rate (%)	109.53	115.87	126.13	105.81	105.59



## II. General Surgical Unit

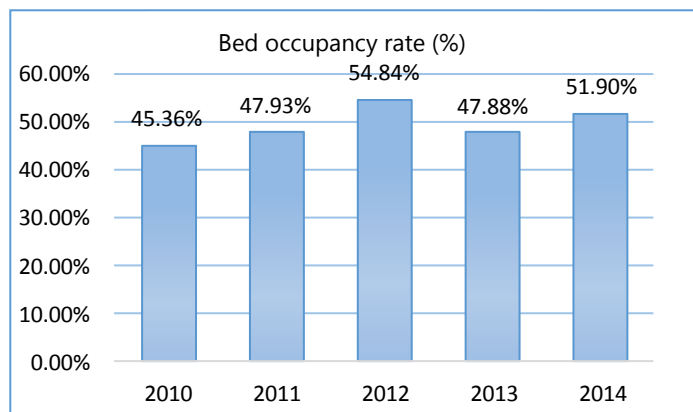
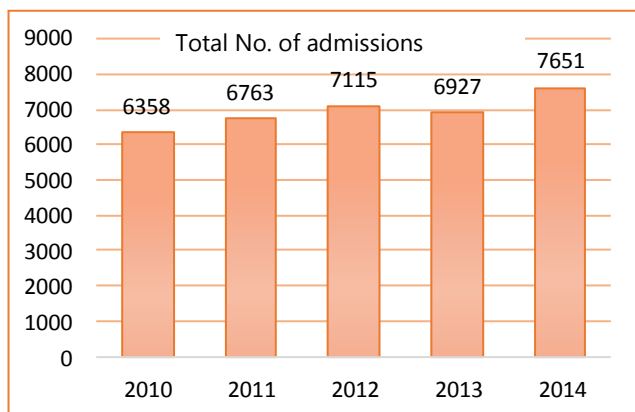
General Surgical Unit of Sri Jayewardenepura General Hospital extends its in-patient service to the public through three separate wards (Ward 08, 14 and 15) and paying wards. Surgical clinics conducted by the general surgical unit provide pre and post-operative care for patients. Sri Jayewardenepura General Hospital consists of state of the art modern operation theatre facilities and dedicated intensive care units for the management of critical surgical conditions. General surgical unit offers various diagnostic and therapeutic endoscopic procedures at very competitive rates. Sri Jayewardenepura General Hospital conducts renal transplantation surgeries achieving a very high success rate within a short period of time.



Considering current disease trends in the country, SJGH delivers specialized breast care with multidisciplinary input. Screening for breast cancer and breast reconstruction surgeries are performed at SJGH. The general surgical unit conducts day surgeries where the patient is discharged within the same day after the surgical intervention considering patient convenience.

There is a considerable increase in the No. of admissions and the bed occupancy rate in 2014 compared to the previous year.

	2010	2011	2012	2013	2014
No. of Clinics Held	431	444	450	381	391
No. of Clinic Attendance	12633	13001	13164	11716	11640
Total No. of Admissions	6358	6763	7115	6927	7651
Total no. of Surgeries	3751	3713	3923	3495	3174
Bed Occupancy Rate (%)	45.36	47.93	54.84	47.88	51.9





### III. Gynaecology and Obstetrics Unit

The Gynaecology and Obstetric unit provides a full range of obstetric care, including care for women with uncomplicated pregnancies, through women with more complex or "high risk" pregnancies. At Sri Jayewardenepura General Hospital mothers can experience a more comfortable child birth with analgesic injections, Entonox gas and epidural pain relief. Labour monitoring is done using the most modern methods to

enhance safety. A highly sophisticated technology is used in early pregnancy scanning, dating the pregnancy, anomaly scanning and for antenatal foetal surveillance.

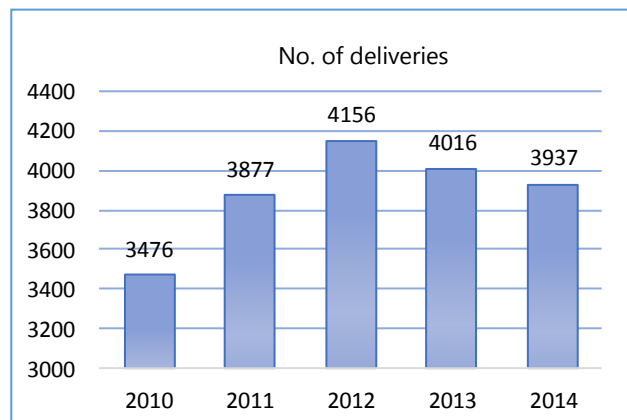
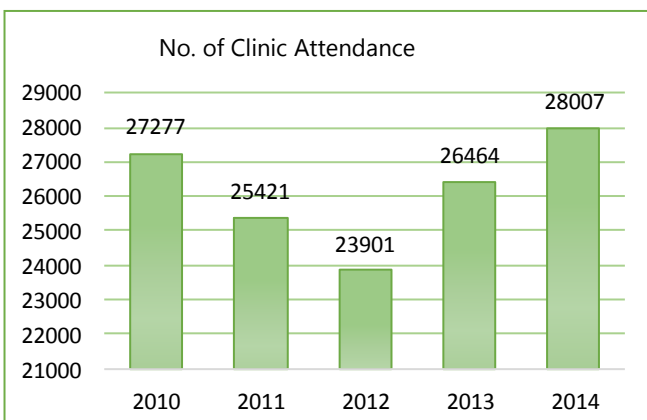
Sri Jayewardenepura General Hospital provides almost all emergency and elective gynaecological services including gynaecological surgeries for benign and malignant conditions, uro-gynaecological surgeries, diagnostic and therapeutic surgery procedures and gynaecological ultrasound scans.

Gynaecology and obstetrics unit also provides high standard subfertility care from the primary assessment of a couple up to necessary interventions and family planning.



No. of patients attending clinics have increased compared to the last year.

	2010	2011	2012	2013	2014
No. of Clinics Held	291	294	335	327	296
No. of Clinic Attendance	27277	25421	23901	26464	28007
Total No. of Admissions	7810	7871	8706	8659	8214
Bed Occupancy Rate (%)	82.99	83.25	93.42	88.48	83.75
No. of Deliveries	3476	3877	4156	4016	3937
Gyn surgeries	1491	1235	1444	1416	1256
Obs surgeries	1972	2078	2276	2198	2118
No. of caesarian surgeries	1987	2077	2285	2180	2070





## IV. Paediatric Unit

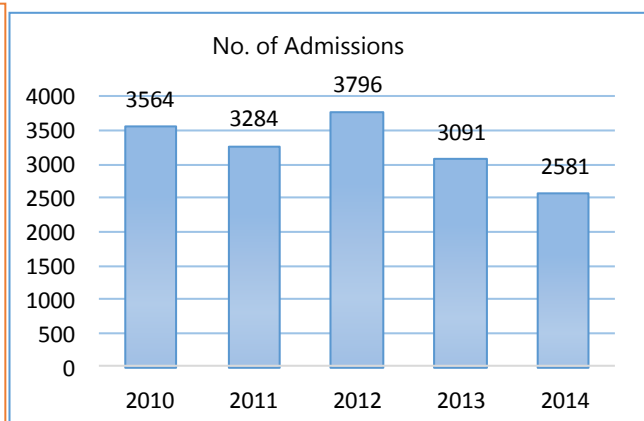
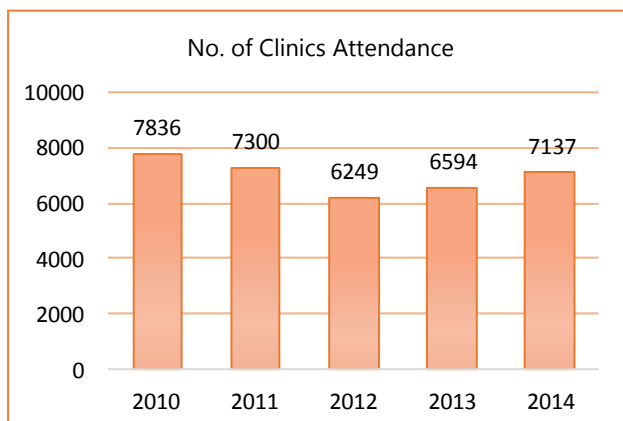
Sri Jayewardenepura General Hospital Paediatrics Unit provides both in and out-patient care for children. Paediatric Unit provide in-patient care through a ward consisting 47 beds and well equipped to handle any type of paediatric medical emergency.

General paediatric clinic, well baby clinic, vaccination clinic and paediatric asthma clinic are conducted by the unit weekly to provide the maximum service through its dedicated and experienced medical staff.

The number of patients attended clinics in 2014 is higher compared to the previous year .



	2010	2011	2012	2013	2014
No. of Clinics Held	331	337	346	332	341
No. of Clinic Attendance	7836	7300	6249	6594	7137
Total No. of Admissions	3564	3284	3796	3091	2581
Bed Occupancy Rate (%)	67.76	70.20	81.28	63.52	56.23



## V. ENT Unit

The ENT unit of Sri Jayewardenepura General Hospital provides both in and out-patient care by a well experienced and highly competent staff. In-patient care is provided with a 60 bedded ward and out-patient care is provided through regular ENT clinics. The ENT Clinic is well equipped with modern technology and with separate Audiometric and Speech Pathological units established under the ENT unit. The unit conducts separate hearing assessments and speech therapy clinics.

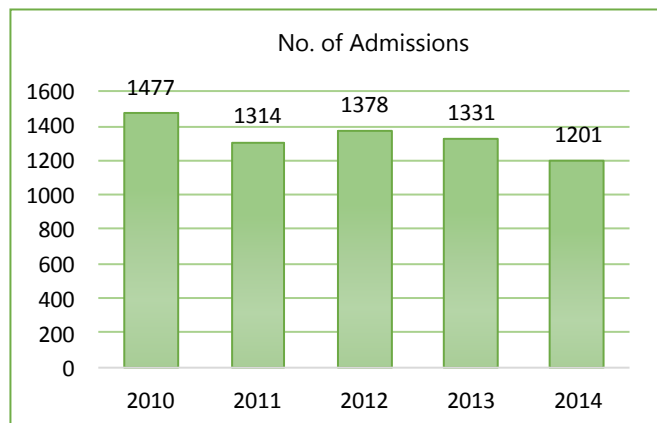
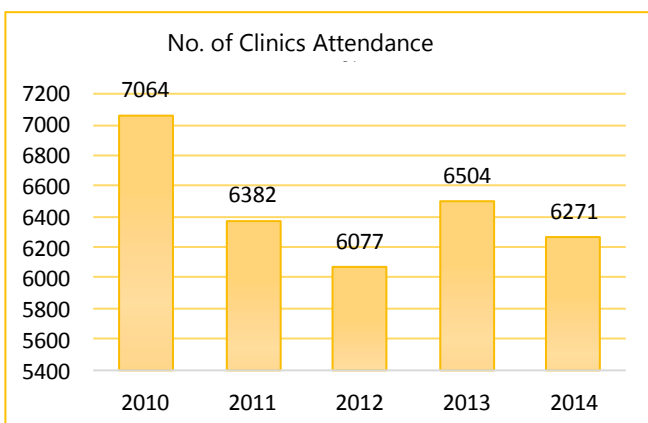


ENT unit carry out a wide range of surgical procedures including major head and neck surgeries and functional endoscopic sinus surgeries.

Well-equipped audio laboratory has the capability to carry out investigations such as pure tone audiometry, tympanogram and brainstem evoke response assessments. ENT unit provides endoscopy facilities for fibre-optic laryngoscopy and naso-endoscopic procedures.

The No. attended clinics, admissions, surgeries performed and the bed occupancy rate have decreased compared to the previous year.

	2010	2011	2012	2013	2014
No. of Clinics Held	99	98	98	101	94
No. of Clinic Attendance	7064	6382	6077	6504	6271
Total No. of Admissions	1477	1314	1378	1331	1201
Bed Occupancy Rate (%)	34.30	29.70	32.57	31.91	29.09
No. of Surgeries done	687	543	539	493	451



## VI. Orthopaedic Unit

Sri Jayewardenepura General Hospital has an advanced well-established & reputed Orthopaedic Surgical Unit which receives island wide recognition. It is a modern unit with sophisticated equipment where you get all types of orthopaedic surgeries done under one roof. The unit is highly popular among post graduate trainees.

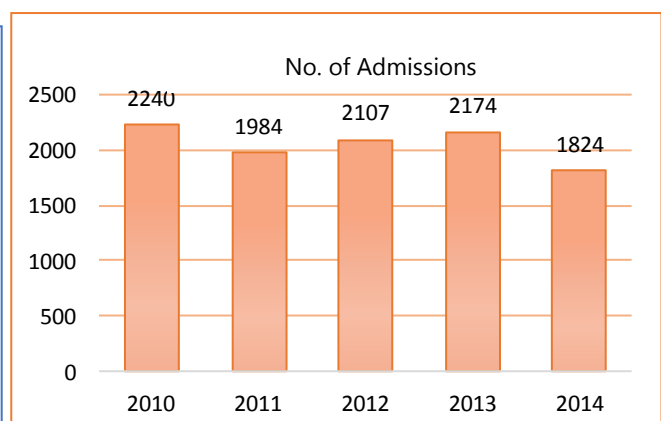
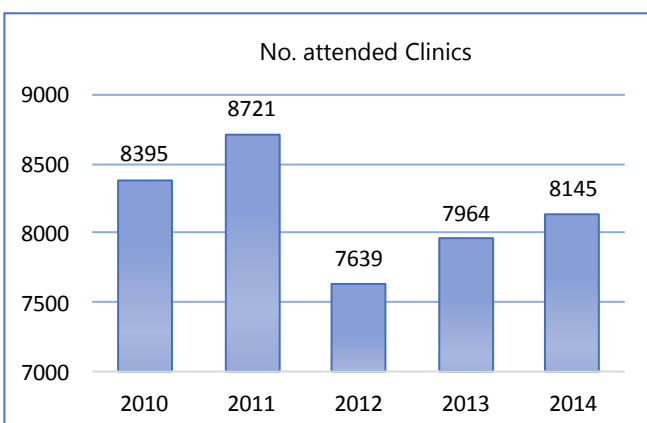
It is a special spinal unit which has a high success rate for scoliosis correction surgeries and other specialised spinal surgeries. This unit is among the leading institutes in the country to provide paediatric ortho-surgical care. The orthopaedic unit is pioneering in arthroplasties such as primary and revision hip and knee replacements. It is also specialized in shoulder and elbow replacements. These services are well



established over a long time and bear a very high success rate. Diagnostic and therapeutic arthroscopic procedures are also carried out by the orthopaedic unit. Sri Jayewardenepura General Hospital orthopaedic unit is a well-recognized centre for treating variety of sport injuries for highly professional sport personals.

The number of patients attended the clinics held by the Orthopedic Unit shows an increase compared to the last year.

	2010	2011	2012	2013	2014
No. of Clinics Held	98	99	102	96	95
No. of Clinic Attendance	8395	8721	7639	7964	8145
Total No. of Admissions	2240	1984	2107	2174	1824
Bed Occupancy Rate (%)	65.34	66.60	59.31	59.70	47.84
No. of Surgeries done	2202	1966	1624	1798	1366



## VII. Ophthalmology (Eye) Unit

Sri Jayewardenepura General Hospital has a well-established Ophthalmology Unit, functioning as a total care provider for most of the eye diseases. The eye clinic which is equipped with novel diagnostic and innovative



therapeutic facilities is held five times a week.

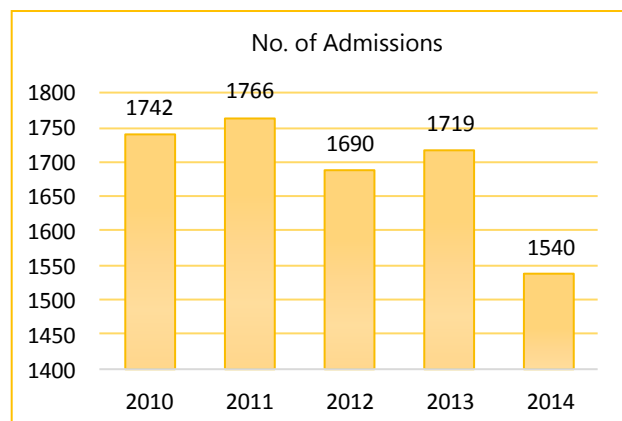
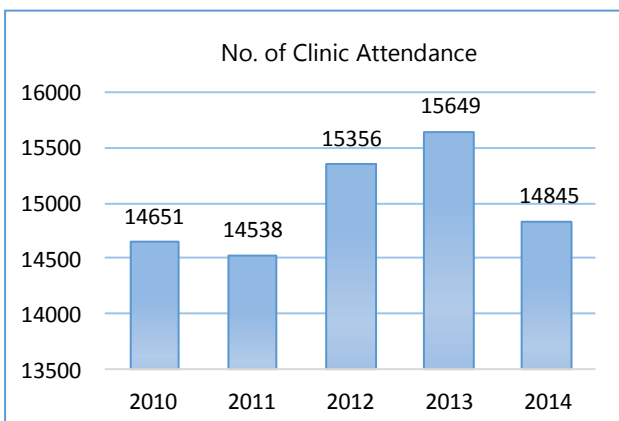
Eye clinic conducts routine eye assessments, correction of refraction and diabetic eye care.

The ophthalmology theatre is one of the best government owned units where modern diagnostic and therapeutic facilities are available for patient needs.

Fundus fluorescein angiography and indocyanine green angiography facilities (for age related macular degeneration, polypoidal choroidal vasculopathy, vein occlusion etc.), focal laser treatment and pan

retinal photocoagulation for diabetic retinopathy and other vascular disorders of the eye, management of age related macular degeneration with photodynamic therapy and anterior segment OCT, biometry facilities with IOL master, corneal topographic facilities and ultrasound A & B scan facilities to detect posterior segment eye disease are some of the facilities available at the ophthalmology unit.

	2010	2011	2012	2013	2014
No. of Clinics held	140	144	148	262	246
No. of Clinic Attendance	14651	14538	15356	15649	14845
No. of Admissions	1742	1766	1690	1719	1540
Bed Occupation Rate (%)	57.51	61.30	56.40	58.51	41.36
No. of Surgeries performed	3782	3506	3572	3560	3194





## VIII. Cardiology Unit

The Cardiology Unit of the Advanced Cardiac Centre of Sri Jayewardenepura General Hospital is comprised of the cardiology ward, the Coronary Care Unit, the High Dependency Unit, the Cardiac Catheterization Lab and the Cardiac Investigation Unit, each of which provides a unique aspect of cardiac patient care.

Cardiology ward, CCU and HDU provide care for a wide variety of acute and chronic cardiac problems. Most critical cardiac conditions and cardiac emergencies are managed very successfully by well experienced and dedicated team.

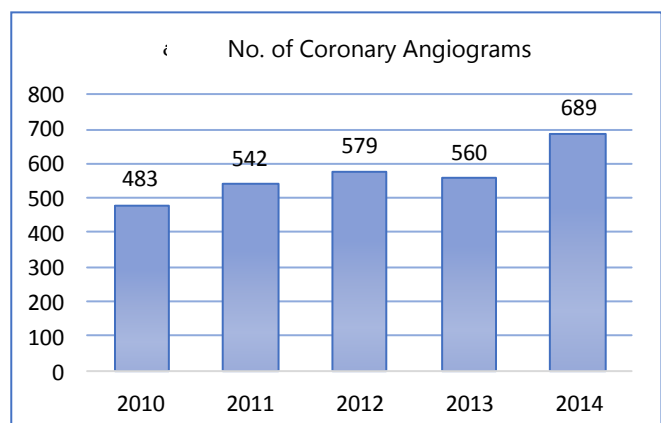
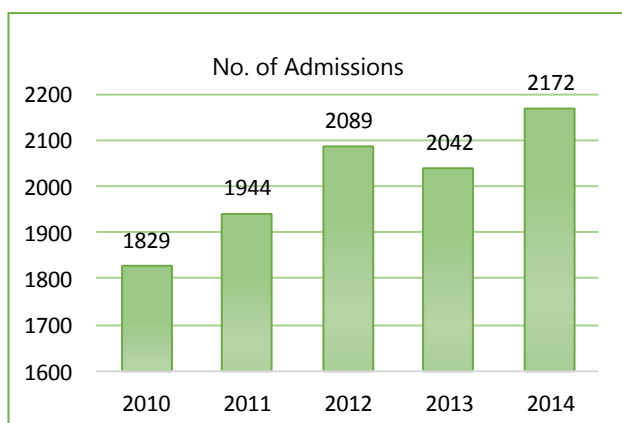
Cardiac catheterization service includes both planned and emergency invasive cardiac procedures such as coronary angiography, percutaneous coronary interventions, right heart catheterization, temporary/permanent pacemaker implantation, ASD closure etc.

A wide range of cardiac investigations including echocardiography, stress testing, ambulatory blood pressure and ECG monitoring are carried out in the unit.

The total no of admissions, bed occupancy rate & no of Coronary Angiograms have increased compared to the previous year in Cardiology Unit at Sri Jayewardenepura General Hospital.



	2010	2011	2012	2013	2014
No. of Clinics held	99	99	100	95	95
No. of Clinic Attendance	5234	5582	6123	5929	5741
No. of Admissions	1829	1944	2089	2042	2172
Bed Occupancy Rate (%)	52.10	55.50	62.40	58.23	64.52
No. of Coronary Angiograms	483	542	579	560	689



## IX. Cardio-Thoracic Unit

The Sri Jayewardenepura General Hospital Cardiothoracic Surgical Unit is one of the best government owned units of its category. It is a tertiary care centre for all types of open and minimally invasive surgeries of the thoracic cavity which provides its services on time without very long waiting lists.



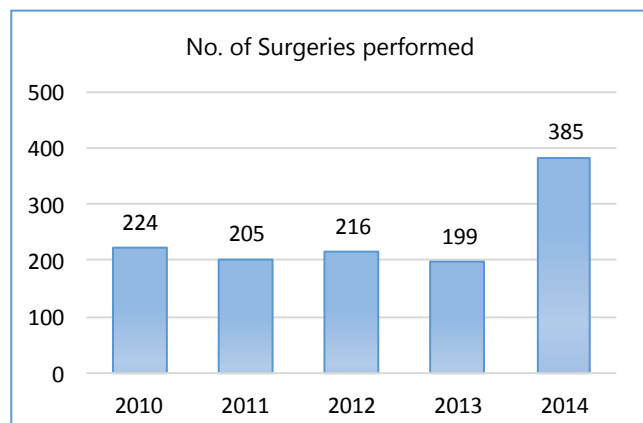
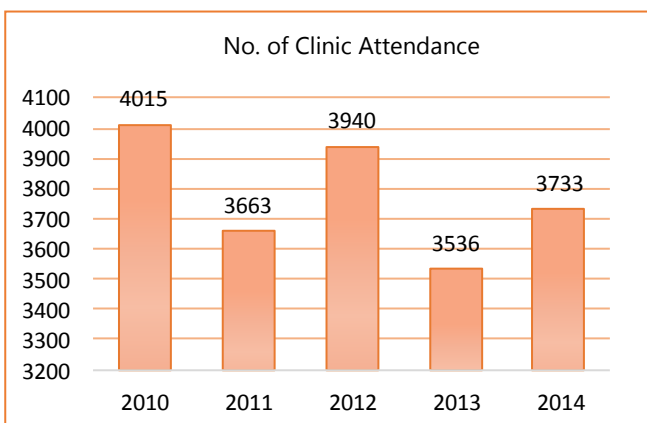
The cardiothoracic unit is not only specialized for adult surgeries but also possess much experience in paediatric heart surgeries.

It is the first unit of Sri Lanka which carried out an open heart surgery for neonate to correct transposition of great vessels. Since then many "firsts" in Sri Lanka have been carried out by the unit.

The unit has a separate state of the art operation theatre facility with two operation

suits for cardiothoracic surgeries in addition to our main operation theatre complex. A separate 10 bedded ICU facility is also available to take care of post-surgical patients. The total no of admissions, bed occupancy rate and the no. of surgeries performed increased considerably compared to the previous year in Cardio-Thoracic Unit at Sri Jayewardenepura General Hospital.

	2010	2011	2012	2013	2014
No. of Clinics held	100	94	99	101	95
No. of Clinic Attendance	4015	3663	3940	3536	3733
No. of Admissions	964	776	923	831	1312
Bed Occupancy Rate (%)	57.08	72.50	56.40	47.40	71.03
No. of Surgeries performed	224	205	216	199	385





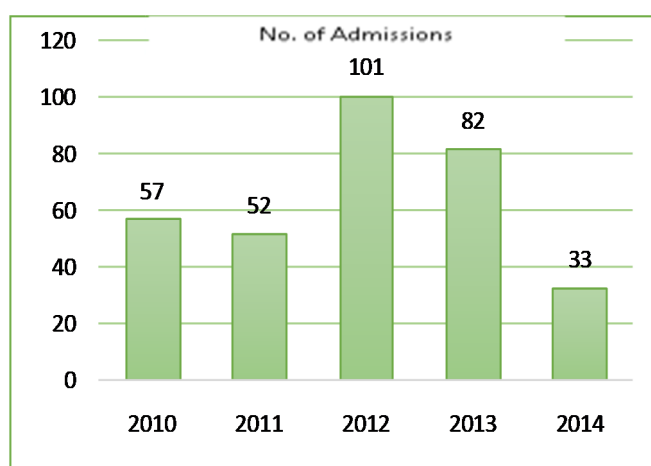
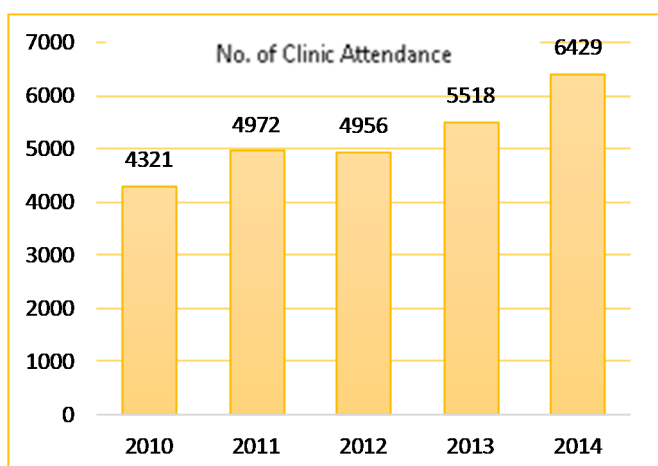
# X. Dermatology Unit

The Dermatology Unit of the Sri Jayewardenepura General Hospital provides necessary inward care and outpatient care through general dermatology clinics. Facilities for minor dermatological surgeries and chemical cauterization facilities are currently available while electro cauterization and cryotherapy (liquid nitrogen therapy) facilities which we have, add more value to the dermatological interventions for cosmetically important diseases.

Dermatology unit provides a wide range of services for infective and inflammatory skin conditions, benign & malignant skin tumours and especially for cosmetically important skin lesions. Acne treatment, chemical cauterization for non-infective warts, punch grafts for cosmetic problems such as vitiligo, chemical peeling for cosmetic skin problems such as pimple induced pigmentation, anti-aging treatments for fine wrinkles and cosmetically concerned pigmentation disorders, liquid nitrogen therapy for viral and genital warts, minor skin biopsies, inward care for severe dermatosis, treatments for scabies, psoriasis & leprosy, minor skin surgeries, dermatological interventions in generalized or patchy hair loss and treatment for nail disorders are some of the services provided by the dermatology unit. The no of patients attended the clinics held by the Dermatology unit in 2014 show a significant increase compared to the year 2013.



	2010	2011	2012	2013	2014
No. of Clinics held	188	193	207	217	207
No. of Clinic Attendance	4321	4972	4956	5518	6429
No. of Admissions	57	52	101	82	33



# XI. Neonatal Intensive Care Unit (NICU)

The Neonatal Intensive Care Unit of Sri Jayewardenepura General Hospital is the most advanced "Level III" neonatal unit in Sri Lanka and functions as the main referral and training centre for the rest of the country.

It takes the responsibility of managing all sick babies born in the hospital and also undertakes the



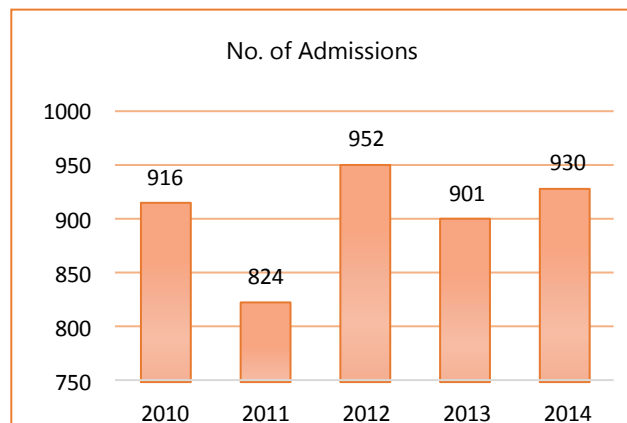
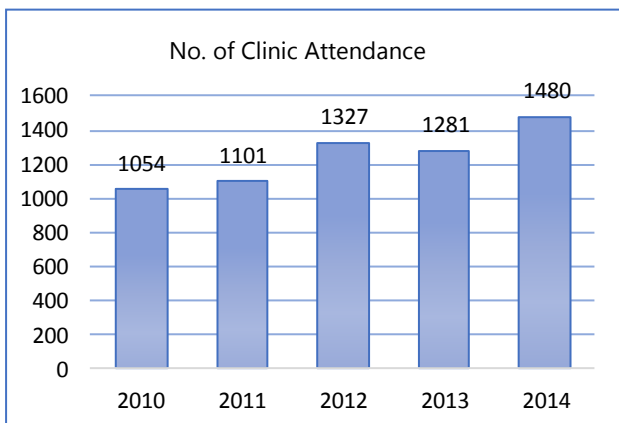
management of sick neonates who need intensive care, transferred from both other private and government hospitals. No. of Clinic Attendance

No. of Clinic Attendance

In addition to the care of the sick new-born, Neonatal Intensive Care Unit is able to provide expert medical and nursing care for the extremely premature and the very low birth weight babies with intact survival in the majority of babies more than 500g and more than 27 weeks gestation.

Over the years Neonatal Intensive Care Unit of Sri Jayewardenepura General Hospital have gained great experience regarding ventilation for lung disease, neonatal sepsis control and management of parenteral nutrition therapy etc. which are necessary for the proper management of critically ill new-borns. The No. of Admissions, bed occupancy rate and the No. attended the Clinics show a considerable increase compared to the previous year.

	2010	2011	2012	2013	2014
No. of Clinics held	46	44	48	49	49
No. of Clinic Attendance	1054	1101	1327	1281	1480
No. of Admissions	916	824	952	901	930
Bed Occupancy Rate (%)	83.80	71.10	71.67	73.51	75.10



## XII. Rheumatology and Rehabilitation Unit

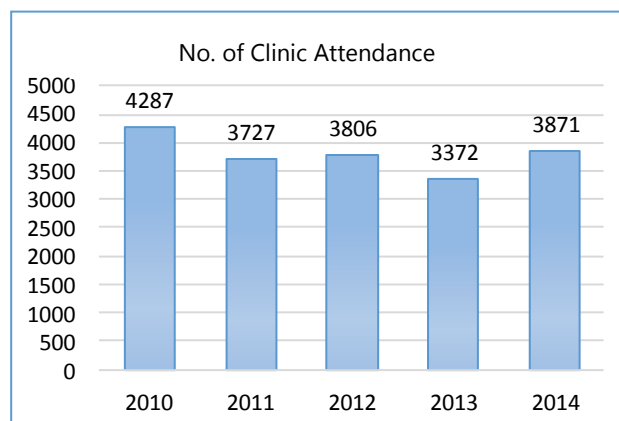
The Rheumatology and Rehabilitation Unit provides inward care as well as outpatient care through three outpatient clinics per week.

Many types of arthritis including osteoarthritis, rheumatoid arthritis, and psoriatic arthritis and connective tissue disorders such as SLE, mixed connective tissue disorders and vasculitis are treated in the rheumatology unit with a well-trained and highly experienced medical team. The unit has special interest and competency in managing osteoporosis and chronic pain syndromes. Rheumatology & rehabilitation unit works in collaboration with other medical clinics to improve the quality of life of patients.



The number of patients attended clinics in this year has increased considerably compared to the previous year.

	2010	2011	2012	2013	2014
No. of Clinics held	144	142	141	155	197
No. of Clinic Attendance	4287	3727	3806	3372	3871



## XIII. Neurology Unit

Clinical neurology services at Sri Jayewardenepura General Hospital have developed into a fully functional Neurology Unit equipped with all facilities for special investigations and treatment of neurological conditions including neurological emergencies, providing both inpatient and outpatient care. It conducts a separate stroke unit for acute management, investigation and rehabilitation of stroke patients.

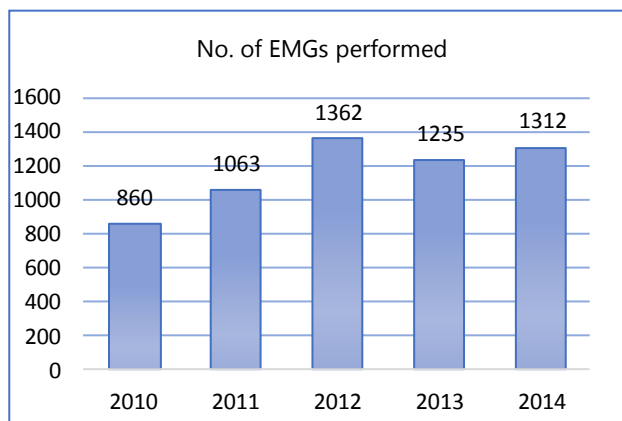
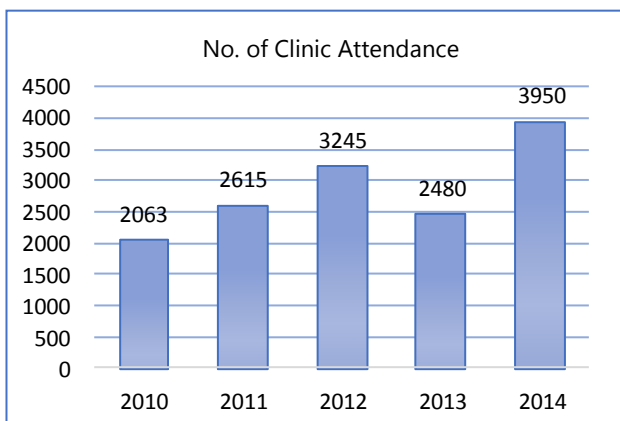
Modern neurophysiological Investigations including electroencephalography (EEG), nerve conduction studies



(NCS), electromyography (EMG) and evoked potential studies (VEP, ABR, SEP) are available at the neurology unit. The department works in close collaboration with allied specialty services including neurosurgery, rheumatology and rehabilitation, radiology and allied therapy services which includes physiotherapy and speech and language therapy which are available on site.

The highest No. of Clinic Attendance is recorded in 2014 compared to the last 5 years while the No. of EMGs performed has increased compared to year 2013.

	2010	2011	2012	2013	2014
No. of Clinics held	96	102	93	96	100
No. of Clinic Attendance	2063	2615	3245	2480	3950
No. of Admissions	81	128	340	429	311
Bed Occupancy Rate (%)	14.51	26.90	52.05	67.05	30.52
No. of EEG performed	446	487	670	683	642
No. of EMG performed	860	1063	1362	1235	1312



## XIV. Neurosurgery Unit

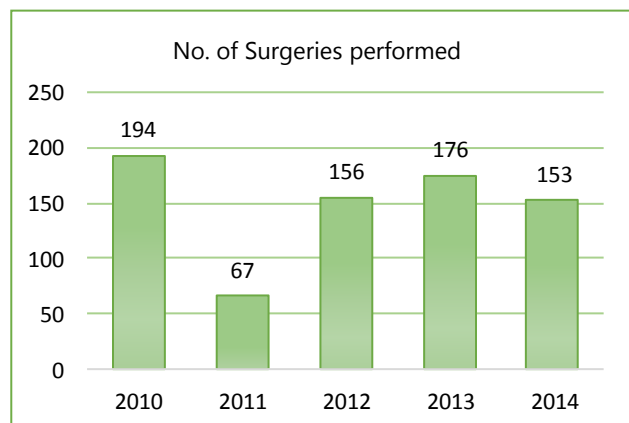
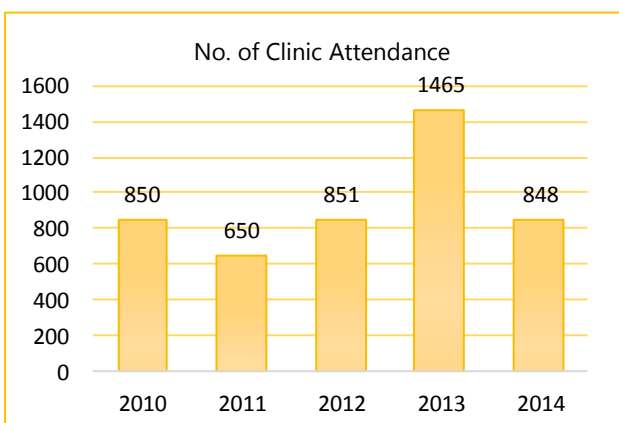
Sri Jayewardenepura General Hospital has a well-established Neurosurgery Unit which handles all the routine and emergency surgeries of brain and spinal cord. The unit consists of 6 Inward ICU beds with ultra-modern facilities including Intra cranial pressure monitoring, to cater patient during post-operative period and 6 HDU beds to follow them up following a major neurosurgery.

Neurosurgical theatre is equipped with all facilities necessary for neurosurgeries and performs brain surgeries including aneurysm surgeries, neuro-oncological surgeries, skull base surgeries, endoscopic pituitary surgeries, micro vascular decompression reconstructive surgeries and trauma surgeries and neuro-spinal surgeries including occipitocervical fixation, trans-oral odontoidectomy and fixation, anterior cervical discectomy and replacement, posterior lateral mass screw fixation, cervico-thoracic fixation and posterior and transverse lumbar inter-body fusions.



The No. of Clinic Attendance, bed occupancy rate, No. of Admissions and the number of Surgeries Performed in 2014 are less compared to the year 2013.

	2010	2011	2012	2013	2014
No. of Clinics held	93	92	106	101	95
No. of Clinic Attendance	850	650	851	1465	848
No. of Admissions	963	763	1052	958	863
Bed Occupancy Rate (%)	82.56	34.00	35.58	49.25	39.99
No. of surgeries performed	194	67	156	176	153





## XV. Nephrology Unit

The Nephrology Unit of Sri Jayewardenepura General Hospital provides high quality medical care with best nephrological expertise and many technologically advanced facilities. Ultrasonic renal imaging, renal Doppler studies and ultrasound guidance invasive procedures (biopsies and central line insertions etc.) are performed in the unit.

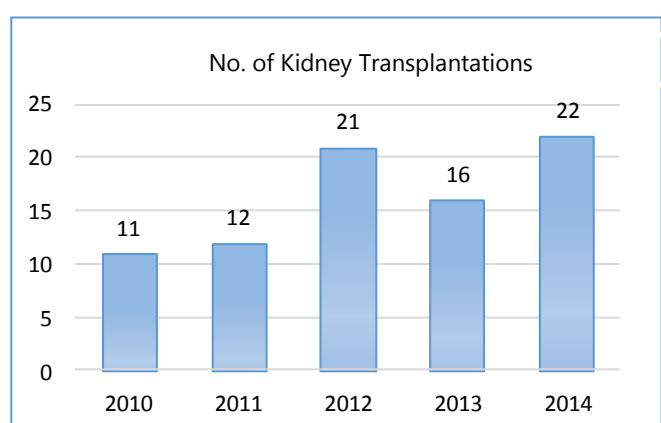
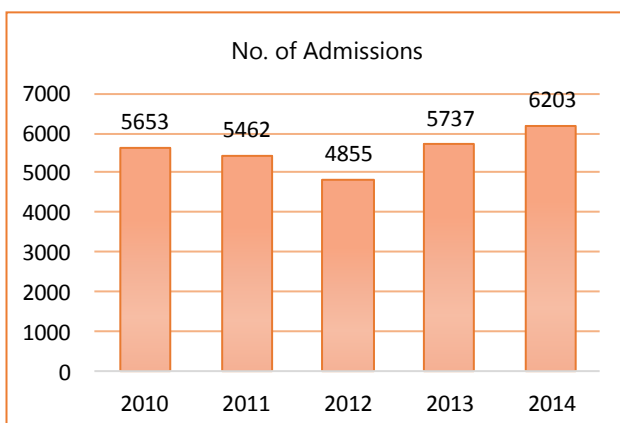


Haemodialysis unit which consists of 14 beds is operated by well-trained doctors and nurses who render individualized care to each patient. Vaccinations, anaemia and bone health management and nutritional guidance are provided to enhance the quality of life of haemodialysis patients.

The unit has performed more than 150 renal transplantations till date. High specialized pre and post-transplant care rendered by multidisciplinary team leads to high success

rates with minimal complications. The highest total no of admissions, the no of patients attended clinics and No. of dialyses is recorded. The No. of Kidney transplantations have increased in 2014.

	2010	2011	2012	2013	2014
No. of Clinics held	142	142	144	147	134
No. of Clinic Attendance	9876	9751	10351	11034	12395
No. of Admissions	5653	5462	4855	5737	6203
Bed Occupancy Rate (%)	85.85	72.10	72.00	66.98	71.54
No. of Kidney transplantations	11	12	21	16	22
No. of Dialyses	4668	4700	4297	5228	6015





## XVI. Anaesthesiology Unit

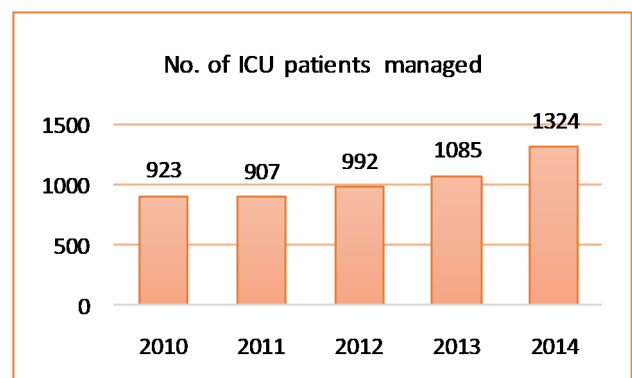
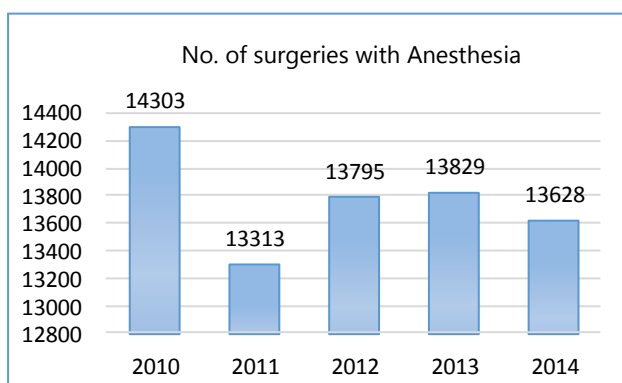
Sri Jayewardenepura General Hospital has all the modern facilities in operation theatres to provide state of art intraoperative monitoring during anaesthesia for all types of surgeries. Anaesthesia for all types of surgeries including cardiac surgeries, optimum preoperative care for all surgical candidates, postoperative acute pain relief services, pain relief services (Epidural) for mothers in labour and critical care for the patients in ICUs are some of the services provided by the Anaesthesiology Unit. This unit is very specialized in intensive care management. All the intensive care units are equipped with modern facilities to assist the anaesthetic team to provide personalized critical care. The team immediately attends on cardiac arrests effectively through the hospital "cardiac call" alarming system. All High Dependency Units of Sri Jayewardenepura General Hospital are under the direct supervision of the anaesthesiology team.



The anaesthesiology department is led by four consultant anaesthesiologists who are specialized in adult and paediatric anaesthesia and critical care. This highly integrated, dynamic, motivated group also consists of postgraduate trainees and senior medical officers. They are committed to provide the best and safest possible care to adult and paediatric patients requiring anaesthesia, analgesia and intensive care.

The total no of ICU patients managed in the year 2014 show a significant increase compared to the last year.

	2010	2011	2012	2013	2014
No. Anaesthesia given	14303	13313	13795	13829	13628
No. of ICU patients managed	923	907	992	1085	1324



## XVII. Intensive Care Unit (ICU)

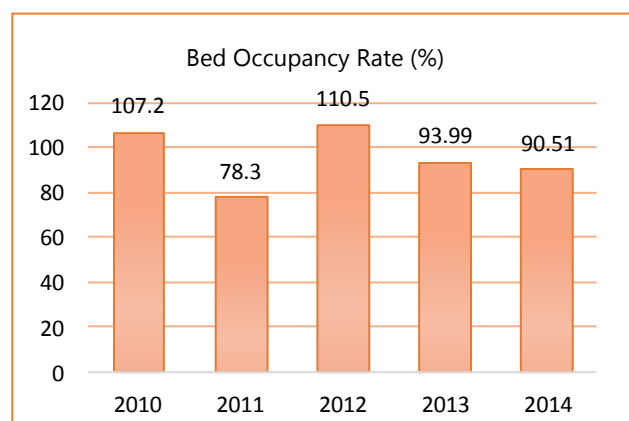
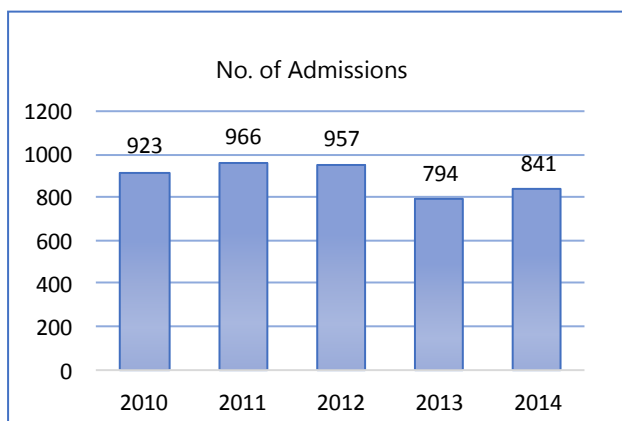
Intensive Care Unit of Sri Jayewardenepura General Hospital is a well-recognised centre in the country for treating critically ill patients. Intensive Care Unit is equipped with latest, state of the art life support systems and vital sign monitoring systems to provide an effective and quality service to the patients.



ICU is managed by Consultant Anaesthetists while senior, well experienced residential medical officers are available round the clock. Each patient is closely observed and monitored by well experienced, senior nursing officers, who have received extended training in managing critically ill patients and handling sophisticated ICU equipment.

All procedures in the ICU are carried out according to specially defined protocols and all protocols have been laid down according to the international standards of intensive care and are frequently revised and updated. Apart from the general ICU, Neonatal ICU, Neuro-surgical, Cardiology ICU and Cardio-thoracic ICU also provide the intensive care facilities in relevant specialities. The total no of admissions shows an increase in 2014 whilst the bed occupancy rate shows a decrease.

	2010	2011	2012	2013	2014
No. of Admissions	923	966	957	794	841
Bed occupancy rate (%)	107.20	78.30	110.50	93.99	90.51



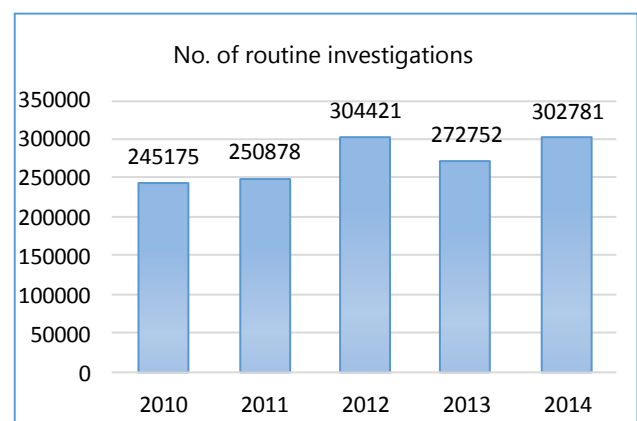
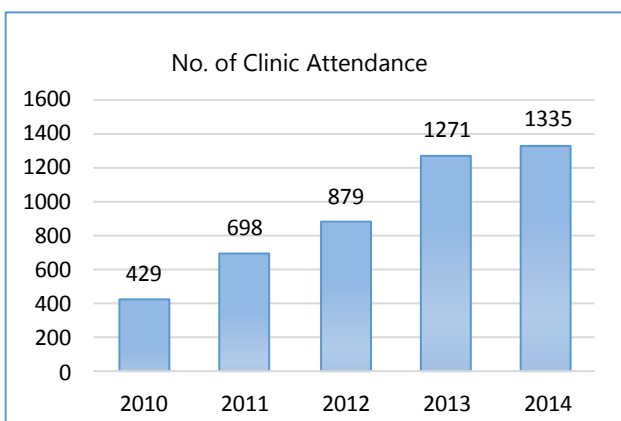
## XVIII. Haematology Unit

Haematology Unit of Sri Jayewardenepura General Hospital provides a comprehensive range of haematological diagnostic tests at a very competitive price. Haematology laboratory provides round the clock service for inpatients as well as out patients. It is equipped with latest and sophisticated machines to offer an accurate and efficient service. This unit conducts outpatients clinics for patients with haematological disorders. Haematology unit also functions as a research and training centre for medical undergraduates and post graduates.

Apart from the routine blood investigations such as FBC, ESR and Blood Picture, haematology laboratory performs special investigations for screening different types of anaemia, thalassemia, haemophilia and other haematological malignancies like leukaemia, bleeding disorders and other haematological disorders. It also conducts a haematology clinic for patients with haematological diseases. The no of patients attended clinics, No. of routine investigations done and the No. of special investigations have considerably increased in 2014 compared to previous years.



	2010	2011	2012	2013	2014
No. of Clinics held	27	43	48	49	49
No. of Clinic Attendance	429	698	879	1271	1335
No. of routine investigations	245175	250878	304421	272752	302781
No. of special investigations	41862	54930	57771	37210	44900



## XIX. Histopathology Unit

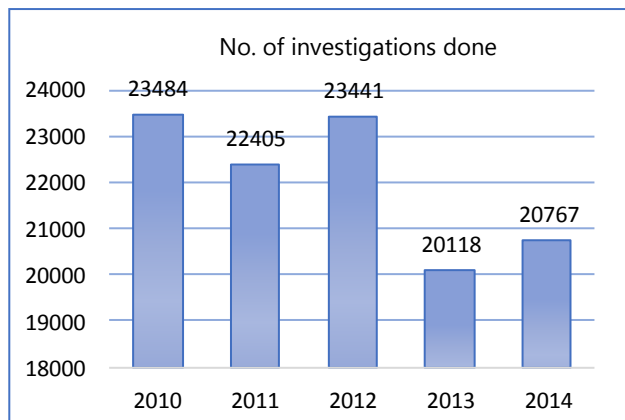
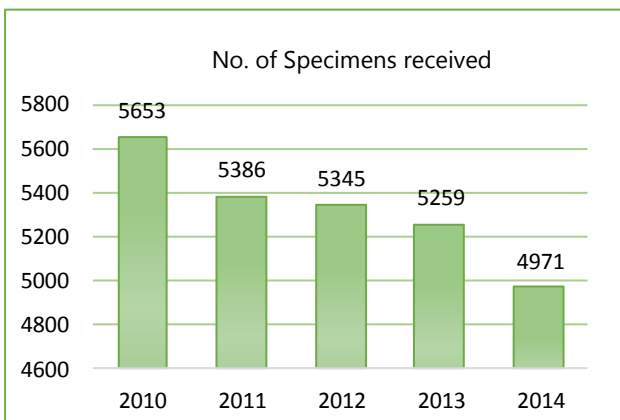
Histopathology Unit handles various histological and cytological specimens to provide a precise diagnosis for patient management. Histopathology laboratories are enriched with latest technology and human resources in achieving correct diagnosis. The doctors along with the well experienced laboratory staff, working in close collaboration with relevant clinical units, ensure the patients a reliable and a convenient service



Many varieties of specimens are examined in the histopathology unit. Some of those specimens are surgical specimens, endoscopic specimens, bronchoscopic specimens, specimens from fine needle aspirations, skin biopsies and renal biopsies. The unit also handles Intra-Operative Imprint biopsies and frozen sections in order to help surgeons to make intra operative decisions. All processed histopathological specimens are kept for about 8 years to make them available

again in case of indicated second look and to compare the prevailing status of a disease with previous specimen.

	2010	2011	2012	2013	2014
No. of specimens received	5653	5386	5345	5259	4971
No. of investigations done	23484	22405	23441	20118	20767



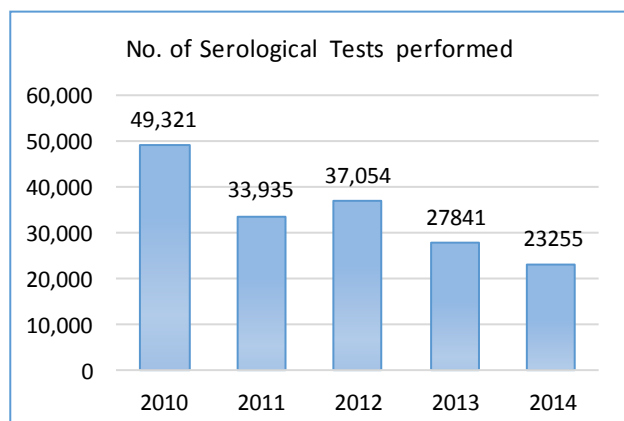
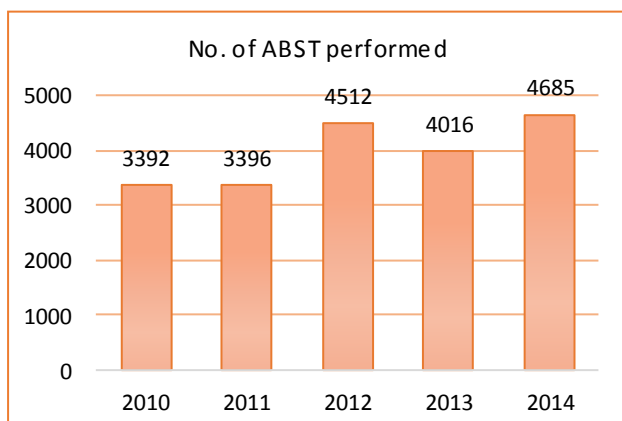
## XX. Microbiology Unit

Microbiology Unit of Sri Jayewardenepura General Hospital performs a wide range of screening, diagnostic and surveillance tests in various fields such as bacteriology, mycology, virology and serology. The Microbiology unit of SJGH performs diagnostic bacterial & fungal cultures and microscopy and investigations for specific entities such as leprosy, TB, and Helicobacter pylori infection. It also performs surveillance cultures for the purpose of infection control. The laboratory also consists of a serology division where a wide range of screening and diagnostic tests are performed. It also tests serum levels of many antibiotics which are not readily available in most of the laboratories in Sri Lanka. Microbiology unit provides its service to both in-patients and out-patients at a very convenient rate.



The quality assurance and quality improvement is ensured through internal quality control, laboratory audits, incident reporting and by participating in External Quality Assessment (EQA) Programme. The unit has carried out many research activities and has published scientific papers in well recognized journals. The total no of cultures performed in 2014 show a significant increase compared to the previous year.

	2010	2011	2012	2013	2014
No. of Cultures performed	22121	23265	27341	30507	20537
No. of ABST performed	3392	3396	4512	4016	4685
No. of Serological Tests performed	49321	33935	37054	27841	23255
No. of AFB Tests performed	1,749	1,999	2,358	1537	1189





## XXI. Biochemistry Unit

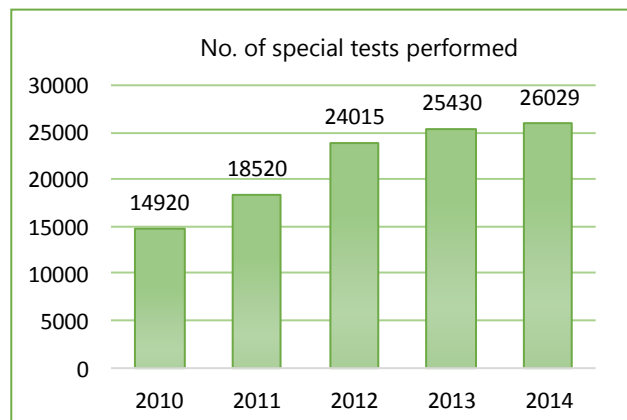
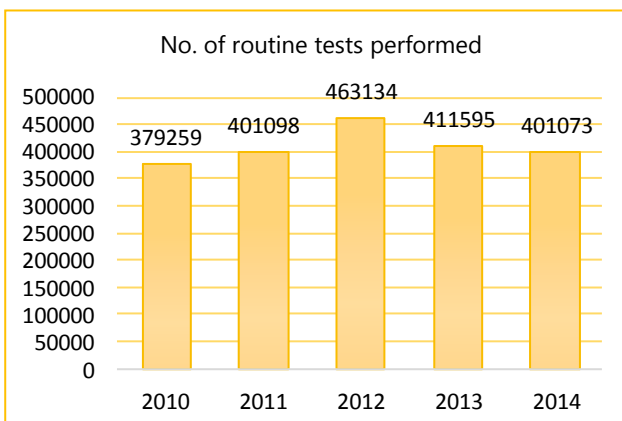
The Biochemistry Unit of Sri Jayewardenepura General Hospital handles about 114 bio chemical parameter analysis investigations. This includes routine tests, special tests and highly specialized tests which are available round the clock for both inward patients and out patients. Biochemistry investigations are performed in fully automated analysers. The accuracy and the reliability of results are ensured by high standards achieved by internal and external quality control programmes. All laboratory investigations are performed by well trained and qualified medical laboratory technicians.



Routine tests performed in the biochemistry unit include blood glucose levels and profiles such as renal, liver and lipid. Special tests include thyroid profile, iron profile, tumour markers, reproductive hormones, troponin T and I and serum beta hCG levels. Biochemistry unit of Sri Jayewardenepura General Hospital also performs highly specialized tests such as serum protein electrophoresis, urine protein electrophoresis and immuno-typing. The total no of special

investigations performed in 2014 show a significant increase compared to the previous years whilst the No. of routine investigations has decreased.

	2010	2011	2012	2013	2014
No. of routine tests performed	379259	401098	463134	411595	401073
No. of special tests performed	14920	18520	24015	25430	26029



## XXII. Radiology & Imaging Unit

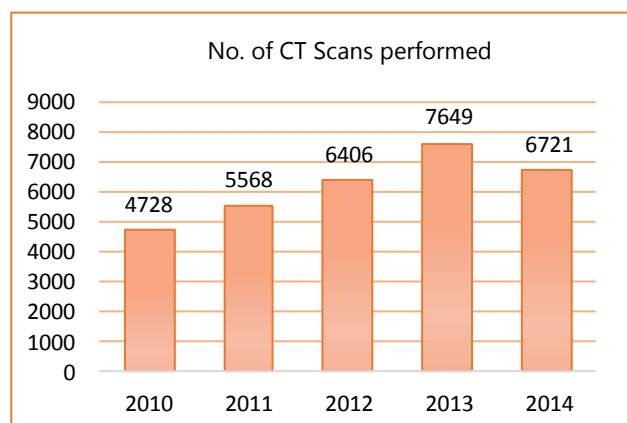
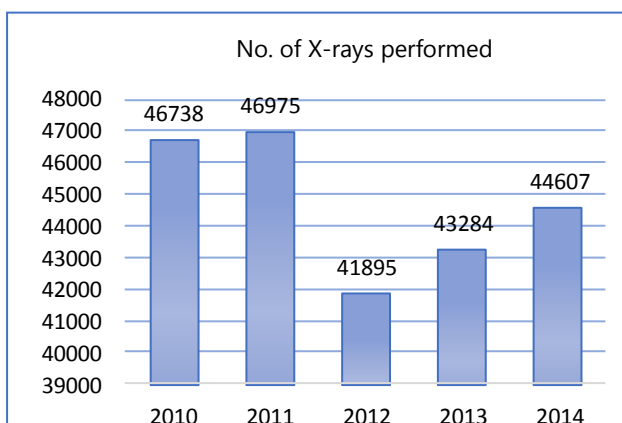
Radiology and Imaging Unit of Sri Jayewardenepura General Hospital provides safe and accurate diagnostic and interventional radiology services to both inward patients and outpatient at a very competitive rate compared to other private hospitals. Radiology and Imaging unit extends its service to the public round the clock through a well-trained and highly competent staff. This unit consists of modern and advance machineries to provide a better diagnostic and interventional radiology service to the patients.

Services provided by the Radiology and Imaging unit includes digital X-ray service for accurate diagnosis, spiral CT scanning with 3D images and angiography facilities, ultrasound scans, colour Doppler studies, mammography, DSA and fluoroscopy. The unit also provides an mobile X-ray service to the ICU and inward patients.



The total no of X-rays Performed has increased in 2014 compared to the precious year but the No. of Ultrasound Scans performed, No. of CT Scans performed and No. of Other Investigations performed show a decrease.

	2010	2011	2012	2013	2014
No. of X-rays performed	46738	46975	41895	43284	44607
No. of Ultrasound Scans performed	8906	8519	9240	9780	8871
No. of CT Scans performed	4728	5568	6406	7649	6721
No. of other tests performed	1931	1699	2160	2321	2301



## XXIII. Blood Bank

Blood Bank of Sri Jayewardenepura General Hospital provides an efficient and accurate service by providing safe and high quality blood and blood products when necessary in adequate amounts. These services are

backed up by National Blood Transfusion Service.

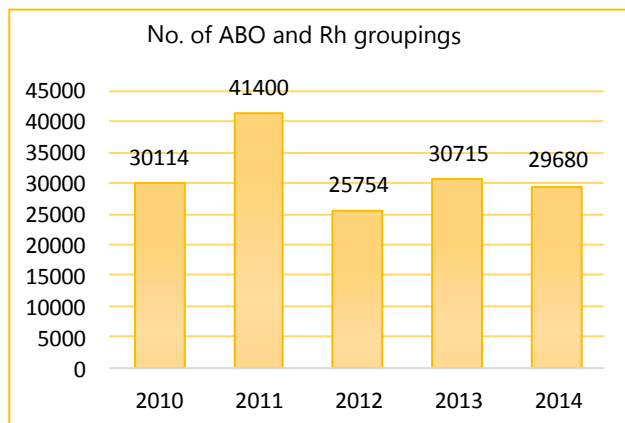
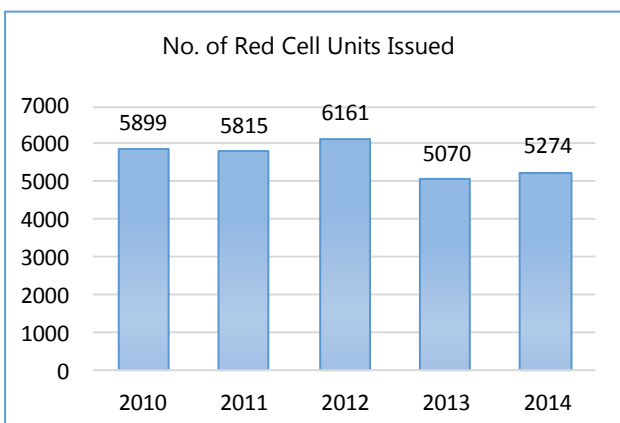
Sri Jayewardenepura General Hospital Blood Bank uses modern technology and equipment to maintain optimal conditions for donated blood and to ensure the quality. The Blood Bank provides blood grouping and cross matching services round the clock by a well-trained and highly competent staff.

Some of the services provided by the blood bank are blood grouping and cross matching, antibody screening, accepting voluntary donation of blood, serological investigations,

direct and indirect coombs tests, therapeutic exchange transfusions, plasma exchange and venesections. The total No. of Red Cell units issued this year show a significant increase compared to the previous year.



	2010	2011	2012	2013	2014
Total No. of Blood Samples Collected	6282	5643	5273	4504	4414
No. of Red Cell Units Issued	5899	5815	6161	5070	5274
No. of ABO and Rh groupings	30114	41400	25754	30715	29680
Grouping & cross matching		13963	14214	13289	29680

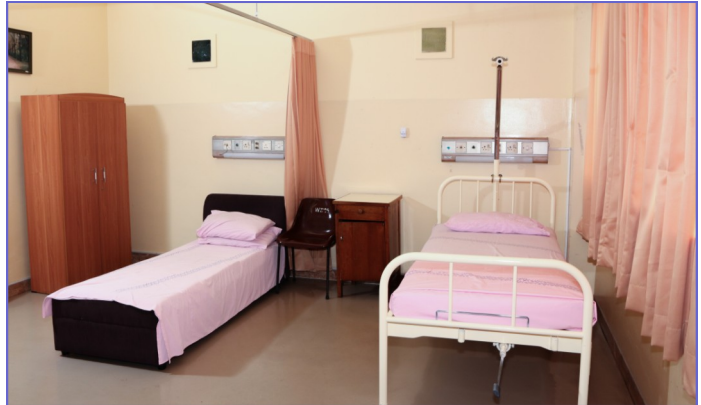


## XXIV. Paying Wards

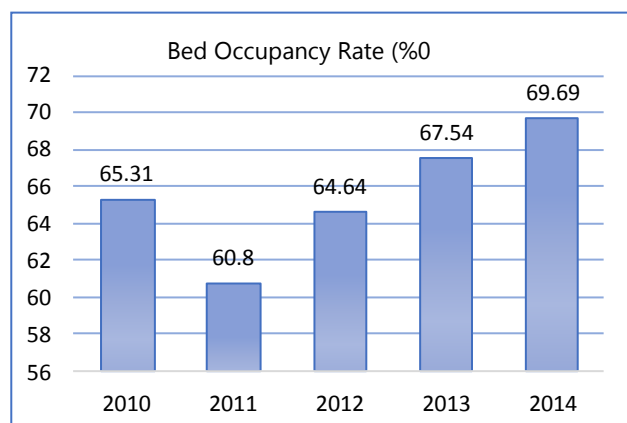
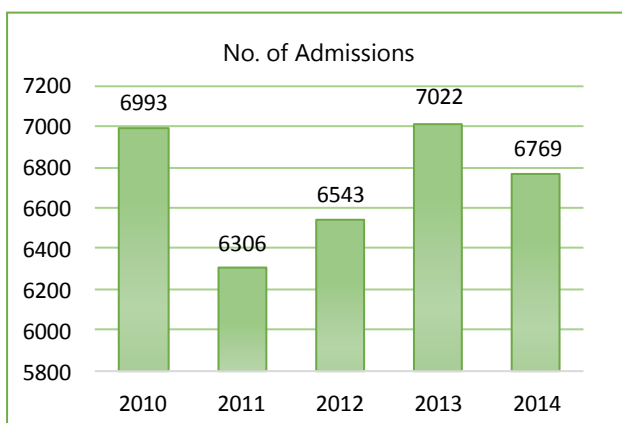
Sri Jayewardenepura General Hospital consists of class I and class II Paying Wards to deliver a quality health care service at a more comfortable and convenient environment. Class I paying ward consists of 18 air-conditioned individual rooms with telephone and television facilities while class II consists of individual and shared rooms. Good quality food is supplied for all paying ward patients and patients have the option to select a desired menu. Patients are allowed to get admitted to a paying ward under the care of any of the consultants working in the Sri Jayewardenepura General Hospital.

Even during the periods of decreased bed occupancy rate in the rest of the hospital, it was observed that the bed occupancy rate of paying wards remained high. Bed occupancy rate of class I paying ward recorded as 105.29% in year 2012. In order to meet the

high demand the number of paying rooms was increased from 19 to 29 during the year 2012. Although the total no of admissions has decreased the bed occupancy rate has increased in this year compared to the previous year.



	2010	2011	2012	2013	2014
No. of Admissions	6993	6306	6543	7022	6769
Bed Occupancy rate (%)	65.31	60.80	64.64	67.54	69.69



## XXV. Medical Check-up unit

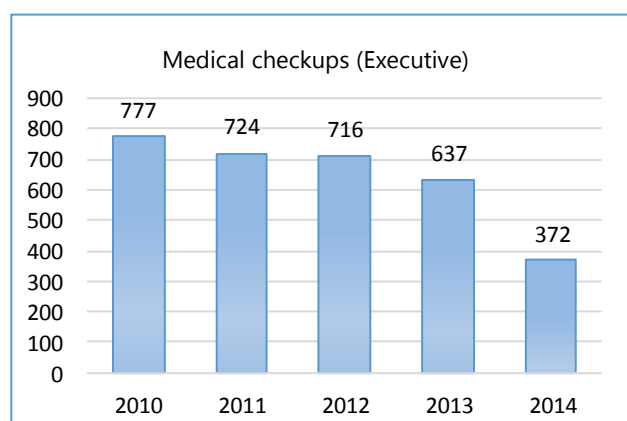
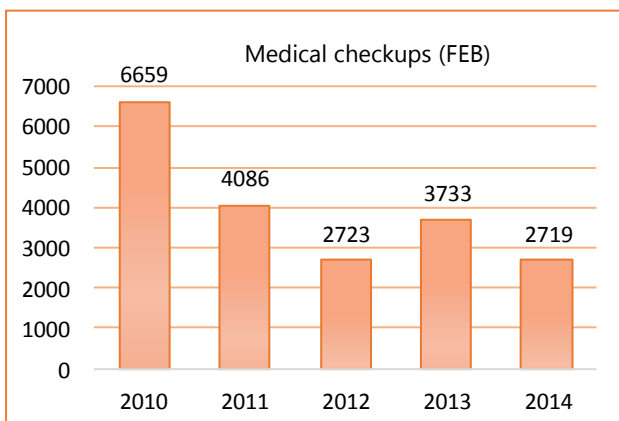
Medical Check-up Unit of Sri Jayewardenepura General Hospital is the only unit of that nature in a government hospital in Sri Lanka. Medical check-ups allow the apparently healthy people to undergo various examinations and investigations to identify early and hidden stages of the diseases. A timed and periodical screening helps to detect health problems early which facilitate timely and accurate interventions minimizing possible complications. All medical check-ups are handled by senior medical officers and patients are referred to relevant consultants when indicated.



Medical check-up unit presents various health check packages tailored to different ages and different lifestyles. Also the Medical check-up unit of Sri Jayewardenepura General Hospital is the preferred institution to perform medical check-ups for the high ranking officers including the Secretaries of the Ministries, Chairmen, High Commissioners and Ambassadors.

The total no of FEB (Foreign Employment Bureau) medical checkups (FEB) and medical checkups (Executive) show a decrease in 2014 compared to the previous year.

	2010	2011	2012	2013	2014
Medical Check-ups (FEB)	6659	4086	2723	3733	2719
Medical Check-ups (Executive)	777	724	716	637	372





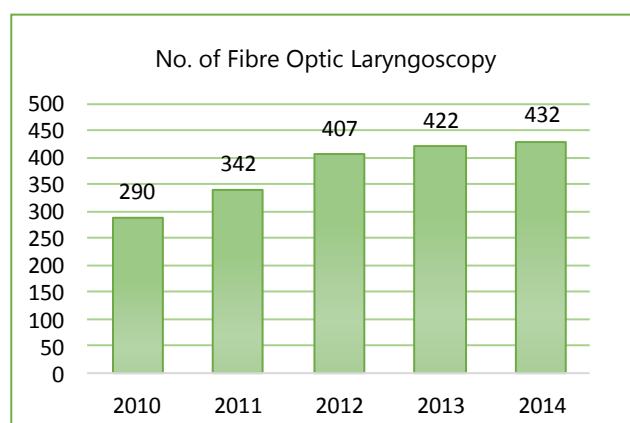
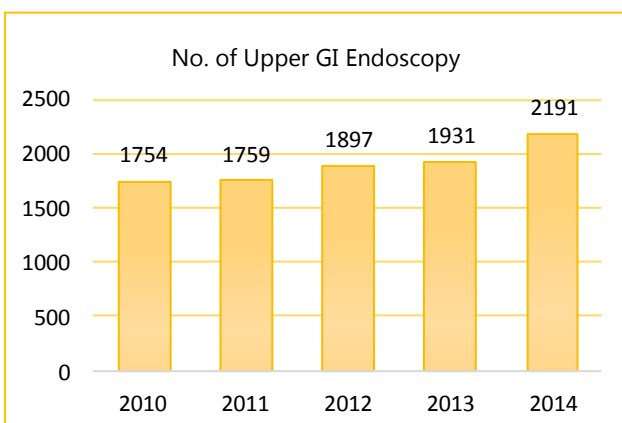
## XXVI. Endoscopy Unit

Endoscopy Unit of Sri Jayewardenepura General Hospital provides a comprehensive range of endoscopic examination and interventional procedures including Upper Gastro-Intestinal Endoscopy, Lower Gastro-Intestinal Endoscopy, Bronchoscopy, Fibre-Optic Laryngoscopy, Oesophageal Variceal Bonding and Endoscopic Retrograde Cholecysto-Pancreography at an affordable rate. Endoscopy Unit extends its efficient and reliable service to patients through high -tech equipment and well competent staff.



The total no of Upper GI Endoscopy, no of Fibre Optic Laryngoscopy and no .of Oesophageal Variceal binding have increased in 2014.

	2010	2011	2012	2013	2014
No. of Bronchoscopy	35	25	27	26	17
No. of Upper GI Endoscopy	1754	1759	1897	1931	2191
No. of Colonoscopy	552	653	648	649	495
No. of Fibre Optic Laryngoscopy	290	342	407	422	432
No. of Oesophageal Variceal Banding	210	226	228	253	322
No. of ERCPs	24	15	13	8	4



## XXVII. ECG unit

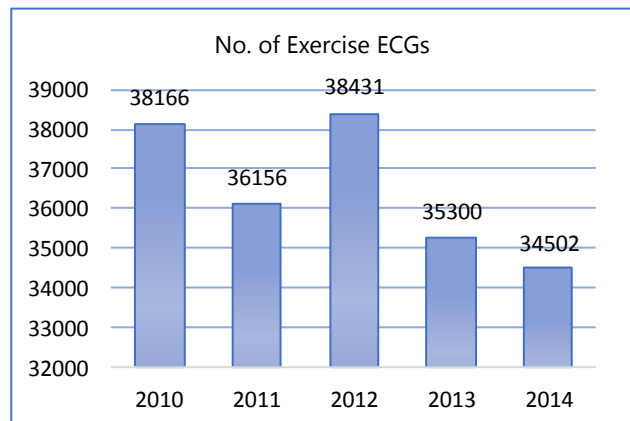
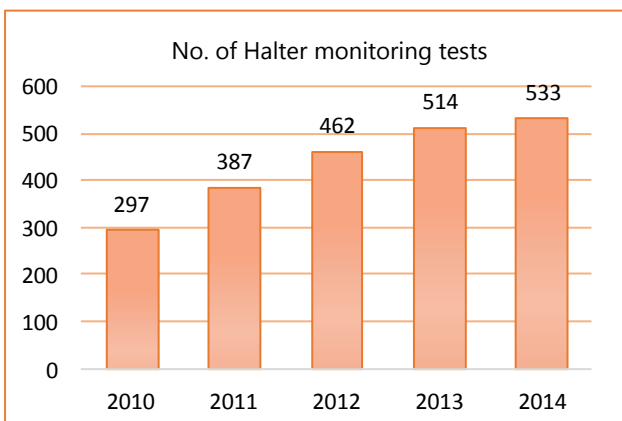
ECG Unit of Sri Jayewardenepura General Hospital provides ECG, EEG and EMG services to both inpatients



and outpatient round the clock. ECG Unit is empowered with the latest technology and well trained and competent staff to offer an accurate and efficient service to the patients at an affordable rate.

The total number of Halter Monitoring test in 2014 has increased compared to the previous year.

	2010	2011	2012	2013	2014
No. of ECGs	38166	36156	38431	35300	34502
No. of Exercise ECGs	2050	1965	1842	1707	1538
No. of Halter monitoring tests	297	387	462	514	533



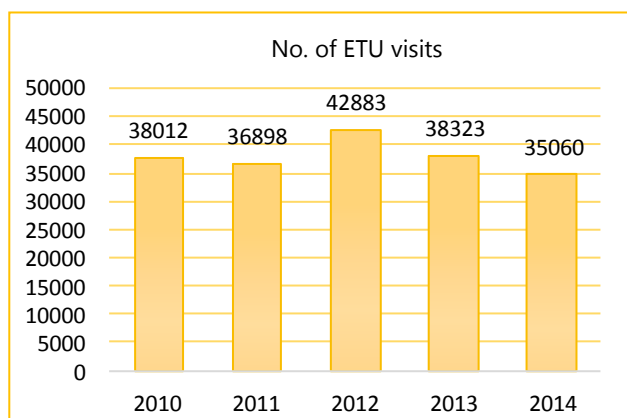
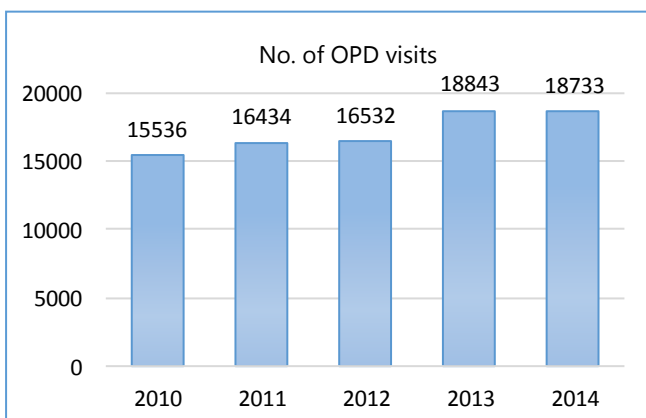
# XXVIII. Out Patient Department (OPD) and Emergency Treatment Unit (ETU)

Sri Jayewardenepura General Hospital runs an Out-patients service from 8.00 am to 12.00 noon, from Monday to Saturday. Patients are examined by a qualified, senior medical officer and are referred to the relevant specialties when necessary.

Emergency Treatment Unit of Sri Jayewardenepura General Hospital provides very effective and efficient care in emergency situation round the clock. The ETU is equipped with modern patient monitoring and resuscitation equipment and, it practices latest standard techniques and methods in patient care and thus is capable of handling almost any type of medical/ surgical emergency. ETU also provides out-patient care outside the OPD working hours. The No. of OPD visits, and the No. of ETU visits record a decrease in 2014.



	2010	2011	2012	2013	2014
No. of OPD visits	15536	16434	16532	18843	18733
No. of ETU visits	38012	36898	42883	38323	35060



## XXIX. Health Education and Infection Control Unit

Health Education and Infection Control Unit of Sri Jayewardenepura General Hospital extends its services by educating the public on health including educating patients on diabetics, with the aims of disease prevention, early identification and minimise complications. These services are provided by specially trained nursing officers under the guidance of relevant consultants. Audio visual health education programmes at waiting areas of the OPD and clinics, mini lectures at OPD, education on basic first aid methods, health education on

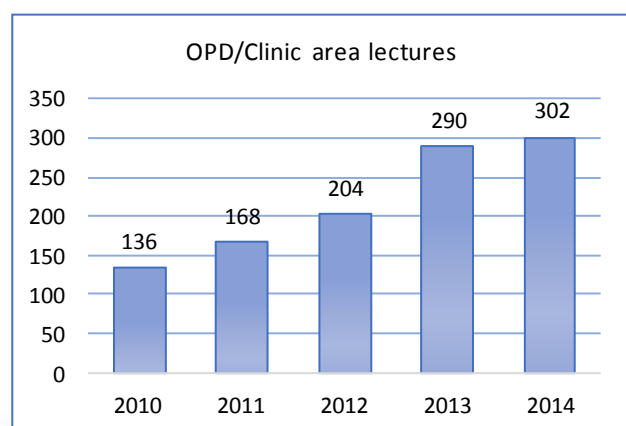
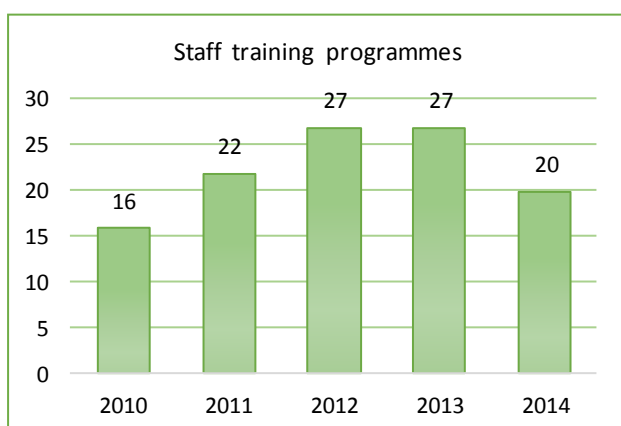


prevailing health matters via posters and leaflets, maintaining a mini resource centre for patients to supply information on their health problems, lectures in nutritional care and stoma care for nurses and personalized education sessions on colostomy care are some of the services provided by this unit.

The infection control team consists of consultant microbiologists, infection control nurses and liaison nurses from each ward.

They are preparing and implementing policies, protocols and guidelines on infection control to control hospital acquired infections. The Infection control team also keeps continuous surveillance of hospital acquired infections and multi drug resistant infections and they conduct regular audits to ensure the hospital staff to adhere to those polices and guidelines. The no of OPD/Clinic area lectures and Infection Control Guidelines have increased in 2014 compared to the previous year.

	2010	2011	2012	2013	2014
Staff training programmes	16	22	27	27	20
OPD/Clinic area lectures	136	168	204	290	302
Infection control guidelines	2	3	6	5	23
Hospital acquired infection rate	-	0.29	0.31	0.42	0.62



## XXX. Nutrition Unit

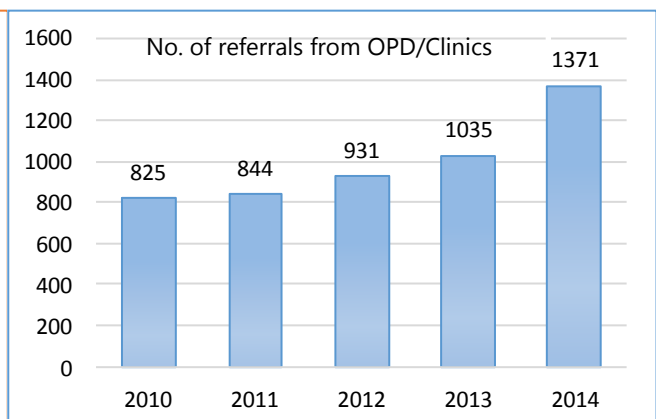
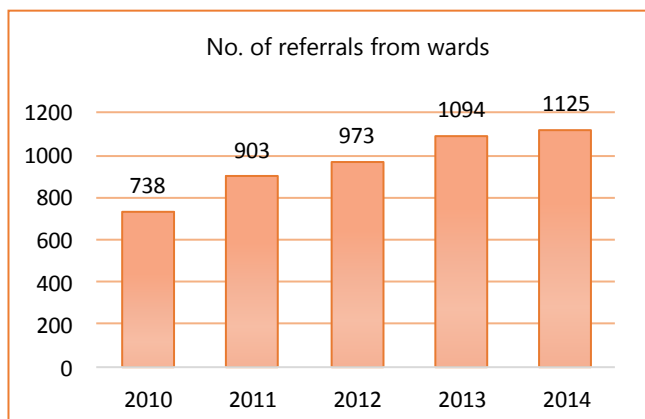
Sri Jayewardenepura General Hospital renders an excellent service at its Nutrition Unit, under the guidance of a highly qualified and experienced nutritionist. The unit is fully capable of performing investigations on anthropometric, serological and other necessary aspects of the patients who seek nutritional care.

The Nutrition Unit provides its services in dietary adjustments for inward patients with debilitating illnesses, patients referred by medical and endocrinology clinics, children in over or under-nutritional status and pregnant mothers with gestational diabetics. Nutrition Unit also involves in planning the routine diets of the hospitalized patients and conducts a programme to educate obese patients.



The total number of patients in wards referrals and number of patients – OPD and clinics referrals to the Nutrition Unit in 2014 have considerably increased compared to the last 5 years.

	2010	2011	2012	2013	2014
No. of referrals from Wards	738	903	973	1094	1125
No. of referrals from OPD & Clinics	825	844	931	1035	1371





## XXXI. Psychological Counseling Unit

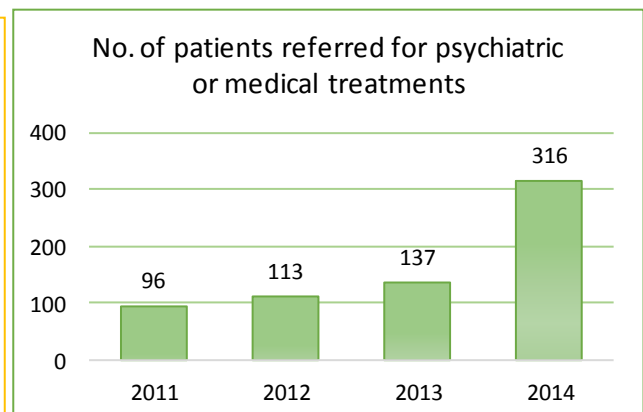
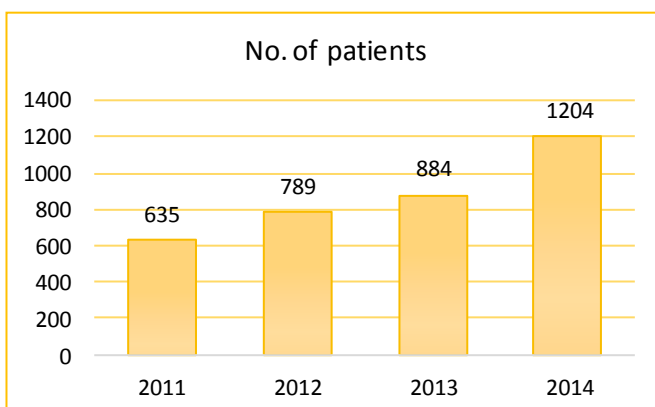
This Psychological counseling Unit at Sri Jayewardenepura General Hospital was established in October 2010 with financial and service resources granted by Women In Need, a non government organization. From this unit all patients and their family members receive services of a Psychological Counselor having a special degree in Psychology with post graduate qualifications in Counseling and Hypnotherapy.



Patients and their family members are referred to this unit from the OPD, Emergency Treatment Unit, all wards and clinics. This unit provides, counseling treatment for in-ward and out –patients, Psycho-social intervention, Psychological treatment for various social when there are connected legal problems they are referred to relevant sections after making the patients aware of such, conducts Psychological awareness programs for the staff to motivate them and increase their knowledge and offers resource persons for external awareness programs on behalf of the hospital. There is a

continuous increase in the number of patients, patients referred for psychiatric & medical treatment, Patients referred for legal advice, patients cured & problems settled, since the year 2011.

	2010	2011	2012	2013	2014
No. of patients	-	635	789	884	1204
No. of patients referred for Psychiatric or Medical treatments	-	96	113	137	316
No. of patients referred for legal advice	-	35	41	57	86
No. of awareness programs conducted	-	3	4	4	10



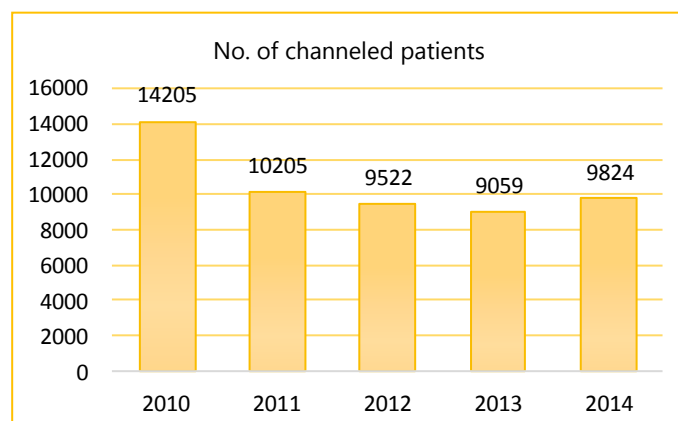
## XXXII. Channelling Service

Sri Jayewardenepura General Hospital conducts a Channelled Consultation service conducted by hospital Consultants for the convenience of patients. Patients on prior appointments could obtain this service from 4.00 pm onwards on weekdays at the hospital premises. The Channelling service is available in almost all medical and surgical subspecialties currently available in the hospital.



A gradual decline in the number of participants has been observed since 2009 but an increase is shown in 2014.

	2010	2011	2012	2013	2014
No. of Channeled patients	14205	10205	9522	9059	9824



## 3.4 Ten Year Summary

	2005 000'	2006 000'	2007 000'	2008 000'	2009 000'	2010 000'	2011 000'	2012 000'	2013 000'	2014 000'
Hospital Charges	411,959	480,290	524,314	588,214	721,761	812,121	828,236	993,119	1,120,511	1,316,437
Growth rate %	4.06	16.59	9.17	12.19	22.70	12.57	1.98	19.91	12.83	17.49
Govt. grants - recurrent	510,000	588,000	672,277	736,400	775,000	775,000	837,000	827,234	999,600	1,700,000
Growth rate %	45.71	15.29	14.33	9.54	5.24	-	8.00	(1.17)	20.84	70.07
Interest income	5,399	4,886	4,995	4,933	4,823	3,334	4,443	5,376	5,514	5,470
Growth rate %	(21.93)	(9.50)	2.23	(1.24)	(2.23)	(30.87)	33.26	21.00	2.57	-0.80
Other income	12,116	15,483	14,742	17,339	27,099	32,909	24,032	32,250	31,788	34,271
Growth rate %	28.01	27.79	(4.79)	17.62	56.29	21.44	(26.97)	34.20	(1.43)	7.81
Total income	939,474	1,088,659	1,216,328	1,346,886	1,528,683	1,623,364	1,693,711	1,857,979	2,157,414	3,056,179
Growth rate %	23.25	15.88	11.73	10.73	13.50	6.19	4.33	9.70	16.12	41.66
Total expenditure	1,129,901	1,167,885	1,294,536	1,438,597	1,555,528	1,571,299	1,712,964	1,977,155	2,065,126	2,492,169
Growth rate %	20.82	3.36	10.84	11.13	8.13	1.01	9.02	15.42	4.45	20.68
Surplus / (deficit)	(190,427)	(79,226)	(78,208)	(91,711)	(26,845)	52,065	(19,253)	(119,176)	92,286	720,613
Growth rate %	10.13	(58.40)	(1.28)	17.27	(70.73)	(293.95)	(136.98)	519.00	(177)	680.85
Govt. grants - Capital	46,141	105,000	130,591	106,100	102,925	115,000	236,785	71,000	282,751	190,225
Growth rate %	(68.37)	127.56	24.37	(18.75)	(2.99)	11.73	105.90	(70.01)	298.24	-32.72
Recurrent grants out of total Revenue %	54	54	55	55	51	48	49	45	46	56

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
No. of beds in Hospital	1000	1006	1011	1013	1043	1046	1047	1088	1078	1079
Bed occupancy percentage (%)	60.44%	72%	70%	73%	75%	66.1%	66.8%	70.5%	64.07%	64.10%
No. of Patients admitted	51,420	56,996	52,203	53,952	55,142	53,962	52,554	57,119	54,283	53,424
Daily admissions average	141	156	143	148	151	148	144	156	149	146
Daily average of ward patients	605	726	704	741	780	670	693	759	690	677.42
Average length of stay (days)	4.8	4.7	4.7	4.7	5.1	4.6	4.7	4.8	4.6	4.7
No. of clinics held	2,117	2,170	2,478	2,515	2,782	2,822	2,851	2,939	3,027	3,101
No. of first time visits for clinics	27,066	27,113	26,604	24,825	26,961	26,312	25,722	24,295	26,854	27,987
No. of subsequent visits	133,178	136,138	124,810	123,165	126,630	123,611	121,567	123,462	124,302	130,187
No. of visits to the Emergency Treatment Unit	32,709	36,026	34,695	38,005	40,452	38,012	36,898	42,883	38,323	35,060
Total No. of outpatient visits	15,827	17,554	18,722	16,895	16,222	15,536	16,434	16,532	18,843	18,733
Average of No. attended clinics	76	75.2	61	59	55	53	51.7	50.3	49.9	51.00

# 4. Financial Reports





## 4.1 Statement of Financial Position

Statement of Financial Position as at 31<sup>st</sup> December

		2014 (Rs.)	2013 (Rs.)
<b>ASSETS</b>			
Current assets			
Cash & Cash equivalents	Page 73	629,821,159	39,487,025
Receivable and Payments	Page 72	381,597,,509	293,312,062
Inventories	Page 72	190,968,311	178,559,930
Short term investment	Page 72	10,045,00	10,045,000
		<u>1,212,431,,980</u>	<u>521,404,017</u>
Non current assets			
Property, Plant & Equipment	Page 71	922,890,099	888,127,474
Furniture & Others	Page 71	73,124,406	48,163,558
Capital work in progress	Page 71	10,220,627	44,326,254
		<u>1,006,235,132</u>	<u>980,617,286</u>
Total assets		<u>2,218,667,112</u>	<u>1,502,021,,303</u>
<b>LIABILITIES</b>			
Current liabilities			
Creditors & Accrued Payments	Page 73	856,097,893	889,188,160
Total Liabilities		<u>856,097,893</u>	<u>889,188,160</u>
Net assets		1,362,569,220	612,833,143,
<b>NET ASSETS/EQUITY</b>			
Contributed Capital and Reserves			
Grants Received from Japanese Govt.	Page 73	978,976,227	978,976,227
Capital Reserve-(Other Grants Received)	Page 73	37,848,935	37,848,935
Capital Reserves	Page 73	2,280,000	2,280,000
Other Donations	Page 73	7,869,480	9,026,480
Deferred Income (Capital Grant)	Page 74	354,475,002	319,694,763
Accumulated surpluses /(deficits)	Page 78	<u>(18,880,424)</u>	<u>(734,993,260)</u>
Total net assets/equity		<u>1,362,569,220</u>	<u>612,833,144</u>

## 4.2 Financial Performance Statement

### Financial Performance Statement for the Year Ended

		2014 (Rs.)	2013 (Rs.)
Revenue	Note 01	3,050,708,925	2,151,900,038
Other operating Income (Interest)		5,470,713	5,514,452
Capital Grant Amortization		156,602,038	146,724,170
		<u>3,212,781,676</u>	<u>2,304,138,660</u>
Materials & Consumables Used	Note 02	727,714,358,	599,144,355
Staff Cost	Note 03	1,273,117,920	1,151,106,449
Depreciation	Note 04	156,602,038	146,724,170
Other Operating Expenses	Note 05	326,724,348	308,146,701
		<u>2,484,158,664</u>	<u>2,205,121,675</u>
Profit/(Loss) from Operation		728,623,012	99,016,985
Finance Cost	Note 06	4,990,,921	3,827,288
Other Expenses & Outgoings	Note 07	-	-
Profit/(Loss) before Taxation		<u>723,632,091</u>	<u>95,189,697</u>
Income tax (Economic service charges & on interest )		3,018,837	2,903,336
Profit/(Loss) After Taxation		<u>720,613,254</u>	<u>92,286,361</u>
Profit & Loss Account brought forward	Note 08	(739,493,678)	(827,279,625)
Profit & Loss Account carried forward		<u>(18,880,424)</u>	<u>(734,993,264)</u>

## 4.3 Cash Flow Statement

For the year Ended 31st December

	2014 (Rs.)	2013 (Rs.)
<b><u>Cash Generated From Operations</u></b>		
Profit/(Loss) for the year	720,613,254	92,286,362
Adjustment in respect of previous year	(4,500,415)	138,381,064
Capital Grant Amortization	(156,602,038)	(178,228,398)
Depreciation	156,602,038	178,228,398
Provision for Gratuity	42,353,652	31,737,572
Provision for Expiry Items	(152,169)	1,271,055
Provision for Bad debts		-
Investment Income (Interest)	(5,470,713)	(5,514,452)
Operating Profit/(Loss) before Working Capital Changes	752,843,609	258,161,601
<b><u>Adjustment for Working Capital Changes</u></b>		
(Increase) / Decrease in Stocks	(12,256,212)	(28,236,097)
(Increase) / Decrease in Debtors	(88,284,447)	(74,187,895)
Increase / (Decrease) in Creditors & Payables	(52,327,887)	(189,856,199)
Cash Generated From Operating Activities	599,975,063	(34,118,590)
Gratuity Paid	(23,116,124)	(10,117,927)
Net Cash Generating From Operating Activities	576,858,939	(44,236,517)
<b><u>Cash Flows From Investing Activities</u></b>		
Capital Grant (received)	190,225,273	282,751,480
Purchase of Property, Plant & Equipment	(182,219,883)	(216,921,976)
Net Cash Flows From Investing Activities	8,005,390	65,829,504
<b><u>Cash Flows From Financing Activities</u></b>		
Interest Income	5,470,713	5,514,452
<b>Net Cash Flows From Financing Activities</b>	5,470,713	5,514,452
<b><u>Net Increase in Cash &amp; Cash Equivalents</u></b>		
Cash & Cash Equivalents during the year	590,335,042	27,107,439
Cash & Cash Equivalents at the beginning of the year	39,487,027	12,379,588
	629,822,069	39,487,027
<b><u>Analysis of Cash and Cash Equivalents</u></b>		
Cash in Hand & Bank	629,822,216,	39,487,171
Bank Overdraft	(147)	(147)
	629,822,069	39,487,024

## 4.4 Notes to the Accounts- 2014

	Freehold Land (26 acres) Rs.	Buildings Donated by Japan Rs.	Other Buildings Rs.	Other do-nations by Japan Rs.	Furniture & Fittings Rs.	Electrical Equipment Rs.	Refrigerator & Photo-copies machines Rs.	Medical Equipment & Implements Rs.	Automobiles Rs.	Computer Software & Net work Rs.	Renovation of Kitchen Rs.	Total 2014 Rs.	Total 2013 Rs.
<b>Cost/Revaluation</b>													
As at 1st January	15,015,732	453,028,634	406,253,956	416,490,078	23,960,695	139,407,083	25,451,715	1,539,054,151	47,739,282	994,629	28,760,185	3,096,156,140	2,859,051,812
Additions			15,454,595		5,440,272	6,929,957	1,041,083	159,533,159	900,000	27,854,804		217,153,870	237,104,328
Transfers/Disposals						920,400						920,400	
As at 31st December	15,015,732	453,028,634	421,708,551	416,490,078	29,400,967	139,407,083	26,492,798	1,698,587,310	48,639,282	28,849,433	28,760,185	3,312,389,610	3,096,156,140
<b>Depreciation</b>													
As at 1st January		262,756,611	130,605,235	416,490,077	16,771,193	43,414,886	16,318,524	1,236,988,532	29,521,755	696,500	6,301,785	2,159,865,108	1,981,636,710
Charge for the year		9,060,573	17,837,015		2,829,825	11,317,709	1,308,624	107,843,888	4,695,255	271,129	1,438,019	156,602,037	178,228,398
Change on Disposals						92,040						92,040	
As at 31st December	-	271,817,184	148,442,250	416,490,077	19,601,018	54,640,555	17,627,158	1,344,832,420	34,217,010	967,629	7,739,804	2,316,375,105	2,159,865,108
<b>Net book value</b>													
As at 1st January	15,015,732	190,272,023	275,648,721	1	7,189,502	95,992,197	9,133,181	302,065,619	18,217,527	298,129	22,458,400	936,291,032	877,415,102
As at 31st December	15,015,732	181,211,450	273,266,301	1	9,799,944	90,776,085	8,865,640	353,754,890	14,422,272	27,881,804	21,020,381	996,014,505	936,291,032

**Note 01: Fixed Assets (Property, Plant and Equipment, Furniture etc.)**

		2014 (Rs.)	2013 (Rs.)
<b>Notes to the accounts</b>			
<b><u>Short Term Investments</u></b>			
Short Term Investments - Call Deposits			
Bank of Ceylon - call deposit a/c		10,000,000	10,000,000
National Savings Bank (Staff Security Deposits)		45,000	45,000
		<u>10,045,000</u>	<u>10,045,000</u>
<b><u>Inventories</u></b>			
General stores		14,852,364	11,156,281
Drugs stores		25,598,136	30,258,933
Surgical consumables stores		58,976,356,	61,062,017
Dressings stores		11,515,398	9,424,938
Electro Mechanical Engineering (EME) stores		9,391,431	7,603,291
Radiology Department stores		4,577,255,	1,934,599
Path lab & Blood Bank stores		9,993,923	6,999,950
General items in sub stores		13,423,387	9,535,263
Drugs & Surgical consumables in sub stores		43,758,947	41,855,713
		<u>192,087,198</u>	<u>179,830,985</u>
Less: Provision for expiry items		<u>1,118,887</u>	<u>1,271,055</u>
		190,968,311	178,559,930
<b><u>Receivables, Deposits and Pre-Payments</u></b>			
Miscellaneous deposits	Schedule 01	6,798,396	8,266,922
Pre Payments		732,891	766,975
Advance Payment for Local Purchases		50,653	70,428
Income Receivable	Schedule 02	6,516,171	6,252,099
Staff Distress Loans	Schedule 03	140,709,446	108,471,068
Staff School Book advance		5,130	-
Special Loan - Cricket Team		335,000	90,000
Staff - Salary Advance	Schedule 04	98,000	62,950
Staff - Festival Advance	Schedule 05	1,095,000	1,145,000
Dialysis assistance fund a/c		588,000	1,221,200
Sundry debtors	Schedule 06	7,469,718	21,354,762
Hospital Charges Receivable	Schedule 07	210,247,632	139,659,185
Ministry Of Health - Sewerage charges of NTS		5,907,011	5,907,011
Death Donation Recoverable		1,000,000	-
Clinical society		44,463	44,463
		<u>381,597,509</u>	<u>293,312,063</u>
Less - Provision for bad debts			-
		<u>381,597,509</u>	<u>293,312,063</u>



		2014 (Rs.)	2013 (Rs.)
<b><u>Cash and Cash Equivalents</u></b>			
Bank of Ceylon Current a/c - No 01		551,686,964	10,971,671
Bank of Ceylon Current a/c - No 02		49,950,146,	5,656,454
Hatton National Bank - 20th Anniversary a/c		20	20
Hatton National Bank current account		761,163	251,314
H N B Call Deposit a/c		19,018,000	17,028,000
Bank of Ceylon - Dialysis Fund current account		7,126,378	4,626,378
Cash in hand & Imp rest accounts		1,181,625	856,324
Petty cash imp rest for stamp duty		97,010	97,010
HNB-dialysis fund current a/c		(147)	(147)
		629,821,159	39,487,024
<b><u>Current Liabilities</u></b>			
Creditors and Accrued Expenses		446,670,984	506,338,066
Other Liabilities		43,888,762	36,549,568
Provision for Gratuity		365,538,147	346,300,527
		856,097,893	889,188,161
<b><u>Statement of Changes of Equity</u></b>			
<b>Capital Grants</b>			
Grant from Japanese Government to Sri Lanka Government for the Project		928,851,297	928,851,297
Grant received under Japanese International Co-operation		50,124,930	50,124,930
Deferred Income (Capital Grant from SL Government )	Note C	354,474,997	319,694,762
Capital Reserves		2,280,000	2,280,000
Donation to purchase a Haemodialysis machine		799,233	799,233
Cars & Equipment donated by Kajima Corporation of Japan		260,000	260,000
Grant from Olympus Corporation of Japan		79,700	79,700
Central Bank Grant for Cardio-thoracic unit		30,000,000	30,000,000
Grant from President Fund		6,710,000	6,710,000
Other Donations - Funds and Equipment		7,869,480	9,026,480
		1,381,449,637	1,347,826,402

		2014 (Rs.)	2013 (Rs.)
<b><u>Note C: Deferred Income (Capital Grant from SL Government)</u></b>			
Balance as at 1st January		319,694,762	215,553,160
Add : Capital Grant Received During the Year		190,225,273	282,370,000
Less : Capital Grant Amortization		155,445,038	178,228,398
Balance as at 31st December		354,474,997	319,694,762
<b><u>Creditors and Accrued Expenses</u></b>			
Accrued Expenses	Schedule 11	84,617,733	86,174,969
Auditor General's Department		3,103,571	2,453,571
Trade Creditors	Schedule 12	91,582,131	165,444,686
<b>N W S &amp; D B</b>		437,799	17,345,734
M S D		266,929,750	234,919,107
		446,670,984	506,338,067
<b><u>Note 01</u></b>			
Revenue from Hospital care		1,316,437,279	1,120,511,359
Government Grant - Recurrent		1,700,000,000	999,600,000
Other Income (Note A)		34,271,646	31,788,679
		3,050,708,925	2,151,900,038

	2014(Rs.)	2013(Rs.)
<b>Note A : Other Income</b>		
Ambulance charges	1,989,718	1,312,265
By-standards/Visitors	2,851,170	3,748,581
Revenue from staff meals	891,998	786,616
Revenue from staff rent and electricity	2,241,007	2,524,693,
Hospital shop - Rent	2,325,000	1,950,000,
Hospital Shop - Electricity	742,743	736,838,
Hospital Bank - Rent	240,000	240,000
Hospital Bank - Electricity	403,883	408,814
Sanasa Rent	12,000	12,000
Bank of Ceylon - Electricity	238,389	254,352
Miscellaneous Income	7,133,323	5,804,596
Bonds settled by Staff members	928,721	546,154
Sales Commission	153,178	333,468
Channeling Fees	860,050	1,728,302
Security Service Electricity	21,924	36,270
Milk Bar Electricity	145,538	139,379
Milk Bar Rent	60,000	60,000
Rent - OSUSALA	1,020,000	1,020,000
OSU SALA - Electricity	73,457	65,368
People's Bank Electricity	67,375	62,415
Service Charges 0.1%	345,797	301,247
Revenue from Car Park	11,372,351	9,663,425
Fruit Juice Bar - Electricity	61,884	53,897
Profit on Sale of fixed assets	86,640	-
Post office — Rent	5,500	
	34,271,646	31,788,680

	2014 (Rs.)	2013 (Rs.)
<b>Note 02: Purchase of materials</b>		
Drugs	231,158,485	194,911,472
Surgical Items	190,709,577	157,017,574
Dressings	32,181,198	25,822,334
Medical Oxygen	17,867,705	19,597,825
Lab Chemicals & Consumables	103,839,323	91,816,589
X-ray films & Chemicals	17,361,799,	18,388,271
General Supplies	58,189,618	42,043,713
Electro Medical Engineering ( consumables)	14,827,808	5,383,744
	666,135,513	554,981,522
Add: Stocks brought forward	179,830,985	154,431,047
Less: Stocks carried forward	192,087,198	179,830,986
	653,879,300	529,581,583
Add: Condemned & expired stocks (Provision)*	(152,169)	1,271,055
Add: Material cost for meals (for patients and staff)	73,987,227	68,291,717
	727,714,358	599,144,355
<i>*Adjustment for over provision is in brackets</i>		
<b>Note 03: Salaries &amp; Wages</b>		
Salaries & Allowances	859,427,876	784,396,437
EPF & ETF	104,779,024	97,110,367
Overtime, Piece Rate & Extra Duty Payment	197,881,916	181,572,771
Uniform allowance	11,421,335	10,755,413
Encashment of leave	5,000,000	5,000,000,
Pension Contribution	3,114,073	5,114,663
Traveling	553,711	763,428
	1,182,177,936	1,084,713,079
Add: Other staff related expenses		
Cost of free medical treatment	22,572,505	11,014,495
SPC -free medical treatmentTo staff	24,902,317	23,090,878
Staff Welfare	905,000	41,100
Human resources development expenses	206,510	509,325
Provision for gratuity	42,353,652	31,737,572
	1,273,117,920	1,151,106,449
<b>Note 04 (Depreciation &amp; amortization)</b>		
Provision for the depreciation for the year	156,602,038	146,724,170
	156,602,038	146,724,170

	2014 (Rs.)	2013 (Rs.)
<b>Note 05: Other operating expenses</b>		
(a) Fuel		
Stand by generators	1,936,200	1,288,406
Incinerator	-	-
Boilers	13,800,304	13,781,818
Motor Vehicles	2,003,643	2,550,856
	<u>17,740,147</u>	<u>17,621,080</u>
(b) Utility services		
Electricity Charges	138,963,381	131,384,250
Water Charges	26,339,441,	28,572,602
Telephone Charges (Communication)	2,751,456	2,250,850
	<u>168,054,277</u>	<u>162,207,702</u>
(c) Repairs & maintenance		
Service Agreements signed with suppliers	25,699,187,	19,313,892
Repairs to motor vehicles	2,613,473	2,370,660
Repairs to medical equipment/Other equipment (breakdown)	15,788,874	15,019,183
Repairs to steel furniture	226,183	484,300
Repairs to Buildings	613,588	9,196,214
	<u>44,941,305</u>	<u>46,384,249</u>
(d) Other services		
Janitorial and cleaning services	34,590,601,	30,629,587
Garbage disposal service	3,263,208	2,109,452
Removal of unclaimed dead bodies	518,400	445,100
Maintenance of sewerage line	10,946,502	12,409,520
Laundry service	7,045,200	6,851,900
Security Service	11,224,606	12,212,929
License and Insurance	757,486	524,823
Legal Charges	1,109,507	1,906,881
Audit fees	650,000	675,000
Disciplinary procedure expenses	302,179	545,168
Postage & Stamps	887,565	691,614
Refreshment	29,575	22,200
Allowances for Board Members/Tender Board Members	714,500	457,750
Hospital charges exempted - In Patients( clergy /other)	14,554,414	6,250,798
Press advertisements	3,435,666	2,192,105
Books & Periodicals	1,274,841	1,192,496
Sports club	122,050	
Miscellaneous expenses	3,685,600	1,939,627
Rates & Taxes	876,720	876,720
	<u>95,988,619</u>	<u>81,933,670</u>
	<u>326,724,348</u>	<u>308,146,701</u>



		2014 (Rs.)	2013 (Rs.)
<b>Note 06: Finance cost</b>			
Bank charges		27,040	183,021
Credit card commission		4,963,881	3,644,267
		4,990,921	3,827,288
<b>Note 07: Other expenditure &amp; outgoings</b>			
Bad debts written off		-	-
Provision for bad doubtful debts		-	-
Sale of fixed Assets (Loss)		-	-
Prepayments Written Off		-	-
Distress Loan Written Off		-	-
<b>Note:08 Hospital Fund Un –Appropriated Balance</b>			
Profit /(Loss) as per income Statement		720,613,254	92,286,362
Profit & (Loss) a/c 1st January		(734,993,263)	(965,660,689)
Adjusted in respect of previous years		(4,500,415)	137,381,064
Profit & Loss a/c 31st December		(739,493,678)	(827,279,625)
Profit & Loss A/C at the end of the year		(18,880,424)	(734,993,263)
<b>OTHER LIABILITIES</b>			
Performance bond deposit	Schedule 08	905,562	1,125,562
Sundry creditors	Schedule 09	5,800,139	5,569,464
Professional charges	Schedule 10	24,504,947	20,579,458
Hospital charges Payable		5,372,756	4,255,382
Special Projects Fund		25,750	25,750
Cheques to be cancelled		(173,948)	(413,083)
Special Theater allowance		100	100,
Welfare Society		-	-
Sports Club		-	-
Special Study		15,000	15,000
Dialysis assistance fund a/c	Schedule 13	7,129,748	4,628,728
Construction of temple		1,800	1,800
Library Membership		246,907	241,407
Death Donation Over Deducted		-	100,000
Tender Deposit		60,000	420,000
		43,888,762	36,549,568

# 4.5 Significant Accounting Policies - 2014

## **1. General**

### **1.1 Basis of Preparation**

1. The Balance Sheet, Income Statement, Statement of Changes in Equity and Accounting Policies and Notes of the Board are prepared in accordance with the Sri Lanka Accounting Standards.
2. The Financial Statements of the Board are prepared under the historical cost convention.
3. The Financial Statements of the Board are prepared in Sri Lankan Rupees (Rs.).

### **1.2 Government Grants**

Board received following Government grants namely;

Capital Grant - from the General Treasury

Recurrent Grant - from the General Treasury

1. In the absence of a Sri Lanka Accounting Standard for presentation of Government Capital Grant received by a statutory Board, the SLAS 24 Para 26 is adopted by the Board.  
Accordingly Capital Grant is credited to a deferred income account and amortized at the rates which are equal to rates of depreciation. Amortization rate is approximately equal to the weighted average depreciation rate calculated to the investment made in assets.
2. Recurrent Grant from the Treasury has been recognized as income of the period and credited to the Income Statement for the year.

### **1.3 Taxation**

The provision for income tax is based on the element of Income and Expenditure as reported in the Financial Statements and computed in accordance with the provision of the Inland Revenue Act No. 10 of 2006. However in view of tax losses brought forward no provision has been made in the Accounts. Income Tax on interest income had not been provided in the Accounts as such income tax can be set off against ESC.

### **1.4 Comparative Information**

The Accounting policies have been consistently applied by the Board and are consistent with those of the previous year.

All adjustments was made according to SLAS 10.

All exempted Hospital bills have been recognized as Hospital Income and shown as an expenditure in the Income Statement.

**Assets and Bases of Their Valuation****2.1 Property, Plant and Equipment, Depreciation and Re-valuation**

1. Property, Plant and Equipment are stated at cost or valuation less accumulated depreciation.

The cost of property, plant and equipment is the cost of purchase or construction together with any incidental expenses incurred in bringing the assets to its working condition for its intended use.

Expenditure incurred for the purpose of acquiring, extending or improving assets of a permanent nature by means of which to carry on the services provided or to increase the capacity of the services provided has been treated as capital expenditure.

2. Depreciation is provided on the assets other than on freehold land using straight line method at the rates as stated below;

**Japanese Government Donation**

Building	02%
Electrical work	10%
Sewerage & Plumbing	10%
Air conditioning	15%
Lifts	10%
Furniture & Fillings	13%
Medical Equipment	20%

**Other Assets**

Buildings	05%
Furniture & fittings, gas cookers and other equipment	20%
Electrical equip, sewing mach.,cylinders	10%
Medical equip., & implement	25%
Refrigerator & photocopy mach.	15%
Automobile	20%
Software (Locally Developed)	100%
Other Software	25%

3. No depreciation is provided in the year of purchase or acquisition, full depreciation is provided in the year of disposal.
4. For the purpose of presentation of cash now statement cash and cash equivalents consist of cash in hand and outstanding bank overdraft. Cash flow statement reported herein is based on the indirect method.

**3. Liabilities and Provisions****3.1 Capital Commitments & Contingencies**

All material capital expenditure commitments and contingent liabilities as at the date of Balance Sheet have been disclosed in the notes to the accounts.

### 3.2 Cost of Retirement Benefits

Provision for gratuity is made only for employees with a service of over 5 years at their retirement.

A provision of Rs. 42,353,652.00 was made in calculating the liability as at 31<sup>st</sup> December, 2014.

### 3.3 Provision for expiry items of drugs & surgical requisites and Provision for bad debts

(a) The actual cost of drugs expired during the year is recognized as a provision for expiry items and the difference is adjusted in the Income & Expenditure Statement.

### 3.4 Valuation of Inventories

Inventories have been valued at the Average cost which is lower than the net realizable value assuming that the latter is equal to the Market Price.

### 3.5 Long Term Outstandings

The amount due to the Medical Supplies Division as at 31.12.2014 was confirmed by the MSD as Rs. 266,929,750.

## **4. Income and Expenditure Account**

### 4.1 Revenue

1. The revenue of the Board represent the income from the Hospital charges, Government Recurrent Grant, Interest Income from call deposits and loans to employees, and other miscellaneous income.
2. All income has been recognized on an accrual basis.
3. The total revenue from Hospital care includes cost of free medical treatments provided to Hospital Staff members during the year.

### 4.2 Expenditure

1. All expenditure incurred in providing patient care services, and in maintaining the capital assets in a state of efficiency has been charged to revenue on an accrual basis in arriving at the surplus or deficit for the year.
2. For the purpose of presentation of the income statement, the Board is of the view that the nature of expenses method fairly present the element of the Board's performance: hence such a presentation method is adopted.
3. Professional fees of Rs. 230 million collected by the Hospital Board during the year had not been recognized in the accounts as the same are not earned or derived by the Board. These professional fees belong to some identified employees of the Board for providing professional services on private clients during their off duty hours and on holidays.

## **5. The following legal cases are filed against Hospital Board as at 31.12.2014**

1. 258/2009 –Dr. D. H. Samarakoon - Promotion case -Grant Compensation
2. 444/2009 –Dr. Anula Wijesundere - 2.5 million ...
3. Mr. Ekanayake - Labourer Tribunal- 2 million
4. Mr. Lasantha - Labourer Tribunal- 2 million
5. Mr. Ratnasinghe - Labourer Tribunal - 2 million
6. Internal Auditor - 3.5 million
- 7.51/68/05 - Prof. R. L. Satharasinghe - 60million with cost

# 5. Audit Reports





# 5.1 Auditor General's Report



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கணக்காய்வாளர் தலைமை அபிபதி திணைக்களம்  
**AUDITOR GENERAL'S DEPARTMENT**



මගේ අංකය  
எனது இல. } HM/B/SJGH/1/14/36

ඔබේ අංකය  
உமது இல. } Your No.

දිනය  
திகதி } Date

29 September 2015

The Chairman,  
Sri Jayewardenepura General Hospital Board

**Report of the Auditor General on the Financial Statements of the Sri Jayewardenepura General Hospital Board for the year ended 31 December 2014 in terms of Section 14(2) (c) of the Finance Act. No. 38 of 1971.**

The audit of financial statements of the Sri Jayewardenepura General Hospital Board for the year ended 31 December 2014 comprising the statement of financial position as at 31 December 2014 and the statement of financial performance, statement of changes in equity and cash flow statement for the year then ended, and a summary of significant accounting policies and other explanatory information, was carried out under my direction in pursuance of provisions in Article 154(1) of the Constitution of the Democratic Socialist Republic of Sri Lanka read in conjunction with Section 13(1) of the Finance Act, No. 38 of 1971 and Sub-section (3) of Section 12 of the Sri Jayewardenepura General Hospital Board Act, No. 54 of 1983. My comments and observations which I consider should be published with the Annual Report of the Board in terms of Section 14(2)(c) of the Finance Act appear in this report. A detailed Report in terms of Section 13(7)(a) of the Finance Act, was furnished to the Chairman of the Board on 08 July 2015.

## 1.2 Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Sri Lanka Public Sector Accounting Standards and for such internal control as the management determines is necessary to enable the preparation of financial statements that are free from material misstatements whether due to fraud or error.



### 1.3 Auditor's Responsibility

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My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with Sri Lanka Auditing Standards consistent with International Standards of Supreme Audit Institutions (ISSAI 1000- 1810). Those Standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatements.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatements of financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Board's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Board's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the management, as well as evaluating the overall presentation of financial statements. Sub-sections (3) and (4) of Section 13 of the Finance Act, No. 38 of 1971 give discretionary powers to the Auditor General to determine the scope and the extent of the audit.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

### 1.4 Basis for Qualified Opinion

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My opinion is qualified based on the matters described in paragraph 2.2 of this report.





## 2. Financial Statements

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### 2.1 Qualified Opinion

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In my opinion, except for the effects of the matters described in paragraph 2.2 of this report, the financial statements give a true and fair view of the financial position of the Sri Jayewardenepura General Hospital Board as at 31 December 2014 and its financial performance and cash flows for the year then ended in accordance with Sri Lanka Public Sector Accounting Standards.

### 2.2 Comments on Financial Statements

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#### 2.2.1 Accounting Deficiencies

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The following observations are made.

- (a) Twenty four units relating to 08 categories of equipment valued at Rs.12,205,000 received as donations in the year under review had not been brought to account.
- (b) Action had not been taken to identify the totally depreciated assets which were further being used and to show their fair value.
- (c) Medical equipment valued at Rs.7,211,022 obtained on credit basis in the year under review had not been accounted relating to the said year.
- (d) Instead of capitalizing a Medical equipment valued at Rs.430,000 purchased during the year under review, it had been brought to account under revenue expenditure.



- (e) As a result of erroneous computation, provisions for gratuity had not been correctly calculated and the gratuity expenditure for the year had been overstated by Rs.2,939,786.
- (f) The gratuity payments relating to preceding years amounting to Rs.1,216,291 resulting from errors of computations had been brought to account as expenditure of the year under review instead of being adjusted in the accounts with retrospective effect.
- (g) Without being credited a sum of Rs.1,121,600 received by the Hospital from the Dialysis Fund to the Revenue Control Account of the Hospital, it had been credited to the profit and loss balance of the preceding year and as such the balance of the loss of the preceding year had been understated by that amount.
- (h) Hospital charges receivable as at 31 December of the year under review had been understated by Rs.14,130,657.
- (i) Out of the money deposited with the Labour Tribunal for the payment of compensations in respect of a court case filed against the Hospital, a sum of Rs.2,458,814 had been paid to the relevant party. Instead of being shown as employees' compensation of the year under review, that money had been further shown as deposits and as such the surplus of the year had been overstated by Rs.2,458,814 and the balance of the deposits as at the end of the year had also been overstated by the similar amount.
- (j) Although the actual obsolete stock value amounted to Rs.5,236,987 as at 31 December of the year under review, it had been shown as Rs.1,118,887 in the financial statements. Therefore, the year-end stock balance and the surplus of the year had also been overstated by Rs.4,118,100.



- (k) As the hospital charges had not been identified and accounted under each revenue head and it was not checked whether all the bills were accounted, there had been a difference of Rs.14,745,152 between the income received in cash and the classification of the income. Without being taken this difference in to account, it had been divided over 8 revenue heads proportionately.

### 2.2.2 Lack of Evidence for Audit

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Evidence had not been made available for audit for the establishment of trade creditors of Rs.10,446,000 older than 10 years out of the trade creditors amounting to Rs.91,582,131 shown in the financial statements.

### 2.2.3 Unreconciled Control Accounts

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The following observations are made.

- (a) Even though the income of three sections of the Hospital amounted to Rs.22,473,345 according to the financial statements, it was Rs.24,535,204 according to the registers and the monthly returns maintained by such sections and as such the difference amounting to Rs.2,061,859 was observed.
- (b) Although the balance relating to 07 trade creditors according to the financial statements amounted to Rs.11,158,712, the said balance according to the confirmation of balances amounted to Rs.27,854,420. Accordingly, a difference of Rs.16, 695,708 could be observed.





### 2.3 Accounts Receivable and Payable

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The following observations are made

- (a) Out of the creditors shown in the financial statement, a sum totaling Rs. 6,668,561 had been older than 5 years and action had not been taken to recover a sum totalling Rs.114,503,429 even by the end of the year under review although a period of one year had exceeded.
- (b) A sum aggregating to Rs.52,383,802 in the creditors and accrued expenses relating to periods ranging from two years to five years and a balance of Rs.172,360,727 relating to periods exceeding five years had not been settled even by the end of the year under review.

### 2.4 Non-compliance with Laws, Rules, Regulations and Management Decisions

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The following non-compliances were observed.

Reference to Laws, Rules, Regulations etc.	Non-compliance
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(a) Treasury Circular No.842 dated 19 December 1978	Hospital had not prepared a Register of Fixed Assets in compliance with the circular.
(b) Public Finance Circular No.449 dated 21 February 2011.	In order to obtain emergency services required by the Government, service of an outside person could be secured on short term basis not exceeding 45 days subject to maximum of Rs.30,000 and in any case contrary to that, the prior approval of the Department of Public Finance should be obtained. Nevertheless, two officers had been recruited for the post of Financial Controller of the hospital for periods of 06 months and 03 months on two occasions on monthly allowances of Rs.120, 000, but approval from the General Treasury had not been obtained for that purpose.



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(c) Public Finance Circular  
 No.PED/12 dated 02 June 2003.

(i) Section 7:4:5

An annual board of survey on the fixed assets had not been conducted from the inception of the Hospital up to the year under review.

(ii) Section 8:3:8

Without obtaining prior approval of the Cabinet Minister, a sum of Rs.200,000 had been donated to the Nursing School of the Hospital functioning under the Ministry.

### 3. Financial Review

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#### 3.1 Financial Results

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According to the financial statements presented, the operations of Sri Jayewardenepura General Hospital Board for the year ended 31 December of the year under review had resulted in a surplus of Rs.720,613,254 as compared with the surplus of Rs.92,286,361 for the preceding year, thus indicating an improvement of Rs.628,326,893 in the financial results. The increase of the income of the Hospital by a sum of Rs.195,925,920 and the increase of the Government grants for recurrent expenditure by Rs.700,400,000 had been the major factors for the said improvement.

#### 3.2 Legal Actions instituted against and by the Board

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Seven internal persons of the Board and external persons had filed 07 cases in Courts against the Board for retiring prior to reaching the age of retirement, non-receipt of promotion, obtaining a higher grade in the appointment, weaknesses in the patient care services, etc. and the Board had filed a case in a Court against a person for the recovery of hospital charges amounting to Rs.179,000 which had not been settled by that person.



4. Operating Review

4.1 Performance

(a) The performance of the Board for the year under review as compared with the preceding year indicated a decrease. Details appear below.

Performance Indicators	2014	2013	Decrease	Percentage
(i) Number of Patients admitted to Emergency Treatment Unit	35,060	38,323	3,263	9
(ii) Number of Peritoneal Dialysis	07	25	18	72
<u>Number of tests of the Endoscopy Unit</u>				
(iii) Bronchoscopy	17	26	09	34.6
(iv) ERCPS	04	08	04	50
(v) Others	04	36	32	88.89
(vi) CCT tests (Eye unit)	39	76	37	48.68
(vii) Medical Check-up- FEB	2,719	3,733	1,014	27.16
(viii) Medical Check-up- Executive	372	637	265	41.6

Radiotherapy Services

(ix) IVP tests	01	05	04	80
(x) CT Guide Biopsy tests	16	50	34	68
(xi) As the details on the surgeries performed in the theatre in January and April 2014 had not been submitted to the Medical Records Division, performance on the surgeries could not be evaluated.				





- (b) It was observed that bed utilization of 08 wards out of the 22 wards in operation in the Hospital had been at a low level of less than 50 per cent.
- (c) The number of eye surgeries performed at the normal wards was 1,162 and the number of eye surgeries performed at the paying wards was 1,796 in the year 2014. Accordingly, the difference was 634 and it was an increase of 54.5 per cent as compared with the surgeries carried out at the normal wards. Accordingly, it was observed that there was a higher tendency for referring patients to the paying wards in carrying out eye surgeries.

#### 4.2 Management Inefficiencies

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The following observations are made

- (a) The contract for carrying out sanitary services of the Hospital for the year 2014 had been awarded to a private institution on a monthly charge of Rs.2,568,115. In the year 2012, the Ministry of Health had reported that the said institution was not a qualified institution to provide the relevant service and the Public Health Inspector and the officers in charge of the wards had continuously pointed out that cleanliness of the most sections was unsatisfactory. Nevertheless, instead of taking an appropriate step, the relevant contract for the years 2012, 2013 and 2014 had been awarded to that institution.
- (b) The Financial Controller recruited on contract basis for a period of one year had been paid his allowance of Rs.120,000 for the month of April 2014 on 09 April and the officer concerned had not reported for the service from 10 April. A sum totalling Rs.204,840 comprising a one month salary of Rs.120,000 recoverable from the officer for his termination of service without one month notification in terms of his letter of appointment and Rs.84,840 excessively paid for the month of April had to be recovered by the Hospital. Nevertheless, it had not been so done.



- (c) A new Financial Controller had been appointed to the Hospital for a period of 03 months on duty assigning basis on a monthly allowance of Rs.120,000. According to the relevant duty assignment, the officer should perform fulltime supervision and monitoring duties, whereas it was observed that the officer was not engaging in fulltime duty. Further, the Board of Directors had extended this officer's duty assignment on two occasions without evaluating the performance of him.
- (d) The contract for the supply of security services to the hospital had been awarded to a supplier even though the information he provided relating to the number of employees and payment of salaries was not tallied , and the particulars in connection with the payment of EPF and ETF had been erroneous. Later , supply of their services had been terminated after 15 days owing to lack of required personnel, and the contract had again been awarded to the same supplier who provided services earlier.
- (e) Pursuant to a memorandum of understanding between the Ministry of Youth Affairs and the Hospital, the University colleges of Health studies had been established for a period of 3 years. However, actions required for establishing the Institute as a separate entity in a legal manner in order to maintain it continually after the 03 year duration , had not been taken.
- (f) In spite of the decision taken at the Board of Director's meeting held on 23 January 2014 that 25 per cent of the course fees of the students following courses at the Institute be remitted to the Hospital by signing a lease agreement between the Hospital and the Institute, action had not been taken accordingly.
- (g) A private company had repaired the fuel leakage of the sump of a generator in the year 2012 at an expense of Rs. 335,066. Irrespective of the warranty period of 3 years given by the said company, the same fault had recurred within the warranty period. However, action had not been taken to get the fault repaired by the same company.





- (h) Cash given as funeral aids to the hospital employees should be paid from the hospital funds. By the end of the month, the total amount paid should be recovered in equal parts from all the employees registered to the funeral welfare fund. Nevertheless, action had not been taken to recover the total amount paid during the previous 6 months from the employees by the end of the month.
- (i) Patients are charged for the surgeries carried out at the paying wards by the surgeons, and the surgeons were paid their professional fees with the money so collected. However, doctors had been paid without properly identifying those receipts. During the year under review, payments amounting to Rs. 61,540,958 had been paid in excess of the income though, reasons for doing so had not been revealed. As frauds had taken place even earlier due to this scheme of payment, it was observed that the necessity to introduce strong techniques of control still exists.

#### 4.3 Under-utilization of Funds

The following observations are made.

- (a) Although approval had been granted by the Department of Public Enterprises for provisions amounting to Rs. 300 million as capital expenditure for the year under review, action had not been taken to commence the activities for which approval had been granted, such as purchasing 02 generators with an estimated value of Rs. 50 million, and improvement of central air conditioning system valued at Rs. 50 million.
- (b) The Treasury had granted a sum of Rs. 1,700,000,000 as recurrent provision during the year under review, and of that, a sum of Rs. 551,686,944 representing 32.5 per cent had remained idle in the bank current account without being utilized as at 31 December. Despite that surplus money, a sum of Rs. 374,086,000 had been obtained from the Treasury for recurrent expenses of the first 4 months of the year 2015.



(c) Although a sum of Rs. 190,225,273 had been granted for purchasing capital assets during the year under review, fixed assets valued at Rs. 141,899,117 had been purchased according to the ledger accounts, thus a sum of Rs. 48,326,156 had remained unutilized. Despite the existence of such funds, the Hospital had purchased fixed assets valued at Rs. 29,009,588 by utilizing the recurrent grant as well.

#### 4.4 Idle and Under-utilized Assets

Stocks valued at Rs. 10,790,145 had remained idle at 07 of the main stores of the Hospital as at 31 December of the year under review. Of that, stocks worth Rs. 7,028,371 had remained idle since the year 2012.

#### 4.5 identified Losses

The value of obsolete stocks at the main warehouses and sub warehouses amounted to Rs. 5,403,347 as at 31 December of the year under review. Out of the stock valued at Rs. 5,180,000 purchased for the neuro surgical unit in the month of February, 2012, a stock of Rs. 4,118,000 had become obsolete. This loss had incurred due to purchases made in large quantities without preparing estimates accurately for the annual consumption.

#### 4.6 Delayed Projects

Installation of a software for the Hospital had been assigned to a private institution at a value of Rs. 24,953,859 on 19 July 2010. The works of the contract had been commenced by a sub-contractor on 25 November 2010 and should have been completed within a period of 26 weeks. However, the contract had not been completed even as at 30 November 2014, and the physical performance was 65 per cent ,whereas the financial performance was 30 per cent. Accordingly, the relevant institution had been paid only a sum of Rs. 6,684,069 for the contract.







Due to the delay of more than 3 ½ years, the initial contract had been cancelled , and the Board of Directors had decided that the rest, or 35 per cent of the contract be awarded to the sub-contractor of the initial contract at a value of Rs. 8,250,000.

The following observations are made in this connection.

- (a) As for the new contract, a sum of Rs. 4,140,000 or 50 per cent of the contract value had been paid as an advance without obtaining a performance bond , and an advance bond.
- (b) According to the agreement, the contract should have been completed by 04 June 2015. However, the contract had not been completed as per the agreement, and the contract agreement had not mentioned the manner as to how the contractor should be fined for the delay.
- (c) The Dean of the University of Moratuwa, officiating as the consultant of the contract, should have presented information relating to the performance of the project in a timely manner. However, it had not been so done.

#### 4.7 Staff Administration

The number of approved cadre with regard to 29 posts was 1,838 as at 31 December 2014, whereas the number of actual cadre was 1,465, thus indicating a deficiency of 413 employees and a surplus of 40 employees. Additionally, 43 persons had been recruited as casual laborers.

#### 5. Accountability and Good Governance

##### 5.1 Corporate Plan

In accordance with the Section 5.1.3 of the Circular No. PED/12 dated 02 June 2003, the Corporate plan should be forwarded to the line Ministry, Department of Public Enterprises of the Treasury and the Auditor General prior to 15 days of the commencement of the financial year. Nevertheless, the corporate plan of the Hospital for the duration 2014-2018 had been presented to the Auditor General on 10 December 2014. It was observed that the action plan had not been prepared in compliance with the corporate plan. Furthermore, it was also seen that the objectives stated in the corporate plan had been confined to mere proposals instead of being materialized.



## 5.2 Action Plan

The following observations are made.

- (a) According to the action plan presented for the year under review, 03 activities to be completed by the year 2014, and 03 activities commenced in the year 2014 and be completed up to 50 per cent, had not been commenced even by the date of audit - 31 March 2015.
- (b) The renovation of the vehicle park should have been completed by the year 2014 according to the action plan. The renovation had not been completed even as at the date of audit - 31 March 2015.

## 5.3 Internal Audit

Half yearly internal audit reports relating to the year under review had not been presented to the Auditor General.

## 5.4 Procurement Plan

Capital assets worth Rs. 72,819,000 planned to be purchased during the year under review, had not been purchased, but capital goods valued at Rs. 56,537,366 that had not been included in the procurement plan, had been purchased. It was observed in sample audit checks that money had been allocated inordinately and purchases had been made by exceeding the estimated values.

## 5.5 Budgetary Control

Due to variances ranging from 55 per cent to 2,858 per cent with regard to 02 items of revenue and 17 items of expenditure between the budget and the actual expenditure, it was observed that the budget had not been made use of as an effective instrument of management control.





5.6 Directives of the COPE

It had been recommended at the COPE meeting held on 21 September 2012 that the new business plan relating to the Hospital should be prepared and presented to the Committee of Public Enterprises. However, it had not been done so even as at 31 December 2014.

6. Systems and Controls

Deficiencies in systems and controls observed during the course of audit were brought to the attention of the Chairman of the General Hospital Board from time to time. Special attention is needed in respect of the following areas of control.

- (a) Accounting
- (b) Staff Administration
- (c) Stocks Control
- (d) Financial Control
- (e) Cost of the Free Medical Treatments
- (f) Contract Administration

W.P.C. Wickramaratne  
Acting Auditor General

**Answers and Clarifications with regard to the Auditor General's Report of  
Sri Jayawardanepura General Hospital Board in terms of Section 14(2)C of Financial Act  
No. 38 of 1971 with regard to Financial Statements for 2014 ending from 31<sup>st</sup> December**

	<b>Audit Observations</b>	<b>Action taken to Correct</b>
2.2	Comments about Financial Statements	
2.2.1	Accounting Defects Following matters are observed	
(a)	24 units of 8 categories of apparatus worth of Rs. 12,205,000 received as gifts during 2014 have not been entered in the accounts.	It will be entered in the accounts in the future.
(b)	The assets that have been completely depreciated yet being used had not been identified and their proper value had not been entered in the accounts.	A survey of Fixed Assets has been done in July 2015 and the Assets will be valued again in the future.
(c)	Medical equipment obtained on loan basis amounting to Rs. 7,211,022 have not been entered in the accounts of 2014.	Medical equipment worth of Rs. 4,934,772 have been entered in the accounts of 2015 as fixed assets. Equipment worth of Rs. 1,478,250/- and Rs. 798,000/- bought in 2014 have not been entered in the accounts due to defects in the procurement process.
(d)	A medical equipment worth Rs. 430,000 bought in 2014 has been entered under revenue expenses instead of capital expenses.	It has been corrected in the accounts of 2015
(e)	Provision for Gratuity has been entered incorrectly due to a calculation error and the expense for gratuity has been entered with an excess of Rs. 2,939,786 .	Error is admitted. It has been corrected when preparing the accounts for 2015.
(f)	Rs. 1,216,291 of gratuity payments have been entered retrospectively without reconciliation as an expense in the accounts of 2014 due to calculation errors.	Due care will be taken to avoid such defects again.
(g)	Rs. 1,121,600 received from the dialysis fund to the hospital has been debited to the Profit & Loss Account as an amount carried over from the previous year without entering it in the finance control account which had caused a reduction in the loss for the previous year.	Rs. 746,400 out of the amount of Rs. 1,868,000/- belongs to the years 2011 & 2012 and has not been entered in the accounts of those years. The balance Rs. 1,121,600/- belongs to 2013 and had been entered in the accounts of 2013. Amounts for 2011 & 2012 were reconciled with the balance carried over from the previous year after the receipt of this amount in 2014 and the amount for 2013 was debited to the Receivables account.

(h)	Hospital charges receivable upto 31st December 2014 has been entered with a deficit of Rs. 14,130,657.	This has been corrected in 2015 accounts.
(i)	An amount of Rs. 2,458,814 deposited in the Labour Tribunal as compensation for a case filed against the hospital had been paid to the relevant party but had been entered as a deposit and not as compensation to workers and this had caused an increase of Rs. 2,458,814 in the surplus in 2014 and in the deposits at the end of the year.	This has been corrected in 2015 accounts.
(j)	The year end stock balance and excess for the year have been shown Rs. 4,118,100 in excess due to actual out-dated stock value being shown as Rs. 1,118,887 in financial statements when it was Rs. 5,236,987 as at 31st December for the year under consideration.	This has been corrected in 2015 accounts.
(k)	There is a difference of Rs. 14,745,152 between revenue in cash and revenue categorization due to hospital charges not being accounted under separate heads of revenue and there being no verification of all the bills entered in the accounts. This difference had been proportionately distributed among 8 heads of revenue.	It is difficult to analyze hospital charges account separately due to the number of patients. Hospital Charges Control Account shows an excess of revenue and that value was proportionately debited to Revenue Accounts. This shortcoming will be corrected in the new accounting system.
2.2.2	<u>No evidence for the audit</u> Evidence for Creditors for a total value of Rs. 10,446,000 remained outstanding for more than 10 years out of Rs. 91,582,131 shown in the financial statements was not available for the audit.	This trade credit value older than 10 years is a total of cheques issued to government medical supplies division and other institutes and subsequently cancelled. This has been removed from the accounts of 2015.
2.2.3	<u>Unreconciled Control Accounts</u> Following are observed.	
(a)	There is a difference of Rs. 2,061,859 as the revenue from 3 divisions of the hospital is mentioned as Rs. 22,473,345 in the financial statement when the revenue according to the schedules and monthly reports maintained in those divisions is Rs. 24,535,204.	Reasons for the mentioned discrepancies will be looked into.
(b)	There was a discrepancy of Rs. 16,695,708 as the balance mentioned in relation to seven creditors was Rs. 11,158,712 when the balance was Rs. 27,854,429 according to the balance confirmation certificates.	Reasons for the mentioned discrepancies will be looked into.
2.3	<u>Accounts receivable and payable</u> Following are observed.	
(a)	A total of Rs. 6,668,561 out of the value of creditors mentioned in the financial statement is more than 5 years old and no steps	A letter has been sent to the institutions mentioned inquiring about these and same will be removed from accounts after

	have been taken to recover a total of Rs. 114,503,429 though it was more than a year old by the end of the year under consideration.	considering the replies to the letter. The Board has approved in 2015, the removal of Rs. 115,270.29 due from the agency post office as rental income and electricity bills, from the accounts.												
(b)	A total of Rs. 52,383,802 included in Creditors and Accumulated Expenses for a period ranging 2 to 5 years and a total of Rs. 172,360,727 relating to a period older than 5 years have not been reconciled even by the end of the year under consideration.	<ol style="list-style-type: none"> <li>1. Trader creditors will be removed from the accounts.</li> <li>2. Once payment invoices were received from the Auditor General's Dept. they will be paid if the ministry approved.</li> <li>3. Medical Supplies Division.</li> <li>4. Professional Charges payable, are a collection of charges not claimed by the doctors and professional charges of unidentified doctors since 1998.</li> </ol>												
2.4	<p><u>Inconsistencies with rules, regulations and management decisions</u></p> <p>Following inconsistencies were observed.</p> <table border="0"> <thead> <tr> <th style="text-align: left;"><u>Reference to rules and regulations, etc</u></th> <th style="text-align: left;"><u>Non-compliance</u></th> </tr> </thead> <tbody> <tr> <td>(a) Treasury circular No. 842 dated 19th December 1978</td> <td>Fixed Assets Register has not been prepared by the Hospital in accordance with the Circular .</td> </tr> <tr> <td>(b) State Finance Circular No. 449 dated 21st February 2011</td> <td>The state can get the services of an outsider for emergency services on a short term basis for a period not exceeding 45 days subject to a maximum payment of Rs. 30,000/- and prior approval of Department of State Finance has to be obtained on incompatible instances, but, two officers had been recruited on two occasions for periods of 6 months and 3 months for a monthly allowance of Rs. 120,000/- without the approval of the Treasury.</td> </tr> <tr> <td>(c) State Enterprises Circular No. PED/12 dated 02nd June 2003</td> <td></td> </tr> <tr> <td>(i). Section 7:4:5</td> <td>No annual survey of fixed assets has been done since the start of the hospital up to 2014</td> </tr> <tr> <td>(ii). Section 8:3:8</td> <td>Rs. 200,000/- has been donated to the Nurses School under Health Ministry at the Hospital without the prior approval of the Cabinet.</td> </tr> </tbody> </table>	<u>Reference to rules and regulations, etc</u>	<u>Non-compliance</u>	(a) Treasury circular No. 842 dated 19th December 1978	Fixed Assets Register has not been prepared by the Hospital in accordance with the Circular .	(b) State Finance Circular No. 449 dated 21st February 2011	The state can get the services of an outsider for emergency services on a short term basis for a period not exceeding 45 days subject to a maximum payment of Rs. 30,000/- and prior approval of Department of State Finance has to be obtained on incompatible instances, but, two officers had been recruited on two occasions for periods of 6 months and 3 months for a monthly allowance of Rs. 120,000/- without the approval of the Treasury.	(c) State Enterprises Circular No. PED/12 dated 02nd June 2003		(i). Section 7:4:5	No annual survey of fixed assets has been done since the start of the hospital up to 2014	(ii). Section 8:3:8	Rs. 200,000/- has been donated to the Nurses School under Health Ministry at the Hospital without the prior approval of the Cabinet.	<p>Fixed Assets register will be prepared in accordance with the circular.</p> <p>Steps will be taken to prevent the occurrence of such a situation in the future.</p> <p>A fixed assets survey will be done on 25th and 26th of July 2015.</p> <p>Rs. 200,000/- has been paid for uniforms of the Band of Nurses School.</p>
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3.	<b>Financial Review</b>																																															
3.1	<p><u>Financial Results</u> The financial result of the hospital board was an excess of Rs. 720,613,254 at the year ending on 31st December of the year under review according to financial statements and the corresponding excess in the previous year was Rs. 92,286,361 resulting in an increase of Rs. 628,326,893 in the financial result. This increase was mainly due to an increase of Rs. 095,925,920 in the hospital revenue and an increase of Rs. 700,400,000 in the government grant for recurrent expenditure.</p>					I agree.																																										
3.2	<p><u>Legal actions instituted by the Board and against the Board</u> The Board has instituted a case to recover hospital charges Rs. 179,000 from a defaulter and 7 cases have been instituted by internal and external persons against the Board for retiring before the retirement age is reached, not granting promotions, seeking appointment to a higher grade and for deficiencies in the services provided to patients.</p>					I agree. This case is still pending and two installments of Rs. 5,000/- have already been paid to the hospital by the said person.																																										
4	<b>Operations Review</b>																																															
4.1	<p><b>Performance</b> There is a decrease in the hospital performance in 2014 compared to the previous year. See the description below.</p> <p>(a)</p> <table border="1" data-bbox="217 1301 943 2085"> <thead> <tr> <th></th> <th>Performance Scale</th> <th>No. in 2014</th> <th>No. in 2013</th> <th>Decrease</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>(i)</td> <td>No. of admissions to the Emergency Treatment Unit</td> <td>35,060</td> <td>38,323</td> <td>3,263</td> <td>9</td> </tr> <tr> <td>(ii)</td> <td>No. of Peritoneal Dialysis</td> <td>07</td> <td>25</td> <td>18</td> <td>72</td> </tr> <tr> <td>(iii)</td> <td>No. of tests (Bronchoscopy) done in Endoscopy Unit</td> <td>17</td> <td>26</td> <td>09</td> <td>346</td> </tr> <tr> <td>(IV)</td> <td>ERCPS</td> <td>04</td> <td>08</td> <td>04</td> <td>50</td> </tr> <tr> <td>(v)</td> <td>Others</td> <td>04</td> <td>36</td> <td>32</td> <td>88.89</td> </tr> <tr> <td>(vi)</td> <td>CCT Tests (Eye Unit)</td> <td>39</td> <td>76</td> <td>37</td> <td>48.68</td> </tr> </tbody> </table>						Performance Scale	No. in 2014	No. in 2013	Decrease	Percentage	(i)	No. of admissions to the Emergency Treatment Unit	35,060	38,323	3,263	9	(ii)	No. of Peritoneal Dialysis	07	25	18	72	(iii)	No. of tests (Bronchoscopy) done in Endoscopy Unit	17	26	09	346	(IV)	ERCPS	04	08	04	50	(v)	Others	04	36	32	88.89	(vi)	CCT Tests (Eye Unit)	39	76	37	48.68	<p>(i) Establishment of new hospitals around the Hospital, improvement of health facilities by the government, increase in the health education of the people, seasonally affecting climatic and weather effects have contributed to this.</p> <p>(ii) There is a reduction in the due to the new treatment of peritoneal dialysis being stopped for several reasons.</p> <p>(vi) The No. of tests have decreased as the instrument used for the test had broken down. This test is done only for the special patients recommended by the doctor.</p>
	Performance Scale	No. in 2014	No. in 2013	Decrease	Percentage																																											
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(vii)	Medical Check-up - FEB	2,719	3,733	1,014	27.16	<p>(vii) (Medical check-up –FEB) has reduced since the priority was given to the resident patients and other patients limiting the no. of tests sent by the Foreign Employment Bureau.</p> <p>I state that the number coming for medical check-ups (Medical check-up – executive) has decreased since it is a factor out of the control of the hospital.</p> <p>(ix) The efficiency of this section has reduced as the tests of external private patients were stopped due to the C.T scan machine of the Radiology Section being broken down at the end of 2014 Apart from the reasons stated above, a certain section of patients have started patronizing the private hospitals around the Hospital area and certain environmental and climatic factors was observed.</p> <p>All statistical records were updated and kept at the Medical Records Section by July 2014.</p>
(viii)	Medical Check-up- Executive	372	637	265	41.6	
(ix)	Radiation services IVP tests	01	05	04	80	
(x)	CT Guided Biopsy tests	16	50	34	68	
(xi)	Performance of surgeries could not be evaluated as details about surgeries done in January and April 2014 have not been given to the Medical Records Section.					
(b)	<p>It was observed that bed utilization level was less than 50 percent in 8 wards out of 22 wards functioning in the hospital.</p>					<p>Bed utilization in hospital may have reduced due to opening up of new private hospitals around Sri Jayewardenepura General Hospital, patients not coming for surgeries on due dates. However, the management has assessed the situation and effective remedial measures are being taken.</p>
(c)	<p>The No. of eye surgeries done in paying wards were 1,796 when the eye surgeries done in normal wards were 1,162 in 2014. The variance was 634, an increase of 54.5% compared with the surgeries done in normal wards. A trend in directing the patients to paying wards for eye surgeries is observed.</p>					<p>This may be due to the fact that the patients preferring to enter paying wards for eye surgeries. This happens according to the wishes of the patient.</p>

4.2	<p><u>Management Inefficiencies</u> The following is observed.</p>	
(a)	<p>The contract for cleaning the hospital has been awarded to a private institution for a monthly fee of Rs. 2,568,115 for 2014. The Health Ministry has named this institution in 2012 as an institution not qualified to provide services and disregarding the reports of ward officers and public health inspectors that cleanliness was not good in many sections, without taking any steps to correct it, the contract had been awarded to the same institution for 2012, 2013 and 2014.</p>	<p>Steps are on foot to select a service providing institution at the moment and such incidents can be minimized in the future.</p>
(b)	<p>Financial Controller hired on an annual contract was paid his allowance for April 2014 on 09th of April and has not reported from the 10th of April. No steps had been taken to recover Rs. 204,840 from that officer including a monthly allowance of Rs. 120,000 for leaving without giving one month's calendar notice as per the letter of appointment and Rs. 84,840 paid in excess for month of April.</p>	<p>Steps will be taken in this regard after an investigation is conducted.</p>
(c)	<p>A new financial controller was hired for the hospital on assignment basis for a period of 3 months on an allowance of Rs. 120,000. It was observed that the officer was not serving full time though he was required to monitor and supervise full time according to the assignment. Yet, on two occasions the Director Board has extended the assignment of this officer without evaluating the performance.</p>	<p>Steps will be taken in this regard after an investigation is conducted.</p>
(d)	<p>When awarding the contract for security services of the Hospital it has been awarded to the service provider who had supplied contrary information regarding the no. of employees and salary payments, false information about payments of E.T.F. and E.P.F. Then, after providing the service it had been discontinued after 15 days due to a lack of required no. of personnel and the contract had been awarded again to the former service provider.</p>	<p>In the selection of a security service provider a documentary investigation has been carried out in respect of 12 bidders. The facts mentioned in the audit query had been observed when studying the other bidders also. (Annex -02) All the documents supplied had been certified by officers accepted by the government, like chartered accountants, officers registered in the income tax department and this service provider had been selected after due inspection and evaluation. Evaluations were done based on standards made on conditions in the tender and the method of marking approved by the Tender Board as all the bidders had supplied contradictory information. The contract was awarded to the bidder who obtained highest marks. Yet the service provided during the period given (two weeks) for implementation was not satisfactory and management decided to suspend the service and to choose the next option. Since the selected bidders have failed to employ a large no. of personnel (53) for the security services during the periods past, alternatives were recommended to the Board of Directors. (Annex-04)</p>

(e)	University College of Health Studies was formed for a period of 3 years according to the memorandum of understanding dated 09th May 2013 between the Ministry of Youth Affairs and the Hospital. However, no action has been taken to legally establish it as a separate institute so that this College could be maintained continuously after the 3 year period.	This University College of Health Studies has been established under provisions contained in University of Vocational Technology Act No. 31 of 2008 on Public Private Partnership (PPP) basis. (Annex-02)
(f)	The Board of Directors has decided at its meeting on 23rd January to sign a lease agreement between the Hospital and the University College to get 25% of the course fee of the students following courses in the College for the Hospital, yet, it has not been acted upon.	Steps will be taken to recover this money after discussion with the Board of Management of the College.
(g)	An oil leak in the pump of a generator sump was repaired in 2012 by paying Rs. 335,066 to a private company which gave a warranty of 03 years and when the same defect appeared during the period of warranty no steps have been taken to get it repaired from the same company.	Repairs were done for generators 1 and 2 in 2012 by T&R institution which was chosen after calling quotations from suppliers in the telephone directory and others. They gave warranty period of 3 years after repairs. Defects appeared during the period of warranty were informed and repaired at that time. However, in June 2013 the defects appeared again and there was no response when such were informed. This is a breach of warranty. Therefore, steps have been taken not to grant them repairs again.
(h)	Death donations for hospital employees are paid by the hospital and such payments at the end of the month are recovered by dividing it equally among the employees registered for the death donation fund. However, such payments have not been recovered from the employees during the past six month period	Steps have been taken to recover this amount in arrear by 2015.
(i)	Surgeons who perform operations on patients in paying wards are paid their professional charges after charging such patients for the surgeries performed, yet these payments had been done without ascertaining such income. Rs. 61,540,958 in excess of income has been paid in 2014 without justification. It is observed that the need to introduce strict controls still exists as frauds had been committed in making such payments earlier also.	It is difficult to maintain separate accounts for hospital charges and professional charges under the current accounting system maintained by the hospital. Therefore, the final balance in the professional charges account is transferred to the Hospital Charges account. This will be corrected in the new accounting system.

4.3	<p><u>Under-utilization of Funds</u> Following are observed.</p>																									
(a)	<p>No steps have been taken to start work on developing the central air-conditioning system with a value of Rs. 50 million and the purchase of two generators with an estimated value of Rs. 50 million, even though they had been approved by the department of state enterprises under a grant of Rs. 300 million as capital expenses for the year under review.</p>	<p>Rs. 50 million was allocated from capital expenses of 2014 for the purchase of 2 new generators under phase 1 of Electricity supply system development. Action was taken since 2013 considering the necessity of this work. CECB was chosen as consultant and after the preparation of bill of quantities and specifications by them, tenders were called in the latter half of that year. Thereafter, technical evaluation committee recommendations were obtained in early 2014 and it was put for approval of tender board of the ministry as the value exceeded the approval limit of the hospital tender board. But the ministerial tender board has sent it to the technical evaluation committee appointed by the health secretary and the tender board of the ministry had decided to call for tenders again at the end of 2014. Rs. 50 million has been set apart in 2014 for phase 2 of the development of the air-conditioning system. Consultant services for this project was provided by the central air-conditioning unit of the electricity board. It was asked to prepare bill of quantities and specifications recommending work that can be done with the grant allocated. But the retirement of the head of section that provided consultancy services has created difficulties and delay. It was decided to get their consultancy services after several rounds of talks between the hospital management and the electricity board and work could not be finished last year. That work is being done in this year.</p>																								
(b)	<p>An amount of Rs. 1,700,000,000 has been given by the treasury as a recurrent grant in the year under review and 32.5% of this, i.e. Rs. 551,686,944 remained idle without utilization in the bank current account. When such excess monies were available, an amount of Rs. 374,086,000 has been taken for recurrent expenditure from the treasury for the first 4 months of 2015.</p>	<p>When estimates were made for the year 2014 Rs. 1200 million was asked for recurrent expenditure but the treasury agreed to provide Rs. 1,700 million for maintenance and essential operational work after discussions with the officers of the treasury and it was provided. The true cost was Rs. 2,469,040,000.00, though according to the audit queries the total of cash flow statements prepared when seeking funds from the treasury was Rs. 2,401,575,000. According to the financial statements of 2014 the total expenditure consists of the following.</p> <table data-bbox="825 1657 1356 1937"> <tr> <td>Salaries</td> <td>-</td> <td>1,273,118,000.00</td> </tr> <tr> <td>Travelling</td> <td>-</td> <td>554,000.00</td> </tr> <tr> <td>Supplies</td> <td>-</td> <td>727,714,000.00</td> </tr> <tr> <td>Maintenance</td> <td>-</td> <td>44,941,000.00</td> </tr> <tr> <td>Contracts &amp; Services</td> <td>-</td> <td>326,724,000.00</td> </tr> <tr> <td>Other</td> <td>-</td> <td>95,989,000.00</td> </tr> <tr> <td></td> <td></td> <td>-----</td> </tr> <tr> <td></td> <td></td> <td>2,469,040,000.00</td> </tr> </table> <p>Funds were not obtained from the treasury in May/June 2015 as it was observed that money remained without utilization in bank accounts. Now the cash balance at bank has been reduced to Rs. 300 million. Steps will be taken to reduce this further in the time to come.</p>	Salaries	-	1,273,118,000.00	Travelling	-	554,000.00	Supplies	-	727,714,000.00	Maintenance	-	44,941,000.00	Contracts & Services	-	326,724,000.00	Other	-	95,989,000.00			-----			2,469,040,000.00
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(C)	An amount of Rs. 190,225,273 has been provided to purchase capital assets in the year under review and since fixed assets worth of Rs. 141,899,273 have been purchased according to the ledgers, an amount of Rs. 45,326,156 has not been utilized. When such funds were available the hospital has purchased fixed assets worth of Rs. 29,009,588 utilizing the recurrent grant.	The hospital receives capital grants by parts in the year. Sometimes it is not received during the month it was requested but later. In such instances recurrent funds are utilized to pay the dealers as payments should be made on time according to the contract agreements.
4.4	<p><u>Idle and under utilized assets</u> Stocks worth of Rs. 10,790,45 remained idle in 7 stores of the hospital as at 31st December of the year under review, and stocks worth of Rs. 7,028,371 remained idle since the year 2012.</p>	<p><u>Idle and under utilized assets</u> Idle stocks is a result of the following.</p> <p>01. Certain alkalines, acids and other material are not used due to the use of Pre-automatic Analyzer and other experimental methods.</p> <p>In the previous years the bottles, vessels, etc in the laboratory were reused after cleaning them, but now disposable test tubes are used instead and detergents remain unused.</p> <p>03. Storage of chemicals that may be needed in an emergency without removing them</p> <p>04. Certain items stored are used on special and therefore, such stores maintained to be used in emergencies.</p> <p>05. Items stored to be used on failure of certain machines were not used.</p> <p>06. Certain items received as gifts and have been used only on special occasions.</p> <p>07. Certain items gifted at the inception by the Japanese government have remained unused, e.g. two polishers in stores received as gifts remain unused as cleaning services are outsourced.</p> <p>08. Since the two Fargo Ambulances are not in use their spare parts in general stores are not issued and most of the other goods in the stores complex are leftovers after the construction of the Hospital by the Japanese Company .</p>



4.5	<p><u>Losses identified</u> Value of stock of expired items in main stores and sub-stores as at 31st December 2014 was Rs. 5,403,347. A stock of Rs. 4,118,000 of a stock of Rs. 5,180,000 bought for the Neurosurgery Unit in February 2012 has become expired. This loss has occurred as huge quantities had been purchased without estimates being prepared and regard to the annual consumption.</p>	<p>This material has been purchased at the sole request of the Neurosurgery Unit. However, due to a drop in treatment of neurological patients during the period of 2012 -2014, has caused this material to remain unused making them expired. The relevant sections were informed during that period and the suppliers were informed for exchanges, but no solution could be reached. Steps will be taken in the future to purchase such items with special regard to their usage.</p> <p>Surgical items and medicines in the stores have expired due to following reasons.</p> <p><u>Surgical Items Store</u></p> <p>01. Use of new surgical items.</p> <p>02. Very rare use of certain surgical items.</p> <p>03. Certain surgical items have to be stored for emergency needs.</p> <p><u>Medical Stores</u></p> <p>01. Use of new medicines.</p> <p>02. Use of certain surgical items very rarely.</p> <p>03. Side effects being caused by certain drugs.</p> <p>04. Since some stocks of medicines were received as gifts no loss had been caused to the Hospital.</p> <p><u>Radiology Stores</u></p> <p>Some items out of this expired stock can be used after sterilizing them in a liquid of Ethylene Oxide.</p> <p><u>Sub-stores and Wards</u></p> <p>01. Use of new medicines.</p> <p>02. Very rare use of certain medicines.</p> <p>03. Side effects being caused by some medicines.</p> <p>04. Since some stocks of medicines were received as gifts no loss had been caused to the Hospital.</p>
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4.6	<p><u>Delayed Projects</u></p> <p>A tender of Rs. 24,953,859 has been given on 19th July 2010, to a private company to install a software system for the hospital. A sub-contractor has started work on the said contract on 25th November 2010 and was due to be finished in 26 weeks, it remained unfinished by 30th November 2014, with physical performance at 65% and financial performance at 30%. Therefore, only Rs. 6,684,069 has been paid to the relevant company. The initial contract was revoked due to the delay of more than 3½ years and the Board had decided to award the Rs. 8,250,000 contract to finish the balance 35% of work to the sub-contractor of the initial contract. The following observations are made on that.</p>	
a	<p>An advance of Rs. 4,140,000 being 50% of the contract amount has been paid without obtaining a performance security bond and an advance bond for the relevant contract.</p>	<p>The contract for the installation of the software system was initially awarded to PC House and since they were unable to complete it, it was awarded with the approval of the Board after relevant agreements, to HBT Systems Private Limited, the other signatory to the contract. The agreed amount Rs. 8,250,000.00 was for the completion and handover of the software system and not for the completion of remaining work.</p>
b	<p>The work remained unfinished though it was to be completed by 04th June 2015 according to the contract agreement, yet the contract agreement was silent as to the damages for delay.</p>	<p>A further period of 6 months has been given to finish the balance considering the practical difficulties in completing it. This was done on a decision of the Hospital Board and no performance bond had been obtained. That is a defect.</p>
c	<p>The Dean of University of Moratuwa which acts as Consultant to the Contract was to supply information data from time to time about the performance of the of the project, that has not been done.</p>	<p>However, 10% has been retained when releasing the 50% of the agreed amount. A 50% advance has been paid considering the past work also and it was not entirely an advance but inclusive of the past work. Since this was a change of contract due to an unforeseen incident, such conditions have not been included in the agreement. Supervision of the consultant remained and necessary instructions to that section will be given verbally.</p>

4.7	<u>Staff Administration</u>  Approved cadre for 29 posts as at 31st December 2014 was 1,838., but the actual number of staff was 1,465 creating a deficiency of 413 and an excess of 40. Apart from that 43 have been recruited as casual labourers.	Staff Administration	
		Deputy Director	Applications were called but as there were no qualified applicants an acting deputy director was appointed by using an internal process.
		Accountant	A Financial Controller was appointed for this post and now there is an accountant appointed.
		Assistant Accountant	Not recruited as there was no service requirement.
		IT System Controller	Applications were called but no recruitment has been made as there were no suitable applicants. Will be recruited in the future.
		Consultant, Medical Officer	Recruited as and when the service requirement arises.
		MLT, Theatre Technician, Cardiographer, Audiometrician, Occupational Therapist	Recruited on service requirement.
		Radiologist	Nobody applied when applications were called. It has been decided to get the advice of the ministry in this regard for further action.
		Nursing Sister	Six sisters have been sent to the ministry for sister training and they will be recruited after their training.
		Nurse	Requests have been made to recruit nurses to the ministry. Presently 540 nurses are in the service including those recruited on secondment basis.
		Student Nursing Staff	This is a result of training only 50 per year as Nurses' Training School of Sri Jayewardenepura General Hospital doesn't have enough space after it was taken over by the government
		Management Assistant	There is a deficiency of workers due to retirements.
		Ward Clerk	Steps are being taken to recruit.
		Planning Assistant	Recruited on service requirements.
		ICT Assistant	Approved number has been recruited.
		Skilled labourer	Recruited on service requirement. Steps have been taken already to recruit.
		Seamstress/ driver	Recruited when there is a service requirement.
Telephone operator	Approved number has been recruited.		
Cook	Recruited on service requirement.		
Orderly	The deficiency in the orderly staff was overcome by recruiting labourers to the same grade in the junior staff (with labourers and casual labourers).		

5. 5.1	<p><u>Accountability and good governance Composite Plan</u></p> <p>Although it is necessary to submit the Composite Plan to the relevant ministry, Public Enterprise Department of the Treasury and the Auditor General 15 days prior to the beginning of the financial year according to Section 5;1;3 of Circular PED/12 dated 02nd June 2003, the Composite Plan for the period 2014 to 2018 was submitted to the Auditor General on 10th December 2014. It was observed that the Action Plan has not been prepared in line with the Composite Plan. Further, it is observed that the objectives in the Composite Plan have not been implemented but limited to proposals only.</p>	<p>Steps will be taken to submit the Composite Plan to the relevant bodies within time according to the Circular in the years to come.</p> <p>Steps will be taken to prepare the Action Plans for the years to come in keeping with the Composite Plan.</p>
5.2  a	<p><u>Action Plan</u></p> <p>Following are observed.</p> <p>According to the Action Plan for the year under consideration 03 jobs were to be completed in 2014, 03 jobs to be commenced and completed 50% in 2014 have not even been commenced by 31st March 2015, the date of the audit.</p>	<p>Some projects that were to be done using the capitalized money have been included in the preparation of the Action Plan for 2014. This was prepared at the end of year 2013 and grants from the Ministry of Finance were reserved based on this. Accordingly plans were made for the 3 projects mentioned therein. However, the total grant requested from the Ministry of Finance was not given and only a grant of Rs. 300 million was received.</p> <p>Therefore, the projects planned could not be started and the Action Plan was implemented after amending it based on grants received. 04 projects that were to be completed 50% according to the Action Plan could not be implemented as financial grants required were not received in that year.</p> <p>Therefore, the implementation or non-implementation of projects depend on the availability of treasury grants although projects with capitalized expenditure planned in the preparation of the budget.</p>
(b)	<p>According to the Action Plan the improvement of the vehicle yard was to be completed in 2014, yet it has not been completed by 31st March 2015, the date of audit.</p>	<p>A discrepancy in the work to be done and the contract amount has delayed the improvement of the vehicle yard though it was to be completed in 2014.</p> <p>This problem arose when filling the extra area for the vehicle yard which exceeded the agreed amount and the excess was above the 10% limit that could be used for extra work. However, the vehicle yard has now been prepared so that vehicles could be parked and is used for parking.</p>

5.3	Half yearly internal audit reports have not been submitted to the Auditor General for the year under consideration.	<p><u>Internal Audit</u> The post of internal auditor of the Hospital fell vacant and its duties could not be managed properly. The relevant reports could not be submitted for that reason by now. Please note that Internal Audit Reports will be given as scheduled in the future as an internal auditor has been appointed for this post now.</p>
	<p><u>Tender Plan</u> Capital assets worth of Rs. 72,819,000 planned to be purchased in the year under consideration was not purchased, but, capital goods worth of Rs. 56,537,366 have been purchased though they were not included in the tender plan. It was observed at the audit sampling that there have been extraordinarily excessive fund allocations and purchases above the estimated values.</p>	<p>The amount allocated for medical equipment in the estimate for 2014 was Rs. 200 million. Consequently, items that could be purchased with Rs. 200 million have been chosen from the list of items prepared based on requirements of 2013. But certain purchases have been made on emergency requirements and these grants had been used for such purchases also. Purchases have been made on priority basis from the listed items for 2014 and on emergency requirements and listed equipment worth of Rs. 75 million could not be purchased. Though the inventories are prepared based on future requirements, the hospital should consider the daily requirements also. The value of goods purchased on non-planned emergency requirements in 2014 was about Rs. 56 million. These are purchases made for the improvement of new sections and for maintaining functions of the hospital.</p>
5.5	<p><u>Budgetary Control</u> Since there was a variance ranging from 55% to 2,656% in respect of 02 subjects of income and 17 subjects of expenditure between the budget and the actual income and expenditure, it was observed that the budget has not been used as an effective management control factor.</p>	<p><u>Budget Control</u> <u>Income</u> The stated subjects of income are not subjects of direct income of the hospital and sources of those incomes fluctuate for various reasons. <u>Expenditure</u> <u>Uniforms and Cloths</u> Under-estimated when preparing the budget. <u>Free Medical Treatments</u> Hospital bills were prepared using the computer system in 2014. Actual expenditure has exceeded the budgeted value as it is shown correctly. <u>Staff Welfare</u> Actual expenditure has increased due to the purchase of surgical items for the surgery of a hospital worker and the payments of Rs. 150,000 each made to three workers to participate in a sports meet in Japan. <u>Legal Fees</u> Legal fees have increased due to several cases been filed against the hospital in 2014. <u>Entertainment Expenses</u> Under-estimated when preparing the budget.</p>



		<p><b><u>Allowances for the Board of Directors and the Tender Board</u></b> A committee was appointed in 2014 to change the Hospital Act and the actual expenditure has increased due to the allowances paid to that committee.</p> <p><b><u>Free Medical Treatments</u></b> Actual expenditure has increased due to computerized billing.</p> <p><b><u>Charges for newspaper advertisements</u></b> Actual expenditure has increased as advertisements were published to recruit new workers in 2014.</p> <p><b><u>Sports Club Charges</u></b> Under estimated in the preparation of the Budget.</p> <p><b><u>Sundry Expenses</u></b> Actual expenditure has increased due to the 30th anniversary commemoration of the Hospital and the increase of other expenses. The items of other expenses have been under estimated and the subjects of expenses have increased due to factors beyond our control as well.</p>
5.6	<p><b><u>Orders of Parliamentary Committee on Public Enterprises</u></b> A recommendation was made at the Public Enterprises Committee meeting held on 21st September 2012 to submit new business plan for the Hospital, but, it has not been submitted even by 31st December 2014.</p>	<p><b><u>Notices given by the Parliamentary Committee on Public Enterprises</u></b> Business Plan will be prepared as soon as possible and it will be submitted to the Public Enterprises Committee.</p>
6.	<p><b><u>Systems and Controls</u></b> The defects in Systems and Controls observed at the audit were brought to the attention of the Chairman of the Board of the General Hospital from time to time. Attention should be paid to the following fields of control.</p> <p>(a) Accounting</p> <p>(b) Administration of the staff</p> <p>(c) Stock control</p> <p>(d) Financial control</p> <p>(e) Cost of free medical treatments</p> <p>(f) Administration of contracts.</p>	<p><b><u>Systems and Controls</u></b> Computer assisted techniques are used in certain systems mentioned in the audit query and necessary steps will be taken to review system controls constantly to improve it according to the requirements of the hospital.</p>

# 6. Future Vision



## 6.1 Expected Medium Term Actions to Improve the performance of the Institute

Objectives	Activities
1. Improvement of infrastructure facilities at the hospital for patients, visitors and the staff	<ul style="list-style-type: none"> <li>i. Construction of a new paying wards complex to improve the paying ward facilities of the Hospital.</li> <li>ii. Construction of new Nurses' Hostel to provide more accommodation for nursing staff of the Hospital.</li> <li>iii. Construction of a new building for the Administration and Finance Sections.</li> <li>iv. Construction of a new building for the maintenance workshop of the Hospital.</li> <li>v. Extension of the OPD Laboratory ,enabling the outpatients to have easy access to services.</li> </ul>
2. Encouragement of medical and other experiments at Sri Jayewardenepura General Hospital	<ul style="list-style-type: none"> <li>i. Payment of government approved allowances to doctors who conduct research work.</li> <li>ii. Improve computer internet facilities at the Hospital Library.</li> </ul>
3. Improvement of the quality of services supplied by the Hospital.	<ul style="list-style-type: none"> <li>i. Inform the public of the services provided by the Hospital, clinics and hospital charges through the inquiry desk and the telephone exchange.</li> <li>ii. Hold lectures and workshops to make the hospital staff aware of being in good communication with the patients.</li> <li>iii. Hold lectures and workshops to improve the team spirit among members of the hospital staff.</li> <li>iv. Establish procedures to supply all medicines and other material required for the patients by the Hospital.</li> <li>v. Improvement of sanitary facilities for the ward patients.</li> <li>vi. Establish a communication system covering the places where patients and visitors remain and broadcast messages about services provided by the hospital and about diseases.</li> </ul>
4. Improvement of welfare facilities for the staff and patients.	Preparation and implementation of a welfare plan for the patients and the staff.