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2018

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# Annual Report 2018

Sri Jayewardenepura General Hospital

Prepared by:
Planning Unit
Sri Jayewardenepura General Hospital
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## Content

1.	Corporate Information	
	1.1 Historical Facts	4
	1.2 Corporate Governance	5
	1.3 Vision and Mission	7
	1.4 Our Strengths	8
	1.5 Our Expectations	9
	1.6 Hospital Staff	10
	1.7 Medical Specialist Unit	13
	1.8 Our Services	14
	1.9 Our Website	15
2.	Management Team	
	2.1 Chairman's Message	17
	2.2 Director's Message	18
	2.3 Board of Directors	19
	2.4 Management Committee	19
	2.5 Specialist Staff	20
3.	Operational Information	
	3.1 Summary of Performance	24
	3.2 General Performance	28
	3.3 Sector Review	29
	3.4 Ten Year Summary	47
4.	Financial Reports	
	4.1 Statement of Financial Position	50
	4.2 Financial Performance Statement	51
	4.3 Cash Flow Statement	52
	4.4 Statement of changes in equity	53
	4.5 Detailed analysis of net assets	54
	4.6 General information & Significant Accounting Policies –2018	55
	4.7 Notes to the Accounts –2018	60
	4.8 Schedules to the Financial statements ( as at 31/12/2018)	67
5.	Auditor Reports	
	5.1 Auditor General's Report	77
	5.2 Action taken to correct weaknesses mentioned in the Audit Quarries	86
6.	Vision for the Future	
	6.1 Expected Medium Term Activities to Improve the Work Performance of Institute	109

# 1. Corporate Information





## 1.1 Historical Facts



Sri Jayewardenepura General Hospital, a gift by the Government of Japan to the citizens of Sri Lanka, on an initiative of His Excellency J. R. Jayewardene, the first executive president of Sri Lanka, was ceremonially opened by Ishimaysu Kitaagawa, the representative of Japan and the President of Sri Lanka on 17th 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 by the then Minister of Teaching Hospitals and Women's Affairs on 23rd February 1985 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 was on 18<sup>th</sup> January, 1985 under the care of Prof. Kingsley de Silva (Consultant Obstetrician and Gynaecologist).

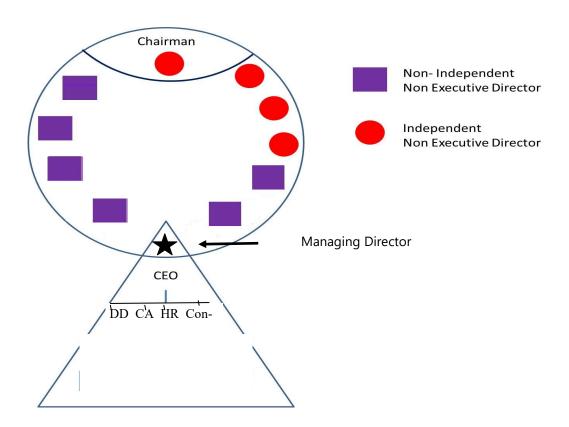
Sri Jayewardenepura General Hospital was setup to supplement the curative health service in Sri Lanka and to assist in the training of medical undergraduates, postgraduates and other health care personnel. While the Board of Directors take policy decisions, operational control is vested on a Committee 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 four years and has maintained the 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 three Independent non executive directors, six non independent non executive directors, Chairman and the Managing Director. The Managing Director of the hospital implements the Board decisions and provides solutions for day to day administrative issues with the Committee of Management. The Hon. Minister of Health has the authority to give special directives under the powers vested by section No.9 of Sri Jayewardenepura General Hospital Board Act.

The Non-executive Board Members, while not involving in the routine administration of the hospital, participate in close review and monitoring 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.

#### 1.2 Corporate Governance-continue

#### 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 Managing 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 Audit Superintendent from the Auditor General's Department participates on invitation as an observer for Audit Committee meetings. The audit committee supervisors and facilitates the functions of the Internal Auditor and coordinates the functions between the Internal and External Auditors.

Audit committee provides an Audit report to the main board quarterly. The committee is empowered to oversee and exercise due diligence and control over the financial aspects, operational and performances of the hospital.

## 1.3 Vision and Mission

#### Vision

To be the best leading tertiary health care provider in the South Asia in year 2030.

#### Mission

"To maintain
exceptional, safe ,ethical and quality standards,
while offering
cost effective healthcare solutions
with modern technology,
and to deliver undergraduate and postgraduate education
in medical and allied health sciences"

## 1.4 Our Strengths

- High reputation and long standing impressive image with highly qualified, experienced, competent and dedicated medical, nursing and technical staff.
- Drive power and responsibility from a Parliamentary Act (No. 54 of 1983).
- Well designed building complex with comprehensive facilities with provisions for further expansion.
- 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 general 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 institutions.



## 1.5 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.

## 1.6 Hospital Staff

Sri Jayewardenepura General Hospital Consists 2025 staff members.

EXECUTIVE STAFF	SALARY	APPROVED	AVAILABLE	MALE	FEMALE
	CODE	CADRE	CADRE	,	
CHAIRMAN			- 1 }	1 }	
DIRECTOR	SL 3	1	1	1	
DEPUTY DIRECTOR + Acting D.DIRECTOR	SL 3	1	2	1	1
HEAD of HUMAN RESOURCES (HHR)	SL 1	1	0	0	
BOARD SECRETARY			1		1
CHIEF FINANCIAL OFFICER (CFO)	SL 1	1	1	1	
INTERNAL AUDITOR	SL 1	1	1	1	
CHIEF NURSING OFFICER (CNO)	MT 8	1	1		1
ACCOUNTANT FINANCE	SL 1	1	1	1	
ACCOUNTANT REVENUE & CONTROLL	SL 1	1	1	1	
SENIOR MANAGER PROCUREMENT (SMP)	SL 1	1	1	1.	7.
ASSIST. MANAGER PROCUREMENT(AMP)	SL 1	1	1	1	
MATRON	MT 8	3	3		3
MANAGER HR & OPERATION(Administration)	SL 1	1	1	1	
Asst. MANAGER HR OPERATIONS	MN 7	1			
FRONT OFFICE MANAGER (FOM)	MN 5	1	1	1	
MAINTENANCE ENGINEER	SL 1	1	1	1	
BIO-CHEMIST	SL 1	1	1		1
WELFARE OFFICER	MN 4	1	1		1
IT SYSTEM ADMINISTRATOR		1	0		
BIO - MEDICAL ENGINEER	SL 1	1	1	1	
CIVIL ENGINEER	SL 1	1	0		
MARKETING MANAGER		0	0		
FOOD AND BEVERAGE MANAGER		0	0		
Total		22	20	12	8
MEDICAL STAFF					
CONSULTANT	SL 3	50	47	25	21
GENERAL PHYSICIAN			3	2	1
GENERAL SURGEON			4	3	1
OBS & GYNAECOLOGIST			3	2	1
PAEDIATRICIAN			1	1	
EYE SURGEON CARDIOTHORACIC SURGEON		+	2	2	-
CARDIOTHORACIC SURGEON	+	1	2	2	
ORTHOPAEDIC SURGEON			2	0	2
the state of the s	1				
ORTHOPAEDIC SURGEON OTOLARYNGOLOGIST (ENT SURGEON) CARDIOLOGIST			2	1	1
OTOLARYNGOLOGIST (ENT SURGEON) CARDIOLOGIST				2	3
OTOLARYNGOLOGIST (ENT SURGEON) CARDIOLOGIST ANAESTHETIST			2		
OTOLARYNGOLOGIST (ENT SURGEON) CARDIOLOGIST ANAESTHETIST HISTO PATHOLOGIST RADIOLOGIST			2 5 2 4	2 1 1	3
OTOLARYNGOLOGIST (ENT SURGEON) CARDIOLOGIST ANAESTHETIST HISTO PATHOLOGIST RADIOLOGIST NEPHROLOGIST			2 5 2 4	2	3 1 3
OTOLARYNGOLOGIST (ENT SURGEON) CARDIOLOGIST ANAESTHETIST HISTO PATHOLOGIST RADIOLOGIST NEPHROLOGIST HAEMATOLOGIST			2 5 2 4 1	2 1 1	3 1 3
OTOLARYNGOLOGIST (ENT SURGEON) CARDIOLOGIST ANAESTHETIST HISTO PATHOLOGIST RADIOLOGIST NEPHROLOGIST HAEMATOLOGIST NEANATOLOGIST			2 5 2 4 1 1	2 1 1	3 1 3
OTOLARYNGOLOGIST (ENT SURGEON) CARDIOLOGIST ANAESTHETIST HISTO PATHOLOGIST RADIOLOGIST NEPHROLOGIST HAEMATOLOGIST NEANATOLOGIST MICROBIOLOGIST			2 5 2 4 1 1 1	2 1 1 1 1	3 1 3
OTOLARYNGOLOGIST (ENT SURGEON) CARDIOLOGIST ANAESTHETIST HISTO PATHOLOGIST RADIOLOGIST NEPHROLOGIST HAEMATOLOGIST MEANATOLOGIST MICROBIOLOGIST RHEUMATOLOGIST			2 5 2 4 1 1	2 1 1	3 1 3
OTOLARYNGOLOGIST (ENT SURGEON) CARDIOLOGIST ANAESTHETIST HISTO PATHOLOGIST RADIOLOGIST NEPHROLOGIST HAEMATOLOGIST MICROBIOLOGIST RHEUMATOLOGIST NEURO SURGEON			2 5 2 4 1 1 1 1	2 1 1 1 1	3 1 3 1 1 1
OTOLARYNGOLOGIST (ENT SURGEON) CARDIOLOGIST ANAESTHETIST HISTO PATHOLOGIST RADIOLOGIST NEPHROLOGIST HAEMATOLOGIST MICROBIOLOGIST RHEUMATOLOGIST NEURO SURGEON NEURO PHYSICIAN			2 5 2 4 1 1 1 1 1	2 1 1 1 1	3 1 3 1 1 1
OTOLARYNGOLOGIST (ENT SURGEON) CARDIOLOGIST ANAESTHETIST HISTO PATHOLOGIST RADIOLOGIST NEPHROLOGIST HAEMATOLOGIST MICROBIOLOGIST MICROBIOLOGIST RHEUMATOLOGIST NEURO SURGEON NEURO PHYSICIAN DERMATOLOGIST TRANSFUTION MEDICINE			2 5 2 4 1 1 1 1 1 1 1 1	2 1 1 1 1 1 1	3 1 3 1 1 1
OTOLARYNGOLOGIST (ENT SURGEON) CARDIOLOGIST ANAESTHETIST HISTO PATHOLOGIST RADIOLOGIST NEPHROLOGIST HAEMATOLOGIST MICROBIOLOGIST MICROBIOLOGIST RHEUMATOLOGIST NEURO SURGEON NEURO PHYSICIAN DERMATOLOGIST TRANSFUTION MEDICINE ELECTRO CARDIO PHYSIOLOGIST			2 5 2 4 1 1 1 1 1 1 1 1 1 1	2 1 1 1	3 1 3 1 1 1 1
OTOLARYNGOLOGIST (ENT SURGEON) CARDIOLOGIST ANAESTHETIST HISTO PATHOLOGIST RADIOLOGIST NEPHROLOGIST HAEMATOLOGIST MICROBIOLOGIST MICROBIOLOGIST RHEUMATOLOGIST NEURO SURGEON NEURO PHYSICIAN DERMATOLOGIST TRANSFUTION MEDICINE ELECTRO CARDIO PHYSIOLOGIST UROLOGIST			2 5 2 4 1 1 1 1 1 1 1 1 1 1 1 1	2 1 1 1 1 1 1	3 1 3 1 1 1 1
OTOLARYNGOLOGIST (ENT SURGEON) CARDIOLOGIST ANAESTHETIST HISTO PATHOLOGIST RADIOLOGIST NEPHROLOGIST HAEMATOLOGIST MICROBIOLOGIST MICROBIOLOGIST RHEUMATOLOGIST NEURO SURGEON NEURO PHYSICIAN DERMATOLOGIST TRANSFUTION MEDICINE ELECTRO CARDIO PHYSIOLOGIST UROLOGIST ENDOCRINOLOGIST			2 5 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 1 1 1	3 1 3 1 1 1 1
OTOLARYNGOLOGIST (ENT SURGEON) CARDIOLOGIST ANAESTHETIST HISTO PATHOLOGIST RADIOLOGIST NEPHROLOGIST HAEMATOLOGIST MICROBIOLOGIST MICROBIOLOGIST RHEUMATOLOGIST NEURO SURGEON NEURO PHYSICIAN DERMATOLOGIST TRANSFUTION MEDICINE ELECTRO CARDIO PHYSIOLOGIST UROLOGIST ENDOCRINOLOGIST ONCOLOGIST			2 5 2 4 1 1 1 1 1 1 1 1 1 1 1 1	2 1 1 1	3 1 3 1 1 1 1
OTOLARYNGOLOGIST (ENT SURGEON) CARDIOLOGIST ANAESTHETIST HISTO PATHOLOGIST RADIOLOGIST NEPHROLOGIST HAEMATOLOGIST MICROBIOLOGIST MICROBIOLOGIST RHEUMATOLOGIST NEURO SURGEON NEURO PHYSICIAN DERMATOLOGIST TRANSFUTION MEDICINE ELECTRO CARDIO PHYSIOLOGIST UROLOGIST ENDOCRINOLOGIST ONCOLOGIST PLASTIC SURGEON			2 5 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 1 1 1	3 1 3 1 1 1 1
OTOLARYNGOLOGIST (ENT SURGEON) CARDIOLOGIST ANAESTHETIST HISTO PATHOLOGIST RADIOLOGIST NEPHROLOGIST HAEMATOLOGIST MICROBIOLOGIST MICROBIOLOGIST MEUMATOLOGIST NEURO SURGEON NEURO PHYSICIAN DERMATOLOGIST TRANSFUTION MEDICINE ELECTRO CARDIO PHYSIOLOGIST UROLOGIST ENDOCRINOLOGIST ONCOLOGIST PLASTIC SURGEON PAEDIATRIC SURGEON			2 5 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 1 1 1	3 1 3 1 1 1 1
OTOLARYNGOLOGIST (ENT SURGEON) CARDIOLOGIST ANAESTHETIST HISTO PATHOLOGIST RADIOLOGIST NEPHROLOGIST HAEMATOLOGIST MICROBIOLOGIST MICROBIOLOGIST MICROBIOLOGIST MEUMATOLOGIST NEURO SURGEON NEURO PHYSICIAN DERMATOLOGIST TRANSFUTION MEDICINE ELECTRO CARDIO PHYSIOLOGIST UROLOGIST ENDOCRINOLOGIST ONCOLOGIST PLASTIC SURGEON PAEDIATRIC SURGEON PULMONOLOGIST			2 5 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 1 1 1 1	3 1 3 1 1 1 1
OTOLARYNGOLOGIST (ENT SURGEON) CARDIOLOGIST ANAESTHETIST HISTO PATHOLOGIST RADIOLOGIST NEPHROLOGIST HAEMATOLOGIST MICROBIOLOGIST MICROBIOLOGIST MICROBIOLOGIST MEUMATOLOGIST NEURO SURGEON NEURO PHYSICIAN DERMATOLOGIST TRANSFUTION MEDICINE ELECTRO CARDIO PHYSIOLOGIST UROLOGIST ENDOCRINOLOGIST ONCOLOGIST PLASTIC SURGEON PAEDIATRIC SURGEON PULMONOLOGIST CHEMICAL PATHOLOGIST V.P.O.P.D.			2 5 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 1 1 1 1	3 1 3 1 1 1 1 1
OTOLARYNGOLOGIST (ENT SURGEON) CARDIOLOGIST ANAESTHETIST HISTO PATHOLOGIST RADIOLOGIST NEPHROLOGIST	SL 3	10	2 5 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 0 0	2 1 1 1 1	3 1 3 1 1 1 1 1

## 1.6 Hospital Staff –Continue

MEDICAL OFFICERS	SALARY CODE	APPROVED CADRE	AVAILABLE CADRE	MALE	FEMALE
PERMANENT	SL 2	180	99	26	73
CONTRACT - 77 + Locum - 01			78	18	60
GOV. ANNUAL TRANSFER/SECONDMENT			20	7	13
INTERN MEDICAL OFFICERS			r 10 j	r71	[ 3 ]
POST INTERN MEDICAL OFFICERS			47	- 19 -	- 28
P.G.I.M			[ 55 ]	[35]	[ 20]
Total PARA MEDICAL STAFF		180	197	51	146
SPEECH THERAPIST	MT 6	1	1	1	
MANAGER PHARMACY	MT 8	1	1		1
PHARMACISTS	MT 6	20	18	8	10
PHARMACIST (TRAINEE)			{2 }-	- 17	- 1 -
MANAGER PHYSIOTHERAPY	MT 8	1	0	0	-
PHYSIOTHERAPIST	MT 6	12	4	3	1
PHYSIOTHERAPIST (CONTRACT)			4	2	2
PHYSIOTHERAPIST (TRAINEE)			147	-{1}-	- 3-
MANAGER RADIOLOGY	MT 8	1	1	1	.,
RADIOGRAPHERS	MT 6	21	8	5	3
RADIOGRAPHERS - (CONTRACT)			5	2	3
RADIOGRAPHERS (TRAINEE)			- 5 -	-[3]	[2]-
MANAGER LABORATORY	MT 8	1	1		1
MEDICAL LABORATORY TECHNOLOGIST	MT 6	38	33	16	17
M.L.T. (CONTRACT)			1		1
M.L.T. (TRAINEE)			-3-	-[1]-	- 2}
THEATRE TECHNICIAN	MT 2	6	5	5	
BIO MEDICAL TECHNOLOGIST	MN 3	7	5	5	
CARDIOGRAPHER (Per. 08 + Locum 01)	MT 4	14	9	2	7
CARDIOGRAPHER (TRAINEF)			{1}	-11-	
P.H.I	MT 5	2	2	2	
OPTHALMIC TECHNOLOGIST	MT 6	4	2		2
OPTHALMIC TECHNOLOGIST (Contract)			1		1
AUDIOMETRICIAN	MT 6	2	1		1
PERFUSIONIST	MN 5	3	3	2	1
OCCUPATIONAL THERAPIST		1	0		
Total NURSING STAFF		135	105	54	51
NURSING SISTER	MT 7	30	27		27
STAFF NURSING - PERMANENT	MT 7	650	603	43	560
- LOCUM			0		0
- TEM. ATTACHED - ASSIGNMENT			15	3	12
STUDENT NURSES		200	94	2	92
Total		880	739	48	691
CLERICAL & ALLIED SERVICE	10/0			2	2
STAFF ASSISTANT	MN 3	6	5	3	2
MANAGEMENT ASSISTANT (MN 2)	MN 2	86	86	16	70
MANAGEMENT ASST. (MN 1)+CASHIER	MN 1	43	40	5	35
CONFIDENTIAL SECRETARY	MN 7	1	1		1
ASSIST.FRONT OFFICE MANAGER	MN 4	1 5	1	1	
STORE KEEPER	MT 2	5	4	4	117
STORE KEEPER (Trainee)	1 477 5	-	{1}		-17-
AUDIT ASSISTANT	MT 2	4	2	2	2
PLANNING ASSISTANT	MN 4	3	3	1	2
TOTAL COLOTANIA			3	3	
ICT ASSISTANT	MT 1	3		_	c
ICT ASSISTANT PROJECT ASSISTANT TRAINEE MANAGE. ASST.	MII	3	[1]	$\begin{bmatrix} 3 \end{bmatrix}$	$\begin{bmatrix} 1 \\ 21 \end{bmatrix}$

## 1.6 Hospital Staff –Continue

	SALARY	APPROVED	AVAILABLE	MALE	FEMALE
OTHER STAFF	CODE	CADRE	CADRE		
NUTRITIONIST	MN 5	2	2		2
COUNSELLOR	MN 5	1	1		1
LIBRARY ASSISTANT	MN 4	2	1		1
RECEPTIONIST	MN 1	6	6	0	6
ELECTRICAL FOREMAN	MN 7	1	1	1	
BUILDING FOREMAN	MN 7	1	1	1	
B.M.T. FOREMAN	MN 7	1	1	1	
BOILER MAN	PL 3	3	2	2	
SKILLED WORKERS		25	19	19	
CARPENTERS	PL 3		3	3.	
MASONS	PL 3		2	2	
PAINTERS	PL 3		1	1	
PLUMBERS	PL 3		2	2	
ELECTRICIANS	PL 3		10	10	
WELDER	PL 3		1	1	
CHEF	MN 1	1	1	1	
DIET STREWEARDESS	MN 1	7	7	1	6
SEAMSTRESS	PL 3	6	4		4
DRIVERS	PL 3	14	12	12	
THREE WHEELER DRIVER	PL 3	2	2	2	
HOUSE WARDEN	MN 1	7	6	1	5
TELEPHONE OPERATORS	PL 2	8	7	1	6
LAUNDRY SUPERVISORS	MN 1	1	1	1	
COOKS (Per.13 + Contract 02)	PL 3	20	15	14	1
TRAINEE COOKS	PL 2		{1}	{1}	
LAB ORDERLY	PL 3	17	15	9	6
Total		125	104	66	38

PRIMARY STAFF	SALARY CODE	APPROVED CADRE	AVAILABLE CADRE	MALE	FEMALE
ORDERLY SUPERVISORS	PL 1	6	6	3	3
ORDERLIES (Permanent 240 + Contract 02)	PL 1	436	241	140	101
DARK ROOM ORDERLY	PL 1	1	1	1	
SAUKYA KARYA SAHAYAKE	PL 1	50	166	110	56
CASUAL LABOURERS			50	27	23
CARE GIVERS			42	28	14
PHLEBOTOMIST	PL 2		6	2	4
		493	512	311	201

Summary

Summary					_	
	APPROVED	AVAILABLE	MALE	FEMALE		1870
	CADRE	CADRE			Chairman	1
Executive Staff	22	20	12	8	Intern	10
Medical Staff(Consultants&Res.Specialists	60	48	27	21	Post Intern	47
Medical Officers	180	197	51	146	P.G.I.M.	55
Para Medical Staff	135	105	54	51	Project Asst.	1
Nursing Staff	880	739	48	691	Trainee M.A.	24
Clerical And Allied Service	152	145	35	110	Trainee Para	15
Other Staff	125	104	66	38	Trainee Cook	1
Primary Staff	493	512	311	201	Trainee S.K.	1
Total	2047	1870	604	1266	Total	2025

## 1.7 Medical Specialty Units

Sri Jayewardenepura General Hospital provides 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

1.General Medicine	2.General Surgery
3.Obstetrics & Gynecology	4.Pediatrics
5.Anesthesiology	6.Neonatalogy
7.Ophthalmology	8.Otorhinolaryngology
9.Neurology	10.Dermatology
11.Cardio physiology	12.Neurosurgery
13.Cardiology	14.Cardio Thoracic surgery
15.Orthopaedics	16.Nephrology
17.Genitourinary and Kidney Transplant	18.Rheumatology & Rehabilitation
19.Endocrinology	20.Histopathology
21.Microbiology	22.Haematology
23.Chemical Pathology	24.Blood bank and Transfusion medicine
25.Radiology	

## 1.8 Our Services

Target of Sri Jayewardenepura General Hospital is provide range of services to national and international community under one roof with high quality and reasonable rates.

#### **Patient Care services**

<ul> <li>1.General Medicine</li> <li>2.General Surgery</li> <li>3. OPD-Out Patient Treatment (8.00am -4.00 pm)</li> <li>4. Specialized Clinics in all Specialties</li> </ul>			<ul><li>5. ICU (Intensive</li><li>General ICU</li><li>Neurosurgical</li><li>Cardiology</li><li>Cardio thoracic</li></ul>	Care Unit)
Pediatrics		available		Medical Checkup packag-
<ul><li>Neurosurgical</li><li>Cardiology</li><li>Cardio thoracic</li><li>General Medicine</li><li>Gynecology</li></ul>	8.	Laboratory so Hematolog Biochemist Microbiolo Histopatho Chemical F	gy try ogy ology	
9. Radiology Services  Mammography X –ray  Ultra Sound Scan  Computer Tomography (CT)  DSA Angiograms  IVP  Barium Studies.		<ul><li>ECG Te</li><li>Exercise</li><li>Halter I</li><li>Angiog</li></ul>	e ECG Monitoring graphy and Cardiac erization	11.Neurology Investigation     EMG Tests     EEG Tests
<ul><li>CT Guided Biopsy</li><li>CT Angiograms.</li><li>Doppler Scans.</li><li>HSG.</li></ul>			opy services (UGIE,LG	
<ul><li>Special Examinations</li><li>FNACUS Biopsy</li></ul>		14. ENT rela	ated tests and related tests	
		16. Nutritio	on advisory services ar	nd consultation
18. Psychological Counseling Service	<u> </u>	17 Physiot	herapy services	
19. Speech Therapy services			Other Serv	vices

- 20. Supportive servicesBlood Transfusion Services
- **Chanel Service**
- **Health Education**
- **Immunization**
- **Infection Control Service**
- Birth & Death Registration
- Pharmacy -(24 h service)
- **Emergency Ambulance Service**

- Banks (BOC, HNB)
- Automated Teller Machine (BOC, HNB, Peoples, Commercial)
- Cafeteria
- Post Office
- Vehicle Park
- **Grocery Shop**
- Paying machines

#### 14

#### 1.9 Our Website

#### www.sjghsrilanka.org



"Sri Jayewardenepura General Hospital official Website"

# 2. Management Team





## 2.1 Chairman's Message



I am pleased to release this message for the Annual Report 2018 of Sri Jayewardenepura General Hospital.

Sri Jayewardenepura General Hospital is a Government owned enterprise serving as a bench mark to the private health sector in Sri Lanka in order to ensure maintenance of standards in that sector. I must make this an opportunity to thank the hospital staff for the dedication shown to make it happen.

Hon. Minister of Health, Nutrition & indigenous Medicine has provided us with the required funding to meet the current demands of the hospital. This has enabled us improve the infrastructure, introduce new technology and to improve the quality and range of services offered to the people.

The success shown by Sri Jayewardenepura General during the past years has been noteworthy. We are grateful to the treasury and ministry of Health, Nutrition & Indigenous Medicine foe the support given to Sri Jayewardenepura General Hospital to achieve and targets.

We thank the Board Members for the strength and guidance provided to me during the year. I wish the management Success in their future endeavours to further improve this hospital.

Dr. H. A. P. Kahandaliyanage

MBBS;:Msc(com.Med);DCEH(London):MMIH(Boston);MCMA;FCMA

Chairman

Sri Jayewardenepura General Hospital

## 2.2 Director's Message



I am extremely honoured and privileged to deliver this message to the Annual Report 2018 of Sri Jayewardenepura General Hospital as the Director of this prestigious organization. There are many challenges faced by this hospital as a state owned fee levying hospital and a government medical post graduate training center. During this year we have been able to initiate steps towards enhancing the standards of existing services and introduce new services and technology. Many areas have been identified to be developed in our attempt of bringing this hospital to the standard of the most caring and leading tertiary care center in the island.

As an important part of this we have initiated the renovation of this 34 year old facility and it is in progress in a step wise program without causing disturbance to the day to day patient care activities of the hospital. New facilities to accommodate admin and finance staff and quarters to nursing staff have been initiated. Parallel to infrastructure developments many programs have been launched to enhance awareness among employees on current needs of the present day patient care services. Sri Jayawardenepura General Hospital moves forward with a clear vision, empowering the facility to be the leader in providing safe and quality health care to the nation, securing the good name and trust since its commissioning in 1984.

I take this opportunity to thank the Hon. Minister of Health Nutrition & Indigenous Medicine, Hon. Deputy Minister, Secretary to the Ministry, Director General of Health Services, Chairman of Sri Jayewardenepura General Hospital, Members of the Board of Directors, Members of the Management Committee, Deputy Director and all the staff of Sri Jayewardenepura General Hospital for all the professionalism and dedication displayed at all times.

Dr. Rathnasiri A. Hewage

Director

Sri Jayewardenepura General Hospital

#### 2.3 Board of Directors

Dr. H.A.P.. Kahandaliyanage.- Chairman, SJGH

Dr. N.S.A. Senaratne- Managing Director, SJGH

Dr. J.M.W.Jayasundera Bandara- Director General of Health Service

Mr. R.Semasinghe –Treasury Representative

Prof. Janaka de Silva - Director - PGIM

Mr.S.M.Nanda Lalith Senanayake-Appointed by the Minister of Health

Mr. Chamath de Silva- Appointed by the Minister of Health

Dr. Harsha Samaraweera - Appointed by the Minister of Health

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

Dr. Madhava Karunarathne - Consultant Representative

Dr. P. J. Ambawatta - Consultant Representative

Dr. Anil Jasingha-DGHS-from 21.12.2018

## 2.4 Management Committee

Dr. Susitha Senaratne- Director -Chairman of the Committee

Dr. (Mrs.) P. Werawatta -D/Director (Act.) -Member

Dr. Kaleel Cassim - Cosultant Rheumatologist-Member

Dr. (Mrs.) Maheshi Wijeratne -Consultant Neuro Surgeon-Member

Dr. (Mrs.) S. K. Jayathilake -Consultant Microbiologist-Member

Mr. Upul Abeysooriya- Chief Finance Officer-Member

Mr. Jayantha Abeyrathna-Head of Human Resource-Member

Mrs. A. N. Saputhanthri - Chief Matron-Member

# 2.5 Specialist Staff

		Specialty	Unit
1	Dr. V. K. P. Indraratne MBBS, MD, FFARCSI, FRCA	Anaesthesia	Theater
2	Dr. C. A. Herath MBBS, MD,FRCP	Nephrology	Ward 21
3	Dr. A. B. S. A. Perera MBBS, MS, FRCS,FCSLL	Orthopaedic	Ward10
4	Dr. D. H. H. Wariyapola MBBS,MSOPH, DO(COL), FRCS ,	Ophthalmology	Ward16
5	Dr. (Mrs.) N. L. Amarasena MBBS, MD (Colombo), FRCP (London),FCCP,FRACP (HON)	Cardiology	Ward19
6	Dr. U.W.H.C.H. Perera MBBS, MS (O&G)COL,FRCOG (UK),FSLCOG	Obstetric and Gynaecology	Ward09
7	Dr. (Mrs.) M. Weerasekara MBBS, DCH, MD (Pead.), MRCP (UK)	Neonatology	NICU
8	Dr. C.E.de Silva MBBS, MD, MRCP (UK),FCCP	General Medicine	Ward12
9	Dr. D. L. Piyarisi MBBS, MS, FRCS (Ed.)	Surgery	Ward15
10	Prof. R. L. Satharasinghe MD,FRCP(Lond),FRCP,(ED)FRCP (Glas),FCCP,FRCPI,FRCPI, FACG,MASGE,IMBSG,CCST(uk)	General Medicine	Ward20
11	Dr. A. D. Kapuruge MBBS, MS, FRCS)	Cardiothoracic Surgery	Ward20
12	Dr.D.J.Wickramarathna MBBS(Cey), MD	Radiology	X-Ray
13	Dr. K. Cassim MBBS, MD	Rheumatology	Ward 16A
14	Dr. (Mrs.) M.S. Wijerathne MBBS (Hons), Melb, FRCS (Ed.)	Neuro-Surgery	Ward18
15	Dr. H. H. Gunesekara MBBS(Col), MD(Col), MRC(UK),FRCP	Neurology	Ward16A

	Name of Consultant	Specialty	Unit
16	Dr. P. J. Ambawatta MBBS,(Col). Path.(Col), MD Pathology(Col)	Histopathology	Path Lab
17	Dr. R. A. R. D. Aloysius MBBS, DCH, MD, MRCP1	Paediatrics	Ward 01
18	Dr. A.S. Rodrigo  MBBS, MD (HistoPathology	Histopathology	Path lab
19	Dr.D.H. Samarakoon MBBS,MD,FRCA,(UK)	Surgery	-
20	Dr. (Mrs.) J. S. K. Rajasinghe MBBS, MD ,FRCA (UK)	Anaesthesia	Theatre
21	Dr. S.M.G. Karunarathne MBBS, MS(SL), FSLCOG(UK) , FRCOG,	Obstetric and Gy- naecology	Ward 02
22	Dr. J.I. P. Herath MBBS, MD	Cardiology	Ward 19
23	Dr. (Mrs.) D.S. Ariyawansa MBBS, MD (Dermatology)	Dermatology	Ward 07
24	Dr.(Mrs.)N.M.P.K. Arambepola Herath MBBS, MD (Radiology)	Radiology	X-Ray
25	Dr. (Ms.) C.C. Kariyawasam MBBS, Dip. Path., MD (Haematology)	Haematology	Haematology Unit
26	Dr. (Mrs.) S. K. Jayathilake MBBS, Dip. Medical Micro., MD (Medical Microbiology)	Microbiology	Microbiology
27	Dr.(Mrs.) R. P. S. Palihawadana MBBS, MD ,FRCA (UK)	Anaesthesia	Theater
28	Dr.(Mrs.)R.M.S.T.Samaraweera MBBS, MD (Radiology)	Radiology	X-Ray
29	Dr. H. R. Y. de Silva MBBS, MS, MRCS (Eng), FRCS(Cardiothorasic)	Cardiothoracic Sur- gery	Ward 20
30	Dr. (Mrs.) A.M.Abeywardane MBBS, DTM,MD (Transfution Medicien)	Transfusion Medicine	Blood Bank
31	Dr. S. A. Gunawardana MBBS, MS, MRCS (Eng.)FRCS(Glasy)	Surgery	Ward 08
32	Dr.(Mrs.) S.A.S.P. Subasinghe MBBS(Col)Hons, MD (SL)	General Medicine	Ward 17
33	Dr, L. N. Senavirathna MBBS (Col), MS (SL), MRCS (UK)	Urology and Kidney Transplantation	Ward 14 A

	Name of Consultant	Specialty	Unit
34	Dr. (Mrs.) C.R. Pilimatalawwe MBBS, MD (Anaesthesiology)	Anaesthesia	Theater
35	Dr. P.P.C.Prageeth MBBS, MD (Anaesthesia), FRCA (UK	Anaesthesia	Theater
36	Dr.K.V.C.Janaka MBBS, MD, MSC(Diabetis & Endocrinology)MRCP (Endo)	General Medicine	OPD
37	Dr.K.G.Karunaratne MBBS.MD,MRCS(Engd)	Orthopaedics	Ward 11 A
38	Dr.(Mrs.)F.S.Maleen MBBS India),MD(Obs & Gyn),	Obstetric & Gynaecol- ogy	Ward 07 A
39	Dr. N.Vithanage MBBS, Diploma in Pathology, MD (Chemical Patholo- gy)	Chemical Pathology	Path Lab
30	Dr. (Mrs.) R.A.S.T.Rupasingha MBBS(Col), MD ,ORL(Col), DOHNS(Edin)),MRCF( UK)	Otorhinolaryngolo- gy	Ward 11
41	Dr. M. C. B. Galahitiyawa MBBS, MD (Col), MRCP (UK)	Nephrology	Ward 21
42	Dr. S.R.P. Kottegoda MBBS, MD	Cardio - Electro Physi- ology	Ward 19
43	Dr.(Mrs)D.T.Muthukuda MBBS,MD(Col),MRCP(UK)	Endocrinologist	-
44	Dr.(Mrs)D.K.Y.Abeywardana MD(Radiology)MBBS	Radiology	X-ray
45	Dr.(Mrs)S.B.T.M.D.S.Tennakoon MBBS,DFM,MRCP(Eng),MD- ORL,Head&Neck(Colombo)	Otolaryngology	Ward 11
46	Dr.M.S.G.Perera MBBS, MD	Pulmonology	-
47	Dr.B.N.Abeywickrama MD(Radiology)MBBS(COL)	Interventional Radiol- ogist	X-Ray
48	Dr.W.G.R.C.K. Sirisena MBBS.MS.MRCS.(Edinburgh)	Surgery	Ward 14

# 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 Hon. Minister of Health and act as a training center for medical undergraduate and postgraduate trainees in addition to providing patient care services.

In 2018 Number of staff members was .

Summary					_	
	APPROVED	AVAILABLE	MALE	FEMALE		1870
	CADRE	CADRE			Chairman	1
Executive Staff	22	20	12	8	Intern	10
Medical Staff(Consultants&Res.Specialists	60	48	27	21	Post Intern	47
Medical Officers	180	197	51	146	P.G.I.M.	55
Para Medical Staff	135	105	54	51	Project Asst.	1
Nursing Staff	880	739	48	691	Trainee M.A.	24
Clerical And Allied Service	152	145	35	110	Trainee Para	15
Other Staff	125	104	66	38	Trainee Cook	1
Primary Staff	493	512	311	201	Trainee S.K.	1
Total	2047	1870	604	1266	Total	2025

The table below gives ,a comparative summery of the indicators of in and out patient care services is given by the hospital .

Indicator	2018	2017	Increase/ De- crease(%)
1. Number of Patient Beds	1061	1092	-2.84
2.Total Number of Patient Admissions	58949	71054	-17.03
3. Average Length of Stay (Days)	4.3	4.5	-4.44
4. Hospital Bed Occupancy (%)	66.28	79.65	-16.79
a. Bed Occupancy of General Wards(%)	67.06	80.56	-16.76
b. Bed Occupancy of Paying Wards(%)	77.03	78.51	-1.89
5. Number of Out Patient Department Visits	22992	24196	-4.98
6. Number. of Emergency treatment Unit Visits	43478	55681	-21.92
7. Total Number of Patients attended for Clinics	182170	177376	2.70
8. Total Number of Surgeries done	14601	14705	-0.71
9. Number of Cardio Thoracic Surgeries done	630	432	45.83
10. Number of Kidney Transplants done	28	31	-9.68
11. Number of Dialysis done	6467	6562	-1.45
12. Number of Echo Cardiograms done	17067	15104	13.00
13.Number of Coronary angiogram Tests	1375	826	66.46
14.Number of Stress Tests	1814	1599	13.45
15.Number of Deliveries	3576	3727	-4.05
16. Number of ECG Tests done	47747	43504	9.75
17.Number of EMG tests done	1242	1250	-0.64
18. Number of X– ray Tests done	82009	77597	5.69
19.Number of CT studies	13428	12272	9.42
20.Number of Mammograms done	854	578	47.75
21.Number of Physiotherapy done	37724	19648	92.00
22.Number of Channel patients	11891	10904	9.05
23. Number of Refraction Tests done	3999	3895	2.67
24.Number of Nutrition Advices given	3994	3217	24.15
25. Number of Speech Therapies done	1266	1423	-11.03
26. Number of Medical Check-ups	3749	4356	-13.93
27. Number of Psychological counseling done	2095	1808	15.87
28. Number of Pathological tests done	1272727	1467273	-13.26
29.Total Number of endoscopy tests done	6122	5232	17.01
30.Total Number of Blood collection	5395	5193	15.79
31.Total Number of deaths	745	942	-20.91

Following table shows the unit wise summary of in-patient care provided by Sri Jayewardenepura General Hospital in 2018.

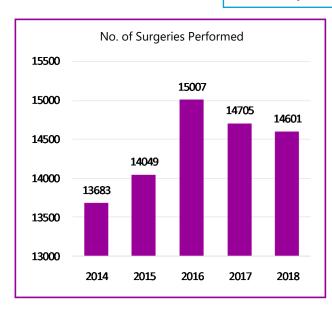
Unit	Pati Admis		Increase/ Decrease	Bed Occupancy (%)		Increase/ De- crease (%)
	2018	2017	(%)	2018	2017	Crease (70)
General Medical Unit	16718	25804	-35.21	100.1	169.99	-41.11
General Surgical Unit	7745	8150	-4.97	61.50	65.24	-5.73
Gynecology and Obstetrics Unit	7590	8012	-5.27	76.65	83.82	-8.55
Paediatric Unit	3057	4700	-34.96	59.54	91.07	-34.62
ENT Unit	1784	1405	26.98	61.29	73.88	-17.04
Orthopedic Unit	2642	2785	-5.13	37.56	46.80	-19.74
Ophthalmology (Eye) Unit	1862	2103	-11.46	50.97	48.26	5.62
Cardiology Unit	3310	3084	7.33	93.44	86.86	7.58
Cardio-Thoracic Unit	1069	874	22.31	68.15	44.40	53.49
Neonatal Intensive Care Unit	1084	1099	-1.36	87.26	87.13	0.15
Neurology Unit	559	659	-15.17	42.17	52.70	-19.98
Neuro - surgical Unit	1065	1175	-9.36	45.02	51.05	-11.81
Dialysis and Nephrology Unit	6356	6810	-6.67	79.90	81.83	-2.36
General ICU	646	807	-19.95	86.44	112.60	-23.23
Cardio-thoracic ICU	651	533	22.14	103.77	82.94	25.11
Paying ward –Class I	1710	1909	-10.42	104.78	112.15	-6.57
Paying ward –Class II	5503	5949	-7.50	74.15	74.60	-0.60

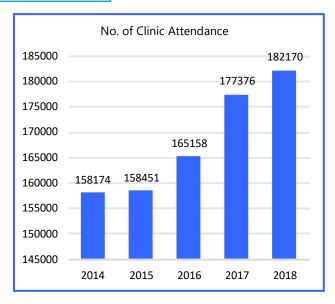
Following is the summary of the financial performance of Sri Jayewardenepura General Hospital in year 2018

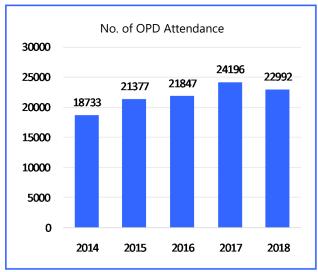
	(Rs. '000)		Increase / Decrease		
Description	2018	2017	Value (Rs. '000)	Percent- age (%)	
Income generated from operations	2416957	2100845	316112	15	
Government Grant –Recurrent	1659000	1300000	359000	28	
Other Income	66081	83869	(17788)	(21)	
Other Operating Income (Interest)	7583	7035	548	8	
Capital Grant Amortization	533524	303734	229790	76	
Total Income	4683145	3795483	887662	23	
Materials & Consumables used	1284884	1111194	173690	16	
Staff cost	2301941	2080835	221106	11	
Depreciation & amortization	533524	303734	229790	76	
Other operating expenses	413878	423585	(9707)	(2)	
Total expenses	4534227	3919349	614879	15.69	
Profit /Loss from operation	148918	(123866)	25051	(20)	
Finance cost	14376	11443	2933	26	
Other expenses	11260	8824	2436	28	
Profit /Loss before Taxation	123280	(144133)	19682	(14)	
Income tax	6193	5486	707	13	
Profit /Loss after Taxation	117087	(149619)	(32532)	22	

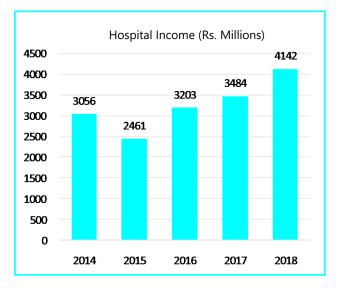
## 3.2 General Performance

	2014	2015	2016	2017	2018
No. of beds in Hospital	1079	1076	1086	1092	1061
Total No. of admissions	53424	55143	59257	71054	58949
No. of OPD Attendance	18733	21377	21847	24196	22992
No. of Clinic Attendance	158174	158451	165158	177376	182170
No. of Surgeries Performed	13683	14049	15007	14705	14601
Bed Occupancy Rate (%)	64.1	63.04	68.80	79.65	66.28
No. of Neonatal deaths	14	11	9	21	23
Total No. of deaths	689	740	805	942	745
Hospital Income (Rs. Mions)	3056	2461	3203	3484	4142





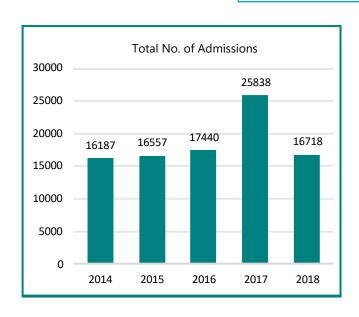


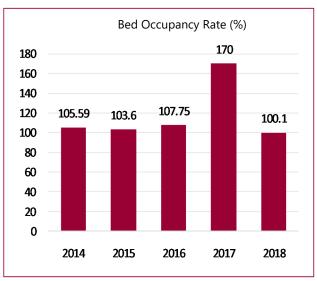


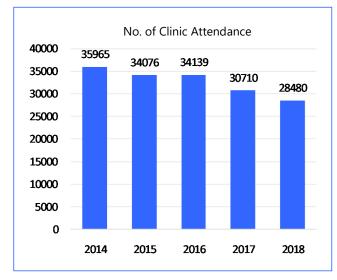
## 3.3 Sector Review

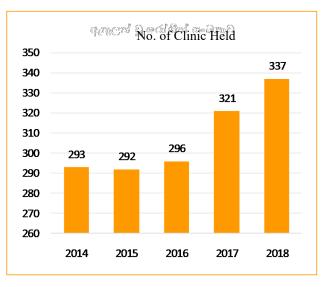
#### I. General Medical Unit

	2014	2015	2016	2017	2018
No. of Clinics Held	293	292	296	321	337
No. of Clinic Attendance	35965	34076	34139	30710	28480
Total No. of Admissions	16187	16557	17440	25838	16718
Bed Occupancy Rate (%)	105.59	103.6	107.75	170	100.1



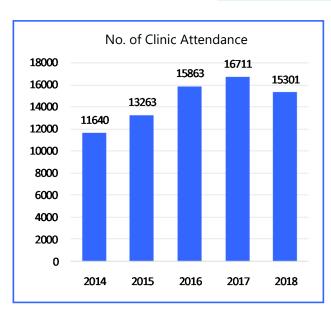


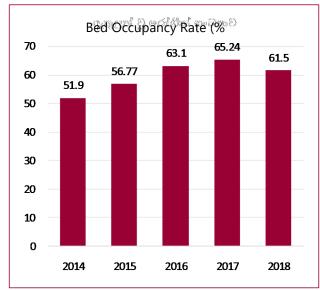


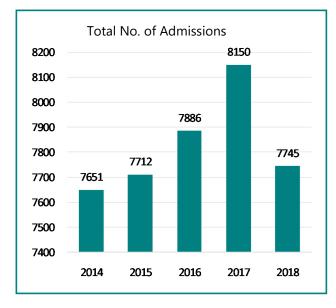


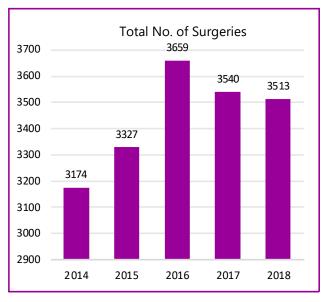
#### II. General Surgical Unit

	2014	2015	2016	2017	2018
No. of Clinics Held	391	392	393	378	378
No. of Clinic Attendance	11640	13263	15863	16711	15301
Total No. of Admissions	7651	7712	7886	8150	7745
Total no. of Surgeries	3174	3327	3659	3540	3513
Bed Occupancy Rate (%)	51.9	56.77	63.10	65.24	61.50



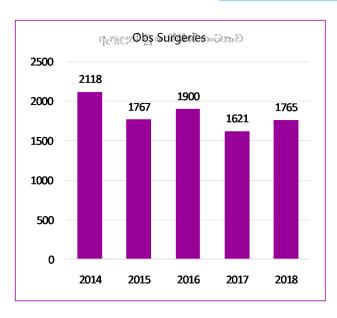


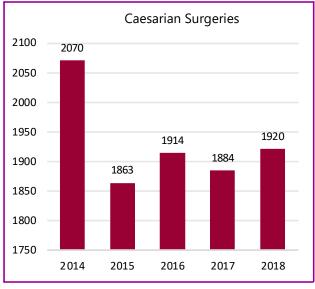


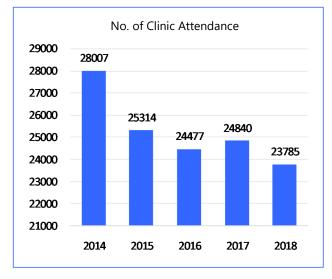


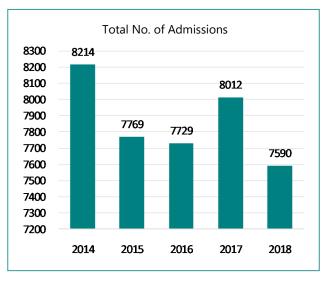
## III. Gynaecology and Obstetrics Unit

	2014	2015	2016	2017	2018
No. of Clinics Held	296	338	342	408	384
No. of Clinic Attendance	28007	25314	24477	24840	23785
Total No. of Admissions	8214	7769	7729	8012	7590
Bed Occupancy Rate (%)	83.75	79.44	76.13	83.82	76.65
No. of Deliveries	3937	3602	3592	3727	3576
Gyn surgeries	1256	1291	1331	1467	1249
Obs surgeries	2118	1767	1900	1621	1765
No. of caesarian surgeries	2070	1863	1914	1884	1920





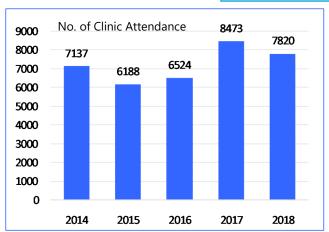


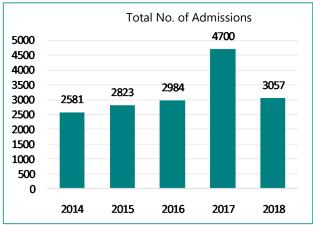


#### IV. Pediatric Unit

	2014	2015	2016	2017	2018
No. of Clinics Held	341	345	337	342	387
No. of Clinic Attendance	7137	6188	6524	8473	7820
Total No. of Admissions	2581	2823	2984	4700	3057
Bed Occupancy Rate (%)	56.23	53.66	53.91	91.07	59.54

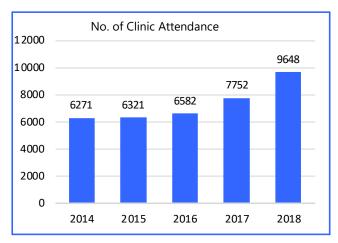
#### Five year summery

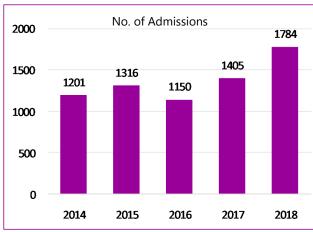




#### V. ENT Unit

	2014	2015	2016	2017	2018
No. of Clinics Held	94	95	98	97	144
No. of Clinic Attendance	6271	6321	6582	7752	9648
Total No. of Admissions	1201	1316	1150	1405	1784
Bed Occupancy Rate (%)	29.09	30.98	37.79	73.88	61.29
No. of Surgeries done	451	483	425	554	816

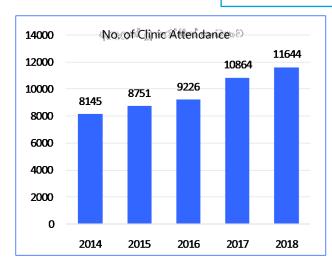


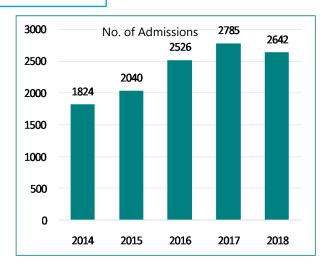


#### VI. Orthopaedic Unit

	2014	2015	2016	2017	2018
No. of Clinics Held	95	99	137	189	193
No. of Clinic Attendance	8145	8751	9226	10864	11644
Total No. of Admissions	1824	2040	2526	2785	2642
Bed Occupancy Rate (%)	47.84	48.93	36.86	46.8	37.5
No. of Surgeries done	1366	1501	1630	2049	1992

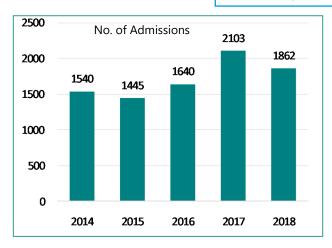
#### Five year summery

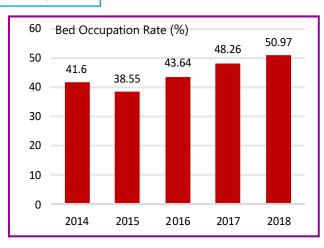




## VII. Ophthalmology (Eye) Unit

	2014	2015	2016	2017	2018
No. of Clinics held	246	242	242	239	235
No. of Clinic Attendance	14845	15406	14725	14776	14683
No. of Admissions	1540	1445	1640	2103	1862
Bed Occupation Rate (%)	41.36	38.55	43.64	48.26	50.97
No. of Surgeries performed	3194	3481	3681	3382	3167

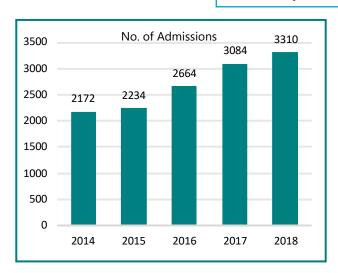


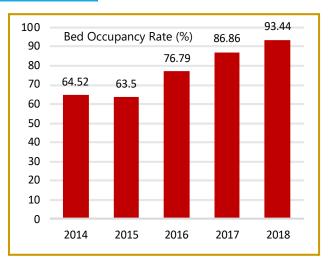


## VIII. Cardiology Unit

	2014	2015	2016	2017	2018
No. of Clinics held	95	99	96	92	98
No. of Clinic Attendance	5741	5379	5063	5508	5657
No. of Admissions	2172	2234	2664	3084	3310
Bed Occupancy Rate (%)	64.52	63.5	76.79	86.86	93.44
No. of Coronary Angiograms	689	688	966	826	1375

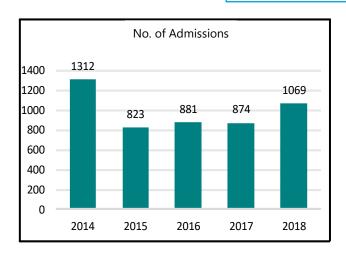
#### Five year summery

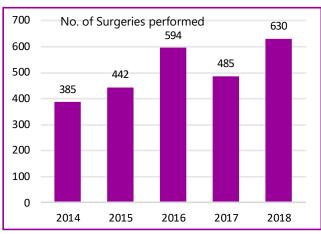




#### IX. Cardio-Thoracic Unit

	2014	2015	2016	2017	2018
No. of Clinics held	95	94	98	97	96
No. of Clinic Attendance	3733	3709	4308	3922	4512
No. of Admissions	1312	823	881	874	1069
Bed Occupancy Rate (%)	71.03	64.54	77.8	44.4	68.15
No. of Surgeries performed	385	442	594	485	630

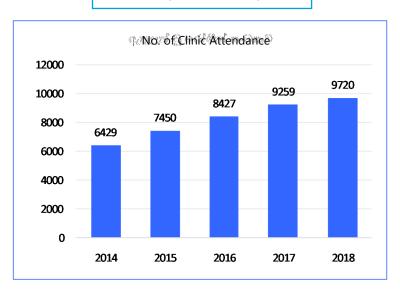




#### X. Dermatology Unit

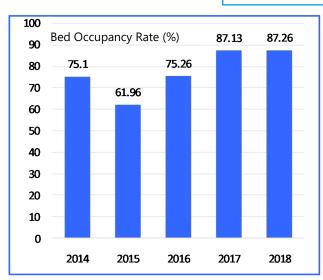
	2014	2015	2016	2017	2018
No. of Clinics held	207	193	193	193	200
No. of Clinic Attendance	6429	7450	8427	9259	9720

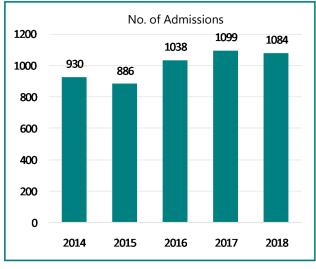
Five year summery



## XI. Neonatal Intensive Care Unit (NICU)

	2014	2015	2016	2017	2018
No. of Clinics held	49	49	49	50	48
No. of Clinic Attendance	1480	1678	2040	2513	1695
No. of Admissions	930	886	1038	1099	1084
Bed Occupancy Rate (%)	75.10	61.96	75.26	87.13	87.26

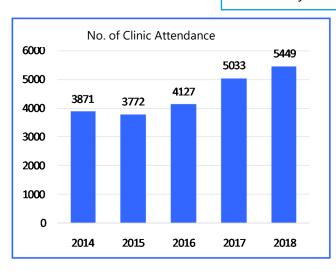


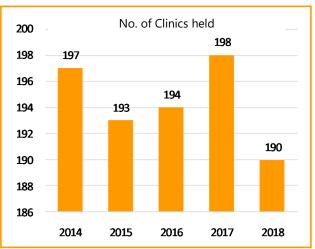


### XII. Rheumatology and Rehabilitation Unit

	2014	2015	2016	2017	2018
No. of Clinics held	197	193	194	198	190
No. of Clinic Attendance	3871	3772	4127	5033	5449

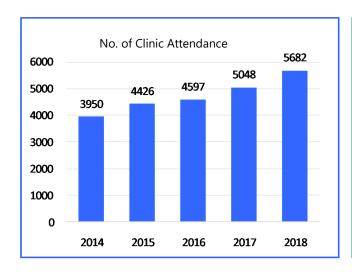
### Five year summery

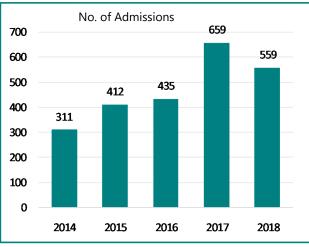




### XIII. Neurology Unit

	2014	2015	2016	2017	2018
No. of Clinics held	100	98	98	92	97
No. of Clinic Attendance	3950	4426	4597	5048	5682
No. of Admissions	311	412	435	659	559
Bed Occupancy Rate (%)	30.52	34.86	35.58	52.70	42.17
No. of EEG performed	642	680	619	654	523
No. of EMG performed	1312	1363	1184	1250	1242

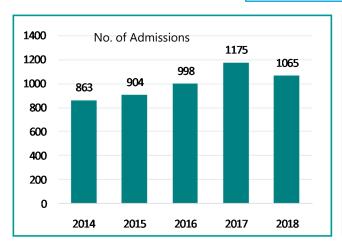


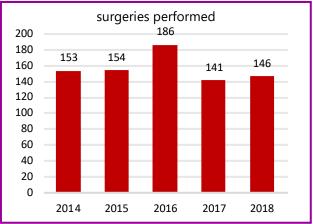


### XIV. Neurosurgery Unit

	2014	2015	2016	2017	2018
No. of Clinics held	95	98	96	94	96
No. of Clinic Attendance	848	754	981	972	945
No. of Admissions	863	904	998	1175	1065
Bed Occupancy Rate (%)	39.99	44.97	48.52	51.05	45.02
No. of surgeries performed	153	154	186	141	146

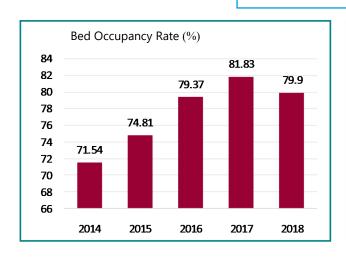
### Five year summery

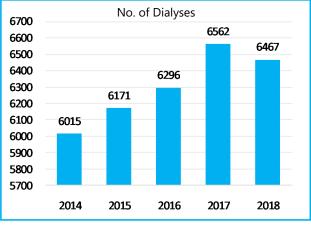




### XV. Nephrology Unit

	2014	2015	2016	2017	2018
No. of Clinics held	134	242	242	241	242
No. of Clinic Attendance	12395	12817	13414	14687	14107
No. of Admissions	6203	6410	6584	6810	6356
Bed Occupancy Rate (%)	71.54	74.81	79.37	81.83	79.90
No. of Kidney transplantations	22	23	24	31	28
No. of Dialyses	6015	6171	6296	6562	6467

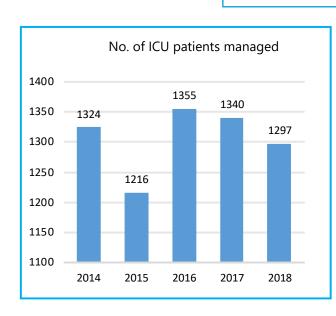


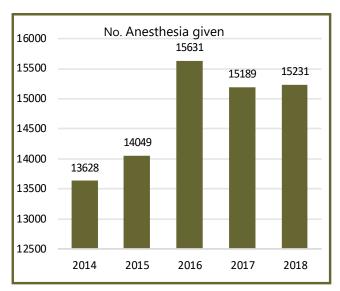


### XVI. Anaesthesiology Unit

	2014	2015	2016	2017	2018
No. Anesthesia given	13628	14049	15631	15198	15231
No. of ICU patients managed	1324	1216	1355	1340	1297

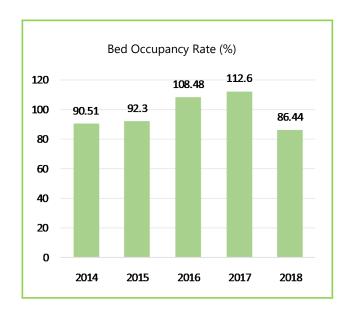
Five year summery

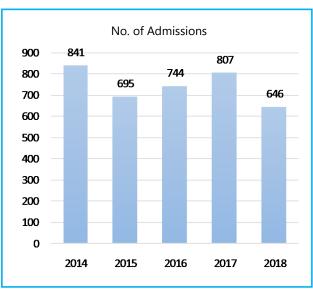




XVII. Intensive Care Unit (ICU)

	2014	2015	2016	2017	2018
No. of Admissions	841	695	744	807	646
Bed occupancy rate (%)	90.51	92.3	108.48	112.6	86.44

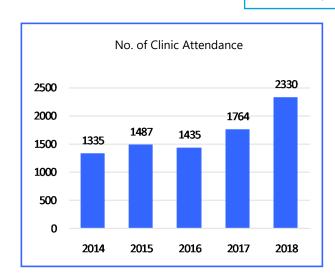




### XVIII. Haematology Unit

	2014	2015	2016	2017	2018
No. of Clinics Held	49	49	48	50	50
No. of Clinic Attendance	1335	1487	1435	1764	2330
No. of routine investigations	302781	287934	353377	591797	403536
No. of special investigations	44900	54487	31552	26011	27440

Five year summery

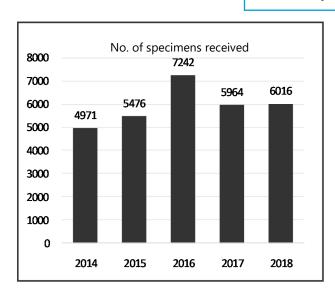


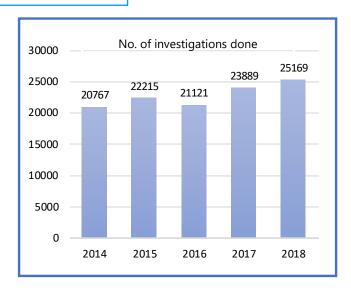


### XIX. Histopathology Unit

	2014	2015	2016	2017	2018
No. of specimens received	4971	5476	7242	5964	6016
No. of investigations done	20767	22215	21121	23889	25169

Five year summery

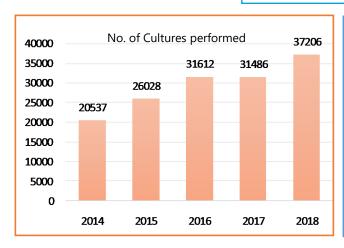


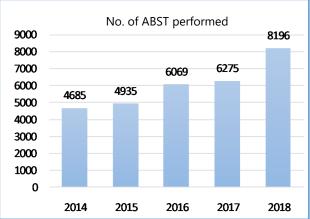


### XX. Microbiology Unit

	2014	2015	2016	2017	2018
No. of Cultures performed	20537	26028	31612	31486	37206
No. of ABST performed	4685	4935	6069	6275	8196
No. of Serological Tests performed	23255	21659	40795	59264	45187
No. of AFB Tests performed	1189	2553	3312	1944	1632

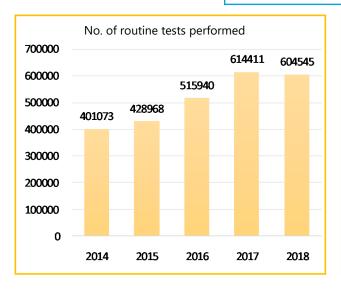
Five year summery

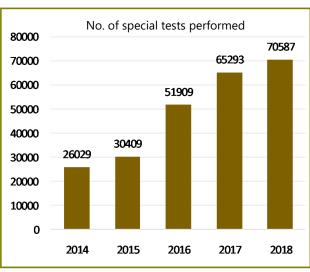




### XXI. Biochemistry Unit

	2014	2015	2016	2017	2018
No. of routine tests performed	401073	428968	515940	614411	604545
No. of special tests performed	26029	30409	51909	65293	70587

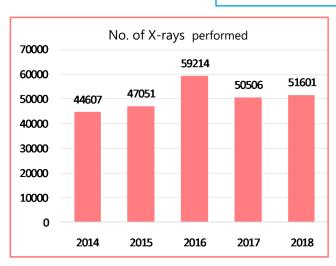


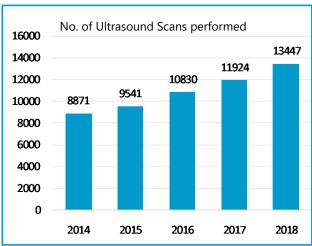


### XXII. Radiology & Imaging Unit

	2014	2015	2016	2017	2018
No. of X-rays performed	44607	47051	59214	50506	51601
No. of Ultrasound Scans per- formed	8871	9541	10830	11924	13447
No. of CT Scans performed	6721	6116	12278	12272	13428
FNAC US Biopsy	299	356	420	500	683

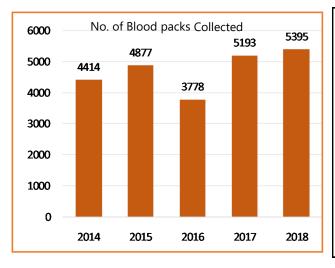
Five year summery

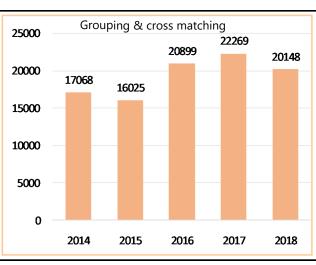




### XXIII. Blood Bank

	2014	2015	2016	2017	2018
Total No. of Blood packs Collected	4414	4877	3778	5193	5395
No. of Red Cell Units Issued	5274	4441	5077	5373	5104
No. of ABO and Rh groupings	29680	34924	39115	41983	38031
Grouping & cross matching	17068	16025	20899	22269	20148

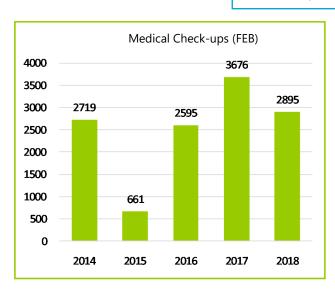


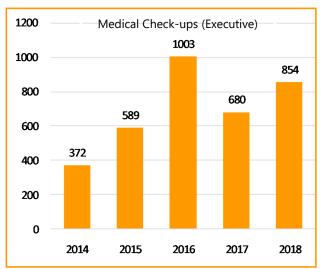


### XXIV. Medical Check-up unit

	2014	2015	2016	2017	2018
Medical Check-ups (FEB)	2719	661	2595	3676	2895
Medical Check-ups (Executive)	372	589	1003	680	854

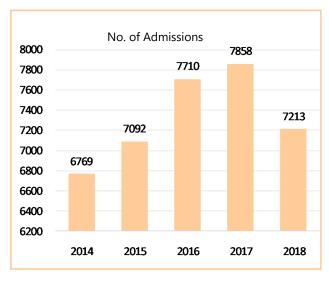
Five year summery

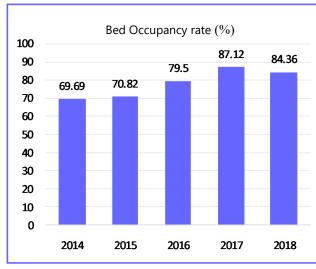




### XXV. Paying Wards

	2014	2015	2016	2017	2018
No. of Admissions	6769	7092	7710	7858	7213
Bed Occupancy rate (%)	69.69	70.82	79.5	87.12	84.36

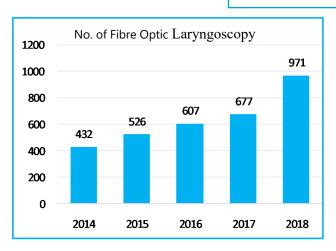


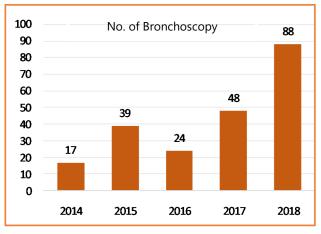


### XXVI. Endoscopy Unit

	2014	2015	2016	2017	2018
No. of Bronchoscopy	17	39	24	48	88
No. of Upper GI Endoscopy	2191	1837	2172	1920	1876
No. of Colonoscopy	495	693	853	727	735
No. of Fibre Optic Laryngoscopy	432	526	607	677	971
No. of Oesophageal Variceal Banding	322	313	337	253	222
No. of ERCPs	4	21	16	6	10

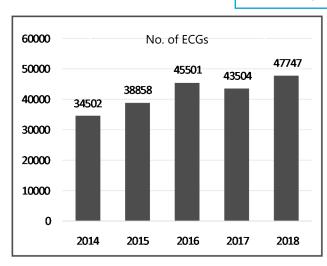
### Five year summery

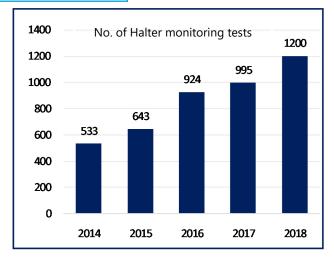




### XXVII. ECG unit

	2014	2015	2016	2017	2018
No. of ECGs	34502	38858	45501	43504	47747
No. of Exercise ECGs	1538	1723	1740	1599	1814
No. of Halter monitoring tests	533	643	924	995	1200

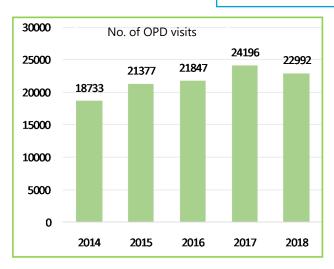


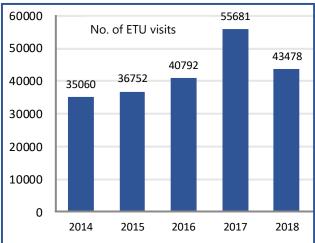


### XXVIII. Out Patient Department (OPD) and Emergency Treatment Unit (ETU)

	2014	2015	2016	2017	2018
No. of OPD visits	18733	21377	21847	24196	22992
No. of ETU visits	35060	36752	40792	55681	43478

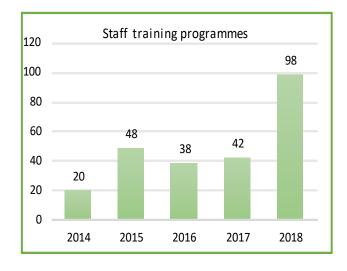
Five year summery

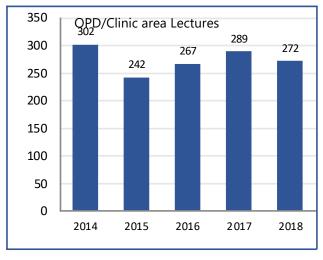




XXIX. Health Education and Infection Control Unit

	2014	2015	2016	2017	2018
Staff training programs	20	48	38	42	98
OPD/Clinic area Lectures	302	242	267	289	272
Hospital acquired Infection rate	0.62	0.56	0.9	0.53	0.75

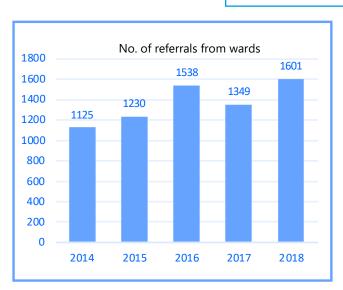


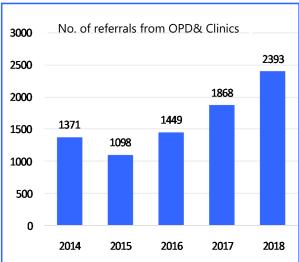


### XXX. Nutrition Unit

	2014	2015	2016	2017	2018
No. of referrals from Wards	1125	1230	1538	1349	1601
No. of referrals from OPD & Clinics	1371	1098	1449	1868	2393

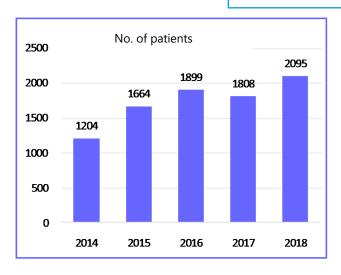
### Five year summery

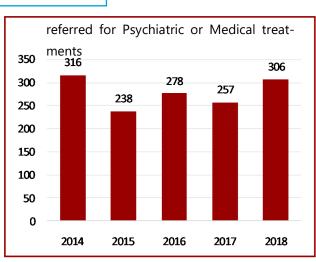




### XXXI. Psychological Counseling Unit

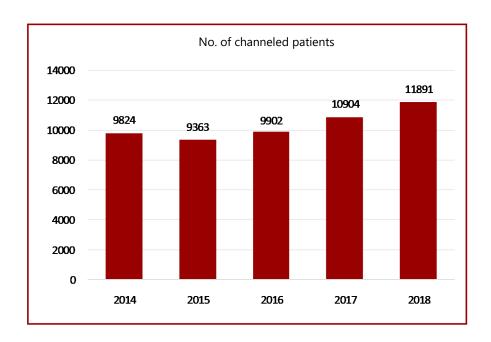
	2014	2015	2016	2017	2018
No. of patients	1204	1664	1899	1808	2095
No. of patients referred for Psychiatric or Medical treatments	316	238	278	257	306
No. of patients referred for legal advice	86	79	68	46	57
No. of awareness programs conducted	10	11	9	12	11





### XXXII. Channelling Service

	2014	2015	2016	2017	2018
No. of Channeled patients	9824	9363	9902	10904	11891



## 3.4 10 year summary

	2009	2010	2011	2012	2013	2014	2015	2016 000′	2017	2018
Hospital Charges	721,761	812,121	828,236	993,119	1,120,511	1,316,437	1,493,892	1856261	2100845	2416957
Growth rate %	22.70	12.57	1.98	19.91	12.83	17.49	13.48	24.25	13.17	15.05
Govt. grants - recurrent	775,000	775,000	837,000	827,234	009'666	1,700,000	920'086	1300000	1300000	1659000
Growth rate %	5.24	ı	8.00	(1.17)	20.84	70.07	(45.88)	41.29	1	27.62
Interest income	4,823	3,334	4,443	5,376	5,514	5,470	7,163	7352	7035	7583
Growth rate %	(2.23)	(30.87)	33.26	21.00	2.57	-0.80	30.93	2.63	-4.3	7.79
Other income	27,099	32,909	24,032	32,250	31,788	34,271	40,089	47157	83869	66081
Growth rate %	56.29	21.44	(26.97)	34.20	(1.43)	7.81	(16.97)	17.63	77.85	(21.21)
Total income	1,528,683	1,623,364	1,693,711	1,857,979	2,157,414	3,056,179	2,635,921	3454557	3795483	4683145
Growth rate %	13.50	6.19	4.33	9.70	16.12	41.66	(17.46)	31.05	98.6	23.39
Total expenditure	1,555,528	1,571,299	1,712,964	1,977,155	2,065,126	2,492,169	2,988,539	3630374	3945102	4566056
Growth rate %	8.13	1.01	9.05	15.42	4.45	20.68	19.92	21.47	8.66	15.74
Surplus / (deficit)	(26,845)	52,065	(19,253)	(119,176)	92,286	720,613	(352,618)	(175818)	(149619)	117086
Growth rate %	(70.73)	(293.95)	(136.98)	519.00	(177)	680.85	148.80	(50.13)	-14.9	(178.26)
Govt. grants - Capital	102,925	115,000	236,785	71,000	282,751	190,225	265,654	000866	525269	958165
Growth rate %	(2.99)	11.73	105.90	(70.01)	298.24	-32.72	39.65	275.67	-47.36	82.41
Recurrent grants out of total Reve- nue %	51	48	49	45	46	56	35	37	37	35

## 3.4 10 year summary - continue

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
No. of beds in Hospital	1043	1046	1047	1088	1078	1079	1076	1086	1092	1061
Bed occupancy percentage (%)	75%	66.1%	%8'99	70.5%	64.07%	64.10%	63.04%	%08.89	79.65	66.28
No. of Patients admitted	55,142	53,962	52,554	57,119	54,283	53,424	55,143	59257	71054	58949
Daily admissions average	151	148	144	156	149	146	151.08	162.34	194.67	161.50
Average daily sick	780	029	693	759	069	677.42	678.7	732	846.8	718.6
Average length of stay (days)	5.1	4.6	4.7	4.8	4.6	4.7	4.5	4.5	4.5	4.3
No. of clinics held	2,782	2,822	2,851	2,939	3,027	3,101	3196	3344	3841	3972
No. of first time visits for clinics	26,961	26,312	25,722	24,295	26,854	27,987	28787	30956	34816	37663
No. of subsequent visits	126,630	123,611	121,567	123,462	124,302	130,187	129,664	134202	142560	144507
No. of visits to the Emergency Treatment Unit	40,452	38,012	36,898	42,883	38,323	35,060	36,752	46792	55681	43478
Total No. of outpatient visits	16,222	15,536	16,434	16,532	18,843	18,733	21,377	21847	24196	22992
Average of No. attended clinics	55	53	51.7	50.3	49.9	51.00	49.6	49.4	46.2	45.9

### 4. Financial Reports





### 4.1 Statement of Financial Position

### Statement of Financial position as at 31st December

### SRI JAYEWARDENEPURA GENERAL HOSPITAL

STATEMENT OF FINANCIAL POSITION			经建筑现金
AS AT 31 <sup>ST</sup> DECEMBER	Note	<b>2018</b> Rs	<b>2017</b> Rs
ASSETS			
Current Assets			
Cash & Cash Equivalents	01	129,732,900	59,215,119
Receivables and Pre-Payments	02	387,410,373	348,638,224
Inventories	03	327,918,998	359,565,291
Short Term Investments	04	45,000	45,000
		845,107,271	767,463,634
Non Current Assets			
Property, Plant & Equipment	05	1,838,332,211	1,720,546,842
Furniture & Fittings ,Auto Mobiles, Others	05	43,480,984	47,096,909
Capital Work in Progress	06	689,609,072	432,718,789
Data Base of Scanned BHT		15,875,728	
Total Assets		2,587,297,994 <b>3,432,405,265</b>	2,200,362,540 2,967,826,174
LIABILITIES			
Non Current Liabilities			
Employee Benefits	07	588,698,017	511,823,832.18
		588,698,017	511,823,832.18
Current Liabilities		200,070,017	011,020,002.10
Trade & Other Payables	08	702,190,042	809,353,507
Bank Overdraft	01	3,699,358	448,818
Total Liabilities		705,889,401	809,802,324
NET ASSEST		2,137,817,848	1,646,200,017
NET ASSETS/ EQUITY			
Contributed Capital and Reserves			
Grants Received from Japanese Govt.		978,976,227	978,976,227
Capital Reserve - (Other Grants Received)		37,848,935	37,848,935
Capital Reserves		2,280,000	2,280,000
Other Donations		7,940,525	7,940,525
Deferred Income ( Capital Grant )		1,817,826,856	1,393,185,909
Accumulated Surplus / (Deficit )	16	(707,054,694)	(774,031,578)

The Accounting Policies on pages 06 to 10 and notes on pages 11 to 17 form an integral part of these Financial Statements. The Board of Directors is responsible for the preparation and presentation of these Financial Statements. Financial Statements were approved by the Board of Directors and signed on their

Chief Financial Officer

Date

Dr. Athula Kahandaliyanage MBBS,MSc,(Com Med HILLOOD MCMA.FCMA Chairman

Sri Jayewardenepura General Hospital

Nugegoda

MBBS, MSc (Med,Adm.) MIPH (USyd.) Sri Jayewardenepura General Hospital

Acting Director

Dr. Madhava Karunarathna Ur. Wadnava Karunaratma
MBBS, MS, FSLCOG (SL) FRCOG (UK)
Consultant Obstetrician & Gynaecologist
Sri Jayewardenepura General Hospital

Board Membe

A.P.U.K. Abeysooriya BSc(Bus.Admin),ACA,ACMA Chief Financial Officer Sri Jayewardanepura General Hospital Nugegoda

### 4.2 Financial Performance Statement

Financial Performance Statement for the Year Ended

FINANCIAL PERFORMANCE STATEMENT	a train		
FOR THE YEAR ENDED 31 <sup>ST</sup> DECEMBER	Note	<b>2018</b> Rs.	<b>2017</b> Rs.
Revenue	09	4,142,037,826	3,484,713,805
Other Operating Income ( Interest )		7,583,372	7,034,993
Capital Grant Amortization		533,524,053	303,734,564
		4,683,145,251	3,795,483,362
Materials & Consumables Used	10	1,284,883,872	1,111,194,412
Staff Costs	11	2,301,941,372	2,080,834,979
Depreciation	12	533,524,053	303,734,564
Other Operating Expenses	13	413,878,319	423,585,448
	_	4,534,227,616	3,919,349,404
Profit/(Loss) from Operations		148,917,635	(123,866,042)
Finance Costs	14	14,376,770	11,442,779
Other Expenses	15	11,260,783	8,824,515
Profit/(Loss) Before Taxation		123,280,083	(144,133,336)
Economic Service Charges	_	6,193,235	5,486,050
Profit/(Loss) After Taxation		117,086,848	(149,619,386)
Profit & Loss Account Brought Forward	16	(824,141,542)	(624,412,192)
Profit & Loss Account Carried Forward	-	(707,054,694)	(774,031,578)

### 4.3 Cash Flow Statement

FOR THE YEAR ENDED 31 <sup>ST</sup> DECEMBER	<b>2018</b> Rs.	<b>2017</b> Rs.
CASH GENERATED FROM OPERATIONS		
Profit/(Loss) Before Taxation	123,280,083	(144,133,336)
Adjustment in respect of Previous Year	(50,109,965)	(29,539,684
Capital Grant Amortization	(533,524,053)	(321,735,830
Depreciation	533,524,053	303,734,564
Provision for Gratuity	108,241,369	98,726,039
Investment Income (Interest)	(7,583,372)	(7,034,993
Profit on Disposal of Fixed Assets	(1,130,850)	-
Operating Profit/(Loss) before Working Capital Changes	172,697,265	(99,983,240)
Adjustment for Working Capital Changes		
(Increase) / Decrease in Stocks	31,646,293	(94,565,615
(Increase) / Decrease in Debtors	(38,772,149)	(55,268,781)
Increase / (Decrease) in Creditors & Payables	(107,163,464)	303,888,414
Cash Generated From Operating Activities	58,407,945	54,070,778
Gratuity Paid	(31,367,184)	(36,401,254
Economic Service Charge	(6,193,235)	(5,486,050)
Net Cashflows Generating From Operating Activities	20,847,526	12,183,474
Cash Flows From Investing Activities		
Capital Grant Received	958,165,000	525,269,376
Purchase of Property, Plant & Equipment	(647,693,496)	(762,668,493)
Proceeds from Sale of Property, Plant & Equipment	1,130,850	-
Capital Work In Progress	(272,766,011)	(329,177,953)
Net Cash Flows From Investing Activities	38,836,344	(566,577,070)
Cash Flows From Financing Activities		
Interest Income	7,583,372	7,034,993
Net Cash Flows From Financing Activities	7,583,372	7,034,993
Net Increase/ Decrease in Cash & Cash Equivalents	67,267,241	(547,358,603)
Cash & Cash Equivalents at the beginning of the year	58,766,301	606,124,904
Cash & Cash Equivalents at the end of the period	126,033,542	58,766,301
	120,000,012	50,700,501
ANALYSIS OF CASH AND CASH EQUIVALENTS		
Cash in Hand & at Bank	129,732,900	59,215,119
Bank Balances	(3,699,358)	(448,818)
	126,033,542	58,766,301

# 4.4 Statement of changes in equity

FOR THE YEAR ENDED 31 <sup>57</sup> DECEMBER 2018	<b>~</b>					
	Contributed Capital	Other Reserves	Deferred Income	Accumulated Surplus/ Deficit	Other Donations	Total Net Equity
Balance as at $01^{\rm st}$ January 2017	1,016,825,160	2,280,000	1,189,652,363	(594,872,511)	7,940,525	1,621,825,537
Profit for the year		r	i	(149,619,386)	•	(149,619,386)
Prior Period Adjustments	1	i		(29,539,678)	,	(29,539,678)
Capital Grant Received		7	525,269,376		•	525,269,376
Amortisation		ı	(321,735,830)	•	•	(321,735,830)
Balance as at 31st December 2017	1,016,825,160	2,280,000	1,393,185,909	(774,031,575)	7,940,525	1,646,200,019
Balance as at 01st January 2018	1,016,825,160	2,280,000	1,393,185,909	(774,031,575)	7,940,525	1,646,200,019
Profit for the year		1		117,086,848	1	117,086,848
Prior Period Adjustments				(50,109,965)	1	(50,109,965)
Capital Grant Received		ī	958,165,000	•	•	958,165,000
Amortisation		•	(533,524,053)	•	•	(533,524,053)
Balance as at 31st December 2018	1,016,825,160	2,280,000	1,817,826,856	(707,054,691)	7,940,525	2,137,817,850

### 4.5 Detailed analysis of net assets

DETAILED ANALYSIS OF NET ASSETS		
FOR THE YEAR ENDED 31 <sup>ST</sup> DECEMBER	2018	2017
	Rs.	Rs.
CAPITAL GRANTS		
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 Grants from SL Government ) Note - A	1,817,826,856	1,393,185,909
Capital Reserves	2,280,000	2,280,000
Donation to Purchase a Hemo Dialysis 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
Grants from President Fund	6,710,000	6,710,000
Other Donations - Funds and Equipments	7,940,525	7,940,525
	2,844,872,541	2,420,231,594
Note - A		
Deferred Income (Capital Grant from SL Government)		
Balance as at 1 <sup>st</sup> January	1,393,185,909	1,189,652,363
Add: Capital Grants Received During the Year	958,165,000	525,269,376
Less : Capital Grant Amortization Audit Report adjustment - year 2017	533,524,053	303,734,564 18,001,266
Balance as at 31 <sup>st</sup> December	1,817,826,856	1,393,185,909

### 4.6 General Information & Significant Accounting Policies - 2018

### SRI JAYEWARDENEPURA GENERAL HOSPITAL

### GENERAL INFORMATION & SIGNIFICANT ACCOUNTING POLICIES

### FOR THE YEAR ENDED 31ST DECEMBER 2018

### 1. GENERAL INFORMATION

### 1.1 Reporting Entity

The Reporting Entity, the Sri Jayewardenepura General Hospital which is domiciled in Sri Lanka and located in Thalapathpitiya, Nugegoda a gift by the Government of Japan for the Citizen of Sri Lanka was declared opened on 17<sup>th</sup> September 1984.

Sri Jayewardenepura General Hospital was established by the Act of Parliament No.54 of 1983.

The primary intention of establishing the Hospital was to provide excellent medical and surgical services compared to other government hospitals, at a reasonable price to the Public.

Sri Jayewardenepura General Hospital was set up to supplement the curative health service in Sri Lanka and to assist in the training of medical Undergraduates and Post Graduates and other health care personnel. While the Board of Directors take strategic and policy decisions the operational control is vested with the committee of Management.

### 2. BASIS OF PREPARATION

### 2.1 Basis of Accounting

Financial Statements are prepared in conformity with the Public Sector Accounting Standards laid down by the Institute of Chartered Accountants of Sri Lanka and in keeping with the Historical Cost convention where appropriate accounting policies are disclosed in succeeding notes. The Financial Statements are prepared in Sri Lankan Rupees.

These Financial Statements have been prepared on the basis that the Entity would continue as a going concern for the foreseeable future.

### 2.2 Comparative Figures

Comparative figures have been adjusted to confirm the changes in presentation in the current Financial Year.

### 3. PROPERTY, PLANT & EQUIPMENT

Property, Plant and Equipment are stated at cost 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 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.

Depreciation is provided on the assets other than on freehold land using Straight Line method at the rates as stated below:

### SIGNIFICANT ACCOUNTING POLICIES (CONTD.)

### FOR THE YEAR ENDED 31ST DECEMBER 2018

### 3. PROPERTY, PLANT & EQUIPMENT (Contd.)

<u>Japanese Government Donation</u>	
Buildings	2%
Electrical work	10%
Sewerage & Plumbing	10%
Air Conditioning	15%
Lifts /Elevators	10%
Furniture & Fittings	13%
Medical Equipment	20%
Other Assets	
Other Buildings	5%
Furniture & Fittings and Other Equipment	20%
Electrical Equipment, Sewing Machines & Cylinders	10%
Medical Equipment	25%
Refrigerators & Photocopy Machines	15%
Automobiles	20%
Software (Locally Developed)	100%

Depreciation of an asset begins when it is available for use and ceases at the earlier of the date that the asset is classified as held for sale or on the date that the asset is disposed.

### 4. INVENTORIES

Consumables are indicated in the inventories and valued at the lower of Cost and Net Realizable Value. The cost of inventories is valued on First In First Out (FIFO) basis.

### 5. ACCOUNTING FOR GRANTS

### 5.1 Government Grants

In the absence of a Sri Lanka Public Sector Accounting Standard for the presentation of Government Capital Grants received by the Statutory Board, the para 26 of LKAS 20 is adopted by the Board.

Accordingly Capital Grant is credited to a deferred income account and amortized at the rates which are equal to the rates of depreciation. Amortisation rate is approximately equal to the depreciation rate calculated for the investment made in assets.

Recurrent Grants from Government Treasury has been recognized as income of the period and added as an income to the Income Statement for the year.

### SIGNIFICANT ACCOUNTING POLICIES (CONTD.)

### FOR THE YEAR ENDED 31ST DECEMBER 2018

### 6. LIABILIITES & PROVISIONS

### 6.1 Retirement Benefits

In terms of Gratuity Act No.12 of 1983, the liability for payment to an employee arises only upon completion of 5 years of continued services. To meet the liability, a provision is made, equivalent to a half of a month salary based on the last month of the Financial Year for all employees who have completed five years of service.

### 6.2 Capital Commitments & Contingencies

- (a) All material expenditure commitments and Contingent Liabilities as at the Balance Sheet date have been disclosed in the notes to the Accounts.
- (b) Following Legal Cases are filed against the Hospital Board as at 31/12/2018
  - 1. 258/2009 Dr. D.H Samarakoon Promotion Case
  - 2. 444/2009 Dr. Anula Wijesundara- Rs. 2.5 Mn with cost
  - 3. 51/68/05M Professor R.L Satharasinghe Rs.60 Mn with cost
  - 4. HO/HC/ALT/25/2018 Mr. Rathnasinghe Rs. 1.7 Mn
  - 5. HO/HC/ALT/13/2018 Ms. Jayantha Padmini Rs.1.5 Mn
  - 6. 2/Add/3690/2015 Mr. Karunarathna Rs. 3 Mn
  - 7. MH/33/1185/2014 Mr. U Bandara Rs.1.5 Mn
  - 8. 33/1358/2018 Mr. Ranathunga Rs.0.75 Mn
  - 9. 01/Add/72/2013 Mr. Ekanayake Rs.1.8 Mn
  - 10.02/427/2013 Mr. Lasantha Rs.1.8 Mn
  - 11.B/166 Mr. Alwis Rs.1.3 Mn
  - 12.M 2819/2017 Death of Udara Hasaral Rs. 5 Mn
  - 13.Writ 184/2018
  - 14.CA Writ 246/2018
  - 15.S.P.L 406/2018
  - 16.M /2307 Mr. Ekanayake
- (c) The Department of Inland Revenue has made two Assessments for an additional PAYE tax liability for the Years of Assessment 2013/14 & 2014/15 of Rs. 4,449,091 and Rs.5,293,440 respectively in relation to Professional Charges and Free Medical to Staff. Appeal was made for the above additional assessment and the decision of the Department of Inland Revenue is pending.

### SIGNIFICANT ACCOUNTING POLICIES (CONTD.)

### FOR THE YEAR ENDED 31<sup>ST</sup> DECEMBER 2018

### 7. INCOME & EXPENDITURE

### 7.1 Recognition of Revenue & Expenditure

The revenue of the Hospital represents the Income from Hospital Charges, Government Recurrent Grants, Interest Income from Call Deposits and Loans to employees, and other miscellaneous income. All categories of income have been recognized on an accrual basis.

The total revenue from Hospital care includes the cost of free medical facilities provided to Hospital staff members during the year.

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.

For the purpose of presentation of the Income Statement, the Board is of the view that the nature of expenses and method fairly presents the elements of the Board's performance: hence such a presentation method is adopted.

All exempted Hospital bills have been recognized as Hospital Income as well as shown as expenditure in the Financial Performance Statement.

Professional fees of Rs. 396 million collected by the Hospital Board during the year had not been recognized in the accounts as such fees are not earned or derived by the Board. These professional fees belongs to some identified employees of the Board on providing professional services for private clients during their off duty hours and on holidays.

### 7.2 Cash Flow Statement

The Cash Flow Statement has been prepared using the indirect method. For the purpose of Cash Flow Statement, cash and cash equivalents consist of current account balances held at Banks and petty cash and Main cash imprests maintained.

### SIGNIFICANT ACCOUNTING POLICIES (CONTD.)

### FOR THE YEAR ENDED 31ST DECEMBER 2018

### 8. FOREIGN CURRENCY TRANSACTIONS

Foreign currency transactions are converted to Sri Lankan Rupees at the exchange rate prevailing at the time of occurring the transaction.

### 9. TAXATION

The provision for Income Tax is based on the elements of Income & Expenditure as reported in the Financial Statements and computed in accordance with the provision of the Inland Revenue Act No.24 of 2017. However, in view of Tax losses, no provision has been provided in the accounts.

Income Tax on interest income had not been provided in the Accounts as such income tax can be set off against Economic Service Charges (ESC)

### 4.7 Notes to the Financial Statements- 2018

CDI	IAYEWARDENEPU	IDA CENEDAL	HOCDITAL
SKI	IATEWARDENEPU	IKA GENEKAL	HUSPITAL

NOTES TO THE FINANCIAL STATEMENT	3		
AS AT 31 <sup>ST</sup> DECEMBER		<b>2018</b> Rs.	<b>2017</b> Rs.
Note: 01		101	101
Cash & Cash Equivalents			
Bank of Ceylon Current A/C - No 01 (Recu	rrent) - No.227982	89,655,811	15,020,756
Bank of Ceylon Current A/C - No 02 (Capit	tal) - No.7732950	12,430,357	5,229,105
Bank of Ceylon - 20th Anniversary A/C			20
H N B Call Deposit A/C		25,746,088	32,055,000
Bank of Ceylon - Dialysis Fund A/C - No.28	388787	1,235,185	1,235,185
Cash in Hand & Imprest Accounts		516,599	5,081,043
Petty Cash Imprest for Stamp Duty		148,860	594,010
		129,732,900	59,215,119
Hatton National Bank Current A/C - No.03	36010002853	(3,699,358)	(448,671)
HNB - Dialysis Fund Current A/C		-	(147)
		126,033,542	58,766,301
Receivables and Pre-Payments			
Miscellaneous Deposits	Schedule 01	10,451,237	5,839,582
Pre-Payments		-	740,635
Other Income Receivable	Schedule 02	1,909,263	1,019,080
Staff Distress Loans		164,396,559	163,575,305
University College		8,013,180	4,364,660
Special Loan - Cricket Team	Note 2.01	1,137,400	76,400
Staff - Salary Advances		-	242,302
Staff - Festival Advances	Schedule 03	252,500	488,455
Dialysis Assistance Fund A/C		1,685,600	1,685,600
Sundry Debtors	Schedule 04	11,455,779	38,286,641
Hospital Charges Receivable		106,590,015	132,325,102
Death Donation Recoverable		950,092	(50,000)
			(/)
Clinical Society		-	44,463
		572,400	
Clinical Society		572,400 79,996,348 387,410,373	

Note 02.01 - SJGH Board has approved an Interest Free Loan to the Hospital Cricket Team for their Tour in Indonesia in year 2018. This Loan will be recovered in 30 no.of monthly installments

AS AT 31 <sup>ST</sup> DECEMBER	<b>2018</b> Rs.	<b>2017</b> Rs.
Note:03		
Inventories		
General Stores	31,564,846	37,988,686
Drugs Stores	37,448,696	25,854,009
Surgical Consumables Stores	70,586,627	124,835,036
Dressings Stores	9,829,926	9,710,350
Electro Mechanical Engineering (EME) Stores	5,888,715	6,395,728
Radiology Department Stores	2,633,279	2,911,581
Path Lab & Blood Bank Stores	27,090,872	24,209,385
General Items in Sub Stores	42,242,223	20,375,134
Drugs & Surgical Consumables in Sub Stores	107,326,038	112,323,144
	334,611,222	364,603,053
Less: Provision for Expiry Items	6,692,224	5,037,762
	327,918,998	359,565,291
Note: 04		
Short Term Investments		
National Savings Bank (Staff Security Deposits)	45,000	45,000
	45,000	45,000

## NOTES TO THE FINANCIAL STATEMENTS CONTD.

Note: 05

Property, Plant & Equipment

Furniture & Fittings, Automobiles and Others

Description	Freehold Land (26 acres) Rs.	Buildings Donated by Japan Rs.	Other Buildings Rs.	Other Donations by Japan Rs.	Electrical Equipments Rs.	Refrigerator & Photo Copy Machines Rs.	Medical Equipments & Other Equipment Rs.	Total (Rs.)	Furniture & Fittings	Automobiles Rs.	Computer Software & Network Rs.	Renovation Of Kitchen Rs.	Total (Rs.)
COST / REVALUATION													
As at 1st January	15,015,732	453,028,634	537,911,473	416,490,078	204,677,087	28,376,246	2,966,882,767	4,622,382,017	50,838,569	44,934,912	44,460,839	28,760,185	168,994,505
Additions			40,914,891	i.	103,454,646	13,028,699	475,606,005	633,004,241	5,770,545		8,918,710		14,689,254
Transfers/Disposals		•	•	•	1	,	•	•		(1,274,000)	•		(1,274,000)
As at 31st December	15,015,732	453,028,634	578,826,364	416,490,079	308,131,733	41,404,945	3,442,488,772	5,255,386,260	56,609,114	43,660,912	53,379,549	28,760,185	182,409,759
DEPRECIATION													
As at 1st January		298,998,900	208,828,164	416,490,078	92,505,795	19,936,559	1,865,075,681	2,901,835,176	31,625,661	41,513,410	36,704,662	12,053,862	121,897,596
Charge for the year	·	9,060,573	23,844,113		26,696,228	3,924,646	451,693,313	515,218,873	7,036,204	329,126	9,501,831	1,438,019	18,305,180
Charge on Disposals	٠		ı	,	1					(1,274,000)	•	,	(1,274,000)
As at 31st December		308,059,473	232,672,277	416,490,078	119,202,023	23,861,205	2,316,768,994	3,417,054,049	38,661,865	40,568,536	46,206,493	13,491,881	138,928,775
NET BOOK VALUE													
As at 1st January	15,015,732	154,029,734	329,083,309	0	112,171,292	8,439,687	1,101,807,086	1,720,546,841	19,212,908	3,421,502	7,756,177	16,706,323	47,096,909
As at 31st December	15,015,732	144,969,161	346,154,088	1	188,929,710	17,543,740	1,125,719,778	1,838,332,211	17,947,249	3,092,376	7,173,055	15,268,304	43,480,984

AS AT 31 <sup>ST</sup> DECEMBER		<b>2018</b> Rs.	<b>2017</b> Rs.
Note: 06			
Capital Work in Progress	Schedule 05	689,609,072	432,718,789
		689,609,072	432,718,789
Note: 07			
Employee Benefits			
Provision for Gratuity		588,698,017	511,823,832
		588,698,017	511,823,832
Note: 08 Frade & Other Payables			
Creditors and Accrued Expenses	Note 8.1	626,466,284	751,174,248
Other Liabilities	Note 8.2	75,723,759	58,179,258
		702,190,042	809,353,507
Note 8.1			
Creditors and Accrued Expenses			
Accrued Expenses	Schedule 06	179,059,482	161,599,419
auditor General's Department		2,206,823	1,206,823
rade Creditors		404,710,559	477,920,039
lational Water Supply & Drainage Board		437,799	437,799
Medical Supplies Division		37,742,797	74,663,028
A T Control A/C		2,308,824	35,347,142
		626,466,284	751,174,248
lote 8.2 Other Liabilities			
Performance Bond Deposits	Schedule 07	1,727,225	1,463,230
undry Creditors	Schedule 08	7,511,726	6,741,062
rofessional Charges	Schedule 09	46,386,354	33,087,344
lospital Charges - Deposits		11,334,578	13,013,505
pecial Projects Funded		2 420 770	25,750
ratuity Payable pecial Theater Allowance		2,120,778	2,120,778 100
pecial Study		-	15,000
ialysis Assistance Fund A/C		1,238,555	1,238,555
onstruction of Temple		-,-55,555	1,800
ibrary Memberships		-	252,907
heque Cancelled		3,376,203	219,228
ender Deposits		2,028,340 <b>75,723,759</b>	58,179,258

FOR THE YEAR ENDED 31 <sup>ST</sup> DECEMBE	ER	2018	2017
		Rs.	Rs.
Note: 09			
Revenue	N . 04	2 44 6 057 220	2 100 044 000
Revenue from Hospital Care	Note 9.1	2,416,957,338	2,100,844,980
Government Grants - Recurrent	N . 00	1,659,000,000	1,300,000,000
Other Income	Note 9.2	66,080,488 <b>4,142,037,826</b>	83,868,823 <b>3,484,713,80</b> 5
Note 9.1		)	
Revenue from Hospital Care			
Accommodation Charges		225,416,003	241,475,586
Surgery Charges		214,312,090	195,321,076
Radiology Charges		85,219,050	67,226,10
Path Lab Charges		459,681,896	469,713,69
Physiotherapy		13,700,590	9,446,349
Orugs Charges		848,716,946	686,940,63
Endoscopy		13,580,000	11,951,189
Thorasic Surgery		92,054,540	55,107,70
Eye Test		17,172,250	17,986,09
Registrations and Admissions		132,458,321	96,012,85
ENT Charges		1,227,350	1,013,90
Dialysis Charges		40,824,588	39,384,13
Doppler Charges		5,949,065	6,101,91
MSBE		121,482,074	77,198,68
Clinic Charges		28,481,738	27,771,559
ECG / EEG / EMG		1,966,400	1,143,10
Echo		7,951,550	6,769,49
Minor Operations		4,475,125	4,665,45
E T U Charges		81,497,360	60,551,94
Nutritional Consultation Fees		404,500	184,20
Medical Check Up		18,165,261	23,590,71
Dermatology Charges		2,040,101	1,288,60
Endocrinology Investigations		2,416,957,338	2,100,844,980
Note 9.2		2,416,957,338	2,100,844,980
Other Income			
Ambulance Charges		3,456,534	2,998,98
Revenue from Staff Meals		891,110	898,59
Revenue from Staff Rent and Electricity		3,006,882	2,830,12
Miscellaneous Income		14,502,231	24,736,24
Bonds settled by Staff Members		3,366,574	10,477,45
Sales Commission		209,230	184,02
Channeling Fees		2,068,010	3,355,56
ncinerator Project - Rent		3,600,000	
Milk Bar -Rent		110,899	120,00
Milk Bar- Electricity		-	135,77
Osusala - Rent		1,105,000	1,020,00
Osusala - Electricity		-	802,35
Hospital Shop - Rent		3,397,270	3,357,65
Hospital Shop - Electricity		-	596,26
Hatton National Bank - Rent		540,000	585,00
Hatton National Bank - Electricity		-	231,68
Bank of Ceylon - Rent		240,000	260,00
Bank of Ceylon - Electricity		-	162,84
People's Bank - Electricity			115,34
		36,493,740	52,867,90
		30,473,740	32,007,90

NOTES TO THE FINANCIAL STATEMENTS CONTD.		
FOR THE YEAR ENDED 31 <sup>ST</sup> DECEMBER	<b>2018</b> Rs.	<b>2017</b> Rs.
Other Income (Contd.)	1101	10.
Service Charges 0.15%	594,518	511,644
Revenue from Car Park	25,772,880	26,274,010
Fruit Juice Bar - Electricity	23,772,000	109,335
Income From Supplier Registration	2,082,500	161,000
Profit on Disposal of Fixed Assets	1,130,850	3,938,932
Post Office - Rent	6,000	6,000
	66,080,488	83,868,825
Note:10 Materials & Consumables Used		
	358,331,707	212 652 020
Drugs		312,653,928
Surgical Items	359,384,789	367,561,200
Dressings	75,329,175	75,774,802
Medical Oxygen	20,266,539	19,875,215
Lab Chemicals & Consumables	188,028,911	178,954,216
X-Ray Films & Chemicals	27,547,096	27,071,932
General Supplies	104,652,789	115,402,346
Electro Medical Engineering ( Consumables)	18,300,956	27,393,458
	1,151,841,961	1,124,687,097
Add: Stocks brought forward	364,603,053	270,037,438
Less: Stocks carried forward	334,611,222	364,603,053
	1,181,833,792	1,030,121,482
Add: Expiry Stocks	6,692,224	-
Add: Material cost for meals (for patients and staff)	96,357,856	81,072,930
	1,284,883,872	1,111,194,412
Note: 11		
Staff Costs		
Salaries & Allowances	1,351,815,158	1,318,275,593
EPF	145,639,413	129,964,267
ETF	36,409,855	32,491,067
Overtime, Piece Rate & Extra Duty Payment	543,675,852	393,058,225
Uniform Allowance	15,546,885	14,993,010
Encashment of Leave	15,000,000	14,648,077
Pension Contribution	4,496,407	4,481,413
Travelling	1,314,571	1,269,743
Add Other Confidence of Francisco	2,113,898,141	1,909,181,396
Add: Other Staff Related Expenses	40 275 727	37,649,553
Cost of Free Medical Treatment - Staff Inpatients	40,375,727	31,691,543
S P C - Free Medical To Staff Staff Welfare	35,171,944 453,480	635,188
Human Resources Development Expenses	3,800,712	2,951,261
Provision for Gratuity	108,241,369	98,726,039
1 Tovision for dracuity	2,301,941,372	2,080,834,979
Note:12	2,301,711,372	2,000,001,777
Depreciation		
Depreciation for the year (Ref. Note : 05)	533,524,053	303,734,564
	533,524,053	303,734,564
Note:13	333,021,000	
Other Operating Expenses		
(a) Fuel		
Boilers	3,088,020	14,036,920
Motor Vehicles	2,212,514	2,276,124
	5,300,534	16,313,044
(b) Utility Services		
Electricity Charges	131,646,038	132,555,360
Electricity Charges Water Charges	39,185,206	44,552,768
Electricity Charges		

NOTES TO THE FINANCIAL STATEMENTS CONTD.	2040	2045
FOR THE YEAR ENDED 31 <sup>ST</sup> DECEMBER	<b>2018</b> Rs.	<b>2017</b> Rs.
Other Operating Expenses (Contd)	10.	113.
(c) Repairs & Maintenance		
Service Agreements signed with Suppliers	26,084,572	19,448,422
Repairs to Motor Vehicles	4,288,856	2,186,367
Repairs to Medical Equipment/Other Equipments (on breakdowns)	20,843,132	30,418,433
Repairs to Steel Furniture	123,803	474,477
Repairs to Buildings	21,621,330	12,358,60
	72,961,693	64,886,306
(d) Other Services		
Janitorial and Cleaning Services	35,938,578	38,274,84
Hospital Landscaping	10,967,844	8,390,315
Garbage Disposal Service	3,013,045	3,269,150
Removal of Unclaimed Dead Bodies	775,300	713,600
Maintenance of Sewerage Line	12,536,667	13,666,009
Laundry Services	16,867,185	13,637,687
Security Services	21,870,470	19,939,190
License and Insurance	1,697,205	1,203,475
Legal Charges	1,977,283	1,162,569
Audit Fees	1,000,000	862,500
Disciplinary Procedure Expenses	12,250	5,87
Postage & Stamps	1,690,973	576,002
Refreshments	304,715	116,50
Allowances for Committees & Boards	2,671,130	1,981,250
Hospital Charges Exempted - ( Clergy /Other)	28,240,046	21,820,230
Advertisements & Marketing	7,361,432	7,615,017
Books & Periodicals	1,573,406	1,487,961
Sports Club	70,198	16,250
Miscellaneous Expenses	11,129,908	26,103,976
Rates & Taxes	876,720	876,720
_	160,574,355	161,719,123
_	413,878,319	423,585,448
Note: 14		
Finance Costs Bank Charges	513,843	153,255
Credit Card Commissions	13,862,927	11,289,525
	14,376,770	11,442,779
Note: 15		
Other Expenditure		
Outside Test Charges	11,260,783	8,824,515
Note: 16	11,260,783	8,824,515
Accumulated Fund		(594,872,514
	(774 031 578)	10/1,0/2,017
Profit & (Loss) A/C 1st January	(774,031,578)	-
Profit & (Loss) A/C 1st January Adjusted in respect of Previous Years	(50,109,965)	(29,539,678
Profit & (Loss) A/C 1st January Adjusted in respect of Previous Years Profit & Loss Account Brought Forward	(50,109,965) (824,141,542)	(29,539,678 (624,412,192
Accumulated Fund  Profit & (Loss) A/C 1st January  Adjusted in respect of Previous Years  Profit & Loss Account Brought Forward  Profit /(Loss) as per Income Statement	(50,109,965)	(29,539,678 (624,412,192 (149,619,386

### 4. 8 Schedules to the Financial statements -2018

### SRI JAYEWARDENEPURA GENERAL HOSPITAL

### SCHEDULES TO THE FINANCIAL STATEMENTS (AS AT 31/12/2018)

Schedule: 01

**Miscellaneous Deposits** 

Date v/no		Description	Amount Rs	
84.09.04	24	Telecommunication - T C Deposit	3,000	
84.11.30	136	Colombo Gas & Water Company	24,000	
84.12.05	139	Colombo Gas & Water Company	6,000	
85.01.15	24	Telecommunication - Deposit	450	
85.05.21	628	Telecommunication - Deposit	150	
85.05.18	919	Telecommunication - Deposit	150	
86.06.18	920	Telecommunication - Deposit	150	
85.06.18	921	Telecommunication - Deposit	150	
85.07.08	1091	Ceylon Bulbs & Electricals	80	
85.08.05	1375	Telecommunication - Deposit	150	
86.01.01	146	Telecommunication - Deposit	250	
86.01.01	147	Telecommunication - Deposit	250	
86.07.29	2017	Telecommunication - Deposit	150	
86.07.24	1969	Colombo Gas & Water company	19,500	
87.01.08	50	Telecommunication - Deposit	150	
87.03.05	643	N Geeganage	150	
87.09.01	2851	Ceylon Oxygen Co. Ltd	4,000	
87.01.06	3287	Ceylon Oxygen Co. Ltd	54,000	
89.05.16	1869	Ceylon Oxygen Co. Ltd	35,000	
89.05.20	1984	Ceylon Oxygen Co. Ltd	22,000	
89.11.14	4225	Colombo Gas & Water Co. Ltd	25,000	
89.12.28	4859	Ceylon Oxygen Co. Ltd	8,500	
89.12.28	1007	Ceylon Electricity Board	600,000	
90.03.12	995	Ceylon Oxygen Co. Ltd	15,000	
90.08.29	3507	Colombo Gas & Water Co. Ltd	5,000	
90.08.29	3372	Colombo Gas & Water Co. Ltd	25,000	
91.04.29	1992	Telecommunication - Deposit	25,000	
92.03.14	1219	N W S & D Board	16,053	
72.03.14	1217	Post Master General - Deposit Franking Machine	90,265	
92.12.31	6070	Ceylon Electricity Board	1,672,000	
92.12.31	6348	Labour Tribunal	46,500	
90.03.12	1018	Colombo Gas & Water Co. Ltd		
95.06.07	5965	Ceylon Oxygen Co. Ltd	10,000	
95.09.14	6063		1,500	
96.01.29	463	Ceylon Oxygen Co. Ltd Dr J B Peiris - IDD Deposit	1,500	
90.01.29	6497		5,000	
	6570	Sri Jaya; Multy Purpose Co-op Society	75,000	
06.07.03		Labour Tribunal - Asst. Comm Labour	15,034	
96.07.02	4934	Ceylon Oxygen Co Ltd - Deposit	11,000	
		Ceylon Oxygen Co Ltd - Deposit	500,000	
		CEB-Advance Cardiac Center	937,500	
2007		Agency Post Office	10,000	
2007		Sri Jayapura Multy Purpose Co-op Society	75,000	
2016		Refundable Deposit - For empty container	1,200,000	
2040 7 22		Refundable Deposit - For empty container	300,000	
2018.7.23		Appeal case - 33/1207/2015 / Deposit	1,619,225	
2018.9.25		Labour Tribunal - Mr. Karunarathne	2,992,430	
			10,451,237	

### SCHEDULES TO THE FINANCIAL STATEMENTS (AS AT 31/12/2018) CONTD.

Schedule: 02

Other Income Receivable

Company	Category	Year	Month	Amou	nt Rs.
Hatton National Bank	Electricity	1997/98 2010 2018	Dec	1,000 23,000 14,661	38,661
Bank Of Ceylon	Electricity	2018	Dec	25,438	25,438
N L D B	Electricity	2008 2009 2017 2017 2018 2018	Nov / Dec Dec	4,659 5,553 31,457 10,000 15,178 10,000	76,847
SPC	Rent Electricity	2018 2018	Dec Dec	76,500 83,119	159,619
Fruit Juice Bar	Electricity	2017 2018	Dec Dec	9,415 8,621	18,036
Stationery Shop	Rent Electricity	2018 2018	Nov / Dec Dec	10,000 1,832	11,832
Food Shop	Rent Electricity	2018 2018	Dec Dec	75,000 16,230	91,230
Grocery Shop	Rent Electricity	2018 2018	Nov / Dec Nov / Dec	152,545 48,043	200,588
Pastry Shop	Rent Electricity	2018 2017 2018	Dec Dec Nov / Dec	113,400 3,702 83,575	200,677
GFC Company - Incinerator	Rent Electricity Water	2018 2018 2018	Oc/ Nov/De Nov / Dec Dec	810,000 155,416 68,012	1,033,428
People's Bank	Electricity	2018	Dec		11,180
Commercial Bank	Electricity	2018	Dec		19,870
Mobitel Company	Electricity	2018	Dec		21,857
					1,909,263

### SCHEDULES TO THE FINANCIAL STATEMENTS (AS AT 31/12/2018 ) CONTD.

Schedule: 03

**Festival Advances** 

Description	Rs,
Ramazan advances	13,750.00
Amounts to be recovered from VOP employees - during 2018	8,750.00
Christmas advances	230,000.00
	252,500.00

### SCHEDULES TO THE FINANCIAL STATEMENTS (AS AT 31/12/2018) CONTD.

Schedule : 04 Sundry Debtors

Description			Rs,
Health Ministry	Interns Salary Reimbursement Interns Salary Reimbursement	2013 2018	1,112,280 9,186,977
J N D Silva - EPF 2	J N D Silva - EPF 212 2015		72,180
Mrs Rathnayake -	Mrs Rathnayake - Staff Nurse - Over paid Gratuity		
Perera & Sons - Balance to be received			22,130
Police Hospital - N	Ar Joseph		43,151
Bond Violation - Miss W U C Fernando			352,244
Sundry Income - Ethyline Oxied Steralization		625,950	
			11,455,780

### SCHEDULES TO THE FINANCIAL STATEMENTS (AS AT 31/12/2018) CONTD.

Schedule: 05

**Capital Work In Progress** 

Projects	Balance As At 01/01/2018	Capitalised during the year	Payments	Balance As At 31/12/2018
Construction of Administrative Building	903,468.37		70,956,208.86	71,859,677.23
Water Chiller - Air Handling System	21,354,384.26	-	12,667,543.58	34,021,927.84
Construction of Diabetic Clinic	-	-	5,198,301.23	5,198,301.23
Central Air Condition System	24,083,615.26	-		24,083,615.26
Construction of CSSD	4,773,211.75	-	5,295,881.49	10,069,093.24
Construction of Female Nurses Quarters	107,177,569.15	-	117,194,863.53	224,372,432.68
Hot Heat System - Paying Wards	5,763,453.42	-	4,207,399.20	9,970,852.62
Construction of Lab Complex	251,620.00	-	26,452,260.61	26,703,880.61
Supply & Installation of Lifts	48,904,351.51	-	3,529,435.70	52,433,787.21
Construction of Male Nurses Quarters	16,766,785.35	-	4,926,832.24	21,693,617.59
Construction of Public Toilets	77,067,265.74	-	63,142,620.58	140,209,886.32
Hot Water System	6,608,422.95	-	11,484,329.18	18,092,752.13
Construction of Work Shop Building	33,162,800.38	-	8,908,524.33	42,071,324.71
Original Bid Doc - C E C B	-	-	118,039.84	118,039.84
Vacuum System Air Piping - OT/CU/ LR	-	-	2,918,500.00	2,918,500.00
Consultancy Fee for HDU in Ward 7	-	-	103,096.77	103,096.77
Diesel Generator	85,901,840.10	(85,901,840.10)	-	-
U P S System - LAB & C T O T		-	5,679,380.00	5,679,380.00
Plan Approval - C Arm Room	-	-	8,907.06	8,907.06
	432,718,788.24	(85,901,840.10)	342,792,124.20	689,609,072.34

#### SCHEDULES TO THE FINANCIAL STATEMENTS (AS AT 31/12/2018) CONTD.

#### Schedule: 06 Accrued Expenses

Description	Rs
Legal Charges	28,168.91
Landscaping	1,062,991.73
Electricity - Main Building	11,750,318.77
Water Bill	3,180,187.57
Security Service	6,991,023.00
Sewerage Charges	1,608,913.61
Refuse Disposal - Garbage	317,750.00
Refuse Disposal - Dead Bodies	63,000.00
Laundry Service	1,404,600.00
Communication charges	340,937.64
Stamp Duty on Personnel Emoluments	315,125.00
S P C Osusala	12,467,079.42
Unused Medical Leaves	15,000,000.00
Sundry Expenses	3,767,120.00
Raw Provisions	17,000,000.00
Payments for Committees / Board	67,800.00
Personnel Emoluments	64,729,736.62
EPF & ETF	26,031,943.67
H R Expenses	6,000.00
General Purchases	13,210.00
Travelling	38,920.00
Fuel	119,433.00
Outside Lab Test Charges	2,624,561.25
Medical Oxygen	114,264.00
Service , Maintenance & Repairs	5,728,667.42
Advertiesment	177,237.50
ESC Tax	1,654,172.88
PAYE Tax	2,456,320.00
	179,059,481.99

## SCHEDULES TO THE FINANCIAL STATEMENTS (AS AT 31/12/2018 ) CONTD.

Schedule: 07

**Performance Deposits** 

Multy Flora ( Garbage) 1,000.00

#### **Cash Deposited by Cashiers**

N Lasantha	5,000.00
D Weerasinghe	5,000.00
R A S Rupasinghe	5,000.00
E R U Gunasekara	5,000.00
I G Nandasiri	5,000.00
D Vithana	5,000.00
E M K B Ekanayaka	5,000.00
R Wijesundara	5,000.00
S Dayaratne	5,000.00

ABANS Environmental Service - Bid Bond	5,000.00
Interco Security Service	87,000.00
Floor Shine Service	5,000.00
D H J Wickramage	2,500.00
H A G S Kumara - ( R/no 892161 - 12.12.1997 )	5,000.00
Hospital Shop - (Rent Deposit )	96,407.00
Perera & Sons - (Rent Deposit - 2010/2013)	600,000.00
De Angelo (pvt) Ltd - Rent Deposit - 2016	230,287.50
Susiko Bakers - Rent Deposit - 2016	378,000.00
C Zone Corner Grocery - Rent Deposit - 2016	225,000.00
Venture Ceylon Holdings - Q/27/18 - Bond Deposit	42,030.00
	1,727,224.50

## SCHEDULES TO THE FINANCIAL STATEMENTS (AS AT 31/12/2018 ) CONTD.

Schedule: 08 Sundry Creditors

D	Rs,	Rs,	
Pelawatta Sugar Corporation Overseas Children School International Irrigation-IIMI Ceylon Hotel Corporation Lanka Wall Tiles Ltd W A S Samarasena Durdans Hospital Dialysis Assistance Fund	Deposit for Hospital charges Deposit for Court case Deposit for Heart Valves		25,000.00 20,100.00 10,000.00 50,000.00 50,000.00 20,379.04 157,700.00 2,000.00
Dr Ananda Perera Kitchen Phase 02 State Engineering Corpo CECB	Orthopedic Work Shop	689,754.80 67,200.00	756,954.80
Gratuity Payable Gratuity Payable - T A M Peiris Gratuity Payable NITF - Insurance Premium Singer Sri Lanka - Salary Dedu Retention - Systolic Software Retention - DX TYPE AIR HANI Retention - Wall Oxygen Lines	ctions		230,675.07 750.00 205,201.00 148,775.00 199,976.00 825,000.00 3,395,000.00 1,371,215.05

# SCHEDULES TO THE FINANCIAL STATEMENTS (AS AT 31/12/2018) CONTD.

Schedule: 09

**Professional Charges Payable** 

Description	Rs,
Balance B/forward	3,616,142.00
Payable for the month of December	42,770,211.79
	46,386,353.79

# 5. Audit Reports





# 5.1 Auditor General's Report

Chairman,

Sri Jayawardanepura General Hospital Board.

The Financial Statements of Sri Jayawardanepura General Hospital Board for the year ended by 31<sup>st</sup> December 2018 and, the Auditor General's Report in terms of Section 12 of the National Audit Act No. 19 of 2018 in relation to other legal and regulatory requirements.

#### 1. Financial Statements

#### 1.1 Disclaimer of Opinion

The Financial Position Statement as at 31 December 2018 of Sri Jayawardena General Board, the Financial Performance Statement as the year ended by said date, the Disclaimer Statement & Cash Flow Statement and, Notes to the Financial Statements as at the year ended by said date, the Financial Statements as at the year ended by 31 December 2018 consists with the Summarized Significant Accounting Policies were audited under my directive in terms of the provisions contained in the Finance Act No. 38 of 1971 and, the National Audit Act No. 19 of 2018 be read combinely with the Regulation No. 154(1) in the Constitution of the Democratic Socialist Republic of Sri Lanka. My report in terms of the Regulation No. 154(6) in the Constitution will be presented at the Parliament in due course.

I do not express an opinion in relation to the Financial Statements of the Board. I couldn't obtain adequate and appropriate audit evidences to provide a base for an audit opinion in relation to this Financial Statements due to importance of the matters discussed under the part of 'Base for Disclaim the Opinion'.

#### 1.2 Basis for Disclaim of Opinion

#### 1.2.1 Sri Lanka Public Sector Accounting Standards

Principals contained in the following accounting standards had not been followed when preparing the Financial Statements.

- (a) Sri Lanka Public Sector Accounting Standard 1
  - (i) In terms of Section 95(c) of the standard, the details about the nature and the objectives of the capital reserve amounting to Rs. 2,280,000 existed within the capital equity as at 31 December 2018 had not been disclosed in the Financial Statements.
  - (ii) In terms of Section 132 of the standard, the measures base on the capital works in progress amounting to Rs. 689,609,072 as at 31 December 2018 had not been disclosed.
- (b) Sri Lanka Public Sector Accounting Standard 3
- (c) In terms of Section 47 of the standard, although the comparative values submitted for the period in which the fault occurred in the first set of Financial Statements approved to issue after searching the incorrect things of the quantitative previous period should have been corrected retrospectively by restating the said comparative values, Rs. 50,109,965 as at 31 December 2018 had been adjusted to the items in the Board's accumulated deficit and in the Financial Position Statement as previous year adjustments without doing aforesaid.
- (d) Sri Lanka Public Sector Accounting Standard 7

In terms of Section 65 of the standard, although the fixed assets to the cost of Rs. 2,225,037,613 had been fully depreciated, they had further being used due to not reviewing annually the productive life time for the non-current assets. Accordingly, steps had not been taken to revise the estimated defect arisen, in terms of Sri Lanka Public Sector Accounting Standard 3.

## 1.2.2 Accounting Defects

Following observations are made.

(a) The accrued expenses amounting to Rs. 5,412,150 as at 31 December 2018 had not been accounted.

- (b) Due to non-compliance to the agreements, the penalty income amounting to Rs. 2,875,084 and Rs. 4,465,974 that had been deducted from the suppliers in 10 occasions of the previous year and, 14 occasions of the year under review had not been accounted.
- (c) Withholdings amounting to Rs. 31,832,324 that had been deducted when making payments for 16 construction contracts had not been accounted.
- (d) The professional fee charges and, the professional fee payments had not been identified as an income and expenditure respectively and not accounted accordingly. Instead of that, the professional fee charges, payments and withholding tax on professional fees had been transferred to an account namely 'professional fee'. The unidentified debit balance amounting to Rs. 112,663,449 as at 31 December 2018 existed in said account had been transferred to the hospital charges control account.
- (e) The withholding tax amounting to Rs. 1,943,110 that had been deducted from the professional fees in December 2018 (that should be remitted to the Commissioner of Inland Revenue) had not been accounted.
- (f) The Value Added Tax on residential charges related to the year under review had been computed and accounted in excess by Rs. 7,787,448.
- (g) Necessary adjustments had not been made to the debit balances amounting to Rs. 16,271,838 and Rs. 18,013,133 existed in the hospital charges control account of the previous year and as at 31 December of the year under review identifying the reasons for said debit balances and, had been transferred to the residential charges revenue account.
- (h) Rs. 4,202,876 that had been debited to the account to which collected the hospital charges revenue had been transferred to the residential charges revenue account without identifying correctly.
- (i) Although the cost of the expired stock amounting to Rs. 2,948,800 existed in the inventory stock of Rs. 334,611,222 as at 31 December 2018 should have been written off against the profit, an allocation for the expired stocks amounting to Rs. 6,692,224 had been made instead of that.
- (j) Rs. 1,220,216 in respect of the surgeries carried out for the patients in Colombo National Hospital and the Children's Hospital receivable as at 31 December 2018 had been set off with the amount payable to the Medical Supplies Division, without accounting.
- (k) The refundable withholdings amounting to Rs. 1,351,526 retained to develop the infrastructure facilities in the laboratory complex had been debited to the buildings repair account, without capitalizing.

- (l) Three thousand eight hundred ninety two (3,892) equipment units disposed in 2016, the medical equipment, lifts, generators, building materials, furniture & fittings, wheel chairs & other equipment amounting to Rs. 4,391,606 sold in the previous year and, the medical equipment, building & office equipment, electrical equipment & laboratory equipment amounting to Rs. 638,100 sold in the year under review had not been removed from accounts after identifying their cost and accumulated depreciation.
- (m) The cost of 03 buildings amounting to Rs. 5,608,800 demolished in 2016 and 2017 had not been removed from the accumulated depreciation accounts and, Rs. 112,175 for the buildings aforesaid had been depreciated in the year under review.

#### 1.2.3 Unclarified differences

There was a difference amounting to Rs. 225,173,876 between the accumulated deficiency as at 01 January 2018 & 31 December 2018 & the balances as previous year adjustments indicated in the Financial Statements and, the balances according to the ledger account corresponding to that and, no reasons had been given for said difference.

#### 1.2.4 Non-availability of evidences for the audit

The evidences indicated opposite following account subjects couldn't verify or scrutinize satisfactorily as they had not been presented to the audit.

		Subject	Amount Rs.	Witnesses that were not submitted
(a)	(i)	Professional charges receivable	299,793,000	Details about the professional charges receivable and, the ledger accounts related to said charges
	(ii)	Professional charges payable	386,839,872	Ledger accounts related to the professional charges payable
	(iii)	Withholding taxes retained on the professional charges	12,047,910	Ledger accounts relating to the remittance to the Department of Inland Revenue
	(iv)	Transferring to the hospital charges account from, the professional charges account	112,663,449	Income comparison statements
(b)		Miscellaneous deposits	4,339,582	Documents relating the miscellaneous deposits that are older than 21 years

#### 1.3 Responsibilities of the parties who manage and control the Financial Statements

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

In preparing the financial statements, management is responsible for assessing the Board's ability to continue as going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Board or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Board's financial reporting process.

As per Section 16(1) of the National Audit Act No. 19 of 2018, the Board is required to maintain proper books and records of all its income, expenditure, assets and liabilities, to enable annual and periodic financial statements to be prepared of the Board.

#### 1.4 The Auditors' responsibility in relation to audit the Financial Statements

It is my responsibility to issue the Auditor's report relating to the Board's Financial Statements based on the audit conducted in compliance to Sri Lanka Auditing Standards. However, I was unable to obtain sufficient and appropriate audit evidences to provide a base for an audit opinion relating to these Financial Statements due to the matters described in the area of 'Base to disclaim the opinion'.

## 2. Report on other legal & regulatory requirements

Special provisions in relation to the following requirements are available in the National Audit Act No. 19 of 2018.

- According to the requirements contained in Section 12(a) of the National Audit Act No. 19 of 2018, I couldn't obtain all information and clarifications need for the audit and, according to my observation, I couldn't determine whether the Board has keep maintained the proper Financial Reports.
- According to the requirement contained in Section 6(1) (d) (III) of the National Audit Act No. 19 of 2018, the Board's Financial Reports suit with the previous year.

- Except the observations given in paragraphs 1.2.1(a) & (c) and, 1.2.2 (b), (g), (i) & (l) in this report, the recommendations issued by me in the previous year had been included to the Financial Statements, in terms of Section 6(i) (d) (iv) of the National Audit Act No. 19 of 2018.

Based on the measures followed & the evidences obtained and, within the limitations to the quantitative facts, nothing were focused on my attention to express the following statements.

- According to the requirement contained in Section 12(d) of the National Audit Act
  No. 19 of 2018, a link was existed excluding normal business situation directly or
  another way relating to any agreement joining the Board to any member of the
  Board's management, except the following observation.
- Supply, implementation and maintenance of an Electronic Document Management System for the Board had been awarded to a Company of which the Director was the spouse (wife) of the Board's Director, on 26 November 2015 and Rs. 17,675,727 had been paid as at 31 December 2018. No proper feasibility study had been conducted and, the supplier had been selected contrary to the guidelines contained in the Government Procurement Guidelines and by way of not securing the transparency of the procurement procedure. The Technical Evaluation Committee (TEC) that should be appointed by the Board's Chairman had been appointed by the Board's Director and, the specifications had not been prepared in order to achieve the objectives of the procurement. Evaluation of the qualifications & the eligibility that should be possessed by the supplier and, the technical evaluation had not been done properly and, the Technical Evaluation Committee was unable to identify that it was a fictitious bid bearing wrong addresses and telephone numbers.
- According to the requirement contained in Section 12(f) of the National Audit Act No. 19 of 2018, non-compliance to any written rule or, the general or special directives issued by the Board's management.

Reference to the rules, regulations or provisions issued by the management

Description

(a) Sub-section 22.1 of Chapter XKVII of the Establishment Code of the Democratic Socialist Republic of Sri Lanka, amended by the Public Administration Circular No. 06/2004 dated 15 December 2004

Although nearly 18 months had been consumed to terminate a Physiotherapist who had been suspended with effect from 09 January 2017, no any disciplinary inquiry had been held against the officer within said period. Rs. 593,435 had been paid the officer within said period as half salary without getting any service from him.

(b) Financial Regulation No. 139 of the Code of Financial Regulations of the Democratic Socialist Republic of Sri Lanka.

Payment for 12 vouchers amounting to Rs. 16,242,266 had been paid that were not certified by the Certifying Officer.

(c) Treasury Circular No. 842 dated 19 December 1978 No fixed asset register had been maintained.

(d) General Circular letter No. 02 – 72/2001 dated 02 July 2001 issued by the Director General of Health Services

Although allowances could be paid to the laboratory Orderly employees based on the specimen prepared by them after their normal duty hours, the allowances for 16 employees in the Haematology Division paid in excess within the first quarter of the year under review based on the tests carried out using the specimen was Rs. 179,315.

(e) General Circular letter No. Q 2 – 84/2006 dated 10 May 2006 issued by the Director General of Health Services

Rs. 269,325 for 11,970 tests in the Heamatology Division that had not been carried out and, Rs. 792,067 for 35,203 Heamatology & Biochemistry tests that are not payable in terms of the provisions contained in the circulars, had been paid for 27 officers in said the division, only within the first quarter of 2018.

(f) Letter No. Health Ministry/CA/17/2018 dated 15 February 2018 vesting powers to control the funds issued by the Secretary to the Ministry of Health, Nutrition and Indigenous Medicine.

Rs. 4,278,343 had been paid for 16 officers based on piece rates as allowances and leave salaries exceeding the basic salary only within the year under review without obtaining the personal approval of the Board's Chairman or the Director.

- Non-compliance to the powers, tasks and functions of the Board, according to the requirement contained in Section 12(g) of the National Audit Act No. 19 of 2018.
- According to the requirement contained in Section 12 (h) of the National Audit Act No. 19 of 2018, the Board's resources had not been procured and used economically, efficiently and productively within the relevant time periods in compliance to the relevant rules and regulations, except the following observations.

#### (a) Management activities

- (i) Although the normal annual hospital income is above Rs. 2,000 million, a clear policy to determine the hospital fees charged had not been identified and implemented.
- (ii) Although 139 patients referred by the Ministry of Health, Nutrition and Indigenous Medicine had been taken for the heart surgeries in 2018, the ministry or the patient had not been arrived into a proper agreement in relation to charge the hospital fee of Rs. 79,996,348 receivable for above.
- (iii) In terms of the agreements entered with the suppliers and, the conditions contained in the bidding documents to purchase goods, the delay charges amounting to Rs. 11,430,048 had not been charged from 36 suppliers.

#### (b) Operational Activities

The Incinerator @ Rs. 23,544,099 purchased in 2016 to burn the clinical waste had been fixed at a place which brings difficulties to the hospital staff. Although the clinical waste are being burning exceeding the maximum capacity of the machine which had been rented out to an external institution, a proper supervision had not been conducted with regard to that.

#### (c) Exclusions from the procurement guidelines

- (i) The janitorial service contract had been awarded to a supplier selected without following the guidelines contained in the Government Procurement Guidelines and, against the transparency of the procurement procedure under the condition to pay Rs. 3,652,600 per month for 15 months commencing from 01<sup>st</sup> August 2017 and, Rs. 5,524,830 per month for one year commencing from 01<sup>st</sup> November 2018. In terms of the contract conditions, although the fine determined by the relevant officers to charge from the contractor against not doing the cleaning works and, not deploying the prescribed number of employees in the service had been computed as Rs. 2,352,750, direction to deduct said fine up to Rs. 1,177,415 had been given by the Hospital Director without giving any reasonable reason.
- (ii) Five Nos. of Diagnostic, Surgery and Treatment Nose and Nasal Telescope 0° & 30° and accessories to the value of Rs. 16,642,700 had been purchased on 27 March 2018 from a supplier selected without following the guidelines contained in the Government Procurement Guidelines and, against the transparency of the procurement procedure, exceeding the finance limit given to a Departmental Procurement Committee to purchase goods in compliance to the market price comparison method. Bids to purchase the accessories had not been called but accessories amounting to Rs. 13,892,700 had been purchased. In terms of the general conditions pertaining to the technical specifications, only one year warranty period had been obtained instead of 2 years.

#### (d) Deficiencies in the contracts administration

- (i) Although the contract to construct a workhouse & an office had been awarded on 09 November 2016 @ Rs. 87,019,408.00, the date of the contract should be completed had been expired by 08 months as at 31 December 2018. The value of works done by that time was only 26% out of the contract value. An advance of Rs. 16,675,082 to commence the work had been paid and, only Rs. 5,219,979 out of above had been charged as at 17 April 2018. The delay charge of Rs. 4,350,969 had not been charged in terms of the contract conditions. The relevant workhouse and the office had been continued in 14 containers on a rent of Rs. 3,015,000 obtained in 2018 due to not completing the construction works.
- (ii) Although the contract to contruct a hostel for Nursing Officers had been awarded on 16 February 2017 @ Rs. 59,808,300.00, the date of the contract should be completed had been expired by 06 months as at 31 December 2018. The value of works done as at 31 December 2018 was only 9% out of the contract value. An advance of Rs. 11,257,340 to commence the work had been paid and, only Rs. 1,130,438 out of above had been charged as at 09 March 2019. A house for Nursing Officers had been rented-in spending Rs. 1,218,397 for rent, water & electricity bills covering 22 months up to December 2018 due to not completing the construction works.

#### (e) Staff Administration

- (i) Steps had not been taken even as at 31 December 2018 to prepare and get approval to formal recruitment and promotion procedures in relation to the recruitments for the permanent hospital staff, promotions and grading.
- (ii) A female officer had been recruited on contract basis creating a position as Secretary & the Legal Officer of the Board without obtaining approval from the Department of Management Services and, no any documentary evidence had been maintained to confirm her arrival and departure for 08 months. Rs. 899.563 had been paid her as allowance for the above period. Thereafter, the full allowance of Rs. 1,247,657 had been paid disregarding 47 absent days out of 129 days that, she should she should have been reported within the period of 11 months in which the arrival and departure had been marked.

W.P.C. Wickramarathna Auditor General Report of the Auditor General of Sri Jayawardanepura General Hospital Board, for the year ended 31 December 2018, including Financial Statements and other regulatory requirements, in terms of Section 12 of the National Audit Act No. 19 of 2018

		Audit Observations	Measures taken to correct
1.		Financial Statements	
	1.1	Disclaimer of Opinion  The audit of the financial statements of the Sri Jayewardenepura General Hospital Board for the year ended 31 December 2018 comprising the statement of financial position as at 31 December 2018 and the statement of financial performance, statement of changes in equity and cash flow statement for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, 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 provisions of the National Audit Act No.19 of 2018 and the Finance Act No. 38 of 1971. My report in terms of Article 154(6) of the Constitution will be presented at the Parliament in due course.  I do not express an opinion on the financial statements of the Board. Because of the significance of the matters discussed in the Basis for Disclaimer of Opinion section of my report, I have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these	
	1.2	financial statements.  Basis for Disclaimer of Opinion:	17.550 17.650 17.660
	1.2.1	Sri Lanka Public Sector Accounting Standards Principals contained in the following accounting standards had not been followed when preparing the Financial Statements.	
_	(a)	Sri Lanka Public Sector Accounting Standard 1	
	(i)	In terms of Section 95(c) of the standard, the details about the nature and the objectives of the capital reserve amounting to Rs. 2,280,000 included in the equity capital as at 31 December 2018 had not been disclosed in the Financial Statements.	I agree with the observation. The capital reserve amounting to R 2,280,000 contains in the Financial Statement since 2002 by which indicates reserve arisen by revaluation of a moto vehicle in 2002.  There is no special chief reserve.
	,		objective for this reserve and, steps will be taken adjust it correctly in the accounts in 2019, based of the auditors' instruction.

(ii)	In terms of Section 132 of the standard, the measures base on the capital works in progress amounting to Rs. 689,609,072 as at 31 December 2018 had not been disclosed.	In general, the value of capital works in progress is disclosed in the Financial Statements i.e. the accumulated cost born up to the relevant date in respect of that and, the said amount is indicated as a balance in the relevant account, until the relevant work/asset is completed.
		Therefore, no need to disclose a base of measure especially for this.
(b)	Sri Lanka Public Sector Accounting Standard 3  According to the paragraph 47 of the Sri Lanka Public Sector Accounting Standard 3, material prior period errors should be retrospectively corrected in the first set of financial statements after discovering them by restating the comparative amounts which were presented for the period that the error occurred. Without doing so, a sum of Rs.50,109,965 had been adjusted to the cumulative deficit of the Board as at 31 December 2018 and to the items of the financial position statement as previous year's adjustments.	Steps will be taken in future to act in terms of Section 47 of Standard 3 of the Public Sector Accounting Standards of Sri Lanka, after further studying about this.
(c)	Sri Lanka Public Sector Accounting Standard 7  According to the paragraph 65 of the Sri Lanka Public Sector Accounting Standard 7, useful life of non-current assets had not been reviewed annually. Hence, even though fixed assets at the cost of Rs.2,225,037,613 had been fully depreciated, those are still in use. Actions had not been taken to revise the estimated error occurred thereon as per the Sri Lanka Public Sector Accounting Standard 3.	I agree with this observation. But the method of obtaining the cost of assets amounting to Rs. 2,225,037,613 stated in this observation is not clear.  Although certain fixed assets in the hospital have been depreciated totally, their cost is mentioned further and, presented as above in the books of accounts because those assets exist physically as well as they are using. If these assets are revaluated, assistance from a professional institution should be obtained and, a big cost has to be born for same. It is an additional cost to the institution and, no special steps have been taken as no financially value added amount exist

	1.2.2	Accounting deficiencies	
La		Following observations are made.	
		Ti 1	T '41 41' - 1'4
	(a)	The accrued expenses amounting to Rs. 5,412,150 as at 31 December 2018 had not been accounted.	I agree with this audit observation. As the expenses related to the accounting year ended as at 31.12.2018 had not been settled by 31.12.2018 and, should have been accounted as accrued expenses as at the date of the said balance sheet. But those expenses had actually been settled in January 2019 so that they had been accounted as an expense incurred in 2019. It was an error occurred while in accounting and, no financial lost had been incurred to the institution. Steps will be taken within 2019 to correct this error through journal entries
	(b)	Due to non-compliance to the agreements, the penalty income amounting to Rs. 2,875,084 and Rs. 4,465,974 that had been deducted from the suppliers in 10 occasions of the previous year and, 14 occasions of the year under review had not been accounted.	I agree with this observation. Although the penalties deducted due to the delay supplies while paying the capital expenses should have been account as an income, the income had been recorded in deficit by said amount due to not happening so. These have already been identified and corrected in the accounts.
	(c)	Retention money deducted from payments of 16 construction contracts amounting to Rs. 31,832,324 had not been accounted.	The past accounting practices of the institution to make payments for the construction contracts was only to account the net value (the certified value of the jobs after deducting retentions, settlements of advances etc) existed in the Interim Bills. The value equivalent to said net value will add to the account of capital works in progress. Thereby, the retentions, deduction of

advances etc... had not been accounted. I admit that it is an accounting error. Steps will be taken to account the setting of mobilization advances in said bill while paying the interim bills as well as the retentions moneys, through separate journal entries. Due to this accounting error occurred, I admit that capital works progress are accounted in excess and, the current assets are accounted in deficit.

Steps will be taken at the end of the year to make adjustments for this advances setting-off and retentions through a separate journal entries, while continuing the existing accounting system as it is.

The professional fee receivings and the professional fee payments had not been identified as an income and expenditure respectively and, not accounted accordingly. Instead of that, the professional fee receivings, payments and withholding tax on professional fees had been transferred to an account namely 'professional fee'. The unidentified debit balance amounting to Rs. 112,663,449 as at 31 December 2018 existed in said account had been transferred to the hospital charges control account.

(d)

agree with this observation. According to accounting practice existed in the hospital since past, there was no an accounting system exclusively in relation to charging and repaying the professional charges and, steps have already been taken to introduce a correct method of accounting the professional charges since 2019.

In paying the bill by patients, the value of hospital bill as well as the value of professional charges are included in such bills. In importing data from the Systolic system, the said whole amount is credited to the

hospital charges controlling account. The professional charges covered by the letters of credit are also included to that. But only the professional charges collected in cash are credited to the account of professional charges payable and, actually in making payments, the said whole amount is debited to the account of professional charges payable. Due to this reason and by the variation exists in the charges professional although account, payments are made, the charges professional receivable from the relevant companies via the letters of credit are further represents and therefore, the said variation represented in the hospital charges controlling account and professional charges payable account, by a journal entry. Instead of adjusting the relevant variance by a journal entry at the end of the accounting year, the necessary arrangements are made being in accounting system and in the Systolic information system to make adjustments in the relevant accounts by comparing such balances, monthly. with agree this The withholding tax amounting to Rs. 1,943,110 that had (e) The observation. been deducted from the professional fees in December 2018 professional charges that should be remitted to the Commissioner of Inland related to December 2018 Revenue had not been accounted. had been paid on 10 January 2019 and in making payments in that manner, the Withholding Tax / WHT related to that

had been deducted January 2019 and, remitted to the Department of Inland Revenue. But I emphasize that said Withholding Tax payable on 31.12.2018 had not been recorded in balance sheet as a payable balance which is a defect occurred in accounting. Steps will be taken to avoid such delays in future. (f) The Value Added Tax on residential charges related to the agree with this year under review had been computed and accounted in observation because, the value added tax amount on excess by Rs. 7,787,448. the hospital residential charges had been computed in excess and accounted as stated therein. This was an occurred in error identifying the base of computing the value added tax related to the first guarter of 2018. Only room charges income and professional charges, out of hospital operation revenue heads accede to the value added tax. But the professional charges income was exempted from the value added tax, with effect from July 2018. The tax related to the hospital charges income acceded to the value added tax, collected within first quarter of 2018 was Rs. 2,153,393 and, said tax for the professional charges 9,940,841. was Rs. Accordingly, the total tax amounting to Rs. 12,094,234 had been remitted correctly to the Department of Inland Revenue. But by oversight, the structure of the amount paid aforesaid had been recorded as Rs. 9,940,841 for tax on room charges and Rs. 2,153,393

for tax on professional charges. That is, the room charges income shows in excess by Rs. 7,787,448 in the accounts. Steps will be taken to correct it by a journal entry within 2019 (considering as transaction related to the prior year). The main reason to exist a Necessary adjustments had not been made to the debit balances amounting to Rs. 16,271,838 and Rs. 18,013,133 debit balance of 18,013,123 at existed in the hospital charges control account of the previous 31.12.2018 in the hospital year and, as at 31 December of the year under review charges control account is identifying the reasons for said debit balances and, had been that the items recorded in transferred to the residential charges revenue account. this hospital charges control account are not compared timely. this variance exists due to the practical problems arise when importing data to the Pac Acc accounting system, from the Systolic information system. When identifying the income related to the income heads in that manner, the hospital charges income as well as the professional charges income are commonly credited to the hospital charges control account when importing data and, transferred to each income account without professional charges. The practical difficulty exist in dividing the total amount charged from the patients (in cash, by credit cards or letters of credits) as to how much the hospital charge how much the professional charge, is the reason for above. Steps have been taken to compare the hospital charges control account on monthly basis with effect from 01.01.2019 to avoid such defects.

A main reason for the A sum of Rs.4,202,876 debited to the cash account for (h) collecting hospital charges income account had been variance amounting to Rs. transferred to the residential charges revenue account without 4,202,876 existed in the account of "Cash in Hand" identifying accurately. (the account used to retain money until it is banked) maintained in the ledger is that the Timing Gap exists between the period of identifying the transactions debited to said account and, the period relate to bank the money credited to said account. In addition to above, this variance exists in the Cashier Session Summary in the Systolic System, the daily receipts of each Cashier i.e. cash receipts and, receipts from credit cards are incorrect. The money directly debited to the Cash in Hand account maintained in the Pac Accounting Acc System is, the daily collections received from the money available in the Cashier Session Summery note in the Systolic System. But in case there is a defect in the system, the defect imported to the Cash in Hand account is incorrect. That is, this defect occurs on the changing of Cash Collection and, the Credit Card Collection. In order to confirm to avoid such defects, the accuracy of the data transferred / imported daily to the Cash in Hand account is confirmed on daily basis. Although the cost of the expired stock amounting to Rs. The stock value amounting (i) to Rs. 334,611,222 as at 31 2,948,800 included in the inventory stock of Rs. 334,611,222 December 2018 as at 31 December 2018 should have been written off against adjusted in the Income the profit, a provision for the expired stocks amounting to Rs. Statement as an operational 6.692,224 had been made instead of that.

		expenditure after a provision of 5% out of above amount for expired stocks and other damaged stocks and, after deducting it from stock value in the balance sheet. But it had not been presented as a note to the Financial Statements, by oversight.
(j)	Receivable hospital charges as at 31 December 2018 amounting to Rs.1,220,216 relating to surgeries done for the patient of Colombo National Hospital and Children's Hospital had been set off to the payable amount to Medical Supplies Division without taking into accounts.	I agree with this observation. Although these balances receivable should have been accounted as a balance due from the Ministry of Health, it had been set off with the amount payable to the Medical Supplies Division against drugs obtained. This is an error of posting accounts and, steps will be taken to correct it within 2019.
(k)	The refundable retention money amounting to Rs. 1,351,526 relating to develop the infrastructure facilities in the laboratory complex had been debited to the buildings repair account, without capitalizing.	I agree with this observation. Although the amount retained when paying the basic payments to the contractor who carried out the infrastructure facilities in the laboratory complex should have been added to the relevant asset account when it is released later, it had been accounted as an expenditure, which is an error. Steps will be taken to correct it within accounting year of 2019.
(1)	Three thousand eight hundred ninety two (3,892) equipment units disposed in 2016, the medical equipment, lifts, generators, building materials, furniture & fittings, wheel chairs & other equipment amounting to Rs. 4,391,608 sold in the previous year and, the medical equipment, building & office equipment, electrical equipment & laboratory equipment amounting to Rs. 638,100 sold in the year under review had not been written off from accounts after identifying their cost and accumulated depreciation.	I agree with this observation. But the sales value had been identified as an accounting profit that was received after selling due to the difficulty in identifying separately the cost information and, the deprecation value of said disposed items.

	(m)	The cost of 03 buildings demolished in 2016 and 2017 amounting to Rs. 5,608,800 had not been written off from the accumulated depreciation accounts and, Rs. 112,175 had been depreciated in the year under review for said 03 buildings.	I agree with this observation. Although the 03 buildings (Workshop Building, Consultant's Canteen & Male Nurses' Quarters) stated here had been demolished and removed, non-removal of their cost from the accounts, is a defect. Steps will be taken to correct this defect within the accounting year of 2019.
1.	.2.3	Unclarified differences  There was a difference amounting to Rs. 225,173,876 between the accumulated deficit as at 01 January 2018 & 31 December 2018 & the balances as previous year adjustments indicated in the Financial Statements and, the balances as per the ledger account corresponding to that and, no reasons had been given for said difference.	I agree with this observation. As observed at the audit, the accumulated surplus / (deficit) according to the ledger and, according to the Financial Statements, the main reason to exist the variance between said balances is that the balances at the beginning of the year generates automatically within the Acc Pac system and, in the Financial Statements contains the balance adjusted correctly. Necessary steps are being taken to adjust the correct accumulated surplus / (deficit) within the Acc Pac system.
			Also the balance observed at the audit as at 31 December 2018 is incorrect. This variance had been existed due to an adjustment made after obtaining the Trial balance from the Acc Pac Accounting system to prepare the Financial Statements.
1.	.2.4	Non-availability of evidences for the audit:  The evidences indicated opposite following account subjects couldn't verify or scrutinize satisfactorily as they had not been presented to the audit.	cafina gang gang gang

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		Subject	Amount Rs.	Evidence that were not submitted	
(a)	i.	Professional fees charged	299,793,009	Details about the professional charges receivable and, the ledger accounts related to said charges	I agree with this observation. Only cash payments made for professional charges are accounted presently and, the payments made for professional charges via letters of credit
	ii.	Professional fees payments	386,839,872	Ledger accounts related to the professional charges payments.	are not accounted. It is a defect. But professional charges are totally accounted.
	iii .	Withholding taxes retained on the professional charges	12,047,910	Ledger accounts relating to the remittance to the Department of Inland Revenue	I agree with this observation. In paying the charges to be recovered (after deducting WHT) and when paid only said amount, is accounted. But WHT deducted is accounted when it is remitted to the Department of Inland Revenue. But correct method should be that the WHT amount deducted when paying should be accounted in a WHT Payable account until it is remitted. Steps will be taken to follow this method correctly from 2019. The relevant new ledger accounts etc have already been opened in the ledger and, steps will be taken to account correctly.

	iv .	Transferring to the hospital charges account from, the professional charges account	112,663,449	Income comparison statements	I agree with this observation. Such schedule can't be prepared because the professional charges receipts are not accounted correctly. Such schedule may be submitted after arranging the correct
	(b)	Miscellaneou s deposits	4,339,582	Documents relating the miscellaneous deposits that are older than 21	arranging the correct method of accounting the professional charges.  I agree with this observation. Forty two (42) various kinds of deposits contain in the value
				years	amounting to Rs. 4,339,582 stated in the observation and, they are the deposits made within the period from 1984 to 2007 and, the original receipts issued by said institutions / persons when depositing them can't be find out. Steps will be taken to get confirmation from the relevant institutions otherwise to accept them as incomes with approval of the Board of Directors
1.3	Responsibilities of Management and Those Charged with Governance for the Financial Statements  Management is responsible for the preparation of financial statements that give a true and fair view in accordance with Sri Lanka Public Sector Accounting Standards, and for such internal control as management determine is necessary to enable the preparation of financial statements that are free from material misstatements, whether due to fraud or error.				
j	respons going o	sible for assessing concern, disclosin	ncial statements, manager g the Board's ability to con g, as applicable, matters re ing the going concern b	tinue as elated to	

accounting unless management either intends to liquidate the Board or to cease operations, or has no realistic alternative but to do so. Those charged with governance are responsible for overseeing the Board's financial reporting process. As per Section 16(1) of the National Audit Act No. 19 of 2018, the Board is required to maintain proper books and records of all its income, expenditure, assets and liabilities, to enable annual and periodic financial statements to be prepared of the Board. 1.4 Auditor's responsibility for the Audit of Financial **Statements:** It is my responsibility to issue the Auditor's report relating to the Board's Financial Statements based on the audit conducted in compliance with Sri Lanka Auditing Standards. However, I was unable to obtain sufficient and appropriate audit evidences to provide a base for an audit opinion relating to these Financial Statements due to the matters described in the area of 'Disclaimer of Opinion'. Report on other legal & regulatory requirements: 2. Special provisions in relation to the following requirements are contained in the National Audit Act No. 19 of 2018. According to the requirements contained in Section 12(a) of the National Audit Act No. 19 of 2018, I couldn't obtain all information and clarifications need for the audit and, according to my observation, I couldn't determine whether the Board has maintained the proper Financial Reports. According to the requirement contained in Section 6(1) (d) (III) of the National Audit Act No. 19 of 2018, the Board's Financial Statements suit with the previous year. Except the observations given in paragraphs 1.2.1(a) & (c) and, 1.2.2 (b), (g), (i) & (l) in this report, the recommendations issued by me in the previous year had been included to the Financial Statements, in terms of Section 6(i) (d) (iv) of the National Audit Act No. 19 of 2018. Based on the measures followed & the evidences obtained and, within the limitations

to the quantitative facts, nothing was focused on my attention to express the following statements.

• According to the requirement contained in Section 12(d) of the National Audit Act No. 19 of 2018, a link was existed excluding normal business situation directly or another way relating to any agreement joining the Board to any member of the Board's management, except the following observation.

Supply, implementation and maintenance of an Electronic Document Management System for the Board had been awarded to a Company of which the Director was the spouse (wife) of the Board's Director, on 26 November 2015 and Rs. 17,675,727 had been paid as at 31 December 2018. No proper feasibility study had been conducted and, the supplier had been selected contrary to the guidelines contained in the Government Procurement Guidelines and by way of not securing the transparency of the procurement procedure. The Technical Evaluation Committee (TEC) that should be appointed by the Board's Chairman had been appointed by the Board's Director and, the specifications had not been prepared in order to achieve the objectives of the procurement. Evaluation of the qualifications & the eligibility that should be possessed by the supplier and, the technical evaluation had not been done properly and, the Technical Evaluation Committee was unable to identify that it was a fictitious bid bearing wrong addresses and telephone numbers.

 According to the requirement contained in Section 12(f) of the National Audit Act No. 19 of 2018, non-compliance to any written rule or, the general or special directives issued by the Board's management.

	Reference to the rules, regulations or provisions issued by the management	Description	
a. Sub-section 22.1		Although nearly 18 months had	This officer was interdicted
	of Chapter	been consumed to terminate a	on 09.01.2017 due to
	XLVIII of the	Physiotherapist who had been	criticizing contemptuously
Establishment		suspended with effect from 09	together with subordinate
	Code of the	January 2017, no any	employees to the Specialist

	Democratic Socialist Republic of Sri Lanka, amended by the Public Administration Circular No. 06/2004 dated 15 December 2004	disciplinary inquiry had been held against the officer within said period. Rs. 593,435 had been paid the officer within said period as half salary without getting any service from him.	Doctor (Head of the Department) and, he was issued a charge sheet after conducting a preliminary investigation. As he admitted that he is guilty of all charges leveled against him by the charge sheet and, based on the opinion of the head of the department and, after referring to the Board of Directors, he was terminated from the service. Various opinions and problems arose at several occasions so that a final decision pertaining to him couldn't take.
b.	Financial Regulation No. 139 of the of Financial Regulations of the Democratic Socialist Republic of Sri Lanka.	Payment for 12 vouchers amounting to Rs. 16,242,266 had been paid that were not certified by the Certifying Officer.	I agree with this observation. Steps will be taken in future to avoid such defects.
c.	Treasury Circular No. 842 dated 19 December 1978	No fixed asset register had been maintained.	According to the Treasury Circular No. 842 dated 19 December 1978, although it is practically difficult to prepare fixed asset register, a fixed asset register has presently been prepared containing many information and, steps will be taken in future to purchase a computerized fixed asset register to develop it further.
d.	General Circular letter No. 02 – 72/2001 dated 02 July 2001 issued by the Director General of Health Services	Although allowances could be paid to the laboratory Orderly employees based on the specimen prepared by them after their normal duty hours, the allowances for 16 employees in the Haematology Division paid in excess within the first quarter of the year under review based on the tests carried out using the specimen was Rs. 179,315.	Steps will be taken to correct this forthwith, after conducting an investigation pertaining to this and referring to the Board of Directors.

	e. General Circ	cular Rs. 269,325 for 11,970 tests in	Necessary steps will be taken
	letter No. Q 84/2006 dated May 2006 is by the Direc General of Ho Services	the Heamatology Division that had not been carried out and, Rs. 792,067 for 35,203 Heamatology & Biochemistry	to correct pertaining to all matters stated here.
	f. Letter Health Ministry/CA 2018 dated February vesting por to control funds issued the Secretar the Ministry Health, Nutrition Indigenous Medicine.	No. Rs. 4,278,343 had been paid for 16 officers based on piece rates as allowances and leave salaries exceeding the basic salary only within the year under review without obtaining the personal the approval of the Board's Chairman or the Director.	to correct pertaining to all matters stated here.
	Non-compliance the Board, according Section 12(g) of section 12(g) of section 12(g).		
	(h) of the National Board's resource economically, et relevant time per	e requirement contained in Section 12 onal Audit Act No. 19 of 2018, the es had not been procured and used fficiently and productively within the iods in compliance to the relevant rules except the following observations.	
(a)	Management activiti	es:	
i.	2,000 million, a clea	al annual hospital income is above Rs. ar policy to determine the hospital fees in identified and implemented.	I agree with this observation. Many existing fees charged against all services provided by the hospital is a structure of fees recommended by the Specialist Doctors at each period and, certain rates have been recommended by the

		implemented and, instructions have been given by the Board of Directors of the institution to establish a more fully corrected pricing policy. Introduction of this pricing policy has been delayed due to the practical difficulties in identifying when pricing the indirect expenses such as overhead. The objective of establishing the hospital is not to earn profit but provide services in maximum to the patients so that steps will be taken in future to introduce a cost covering pricing system. Steps will be taken to consider the recurrent grants too received from the government when introducing this pricing
ii.	Although 139 patients referred by the Ministry of Health, Nutrition and Indigenous Medicine had been taken for the heart surgeries in 2018, the ministry or the patient had not been arrived into a proper agreement in relation to charge the hospital fee of Rs. 79,996,348 receivable for above.	I agree with this observation. There is no definite method of reimbursement the money chargeable against the heart surgeries carried out for the patients referred to Sri Jayawardanepura General Hospital from Sri Lanka National Hospital and other hospitals via the Ministry of Health as well as the method of said surgeries are carried out. Decision to enter into a Memorandum of Understanding was taken at the Management and Audit Committee meeting held in 2017 at the Ministry of Health. Accordingly, such MOU was drafted and referred to the Legal Division of the Ministry of Health and, final conclusion in relation to that has not been received to date.
iii	In terms of the agreements entered with the suppliers and, the conditions contained in the bidding documents to purchase goods, the delay charges amounting to Rs. 11,430,048 had not been charged from 36 suppliers.	Condition No. 23 in the competitive bidding documents states that in case the supplier fails to supply

the goods within the period agreed, delay charge of 1% per week could be charged up to a maximum of 10%. The basic objective to include this condition was to urge the suppliers to supply the good quickly. Accordingly, this condition has been implemented since 2016 and, delay charges are being charged to date.

Many suppliers had been explained the reasons for the delay and attempted to get an extension. The hospital administration also had been periods granted grace considering the fairness of those reasons. Certain institutions had been requested concessions for the delay charges and, delay charges had been charged granting certain concessions based on the fairness of the reasons as well as recommendations of the Evaluation Technical Committee.

Accordingly, delay charges had been charged from the suppliers approximately Rs. 3 million, Rs. 3.5 million and Rs. 750,000/- respectively in 2016, 2017 and 2018.

#### (b) Operational Activities

The Incinerator valuing Rs. 23,544,099 purchased in 2016 to burn the clinical waste had been fixed at a place which brings difficulties to the hospital staff. Although the clinical waste are being burning exceeding the maximum capacity of the machine which had been rented out to an external institution without proper agreement, a proper supervision had not been conducted with regard to that.

It has been observed that conditions pertaining to the quantity of clinical waste to be burnt per day, the breakdown period of the machine etc... had not been included to the articles of agreement and. proper supervision in relation to the clinical waste burning machine could not carried out as pointed out by the audit. Steps will be taken in future to take necessary steps in relation to this.

(c)	Exclusions from the procurement guidelines	
(c)	DACIUSIONS HOM the procurement guidennes	
i.	The janitorial service contract had been awarded to a supplier selected without following the guidelines contained in the Government Procurement Guidelines and, against the transparency of the procurement procedure under the condition to pay Rs. 3,652,600 per month for 15 months commencing from 01 <sup>st</sup> August 2017 and, Rs. 5,524,830 per month for one year commencing from 01 <sup>st</sup> November 2018. In terms of the contract conditions, although the fine determined by the relevant officers to charge from the contractor against not doing the cleaning works and, not deploying the prescribed number of employees in the service had been computed as Rs. 2,352,750, direction to deduct said fine up to Rs. 1,177,415 had been given by the Hospital Director without giving any reasonable reason.	Steps will be taken to charge fines from the contractor after introducing a proper method in future, based on not carrying out the cleaning works and not deploying the number of employees.
ii	Five Nos. of Diagnostic, Surgery and Treatment Nose and Nasal Telescope 0° & 30° and accessories to the value of Rs. 16,642,700 had been purchased on 27 March 2018 from a supplier selected without following the guidelines contained in the Government Procurement Guidelines and, against the transparency of the procurement procedure, exceeding the finance limit given to a Departmental Procurement Committee to purchase goods on shopping method. Bids to purchase the accessories had not been called but accessories amounting to Rs. 13,892,700 had been purchased. In terms of the general conditions pertaining to the technical specifications, only one year warranty period had been obtained instead of 2 years.	Quotations for 6 Nos. of Q& 30 Telescopes had been called based on the recommendations of the Technical Evaluation Committee. The price for said 6 machines had been computed as Rs. 3 million, estimating the market price as Rs. 5 Lakhs per unit. Accordingly, quotations were called under market price comparison method and, the financial value had been escalated at the time of purchasing optional items by the Technical Evaluation Committee. Accordingly, it could be stated that these purchase had been done based on the primary estimates and, financial estimates for optional items had not been taken into consideration. Accordingly, approval of the ministerial procurement committee had not been obtained and, approval of the departmental procurement committee had been obtained as this value is within the limit allowed for said committee.  When preparing the drafts, all

of this components equipment had been included in the specifications. But opportunity had been given to mention the prices of two main items, in the bidding document. Accordingly, prices of the components had been submitted as additional items, by the institutions submitted the bids. It could be mentioned that this had been occurred due to a defect existed when preparing the drafts. At the recommendation of evaluations, recommendations to purchase components had also been given separately, in addition to the main two items.

(d)	Deficiencies in the contracts administration:	
(d) i.	Deficiencies in the contracts administration:  Although the contract to construct a workshop & an office had been awarded on 09 November 2016 at Rs. 87,019,408.00, the date of the contract should be completed had been expired by 08 months as at 31 December 2018. The value of works done by that time was only 26% out of the contract value. A mobilization advance of Rs. 16,675,082 to commence the work had been paid and, only Rs. 5,219,979 out of above had been recovered as at 17 April 2018. The delay charge of Rs. 4,350,969 had not been charged in terms of the contract conditions. The relevant workshop and the office had been continued in 14 containers on a rent of Rs. 3,015,000 obtained in 2018 due to not completing the construction works.	Rs. 16,735,081.60 had been paid as an advance payment to commence the works and, delay charges should have been charged in terms of the contract condition No. 4.2. Accordingly, it had been recommended by the consulting institution by its letter dated 10.08.2019 to charge Rs. 4,350,969.85 as delay charges. Request to deduct the said amount in four installments had been made by the contract institution considering its financial position and, a bank security for the total amount
		security for the total amount was given by said institution. Steps were taken later to deduct the 04 installments under my approval and, One Million Rupees was deducted by the last payment voucher as its first installment and, steps will be taken to deduct the balance from the payments made in future.  14 Containers had been
		taken to continue the services in relation to the workshop and the male nurses' hostel until those two building are constructed. These services should be continued based on the needs of the hospital and, rental for same has to be paid. It could be pointed out that no alternative for this.
ii.	Although the contract to construct a hostel for Nursing Officers had been awarded on 16 February 2017 at Rs. 59,808,300.00, the date of the contract should be completed had been expired by 06 months as at 31 December 2018. The value of works done as at 31 December 2018 was only 9% out of the contract value. A mobilization advance of Rs. 11,257,340 to commence the work had been paid and, only Rs. 1,130,438 out of above had been charged as at 09 March 2019. A house for Nursing Officers had been rented-in spending Rs. 1,218,397 for rent, water & electricity bills covering 22 months up to December 2018	Although the works of the male nurses' quarters should have been completed by 27 June 2018, it is true that about 10% out of the total contract had been completed by March 2019. Discussions about this delay of the contractor had been held at number of occasions together with the consulting institution, hospital

	due to not completing the construction works.	administration & the contractor agreed to complete the works however as early as possible, adducing various reasons for the delay. But it was not happened so, the hospital administration urged contractor and informed him that he will be removed from the contract. Hence the works are presently in progress under a subcontractor deploying more employees.  The rental and electricity bills for the house obtained for the male nurses should be paid until the building is constructed. No other solution could be given except above.
(e)	Staff Administration	
i.	Steps had not been taken even as at 31 December 2018 to prepare and get approval to formal recruitment and promotion procedures in relation to the recruitments, grading and promoting for permanent hospital staff.	The restructuring proposals had been submitted to the Department of Management Services in 2012 and, steps will be taken to re-submit within next 02 months, together with amended proposals.
ii.	A female officer had been recruited on contract basis creating a position as Secretary & the Legal Officer of the Board without obtaining approval from the Department of Management Services and, no any documentary evidence had been maintained to confirm her arrival and departure for 08 months. Rs. 899.563 had been paid her as allowance for the above period. Thereafter, the full allowance of Rs. 1,247,657 had been paid disregarding 47 absent days out of 129 days that, she should she should have been reported within the period of 11 months in which the arrival and departure had been marked.	Although she had been warned at several times with regard to her weak attendance, no good response was given so that steps had been taken to appoint another person after conducting an interview, based on the decision taken by the Board of Directors.

# 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	i Construction of nurses quarters (on going). ii Construction of Administration and Finance building. with auditorium. (on going). iii Construction of work shop Building (on going). iv Construction of nurses (Male) quarters.( on going). v Construction of 6 story paying ward complex( on going). vi Installation of solar energy panels for all existing roof area. of the main building (on going)
2.Expansions	i. Expansion of OT complex. ii. New car parking facility. iii. Expansion of the main laboratory. vii. Expansion of CSSD Unit.
3.New Infrastructure	i. Refurbishing of existing sanitary facilities (on going). ii. To build solar powered hot water systems in paying ward complex.
4.Improvements for the exist- ing infrastructure	i. Improvements of general appearance of hospital entrance and the security check point. ii. Reinstallation s of fire protection and detection system.
5.Equipment	i. Purchase of MRI Scanner. (Ordered)
6.Human Resource Develop- ment	i Train reception and help staff for best patient support and care. ii. Develop a skills based training and development plan for all staff. iii. Establish objectives with timelines for all key staff members.



# Sri Jayewardenepura General Hospital

Thalapathpitiya, Nugegoda, Sri Lanka

Phone No: 0112778610-9 Fax: 0112778661

E-mail: srijayewardenepurahospital@gmail.com

E-mail:planningsjgh@gmail.com

Website:www.sjghsrilanka.org