

Nawaloka Hospital Negombo

Strategic Plan 2026–2030

"Advancing Healthcare Excellence for Western Province Sri Lanka and Beyond"

Approved By: Board of Directors, Nawaloka Medicare Group

Effective Period: January 2026 – December 2030

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1. Executive Summary

Nawaloka Hospital Negombo stands at a pivotal juncture. Over the past decade, the hospital has established itself as a trusted multi-specialty healthcare provider serving the Negombo region, the broader Western Province, and an expanding international patient base. As we enter the 2026–2030 planning cycle, the Board of Directors and senior leadership have endorsed an ambitious yet disciplined strategy to transform Nawaloka Hospital Negombo into a regional centre of healthcare excellence and a premier medical tourism destination in South Asia.

Vision - “To Be the Hospital of Tomorrow”

To provide quality and safe healthcare to the people while maintaining leadership and excellence in the healthcare sector.

Mission - “Healing with Feeling”

To provide the best healthcare in accordance with international standards, in a cost-effective, timely, and professional manner.

Strategic Direction

This five-year plan is anchored by three transformative commitments:

1. Capacity Expansion - Doubling bed capacity from 75 to 150 beds through acquisition of adjacent land and phased construction, enabling the hospital to meet rising demand while introducing new specialty services.
2. Service Diversification - Launching a dedicated Child Daycare, an Elderly Care Unit, Aesthetic & Cosmetic Medical Services, and advanced cardiac and nephrology programmes, while expanding the Fertility Centre into a regional reproductive health hub.
3. Regional & International Reach - Leveraging our proximity to Bandaranaike International Airport and Negombo's status as a coastal tourist hub to capture medical tourism revenue, with a targeted expansion into the Maldives through visiting specialist services and telemedicine partnerships.

These commitments are operationalised through five strategic objectives:

- Patient Care Excellence
- Digital Health Transformation
- Research & Innovation
- Workforce Development
- Community & Regional Health Expansion

each with defined goals, measurable KPIs, timelines, and accountable stakeholders.

The total capital investment over the planning period is estimated at LKR 4.8–5.5 billion, with projected revenue growth from LKR 2.1 billion (2026 baseline) to LKR 5.8 billion by 2030, representing a compound annual growth rate (CAGR) of approximately 22%.

2. Organisational Overview

2.1 Current Services & Infrastructure

Nawaloka Hospital Negombo currently operates as a 75-bed modern multi-specialty hospital under the Nawaloka Medicare Group. The facility provides:

- 24/7 Accident & Emergency services
- Intensive Care Unit (ICU) with multi-parameter monitoring
- Two fully equipped operating theatres and a Day Surgery suite

- Advanced Fertility Centre offering IVF, IUI, and reproductive endocrinology
- Maternity ward and Level II Neonatal Care Unit
- Full-service diagnostic laboratory (biochemistry, haematology, microbiology)
- Imaging suite (digital X-ray, ultrasound, CT, MRI)
- Specialist consultant channelling across 25+ disciplines
- Preventive health screening packages (corporate and individual)
- Ambulance services with BLS and ALS capabilities

2.2 Market Positioning

Sri Lanka's private healthcare sector has grown at approximately 12–15% annually, driven by rising middle-class expectations, medical tourism inflows, and gaps in public sector capacity. Nawaloka Hospital Negombo occupies a distinctive position:

- Geographic advantage: Negombo is located 10 km from Bandaranaike International Airport (CMB), making the hospital the closest quality private healthcare facility for arriving international patients and transit medical emergencies.
- Tourism catchment: Negombo hosts over 500,000 tourist arrivals annually, with a significant share of visitors from Europe, the Middle East, and the Maldives.
- Underserved specialty gap: The Negombo–Gampaha corridor currently lacks advanced cardiac catheterisation, nephrology dialysis at scale, and dedicated elderly care facilities in the private sector.

2.3 SWOT Analysis

Strengths	Weaknesses
Strong parent brand (Nawaloka Medicare Group)	Current bed capacity constraints (75 beds)
Airport proximity and tourist corridor location	Limited sub-specialty depth in cardiology and nephrology
Established fertility centre with regional reputation	Reliance on visiting consultants for some specialties

24/7 emergency and ICU capability	Ageing IT infrastructure requiring modernisation
Experienced nursing and clinical staff	Limited international accreditation status

Opportunities	Threats
Adjacent land available for expansion	Intensifying competition from Colombo private hospitals
Growing medical tourism market	Economic volatility and currency depreciation risks
Maldives outreach (limited domestic tertiary care)	Regulatory changes in healthcare pricing
Elderly care demand from ageing population	Brain drain of specialist clinicians to overseas markets
Government incentives for healthcare FDI	Rising pharmaceutical and equipment import costs

3. Five Strategic Objectives

Strategic Objective A: Patient Care Excellence

Goal Statement: Deliver consistently outstanding, safe, and patient-centred clinical care across all existing and new service lines, achieving measurable improvements in outcomes and patient satisfaction.

Strategic Goals

1. A1 — Expand hospital capacity to 150 beds with dedicated wards for cardiac, nephrology, elderly care, and maternity services.
2. A2 — Achieve a Hospital-Acquired Infection (HAI) rate below 2% and surgical site infection rate below 1%.
3. A3 — Attain patient satisfaction scores of $\geq 90\%$ across all departments.
4. A4 — Launch Aesthetic & Cosmetic Medical Services and the Daycare Medical Centre as standalone service lines.
5. A5 — Upgrade the Fertility Centre to a full-spectrum regional reproductive health hub with an annual case volume exceeding 800 IVF cycles.

KPIs

KPI	Baseline (2026)	Target (2030)
Licensed bed capacity	75	150
Bed occupancy rate	72%	82%
Patient satisfaction score (NPS)	78%	$\geq 92\%$
HAI rate	3.1%	<2.0%
Surgical site infection rate	1.8%	<1.0%
IVF cycles per annum	320	800+

Total Annual Revenue	3Bn	4.5Bn
Mortality Rate	2	0

Timeline

Phase	Milestones
Short-term (2026–2027)	Complete adjacent land acquisition (Q1 2026). Begin Phase 1 construction for 40 additional beds. Launch Daycare Medical Centre (Q3 2026). Commission aesthetic medicine consulting rooms. Pilot elderly care programme with 10-bed unit. Recruit lead cardiac surgeon and interventional cardiologist.
Mid-term (2028)	Complete Phase 1 expansion (115 beds operational). Open dedicated cardiac catheterisation laboratory. Establish a 20-bed Elderly Care Unit with long-term residential model. Expand the Fertility Centre laboratory and add cryopreservation capacity. Achieve 600 IVF cycles/year milestone.
Long-term (2029–2030)	Complete Phase 2 expansion (150 beds fully operational). Launch nephrology dialysis unit (12 stations). Achieve ≥90% patient satisfaction hospital-wide. Obtain NABH or JCI accreditation for patient safety standards. Aesthetic services generating LKR 18M+ monthly revenue.

Responsible Stakeholders

- Board of Directors — Capital approval and land acquisition oversight

- Chief Medical Officer — Clinical programme design, consultant recruitment
- Chief Nursing Officer — Patient experience, infection control protocols
- Maintenance Manager — Construction management, commissioning
- Finance Manager — Budget allocation and expenditure monitoring

Risks & Mitigation

Risk	Mitigation
Construction delays due to permitting or supply chain	Engage pre-qualified contractors; maintain 15% schedule buffer; secure materials in advance
Difficulty recruiting sub-specialists (cardiology, nephrology)	Offer competitive remuneration, academic titles, and research opportunities; establish visiting consultant pipeline from Nawaloka Colombo
Low initial uptake of elderly care services	Partner with insurance providers; conduct community awareness campaigns; offer introductory pricing

Strategic Objective B: Digital Health Transformation

Goal Statement: Modernise the hospital's technology infrastructure to enable seamless digital care delivery, data-driven decision-making, and robust cybersecurity.

Strategic Goals

1. B1 — Implement a unified Electronic Health Record (EHR) system across all departments by the end of 2027.
2. B2 — Deploy a telemedicine platform supporting domestic and international consultations, including the Maldives outreach programme.
3. B3 — Integrate AI-assisted diagnostic tools in radiology and pathology.
4. B4 — Establish a hospital data analytics unit for operational and clinical intelligence.
5. B5 — Achieve ISO 27001 certification for information security management.

KPIs

KPI	Baseline (2026)	Target (2030)
EHR adoption rate (departments)	35% (partial)	100%
Telemedicine consultations/month	40	500+
AI-assisted radiology reports (%)	0%	60%
Average patient wait time (OPD)	38 min	<20 min
System downtime (hours/year)	72	<12
Cybersecurity incidents (critical)	3	0

Timeline

Phase	Milestones
Short-term (2026–2027)	Select and contract EHR vendor (Q1 2026). Deploy EHR across emergency, OPD, and pharmacy by Q4 2026. Launch telemedicine platform for domestic specialist consultations (Q2 2027). Pilot AI-assisted CT and X-ray reporting in radiology.
Mid-term (2028)	Full EHR integration including inpatient, surgical, and fertility modules. Extend telemedicine to Maldives partner clinics. Deploy AI pathology screening for common diagnostics. Establish a data analytics unit with two dedicated analysts.
Long-term (2029–2030)	Achieve ISO 27001 certification. Implement predictive analytics for bed management and resource allocation. Full AI integration in radiology workflow (60% reports AI-assisted). Launch patient

	mobile application with appointment booking, results, and telehealth access.
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Responsible Stakeholders

- Chief Information Officer (CIO) — Technology strategy and vendor management
- Chief Medical Officer — Clinical workflow design and AI validation
- IT Department — Implementation, maintenance, cybersecurity
- International Unit — Telemedicine coordination with Maldives partners
- Finance Manager — IT capital and operational budget

Risks & Mitigation

Risk	Mitigation
EHR implementation disrupting clinical workflow	Phased rollout with parallel running; dedicated clinical champions per department; 24/7 go-live support
Data privacy breaches during digital transition	Engage external cybersecurity auditor; implement encryption at rest and in transit; mandatory staff training
Clinician resistance to AI-assisted diagnostics	Position AI as decision-support (not replacement); conduct validation studies; allow opt-out during pilot phase

Strategic Objective C: Research & Innovation

Goal Statement: Foster a culture of clinical research and innovation that enhances treatment outcomes, attracts leading specialists, and positions the hospital as a knowledge hub.

Strategic Goals

1. C1 — Establish a Clinical Research Unit to conduct and coordinate hospital-based studies.
2. C2 — Publish a minimum of 10 peer-reviewed papers annually by 2029.
3. C3 — Partner with at least two universities for clinical training and collaborative research.
4. C4 — Pilot innovative treatment protocols in fertility, cardiac care, and nephrology.

KPIs

KPI	Baseline (2026)	Target (2030)
Peer-reviewed publications/year	1	10+
Active clinical trials	0	3–5
University partnerships	0	2+
Research grant funding secured (LKR)	0	25M/year
Innovation proposals from staff/year	0	15+

Timeline

Phase	Milestones

Short-term (2026–2027)	Appoint Research Coordinator. Establish an Ethics Review Committee. Initiate first observational study in fertility outcomes. Sign MOU with one local university (e.g., University of Kelaniya Faculty of Medicine).
Mid-term (2028)	Launch Clinical Research Unit with dedicated office space. Begin multi-centre study in cardiac outcomes. Host first annual Nawaloka Negombo Clinical Symposium. Secure inaugural external research grant.
Long-term (2029–2030)	Second university partnership (international, e.g., a Maldivian or regional institution). Achieve 10+ publications annually. Initiate nephrology outcomes research programme. Establish innovation awards for hospital staff.

Responsible Stakeholders

- Chief Medical Officer — Research governance and ethics oversight
- Research Coordinator — Day-to-day management of studies
- Department Heads — Clinical participation and data collection
- Finance Manager — Research budget and grant administration
- HR Director — Protected research time for participating clinicians

Risks & Mitigation

Risk	Mitigation
Insufficient clinician engagement in research activities	Allocate protected research time; link research output to performance reviews and promotion
Ethical review bottlenecks delaying studies	Train Ethics Committee members; establish clear turnaround SLAs (30-day review)

Difficulty securing research funding	Pursue pharmaceutical industry partnerships; apply for government and WHO research grants
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Strategic Objective D: Workforce Development

Goal Statement: Build, retain, and continuously develop a high-performing, compassionate workforce capable of delivering world-class care across expanding service lines.

Strategic Goals

1. D1 — Increase clinical staffing by 60% to support 150-bed operations and new service lines.
2. D2 — Reduce annual staff turnover to below 10%.
3. D3 — Implement a structured Continuing Professional Development (CPD) programme for all clinical staff.
4. D4 — Develop specialist training fellowships in cardiac care, nephrology, fertility medicine, and geriatric care.
5. D5 — Establish a leadership development pipeline for mid-level managers.

KPIs

KPI	Baseline (2026)	Target (2030)
Total clinical staff (FTE)	210	340
Annual staff turnover rate	16%	<10%
CPD hours per clinician/year	20	40+
Staff satisfaction score	71%	≥85%
Internal promotion rate for management roles	25%	50%

Specialist fellows trained/year	0	6
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Timeline

Phase	Milestones
Short-term (2026–2027)	Recruit 40 additional nurses and 8 specialist consultants for Phase 1 expansion. Launch CPD programme with quarterly training workshops. Introduce employee engagement survey (biannual). Hire geriatric care nursing team (10 staff) for Elderly Care Unit pilot.
Mid-term (2028)	Recruit additional 50 staff for Phase 2 services (cardiac lab, expanded fertility, dialysis). Launch first fellowship cohort in cardiac care and fertility medicine. Implement a leadership development programme for 15 mid-level managers. Achieve staff satisfaction score of 80%.
Long-term (2029–2030)	Reach full staffing complement of 340 FTEs. Reduce turnover below 10%. Graduate second fellowship cohort. Establish Nawaloka Negombo Nursing Academy for in-house training. 50% of new management appointments are filled internally.

Responsible Stakeholders

- HR Director — Recruitment, retention strategy, engagement surveys
- Chief Medical Officer — Specialist recruitment and fellowship design
- Chief Nursing Officer — Nursing workforce planning and CPD
- Finance Manager — Compensation benchmarking and training budgets
- Department Heads — Team-level development and mentoring

Risks & Mitigation

Risk	Mitigation
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Specialist clinician attrition to overseas markets	Competitive salary packages with retention bonuses; offer academic titles and research opportunities
Rapid expansion straining training capacity	Partner with Nawaloka Colombo for cross-site secondments; engage external training providers
Burnout during expansion transition period	Monitor workload metrics; ensure phased staffing precedes capacity increases; provide mental health support

Strategic Objective E: Community & Regional Health Expansion

Goal Statement: Extend the hospital's impact beyond its walls through community health programmes, regional partnerships, and strategic international outreach.

Strategic Goals

1. E1 — Launch community preventive health programmes reaching 25,000 beneficiaries annually by 2029.
2. E2 — Establish the Maldives outreach programme with visiting specialist services and telemedicine.
3. E3 — Develop corporate wellness partnerships with 50+ employers in the Negombo-Katunayake industrial corridor.
4. E4 — Create a medical tourism concierge unit to serve international patients end-to-end.
5. E5 — Forge partnerships with regional hospitals for referral networks and shared specialty services.

KPIs

KPI	Baseline (2026)	Target (2030)

Community programme beneficiaries/year	5,000	25,000
Corporate wellness partners	12	50+
International patient admissions/year	180	1,200+
Maldives telemedicine consultations/month	0	80+
Visiting specialist trips to Maldives/year	0	24 (bi-monthly)
Medical tourism revenue (% of total)	4%	15%

Timeline

Phase	Milestones
Short-term (2026–2027)	Launch medical tourism concierge unit (Q2 2026). Sign first Maldives clinic partnership agreement. Initiate bi-monthly visiting specialist visits to Malé. Expand corporate wellness client base to 25 employers. Deploy community diabetes and hypertension screening programme in Negombo Division.
Mid-term (2028)	Establish telemedicine link with two Maldives partner facilities. Achieve 600 international patient admissions. Launch community women's health initiative (cervical and breast cancer screening). Reach 35 corporate wellness partnerships. Develop airport medical assistance protocol with airport authority.
Long-term (2029–2030)	Achieve 1,200+ international admissions annually. Maldives outreach generates LKR 120M+ annually. Reach 25,000 community programme beneficiaries. Establish referral partnerships with 5 regional hospitals. Medical tourism contributes 15% of total hospital revenue.

Responsible Stakeholders

- International Unit Director — Medical tourism, Maldives programme, airline/hotel partnerships
- Chief Medical Officer — Visiting specialist roster and clinical quality
- Marketing Director — Brand positioning, community outreach, corporate wellness
- Board of Directors — Strategic partnership approvals
- Finance Manager — International pricing strategy and revenue tracking

Risks & Mitigation

Risk	Mitigation
Maldives regulatory barriers for foreign medical providers	Engage local legal counsel; structure services through licensed Maldivian partner clinics
Medical tourism growth slower than projected	Diversify source markets (Middle East, Europe); invest in digital marketing; pursue JCI accreditation to build credibility
Community programmes creating unsustainable cost burden	Seek CSR funding from corporate partners; apply for government and NGO health grants; integrate screening with paid follow-up services

— End of Strategic Plan —

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