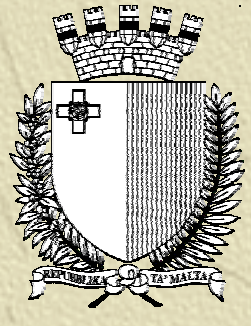

Annual Report 2012

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Ministry for Health, the Elderly and Community Care

December 2013

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Office of the Permanent Secretary

2012 saw the consolidation of the changes that were carried out in the previous year, wherein the various Divisions and Directorates developed their distinct role and responsibilities, whilst retaining a unified approach towards the ministry's main goals.

Given the ministry's large size and complexity as well as the myriad of different professions and staff, it was felt appropriate that a new Human Resource Division be set up, incorporating three Directorates covering the full range of HR functions. The post of Director General Human resources however remains vacant after a first open call for applications.

Over 2012, the Ministry has consolidated and expanded its commissioning function considerably. It now has several contracts in place with the private and NGO sectors. The main focus was for the provision of long term care beds, for investigative and therapeutic services linked to the waiting list initiative and for services provided by several NGOs. This is in line with the Ministry's policy to serve as funder and commissioner of services and to contract services in a cost-beneficial manner. This has also served to improve efficiencies within the Public Health Service and to decrease waiting lists significantly in some areas by contracting specific services to the private sector.

Despite the time and energy afforded to discussions with unions, a number of new and innovative sectoral agreements have been signed over 2012, setting the basis for significant change in their manner professions work and train.

The new Mental Health Act and the new Embryo Protection Act were passed through Parliament in 2012 and the necessary administrative and clinical structures are being put in place to implement these new laws. Also work on the new Health Care Act proceeded in earnest, with a view to transpose the Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare.

In order to better manage the vast portfolio falling under this ministry, a number of committees have been created to deal with specific functions. All these fall under the responsibility of the Permanent Secretary. These are:

- Ministry Management Board - this is the highest executive (non-Political) forum of the Ministry where the main Ministry policies and decisions are taken.
- Programmes and Projects Monitoring Board - this Board is responsible for the monitoring and implementation of all projects and programmes in the Ministry.
- Commissioning and Contracts Monitoring Board - this Board overseas all contractual and commissioning responsibilities across the Ministry.
- Oncology Board - this Board is responsible to oversee all aspects of the new oncology centre project, including the monitoring of the EU funded ERDF project, the migration of services from Boffa Hospital to Mater Dei and the resource requirements for this centre.

INFORMATION MANAGEMENT UNIT

The Information Management Unit (IMU) leads the Ministry's ICT strategy, aimed to enhance service delivery standards. The primary focus of the IMU is the strategic direction and management of information management investment within this Ministry to ensure that data is translated into information as a resource.

2012 was the first full year of functioning of the eHealth (Strategy & Projects) Office in the Information Management Unit. It was established in 2011 to provide a focal point for the formulation of eHealth strategy, policy and standards, and to manage specific eHealth-related projects on a national and international basis.

The past year was a challenging one for the IMU, when taking into account the high number of planned strategic initiatives, depletion of human resources and consequential affects.

Network Infrastructure

The demand for network infrastructure continued to grow in order to roll-out both clinical and administrative systems. Although efforts were made to address a high number of requests, further work in this area is still required in order to extend and complement the services offered by the Ministry.

Infrastructural upgrades within Primary Health Care both at Health Centre level and at Peripheral Clinical level were planned and partly implemented. During 2013, the infrastructure within Peripheral Clinics is expected to be provided to support the services offered closer to the community.

During 2012, the third phase of the SVPR Campus network project was also completed. The Backbone infrastructure as well as the Administration Block Access Layer have been finalised whilst subsequent phases to extend the infrastructure to other areas within the residence are in their final planning stages.

In liaison with the Foundation for Medical Services and MITA, the IMU also addressed the New Oncology Hospital infrastructure requirements.

Throughout last year, a number of unscheduled changes had to be implemented in order to support the existing infrastructure, including the provision of fibre optic cable, installation of ADSL backup equipment, routers, switches UPS units and equipment cabinets. In addition, a number of network extensions were implemented to enhance the service provision within the Ministry.

Furthermore, ageing networking equipment is being gradually replaced with new one which is aimed at improving bandwidth speed to meet the ever growing demands and expectations. A major project in this area includes the assessment of St. Luke's Hospital Campus Network in order to plan the replacement of the existing active and passive infrastructure. This project started and is expected to be finalised by the first quarter of 2013.

Free Internet WiFi Services

The IMU continued to offer free internet WiFi services within visitor areas at MDH. The service offers free Internet services to both visitors and patients within the foyer area as well as within the Out-Patients department. New free internet WiFi services within the Blood Donation Centre and Sir Paul Boffa Hospital has also been set up.

Consolidation of ICT services

In line with the Government's policy to consolidate all ICT services with the aim of reducing total cost of ownership, the IMU embarked on the consolidation process of various Ministerial services. The IMU extended the consolidation to servers located within the Ministry. This consolidation process will continue in 2013.

The data consolidation project aims to:

- ensure correct access rights and privileges,
- provide data sharing services where this is still lacking, and
- ensure that all data is safely stored (relocated if necessary) within MITA's consolidated environment.

Equipment Provision

Even though no funds were available throughout the year, a number of technology upgrades were carried out within the Ministry through cost savings made by the IMU. Thus, a number of new PCs were provided through the Desktop Services Agreement.

During the year, the IMU was also responsible for the reviewing, monitoring and approving ICT equipment requests submitted by the various departments and entities under the Ministry's portfolio. A high number of equipment requests necessitating procurement initiatives were also addressed.

IT Hardware Inventory

An IT Hardware inventory for all ICT equipment deployed across the Health (excluding Mater Dei) has been compiled. An inventory movement procedure has also been enacted in order to maintain a healthy inventory. Action has been taken to:
Standardise the contents of a Ministerial ICT equipment inventory database;
Facilitate the task of maintaining an up-to-date Ministerial ICT Equipment Register.

Further action is also planned for 2013 to:

Ensure effective control is maintained;
Ensure continuous checks are made to detect losses and discrepancies in a timely manner.

Clinical Data Access by the Bedside – Technology Assessment

A study and review of current tablet device technology for devices designed for both the general consumer as well as health grade devices was carried out. The study also addressed potential application hosting options, either on installed directly on server or application virtualisation to facilitate a cross platform access method from a variety of mobile computing devices.

A preliminary field test within Mater Dei Hospital was also undertaken with a variety of tablet devices in order to understand better the perception and assess the usability attributes of clinicians.

The study has been finished and discussed with MITA, following which MITA commenced the drafting of a Technology Roadmap for the virtualisation of applications and/or desktops within the health enterprise.

IT Systems Development/Enhancements/Reporting

The IMU has continued to offer operational support and enhancement implementation support for various IT systems already in use, including but not limited to Schedule V, CommCare, MEU Database, Pharmacy of your Choice, European Health Claims Management System, eHealth Portal and National Screening System.

A number of initiatives were also considered for implementation and submitted to MITA for approval.

PROJECTS

Apart from the ongoing support to users on existing systems, during 2012, the Information Management Unit was assigned the responsibility to facilitate the delivery of various health IT initiatives, as well as drive change through the use of technology.

National Screening Project

The IMU continued to assist the National Screening Unit to plan and design additional functionality for inclusion within the Screening System to support Colorectal Screening. The integration of the Screening system

(BSPM) and the Radiology Information System deployed as part of IHIS Phase 1 was pursued and is in its final implementation phase.

Community Foot Project

An assessment of the possibility to integrate and adopt a common platform between the Podiatry units within Primary Health Care and Mater Dei Hospital was carried out. Although efforts were made to assess the existing systems with a view to facilitate seamless services within Primary Health Care and Mater Dei, it has been established that the existing solutions cannot be integrated to facilitate data access.

Medicines Entitlement Project

Throughout the past year, the IMU in collaboration with MITA drafted and issued the tender for the procurement of the new Medicines Entitlement Systems for use by the Directorate for Pharmaceutical Affairs, based on the Project Brief complied in the previous year. The tender is in its adjudication phase and it is envisaged that the system will be deployed for use by the end of 2013.

Integrated Health Information Systems (IHIS Phase 1)

Further rollouts with respect to IHIS application have been undertaken. Following the successful implementation of iSoft's Clinical Manager Result Viewing, throughout 2011 and 2012, the IMU has also been involved, through MITA's assistance in the roll out of iSoft's Clinical Manager Ordering module within a number of health sites.

Integrated Health Information Systems (IHIS Phase 2)

Within the context of the eHealth Programme, the ministry aims to make healthcare more accessible, transparent, efficient and patient centred. The implementation of IHIS Phase 1 included the deployment and integration of a Laboratory Information System, a Radiology Information System, and Picture Archiving solution, a Clinical Manager solution for the ordering of tests and viewing of results. Further IHIS phases are required to deploy other operational level systems to support the Health Care services provisions.

IHIS Phase 2 is a multi-year initiative aimed at deploying a number of new systems over a number of years, including:

- Patient Administration System
- Operating Theatres
- In-Patient Pharmacy
- Waiting-List Management
- Primary Health Care
- Patient Medication Record
- Unified Clinical Interface
- Management Information System
- Health Vault
- eHealth Portal
- Multiple Application Sign-On

Following the issuance of the IHIS Phase 2 tender, the IMU has in 2012 provided extensive input and feedback throughout the tender adjudication phase for the procurement of IHIS Phase 2 modules. The IHIS Phase 2 tender is currently in its contracting stage. As part of the IHIS Phase 2 the IMU also compiled and submitted an ESF Application to fund the training component of the applications that will be procured through this tender.

HR and Finance System Implementation

During 2012, the IMU was also involved in the provision of the necessary Private Runtime hosting environments for the deployment of HR Systems within Primary Health Care and Sir Paul Boffa Hospital. Plans to extend the use of such environments for the hosting of HR Systems for Elderly and the Central Procurement and Supplies Unit have also been made.

The IMU has also been driving the provision of a robust, resilient, fault-tolerant and scalable environment for the deployment of financial applications currently in use across health. The planned environment has been set up, and a number of migrations have also been undertaken in order to transfer systems onto the new the hosting environment. A further number of financial systems have also been planned for deployment onto this environment, including but not limited to the Pharmacy of Your Choice System, Procurement Workflow Management System and the financial system for use by the Central Procurement and Supplies Unit.

Workflow System for the Central Procurement and Supplies Unit

Throughout 2012, the IMU has assisted the Central Procurement and Supplies Unit to design and deploy of a workflow management to manage its procurement processes. The aim of this task was to ultimately replace paper files, further facilitating the procurement process, starting with the BioMedical Stores within Mater Dei Hospital. An off-the-shelf system was procured and parameterised to set up the procurement process, including approval procurement mechanisms.

The new system is currently in its testing phase and is expected to be rolled-out within Health once the testing and fine-tuning phases are competed.

Sexual Health Portal

Throughout 2012, the IMU provided the support to the Department of Health Promotion to issue a tender for the development of new web portal with the respective content management system to promote and increase Sexual Health awareness. The portal also features an anonymous forum enabling citizens enrol in order to interact, discuss and submit queries on sexual health related matters.

The portal is in its final stages of development and will be shortly deployed on a MITA provided Segregated Hosting Environment (SHE) for public consumption.

eHealth Portal

During 2012, the IMU further facilitated the collaboration between three ministries mainly, the Ministry for Health, the Elderly and Community Care, the Ministry for Gozo (MGOZ), Ministry of Education, Employment and Family (MJDF) to migrate and deploy the Ministries' web presences with their respective CMS onto a single MITA's PRE in order to minimize recurrent costs and consequently share computing resources.

Through the PRE infrastructure, MITA provides contractors with access to virtual resources, physically located within MITA data-centres. This initiative is in line with Government's strategy to decentralise ICT systems management.

Primary Health Care Scheduling System (PHCSS)

In order to relieve undue pressure on pharmacists and provide citizens with an improved service through Health Centres, Primary Health Care embarked on a new initiative to address the pharmacy medicine and consumable distribution system. To minimize the capital costs, an assessment of the Breast Screening scheduling system was undertaken in 2011 to assess whether the scheduling solution could be re-used to fulfil Primary Health Care's scheduling requirements. In 2012, minor amendments to the systems were undertaken and the system

was deployed for use by Primary Health Care until, the pharmaceutical distribution was fully addressed by the Pharmacy of Your Choice Scheme.

Influenza Database

After discussions with National Immunisation Unit, the Pandemic Flu system was re-developed to meet the needs of an Influenza Database. Training was given to more than 30 users. The new system went live on 22 October 2012. In 2012, the vaccinations of 34,127 persons throughout Malta and Gozo were recorded on the system.

myHealth Record

The myHealth Record system was launched on 31 January 2012. This system enables patients and the doctors to access health data through the myHealth Portal. The system is being implemented in phases. By the end of 2012, the following data was accessible:

- Mater Dei Hospital (MDH) Case Summaries (inpatient discharge letters from 2008 onwards);
- Current Pharmacy of your Choice medicines entitlement;
- Lab results (Haematology, Biochemistry, Immunology, Toxicology) and medical image reports (from 2008 onwards) that have been released to patients by the doctor/s they are linked with in myHealth;
- Appointments at Government Hospitals and Health Centres.

Patients and doctors can also set up email notifications and SMS reminders for appointments. The site is secured by the Government's electronic identity (e-ID) system, so the service is available to all those who have a Maltese e-ID and their e-ID delegates.

By the end of 2012, the myHealth Record system had 2,018 users, and 688 patients had been accepted by doctors. The innovative nature of the myHealth Record System was publicly recognised when it won the Malta Communication Authority's 2012 e-Biz award for best e-Government application.

Electronic Case Summary (ECS) system

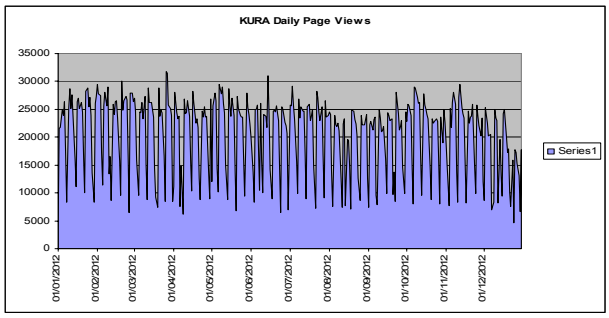
The ECS system developed significantly during 2012 and upgraded to make its extension outside Mater Dei Hospital possible. This system was also successfully rolled out to Boffa Hospital and to the Rehabilitation Hospital Karin Grech by year's end.

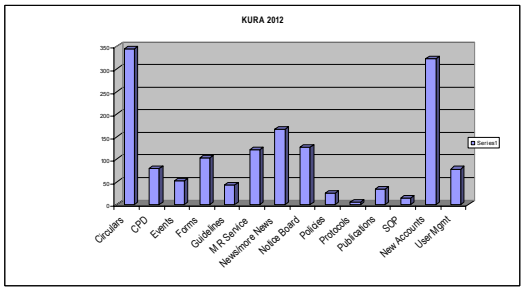
Major changes included an increase in the number of security levels (including creation of read-only accounts), enhanced administration utilities (to facilitate systems administration work by a support team), strengthening of audit trails (with copies of discharge letters being stored when changes to them are necessary), and customisation of discharge letter for the different hospital environments, apart from other developments, and routine maintenance and user account creation and administration.

During 2012, 51,835 discharge letters were completed using the ECS; an average of 4,319 monthly. This was 7% more than in 2011. 1,489,777 test results were imported from hospital systems into the ECS; an average of 124,148 records monthly. 43,710 case summaries were viewed by emergency doctors at the A&E Department; this is an increase of 45% over 2011.

KURA

During 2012, the Office managed KURA (the MDH Intranet/Extranet), which continued to serve as the main internal source of hospital information, as evidenced by the steady growth in access, with a total number of 7,447,362 page views, equivalent to 20,403 page views per day, an increase of 15% over 2011.





Services provided through KURA continued to show a steady increase of usage over 2011. Medical Files requests service showed an increase of 7.3% over 2011 with Medical file requests via Kura amounting to 20,7890, while 5,196 new Customer Care Data Records were created in the Customer Care database within KURA.

Post Graduate Medical Training e-Portfolio

The IMU has at the end of 2012 been requested to provide the Postgraduate Medical Training Centre (PMTC) with the necessary assistance to set up an e-Portfolio aimed for use by Postgraduate Medical Training students, funded through EU Structural Funds.

The IMU provided technical advice to convert and transcribe the initially unstructured thoughts on user-requirements, into a structured functionality requirements document to be used to draw up the IT solution related portions of the tender document.

The system is envisaged to offer post graduate medical students a system to enrol and maintain a training portfolio.

National Membership of the International Health Terminologies Standards Development Organisation (IHT SDO)

2012 was the first full year for Malta as member of the International Health Terminologies Standards Organisation. As a result of this membership, health care providers in Malta are able to use the SNOMED-CT Clinical Terminology in their healthcare systems at no additional cost. The Office started to function as the National Release Centre (NRC) for the issue of SNOMED-CT Affiliate Licenses, and in fact issued licences to Mater Dei Hospital and the Central Procurement & Supplies Unit.

Corporate health data management

Extensive work was carried out on a number of specialised health-related datasets, in particular those relating to medicines. Datasets were systematically developed on the basis of clinical input being made into Electronic Case Summaries. Work was carried out on a number of key datasets (such as the Medical Council Register).

MDH website content management

The Office continued to update content on the MDH website hosted on the Ministry's eHealth Portal as necessary.

Other services to Mater Dei Hospital

The Office provided data management services on a monthly basis to Mater Dei Hospital, in particular MSQL data extraction from the Patient Administration System for use by the Clinical Performance Unit (about hospital activity) and by the Medical Records Department about file movements. Routine maintenance and system administration were also provided for the ID Tag System, the Online Surgical Register, and the Hospital Activity Analysis system.

Other services to Boffa Hospital

A web service on current inpatients was developed for Boffa Hospital in support of an IT project.

EU Related Activities

epSOS

epSOS (www.epsos.eu) is the EU's main eHealth project. It is a large-scale interoperability pilot that aims to improve the medical treatment of citizens travelling in the EU by providing health professionals with secure online access to the patient's essential health data from their home country. The Government of Malta is an associated partner in epSOS, and is fully engaged in its governance and implementation. During 2012, MHEC and MITA representatives contributed technical and clinical expertise and participated in project activities in preparation for live piloting that is scheduled to start in 2013.

PARENT

Another EU-related activity by the Office was participation in the Cross-border Patient Registries Initiative (PARENT), which kicked off formally in May 2012. The overall objective of this Joint Action is to support EU Member States in developing comparable and coherent patient registries in fields where this need has been identified (e.g. chronic diseases, rare diseases, medical technology), with the aim of rationalising and harmonising the development and governance of patient registries, thus enabling analyses of secondary data for public health and research purposes.

eHealth Governance Initiative

During 2012, the Office also provided technical support to the EU's eHealth Governance Initiative (eHGI); this initiative contributes actively to the shaping of the eHealth political agenda at EU level. EU Member States aim at achieving interoperability and increasing the quality and efficiency of care by strengthening their cooperation to get support in how to deploy eHealth services also across borders.

Electronic Exchange of Social Security Information (EESSi) project

This is an EU project which will require Member States to exchange social security and health related benefits in cash/kind electronically once the new IT system being developed by the European Commission and other third party companies is in place.

The ultimate aim is to strengthen the protection of the social security rights of citizens who are mobile by fully computerising application of the EC law on social security and healthcare. This will in turn facilitate and speed up the decision-making process for the actual calculation and payment of benefits to citizens who move around Europe.

Even though the ICT system was planned to be implemented and fully operational in all member states by 1 May 2014, developments in the project led to a complete halt and re-discussion on architecture design are currently in progress. Throughout 2012, the IMU was an active member in this project from a technical perspective and also attended Technical Commission meetings organised by the EU Commission.

HUMAN RESOURCES DIRECTORATE

In 2012, the Human Resources Directorate within the MHEC continued to focus primarily on both employee relations and people resourcing which have predominantly taken precedence on all other Human Resources activities. MHEC's drive to continue consolidating its manpower resulted in the appointment of an Assistant Director for People Management towards the end of 2012 and issue calls for the positions of Director General (Human Resources) and Director (Human Resources Practices).

Initiatives

Human resources initiatives in 2012 were characterised by the drive to address current work practices within the Directorate. To this affect a standard operating procedure/s (SOP's) exercise, was initiated by the Management Efficiency Unit (MEU) to streamline human resource processes. It is expected that once the exercise is completed, an in depth analysis, will be made of the current operating procedures to eliminate any unnecessary administrative duties.

This Directorate also commenced a series of human resources initiatives contributing towards MHEC's drive towards the decentralisation of human resources activities to health entities. These initiatives relate to the assessment of Human Resources capabilities within health entities and opportunities for the use of effective Information Technology to facilitate the flow of data. Simplification and standardisation of procedures have also been taken regarding recruitment, discipline and other people management procedures. These are communicated on a monthly basis to health entities through the Human Resources forum.

Additional, MHEC also participated in the 'Employee Support Programme' (ESP) funded by European Social Funds focusing on 'Psychosocial and Disability issues in the Workplace'. This initiative gave the Ministry an overall view of the core organisational issues and an opportunity to develop MHEC's human resources and senior management in addressing these issues.

People Management Department

The People Management Department also dealt with issues relating to family-friendly measures, applications for special paid and unpaid leave, discipline, recruitment of casual substitutes, recruitment of staff beyond retirement age, transfers, publication and cancellation of deeds, qualification allowance and injury on duty. The department is also collected and processed thousands of CPD applications received from nursing, midwifery and allied professional staff. This totalled to 4,216 applications

Statistics

Below is a table outlining day-to-day activities carried out by People Management Department during 2012.

	Total
Adoption leave	1
Career break	31
Cultural leave	8
Duty leave	112
Emigration leave	9
Escort leave	23
Injury on duty leave	41

Maternity leave	143
Missionary leave	2
Paid leave on grounds of Public Policy	2
Paid Study leave	2,222
Parental leave	70
Qualification Allowance	13
Reduced Hours	686
Responsibility leave	9
Special unpaid leave for 30 days	43
Special unpaid leave (long)	16
Sports leave	20
Tele working	119
Leave to try an alternative job	1
Union leave	6
Unpaid leave	13
Unpaid leave to accompany spouse	1
Unpaid Study Leave	107
Voluntary leave	20
Discipline	
Reg 19 Issued	142
Reg 19 Concluded	125
Reg 20 Issued – Minor	24
Reg 20 Concluded – Minor	25
Reg 20 Issued – Serious	20
Reg 20 Concluded – Serious	12
Criminal – Issued	14
Criminal – Concluded	1
Reg 36 Issued	5
Reg 36 Concluded	1
Verification of sick leave	2,595
Transfers published	293

Funds paid amounted to €1,423,210.

HR units within all MHEC Entities/Departments

Uniformity

One of the main objectives of the Human Resources Directorate during 2012 was to ensure uniformity

across MHEC with regards to HR day-to-day processes. For this reason, forms were drawn up for all applications for family-friendly measures, special paid and unpaid leave, qualification allowance etc. These were adopted by HR sections in all entities thus, ensuring uniformity across board.

Empowerment

During 2012, the Human Resources Directorate deemed it crucial that HR officers within the various hospitals and entities are continuously informed and supported on various HR issues. In this regard, a number of measures were taken in 2012 in order to take stock of the knowledge employees performing HR duties. This was done through a questionnaire which dealt with their level of education, duties and career aspirations. The data was reviewed by the Directorate and participation in the HR Forum deemed necessary, so officers were invited on a monthly basis to participate in the HR Forum wherein, they were inform on specific issues which

included topics such as family-friendly measures, special paid and unpaid leave, discipline, the Employee Support Programme, CDRT training and study leave.

PAHRO managers were also invited to delivered presentations and hold discussions on the above topics. As a result, HR officers are being empowered to take decisions at entity level and resort less to central support for day-to-day issues. These sessions are planned to continue in 2013.

Communication

To enhance communication, the People Management Department set up a shared folder within the OPM intranet with all MHEC HR Officers. This is expected to be launched in 2013 and will include all documents related to HR processes which may be easily accessed. These will include forms, policies, SOPs, collective and sectoral agreements, links to PSMC, the CDRT manual and other related HR documents. All efforts have been made to improve communication both physically and electronically with the respective HR sections. This objective is expected to be further implemented in 2013 and is in line with one of the MHEC Macro Targets for 2012 i.e. Employee and Internal Communication. It is to be noted that the Human Resources Directorate was represented through the People Management department in the Macro Target team which drew up a report in this regard.

By drawing up monthly reports and staff meetings for the People Management Department, better communication was observed between the Valletta Office and CPD, Blata l-Bajda. A teambuilding Session held in September which included all HR directorate employees contributed to better communication and the creation of synergy between all HR staff. This initiative is being planned on a yearly basis for all HR officers within the entities.

Maltese Language Training

People Management was responsible for organising a Maltese Language course for foreign employees engaged by the Ministry. This course was coordinated in collaboration with CDRT and about 40 nurses and doctors are attending on a regular basis. The course consists of 23 lessons and will include a final examination. Successful applicants will be awarded with an official certificate. A repeat of this course is planned for 2013.

Human Resources Section

As in previous years, the Section processed the recruitment, appointments, progressions and promotions of several personnel in various grades.

Recruitment

A total of 183 calls for application were issued during 2012 for 140 posts and 43 positions, for which 1,878 applications were received.

As a result of Legal Notice 247/2012, the publication of calls for applications with the Ministry for Health, the Elderly and Community Care have now been delegated from the Public Service Commission to the Ministry as from the 15 November 2012. The Human Resources Directorate has liaised with PAHRO to train officers from all directorates and health care services falling under MHEC, in order to implement a more widely delegated system of drafting and verification of calls.

HR Data Management

The data cleanup exercise which commenced in 2011 reached an advanced stage and a significant number of personal records were rectified. Further checks are being made in order to ensure that discrepancies between the data held by the various HR data-holders within the Ministry and that held centrally in HRIMS and Dakar Payroll are addressed.

Progressions and appointments

The table below indicates the number of progressions and appointments processed in 2012 by employee category.

Grade	Progression		Appointments				Total
			From within the Public Service		From outside the Public Service		
	Males	*Females*	*Males*	*Females*	*Males*	*Females*	
General Service	0	4	16	12	0	0	**32**
Medical	16	20	18	15	200	184	**453**
Nursing	79	151	68	124	105	374	**901**
Midwifery	0	11	0	4	0	22	**37**
Allied Health Care	1	1	1	2	37	139	**181**
Psychology	1	0	0	0	0	0	**1**
Pharmaceutical	7	20	0	0	12	13	**52**
Technical	22	0	4	0	6	0	**32**
Departmental	112	32	0	1	7	1	**153**
Industrial and Supervisory	6	2	3	0	2	0	**13**
Other	0	0	0	0	0	0	**0**
Total	**244**	**241**	**110**	**158**	**369**	**733**	**1,855**

The following table indicates the number of terminations processed during 2012 by category.

Grade	Resignations/ Dismissals		Retirements		On Medical Grounds/Deceased		Transferred		Total
	Males	*Females*	*Males*	*Females*	*Males*	*Females*	*Males*	*Females*	
General Service	2	4	4	2	3		5	10	**30**
Medical	18	18	6					1	**43**
Nursing	13	20	19	27		2			**81**
Midwifery		1		1					**2**
Allied Health Care	5	13	4		3	1		1	**27**
Psychology									**0**
Pharmaceutical	1	2	2	2					**7**
Messengerial					1				**1**
Technical			8	1			5		**14**
Departmental		2	16	5		1	9	5	**38**
Industrial and Supervisory	2	13	26	12	1	3	2	1	**60**
Other	7	1							**8**
Total	**48**	**74**	**85**	**50**	**8**	**7**	**21**	**18**	**311**

The following table gives information regarding the medical board requests processed in 2012 for all the public service

No. Of Medical Boards Convened	149		
No. Of Employees Referred To A Medical Board	132		
By Nature	Psychiatric	Medical/Surgical	Oncology
	63	59	10
By Gender	Male	Female	
	62	70	
Outcome	Unfit for Work	71	
	Fit for Work	11	

A total of seven requests for re-instatements were processed.

Programme Implementation Directorate

Throughout 2012, the Programme Implementation Directorate within the MHEC focused on its core functions namely:

- overseeing and reporting on EU funded projects being implemented by the different departments and entities falling under the responsibility of the MHEC; including projects funded by the ESF, ERDF, FP7, Swiss Malta Cooperation Agreement, Italia – Malta, CIP, LLP, and Health Programme;
- providing guidance and support as necessary regarding EU funding so that the MHEC can make the best use of available funding opportunities;
- monitoring and reporting on the implementation of measures falling under the responsibility of the MHEC including those measures resulting from the National Reform Programme and the National Report on Strategies for Social Protection and Social Inclusion;
- providing the required support and assistance to the boards appointed by the MHEC with the remit of overseeing the implementation of various MHEC projects and programmes;
- coordinating the appointment of various boards and committees appointed by the Minister for Health, the Elderly and Community Care.

Key Tasks Undertaken during 2012

In line with the abovementioned core functions, during 2012, the Directorate undertook the following key tasks:

- monitoring the implementation of measures which fall within the remit of the MHEC;
- disseminating information with regard to EU funding opportunities;
- overseeing the implementation of EU funded projects;
- facilitating liaison between Project Leaders of EU funded projects and the relevant stakeholders and authorities;
- verifying payment claims.

Monitoring of Endorsed Measures

Implementation Status Reports

During 2012, the Directorate identified the projects falling under MHEC's remit particularly those emanating from the National Reform Programme and the National Report on Strategies for Social Protection and Social Inclusion. Subsequently, the Directorate established the respective departments and entities which were deemed to be responsible for the implementation of a particular project.

Implementation status reports, indicating the progress of each of the identified project, were compiled and consolidated by the Directorate.

Projects and Programmes Monitoring Board

The Projects and Programmes Monitoring Board was set up by the Ministry in April 2012 and held monthly meetings to ensure the adequate and timely completion of the Ministry's projects and programmes within the applicable financial and individual project targets were being met. During these monthly meetings, the Board dealt with various issues which arose and gave direction as was necessary.

Dissemination of Information on EU Funding Opportunities

In its commitment to promote all EU funding opportunities arising from time to time, the Programme Implementation Directorate, during 2012, disseminated information about EU funding opportunities within the MHEC.

Notifications were sent out by the Programme Implementation Directorate regarding the following funding opportunities:

ERDF and ESF FundingAll pre-announcement calls and call for the submission of project proposals were disseminated to all MHEC Level 3 Senior Management.

Other EU Programmes

- ESPON - circulated newsletters and information regarding seminars and call for proposals
- PROGRESS – the Directorate disseminated information received regarding funding opportunities offered under this programme
- Twinning Fiches – the Directorate received information about various twinning fiches and duly circulated all information
- European Fund for the Integration of Third Country Nationals and Annual Programme 2012 European Refugee Fund – the Directorate disseminated the announcement of open calls for project proposals under the Annual Programme 2012
- Health Programme -the Directorate disseminated the Work Plan for 2013 under the Health Programme for relevant departments and entities to register their interest in the respective Joint Actions.

Dissemination of Information re Funding Opportunities to All MHEC Level 3 Management

Upon the appointment of the new Director (Programme Implementation), the need was felt to reach out to the various MHEC departments and entities so as to inform them better about available EU funding opportunities. A new initiative was implemented in 2012 which saw the Directorate regularly disseminating information on possible funding opportunities to all Level 3 Management of the Ministry. MHEC's Level 3 Management is made up of the Permanent Secretary, the Directors General, the Directors and the Chief Executive Officers.

Prior to the implementation of this initiative, information on EU funding opportunities was only disseminated to the Directors General. The Programme Implementation Directorate took the decision of also reaching out to the different Directors and Chief Executive Officers so that they could have more visibility of available funding opportunities. In fact the feedback received from the various departments and entities was positive and some of the information disseminated resulted in project proposals being submitted for consideration for EU funding.

Holding of Specific Information Sessions for MHEC

In 2012, further to the abovementioned initiative, the Programme Implementation Directorate saw that it was a priority to embark on another new initiative to assist the Ministry's departments and entities in seeking access to EU funding and submitting adequate project proposals for the acquisition thereof. The Directorate constantly seeks ways to bring EU funding opportunities closer to the Ministry's departments and entities, thus ensuring more accessibility and permitting further prospects for the various departments and entities to resort to other alternative ways of funding.

Following the dissemination of related information to the MHEC's Level 3 Management, the Directorate started the initiative of holding information sessions, on EU funding programmes, purposely focused on the needs of the MHEC departments and entities. In this respect, as a first step, agreement was reached with the European Union Programmes Agency to hold specific information sessions for the Ministry's departments and entities on the funding programmes managed by them. These information sessions were coordinated by the Programme Implementation Directorate and held at the Ministry's Head Office.

Information Sessions by the respective Managing Authorities

Various information sessions were also held by the respective Managing Authorities in response to calls for the submission of project proposals for EU funding published by them. The Programme Implementation Directorate always attended these information sessions and strongly encouraged prospective Project Leaders to do the same.

Liaison with Contact Points in the respective Managing Authorities

Besides disseminating information received with regard to calls for proposals and pre-announcements pertaining to EU funding programmes, the Programme Implementation Directorate also enquired and carried out research on existing and new funding opportunities and their applicability to project proposals presented by the respective departments and entities falling under the remit of the MHEC. For this purpose, the Directorate constantly liaised with the different contact points in the respective Managing Authorities with a view to providing the required clarifications made by interested departments and entities.

Project Proposals Submitted for EU Funding During 2012

With the direct assistance and support of the Programme Implementation Directorate, numerous project proposals were submitted by the MHEC for EU funding. These included the following:

European Social Fund (ESF)

- Capacity Building for Medical Physics in Malta;
- Training for Employees of the Ministry for Health who require access to the new Health IT Systems Currently Being Deployed;
- Training and Mentoring Medical Postgraduate Educators and Trainers;
- Training for Health Professionals in Retinopathy Screening;
- Taking OHS to the Next Level;
- Moving Towards Employability Through Education;
- Training Health Care Professionals for Integrating Acute and Community Care;
- E-portfolio for Postgraduate Medical Training;
- Introducing a Competence Assessment Framework for Health Care Professionals;
- Engaging participation through improved social dialogue and capacity building proposals.

European Regional Development Fund (ERDF)

- Enhancing Health Screening Amongst the Maltese Population;
- Setting Up of a Medical Assessment Unit at Mater Dei;
- A New Concept in Primary Health Care - Paola Regional Hub.

European Integration Fund (EIF)

Adaptation Programme for Third Country National Nurses to Facilitate Successful Integration, Effective Communication and Ensure High Quality Care to Patients.

Prior to submission, weekly (and in the case of certain project proposals even daily) meetings were held by the Programme Implementation Directorate with the Project Leaders and relevant stakeholders so that all required documentation could be prepared. The Project Leaders were closely assisted throughout the preparation stage leading to the submission of the project proposals.

Overseeing the Implementation of EU Funded Projects

Monitoring in 2012 of Ongoing EU Funded Projects

During 2012, the Programme Implementation Directorate continued to monitor and report upon the implementation of various EU funded projects. Project progress was also monitored through the compilation of status report updates to be submitted during the Boards established by the MHEC, the completion of Project Progress Reports, and various one to one meetings with the different Project Leaders.

The Projects which were being implemented in 2012 by the different departments and entities within MHEC are the following:

Project Title	Project Reference/ Project Acronym	Brief Description of Project
Oncology Centre, Mater Dei Hospital	ERDF 196	This Project concerns the development of an Oncology Centre as an extension to the public general hospital, Mater Dei Hospital. The Oncology Centre shall replace the existing Sir Paul Boffa Hospital. The new Oncology Centre shall offer advanced cancer treatment facilities in a comprehensive care setting.
Capacity Building in Medical Physics Services	ESF 4.175	Medical physics plays an essential role in modern medicine in particular in diagnosis and cancer care. Medical Physicists take the lead in radiotherapy treatment planning and manage equipment quality assurance and radiation protection programme. This Project relates to commencement of the Masters Degree in Medical Physics at the University of Malta and the sponsorship of Medical Physics Trainees who will follow a two year clinical placement abroad to specialise in one major specialty, that is, Diagnostic and Interventional Radiology, Nuclear Medicine, and Radiation Oncology.
Training Health Care Professionals for Integrating Acute and Community Care	ESF 4.174	Through this Project research will be carried out to identify the training required to address gaps in the skills and competencies of health care professionals with the ultimate goal of providing a seamless and optimal institutional to community service. A

		structured training programme will follow through which health care professionals will be able to address potential gaps in the system enabling a smooth transition from acute to community settings and preventing unnecessary demand on acute care.
ePortfolio for Postgraduate Medical Training	ESF 1.211	This Project will see the introduction of an electronic portfolio for use by trainees and trainers in postgraduate medical training. This will provide a dynamic record of learning in all its forms and settings and will also function as an educational tool. An e-portfolio for the medical and surgical trainees in Malta will support reflective practice, deliver summative assessment, aid knowledge management processes and provide the main connection between learning at organisational and individual levels.
Positron Emission Tomography – Computed Tomography (PET-CT Scan)	7F-06067.01	This project was possible because of the partnership between Malta and Switzerland through the Swiss – Maltese Cooperation Programme. T his Project relates to the procurement of the PET – CT Scanner and also the training required for the personnel to operate this equipment. The setting up of a PET – CT Facility in Mater Dei Hospital represents a major improvement to the infrastructure for cancer diagnostics in Malta. This is a giant leap forward in the Maltese public health care system. In order to treat cancer efficiently and successfully, a modern diagnostic infrastructure is necessary. An accurate diagnosis is essential to target the appropriate treatment and this PET – CT Scanner can help physicians effectively pinpoint the source of cancer. Until now, patients requiring cancer diagnostic facilities were obliged either to travel abroad or to resort to a private clinic.
RESPIRA	A1.2.3-72	The Respira Project deals with the identification and prevention of allergies in the cross border area by assessing a sample of the Maltese and Gela communities.
Italia Malta Genome Breast Cancer Cross Border Risk Surveillance - IMAGENX	B1-2.25/15	Breast cancer is the most common female cancer. Through a breast surveillance programme targeting young individuals at risk, lifestyle and environmental risks as well as the genetic background can be identified. This Project will therefore be expected to increase the pick-up rate of early cancer by at least 15% and thus reduce the mortality due to breast cancer in the identified age group.
Adaptation Programme for Third Country National Nurses to Facilitate Successful Integration	IF–2011-16	The objective of this Project is to integrate Third Country National Nurses engaged in the Maltese health care system. This project addresses the difficulties encountered by these nurses in adjusting to a different country with different cultural, social and organisational experiences, unfamiliar language and surroundings. This benefits reaped by this Project will ensure a smoother and successful integration of these nurses into the Maltese health care system.
Alternative Ways to Long Term Hospitalisation in Psychiatry		This Project relates to the carrying out of mobility for staff working in Mount Carmel Hospital. Amongst others, the objectives of this Project include the: • discovery of a new model of health care mainly in the community; • reduction of the length of stay for patients in psychiatric structures;

		• enhancement of the quality of life of patients in psychiatry in Europe; • enhancement of the general level of skills and qualifications of the teams • exploring new and innovative initiatives such as rehabilitation programmes, cognitive behavioural therapy, empowerment in rehabilitation and theory, home treatment, how to involve patients in the process.
Smart Open Services Open Health Initiative for a European Large Scale Pilot of Patient Summary and Electronic Prescription	EPSOS	This Project aims to demonstrate cross-border interoperability of eHealth Records in a large scale pilot among 23 nations focused on the exchange of Patient Summaries and ePrescriptions. Malta is committed specifically to the exchange of Patient Summary data.
European Surveillance of Congenital Anomalies	EUROCAT	This Project is the formation of a European network of population-based registries for the epidemiologic surveillance of congenital anomalies. It comprises 43 registries from 20 European countries. These are high quality multiple source registries, ascertaining terminations of pregnancy as well as births.
Joint Action on Monitoring Injuries in Europe	JAMIE	In 2010, competent governmental authorities from 22 countries signed up for a joint ambition to have one common hospital-based injury data collection system in all EU Member States by 2015. Such a system should report on external causes of injuries due to accidents and violence and become integrated part of the existing programme for exchange of Community Statistics on public health.
The European Partnership for Action Against Cancer	EPACC	The objective of this Project is to contribute to the reduction of cancer burden in the EU by action in the areas of health promotion and prevention, screening and early diagnosis, cancer-related health care, coordination of cancer research and cancer information and data. The overall objective is to support Member States in development of their cancer plans.
Tools to Address Childhood Injury and Children's Safety	TACTICS	This Project will see the introduction of Child Safety Report Cards for the EU 27 and biennial time-series analysis of progress, child injury and inequities, Child Safety Index for EU, national and regional case studies of success factors and barriers, age group and audience specific tools to support child safety.
Cost Effectiveness Assessment of European Influenza and Pandemic Alert and Response Strategies	FLURESP	This project is aimed at constructing a decision making tool at the European level to help EU stakeholders select appropriate actions and decide go/no-go actions according to the current and expected epidemiological situation.
Joint Action European Health Examination Survey Pilot	EHES	This Joint Action will support the national activities needed to build the capacity for organizing Health Examination Surveys. Partners work in collaboration with the European Health Examination Survey Reference Centre. The aim is to plan and prepare for a full-scale HES and to pilot the fieldwork, data collection assessment and reporting. The full size Health Examination Surveys will provide comparable information on major chronic disease risk factors and disease prevalence
European Network for Health Technology Assessment Joint Action	EUnetHTA	This Project will see the development of HTA tools and methods for relative effectiveness of pharmaceuticals.

European Network for Health Technology Assessment Joint Action 2	EUnetHTA2	This Project will see the development of HTA tools and methods for relative effectiveness of pharmaceuticals.
European Prevention Initiative for Dermatological Malignancies	EPIDERM	EPIDERM aims to acquire and disseminate knowledge on skin cancers relating to their occurrence, risk factors, treatments and costs of illness to develop prevention and risk reduction strategies and best practice recommendations.
A Network for the Control of Public Health Treats and Other Bio Security Risks in the Mediterranean Region and the Balkans	EPISOUTH PLUS	The aim of this Joint Action is to increase health security in the Mediterranean Area and Balkans by enhancing and strengthening the preparedness to common health threats and other bio-security risks at national and regional levels in the EU countries of the existing EpiSouth Network in the framework of the International Health Regulations implementation
Public Health Innovation and Research in Europe	PHIRE	PHIRE seeks to explore the uptake of knowledge from public health actions funded under the Health Programme at a national level across European countries. PHIRE also seeks to develop a resource base bringing together national public health research at European level.
Three Different and Serious Threats for European Young People. A Network to Study These Challenges in the Participating Countries	H-CUBE: HBV, HCV AND HIVE	The main aim of this Project is to raise awareness on the three diseases and to organise a European information and prevention campaign involving young people aged between 15 and 24 years, taking into account the cultural, social, economic and political differences of the participating countries.
Addressing Inequalities Intervention in Regions	AIR	The main objective of the AIR project is to develop a set of different tools to reduce health inequalities in primary care settings in the European regions. These inequalities are a significant and challenging problem for all European countries. Reducing the social and health inequalities is one of the major tasks of public health, and as such is a priority for the European Union's health programmes.
Public Information on Tobacco Ingredients	PITOC	The objective of this Joint Action is (i) to inform the public about the composition of tobacco products so to enable the consumer to make a balanced choice (ii) to inform the public about the manipulation of tobacco products by industries (iii) to make the public aware of the chemicals added to their products consumed/smoked (iv) to inform the public that tobacco products may contain considerable amounts of toxic chemicals.
Joint Action Health Indicator Implementation	ECHIM	This is a European Community Health Indicator Monitoring Joint Action project.
Support Creation of Pilot Network of Hospitals Related to Payment of Care for Cross Border	HONCAB	This Joint Action sees the formation of a network of hospitals for the testing of the impact of the new European Directive on the rights of patients in trans-border.
Joint Action for Patient Safety and Quality of Care	PASQ	This Joint Action aims to strengthen cooperation between EU Member States international organisations and EU stakeholders on issues related to quality of health care, including patient safety and patient involvement through networking.
Mutual Organ Donation and Transplantation Exchanges	MODE	This Joint Action relates to improving and developing cadaveric organ donation and transplantation programmes.
Facilitating Collaboration	FOEDUS	Organ donation and transplantation is a successful therapy that provides cure to some categories of

Organ Donation Between National Authorities in the European Union		patients suffering from serious organ failures. As it is well known, the number of organ donors is still insufficient in all EU Member States, but another value that should be also considered is the number of organs that are used per donor. The main aim of this Joint Action is therefore to better the practice of exchange of organs.
Joint Action on Organ Donation and Transplantation	ACCORD	Organ transplantation is a consolidated therapy from which thousands of patients benefit in the EU. However, there are important variations in organ transplantation activities across Member States, mainly due to differences in deceased and live donation rates and in safety and quality patterns applied. Two initiatives have emerged in this scenario: the Directive 2010/53/EU and the Action Plan on Organ and Transplantation. ACCORD intends to strengthen the full potential of Member States in this field, to improve cooperation between Member States and to contribute to the effective implementation of such initiatives.
Joint Action on Cross Border Patient Registries Initiative	PARENT	The overall objective of this Joint Action is to support Member States in developing comparable and coherent patient registries in fields of identified importance (e.g. chronic diseases, rare diseases, and medical technology) with the aim to rationalize and harmonise the development and governance of patient registries, thus enabling analyses of secondary data for public health and research purposes.
Implementing Strategic Bundles for Infection Prevention and Management	IMPLEMENT	This Joint Action seeks to provide policymakers, managers and health workers with the knowledge on the implementation of improvement measures in patient care for the prevention and management of Health Care Associated Infections.

Facilitating Liaison between the Project Leaders and the Relevant Authorities

Whilst overseeing the implementation of EU funded projects, during 2012, the Programme Implementation Directorate also held various *ad hoc* meetings with beneficiaries to discuss issues relating to the project they are responsible for. Through this constant liaison with beneficiaries, not only did the Directorate keep itself abreast with difficulties encountered but also, where and when possible, provided guidance and support. Besides maintaining ongoing communication with beneficiaries, the Programme Implementation Directorate also continued to work in close collaboration with stakeholders such as the Planning and Priorities Coordination Division (PPCD) and the Funds and Programmes Division, both within the Office of the Prime Minister, other Managing Authorities such as MCST and the EUPA, the Public Administration Human Resources Office (PAHRO), the Budget Office within the Ministry of Finance, the EU Funds Management Unit within the Treasury and the Department of Contracts (DOC) so as to promote the effective implementation of the EU funded projects falling within the MHEC remit.

Through this process the Directorate also kept itself adjourned on administrative requirements governing the implementation of EU funded projects and disseminated the relevant information to all beneficiaries. On behalf of the Line Ministry, the Programme Implementation Directorate always liaised closely with Project Leaders and Project Managers to ensure compliance with administrative procedures (including procurement processes) and to promote accurate and timely action within the established budget and timeframes.

A New Initiative – Stock Take and Spot Checks

With a view to gain better visibility, immediately upon the appointment of the Director (Programme Implementation), the Programme Implementation Directorate carried out a stock take exercise of the EU funded projects falling under the remit of the MHEC.

Subsequently, the Programme Implementation Directorate embarked on the initiative of starting a new process of having Spot Checks carried out. The initial phase was that of creating a template Spot Check Report to assist the Directorate in carrying out the required implementation checks of the respective projects.

Given that this system was not in place prior to 2012, the Programme Implementation Directorate decided to start bringing Project Leaders on board by first forwarding them a copy of the template Spot Check Report so that this could assist them in having the respective project files prepared with the required documentation in place. This new initiative was generally welcomed by the Project Leaders who felt that this document could assist them better in implementing applicable procedures and processes.

Although the Directorate gave priority to this new process however it was not possible, during 2012, to hold a Spot Check for all EU funded projects under the remit of the MHEC. This was due to the very limited resources within the Directorate. It is aimed that this process is continued, and given the same priority, in the year 2013.

Verification of Payment Claims Pertaining to EU Funded Projects

Throughout 2012, the Programme Implementation Directorate worked closely with the Ministry's Finance and Administration Directorate and the Treasury so as to ensure the smooth processing of payments relating to EU funded projects. The Programme Implementation Directorate vets payments and performs all necessary checks in accordance with applicable guidelines and regulations.

During 2012, the Directorate vetted and processed Invoice Status Certificates with a total value of *circa* € 5.5 million in respect of the EU funded projects being implemented by the departments and entities within the MHEC. It must be noted that during 2012 Invoice Status Certificates were only required to be raised with respect to the Oncology Centre Project and the PET – CT Scan Project.

New Projects for which EU Funding was awarded in 2012

As one of its Line Ministry functions in relation to 2007-2013 EU projects, the Directorate provided ongoing support to designated Project Leaders in implementing projects in departments/entities falling within the remit of the MHEC. Of particular mention is the close support and assistance provided even at pre application stage.

The table hereunder pertains to those new projects awarded EU funds in 2012:

Project Title	Project Reference
Capacity Building in Medical Physics Services	ESF 4.175
Training Health Care Professionals for Integrating Acute and Community Care	ESF 4.174
ePortfolio for Postgraduate Medical Training	ESF 1.211
Adaptation Programme for Third Country National Nurses to Facilitate Successful Integration	IF–2011-16
Genome Breast Cancer Cross Border Risk Surveillance - IMAGENX	BI – 2.25/15

Ministerial Projects Steering Committee

The Ministerial Projects Steering Committee, chaired by the Permanent Secretary, is set up by the MHEC and meets on a quarterly basis. This Committee focuses on EU funded projects and its remit is that of monitoring the progress of these projects, dealing with emerging issues and facilitating programme management. The Director (Programme Implementation) is a Member of this Committee. The Secretariat to the Committee is also provided by the Programme Implementation Directorate and the Secretariat duties are generally carried out either by the Director (Programme Implementation) or the EU Funds Manager within the Directorate. Secretariat duties include:

- the preparation of written documents submitted to the Committee meetings (including distribution of documents to the members of the Committee);
- technical and organisation issues and administration activities for the Steering Committee meetings;
- keeping the minutes of the meetings.

Oncology Project Board

The Oncology Project Board was set up by the Ministry in April 2012. This Board, chaired by the Permanent Secretary, was set up in order to better manage the Oncology Project, monitor the adequate and timely completion of the project, within applicable financial and project targets, and to ensure a smooth integration and transition of the oncology services from Sir Paul Boffa Hospital to Mater Dei Hospital. The Board meets on a monthly basis. The Director (Programme Implementation) is a Member of this Board and also acts as the Secretary to the said Board.

Monitoring Committees

In 2012 the Director (Programme Implementation) was appointed, by the Permanent Secretary, to start participating in the various meetings of the following Monitoring Committees:

- the OP1 Monitoring Committee set up by the Planning and Priorities Coordination Division as the Managing Authority of the respective EU funding programme. Meetings are generally held on a biannual basis with the Director (Programme Implementation) attending the meetings held in 2012;
- the OPII Monitoring Committee also set up by the Planning and Priorities Coordination Division as the Managing Authority of the respective EU funding programme. Meetings of this Committee are generally held on a biannual basis with the Director (Programme Implementation) attending the meetings held in 2012;
- the EEA/ Norwegian Funds Monitoring Committee set up by the Funds and Programmes Division as the Managing Authority of the respective EU funding programme. The Director (Programme Implementation) attended the meetings held in 2012;
- the Cohesion Fund Monitoring Committee set up by the Planning and Priorities Coordination Division as the Managing Authority of the respective EU funding programme. The Director (Programme Implementation) attended the meetings held in 2012.

National Focal Point - Health Programme

The Second Programme of Community Action in the Field of Health 2008 – 2013, or as it is commonly known the Health Programme 2008 – 2013, came into force on 1 January 2008 and lasts for six years i.e. until 2013. For the most part, the Health Programme budget is intended to finance projects and other actions which contribute to increased solidarity and prosperity in the European Union by protecting and promoting human health and safety and by improving public health. The Health Programme 2008-2013 is managed by the Executive Agency for Health and Consumers. Each year, a work plan is published which sets out priority areas and the criteria for funding actions under the Programme. Actions under the Programme are intended to complement national policies of the Member States with a European added-value. This involves actors from different participating countries and the results are applied in other countries across Europe.

The EU Funds Manager within the Programme Implementation Directorate is the National Focal Point on behalf of Malta with respect to this funding programme.

During 2012, the MHEC had numerous ongoing Joint Actions under the Health Programme.

Other Activities

Boards and Committees

The Programme Implementation Directorate processed the appointments of Boards and Committees appointed by the Minister for Health, the Elderly and Community Care. In addition, the Directorate liaised with the Department of Information to publish the required notices in the Gazette of the statutorily appointed Boards and Committees. Records are kept of all members on these boards and committees and a database has been designed to keep records current and updated at all times.

The list of the abovementioned Boards and Committees is comprised of the following:

- General Services Board
- Council for Professions Complimentary to Medicine
- Pharmacy Council
- Council for Nurses and Midwives
- Mental Health Review Tribunal
- Mount Carmel Hospital Board of Directors
- Admission Board - St Vincent de Paule Residence
- Zammit Clapp Hospital Management Committee
- Burials Board
- Health Care Professions Appeals Committee
- Government Formulary List Advisory Committee
- Occupational Health and Safety Authority
- National Antibiotic Committee
- Health Ethics Committee
- Medical Council
- Treatment Abroad Advisory Committee
- Committee on Smoking and Health
- Council of Health
- Food Safety Commission
- Bioethics Consultative Committee
- Ta Braxia Cemetery Committee
- Radiation Protection Board
- Government Formulary List Appeals Committee
- *Kumitat għall-Premju għall-Anzjan tas-Sena*
- Foundation for Medical Services Board of Directors
- Hospital Management Committee St Vincent de Paule
- National Council for the Elderly

Annual Report for 2011

Early in 2012, the Programme Implementation Directorate undertook the task of compiling, vetting and editing of annual reports submitted by different departments in order to compile the annual report for 2011.

WHO Regional Committee for Europe, Malta 2012

During 2012, Malta was chosen to host the 62nd Session of the World Health Organisation Regional Committee for Europe, which was held between 10 - 14 September 2012. This Regional Committee was attended by delegations from 53 different Member States with each delegation, on average, consisting of 4

to 5 delegates. A number of delegations were headed by the Minister responsible for Health in the respective Member State. Numerous high officials of the World Health Organisation also attended this Regional Committee. The Director (Programme Implementation) formed part of the Core Organising Committee of the Regional Committee together with the Superintendent of Public Health and the Assistant Director within the Superintendence of Public Health.

Training and Continuous Professional Development

Officials of the Programme Implementation Directorate attended various training, conferences and seminars organised locally and abroad.

Appointment on Ministry Evaluation, Selection and Disciplinary Boards

Officials from the Programme Implementation Directorate also took an active part, and served as Chairpersons and Members on various internal boards appointed by the Ministry such as tender evaluation, selection and disciplinary boards.

DR KENNETH GRECH
Permanent Secretary, MHEC

Superintendence of Public Health

The Superintendence of Public Health, apart from the general safeguarding and promotion of public health, is also responsible for the formulation, monitoring and enforcement of national standards for health in both the public and private sector. It is responsible for ensuring that public health legislation is not only adhered to by all but also for inspecting and licensing various entities providing health care services and also food establishments.

Within the Superintendence there are three directorates, the:
- Directorate for Environmental Health - which is responsible for the enforcement of public health legislation as well as environmental issues.
- Directorate for Health Care Standards - which is responsible for the establishment and monitoring of standards to be adhered to by service providers in the primary, secondary and tertiary care sectors, as well as the enforcement of legislation in relation to blood, organs, tissues, and cells.
- Directorate for Health Promotion and Disease Prevention - which on the other hand, is responsible for all activities aimed at improving health and the prevention and control of communicable and non-communicable disease.

The Superintence of Public Health is also responsible for Medicines regulation in his capacity as Licensing Authority. In this regard, there is a close working relationship with the Medicines Authority for ensuring the quality, safety and efficacy of medicinal products on the Maltese markets as well as the inspection and licensing of manufacturing and wholesale dealing establishments and pharmacies.

OFFICE OF THE SUPERINTENDENT OF PUBLIC HEALTH

COLLABORATION WITH THE WORLD HEALTH ORGANISATION

Biennial Collaborative Agreement (BCA) 2012 - 2013

During 2012, the Office of the Superintendent was responsible for the final negotiations of the terms of the Biennial Collaborative Agreement for 2012-2013, which forms part of a provisional medium term framework for collaboration between the World Health Organisation (WHO) Regional Office for Europe and the MHEC for the six-year period 2008–2013, corresponding to the WHO Medium Term Strategic Plan (MTSP 2008-2013).

The BCA also provides for technical support from WHO Europe in the various areas. This document reflects the new vision of the WHO Regional Office for Europe as approved by the sixtieth session of the Regional Committee for Europe – Better Health for Europe, as well as the concepts, principles and values underpinning the development of the WHO Regional Office for Europe's new Country Strategy and the European Policy for Health – Health 2020.

The 2012-2013 priority areas for collaboration include; health systems strengthening and public health, non-communicable diseases, health promotion and healthy lifestyles, and communicable diseases, health security and environment. The SPH has already co-ordinated a number of technical visits by WHO experts in support of a number of BCA projects which are underway. These include a Health System Performance Assessment, a

review of the Malta Food and Nutrition Policy and continued work in the area of Healthy Eating in Schools, a national assessment of and capacity building in Environmental Health inequalities. The agreement was signed by the Regional Director of the WHO Regional Office for Europe and the MHEC in September 2012 during the 62nd Session of the Regional Committee which was held in Malta.

World Health Assembly - May 2012

The Superintendent of Public Health formed part of the delegation to the 65th World Health Assembly held in Geneva between the 21st to the 26th May 2012. At this session a number of public health issues were discussed, including universal health coverage, non-communicable diseases, mental disorders, nutrition, Millennium Development Goals, adolescent pregnancy, polio eradication, financing of research and development, International Health Regulations, and the WHO reform process. A number of resolutions were adopted on these issues.

Hosting of 62nd WHO Regional Committee – Malta, September 2012

The Superintendent of Public Health, on behalf of the MHEC was responsible for the coordination and organisation of the hosting of the 62nd World Health Organisation Regional Committee for Europe (RC62) held between the 10th and 13th September 2012. The Superintendent of Public Health also formed part of the Maltese Ministerial Delegation to the RC62.

Over 500 delegates including HRH Crown Princess Mary of Denmark, health ministers from 29 member states and senior officials from the 52 countries in the WHO European Region present at the meeting discussed a number of public health issues and agreed to an ambitious long-term WHO European policy framework for health and well-being, Health 2020, which aims to maximize opportunities for promoting population health and reducing health inequities through whole-of- society and whole-of-government approaches and a clear focus on the social determinants of health.

In addition to Health 2020, the Regional Committee also considered the new European Action Plan for Strengthening Public Health Capacities and Services, which is part of the Health 2020 process; the new Strategy and Action Plan on Healthy Ageing in Europe, 2012–2020, aiming to promote healthy behaviour and ensure age-friendly environments for all populations and age groups, the Regional Office's new Strategy on relations with countries and policy on its geographically dispersed offices, designed to improve WHO's collaboration with Member States; and the WHO reform for a healthy future, including discussion by Member States' representatives of the WHO programme budget.

Representation on Standing Committee of the Regional Committee (SCRC)

The Superintendent of Public Health is also a member of the Standing Committee of the Regional Committee (SCRC) with a term of office between 2011-2014. The SCRC consists of representatives of 12 Member States elected by the WHO Regional Committee for Europe and is responsible to oversee the work of the Regional Office as well as make the necessary technical preparations for the Regional Committee. The Superintendent of Public Health was elected Vice-Chair of the Twentieth Standing Committee for the period 2012 – 2013.

Patient Safety

Work on the preparation of a framework document for the development of a national strategy on patient safety commenced during 2012. In fact, the first draft was finalised and reviewed by external experts at the Danish Competent Authority on Patient Safety. It received an excellent review from Denmark and is now being discussed between officials from various sectors within the Ministry forming part of the Ministry Patient Safety Committee so that a comprehensive strategic document would be agreed to by all parties in public health care provider sector which can then be drawn up for presentation for political endorsement prior to opening up for wider stakeholder consultation.

The Ministry Patient Safety Committee met a number of times to continue discussing parts of this draft document particularly the way forward and the cultural change needed to endorse a non-blame approach to patient safety as this remains a very complex task where complexities arise from the fact that it involves a number of initiatives and phases to be considered for implementation. Hence, the workings of the Committee will ensure that steps are taken to implement recommendations will not compromise the nature of the draft policy; that actions are prioritised and achieved possibly utilising existing resources; and that a sound foundation is established for patient safety systems and structures within our health system. The Committee will ensure that the proposed action plan will involve a slow but sure introduction of change without causing too much turbulence in the system

The draft document puts forward an overview of international patient safety recommendations, systems, problems and gaps. It also provides an overview of the initiatives currently taking place within the Ministry and provides the basis for a mechanism through which such initiatives can be integrated. The document also provides proposals for a legal framework to back the initiatives being proposed which are based on international experiences.

It is planned that the document will be presented for stakeholder consultation during 2013.

Drafting and Publication of National Standards

National Standards for Blood Transfusion

The work on the drafting of National Standards for blood transfusion was completed in the early part of the year and the standards were launched in July.

National Standards for Use of Medicines

The document on the National Standards for the Use of Medicines was published for wide stakeholder consultation in September 2012. It received feedback from over seventy individuals, establishments and organisations. A detailed analysis of this feedback started in October and is currently being progressed. A second draft is scheduled for circulation by the second quarter of 2013.

National Standards for Least Restraint Use

The draft document on the National Standards for Least Restraint Use' was finalised and is currently being reviewed internally and expected to be completed and published for stakeholder consultation in the first quarter of 2103 and published for adoption during the same year.

National Antibiotic Committee

The National Antibiotic Committee (NAC) set up in terms Regulation 5 of L.N. 122/2008 under the Public Health Act by the Superintendent of Public Health promoted the understanding of, and support for, correct prescribing, dispensing and use of antibiotics amongst medical, pharmaceutical and veterinary professionals as well as the public at large.

During 2012, discussions and work focused on the development of a National Strategy and Action Plan on the use of antibiotics and the reduction of antimicrobial resistance. The document being drafted will have four major components relating to the use of antibiotics in humans; antibiotics in animals, antibiotics in other environment/agricultural areas and infection control. The document will also have a section on the use of information technology in the implementation of the action plan.

The NAC continued with its education campaigns aimed both at the general public as well as the Health Care Professionals. The Committee is also making pressure on the University to increase the undergraduate input in

the field of microbiology and use of antimicrobials. The need to improve the input in this field is also being extended to the training of other health care professionals.

The NAC has published 'Community Guidelines' which are available on its website (http://www.nacmalta.info).

The major achievements of the NAC for 2012 were the removal of topical fusidic acid preparations from the Government Health Services formulary as these were being inappropriately prescribed and used and the restriction of mupirocin skin ointment which risked being inappropriately used as an alternative to fusidic acid. Another major achievement was the launch of 'Guidelines for the Management of Mosquito Bites'. The last major achievement is that now Malta is up-to-date with other European States with respect to data on consumption of antibiotics both in hospital as well as in the Community.

Advisory Committee on Immunisation Policy

The Advisory Committee on Immunisation Policy set up by virtue of L.N. 253/2007 under the Public Health Act focused on the promotion and support for the National Immunisation Programme among professionals and the general public. It tendered advice to the Superintendent of Public Health with respect to vaccination programme priorities in the short, medium and long term, developing written recommendations for the routine administration of vaccines, and the issuing of guidelines regarding dosages, periodicity and contraindications applicable to individual vaccines.

During 2012 the Committee also tendered advice on the inclusion of the Pneumococcal vaccine and the Human Papilloma Virus vaccine in the National immunisation Schedule. The Committee also studied the feasibility of including Varicella vaccine in the National immunisation schedule and concluded that this was not feasible. The Committee also submitted recommendations for a change in the BCG vaccine immunisation schedule which will be implanted during 2013. Needless to say, the Committee was also very active in the activities carried out during the European Immunisation Week as well as during the seasonal Influenza vaccination campaign.

General Services Board

The General Services Board is appointed by the Minister on a yearly basis and is set up in terms of Article 44 Section 10 of the Department of Health Constitution Ordinance (Cap 94).

The function of the Board is to determine public health issues referred to in terms of the Code of Police Laws (Cap 10). During this year the Board made a painstaking exercise to issue recommendations to MEPA for concessions that could possibly be made to existing premises not inconformity with sanitary regulations. These recommendations were eventually published in L.N. 229/2012.

During 2012 the General Services Board met 12 times whereby 119 applications were discussed out of which 94 were new cases.

Merit Award Scheme

The Merit Award Scheme was set up in terms of an agreement signed between the Government of Malta and the Medical Association of Malta in February 2002 as an addendum to the agreement that had been signed in 1993. Subsequent amendments have been effected. The scheme is a quality assurance initiative whereby Medical Consultants/Doctors submit on an annual basis initiatives which are then assessed by an *ad hoc* Committee. Approved initiatives are then remunerated according to the provisions in the agreement.

Since the two year term of office of the elected members on the Quality Assurance Initiative Adjudicating Committee (QAIAC) expired in September an election was held under the supervision of a two member

Electoral Commission, one nominated by the Superintendent of Public Health and the other by the Medical Association of Malta for the filling of four seats of the QAIAC from within each medical category.

During 2012 the Committee met 10 times whereby:

- 246 initiatives were received from 194 doctors,
- 135 doctors had a second initiative approved for recommendation,
- 32 doctors failed to send in their final report for 40 initiatives,
- three final reports were rejected.

Health Care Professions Appeals Committee

The Health Care Professions Appeals Committee was set up in accordance with Article 49 of the Health Care Professions Act, 2003. All members of the Appeals Committee are appointed or elected, as the case may be, for a term of three years.

The function of the Committee is to decide on appeals lodged by health care professionals in respect of registration decisions delivered by Regulatory Councils.

During 2012, the Committee met three times whereby eight cases were discussed out of which two appeals were rejected, five were upheld and one was suspended.

Regulatory Councils

The four health care professions regulatory councils, namely the Medical Council, the Pharmacy Council, the Council for Nurses and Midwives, the Council for Professions Complementary to Medicine as well as the Specialist Accreditation Committees, were set up in terms of the Health Care Professions Act 2003. The principal scope of the Act is to regulate the practice of health care professions in Malta. New registrations accepted by each council during 2012 are indicated hereunder.

Medical Council		**Professions Complementary to Medicine**	
Medical Practitioners (Principal Register)	83	Occupational Therapist	1
Medical Practitioners (Provisional and Temporary Register)	116	Orthoptist	1
Dental Surgeons (Principal Register)	10	Environmental Health Officers	5
Dental Surgeons (Temporary Register)	7	Medical Laboratory Scientists	8
		Nutritionists	6
Pharmacy Council		Dental Technologists	2
Pharmacists	51	Optometrists	4
Pharmacy Technicians	21	Physiotherapists	23
Qualified Persons	6	Podiatrists	10
Nurses and Midwives		Psychotherapists	15
Nurses	326	Radiographers	19
Midwives	9	Speech Language Pathologists	6
		Osteopath	1
Specialist Accreditation Committees		Audiologists	3
Certificate of completion of specialist training	29		
Certificate of Specialist Dental Surgeons	0		

PHARMACEUTICAL UNIT

The Pharmaceutical Unit, is responsible for the administration of the technical aspects of legislation and the development of national policies within the various pharmaceutical areas in support to medicines' legislation, safeguarding patients' rights and wellbeing, as well as boosting the health care professionals' confidence in the medicinal products, from their manufacture to administration and use by the patient.

Narcotic Drugs, Psychotic Substances and Precursor Chemicals

The Unit implements local legislation and fulfils international obligations with respect to narcotic drugs, psychotropic substances and precursor chemicals. A number of reports were compiled for the International Narcotics Control Board (INCB). These included 4 Forms A/P Reports, 4 Forms A Reports, Form B, Form C, Form D and Form P, as well as other INCB, together with questionnaires for the United Nations Office on Drugs and Crime (UNODC). Other authorisations issued included 51 Import Permits for narcotic drugs, 103 Import Permits for psychotropic substances, 154 Withdrawal Permits, 185 New Methylphenidate approvals and 530 Renewal of Methylphenidate approvals,

Towards the end of 2012, most of the administration related to methylphenidate approvals mentioned above started being carried out online, thus boosting expediency. The Unit, in collaboration with the Customs Department, also controls precursor chemicals used in the illicit manufacture of narcotic drugs and psychotropic substances, both physically and through adequate legislation.

Authorisation for the Use of Medicines

Responsibility for the implementation of the Guidelines for the supply of medicinal products for human use through processes which are not covered by the Medicines Act, 2003 and its subsidiary legislation is likewise the remit of the Pharmaceutical Unit. In 2012, the Unit processed 85 individual requests by prescribers.

ENVIRONMENTAL HEALTH DIRECTORATE

The Environmental Health Directorate promotes and safeguards the public's health and well-being from adverse environmental effects, through the following main sections which will be reviewed in detailed separately.

The Health Inspectorate Services is the executive arm of the Directorate and has the following Units under its remit.
Administration Unit
Citations Unit
Licensing Unit
Complaints Unit
Regional Units
- Food, Risk Management Team
- Environmental Health, Risk Management Team

Port Health Services
Food Safety Unit
Pest Control Services
Burials Administration Unit
Drug Control Unit
Food Safety Commission Secretariat

Port Health Medical Services - has the duty of border control from infectious diseases.

Public Health Laboratory Service - provides analytical and scientific support to the investigations performed by all the branches/units within the Directorate.

ENVIRONMENTAL HEALTH POLICY COORDINATION UNIT

Human Resources - Health Inspectorate Services

Administration Unit

This Unit is the administrative arm between Regional offices, units and branches within the Environmental Health Directorate and is thus responsible for all administrative work. This includes drafting replies to Parliamentary Questions, issuing relevant memos and correspondence, processes contraventions, prosecutes on behalf of the Directorate and is also responsible for procurement and distribution of equipment to employees. During 2012, the Directorate replied to 41 Parliamentary Questions and issued 357 Memos.

Citations Unit

The main duties of this Unit include the registration of citations, preparation of contravention reports, court summons, acts as contact point with the Police Principal Citations Office, registers and keeps records of Undertakings issued in terms of the Food Safety Act and Public Health Act, registers and keeps record of emergency prohibition orders and public health emergencies, registers and forwards all MEPA e-applications and pre-applications as well as registers and keeps records of enforcement notices issued in terms of Legal Notice 5 of 2006 Control of Legionella Regulations. The Unit also compiles data for the Health Inspectorate Services regarding 'On Call Duty Roster' and the 'Addolorata Cemetery Roster', as well as keeps register of SPH approvals for the keeping of cesspit. During the year, the number of healthsittings appointed to be heard was as follows:

Magistrate	Cases Appearing for the Magistrate	No. of Cases Heard in 2012	No. of Decided Cases	No. of Appeals	Comments
Dr Padovani Grima	3	98	4	0	1 Food Related 2 Env. Related 1 Admin. Enforcement
Dr Carol Peralta	5	201	63	1	2 On-Site Enquiries 44 Food Related 17 Envir. Related 2 Admin. Enforcement
Dr Claire Stafrace Zammit	13	388	83	3	7 On-site Enquiries 64 Food Related 17 Environment Related 2 Admin. Enforcement
Dr Apap Bolognia	6	27	5	0	7 On-site Enquiries
Dr A Micallef Trigona	12	12	0	0	During 2011 a total number of 430 charges were issued
Dr Neville Camilleri	11	5	5	0	3 Food Related 2 Environment Related
Total	**50**	**731**	**160**	**4**	

** Cases may be heard more than once during the year.

A total of 128 undertakings were issued in terms of Article 39 of the Food Safety Act, while 30 were issued in terms of Article 13 of the Public Health Act of 2003. It was noted that no Public Health

Emergency Orders were issued in terms of Article 14(1) of the Public Health Act, 2003. During the year under review, Emergency Control Orders amounted to 29 and emergency Prohibition Orders amounted to two in terms of Art. 36 of the Food Safety Act. It is to be noted that no Enforcement Notices were issued in terms of the Control of Legionella Regulations.

During 2012, 400 Memos were issued by the Directorate and uploaded in the Government Intranet for the same Directorate.

MEPA applications

The office received through the MEPA e-applications system 364 new consultation requests and pre-applications. Not included in this number are 43 MEPA application consultations which were received twice due to amendments in sketch plans and another 2 applications which were received three times each. These were all referred to the respective Senior Principal Environmental Health Officer for the necessary processing. All documents which received feedback are uploaded on the e-application system.

Complaints Administration Unit

The total number of complaints lodged with this unit amounted to 6,226 out of which 5,265 were on environmental matters and 979 related to food.

Regional Units

During 2012, Environmental Health Officers were deployed to work within six Regional Units around Malta and one in Gozo.

It is to be noted that the Health Inspectorate functions within a Quality Service Charter and during 2012 also acquired the MSA EN ISO 9001:2008 accreditation for the quality management system of EHD for the handling of complaints. The services offered by the Health Inspectorate Services included:

Activity	Total
Inspections in connection with Licensing	675
Undertakings (re Article 39 of the Food Safety Act of 2002)	128
Inspections of food premises (other than Risk Assessment)	1,943
Inspections for risk assessment grading purposes	6,265
Samples taken during inspections of food premises	201
Samples taken in connection with environmental issues	2,133
Samples taken in connection with sampling programs	1,138
Samples taken in connection with food poisonings	241
Nuisance reports/Abatement notices	699
Inspections re-food poisoning	103
Inspections to verify immunisation of children	0
Complaints	6,575
Food Related	833
Environment related	5,742

*The difference in total of number of complaints is due to the fact that a complaint may be jointly with respect to food and Environment.

During 2012 six new Private Water Suppliers were registered with the Health Authorities in terms of L.N. 357 of 2004, 30 new swimming pools in accordance with L.N. 129 of 2005.

206 swimming pools were inspected during 75 pool audits while 117 Legionella audits were performed.

Port Health Services

Activities carried out by the Port Health Office, Health Inspectorate Services included the following:

Activity	Total
Inspections of marine crafts requested by Malta Maritime Authority	29
Inspection of refrigerated vehicles requested by Commissioner of Police	
Repatriation of human remains	122
Burial at sea	4
Processing of requests in respect of import declaration of foodstuffs	25,398
Processing of requests for importation of pharmaceuticals and allied products	15,972
Ship Sanitation Control Certificate	63
Ship Sanitation Exemption Control Certificate	194
Extension of Ship Sanitation Certificates	5
VB Number of Inspections of Catering Establishments and Warehouses	66
Samples taken of imported items of food	686
Health/Radiation free Certificates issued	913
Undertakings	25
Inspections of incoming consignments	468
Destruction Certificates for unfit food	16
Registration of trader's application	111
VAT inspections (in conjunction with other departments)	43
Transport inspection (in conjunction with other departments)	33
Contravention reports issued on nonconformities on Food Safety Act	12

The Port Health Medical Services were offered from the Floriana Port Health Office and Malta International Airport Health Clinic (Gudja) and the Yacht Marina Health Guard premises.

Port Medical Services Activities

Activity	Total
Ship conveyances outside harbour requiring port health clearance	1,563
Radio Medical advice referred to ships	6
Examination of corpses on board	0
Examination in stowaways	0
Examination of corpses recovered from sea	0
Examination of irregular immigrants	1,879
Examination of sea-farers for certification fitness purposes	8

The Airport clinic Activities

Activity	Total
Sick/injured travellers seen	617
Sick/injured employees seen	253
Passengers referred to Hospital	15

Food Safety Unit

This Unit was responsible for giving consultations prior to the licensing of food outlets, giving consultations prior to the refurbishment of these same outlets and inspecting them before health approvals were given.

The Unit also participated in various departmental committees, internal audits and meetings as was necessary as well as performed work pertaining to the Food Safety Commission Secretariat. The Unit also liaised and issued health approvals and reports prior to licensing with the Bodies mentioned hereunder. It is also to be noted that the number of inspections carried out during the year totalled to 1,175 while the number of applications received amounted to 753. Below is a breakdown of these figures.

Inspection of food premises prior to licensing/ refurbishment 19

Trade Licences (TLU)	368
Planning Authority (MEPA) applications	192
Malta Tourism Authority (MTA) applications	154
Police Department. (Temporary Licences)	3
Other Temporary Licences	7
Health Department (SPH Licences)	23

Pest Control Services

The Pest Control Section deployed two teams of operatives in Malta. 63,100 point baits and 6,670 sewers were baited while 89 insect disinfestations/disinfections where carried out. 1,442 complaints were lodged with the Directorate. These regarded pest control issues. In Gozo, one team was available. 28,136 point baits and 584 sewers were baited while 130 insect disinfestations/disinfections were also carried out. A total of 282 complaints were also lodged seen to by this team

Burials Administration Unit

The Burials Administration Unit was responsible for the running of Addolorata, Zebbug, Mosta, Burmarrad, Rabat, Mellieha and Ta' Braxia Cemeteries.

Responsibilities of the Burials Administration Unit

During 2012, burials at the Addolarata cemetery amounted to 1,627 while those at other government cemeteries amounted to 325. New applications received for new gravesites amounted to 224 while 36 new applications for the transfer of graves by donation or inheritance were received. Cleaning of graves and transportation of remains were as indicated in the below table.

Cleanings	Transportation
Addolorata	
386	94
Other Gov. Cemeteries	
38	49

66 applications to erect a monument at Addolorata were also received, while 25 applications were received to affix memorials to Rabat Cemetery boundary wall.

The Gozo region is responsible for the administration and management of the Government Cemeteries in Gozo (St. Mary's Cemetery in Xewkija and Tal-Ghonq Cemetery in Victoria). The number of burials effected in these cemeteries during 2012 was 74 (51 inside private graves and 23 in state owned graves). 11 transfers of remains were affected, whilst 37 cleaning of graves were carried out.

Drug Control Unit

A major function of this section is to issue Control Cards for narcotic and psychotropic Drugs as per Drugs (Control) Regulations 1985 and Dangerous Drugs (Internal Control) Rules 1939 and the licensing of community clinics and laboratories, in terms of Article 98 of the Medical and Kindred Professions Ordinance (Chapter 31), tattooists in terms of the Control Of Tattooing Act (Chapter 270), and of body piercing in terms of the Body Piercing (Control) Regulations (L.N. 13 of 2008).

A total of 23,080 Control Cards were issued during 2012.

This unit also deals with the licensing of Acupuncture Clinics, Dental Clinics, Physiotherapy Clinics, Chiropody Clinics, Radiology Clinics, Medical Diagnostic Laboratories, Tattooists and Body Piercers.

The following is the number of licences as on 31 December 2012.

License	Total
Acupuncture Clinics	2
Dental Clinics	99
Physiotherapy Clinics	17
Chiropody Clinics	4
Radiology Clinics	13
Medical Diagnostic Laboratories	6
Tattoo Licences	73
Body Piercing Licences	20

Two new applications for dental clinics were received during 2012, while 99 recommendations were made for the renewal of licenses, for new licences and the transfer of licenses.

Four applications were received and issued for body piercing. One application was received for a Medical Diagnostic Laboratory and one for a physiotherapy clinic but none were issued. On the other hand, 42 applications were received for tattooing, and 19 new licences were issued.

Two morning courses were also organised for tattooists regarding infection control; one lecture was in English, the other in Maltese.

Food Safety Commission Secretariat (FSCS)

During 2012, the Food Safety Commission (FSC) met 12 times, bringing the total number of meetings since its set up in 2004 to 231.

During 2012, the Food Safety Commission Secretariat continued with the registration of new premises and updates on existing premises. By the end of the year, there were a total of 13,236 registrations entered on the official Food Premises Register as required by LN 180 of 2001. During the same year, 253 registrations were marked as temporary closed, 1,363 as permanently closed and 2,648 as definitely closed thus leaving a total of 8,972 premises open. 30 of the new registrations were definitely closed. This means that a total of 970 new premises were added to the premises register during 2012.

25 food premises certificates were also issued upon request by licensees, and 8,753 food handler cards. These were divided as follows:

Category A	Category B	Lost and Re-Issued	Total
862	7,891	77	8,753

During 2012, it was noted that there were 33,976 valid food handler cards of which 1,563 are of Category A and 32,410 of Category B

During 2012, 73 individuals or organisations were approved to provide food hygiene courses as New Food Hygiene Course Providers (FHCP).

The number of registered cheeselets producers still stands at 1,301 as one new registration was received during 2012.

As from 1 May 2004, Malta became a member of the Rapid Alert System for Food and Feed (RASFF) of the European Union. The FSCS is entrusted with the daily checking of all notifications received by e-mail from the RASFF network. During 2012, all 3,516 original notifications that were submitted through the RASFF system were checked. These included 547 alerts, 1,743 border rejections and 521 information notifications for follow ups. In addition, 5,281 follow up notifications were vetted. Thus there were 8,797 emails vetted. Whenever a notification was relevant to Malta, the Secretariat maintained contact with the office of the Director until a reply was formulated and forwarded to the RASFF Network office in Brussels.

The number of alert originating from Malta during the year under review totalled 6.

PUBLIC HEALTH LABORATORY

The Public Health Laboratory (PHL) continued to provide the vital analytical backup service for the whole department. The laboratory is a food, feed and environmental testing laboratory and is responsible for checking for compliance with relevant local and E.U. legislation requirements. Activities covered include the:

- monitoring/surveillance programmes
- investigation of suspected food poisoning cases and
- provision of professional advice and interpretation of test results

The PHL employs a quality management system and is accredited by NAB-Malta for various test parameters according to ISO / IEC 17025:2005 standard. The PHL management is committed to consistently work to the highest achievable standards of quality so as to provide an efficient, cost effective and professional service which satisfies the need of the customers and those of the accreditation body.

The laboratory performs Official Food Testing Activities. It has also been nominated National Reference Laboratory (NRL) for nineteen fields / parameters for food, animal feed and water.

The laboratory is comprised of two main sections, the Microbiology (MPHL) and the Chemistry (CPHL) sections which are located in the right and left wings respectively, on the first floor of Evans Building,

Lower Merchants Street. Valletta. A satellite radio nuclide testing laboratory is located in St. Luke's Hospital grounds G'Mangia.

To date, PHL has thirty test methods in its scope of accreditation as awarded by the local accreditation body, NAB-Malta. The laboratory is currently awaiting the decision by the NAB-Board regarding extension to the scope of accreditation by another two microbiological test methods.

The Microbiology Section of the Public Health Laboratory was nominated National Reference Laboratory (food and products intended for animal feed) for:

- Salmonella (SLM-NRL)
- Campylobacter (CMP-NRL)
- Listeria (LM-NRL)
- Coagulase Positive Staphylococci (CPS-NRL)
- Verotoxigenic E. coli (VTEC-NRL)
- Parasites (PR-NRL)
- Antimicrobial Susceptibility Testing (AMS-NRL)

While the Chemistry Section of the Public Health Laboratory served as the National Reference Laboratory (food and products intended for animal feed) for:

- Dioxins/PCBs
- PAHs
- Pesticides in Cereal
- Pesticides in Food of Animal Origin and Food of High Fat Content
- Pesticides – Single Residue Methods
- Pesticides in Fruit and Vegetables
- Mycotoxins
- Heavy Metals in food and feed.
- Heavy metals in Food of Animal Origin.
- Food Contact Material
- GMOs

The nomination as a National Reference Laboratory for Genetic Modified Organisms is a recent event, (during 2008).

During the calendar year 2012 the CPHL continued to work on improving the analytical techniques in place and introduced new ones mainly:

- Heavy metal detection in water (Arsenic, Chromium, Copper, Mercury, Aluminum, Iron, and Manganese)
- Arsenic analysis in Food and Feed
- Migration of heavy metals from ceramics (Lead and Cadmium)
- Gamma emitting radio-nuclides in environmental samples such as soil and air.

This laboratory examined a total number of 7,043 samples. The following list summarises the samples submitted from different sources as well as the samples analysed in the different sections within the Laboratory.

Activity	Total
Food for Chemical Analysis	635
Water for Chemical Analysis	1,287
Food for Microbiological Analysis*	871
Samples (Environmental Swabs) for Hygienic Standard	823
Water for Microbiological Analysis	3,010
Clinical samples for Microbiological Analysis	67
Culture testing	350
Total	**7,043**

ENVIRONMENTAL HEALTH POLICY COORDINATION UNIT

The Environmental Health Policy Coordination Unit (EHPCU) was set up in 2008.

The principal functions of the EHPCU include:

- Informing and forming environment and health related policy through consultation and advocacy.
- Consultation on other environmental health policy related issues.
- Consultation regarding health impacts from various developments, projects and policies e.g. contribution to setting terms of reference for Environmental Impact Assessments (EIAs) and Integrated Pollution Prevention and Control permits as requested by MEPA.
- Consolidating the evidence-base through literature review and research in environmental health
- Specific projects e.g. blood lead levels study in adults and children, national radon mapping survey, child safety, and road safety.
- Responsible for Tobacco Data Reporting (Tobacco ingredients information reports, FCTC reports, etc).
- Representation on the General Services Board.
- Chair and membership on Departmental Boards of Discipline and Investigation.
- Training of Environmental Health Officers and Public Health Doctors in Training attached to the Unit and supervision/consultations re student dissertations related to environmental health.
- Other: representation (national and international), responding to media requests, parliamentary questions, requests by other departments, general public etc.

Inter-sectoral Collaboration

The unit continued its collaborative work with other sectors, through regular meetings of the Environment and Health Management Committee. The Committee worked collaboratively on various issues including follow up of commitments[1] to the WHO Parma Ministerial Conference on Environment and Health (March, 2010) and on various issues including air quality, radon, noise and bio monitoring.

The EHPCU collaborated with the Tourism and Sustainable Development Unit within MTCE on a joint educational environmental health campaign '*Ambjent Aħjar, Saħħa Aħjar*', an initiative under the National Environment Policy launched early in 2012 to inform the public on how to reduce pollution, exposure to environmental health risks and the importance of good neighbourliness with regard to specific environmental health issues, such as air pollution from transport, indoor air quality, noise, chemicals and radiation. The campaign focused on changing behaviour. EHPCU staff participated in a media campaign which includes the compiling of written articles, radio and TV programmes.

Much of the Unit's work involved the inclusion of other sectors and stakeholders in the area of Road Safety (Lead role in National Decade of Action for Road Safety 2011-2020) and setting standards for playgrounds. A follow-up meeting was held with the Commissioner for Children with the aim of re-establishing links with the Commissioner's Office and future collaborative work.

[1] As agreed to in Parma Declaration and Commitment to Act

The EHPCU organised a stakeholders meeting in collaboration with WHO Europe (under the Biennial Collaborative Agreement 2011-2012) in November 2012 to discuss the drafting of a national report on Inequalities in Environmental Health. During the meeting the Unit presented preliminary findings as a contribution to the draft report. This meeting was attended by Mr Matthias Braubach, WHO's Technical Officer. Discussions were also held with representatives from MEPA Environment and Planning Directorates, Malta Transport, University of Malta, Malta Resources Authority, Foundation for Social Welfare Services (FSWS), Health Promotion and Disease Prevention Directorate amongst others invited to attend.

Consultations

During 2012, the Environmental Health Policy Co-ordination Unit (EHPCU) was involved in several internal and external consultations on environmental health policy related issues. Consultations were also held with the following entities:

- Policy Development, EU and International Affairs, MHEC
- Various entities within the MEPA (IPPC, Environment Directorate)
- Ministry for Tourism, Culture and the Environment (Office of the Permanent Secretary, National Environment Policy Implementation Unit)
- Transport Malta
- MCAST
- Commissioner for Children

Major strategies, policies and programmes arising in 2012 and requiring the input of the EHPCU included:

- National Environment Policy
- Speed Management on Maltese roads
- National Adaptation Strategy for Climate change for Malta
- An Aquaculture strategy for Malta
- White Paper on the Prevention, Abatement and Control of Neighbourhood Noise;
- Revised policy guidance on open storage areas
- Proposal for a decision of the European parliament and of the council on serious cross-border threats to health
- EU- Level policy initiative on ocean energy
- 7th Environment Action Programme (Orientations for 2013 environment research)
- Managing risks related to chemicals: REACH and sector specific legislation
- Action Plan for a Competitive and Sustainable Automotive Industry in Europe
- A Blueprint to Safeguard Europe's Water Resources
- Rio + 20: Pathways to a sustainable future - Strategic Plan for the Environment and Development.
- Consultations through MEPA on major projects included:
- MEPA Study on the Marine Transport of Flue Gas Desulphurisation Waste
- MEPA Marsa Power Station Full Decommissioning Plan
- Full development permission for rehabilitation of Maghtab landfill
- MEPA Environmental Impact Statement for the Outline development application for an Offshore Wind farm at Sikka l-Bajda, l/o Mellieħa
- Reconstruction and upgrading of coast road

Media requests, PQs

A number of media requests and replies to parliamentary questions were submitted by the Unit in 2012.

National Environment and Health Action Plan (NEHAP)

During 2012, the EHPCU coordinated and worked on the drafting of a new National Environmental Health Action Plan (NEHAP) aided by in depth consultations with stakeholders. The NEHAP is intended as a policy framework document to protect environmental health for implementation across all government departments and major other sectors. The first draft of this document is expected to be circulated for technical consultation in 2013.

National Environment Policy

Malta's National Environment Policy (NEP) is a comprehensive environmental policy covering all environmental sectors and natural resources, including air, waste, water, land, soil, climate, biodiversity, coastal and marine areas, noise, chemicals, and mineral resources. The Environmental Health Policy Coordination Unit is actively involved in a joint environmental education campaign to increase awareness of environment-related health risks; in setting up a linked environmental health information system; conducting discussions with the entities involved in ensuring that all policies, plans, programmes and relevant projects are screened for possible health impacts, and if necessary a mandatory HIA is requested.

Decade of Action for Road safety 2011 - 2020

The EHPCU was the lead focal point for the Decade of Action for Road Safety 2011-2020 WHO-lead initiative. The aim of this initiative is to halve the number of traffic related deaths by 2020. A committee was set up with representatives from Transport Malta, Civil Protection Department, Emergency Response Unit (MDH) and the Commissioner of Police for this purpose. During 2012, this Committee met several times during and decided to set up a legally recognised Road Safety Advisory Council and develop a National Road Safety Strategy. The Road Safety Advisory Council was set up under the aegis of the Ministry for Transport with the EHPCU nominated to represent the Superintendence of Public Health on this council.

Research

This year two projects were concluded:

- Blood Lead Levels in Maltese Children and Adults.
- National Mapping Survey of Indoor Radon Levels in the Maltese Islands.

The preliminary results of the two studies were presented at the Malta Medical School Conference in November 2012 by EHPCU Unit staff and the final results are expected to be published in a scientific journal in 2013. The Indoor Radon Monitoring Study was supported by the WHO Biennial Collaborative Agreement 2010-2011. The method of study and preliminary results were presented to participating EHOs during the First Biannual DEH Seminar in early 2012.

Related Meetings abroad

EHPCU staff attended a meeting hosted by the Cyprus presidency in October 2012 on Human Bio-monitoring, at which the results of the European studies COPHES and DEMICOPHES were presented and discussions held towards the setting up of a harmonized system for Human Bio-monitoring in Europe.

Trainee attachments at EHPCU

A number of public health specialist doctors in training, student Environmental Health Officers and MCAST students were attached to the Unit for short attachments ranging from one morning a week to three months. The public health specialists at the EHPCU also responded to several requests for consultations regarding dissertations, theses and career guidance related to environmental health.

Participation in international projects

TACTICS

'Tools to Address Childhood Trauma, Injury and Children's Safety' (TACTICS) project is an initiative working to provide better information, practical tools and resources to support adoption and implementation of evidence-based good practices for the prevention of injury to children and youth in Europe. It is lead by the European Child Safety Alliance with the participation of partners from all 27 EU Member States plus Croatia, Iceland, Israel, Norway and Switzerland and runs from April 2011 through to March 2014. TACTICS receives funding from the European Union, in the framework of the Health Programme. The project leader for this initiative in Malta is the Environmental Health Policy Coordination Unit of the Environmental Health Directorate.

The second of two TACTICS National Case Study Workshops May 9 - 11 was hosted by the University of Southern Denmark. The Environmental Health Policy Co-ordination Unit presented a case study from Malta which explored barriers and facilitators to the adoption, implementation and monitoring of evidence-based good practices in relation to playground safety.

The National Child Safety Report Card (2012) for Malta, deliverables for the TACTICS project, was released in June 2012 through a press release. The Child Safety Report Cards examine and grade the adoption, implementation and enforcement of child injury prevention policies at national level.

RESPIRA

The EHPCU is involved in the RESPIRA project (A1.2.3-7.2) under the Italy-Malta 2007-2013 Operational Programme which after the first evaluation was deemed eligible for funding under certain conditions. The project, lead by the MHEC in collaboration with Sicilian partners (*Università degli Studi di Palermo and Consiglio Nazionale delle Ricerche*) will look at indoor and outdoor air quality and respiratory health in Malta and Sicily.

PITOC (Public Information Tobacco Control Project)

The EHPCU is a partner in the Public Information Tobacco Control Project, an EU funded project which commenced in 2009. The aim of this project is to contribute to the reduction of smoking-related morbidity and mortality by supporting tobacco product regulation and to inform the public on different tobacco ingredients. One of the obligations laid out by Directive 2001/37/EC is that that part of the data on tobacco ingredients, submitted by manufacturers, must be disseminated to consumers. In order to inform the public well, authorities are obliged to make an understandable description of the different tobacco ingredients. During 2011, the PITOC factsheets were completed and a dissemination plan drafted. During 2012 the fact sheets were translated into Maltese and English and published on the Directorate for Environmental Health's website (https://ehealth.gov.mt/HealthPortal/public_health/environmental-health/policy_coord_unit/pitoc_mt.aspx).

A joint launch of the PITOC web pages was held by participating countries in September 2012.

Tobacco Ingredients monitoring

The EHPCU is responsible for holding a database according to EU Directive 2001/37, requiring manufacturers and importers of tobacco products to submit a list of all ingredients and toxicological data. Reports are received from 22 importers and three local manufacturers (cigars).

EMTOC

During 2012, the EHPCU continued to work on the introduction of the Electronic Model Tobacco Control (EMTOC) System for the electronic reporting of tobacco product ingredients. This is a European web

application which enables safe submission of the lists of tobacco ingredients by importers and manufacturers to the concerned authorities in accordance with the EU practical guide and the European Directive 2001/37. The data submitted to EMTOC is only accessible to national authorities (regulators) and the European Commission. The national authorities of a Member State have only access to data submitted to their corresponding Member State.

During 2012, EHPCU was represented at a meeting in Berlin with other registered Member States at which conclusions were reached regarding the structure, responsibilities and obligatory future financial payments (maintenance) of EMTOC.

WHO FCTC reporting

The EHPCU was responsible for the compilation of Malta's Second Report to the WHO Framework Convention for Tobacco Control. The report which was submitted in February 2012, is available online at http://www.who.int/fctc/reporting/party_reports/mlt/en/index.html

Other Work

Other work by the EHPCU included representation of the Directorate at national and international level, responding to media requests, parliamentary questions, requests by other departments and the general public.

Human Resources Section

During 2012, the HR Unit continued as in previous years to deal with a volume of work in connection with all issues related to HR, amongst them leave in line with PSMC Regulations. The following is a table indicating the number of requests by gender for 2012:

Type of Request	Male	Female	Totals
Duty leave	66	22	**88**
Sports leave	0	3	**3**
Cultural Leave	2	0	**2**
Study leave	15	11	**26**
Leave to do voluntary work	0	2	**2**
Suspension from work	1	0	**1**
Emigration leave	0	0	**0**
Unpaid leave	1	0	**1**
Union leave	0	0	**0**
Special sick leave	0	0	**0**
Reduced hours	0	8	**8**
Maternity leave	0	5	**5**
Parental/Responsibility leave	1	4	**5**
Telework	1	8	**9**
Others			
Retirements	10	1	**11**
Transfers to other departments	1	0	**1**
Termination of contract of employment	1	1	**2**

Public officers transferred to this directorate	3	0	**3**
New appointed/recruited public officers	1	1	**2**
Commencement of contract of employment	1	0	**1**
Deceased while in employment	1	0	**1**

Health Promotion and Disease Prevention Directorate

The Health Promotion and Disease Prevention Directorate aims mainly to protect and promote the health of people on the Maltese Islands by:

- empowering individuals to adopt healthier lifestyles,
- advocating the creation of supportive environments conclusive to health,
- carrying out effective surveillance and control of communicable diseases,
- developing strategies for reducing the burden of communicable and non communicable disease.

The main tasks of this department are to:

- Enhance knowledge, attitudes, beliefs and values that are conducive to good health;
- Educate and empower the public to adopt healthy behaviour, enhance personal skills, promote environmental change and advocate lifestyle policies favourable to health;
- Monitor health and disease trends and provide the necessary input to the development of policies in respect of communicable and non communicable diseases;
- Study ways of promoting better nutrition; preventing excessive weight, obesity and chronic disease in people;
- Formulate effective health promotion measures, in co-operation with the key stakeholders, by applying a mulitsectoral approach;
- Produce publications and use media on a range of health topics;
- Formulate and regularly update national policy for communicable disease and ensure its implementation
- Carry out field investigation and epidemiological control of communicable diseases;
- Minimize the transmission of and mortality from communicable diseases;
- Prepare operational policies and strategies aimed at reducing non communicable diseases and their impact on morbidity and mortality;
- Reduce the incidence, morbidity and mortality from non communicable diseases;
- Formulate contingency plans for potential epidemics and prepare national plans for biological threats to public health.

Activities are categorised under four units:

- Infectious Disease Prevention and Control Unit
- Health Promotion Unit
- Non-communicable Disease Prevention and Control Unit
- Administration Unit

Infectious Disease Prevention and Control Unit (IDCU)

During 2012, the Infectious Disease Prevention and Control Unit (IDCU) maintained its primary role of surveillance, investigation and control of infectious diseases notified to the unit.

Notifiable Diseases

Statutorily, notifiable infectious diseases are reported to the Infectious Disease Prevention and Control Unit by medical practitioners, the microbiology and virology laboratories at Mater Dei Hospital and other medical diagnostic laboratories. The data presented in this report may be subject to changes according to further investigation results.

Acute Flaccid Paralysis

Active surveillance continued throughout this year with reporting to the WHO. There were no cases of AFP in children <15 years reported in 2012. There were a number of cases of acute flaccid paralysis in adults but these all subsequently had a diagnosis of Guillain Barre Syndrome.

Acute Viral Encephalitis

There were no cases of acute viral encephalitis reported to the unit.

Diseases of Childhood

There were no confirmed cases of Measles reported. There was a cluster of two children that are considered possible cases and two confirmed cases of mumps. There was one lab confirmed case of rubella that was imported, one cluster of two persons that were confirmed as Pertussis, as well as one possible case of Pertussis. There were 68 cases of chickenpox plus six clusters involving 22 persons notified. There were 18 cases of herpes zoster reported, 70 sporadic cases of Scarlet Fever, two clusters of two cases each notified and 30 single cases of Hand, Foot and Mouth disease notified together with eight clusters involving a total of 20 persons.

There were 18 cases of Hepatitis B, three of which occurred in non residents. Three of these cases were imported.

There were also 25 cases of Hepatitis C, notified during 2012, including one non resident. Two of these cases were imported.

Food and Water Borne Diseases

The table below shows the sporadic cases of notified food related, gastro-intestinal infections per month for 2012.

Month	Total
Campylobacter	202
Cryptosporidiosis	0
E. Coli	1
Giardia	2
Hepatitis A	1
Listeria	1
Salmonella	78
Typhoid *(Salmonella typhi)*	0
Shigella	1
Toxic (Scombroid & Staphylococcal)	5
Yersinia	0
Unspecified	25

Campylobacter	Affected a reported total of 202 individual cases. In addition, this caused 11 outbreaks affecting an estimated 31 persons.
Cryptosporidiosis	No cases were reported in 2012.
E. Coli	One case of E. coli O157 was reported.
Giardiasis	Two sporadic cases were reported; both cases were imported.
Hepatitis A	One case was reported in 2012.
Listeria	One case was reported
Salmonellosis	78 individual cases were reported. In addition, there were nine separate outbreaks of salmonellosis affecting a reported number of 20 persons.
Typhoid (*Salmonella typhi)*	No cases were reported during this year.
Toxic food borne illness	There were five reported sporadic cases of scombrotoxicity and there were no individual cases of staphylococcal food poisoning reported in 2012. There were two notified, separate outbreaks of toxic foodborne illness (scombrotoxicity) that affected eight persons
Shigellosis	There were five reported sporadic cases of scombrotoxicity and there were no individual cases of staphylococcal food poisoning reported in 2012. There were two notified, separate outbreaks of toxic foodborne illness (scombrotoxicity) that affected eight persons.
Yersinia	There were no reported cases in 2012
Unspecified	There were 25 individual cases of reported unspecified food-borne illness. In addition, there were 22 reported separate outbreaks that affected an estimated 128 persons

General note on Food-borne Illness Outbreaks

44 food-borne outbreaks and clusters have been notified in 2012, affecting an estimated 187 people.

Norovirus Outbreaks

During this year, there were five outbreaks caused by Norovirus. Three occurred locally in long-term institutions and one was reported from a school involving teaching staff. These outbreaks affected a total of 87 persons. Another outbreak was reported in a cruise ship that entered Valletta port where up to the time of Malta port entry 88 persons were reported to have been affected.

Legionnaire's Disease

In 2012, there were four cases of Legionnaire's disease reported to IDCU. All were diagnosed and confirmed through urinary antigen testing. Two of these were Maltese, and these acquired the infection through local residences (households) or other establishments. The other two cases occurred in foreigners whose infection may be associated with travel to local hotels.

These two cases were reported to us by ELDSNet, the European Legionnaires' Disease Surveillance System. These cases were duly investigated and the reports were sent to ELDSNet.

Meningococcal Disease

In 2012, there were a reported total of 17 cases of invasive-meningococcal disease. Of these, five were cases of meningococcal septicaemia and twelve were cases of meningococcal meningitis. Another three cases of meningitis caused by other bacteria were also reported whilst another cluster of two neonates was caused by Group B Streptococci. One of the neonates succumbed to the infection. 15 cases of meningitis thought to be viral in origin were reported during this year.

Typhus	There were no reported cases of murine typhus, and two confirmed cases of tick-borne typhus. Another probable case of typhus was reported.
Cutaneous Leishmaniasi	There was no notified cases of cutaneous Leishmaniasis.
Visceral Leishmaniasis	There were three cases of visceral Leishmaniasis.
Leptospirosis	There were three cases of leptospiral disease notified during the year.
Malaria:	There were two cases of malaria reported. This was an imported case.
Tetanus	There were no cases of Tetanus during 2012.
Toxoplasmosis	There were no reported cases of toxoplasmosis.

Sexually Transmitted

Infections	There were 139 notified cases of Chlamydia; 13 of which were non-residents. There were 29 cases of Gonorrhoea; two of these cases occurred in non-residents. 17 cases of latent syphilis, two of these were in non – residents. There were 10 cases of secondary syphilis reported. Four of these were ion non residents. There was one case of primary syphilis reported and another four cases which could not be classified
Chlamydia sentinel	Three General practitioners took part in a six month sentinel surveillance of Chlamydia. Out of a total of 119 samples submitted, two came positive.
Scabies	50 sporadic cases of Scabies were notified during 2012. A total of 18 outbreaks of Scabies occurred involving a total of 56 persons. The outbreaks occurred in long-term-care-facilities, within families and in detention and open centres for migrants. The estimated total number of confirmed cases throughout the year was 106. Contacts were given prophylaxis which necessitated a large amount of treatment.
Sentinel Surveillance	For the Influenza season of 2011-2012, eight private GPs participated in sentinel surveillance of influenza.

Travel Medical Advice

The Unit provided information to the general public requesting medical advice prior to travelling abroad.

Website

The Infectious Disease Prevention and Control Unit maintained its website by posting monthly reports and also posting information of communicable diseases and any related press releases or updates, as required.

Academic

- Lectures to undergraduates and post graduate students on communicable diseases
- Talks on radio and TV on communicable diseases.
- Talks on Scabies, Hand, Foot and Mouth disease, Asian Tiger mosquito and Influenza.
- Talks to staff working with migrants in detention and open centres.

The unit hosted a trainee as part of their training programme for specialisation in Public Health.

Conferences, Seminars, Courses and Meetings

Departmental officials attended various conferences, seminars, courses, meetings and workshops both locally and abroad. In all they attended one training course abroad on Tessy data base, a number of meetings abroad which included Health Security meetings, Advisory Forum, Episouth and network meetings on Tuberculosis, Food borne illnesses, Influenza, Sexually Transmitted infections & HIV, and Legionnaires organized by the European Communicable Disease Centre (ECDC) in Sweden. Local courses attended included the use of Access, Flowcharts, strategy development, data management and data analysis. One staff member is undertaking an online course on sexual health.

Other Work involved during 2012

- Participated in International Health Regulation Committee, Intersectoral Pandemic Committee, National Antibiotic Committee, National TB Advisory Committee;
- Chairing of the Advisory Committee on Immunisation Practices;
- Providing data to various networks including ESSTI, EWGLI, EUVACNET, TESSy and WHO and filling in numerous questionnaires to WHO, ECDC, EU Commission and international EU funded project related to infectious diseases;
- DCU is also undertaking a prioritisation exercise on infectious diseases in preparation for updating the communicable strategy in 2013.

Awareness Initiatives

- The Unit was also active in raising awareness on infectious diseases and prevention measures.
- Increased awareness on vector borne diseases in Malta and how to prevent mosquito bites amongst the general population and health care professionals.
- Awareness was raised on World TB Day on the transmission of Tuberculosis and on symptoms of the disease for early diagnosis.
- Malta joined the rest of Europe on European Immunisation week to raise awareness among the public on the importance of immunization with a special focus on childhood immunizations.
- The directorate distributed leaflets, undertook outreach activities and gave talks to employers in different occupational settings on World Hepatitis Day.
- The directorate joined with primary care to enhance the seasonal influenza vaccine uptake by means of a campaign targeting all people but with a focus on vulnerable groups.
- The directorate undertook outreach activities, prepared leaflets and a poster with the help of MMSA, and organised a press conference and raised the awareness on HIV/AIDS amongst high risk groups on World Aids Day.

Other Functions of IDCU

The Unit was also involved in the public health scrutiny of foreigners applying for a work permit.

TB Prevention and Control

Introduction

During this year there was the launch of the Tuberculosis Strategy. The aims of the strategy are:

- Early detection and effective treatment of all active TB disease.
- Reducing the incidence of TB infection (risk group management and prevention of transmission of infection).
- Reducing the prevalence of TB infection (outbreak management and targeted preventive treatment).
- The objectives of the strategy are:
- Increased and sustained political commitment to TB.
- Increased awareness to TB by healthcare professionals and high risk groups.
- Maintenance of high quality surveillance, targeting vulnerable populations and risk groups, like migrants from high incidence countries, HIV positive persons, the elderly and household contacts of recent TB cases.
- Decreasing the burden of TB/HIV co-infection by strengthening the collaboration of TB and HIV programmes and activities.
- Maintenance of high quality clinical services.
- Targeted treatment of LTBI.
- Strengthening of directly observed treatment (DOTS).
- Maintenance of good quality laboratory services in line with the increasing demands.

The Chest Unit within the ICDU co-ordinates activities on Tuberculosis (TB) prevention, surveillance and control. The main functions of the Chest Unit during 2012 were to run the Screening Programme for Irregular Migrants arriving in Malta, screening of third country nationals applying for work permits in Malta, screening of foreign students, and screening of staff working in environments placing them at high risk for Tuberculosis infection. The Chest Unit also screened contacts of patients infected with Tuberculosis and provided BCG vaccine to those working in high risk areas or those travelling to high prevalence countries and organized Directly Observed Treatment (DOTS) for Tuberculosis patients. The Chest Unit also gave lectures to interested groups (particularly those working with irregular migrants) on Tuberculosis and reported data on Tuberculosis to the World Health Organization and the European Centre for Disease Prevention and Control.

In 2012, the Chest Unit further strengthened the provision of Directly Observed Therapy for Tuberculosis in open centres for irregular migrants, and continued work on guidelines for pre-employment screening and screening of schoolchildren for Tuberculosis. A database was also created to collect information on screening of irregular immigrants electronically. Following the advice of the Advisory Committee on Immunisation Policy, procedures for vaccinating children born to parents hailing from high risk countries were strengthened in collaboration with the Paediatric department at Mater Dei Hospital.

Tuberculosis notifications

There were 41 cases of tuberculosis (TB) notified during 2012.

The cases of TB were as follows:

- six pulmonary TB cases in Maltese nationals
- 23 pulmonary TB cases in foreign nationals (18 asylum seekers)
- one extra pulmonary TB cases in Maltese nationals
- 11 extra pulmonary TB cases in foreign nationals (10 asylum seekers)

As in previous years, the majority of TB cases were among foreigners (83% of total TB cases), and among these irregular migrants were the predominant group (68 % of total TB cases).These numbers are provisional and could change following the receipt of further laboratory data.

Contact Tracing

The number of persons screened as contacts of notified TB cases in 2012 is given below.

Outcome	Contacts
Active TB and Treated	1
Referred to Chest Clinic	12
Referred to COP	0
Discharged	106
Total screened	**119**

Work Permits

During 2012, 954 foreigners were screened for TB during the work permit application process. Of all foreigners that were screened, ten had abnormal Chest X-rays and were referred to the Chest Clinic for follow-up. None were diagnosed as active TB and were discharged. One was found to be suffering from Hepatitis B.

Screening Programme for Irregular Migrants

During 2012, a total of 1,890 irregular migrants were screened for TB on entry. Of these, 87 had an abnormal screening and were referred to the Chest Clinic for assessment. 19 cases of active tuberculosis

were found. The table below shows the results of the TB screening programme in irregular migrants to Malta.

Type of screening	Persons screened	Outcome
Screening Programme for Irregular Immigrants (Landing)[2]	1,890	87 abnormal CXRs; All referred to Chest Clinic; 19 cases were notified as active TB and were started on treatment
Screening Programme for Irregular Immigrants (Release)[3]	1,799	seven abnormal CXRs; No cases were notified as active TB
Screening Programme for Irregular Immigrants (Minors and Pregnant women)[4]	Minors: 302	117 had a high Mantoux test and were referred to COP.
	Pregnant: 40	All pregnant women were referred to Chest Clinic, and discharged.

Screening of Employees working in High Risk Environments

Although there is no routine recall system for screening of employees working in high risk environments, persons working with irregular migrants are encouraged to attend for annual screening for tuberculosis. This included the Detention Service, AFM, Police, Jesuit Refugee Service (JRS), Refugee Commission and Appogg personnel. The objective is to test for tuberculin seroconversion or high tuberculin reactors and to offer them preventive treatment if required. Further data is available in below table.

	Tested	High Mantoux	Given BCG	Referred Chest Clinic
AFM/Detention service	34	4	3	4
Police	NIL	NIL	NIL	NIL
Other agencies Appoġġ/Refugee Commission etc	39	9	NIL	9
Total	**73**	**13**	**3**	**13**

Others

Foreign students are referred to the Chest Unit for TB screening, prior to entering a government school in Malta. In 2012, a total of 329 persons were screened, out of which 152 were children; three tested positive and were referred to Children's Outpatients (COP) for assessment. Of these, two were given preventive treatment. Another three had an abnormal Chest X Ray and were referred to COP. Two were discharged and one was notified as Pulmonary TB.

Tuberculin Testing and BCG Vaccination

Chest Unit administered a total of 429 BCG vaccinations in 2012. These were mainly vaccinations of children born to irregular immigrants and foreigners from high incidence countries residing in Malta.

The Unit also performed a total of 970 tuberculin skin tests. These were as follows:

- 152 as part of screening of school children coming from high risk countries of TB.

[2] Irregular immigrants screened for TB on arrival in Malta in 2012.
[3] Screening of Irregular immigrants prior to release from detention centres. This data refers to immigrants released in 2012.
[4] Minors and pregnant women are additionally screened through Mantoux tests for evidence of latent TB.

- 302 as screening of irregular immigrants (minors)
- 44 prior to giving BCG to children of irregular immigrants 33 prior to giving BCG to those babies of foreign parents who are born in Malta – not refugees)
- Eight as part of testing of persons who stayed in high risk countries for a period >four weeks
- 28 to soldiers working with refugees
- 119 as part of screening of contacts of cases of active Tuberculosis
- 84 classified as miscellaneous

Other Activities

- Collaboration of data with international entities like ECDC, WHO and KNCV (Royal Netherlands Tuberculosis Association)
- Organisation of DOTS (directly observed treatment) for patients with active TB.

Annual Notifiable Infectious Diseases Report 2012

Section A: Confirmed individual case report, by sex and by quarter.

(Q1 – Jan-March; Q2 – April-June; Q3 – July-Sept; Q4 – Oct -Dec).
Non – shaded areas refer to resident cases. Shaded areas refer to non resident cases.

Notifiable Disease	Total	M	F	Q1	Q2	Q3	Q4	Remarks
AIDS	-	-	-	-	-	-	-	
	4	3	1	-	2	1	1	These cases were imported.
Chickenpox	68	31	37	38	22	7	1	Two of these cases were imported.
Chlamydia	126	85	41	37	22	35	32	Four of these cases were imported.
	13	10	3	5	3	2	3	Seven of these cases were imported.
Creutzfeldt-Jakob Disease	3	3	-	1	1	-	1	These cases were deceased.
Food borne illness, *Campylobacter*	202	115	87	47	53	50	52	
Food borne illness, *E. Coli*	1	-	1	-	-	-	1	
Food borne illness, *Salmonella*	78	40	38	9	7	38	24	
Food borne illness, *Scombrotoxic*	5	4	1	-	1	2	2	
Food borne illness, *Shigella*	-	-	-	-	-	-	-	
Food borne illness, *Unspecified*	24	16	8	2	8	9	5	
	1	1	-	1	-	-	-	
Giardiasis	2	1	1	1	1	-	-	Two cases were imported.
	-	-	-	-	-	-	-	
Gonorrhoea	27	21	5	6	7	7	7	The gender distribution of one case was unknown.
	2	2	-	1	1	-	-	One case was imported.
Hepatitis A	1	1	-	-	1	-	-	
Hepatitis B	15	8	7	4	4	4	3	One case was imported.
	3	3	-	-	-	2	1	Two cases were imported.
Hepatitis C	24	16	8	13	5	2	4	One case was imported
	1	1	-	-	-	-	1	This case was imported.

HIV	18	16	2	5	2	6	5	Two of these cases were imported.
	13	8	5	5	3	-	5	Eleven cases were imported.
Legionnaire's Disease	2	-	2	-	1	-	1	
	2	2	-	1	-	1	-	
Leishmaniasis, *Cutaneous*	-	-	-	-	-	-	-	
Leishmaniasis,*Visceral*	3	3	-	1	2	-	-	
Leptospirosis	3	2	1	-	1	-	2	
Listeriosis	1	-	1	-	1	-	-	
Malaria	1	1	-	-	-	1	-	This case was imported.
	1	1	-	1	-	-	-	This case was imported.
Measles	-	-	-	-	-	-	-	
Mumps	2	2	-	1	-	1	-	
Meningitis, *Other bacterial*	3	3	-	2	-	1	-	
Meningitis, *Viral*	15	8	7	1	4	6	-	
Meningococcal, *Meningitis*	12	8	4	7	3	-	2	
Meningococcal, *Septicaemia*	4	2	2	1	1	2	-	
	1	-	1	-	-	1	-	
Norovirus, Gastroenteritis	-	-	-	-	-	-	-	
Pertussis	1	-	1	-	1	-	-	
	-	-	-	-	-	-	-	
Pneumonia	1	1	-	-	-	-	1	
Rubella	1	-	1	1	-	-	-	This case was imported.
	-	-	-	-	-	-	-	
Scarlet Fever	69	32	37	17	38	9	5	
	1	-	1	-	-	1	-	This case was imported.
Shingles, Herpes Zoster	18	4	14	7	4	4	3	
Streptococcus Pneumoniae	15	9	6	4	4	4	3	
Syphilis Latent	8	4	4	1	3	3	1	
	8	5	3	2	1	1	3	All cases were imported.
Syphilis Primary	-	-	-	-	-	-	-	
	1	1	-	-	-	1	-	
Syphilis Secondary	13	12	3	-	5	2	6	
	5	5	-	2	2	1	-	All cases were imported.
Tuberculosis, *Non-Pulmonary*	1	1	-	-	-	-	1	
	11	6	5	-	5	5	1	All cases were imported.
Tuberculosis, *Pulmonary*	6	6	-	3	-	1	2	
	23	17	6	4	3	14	2	All cases were imported.
Typhoid	-	-	-	-	-	-	-	
Typhus	1	1	-	-	-	-	1	
Typhus, *Murine*	-	-	-	-	-	-	-	
Typhus, Tickborne	2	1	1	-	-	2	-	

Section B: Cases involved in clusters/outbreaks, by sex and by quarter.

(Q1 – Jan-March; Q2 – April-June; Q3 – July-Sept; Q4 – Oct –Dec)

Non – shaded areas refer to resident cases. Shaded areas refer to non resident cases.
The figures in brackets indicate the number of implicated clusters/outbreaks.

Notifiable Disease	Total	M	F	Q1	Q2	Q3	Q4	Remarks
Chickenpox (6)	22	20	2	11	11	-	-	
Food borne illness, *Campylobacter (11)*	31	10	21	-	12	9	10	
Food borne illness, *Salmonella (9)*	20	12	8	6	6	6	2	
Food borne illness, *Toxic (2)*	8	3	5	-	2	-	6	
Food borne illness, *Unspecified (22)*	128	70	35	8	39	65	16	The gender distribution of twenty-three cases was unknown.
Measles (1)	-	-	-	-	-	-	-	
Meningitis, *Other bacterial (1)*	2[5]	-	2	-	2	-	-	
Norovirus, *Gastroenteritis (5)*	87	36	51	68	-	19	-	
	88	-	-		-	-	88	This outbreak was imported and occurred in non-residents. The gender distribution was unknown.
Pertussis (1)	2	-	2	-	2	-	-	
Scarlet Fever (2)	4	3	1	-	4	-	-	

Section C: Reported deaths from notifiable infectious diseases in Malta, 2011.

During 2012, there were four deaths from notifiable diseases.

Notifiable Disease	Total
AIDS	1
Creutzfeldt-Jakob Disease	3
Hepatitis C	1
Pneumonia	1
Meningitis: Group B streptococci	1

HEALTH PROMOTION UNIT

The Health Promotion Unit (HPU) enjoyed high visibility with the general public throughout 2012 both in the media and through participation in the numerous outreaches. A number of new initiatives were inaugurated particularly in promoting Healthy Eating, and reached all settings including the community, schools and the workplace.

Legislation & Policy

National Strategy to Counteract Obesity

'A Healthy Weight for Life: A National Strategy for Malta' was launched on 22 February 2012. A 'Healthy Weight for Life' Implementation Group was set up this year and two ICCO (Intersectoral Committee to Counteract Obesity) meetings were held to discuss the way forward.

[5] Cluster of Group B β-Haemolytic Streptococcus, one of whom succumbed to the infection (refer to deaths from notifiable diseases table).

Food and Nutrition Policy and Action Plan (FNAP) for Malta

The Food and Nutrition Policy and Action Plan for Malta was drafted throughout the year. In October 2012, the draft was further revised following feedback by a WHO expert as well as following a two-day Workshop co-organised by WHO and MHEC for identified stakeholders. The aim of this two-day Workshop was to develop implementation plans for the priority actions of the Action Plan.

The Marketing of Breast Milk Substitutes and other related Products Regulations

New regulations to control the marketing of breast milk substitutes in line with the International code have been drafted and the updated draft of the Regulations has been forwarded for a second round of consultation.

Revision of the 2007 Healthy Eating Lifestyle Plan (HELP) document

The revised Healthy Lifestyle Plan (HLP) document included a new introductory chapter, physical activity strategies as well as a chapter on community strategies. A meeting was held in November 2012 with the Director General responsible for the Directorate for Educational Services, to present and brief her on the updated policy document.

Physical Activity

The Unit gave an input in the drafting of the Physical Activity and Sports for all Policy document.

Tobacco

As proposed in the National Cancer Plan in February 2012, the department for local government responsible for local councils issued a ban that prohibits smoking in playgrounds or in any public garden which hosts playing equipment. This law is to be enforced by local wardens.

Alcohol

The Unit contributed in the drafting of the National Alcohol Policy and to its amendments following consultation with stakeholders. The Policy is being formulated under the Ministry of Justice, Public Dialogue and the Family.

Sexual Health Policy

A group was set up to ensure the implementation of the initiatives in the sexual health strategy. During 2012, the main focus of activity was centred on the development of a sexual health pack for journalists. A tender was issued, adjudicated and awarded for the development of material and for the development of a specific website on sexual health. The design of the website is underway.

Projects and Initiatives

Alcohol

A new initiative targeting alcohol consumption in pregnancy was launched in June as part of the initiatives under the Cancer Plan. The campaign 'Celebrating Pregnancy without Alcohol' was aimed at vulnerable women who could not stop drinking while pregnant. Leaflets were also produced in Maltese and English, and distributed mainly through ACCESS and SEDQA while adverts were aired on radio.

Through December a campaign in collaboration with the Police, Civil Protection Department, Malta Transport Authority, SEDQA and the Malta Touring club highlighting the dangers of driving under the influence of alcohol was also held to remind the public about this danger and existing alternatives.

Cancer Prevention

Cancer Week - This year the Cancer Prevention Week was launched at Mater Dei Hospital with a campaign focusing on the awareness that certain cancers could be prevented through a healthy lifestyle. A number of outreach activities were also held throughout Malta and Gozo, including MCAST and the University of Malta which lead to World No Tobacco Day.

Euro melanoma Day - An initiative promoting awareness through the use of billboards on the harmful effects of the sun was carried out in collaboration with the Department for Dermatology. The message focused on the precautions that need to be taken to avoid exposure to the sun.

Breast Care

October being the month dedicated for breast cancer awareness was highlighted with outreach activities and initiatives to promote breast awareness, preventive measures and early detection.

Nutrition

Breastfeeding

The aim of the National Breastfeeding Week (11 – 17 November) was to raise further awareness on the importance of breastfeeding. Once again, the Breastfeeding Working Group was reconvened and several meetings held to discuss the preparatory work for the campaign. The campaign consisted of a series of TV and radio adverts, advertising on buses, the publication of a new booklet 'Breast feeding successfully' as well as the annual seminar to educate the public, particularly mothers (to be) on issues relating to successful breastfeeding.

Mother and baby clubs

The aim of this initiative was to promote healthy eating and to prevent childhood obesity from an early age. Nutritionists from HPU in collaboration with the CANA Movement (Malta) held a series of ten talks in different villages, to mothers of children aged between 0-3 years, on the importance of appropriate weaning foods. Ideas on how to prepare age-adequate, healthy meals and snacks were also given. There was a very positive feedback from the participants.

Salt Awareness Week and World Hypertension Day

This year's Salt Awareness Week (March 26 –April 1) focused on 'Salt and Stroke'. The aim of this initiative was to raise further awareness on salt reduction and the prevention of stroke. The campaign included the use of media and social media as well as an outreach activity that offered testing of blood pressure, BMI-checking and nutritional advice. A series of leaflets on salt, blood pressure and health were also distributed.

Likewise, to mark 'World Hypertension Day' an outreach activity was organised in collaboration with the Zebbug Local Council during which the general public was again invited to check their blood pressure, encouraged to gradually reduce salt in their foods, and to monitor their blood pressure on a regular basis. A series of leaflets on salt and blood pressure were also distributed to the general public.

Obesity Campaigns

In view of the Obesity Day held annually in May, a competition was launched for the public to submit their favourite healthy recipes. The aim of this campaign was to encourage skills development on healthy

meals and snacks preparation within Maltese homes. The best healthy recipes were selected, filmed while being prepared and aired as part of a weekly programme on a local television station. A set of recipe cards were published and made available on CD for the general public. Outreach activities were held where the public were invited to check their BMI and advice on healthy eating and weight management.

Another campaign to counteract obesity was launched in December entitled '*Ftit… u Tajjeb*!' The aim was to raise awareness on the importance of choosing healthy food options with little or no added sugar, fat and salt and to moderate food intake. The campaign included the production of four television promos, two new radio promos and a one-page leaflet in Maltese and English with tips on how to improve eating habits.

School Fruit Scheme

The Health Promotion Unit forms part of an Inter Ministerial Committee that runs the School Fruit Scheme (SFS). The SFS is an EU co-funded project that offers all eligible children, between the ages of 3 to 10 a portion of fruit or vegetables at school once a week.

The SFS is managed by the Paying Agency of the Ministry for Resources and Rural Affairs. The Paying Agency works in collaboration with the Ministry of Education, Employment and the Family and the MHEC. The SFS endeavours to create awareness amongst children as to what types of fruit and vegetables are available, how they taste, and why they are so beneficial for healthy bodies.

Cooking Sessions

Nine healthy cooking sessions were held throughout the year at a supermarket. The sessions, which consisted of a talk and a recipe, attracted between 25 and 30 participants each time.

Seminar for School Nurses

A half-day seminar for school nurses was organised in September. Its aim was to provide school nurses with information and tools such as healthy eating guidelines that enable them to better guide the students, young people and their parents on related health matters amongst them on the issue of childhood obesity. Handouts and informative material were prepared for this seminar that was attended by about 14 school nurses.

Tobacco

'Smoke Free Hospital'

Mater Dei Hospital officially became 100% Smoke Free on 4 February of 2012. Smoking areas can now only be found outside the perimeters of Mater Dei Hospital so as to accommodate the smokers working and visiting the hospital. A media campaign on tobacco was aired to educate, motivate and encourage cessation, to address passive smoking in the home, during pregnancy, in the presence of children and near schools together with smoking within a hospital setting.

Smoking Cessation service at MDH

In order to support and cater for smokers who work at MDH, the directorate offered hospital based cessation programs. As part of the Cancer Plan smoking cessation CBT was also provided by a Psychotherapist.

Provision of Nicotine Replacement Patches

In line with the National Cancer Plan, nicotine replacement patches are now being provided for free to smoking patients that are admitted to Mater Dei Hospital during their stay. In addition, in order to

facilitate access and participation to the community tobacco dependence support programs offered by the department, applications have been made available through the KURA and smokers can also participate in our community programs after discharge.

'Saving Lives help your patients to Stop Smoking'

A seminar on 'Saving Lives, help your patients to Stop smoking ' was held on 31 May, World No Tobacco day, to present, disseminate contents of an evidence based 'Toolkit for Smoking Cessation' and encourage all Healthcare Professionals to trigger smoking cessation during their daily practice. One to one sessions with 93 Health Centre doctors were initiated to promote the use of the toolkit. This initiative was part of the National Cancer Plan.

Ex-smokers are unstoppable' campaign

The directorate is an active participant in the 'Ex-smokers are unstoppable' campaign that was launched by the EU Health Commissioner John Dalli in collaboration with Żebbug Local Council and Żebbug Primary School. The aim of this initiative is to help children understand the harmful effects of smoking, urging them not to take up the habit. Commissioner Dalli also highlighted the success rate of the campaign in Malta, where over 20,000 people have engaged in the campaign's social media tool, while over 1,500 smokers have registered with iCoach, making Maltese take-up rather high above the EU27 average.

Other tobacco initiatives

An information stand during a conference organised by the Occupational Therapy Department entitled '*Uff Xi Stress!!! X'nista' naghmel*?' in October was made available to create awareness on preventive care.

Mater Dei participated in a joint environmental education campaign to increase awareness of environment-related health risks. Our media discussion was particularly passive smoking and was held on 27 November.

An anti-smoking educational campaign was held at the Russian Boarding School (RBSM). This consisted of ongoing educational and informative sessions for around 100 students between the ages of 12 and 17. The awareness campaign was held on 28 November, with student distribution according to their age group.

Kick started the provision of a new service within Mater Dei Hospital in collaboration with the POAC Clinical team and the Consultant anaesthetist responsible for this unit on 1 November 2012. The time for these sessions is in the afternoon. Smoker can attending for two sessions pre-op depending on the operation date. Smokers will then be encouraged to attend our Tobacco dependence Support Programmes post-op.

An anti smoking campaign promoting the Tobacco Dependence Support Services but also focusing on the younger smokers was carried out between 31 August and 16 September. The title of the campaign was 'Yes… U can quit'. During the promotion of these services printed sunshields were distributed.

The project on 'TobTaxy' which addresses tobacco taxation and smuggling in the EU was concluded. The project came to an end through a publication that arose from the project whereby taxation was considered as the most cost-effective intervention to reduce tobacco consumption.

Worked in collaboration with a local wholesale dealer and distributed posters on the tobacco chemicals, leaflets about smoking and wrinkling to all local pharmacies, Information on the freephone telephone number and smoking cessation application forms were also distributed. Additionally a group of pharmacists were guided on how to use brief over the counter advice and encourage.

Collaboration with Occupational Therapists working in Community Mental Health

A number of informative and discussion groups were held at the Floriana Community Day Centre and at the Paola Community Centre. The aim behind the sessions on Tobacco was to try and reduce the intake from the amount of cigarettes being smoked, avoid passive smoking and help clients to understand the economic burden that smoking brings and how the financial savings from smoking reduction can impact their quality of life. Other topics included Healthy Eating and Physical Activity.

Physical activity

Dingli Summer Adventure

As part of its physical summer activity initiatives, the department held the Dingli Summer Adventure programme in collaboration with the Dingli Local Council. This programme was piloted throughout summer and included nutrition sessions. Its aim was to introduce young people to different sports.

Walking Bus

The Walking Bus activity was extended to seven localities during 2012, with new routes established for the Hal Safi, Siggiewi and Marsascala localities. A call for walking bus conductors was issued and 16 applications were received and eligible applicants interviewed.

Healthy Heart initiative

The Unit organised two walks and two Tai Chi sessions at il-Majjistral Park and Xrobb l-Għagin, to promote physical activity as a preventive measure to heart disease.

Healthy Lifestyle event for charity

The event involved Zumbatomic, Zumba sessions and Nutrition advice to the general public, as well as physical activity events for kids. All proceed were donated to *Dar tal-Providenza*.

Healthy Athlete

Another special project was the Special Olympics. This event was carried out in collaboration with the Health Promotion Unit which provided personnel to plan and manage outreach activities, resources, BMI measurement, and advice on nutrition, hydration, sun exposure, physical activity and bone health.

Healthy Aging

Since the European Union dedicated 2012 to active aging and solidarity between generations, the Unit embarked on the setting up of a focus group and a brainstorming session to focus on active aging by means of health, literacy and healthy aging initiatives. The directorate was an essential part of the committee organising the activities for the year on a national basis.

Workplace Health Promotion

During the year, the Unit enhanced its work within the workplace setting, by collaborating and offering its services to the a number of entities through weight management courses, talks, resources and themed weeks. A total of six weight management programmes were held as follows: two at BOV Headquarters, another two at Mater Dei Hospital, one at Corinthia San Ġorg and another one at MEPA premises). Other beneficiaries of this programme included:

- Intercontinental Hotel
- Corinthia Palace Hotel

- MEPA
- Go plc
- Computime
- Tipico Gaming Authority
- Maritime Squadron Armed Forces of Malta
- MCCAA
- BOV
- Public Library

Healthy Living website

The Health Promotion and Disease Prevention Directorate launched a section on the ehealth.gov.mt portal specifically targeting healthy living. Information was made available for all age groups including babies, children, adults and the elderly. The website also has a series of healthy recipes.

Sexual Health

Various outreach activities were held to promote sexual health including talks in occupational settings. One nurse who is also working on sexual health is also following a distance learning course on sexual health.

World AIDS day

The Unit was invited by the Malta Medical Student Association to give a presentation on Advocacy for Health during a seminar organised to celebrate World AIDS Day at the University of Malta.

Training

The Health Promotion Unit confirmed its belief in continuous staff trainingg by encouraging employees to undertake training in different domains. These included social sustainablity, leadership and management skills, values, writing for the media and data analysis.

Services

Weight Management Programme

During 2012, one to one counselling service for weight management was given to clients where the weight management programme was deemed inappropriate. During the year, three new facilitators were also recruited to carry out weight management classes. These new recruits were given appropriate training in February to offer the best service possible, while the annual meeting for facilitators was also held to review the weight management programme. During this annual meeting a newly digitalised data inputting system was introduced and those present were briefed on it.

Tobacco Dependence Support Services

The Quitline and the Freephone services were made avilable to the general public who wished to stop smoking. These serivces were favourably acknowledged with an average request of three call a day for the Quitline, which avraged to around 750 calls in a year.

Community Aerobics Services

Service	Classes	Participants
Aerobics	38	972
Weight Management	42	802
Smoking Cessation	24	537

Free aerobics classes in collaboration with local councils were held. The following are the number of classes organised for all the three services offered by the Directorate throughout 2012.

Resources

During 2012, the Graphic Design Section of the Health Promotion and Disease Prevention Directorate designed various publications for national campaigns to promote healthy lifestyles for all the three units within the Directorate. Photographic coverage for a number of press conferences, seminars and outreach activities organized by the directorate were also made and uploaded on the Ministry's website and the Directorate's Facebook page. Other work conducted on behalf of different directorates included work for the Infection Control Unit of Mater Dei, the Dermatology Department at Boffa Hospital, the Dental Public Health Unit and the Central Procurement and Supplies Unit.

A Standard Organisational Procedure (SOP) was also drawn up for the smooth and efficient functioning of the Unit.

International Participation

Meetings abroad

Officers at the Health Promotion Unit participated in a number of meetings and conferences abroad. These included the Autumn HBSC meeting, three HLG meetings, WHO EURRECA Workshop 'Deriving Micronutrient Recommendations: updating best practices', and the European Network of Quitlines Conference on Innovation.

Training and supervision

During 2012, two trainees were attached with HPU and were supervised to cover the competencies needed. Job shadowing was offered to eight secondary school students and eight students were offered unpaid intermship within HPU on the health issues of healthy eating and weight management, physical activity and health promotion.

Non Communicable Disease Prevention and Control Unit

Implementation of National NCD Strategy

In 2011, an implementation group was set up to draft an action plan whose aim was to identify and prioritise the specific actions and resources required within defined timeframes in order to achieve the ten year targets of the NCD Strategy. During 2012, this action plan was updated and actions within the area of musculoskeletal diseases, diabetes and cardiovascular diseases were undertaken by staff at NCDU.

National Strategy against Excess Weight

Overweight and obesity is the most significant health challenge facing adults and children in the Maltese population. Excess weight is responsible for a significant proportion of cases of Type II diabetes, ischaemic heart disease and hypertension. It reduces life expectancy and significantly reduces health-

related quality of life and increases the risk of onset of several non-communicable diseases. The health consequences of overweight and obesity are also important in children.

The NCD Unit has worked intensively with stakeholders in the drafting of the National Strategy against Excess Weight. The draft strategy underwent extensive internal and external consultation in 2011. The 'Healthy Weight for Life Strategy' was launched in February 2012 in a national conference attended by stakeholders from many private and public sectors. The launch was supported technically by the WHO with Dr Jaoa Breda, Programme Manager, Nutrition, Physical Activity and Obesity Programme in the Division of Non-communicable Diseases and Health Promotion being the key note speaker. The strategy sets out actions over an eight year period including legislation, health services, health promotion campaigns and other national interventions especially in the areas related to nutrition and physical activity, in order to prevent the population getting heavier and to reverse the trend. An implementation group was set up to review the action plan which was consequently circulated for consultation with the members of ICCO (Intersectoral Committee to Counteract Obesity). Actions identified that are within the competence of MHEC are being implemented. These include activities related to nutrition, physical activity and childhood obesity.

NCDU Website

The NCDU website contains resources related to non-communicable diseases for both the general public and health professionals, links to relevant international websites, and events organised by the NCD Unit. The website is updated regularly.

Osteoporosis and Healthy Bones Campaign

During 2011, the pilot phase of the Healthy Bones Campaign, which was launched on 20 October 2010, was implemented in three State School Colleges. Part of the Healthy Bones Campaign consisted of a pre- and post-intervention evaluation questionnaire. This questionnaire sought to evaluate the change, if any, in knowledge and behaviour of the students with regard to what helps to develop and maintain strong bones and what hinders them. During 2012, this campaign was introduced to teachers of Personal and Social Development (PSD) within the Church Schools. NCDU also participated in an educational Seminar for the general public on World Osteoporosis Day on 20 October 2012.

World Arthritis Day

The theme was the importance of exercise in people living with a chronic disease such as arthritis. A leaflet in Maltese and English was launched in collaboration with the Arthritis and Rheumatism Association Malta called 'Move to Improve' showing simple exercises feasible for those with arthritis. NCDU also participated in an educational seminar for the general public on Arthritis.

Cardiovascular Diseases Prevention

Cardiovascular diseases, including heart disease and stroke, are the most common cause of death and ill-health in Malta. Cardiovascular diseases affect as many women as men. Heart disease and stroke are avoidable and caused by risk factors such as tobacco use, poor nutrition and lack of physical activity and alcohol, as well as high blood pressure, high cholesterol, overweight and obesity or the presence of diabetes. Children are vulnerable too if they are exposed to unhealthy diets, lack of exercise and smoking.

On the occasion of World Heart Day on 28 September 2012, several events were held in collaboration with other professionals in order to increase awareness of the risks leading to heart disease. From 24 September to 28 September – 'Heart Check up Week' was held in Cospicua Health Centre by Department of Primary Health. On 25 September, a seminar on the Mediterranean Diet was organised by the Faculty of Health Sciences in which NCDU participated. On 29 September, an outreach with MMSA was held at The Point.

At this event a new leaflet in Maltese and English was launched with the focus of 'Take care of your heart and of those you Love'. A walking activity and Tai Chi sessions were held on 6 October at the two National Parks (in south and north of the island) at Majjestral and at Xorb l-Għagin.

Diabetes Day

The aim of World Diabetes Day on 14 November 2012 was the education on the prevention and early detection of diabetes. A collaboration with a wide range of stakeholders ensured that various activities were held in Malta and Gozo with strong public and media interest. HPDPD together with the Central Public Library and the Primary Care Directorate held an educational seminar for the general public on 12 November 'Diabetes prevention and care'. Together with a range of presentations, staff gave personal advice on nutrition and exercise and carried out BMI and blood glucose tests. A leaflet in Maltese and English 'Protect yourself against diabetes' was launched. This focuses on the prevention and management of diabetes in order to reduce the risk of onset of the disease as well as to minimise its complications.

Consultations with stakeholders

NCDU organised a series of structured meetings to discuss with internal and external stakeholders the current situation on the management of chronic diseases in Malta, the challenges and priorities for the future. This is in view of the ageing population, technological advances in care and the need to ensure a sustainable health service and effective treatment. Consultations took place with primary care professionals, NGOs, local councils and patient representatives.

Rare Diseases

Staff from NCDU contributed to events during Rare Diseases Day held on 10 February 2012, as well as to the drafting of the National Rare Diseases Plan.

National Alcohol Policy

Members of NCDU contributed actively to the drafting of the National Alcohol Policy as part of a working group set up by the Ministry for Justice, Dialogue and the Family. The draft policy was reviewed by Cabinet and internal and external stakeholders.

PHIRE Project

PHIRE is a Public Health Programme (PHP) project under the 2009 PHP call for proposals. It is a 30-month project which started on 1 September 2010 and will end on 28 February 2013. The project consortium consists of eight partners in all, the main coordinating partner being EUPHA. Malta is participating as an associated partner through the NCDU. The general objective of PHIRE is to contribute to the improvement of public health knowledge and practice across the European Union by assessing the impact and uptake of the first PHP and structuring information on public health research. The NCDI is participating in Work Package 5 of the project which consists of the collection of data, which demonstrates national innovation and research within the Public Health field, from seven European countries: Malta, Portugal, Spain, Italy, Greece, Cyprus and Ireland. The implementation of the planned work of PHIRE started in February 2011. The countries for which Malta as a partner is responsible for were contacted for the collection of data. The work involved regular contact with the country leads as well with the Work Package 5 leader and the Project coordinator. The data collected was also reviewed. The PHIRE Interim report was presented to the Executive Agency for Health and Consumers (EAHC) at the end of January 2012.

During the second year of the project the data collected through the activities of Work Package 4 and 5 during the first year were sent to the National Public Health Associations (NPHA's) of the EU/EEA

countries or to country contacts, where there is no NPHA. The NPHA's or country contacts were asked to read through the data collected and organise a workshop with their Ministries for Health and Science and other relevant stakeholders in their country, to discuss the data collected during the first year of PHIRE and to propose the way forward for Public Health research in their country. The NPHA's/country contacts were asked to produce a short report of the discussion carried out during this workshop. During the EUPHA annual conference held in Malta in November 2012, the concluded work for the first year of PHIRE as well as three of the workshop country reports were presented during a PHIRE workshop.

Oral Health

Academic

Lectures to undergraduates and post graduate students were given by staff at NCDU. The Unit hosted public health trainees as part of their specialist training programme and other students for attachments and well as supervising various research projects. Lectures as part of the Continuing Professional Development programme for public health specialists were given as well as attended.

Conferences, Seminars, Courses and Meetings

Departmental officials attended various conferences, seminars, courses, meetings and workshops both locally and abroad related to the prevention and control of non-communicable diseases.

Administration Office

During 2012, the Directorate embarked on a project to have an effective and independent administration by setting up a specific section for administration. The unit is run by a clerk in scale 8 supported by one clerk, two nursing aids and two senior tradesman. One of the latter was granted unpaid leave to try alternate duties in October 2012.

Reception

The unit is responsible for the reception area and main telephone operators. On average the directorate receives 200 calls daily. During live TV or radio programmes, the number increases in a short period of time. The main calls from the general public include queries to be replied by professionals, calls to apply for services of weight, aerobics and smoking cessation and requests for printed material. Other calls are directly forwarded to the respective officers. It is to note that many people call the director to ask for information on other sectors within health.

Personnel

All personnel records are kept internally. An SOP was issued for application of vacation leave and for informing absence due to sick leave.

Transport

The unit is responsible for the coordination of transport for the directorate. Two cars are available for use by the entire directorate staff.

Storekeeping

The directorate issues a large number of Publications and these are requested on a daily basis. The turnover amounts to about 500,000 leaflets. Thus a system was set to ensure that the adequate quantities are in stock. This system assists the purchasing unit and officers when they come to order so that no extra leaflets

will be ordered. Apart from ensuring that there is no shortage in publications, it maximises the use of resources and storage facilities.

File Movement

An internal file movement system was set up to keep track of all file movements.

Purchasing

All the purchasing and procurement needs of the directorate are done in house in liaison with the central procurement system which approves the quotations, issues LPOs, and approvals for orders. The Unit is also responsible for the printing, video production or other campaign material. The section also handles all requisitions issued by this directorate for stationery and other general use items.

Inventory

The offices inventory is kept regularly updated.

Marketing

During 2012, marketing of this directorate was enhanced to promote the work officers carry out. During the year work was carried out on a video and audio editing suite which is producing new and editing existing audio video material. A set of recipes on DVD which was issued by the Directorate was received very well by the general public. This section is also working in collaboration with the Primary Health Care on feature DVD to be shown in health centres. An active face book page answering health related questions and delivering messages is also being kept. This page was such a huge success that the maximum number of friends was reached and a second page had to be opened. The Unit is also starting to encourage TV stations and other stakeholders such as cinemas to use its adverts free of charge, as part of their social corporate responsibility. This year the unit also managed to get free TV and radio spots.

New tasks

As from November 2012 this year the administration is also responsible for IT equipment and systems in HPDP and for updating the directorate's website.

The administration is also the focal point for the Freedom of Information and Data Protection Acts within the Directorate.

The unit also offers supporting staff for outreach activities held by the directorate.

Seminars and Conferences

During 2012, the unit supported the planning and management of conferences and seminars including the launch of the Health Weight for Life Strategy, a seminar of tobacco for Doctors, and the TB conference. The unit supported the Ministry in the organisation of the Move for Health Day and the organisation and logistics of advert production in Obesity and Smoking. The administration also managed the directorate's stand together with *Frott Artna* during the 2012 MFCC Trade Fair.

Training

A number of staff participated in courses organised by the Staff Development Organisation as well as internal leadership and management training programme organised by the Ministry.

Health Care Standards Directorate

Overall Purpose of the Health Care Standards Directorate

The Mission Statement for the Health Care Standards Directorate is 'To Promote and Safeguard Public Health by ensuring that the Health Care provided is of good quality and safe'. The vision for the Health Care Standards Directorate is therefore to be an organisation that 'Inspires Excellence in Health Care.' Patients Safety is of paramount priority as there cannot be Quality of Care without Patient Safety and this principle will be foremost in view when planning all the Directorate's activities.

Achievements During 2012

The most important achievements of the Directorate during 2012 were:

The licensing of the Private Clinics and Hospitals

There are currently nine private clinics/hospitals in Malta and scheduled inspections took place to ensure that standards of care are being upheld. All clinics are licensed up to end 2013. These inspections could not be carried out single handed without an inspectorate team. External professional services to augment the department's Inspectorate Team were engaged by obtaining the services of consultant specialised in anaesthesia. DHCS also collaborated with the St. Luke's' Hospital Engineering Division, various staff from Mater Dei Hospital and the Environmental Health Department to augment its Inspection Team to visit clinics/hospitals for licensing purposes. For each Private Clinic inspected, the yearly license was issued by the Minister for Health, after the Directorate had presented the inspection report for each of these entities, with specific recommendations for the amelioration of service provision.

For the first time, during 2012, the Health Care Standards Directorate has started inspecting also Public Hospitals. The process of inspection of Mater Dei Hospital was also started during the last quarter of 2012 with a view to licensing it, by end of first quarter 2013. Mount Carmel Hospital has also been recommended for licensing following a number of inspections

The licensing of Homes for Older Persons and Long Term Care Wards

The homes for older people which are run by the private sector, the Church and the public sector total 39 and inspections continued during 2012 to ensure standards of care are being upheld. All 39 homes are now licensed up to the end of 2013. Zammit Clapp was licensed for the first time this year both as a home for the elderly and part of its ground floor as a mental nursing home.

There are also 5 long term care premises/wards which house older people. These include St. Jean Antide Ward, San Gorg Preca and Santa Bernadetta Ward within the Mount Carmel Hospital premises and the Male Geriatric Ward and St. Anna within Gozo General Hospital. The total number of licensed beds in these long term care wards is 281 beds. These are now licensed up to the end of 2013.

The following table shows the licensing of Church and Private Homes for Elderly residents during 2012.

Homes for Older Persons	Homes	Licensed Beds
Church Homes	16	728
Private Homes	14	1,223
TOTAL	**30**	**1,961**

The following table shows the licensing of Government Homes and Government Long Term Care Facilities during 2012.

Homes for Older Persons	Homes	Licensed Beds
Government Homes	8	782
Zammit Clapp Hospital Residential Floors	1	84
Government Long Term Care facilities including St Vincent de Paule Residence	6	1,718
TOTAL	**15**	**2,584**

The DHCS was also involved in assessing requests by a number of Homes for Older Persons to increase the number of beds. An increase in number of 61 new beds in the private sector was approved.

The licensing of Rehabilitation Centres

The Rehabilitation hospital, Karen Grech has also been recommended for licensing. A private rehabilitation Centre in Sliema has also been licensed this year. The total number of beds licensed in these rehabilitation centres is 294 beds.

The Licensing of Mental Nursing Homes

The DHCS also inspects mental nursing homes in order to ensure that standards of care are upheld. During 2012, the Directorate inspected three public and one private wards, and issued a recommendation for their licensing as mental nursing homes. The number of beds licensed as mental nursing beds is 91 beds.

Expansion of the Licensing Remit of the Health Care Standards Directorate

During the last quarter of 2012, the Directorate assumed responsibility for the administrative issues related to the licensing of various clinics related to the provision of health services and services that affect health. These include dental, podology, physiotherapy, acupuncture and radiology clinics, medical diagnostic labs and tattoo/body piercing studios. The current number of licensed establishments and service providers is as shown below:

Category of Establishment or Service Provider	Number of Licensed Establishments or Service Providers
Dental clinics	99
Podology clinics	4
Medical diagnostic laboratories	6
Acupuncture clinics	2
Physiotherapy clinics	9
Radiology clinics	14
Tattooists	76
Body Piercing	18

The Formulation, Monitoring and Introduction of Standards for Health Care

As part of a Working Group, the Directorate is finalising national standards for the use of medicines and also the drafting of National standards for 'professional care'.

The Directorate also formed part of a Working Group for the development of National Standards for the Administration of Blood and Blood Components.

The Investigation of Service Users Complain

DHCS continues to investigate and act in a timely manner to service users' complaints. These investigations amounted to 40 in total during 2012. DHCS intention is not to substitute or replicate the customer care services that each entity needs to have in place as part of good governance but to have a structured analysis which takes into account the wider factors within the organisation, which may give rise to a complaint. This is 'root cause analysis' – a term borrowed from the world of engineering and this process allows all of the factors which might have contributed to an event to be identified, analysed with remedial action recommendations and to avoid recurrence.

The Formulation, Monitoring and Introduction of Standards for Health Care

As part of a Working Group we are finalising national standards for the use of medicines and finalised the drafting of National standards for 'professional care'.

The Directorate also formed part of a Working Group for the development of National Standards for the Administration of Blood and Blood Components, which standards were launched during July 2013.

The Directorate continues to be actively involved in the formulation of standards and has done extensive literature reviews and formulated the first drafts of standards related to decontamination of dental instruments and validation of the associated processes, standards related to medical equipment within ambulances, vehicles used in the transportation of patients and on practices of mild/moderate sedation in Dental Practices.

Regulatory Aspects related to Substances of Human Origin

One of the functions of the DHCS is to see that the standards set for the Quality and Safety of Blood and Blood components and of Tissues and Cells Intended for Human Transplantation are reached. The DHCS is responsible for monitoring that the EU legal obligations emergent from the transposition into Maltese legal framework of the EU Blood and Blood Components Directive as well as the Tissues and Cells Directive.

The year 2012 showed that the haemovigilance system for the reporting and investigation of serious adverse events and reactions related to blood transfusion is now well established following the re-engineering of the system in previous years. The collection of reports on Adverse Reactions and Events related to blood transfusion by the Haemovigilance Unit within the Directorate continued throughout 2012. The number of reports received by the Haemovigilance Unit during 2012 has stabilised to a level of approximately 55 reports per annum. The fifth Maltese National Haemovigilance Report with data pertaining to 2011 was also submitted to the European Commission as stipulated by the EU Directives on Blood and Blood Components together with the fourth report on Adverse Reactions and Events related to Tissue/Cell Transplantation for 2011 and a report on the transposition of the Directive on Quality and Safety of Tissues and Cells for Human Transplantation.

During 2012, the Directorate continued strengthening the Rapid Alert System for the dissemination of alerts related to Substances of Human Origin. This included involvement in an EU-wide network, communication at EU level through the CIRCA (Communication and Information Resource Centre Administrator) platform and the distribution locally of alerts to the interested stakeholders. The Directorate also participated in the reengineering of the system of alerts which will be replaced at an EU level by the RATC (Rapid Alert on Tissues and Cells) System. This included attendance for training on the use of the system and development of a protocol for the creation and dissemination of alerts.

During 2012, the Directorate has finalised the setting up of the mechanisms and structures to have the stem cell collection service providers assessed with an intention to regulate and license according to national legislation.

The Directorate also attended various EU level meetings on behalf of the Competent Authority on Blood, Tissues and Cells and Organs. The DHC Scontinued with its networking with other European partners with the aim of sharing best practices and developing competencies and skills for the inspection, regulation and licensing of tissue and cell establishments in line with the EU Tissue and Cells Directives.

A novel area that Directorate has worked on during 2012 was that of the Quality and Safety of Organ Transplantation. The Directorate has been very active in providing recommendations during the drafting phase of the EU Directive on the Quality and Safety of Organ Transplantation. The Directorate has assisted the Superintendent of Public Health in the drafting of the transposition of the Directive on the Quality and Safety of Organ Transplantation and in the consultation stage. The transposition was published as Legal Notice 345 of 2012.

It is also assisting in setting up the appropriate regulatory mechanisms. The Directorate has actively contributed to the ACCORD Joint Action (the Joint Action between Member States and the European Commission on Achieving Comprehensive Coordination in Organ Donation throughout the European Union.

Other Miscellaneous Activities/Initiatives

Involvement in Malta Environment and Planning Authority's Consultation Processes

During 2012, the Directorate continued to offer recommendations in view of MEPA's consultation process in respect of proposals of building/converting into homes for older persons and private clinics/hospitals and other premises. The replies sent to MEPA amounted to 19.

Assistance to Entrepreneurs Interested in Opening Homes for Older Persons and Private Clinics/Hospitals

Furthermore, the directorate carried out pre-consultation discussions with a number entrepreneurs interested in considering proposals to build/convert buildings to new homes for older persons and private clinics/hospitals.

Preventive Programmes for the Mitigation of the ill-effects of extreme weather temperatures on vulnerable persons.

During 2012, the DPHC continued working on the preventive programmes to mitigate the ill effects of extreme weather temperatures - namely heat waves in summer and extreme cold in winter, on vulnerable residents in Homes for Older Persons licensed by the Directorate. Actions in the field included:

- The conduct of a literature research to update the draft guidelines targeting mangers and carers in nursing Homes to take preventive action to increase resilience and mitigate the ill effects of extreme weather temperature on vulnerable older persons;
- Widening consultations for consensus building including geriatricians, policy makers and administrators of institutional entities;
- Circulating both updated guidelines to prevent hyperthermia in summer and hypothermia in winter, in good time for Homes to implement the recommendations and posting them on the Directorate's website at www.healthstandards.gov.mt;
- Liaising with the Parliamentary Secretariat for the Elderly to monitor, by active scrutiny that the recommendations have actually been implemented.

A number of surprise inspections were carried out to ensure Departmental recommendations were followed and that all Homes for older persons took measures to guarantee that residents did not suffer from any ill effects due to hypothermia and the heat wave effects.

During the cold season, the directorate inspected and audited eight Government Homes, 14 Private Homes and 16 Church Homes, as well as two wards at Gozo General Hospital and three wards at Mount Carmel

Hospital to assess the preparedness of the Homes for protecting older persons from the cold weather. During the summer months, the Directorate inspected five government homes, seven private homes, six church homes, four wards at St.Vincent de Paule Residence, three wards at Mount Carmel Hospital, two wards at Karen Grech Rehabilitation Hospital, and Zammit Clapp Hospital to assess their preparedness for heat waves.

Collaboration with Other Directorates

Collaboration with the Director for Elderly Care also continued as part of the screening process in the Private Public Partnership (PPP) scheme. The Directorate screens and actively engages in a propitious process to ameliorate the conditions of care in the Homes from which Government considers buying beds for Older Persons under the PPP scheme. The Directorate worked on the production of an Environmental Grading tool for assessing the environment within Homes for Older Persons.

Work and collaboration continued with the Director of Health Information and Research, to ensure that the granularity and content of the data collection especially at Mater Dei as in the Hospital Activity Analysis, will enable effective monitoring and auditing by the development of clinical performance indicators. One of the main purposes of this collaborative initiative is to increase the scope of the data being collected to meet national and international health care reporting obligations. Furthermore, the active participation of the DHCS was to ensure that such data could be transformed into information for quality monitoring as well as comparative analysis of key performance indicators. This inter-Directorate collaboration upholds relevant European initiatives such as the Minimum Hospital Data Set, and System of Health Accounts and Health Labour Accounts.

This initiative aims at starting to address the need for improved effectiveness and efficiency of performance indicators and their linkage to other governance policies. The Directorate actively participated in inter-Directorate initiatives of having a standardised system for data collection to be able to uniformly code, validate and analyse clinical information.

Service Users' Satisfaction Surveys

One of the main remits of DHCS is to ensure quality of care by monitoring standards of the service deliverance as it is of paramount importance that the service users' perspectives are considered actively not only in the standard setting process but also as part of the monitoring process. In this respect, DHCS carried out for the fourth year running a project entitled: 'Measuring the Quality of Care in Homes for Older Persons - the service user perspective'. As part of the project more than 600 randomly selected residents were interviewed in the various Homes using a well- tested tool to measure their satisfaction with the quality of care in the home.

Medical Devices Alert cascade

DHCS continued to be actively engaged in the Medical Devices Alert cascade. It is subsequent to the close collaborative networking between DHCS, the Director of Procurement at Mater Dei Hospital and the Malta Consumer and Competition Authority, that we could contribute jointly to this 'engineered safety devices' structured approach as per EU Directives. During 2012, all the Public and Private Clinics/Hospitals continued to be included in this Medical Devices Alert cascade.

Data on Homes for Older Persons

The DHCS regularly collects data on the distribution and the level of dependency of residents in Homes for Older Persons in the Church, the Private and the Public sector. I n addition, it also collects data on the staffing levels within these homes. In determining appropriate staffing levels in all care homes, and in nursing care homes in particular, the regulatory requirement that staffing levels and skills mix are adequate

to meet the assessed and recorded needs of the residents at all times in the particular home in question must be met.

Attendance to Seminars

During 2012, the DHCS continued to be actively engaged in a number of seminars which included those on Data Protection, Freedom of Information and the Common Assessment Framework.

Screening of Adverts Related to Health Care Services

During 2012, the Directorate, on behalf of the Superintendence of Public Health, screened a number of adverts related to Health Care Services. It also produced a first draft of a document consisting of guidelines on the Advertisement of Health Services. The Directorate routinely collaborates with the Malta Broadcasting Authority on issues related to advertisements about health care services.

Quality Initiatives

The Directorate, during 2012 formed part of a drafting group that worked on the Ministry's Total Quality Management System. The directorate also attended training on the Common Assessment Framework.

Facilitating the Interface with Service Users

Website update

As one of the Directorate's key communications channels, the website has been continually updated to reflect stakeholder needs.

The services offered through the website are diverse and include information about the Directorate's remit, updated contact information, a series of electronic forms for use by various stakeholders (such as those used by health care professionals for the reporting of adverse reactions and events related to blood transfusion or transplantation of tissues and cells and other forms used by persons wishing to open a Home for Older Persons) and links to legislation relevant to the Directorate's remit areas.

As in previous years guidance and advice especially to Homes for Older Persons with regards to Hypothermia and Hyperthermia prevention are updated.

The complete list of licensed Homes for Older Persons, Long Term Care facilities and Night Shelters as well as the list of licensed Private Clinics is also regularly updated.

Additionally a more user friendly URL was created: www.healthstandards.gov.mt together with the availability of a generic email.

RAY BUSUTTIL
Superintendent of Public Health

DEPARTMENT OF HEALTH

Mission Statement

The Department of Health shall strategically lead, support and coordinate a sustainable & responsive health system, built on competence, quality and efficiency.

FUNCTIONS

The Department of Health was established in 2011. During 2012, all of the Directorates forming part of the Department of Health were established or re established as follows:

- Policy Development, EU and International Affairs Directorate
- Pharmaceutical Affairs Directorate
- Health Information and Research Directorate
- Allied Health Care Services Directorate
- Nursing Services Directorate
- Health Care Funding Directorate
- Coordination of Health Care Directorate

Besides executive responsibility for the above mentioned Directorates, the Chief Medical Officer provides an overseeing and coordinating function for the following health service entities:

- Mater Dei Hospital & Sir Paul Boffa Hospial
- Primary Health Care
- Mount Health Services
- Rehabilitation Hospital Karin Grech
- Department for the Elderly and Community Care

Objectives

The overall operational objectives of the Department are:

- the set up and direction of the Department of Health and the development of pertinent functions of the directorates and units within the department;
- the development of policy and coordination of strategic plans, design and implementation of action plans, and evaluation of outcomes to contribute to the sustainability of public health and health care services;
- transposition of EU directives into national law;
- service development planning for health services;
- the gathering, analysing and disseminating health information and the performance and promotion of research;
- the coordination of the process of consultation with stakeholders including trade unions;
- the promotion of user involvement;
- the preparation of reports that identify issues, problems, unmet needs and service gaps;
- the creation of recommendations for new initiatives, review of policies, and amendments to procedures and programmes as required including Health Technology Assessments (HTA);
- the development of pharmaceutical polices and procedures and carrying out of related audits
- the determination of entitlement to public health care services;
- the coordination of the professional aspects of health care service provision including post graduate training and development;
- the coordination and promotion of EU and International relations;
- the commissioning of services according to the needs and standards of the Department of Health in collaboration with public, voluntary organisations and private service providers.

MAIN HIGHLIGHTS

During 2012, the Department of Health carried out the following main activities:

Organisational Development

Elaboration of Vision, Mission, Ethos and Objectives
Creation of Management Structures:
- Management Committee for Department of Health
- Heads of Services Forum

Continued implementation of Quality Management System:
- Training on Communications
- Launch of Employee of the Year Award

Capacity Building

Recruitment of record numbers of new graduates
Recruitment of medical specialists

Strategy Development

Adoption of Eating Disorders Strategy

An advisory report on 'Specialised Health Care Services for Persons with Eating Disorders' was developed by a working group set up by the CMO and included the development of a proposal, regarding the health care services that needed to be developed for persons with eating disorders in Malta. The overall aim is: 'To develop a comprehensive specialised health care service for persons with eating disorders', and included measures to be developed at primary care level, measures to create a multidisciplinary approach and the necessary treatment settings, as well as measures to provide appropriate treatment by trained and well resourced professionals. The aim of the document is to provide recommendations which are evidence based for the best management of persons with eating disorders throughout the course of the disorder. This working document has now been presented to the President of Malta in view of the near future development of *Dar il-Kenn* which will serve as a residential unit for persons with eating disorders and obesity.

Adoption of Community Midwifery Services Strategy

The Community Midwifery Services Strategy came about after a series of meeting chaired by the Chief Medical Officer between the representatives of the Obstetrics Department at Mater Dei, the Malta Union of Midwives and Nurses, the Association of Obstetricians and Gynaecologists (Malta) and the Nursing Services Directorate. During these meetings, it was highlighted that other countries such as the UK, mothers and babies are discharged from hospital earlier than 72 hours. The paediatricians emphasised that a more structured community service needs to be set up to safeguard the babies' well being. Such a request was taken on board immediately by the CMO and agreed to by the parties involved. The Nursing Services Directorate has put forward a financial and HR proposal for such a service to be implemented and a Midwifery Officer has been identified to lead this service. An expression of interest has also been published for interested midwives and eight midwives on full and part-time applied for these posts. A training course has also been drafted and consultation with paediatricians and obstetricians is underway. Financial resources however, have yet to be allocated.

Report of Task Force on Programming and Planning Sustainable Institutional and Community Developments to Address Changing Demographic Associated Requirements.

This report presented the findings and recommendations of the 'Task Force on programming and planning sustainable institutional and community developments to address changing demographic associated requirements' which was convened by the MHEC. The Task Force was tasked to examine bed capacity as

well as medium term service planning in view of demographic ageing and the demands placed on acute and long term care services.

Report by Task Force set up by the MHEC to address the challenges presented through the ever increasing demand for health services at Mater Dei Hospital.

In response to the increasing demand for services at Mater Dei Hospital resulting in overcrowding of the facility, the MHEC set up a Joint Task Force with the representatives of health care workers in order to analyse the situation and make appropriate recommendations.

Drafting of Active Ageing Strategy

An ad hoc Inter Ministerial Committee was set up under the stewardship of the MHEC with the mandate to propose to Government a comprehensive active ageing strategy. The Committee met for the first time in February 2012 and starting working on the drafting of the Active Ageing Strategy. An advanced internal draft is currently being reviewed and circulated for internal consultation. Following this process the draft will be circulated to the Ministries represented on the Inter Ministerial Committee for their feedback, with the final draft expected to be available by the end of the first quarter of 2013.

Drafting of Dementia Strategy

A final draft version of the strategy was completed in March 2012 following the inclusion of suggestions during an intensive two-day meeting with French and local experts. This strategy was also reviewed by the Strategic Policy Secretariat of the Office of the Prime Minister whose recommendations regarding the strategy were forwarded to the Prime Minister.

During 2012 the first anti-dementia drug Donepezil was added to the list of formulary drugs to be given free of charge to persons with Alzheimer's diseases with an MMSE score between 26-13. The Dementia Register is now also being set up with its first source of information being that collected in conjunction with the prescription of this drug.

Though the strategy has not yet been launched, the first part of the elderly survey which is one of the measures within the strategy, commenced during 2012.

Drafting of Rare Diseases Strategy

The Department of Health is leading a committee that has been set up in October 2010 to implement and follow the implementation of necessary measures so that Malta will adopt the EU Council Recommendations on European Action in the field of Rare Diseases that were adopted in 2009. The chair of the above mentioned committee is representing Malta on the European Committee of Experts on Rare Diseases (EUCERD) and as a collaborating partner for the Joint Action on Rare Diseases which was kicked-off in late 2012. An advanced draft of a National Plan for Rare Diseases has been completed and will be launched for a wide consultation during 2013.

Drafting of Strategy for Children with Special Needs

The working group which has been set up by the Chief Medical Officer are being tasked with the development of a proposal, regarding the integration and further development of paediatric community health care services with special attention to children with special needs (with special reference to CDAU and Child Guidance). A working document will be presented to the CMO towards the first quarter of 2013.

Updating of Health Systems in Transitions (HiT) Report

The Department of Health Information and Research coordinated the compilation of the second edition of the Health Systems in Transition report in close collaboration with the European Observatory on Health Systems and Policies. The previous edition was published in 1998 and available at the Observatory website. These reports employ a standardised methodology to document health systems around Europe. This second edition will include an overview of organisation and governance, financing, resources, services provided, recent reforms and future developments. A summary was presented in a lunch workshop during the European Public Health Conference in November. The publication of this second edition is expected in the second quarter of 2013.

Preparation for drafting of National Health Systems Strategy

Work on the drafting of a National Health Systems Strategy commenced in June 2012. A project team has been set-up specifically for this project and the work on this strategy is ongoing. This group is benefitting from technical assistance from the Directorate of Health Systems and Public Health of the WHO Europe. This technical assistance will also be assisting the Department on work associated with the Health Systems Performance Assessment.

Medicines Policy

- Implementation of expansion in entitlement to free medicines
- Development of maximum reference pricing mechanism for all medicines procured by Government.

Health Care Services

- Outsourcing of Health Services to reduce waiting time (Cataracts, Arthroscopies)
- Development of needs assessment plan for introduction of In Vitro Fertilisation
- Expansion of bed capacity for long term care for the Elderly
- Coordination of Colorectal Cancer Screening Project Plan
- Preparation for HPV (Human Papilloma Virus) vaccination programme

Professional Issues

- Intensive negotiations on the revision of the sectoral agreements for Allied Health, Pharmacy, Nursing & Midwifery, Medical professions
- Continued investment in the training of doctors, nurses and allied health professions

EU & International Affairs

- Preparation for implementation of Patients Rights and Cross Border Care Directive
- Agreements signed with Italian regions for cross border health care

Research

- Fieldwork on Sexual Health Survey
- Fieldwork on Survey of Elderly Needs
- Collaboration on National Research and Innovation Strategy for Health

Committees

- The Chief Medical Officer continued to chair the following Committees
- Government Formulary Advisory List Committee
- Treatment Abroad Committee

Statistics

During 2012, the Office of the Chief Medical Officer performed the following administrative activities:

- 583 Parliamentary Questions

- 65 Circulars issued
- 7 Selection Boards chaired
- 99 Queries and 73 Complaints processed
- 140 Disciplinary Cases processed
- 823 files processed

Quality Management System

The DOH incorporates seven directorates four of which were already operating under a Quality Management System in 2011 under DGSS, while three others were new to the principles of the quality management system.

While implementation of the QMS continued uninterrupted within Department of Health Information and Research, the Department of Pharmaceutical Affairs, and the Department of Policy Development, EU and International Affairs, Entitlement Unit and Treatment abroad (now Health Care Funding), the quality system was introduced within Department of Allied Health Care Professions, the Department of Coordination of Health Care Provisions and Department of Nursing Services. A number of meetings were held with directorates to identify main processes and activities within each area of each directorate. Induction training on principles of QMS and drafting of SOPs was delivered to staff in each directorate throughout the year.

Development of a quality system was also undertaken within the 'new' directorates and processes documented and final as SOPs. Support to achieve development and implementation of QMS was given by the Quality Systems Co-ordinator through the needs of consultation and ad hoc meetings. The writing of first generation SOPs took up most of the second half of the year spilling over into 2013.

An annual quality systems training program was established wherein training on principles and fundamental aspects of the QMS, SOP writing and control of documentation is delivered to newly deployed staff, new recruits and to basics specialist trainees that are engaged with the department. Re-training was also given to staff who required it. An annual internal auditor's training is also held every year.

By end January 2012, all Internal Audits reports from 2011 were signed off and directorates including office of the Chief Medical Officer completed their corrective and preventive actions. This involved the redrafting of existing SOPs in all directorates and in some cases the establishing of new SOPs. The most of the second version of SOPs became effective by March 2012.

The Quality Manual was also redrafted to reflect the department of health's structure, vision, mission, values and objectives, while internal audits were held from June to September 2012 and covered seven directorates and the CMO's office. The audit's mandate was the:

- Internal Communication (evidence of management meetings and staff meetings)
- Staff Development – training files and training records
- Confirm corrective action of the 2011's internal audits

Terms of reference for a seminar on Communication where drawn up and the training was held in May over a full day session. Participants included the CMO, senior management and personnel from all levels. Feedback on this training was very position so a seminar was held in October and opened to all DoH employees.

The second Management Review was held in October. CMO's office and all directorates were asked to submit a report on their activities focusing on information on direct and indirect customer services and considerations directed to customer and other interested parties. Presentations were also given by all directors.

A networking for the internal auditors was held in December, wherein they were encouraged to share and discuss their experiences during internal audits. An introduction on the Common Assessment Framework by MEU and concepts, principles and documentation of the QMS established at DoH were also shared through training sessions, meetings or on site visits with different services' Managers/Heads within the service entities falling under MHEC. These included:

- Cellular Pathology
- Medical Imaging Department - MDH
- Podiatry Services
- Psychology Services
- Audiology Department
- RHKG Occupational Therapy Unit
- Orthotic and prosthetics Unit

Health Technology Assessment and new Services Planning and Development

The following services/ products were subjected to a Health Technology Assessment during 2012 in order to provide evidence based information as to whether they should be introduced within the package of services offered by Government:

- Caphosol (Super Saturated Calcium Phosphate Rinse) for the prevention of radiotherapy/chemotherapy induced oral mucositis
- Pulmonary Rehabilitation Service within Mater Dei Hospital
- Behavioural treatment for Tourette Syndrome and other tic disorders
- Myalgic Encephalomyelitis/ Chronic Fatigue Syndrome (ME/CFS)
- Ketogenic diet service for children with intractable epilepsy
- Bariatric Surgery

The following new services were implemented during 2012:

Naprotechnology out-patient clinic within Gozo General Hospital

This is an outpatient clinic in Gozo General Hospital and aims to assist and teach women and couples how to monitor and record their 'Biological Markers' of fertility in a precise and standardised fashion using the Fertility*Care* charting system as well as providing a holistic process of investigating abnormal gynaecologic and reproductive health.

Community based service for Adolescents and Adults with Down Syndrome

An outpatient clinic for persons with Down Syndrome aged 16 years and over that provides medical advice, routine screening, treatment and referral for this cohort as appropriate. This was done through an agreement between the MHEC and the Down Syndrome Association.

Percutaneous Radio Frequency Ablation for Renal Cancer

Percutaneous Radiofrequency Ablation for Renal Cancer will be carried out for a selection of patients with renal cancer through the service of a visiting Consultant with expertise in this procedure. Patient selection will be carried out through a multidisciplinary team of professionals according to established criteria.

Conclusion

2012 was the first full year of activities for the newly re-established Department of Health. Much time was invested in capacity building, development of relationships with stakeholders and setting up the necessary decision making structures. Work continued on the implementation of existing strategies whilst planning was carried out for the National health systems strategy and the health system performance assessment.

These will form a major part of the work to be undertaken during 2013. The quality management system was strengthened and the department focussed on improving communications.

Directorate for Policy Development, EU and International Affairs

Introduction

The Directorate for Policy Development, EU Affairs and International Affairs (DPDEU) for health is one of the Directorates under the remit of the Chief Medical Officer within the MHEC.

The main function of this Directorate is to coordinate the formulation of the Ministry's position on policies proposed by the EU and functions as the local and international link that explores and utilises opportunities arising from EU membership and bilateral/international relations. Policy development takes place on an ongoing basis through the submission of reports, positions and questionnaires in response to requests from the European Commission. This Directorate plays also a major role in drawing up policies in the areas of public health, health care services and long-term care whilst promoting the sustainable development of the Maltese health sector in line with service users' and national needs and priorities.

The Directorate embraces the mainstreaming of health in all policies through its work and collaboration in inter-sectoral activities and reviews. It is frequently consulted by other Ministries and entities to review their positions on various subjects in order to ascertain that health aspects are promoted and appropriately catered for.

The key objectives of the Directorate are as follows:

- To develop and consolidate the policy development structures of the Ministry, identify key areas in line with general Government policy for advancement and conduct this development employing international best practice and local evidence and reflecting appropriate consultations with stakeholders which includes user participation.
- To assist in the performance of assessments of economic and sustainability implications of proposed or existing policies and programmes, and review standards, regulations and service development initiatives.
- To proactively identify areas of key strategic importance for the Maltese health sector where the EU institutions are engaging in discussion and formulation of proposals and act as the focal point in preparing EU positions following consultation within the Ministry, with other Ministries as relevant and with external stakeholders.
- To ensure that all obligations entered into by Government as a Member States of the EU are adhered to within the set time-frames.
- To promote the development of bilateral activities with other countries, and seek opportunities for fostering greater collaboration, and ensure compliance with bilateral and multilateral agreements and commitments.

Policy Development

Policy development takes place on an ongoing basis through the submission of reports, positions and questionnaires in response to requests from the European Commission. The Directorate is also involved in the promotion of the concept of 'Health in all Policies' through its work and collaboration in inter-sectoral activities and reviews. It is frequently consulted by other Ministries and entities to review their positions on various subjects in order to ascertain that health aspects are promoted and appropriately catered for.

- Other specific areas of health policy development carried out by this directorate during 2012 include the following:
- Work related to the transposition of the Directive of the EU on the application of patients' rights in cross-border healthcare (Directive 2011/24/EU) into Maltese legislation as well as the required administrative set up to implement it. The Department is also following closely issues related to

the implementation of the Directive which are being discussed in the various committees set up under the Directive and particularly the Committee on Cross Border Healthcare. This Directive was published in March 2011 and Member States are being expected to transpose it by October 2013.

- The Department was tasked with the drafting of an active ageing strategy in line with the requirements set out the Country Specific Recommendation of July 2011. A draft of the strategy is being internally reviewed before issuing for further consultation including with the specifically set up inter-ministerial committee.
- The Directorate is actively contributing to the work of Core Group set up by the CMO for the drafting of a Heath Systems Strategy.
- Monitoring and updating of health and long-term care aspects within the 'National Strategy Report on Social Inclusion and Social Protection 2008-2010' and inputting as health representative on the Social Protection Committee. During 2012, the Directorate continued to assist the Directorate for Programme Implementation with the monitoring and reporting on the implementation of the measures proposed in the report for 2008-2010 in the field of Health and long-term care and update report was created and forwarded to the Ministry for Education, Employment, and the Family which is the leading Ministry on the national strategy.
- The Directorate actively participated in the work carried out by the Inter-Ministerial Committee on Active Ageing and Inter-generational solidarity for the European Year 2012 within the framework of the EY2012.
- A member of the Directorate is representing the Ministry of Health on the inter-ministerial committee set up by OPM to oversee preparations for the International Maritime Day to be held in Malta in Malta and the Implementation of the European Integrated Maritime Policy.

During this year, the Directorate accommodated one specialist trainees in Public Health Medicine. The trainee was involved in the duties concerned with Policy Development and also with EU and International Affairs.

EU Affairs Policy Coordination

DPDEU is responsible for coordinating Malta's participation in EU structures and processes through coordination with local stakeholders including EU Secretariat, other Ministries and the Permanent Representation in Brussels. The core tasks pertaining to the EU Affairs Directorate on a daily basis in the field of policy coordination are the following:

- Preparation of Explanatory Memoranda on EU pipeline legislation
- Drawing up of Instruction Notes
- Compilation of questionnaires and responses to consultation initiatives and coordination of consolidated Malta position
- Responding to queries arising from a wide range of sources including the authorities of other Member States, various EU structures and local and international organisations
- Submission of reports to the Commission
- Coordination of transposition and notification of EU related legislation and responses to infringement proceedings.

Memoranda and Instruction Notes

The process to deal with new Commission proposals at the various levels of discussion is co-ordinated by the EU Affairs Office. This process consists mainly of preparing updated instruction notes and briefing notes on the agenda items for discussions. The EU Affairs Office is responsible for preparation of instruction and briefing notes (and speaking notes as necessary) for our Maltese representatives attending Council working parties, MERTENS and COREPER meetings, as well as meetings of the Council of Ministers. The agendas of these meetings consist of topics on which there are ongoing discussions at EU level, most of them being legislative proposals. The successful preparation of these dossiers is the result of

teamwork and a good working relationship with line ministries, EU Secretariat (OPM) and Permanent Representation in Brussels. This office is also responsible to prepare briefing notes for meetings attended by Ministers and the Permanent Representative. Monitoring of the proposal list is conducted at regular intervals in collaboration with the EU Secretariat at the OPM. Furthermore these legislative items are classified according to the degree of relevance to Malta.

The directorate continues to employ a process of wide consultation in drawing up Malta's position on EU proposals by communicating with a wide range of stakeholders (internal and external) during the formulation process of the position of Malta on these proposals. Key issues that were of direct relevance to this Ministry during 2012 included, the European Year for Active Ageing, Health for Growth Programme, Horizon 2020, EMF Directive, Proposal for a Decision on Cross Border Health Threats, tissues and organs, blood donors, patients' rights on cross-border healthcare, WHO FCTC tobacco control, the proposal for a revision of the Transparency Directive, medical devices, antimicrobial resistance, the European Salt Reduction Initiative.

During 2012, the Directorate produced 161 Instruction Notes, 100 Briefing notes and Speaking Notes and 21 Explanatory Memoranda. Four Inter Ministerial Committee (IMC) meetings were held during 2012 and a representation of this office was present in all of them. The following Explanatory Memoranda were prepared for presentation to IMC:

COM (2011) 359 final	Report from the Commission on Food and Food Ingredients Treated with Ionising Radiation for the Year 2008.
COM (2011) 385 final	Proposal for a Council Directive laying down requirements for the protection of the health of the general public with regard to radioactive substances in water intended for human consumption.
COM (2010) 781	Proposal for a Directive of European Parliament and of the Council on control of major-accident hazards involving dangerous substances.
COM (2011) 352 final	Report from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions second Report on Voluntary and Unpaid Donation of Tissues and Cells.
COM (2011) 348 final	Proposal for a Directive of the European Parliament and of the Council on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (electromagnetic fields) (XXth individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC).
COM (2011) 709	Proposal for a Regulation of the European Parliament and of the Council on establishing a Health for Growth Programme, the third multi-annual programme of EU action in the field of health for the period 2014-2020.
COM (2011) 748	Communication from the Commission to the European Parliament and the Council Action plan against the rising threats from Antimicrobial Resistance.
COM (2011) 866	Proposal for a Decision of the European Parliament and of the Council on serious cross-border threats to health.
COM (2012) 83	Communication from the Commission to the European Parliament and the Council Taking forward the Strategic Implementation Plan of the European Innovation Partnership on Active and Healthy Ageing.
COM (2012) 48	Amended proposal for a Directive of the European Parliament and of Council amending Directive 2001/83/EC as regards information to the general public on medicinal products subject to medical prescription.
COM (2012) 49	Amended proposal for a Regulation of the European Parliament and of Council amending Regulation (EC) No 726/2004 as regards information to the general public on medicinal products for human use subject to medical prescription (COM (2012) 48) adopted by the Commission on 10 February 2012.
COM (2012) 51	Proposal for a Regulation of the European Parliament and of Council amending Regulation (EC) No 726/2004 as regards pharmacovigilance.

COM (2012) 52	Proposal for a Directive of the European Parliament and of the Council amending Directive 2001/83/EC as regards pharmacovigilance adopted by the Commission on 10 February 2012.
COM (2012) 84	Proposal for a Directive of the European Parliament and of the Council relating to the transparency of measures regulating the prices of medicinal products for human use and their inclusion in the scope of public health insurance systems.
COM (2012) 147	Proposal for a Council Directive laying down requirements for the protection of the health of the general public with regard to radioactive substances in water intended for human consumption.
COM (2012) 369	Proposal for a Regulation of the European Parliament and of the Council on clinical trials on medicinal products for human use, and repealing Directive 2001/20/EC.
COM (2012) 16	Report from the Commission to the European Parliament and the Council on food and food ingredients treated with ionising radiation for 2009.
COM (2012) 17	Report from the Commission to the European Parliament and the Council on food and food ingredients treated with ionising radiation for 2010.
COM (2012) 648	Report from the Commission to the European Parliament and the Council Evaluation of the implementation of the Instrument for Nuclear Safety Cooperation (INSC) during its first three years (2007-2009).
COM (2012) 783	Proposal for a Council Regulation on Union support for the nuclear decommissioning assistance programmes in Bulgaria, Lithuania and Slovakia.
COM (2012) 84	Proposal for a Council Regulation establishing an Instrument for Nuclear Safety Cooperation.

EU Presidency Topics

The following were the main health related topics tackled during the Danish Presidency (January – June 2012) and Cypriot presidency (July – December 2012):

- Proposal for a Regulation for the EP establishing a Health for Growth Program, the third Multi Annual Program of EU Action in the field of Health for the period 2014-2020
- Proposal for a Directive for the EP and of the Council on the minimum Health and safety requirements regarding the exposure of workers to the risks arising from physical agents (electromagnetic fields) (XXth individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC)
- European Innovation Partnership on Active and Healthy Ageing and Healthy Ageing in the lifecycle
- Decision of the European Parliament and of the Council on serious cross-border threats to health
- Proposal for a Regulation of the European Parliament and of the Council on food intended for infants and young children and on food for special medical purposes
- Reflection Process on Innovative Approaches for Chronic Diseases in Public Health and Healthcare Systems
- Innovation in Healthcare
- Reflection Process – Towards Modern, Responsive and Sustainable Health Systems
- Exchange of views on the WHO EURO draft European Health 2020 policy framework
- Proposal for a Directive of EP and of Council relating to Transparency of Measures regulating the Prices of Medicinal Products for Human Use and their Inclusion in the Scope of Public Health Insurance Systems
- Implementing Regulation adopting list of flavouring substances provided for by Regulation (EC) 2232/96 of the EP and of the Council for the Standing Committee on the Food Chain and Animal Health
- Council Conclusions on Organ Donation and Transplantation
- Council Conclusions on The impact of antimicrobial resistance in the human health sector and in the veterinary sector – a 'One Health' perspective
- Action Plan against the rising threats from Antimicrobial Resistance
- Regulation amending Reg (EU) No 231/2012 laying down specifications for food additives listed in Annexes II and III to Regulation (EC) No 1333/2008 of the EP

- Regulation amending Regulation (EC) No 1333/2008 on food enzymes with regard to transitional measures for the Standing Committee on the Food Chain and Animal Health
- Commission Regulation amending Regulation (EC) 1924/2006 with regard to the list of nutrition claims for the Standing Committee on the Food Chain and Animal Health (General Food Safety Section)
- WHO Euro Regional Committee Meeting which will take place in Malta in September 2012
- Commission Implementing Regulation on applications of authorisation of GM food and feed for the SCFCAH GM Food and Feed Section
- Role of the EU in International Health Fora
- Nuclear Safety Cooperation (INSC).

Participation in Overseas Meeting

The Directorate coordinates attendance to EU meetings in order to ensure that Malta is appropriately represented at all meetings where important decisions are taken. The office is also responsible to identify and nominate national experts in the field of medicines, food, communicable diseases and other public health organisations and networks.

This Office participated actively in EU related conferences, seminars, workshops and meetings both locally and abroad. Key overseas meetings attended included:

- EPSCO Ministerial Councils (December 2012)
- Public Health Working Party at Senior Level (February 2012)
- Committee on Cross Border Healthcare (May and October 2012)
- EUMS Expert Group Meeting on Health in Development Co-operation (June and November 2012)
- Social Protection Committe Health Review (September 2012)
- CY Presidency High-Level Conference on 'Healthy Ageing across the Lifecycle and Social Protection Committee' (September 2012).

During 2012, the health attache' in Brussels covered most of the relevant working party meetings. This office also keeps records of Health officials attending all EU-related and other non-EU-related meetings, stores reports drawn up from these meetings in its archives and monitors the actions that need to be taken as follow-up.

As shown in the table hereunder, the Ministry attended a total of 32 Council meetings, 159 meetings organised by the Commission, 11 presidency meetings, 19 meetings organised by the WHO and 29 meetings organised by other entities.

	Council	Commission	Presidency	WHO	Others	Total
Ministerial	2	0	2	2	0	5
Public Health*	18	38	5	13	9	83
Food	1	44	0	0	0	45
Pharmaceuticals**	2	16	2	0	6	26
Social Security/Social Questions	9	6	0	0	0	15
Health Promotion*	0	17	1	3	0	21
Health Information	0	4	0	1	4	9
Regularity Committees; tobacco, blood, tissues and cells and Laboratories	0	11	0	1	0	12
Others	0	23	1	0	10	34
Total	**32**	**159**	**11**	**19**	**29**	**250**

**Including ECDC meetings*

*** Does not include visits attended by Medicines Authority and EMEA meeting*

Bilateral Affairs

The Ministry for Health, the Elderly and Community Care successfully continued to operate the administrative arrangement within the framework of the reciprocal health agreement with the United Kingdom. During 2012, DPDEU continued to be involved on work being done to develop and implement bilateral agreements with several countries.

In February, the Ministry signed a Memorandum of Understanding with Libya which envisages the facilitation of direct training and development of professionals and services in the health care field including in healthcare management, Public Health; Medical Clinic Specialities; Specialist Nurses and Allied Health Care Professionals. In September 2012, the Ministry has signed three separate agreements with the Lombardy Region, the Sicilian Region and the Tuscany Region in Italy with a view of developing further the collaboration in the field of vocational training and in the provision of health care services to patients with complex diseases, including terminal organ failures and/or organ transplants. The Ministry also signed an agreement with China for further collaboration on Chinese Medicine and contributed to the Tunisian Joint Commission held in Tunis in September.

World Health Organisation (WHO) and International Affairs

This Directorate continued to assist in the coordination Malta's position on WHO policy including in relation to the International Health Regulations and the Framework Convention on Tobacco Control. DPDEU offered assistance in the preparation for the Maltese delegation that attended the 65th World Health Assembly in Geneva in May. The Director was also on the Committee which was overseeing the preparations for the 62nd Regional Committee meeting of the WHO European Region which took place in Malta in September 2012. The Director actively represented Malta in EU Coordination meetings taking place during the WHO Regional Committee.

This Directorate was also the contact point for policy matters at United Nations in the field of health particularly on health aspects related to sexual and reproductive health to ensure that Malta's policy on these matters was consistently promoted and safeguarded.

Staff Development

During 2012, some changes occurred within the DPDEU as the Assistant Director and the Executive officer left the post to move on to other areas in the Ministry. A new Principal Officer has joined the team. The team now consists of the Director, one principal officer, one policy officer and one research officer.

Staff within DPDEU were given several opportunities to attend continuing professional development events and CDRT courses throughout the year and also represented the Directorate on a number of inter-sectoral events. The Performance Management Programme was implemented for the relevant officers.

Quality Management System

As part of a Division-wide exercise, the Directorate participated in quality management initiatives that were undertaken during 2012 including amongst others training in communication. All members of the team attended to and were certified for training in aspects of quality management. During 2012, DPDEU reviewed and updated two Standard Operating Procedures (SOP), and one Work Instruction (WI) as follows:

- SOP on the development of an Explanatory Memorandum for the Cabinet and for Parliament on EU dossiers
- SOP on the development and updating of Instruction Notes and Briefing Notes for the preparation and attendance to EU Council meetings.

- WI on the compilation, analysis and dissemination of information on the international travel on duty that is undertaken by officials of the Ministry.

One new SOP was reviewed and finalised during this year:

- A standard operation procedure to regulate the drafting, processing, signature and storage of Memorandums of Understanding (resulting from various bilateral agreements) was also drafted together with a set of working guidelines on the format and handling of MoUs. These will serve to further organise and streamline the bilateral agreements business area.

The QMS Focal Point within the Directorate delivered in-house training on Version 2 of general SOPs to all the staff.

The Directorate was subject to an Internal Audit in June 2012. The Audit Conclusions were very positive. As a matter of fact the audit report identifies three Best Practices which the Directorate intends to further consolidate:

- There was a gradual increase in frequency of staff meetings and the meetings are now being minuted showing progressive quality improvement.
- Minutes of management meetings done with Chief Medical Officer are filed in chronological order and kept by the Director.
- Staff are regularly informed and updated by the Director about issues concerning the Department which are raised during the management meetings held with CMO.

Conclusion

During the year, significant developments were registered in the discussions on the amendment of Directive 2004/40/EC1 of the European Parliament and of the Council of 29 April 2004 on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (electromagnetic fields), the Proposal for a Regulation of the European Parliament and of the Council on establishing a Health for Growth Programme, the third multi-annual programme of EU action in the field of health for the period 2014-2020, the Proposal for a Decision of the European Parliament and of the Council on serious cross-border threats to health and the Proposal for a Regulation of the European Parliament and of the Council on food intended for infants and young children and on food for special medical purposes.

The year 2013 will be mainly characterised by the spearheading of the publication and implementation of the Active Ageing Strategy and the National Health System Strategy. On an EU level, further work related to the transposition of the Directive of the EU on the application of patients' rights in cross-border healthcare (Directive 2011/24/EU) and preparation for setting up the administrative set up required for implementing this directive when it enters into force in October 2013 is expected. An important topic for discussion will be the Tobacco Directive. New issues that are arising include the Coordination of Long Term Care and Health in the European Semester. Such issues have continued to increase in importance on the agenda of both the European Union and also the national agenda especially in the current economic scenario whereby it is important to make care systems more efficient and sustainable and to ensure a healthy population in order to contribute to new ways for economic growth. In the coming year, DPDEU will strive to promote the furtherance of effective policies and good practices and also facilitate the mainstreaming of EU related-policy initiatives into the fabric of national policy development in the health sector and beyond.

Directorate for Health Information and Research

Introduction

The mission of the Directorate for Health Information and Research (DHIR) is to provide accurate information for the protection of public health, statistical purposes, research and preventive medicine. It promotes and supports the development of health information systems.

Purpose and objectives

The DHIR leads the collection, analysis and delivery of health related information in Malta and strives to provide high quality epidemiological information and indicators on the health of the population and health services. Health information is made available for policy and decision makers, for the public in general, interested institutions and other that may require it.

Research initiatives are taken and assistance is provided to the Chief Medical Officer by contributing the necessary evidence for the formulation of policy and strategy in the area of public health and health services for both existing and proposed programmes.

Data Requests

All data and requests arriving at the DHIR continue to be managed in compliance with the Data Protection Act, 2001 and according to the Department's internal Data Protection Policy Manual. The Data Protection Officer and Data Controller are consulted routinely prior to the release of any questionable or potentially identifiable data to ensure that data protection and confidentiality are constantly upheld. During 2012, 401 requests for information and 12 replies to parliamentary questions were processed.

Routine Activities on National Information Systems

Malta National Mortality Registry (MNMR)

The MNMR received, checked, coded, entered and validated 3,471 death certificates during the year 2012, an increase of 158 certificates over the previous year.

Validation was done with the Patient Administration System (PAS) and the Central Database (CdB) for demographic details. The PAS system was also updated with date and place of death of those having died during the year. The Registry was updated with information from a variety of sources including the Midwifery Services and the National Obstetric Information System (NOIS), the Statistics Office of the Malta Police Force, the Mortuary, newspaper articles, deceased patient records, and sometimes also pathologists, toxicologists and the certifier him/herself.

Processing involved coding of occupation and causes of death. Approximately 20% of death certificates required further information which was obtained from the other sources outlined above to make up for insufficient detail in the death certificates.

Copies of a number of death certificates were sent to the Malta National Cancer Registry (MNCR), the Infectious Disease Prevention and Control Unit (IDCU), the Occupational Health and Safety Authority (OHSA) and the Malta Congenital Anomalies Registry (MCAR), on a regular basis, to update their relevant registries.

An updated monthly list of deceased patients was also sent to various entities including health centres and immunization centres for them to update their systems.

Collection of data regarding Maltese residents dying abroad required specific tracing from the Public Registry.

International collaboration with the World Health Organisation (WHO), Eurostat and EMCDDA (European Monitoring Centre for Drugs and Drug Addiction) is ongoing. The Maltese Mortality Register is collaborating with Eurostat on the development of satellite lists of causes of death for inclusion in Eurostat's annual publication of statistics.

The MNMR also replied to 97 requests, an increase of 47 over the previous year, from academics, researchers and medical doctors and three parliamentary questions.

Malta National Cancer Registry (MNCR)

During 2012, a total of 19,576 new additional information items about malignant and benign cases were identified. All new cases were validated with both PAS and CDB for demographic information, coded, crosschecked in both Cancer register databases to exclude any duplicates and entered in the National Cancer Register at the DHIR. All already registered cases had been edited in their respective database programme and filed. The MNCR also consults an average of 20 files per month in order to obtain more specific information to classify risk factors and staging in occasional cases.

The following table indicates the source and the number of cases which were received and/or reviewed during 2012.

Source	Cases
Notifications from doctors	295
Mortality Register	1,728
Mater Dei Histopathology Lab	11,460
Private Hospitals and Clinics	1,531
Oncology Department	2,555
Mater Dei Cytology lab	693
Flow Cytometry	356
Bone Marrows and Medical Imaging	958

National Obstetric Information System (NOIS)

The NOIS received, checked, coded, entered and validated data on 4,383 births during 2012.

The NOIS Annual Report for 2011 was compiled and distributed this year together with two interim reports for 2012. This year the Registry compiled a 'Trends in Obstetrics Report' which presents obstetric data over the ten year period 2001-2010. This report was published and distributed together with the Annual Report.

The NOIS website has been kept regularly updated throughout the year and all reports were uploaded on the NOIS website.

The Registry continued active participation in the EUROPERISTAT Action project as a collaborative partner. This year, a detailed questionnaire was completed with Malta data for 2010 to be included in a 2nd European Perinatal Health Report. The Registry also organised the Annual EUROPERISTAT meeting in Malta in November, 2012.

Malta Congenital Anomalies Registry (MCAR)

In 2012, the MCAR actively identified a total of 143 infants/fetuses diagnosed or suspected of having potential congenital anomalies from obstetric wards. Other sources of information included paediatric echocardiography reports, the national obstetrics information system, the national mortality register,

hospital activity analysis and hypothyroid screening. As part of the processing, validation and confirmation of congenital anomalies, over 360 hospital files of both mothers and babies were reviewed during the year.

All infants born in Malta and Gozo and confirmed as having one or more major congenital anomalies until one year of age are registered in the Register. This year the Registry started using the data entry software programme provided by EUROCAT (European Surveillance of Congenital Anomalies) for routine data entry. In 2012, data for 2010 were completed, validated and published on the registry's website. For 2010, a total of 94 infants/fetuses were confirmed and registered in the MCAR.

In 2012, the Registry also completed an audit of the effectiveness of the current hypothyroid screening programme as part of its involvement with developing a National Rare Disease Strategy. This audit report has been passed on to the relevant authorities for consideration and action as appropriate.

The Registry continued active participation in two international networks: EUROCAT (European Surveillance of Congenital Anomalies) Joint Action as associate partner and ICBDSR (International Clearinghouse for Birth Defects Surveillance and Research) as a full member. Anonymous data were sent in the required format to these two international organizations for inclusion in their websites and Annual reports. Through participation with these bodies during 2012, Malta data was approved for participation in several international collaborative research studies.

MCAR also participated in an FP7 (Framework Programme7) project investigating the safety of certain medications in pregnancy with a particular interest in prevention of congenital anomalies.

Malta National Organ Transplant Registry

In 2012, four corneal transplants were carried out and eight kidneys were donated, another kidney was donated by a live donor, that is, nine kidneys in all.

Other organs from Malta were donated abroad that is ten kidneys, two hearts, four livers and one lung were sent to Sicily and three livers were sent to United Kingdom. This information is received from the Opthalmic Ward, in the cases of corneas, and the Renal Unit at Mater Dei Hospital for the rest of the organs mentioned.

National Hospitals Information System (NHIS)

The NHIS continued to collect data on hospital activity from acute state and private hospitals throughout 2012. In addition, it has been providing extensive support to the Clinical Performance Unit at Mater Dei Hospital. The Consultant in charge has been involved in the compilation of various audits, analyses and projections of various operations particularly within public hospitals, throughout 2012. In addition, a central role has been taken up within the National Health Systems Strategy drafting group, particularly on the aspect of health care services.

NHIS collected full record-based data from Gozo General Hospital (GGH) for 2012, with ongoing validation of hospital data and data entry into the Gozo General Hospital Activity database. This was analysed to produce a clear picture of activity at this hospital for the whole year. Surgical Operations performed at GGH were also processed, coded and entered into the GGH Hospital Activity Database.

By the end of 2012, NHIS coded and entered 5,521 records of GGH clinical, episode-based Hospital Activity sheets in the GGHHAA database. To date, NHIS is still receiving data sheets from GGH for episodes of care in 2012. A further 1,535 operation episodes have been entered into the database and 2012 operation data is also currently still being processed.

As from the beginning of 2013, the Hospital Activity Analysis of GGH will no longer be collected and collated at the DHIR but will be managed within the Gozo Ministry. Thus, a handing over of the database as well as all the procedures involved in managing it, is currently underway. The NHIS will be concentrating on the role of collation of national health care activity statistics from all hospitals, including the harmonisation of data collection across these entities.

Eurostat's Yearly Health Care Statistics Non Expenditure Data Requests

Throughout 2012, NHIS collected establishment data including facilities, equipment and human resources from all state and private hospitals as at end 2011. It also collected and collated 2011 anonymous record (episode) based data from all state hospitals and the largest hospital group in the private sector. These comprised Mater Dei Hospital, Gozo General Hospital, Mount Carmel Hospital, Sir Paul Boffa Hospital and Karin Grech Hospital, together with St James Hospital Group. Aggregate National data was also collected on health care professionals from their respective Councils. The resulting aggregated data was analysed and used to answer the Joint non expenditure health statistics questionnaire from EUROSTAT, WHO and OECD. The hospitals' record based data was used to answer part of the EUROSTAT additional questionnaire dealing with patient based episodes of care in hospitals.

The Joint non expenditure questionnaire consists of a very detailed request on various levels of health employees, hospital resources, and other physical resources particularly number of beds by type of care. During 2012, this questionnaire was filled in to include information on all the public hospitals on the island as well as that from the main private hospitals.

Injury Database (IDB)

This Register collates data regarding Accidents and Injuries. Data from the Emergency and Admitting Department (E & A) at Gozo General Hospital is still ongoing. Data entry for 2012 was from November 2011-June2012 included 2,284 injury episodes. These were all checked with PAS/CDB, coded, data entered and cross-checked with NHIS and NMNR.

For Mater Dei Hospital E & A, from January to April 2012 approximately 36,000 episodes were processed out of which 8,365 were identified as injuries.

The national data administrator was invited to present findings on hand injuries at the seminar, The Psychological Impact of Hand Injuries organised by the Occupational Therapy Seminar and Hand Therapy Services.

Two meetings were held with the nursing officers at the E & A at MDH to encourage better data capture when patients present injuries.

Data for 2009 and 2010 were forwarded to Eurosafe to present an IDB-report with recommendations for the way forward at the European Consumer Conference in Brussels on 14 March 2013.

Dementia Register

In 2012, the DHIR prepared plans to introduce a Dementia Register. Various stakeholders were consulted in order to verify which variables would such a register capture and which sources of information should be used. The French government provided assistance for the compilation of the dementia strategy, including the Register. Plans were laid down on how the system will be running and data collection has been organised and started in collaboration with the Department of Pharmaceutical Affairs towards the end of 2012.

Public Health Reporting & Research

Sexual Health Survey 2012

This survey was part of the research strand set out by the research strategy. It employed a cross sectional population based study design among 16 to 40 year olds in the Maltese islands. The questionnaire collected information on the following topicssuch as sex education, knowledge and attitudes toward sexual behaviour and health, personal experiences, sexual health services and demographic details. Due to the sensitive nature of the subject, a self-reported questionnaire and a probability quota sampling technique was used. The study population was split into three age groups – 16 to 18, 19 to 25, and 26 to 40. Representativeness of the Maltese population was preserved by specifying the number of respondents required in each age group by gender, educational level and region of residence based on existing national statistics. Due to the importance of assessing sex education amongst the youngest age group, oversampling of this population was conducted for the study to have enough power to draw meaningful conclusions. Fieldwork was coordinated by the DHIR during the Spring 2012, following an expression of interest within MHEC for health care professionals and senior officials to act as interviewers. Rigorous training was provided to these interviewers who were prepared not only on the questionnaire but also to guide participants to the right service should they express an interest to explore any of these issues further. Collaboration with the Directorate for Health Promotion and Disease Prevention resulted in the preparation of a range of educational material that was provided to each participant in a USB drive together with a business card providing contact details of services relevant to the area of sexual health. Analysis of the data set is underway with a plan to publish the final report in early 2013.

Collaboration with Department of Health Promotion and Disease Prevention on Food and Nutrition

As a continuation of the collaboration initiated in 2011 regarding Obesity and Nutrition, DHIR was asked to draft a background chapter in the upcoming revision of the Food and Nutrition Policy regarding the epidemiological status of Malta particularly in relation to obesity, nutrition and related health outcomes.

Launch of the European Health Examination Survey 2010 report

In March 2012, a report concerning the findings obtained from the pilot European Health Examination Survey conducted towards the end of 2010 was published. This report concentrated not only on the findings of the said survey but also included an analysis of misclassification between the examined health status of the respondents and their self-reported one. In addition, comparison with existing estimates from 2008 (European Health Interview Survey), 2002 (National Health Interview Survey) and the MONICA study (1984) was presented.

European Public Health Conference

The DHIR was very supportive of the European Public Health Conference held in Malta in November 2012. Indeed a lot of preparatory work went into the organisation of this 1100-person conference. DHIR hosted all the Malta Association of Public Health Medicine (MAPHM) Local Organising Committee meetings and acted as its logistical base. Two senior DHIR officials and a number of public health trainees attached to the Directorate supported the initiative outside working hours. The DHIR also managed to get a number of oral and poster presentations accepted at this prestigious conference.

Malta Medical School Conference

The Directorate also kept up the tradition of a strong presence at the Malta Medical School Conference with a number of abstracts being accepted for oral and poster presentations. The DHIR's contribution was also recognised in a large number of clinical studies presented at the conference, with a large number of them including senior DHIR officials as co-authors.

National Health Systems Strategy

DHIR, in collaboration with the Directorate for EU Affairs and International Relations and the Department of Health, has been collaborating on the compilation of a National Health Systems Strategy, with the assistance of the WHO Europe's Programme Manager for Health Governance, Dr Juan Tello. This work is being supported through funds provided by the Bilateral Country Agreement (BCA) with WHO. The National Health Systems Strategy will also establish the parameters for a national Health Systems Performance Assessment framework.

Health Systems in Transition

The Department of Health Information and Research coordinated the compilation of the second edition of the Health Systems in Transition report in close collaboration with the European Observatory. The previous edition was published in 1998. A summary was presented in a lunch workshop during the European Public Health Conference in November. The publication of this second edition is expected in the second quarter of 2013.

Application of Survey of Carers in households

The National Elderly Needs Assessment Survey has been launched by the MHEC in July 2012. The proposed survey is divided in three phases and in December 2012 data collection for Phase 1 of the survey was being finalised. The questionnaires for all three phases were adapted from the National Long-Term Care Survey carried out every 5 years by the National Institute of Aging within Duke University, USA. A translation of the Phase 1 questionnaire to Maltese was also done.

Phase 1 involved screening a random sample of 9,400 home-based elderly persons who are 75 years and older, through telephone interviews. They were asked about social isolation, their ability to perform activities of daily living (ADL), their ability to perform instrumental activities of daily living (IADL) and their use of medical and non-medical services. A group of 20 university students carried out the telephone surveys between July and September 2012, by filling in a prepared access form. Throughout the months of October to December 2012, the Directorate for Health Information and Research attempted to recontact those participants who could not be contacted by the students, for various reasons. This phase concentrated only on elderly living in private residences.

In January 2013, the Directorate should begin to compile a report on the findings on the first phase of the survey. The draft of the report should be completed by the end of January 2013. Throughout 2013, DHIR plans to carry out Phase 2 and Phase 3 of the survey. Phase 2 involves identifying the Phase 1 participants who find difficulty in at least one ADL, and a face-to-face survey with the participant would be carried out so as to obtain in-depth knowledge on the difficulties of the elderly participants. Phase 3 involves a face-to-face interview with the informal carers of the elderly participants so as to obtain knowledge on their needs.

Collaboration with health services sector

DHIR has been heavily engaged with various parts of the health services sector with numerous assignment during 2012 which included gap analyses, performance analyses, health status reports, and a pivotal role in the compilation of a number of bids for ERDF funds for a number of health services, and IT CAPEX applications for management information systems in a number of entities.

WHO-EURO Health for All (HFA)

Data on Health Indicators for the year 2011 was compiled towards the end of 2012 for submission to WHO-EURO in January 2013.

Statistics Clinic

The statistics clinic has been remained highly in demand during 2012 with around 141 attendees. The peak period during 2012 coincided with the Malta Medical School Conference organised in December 2012.

Health Ethics Committee

The Health Ethics Committee received the following applications:

- Six Substantial Amendments
- One Non substantial amendment
- Ten applications other than clinical trials

The committee held eight meetings during the year 2012, received and sent approximately 300 emails on the HEC and the Secretary's support email account. This total does not include other emails received by the other members on the committee.

Freedom of Information

The Freedom of Information Act of 2008 (Chapter 496) came into force on 1 September, 2012 by means of Legal Notice 156 of 2012. In that context, apart from the existing Public Authorities Data Sheet, which had to be updated, and further update of already prepared documents, the contents pertaining to Article 17 of the act in caption were amended and uploaded on the MHEC website. In fact, the uploaded data included a general description of the functions, structure, responsibilities of this Department and to whom requests are addressed by members of the public requesting access to documents held by this Directorate, in respect of information and statistical reports pertaining to:

- hospital activities
- injuries
- birth defects
- births
- cancer
- deaths
- transplants

It is however to be pointed out that only Standard Operations Procedures were published as forming part of the manuals and similar types of documents which contain policies, principles or rules or guidelines in accordance with which decisions or recommendations are made in respect of members of the public, since DHIR policy for data requests does not fall under the FOI Act.

Although for the period under review, this Department was not in receipt of any FOI requests, a considerable number of telephone queries were answered. These queries pertained to the documents held here that can be accessed by members of the public and others.

Reports published by DHIR

- National Obstetric Information System (NOIS) Annual Report - 2011.
- Trends in Obstetrics Malta 2001-2010
- The pilot Health Examination Survey 2010
- Annual Mortality Report – 2010
- Annual Gozo General Hospital Hospital Activity Analysis Report – 2010

Scientific Publications by DHIR Staff in 2012

- Kuulasmaa K, Tolonen H, Koponen P, Kilpeläinen K, Avdicová M, Broda G, Calleja N, Dias C.M, Gosswald A, Kubinova R, Mindell J, Mannisto S, Palmieri L, Tell G.s, Trichopoulou A, Verschuren M.(2012). An overview of the European health examination survey pilot joint action.
- Magri C. J, Calleja N, Buhagiar G, Fava S, Vassallo J. (2012). Factors associated with diabetic nephropathy in subjects with proliferative retinopathy. International urology and nephrology, 44(1), 197-206
- DeBono R, Vincenti K, Calleja N. (2012). Risk communication: climate change as a human-health threat, a survey of public perceptions in Malta. The European Journal of Public Health, 22(1),144-149
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Participation of DHIR staff in Conferences in 2012

Malta Medical School Conference

- Demographic data on suicides in Malta over the past 10 years.
- M.T. Camilleri Podesta, E. Felice, D. Gauci, L.Grixti, C.Bondin, S.Santucci, A.Distefano

- Sharp increase in incidence of acute myocardial infarction on introduction of troponin-I
- D.Cassar DeMarco, A.Distefano, T.Piscopo, M.Xuereb, R.G.Xuereb
- New Health Systems in Transition (HiT) report for Malta
- D. Farrugia, D.Gauci, D.Stoner, M.Dalmas, M.Vella, K.England, S.Distefano, N.Azzopardi Muscat
- The prevalence of unplanned pregnancy in Malta
- M.Gatt, M.Mallia
- Needs assessment for the elderly in Malta – demographic overview from phase 1 of the National Survey
- K.Glonti, D.Stoner,D.Gauci, D.Cauchi, N.Calleja
- Needs assessment for the elderly in Malta – assessing difficulties of performance in activities of daily living among elderly aged 75 years and older – results from the national survey
- K.Glonti, D.Stoner, D.Gauci, D. Cauchi, N.Calleja
- Costing non-communicable disease
- N.Calleja, D.Gauci, PH Garthwaite
- Defining practice in primary care
- M.Fedotova, N.Calleja
- Investing in the health of 41 – 60 year-olds. Reaping returns in the 60+ population
- A.Sammut, N.Calleja, D.Gauci,J.M.Cachia, M.Camilleri
- Childhood type 1 diabetes mellitus in Malta: an alarmingly high incidence
- N.Formosa, N.Calleja, J.Torpiano
- QUALICOPC, a multi-country study evaluating quality, costs and equity in primary care
- G.Bezzina, P.Sciortino, N.Calleja, W.L.A Schafer, W.G.W Boerma, P.P. Groenewegen
- A survey to assess smoking awareness and attitudes of staff at local hospital
- J.Azzopardi, S.Degiovanni,L.Farrugia, N.Calleja, C.Gauci, A.Buttigieg, S.Montefort
- Complication and failure rates in partial femoral paediatric extendable tumour prostheses
- J.Maempel, M.Coathup, S.Cannon, T.Briggs, N.Calleja, G.Blunn
- Aseptic loosening in extendable partial bone prostheses and the effect of the hydroxyapatite-coated collar
- J.Maempel, M.Coathup, S.Cannon, T.Briggs, N.Calleja, G.Blunn
- Dietary intolerance and GI symptoms in women with pelvic endometriosis – blame it on the fertilecrescent?
- Y.Muscat Baron, M.Dingli, R.Camilleri Agius, N.Calleja
- The number of cases and deaths of common cancer sites predicted for 2020 in Malta.
- A.Psaila, D.Agius, N.Calleja
- A cross-sectional study to determine the suitability of FRAX hip assessment thresholds currently used in the UK, for the FRAX model developed in Malta.
- E.Manduca, A.Vella, N.Calleja
- The relationship between implant extension and complications in partial femoral replacements in paediatric oncology
- J.Maempel, M.Coathup, S.Cannon, T.Briggs, N.Calleja, G.Blunn
- Blood lead levels in Maltese children and adults
- R. Debono, C.Baluci, D. Gauci, S.Attard Montalto, N. Calleja, M. Sammut, K. Vincenti
- Needs assessment for the elderly in Malta – assessing difficulties of performance in activities of daily living among elderly aged 75 years and older – results from the national survey
- K.Glonti, D.Stoner, D.Gauci, D. Cauchi, N.Calleja
- Intervertebral disc height in premenopausal women, treated and untreated postmenopausal women and postmenopausal women with osteoporotic vertebral fractures
- N.Felice, Y.Muscat Baron, M.P.Brincat, R.Galea, N.Calleja
- Bone health- starting early! A ‘’Healthy Bones’’ campaign in schools
- M. Sammut, M. Borg Buonotempo, R. Galea, N. Calleja, R. Debono
- Can fluctuating hearing loss be associated with Chiari malformation type I? A paediatric case report with literature review

- K.Muscat, M.Said, D.Soler, A.Fenech, A.Schembri, N.Calleja

European Public Health Conference 2012

- The impact of immigration on tuberculosis trends in Malta, 1995-2010. A Pace-Asciak, J Mamo, N Calleja
- Running big health surveys in small countries. N Calleja, P Garthwaite
- Public Attitude Towards Colorectal Cancer Screening. A Saliba, K England, N Calleja
- The European Health Interview Survey 2014 in a nutshell. N Calleja, PH Garthwaite
- Streamlining health inequalities to benefit policy making. D Stoner, N Calleja, MR Debono, J Vella, E Caruana
- Misclassification between EHES and EHIS: the BMI case. D Gauci, N Calleja.

Public Health Programme projects in which DHIR is involved

- JAMIE
- JA EHLEIS
- EUROPERISTAT

Meetings Abroad

- SPC-AGE-WG meeting - Brussels - 16 - 17 January
- WHO Meeting on Health System Performance Assessment for Health Governance, Bilthoven, Netherlands - 16 - 17 February 2012.
- EUROCHIP-3 Final Meeting – Ispra, Italy – 26 – 27 February 2012
- EUROCARE Plenary Meeting Ispra, Italy – 28 February 2012
- European Health Examination Survey final conference, Brussels - March 2012
- SPC-WG-AGE: WeDO project – Vienna - 23rd - 24thApril 2012
- Expert Group on Social Determinants & Health Inequalities, Luxembourg - June 2012
- Expert Group on Health Information, Luxembourg - June 2012
- European Partnership for Action against Cancer (EPAAC) – Rome – 19 – 20 July, 2012
- Working Group on Public Health Statistics, Luxembourg - September 2012
- International Association of Cancer Registries, Annual Meeting – Cork, Ireland – 17 – 19 September, 2012
- Concord Working Group Meeting – Cork, Ireland – 20 – 21 September, 2012
- IDB Training Seminar – Berlin – 20 -21 September 2012
- Social Protection Committee – Indicators Sub-Group, Brussels - October 2012
- Report of the EMCDDA DRD (Drug-related Death) Annual Expert Meeting, Lisbon – 12 -13 November 2012
- Report of the First Meeting of the Task Force on Satellite Lists for Causes of Death Statistics , Luxembourg – 29 -30 November 2012
- Report of the Experts Group on Health Information, Luxembourg – 11 December 2012
- Fifth EHES JA Coordinators Meeting, Luxembourg - December 2012

Training

Throughout 2012, DHIR staff benefitted from the ESF project, offering various courses to public officers, which were co-financed by the ESF. This project offered training spanning across 2012 and 2013. DHIR staff obtained professional and academic development through attending various ESF projects, namely Project Management in Controlled Enviornments (PRINCE2), Electronic management system and various data and statistical analysis courses, the latter set of courses being equivalent to a MQF level 6 qualification.

DHIR staff participated in other training courses to improve their knowledge and understanding of the Quality management system (QMS) so as to improve the overall quality of the work carried out at DHIR. These courses include mainly:

- Quality Management Systems: The development and Implementation of a System Complying with ISO 9001:2008 Requirements
- Communications workshop

Training pertaining to the Quality Management System also focused on retraining of the revised Standard Operating Procedures (SOPs) relevant to DHIR and the eight general SOPs. Moreover, the newly appointed internal auditors, were given training on this new role.

Quality Management System

During 2012, particular focus was on revising the SOPs pertaining to DHIR as well as the eight general SOPs. Training on the revised eight general SOPs was initially given to quality focal points, administrators and internal auditors. Quality focal points were then assigned the task of training their Directorates. Up to the beginning of June 2012, all DHIR staff were retrained on all SOPs and when new DHIR staff joined the workforce, it was ensured that they were given the necessary training on the SOPs.

During 2012, DHIR particulary focused on improving data collection regarding customer satisfaction, training of DHIR staff and data requests and PQ's replied to during 2012. Every month, DHIR staff list the details of our customers (those requesting data) in an excel sheet within the DHIR shared folder. These details are used to send out a customer satisfaction survey, via email using the Google forms platform, were they are kindly asked to fill it in. The customer satisfaction survey is emailed every three months. Moreover, every month DHIR staff are asked to fill in the number of requests and PQ's they replied to throughout that particular month. Also, every four months, an email is forwarded to all DHIR staff asking them to list the training attended throughout those four months. This enabled DHIR to ensure that quality in the work carried out by DHIR staff is improved and achieved. During May 2012, Quality focal points within the various Directorates, together with the Quality Coordinator, met to share ideas and procedures pertaining to improving quality within their Directorates.

In July 2012, DHIR underwent an internal audit, which focused on the upkeeping of the training files of all DHIR employees and the minutes of the management and staff meetings. Moreover, during this internal audit, it was ensured that the corrective action requests (CARs) of the previous internal audit were carried out. Moreover, in October 2012, the management review meeting was held together with other directorates within the Department of Health.

Out of Office Commitments

Officers within the DHIR were appointed on various boards, these included:

- Internal (MHEC) Board of Inquiry
- Internal (MHEC) Board of Confidential Review
- External Board of Inquiry
- Macro Target Team on Total Quality Management
- Sectoral Subcommittee on Growth and Competitiveness (MFEI)
- 4 Evaluation Boards
- Disciplinary Boards

Directorate Health Care Funding

The Directorate for Health Care Funding (DHCF) was officially established on 27 July 2012, with the appointment of the Director DHCF. The overall purpose of this Directorate is the:

- Implementation of policy on patients' rights and health care entitlement;
- Determination of scope of publicly funded health services;
- Development and monitoring of agreements with local and overseas health care providers for appropriate delivery of a comprehensive health service;
- Guarantee of access, quality and sustainability of health services through effective mechanisms of payment for health care providers.

The Directorate is responsible to ensure access to a comprehensive and innovative portfolio of evidence-based high quality healthcare services at both community and institutional level in keeping with established Ministry policies and strategies. Exploring innovative ways to get more value out of health care funding would ensure that publicly funded health care services contribute towards the achievement of a high level of health for the Maltese population.

Functional Sections of the Directorate

- Commissioning
- Entitlement
- Specialised Treatment Abroad
- EU Cross Border Integration of Healthcare and Social Rights

Strategy and Priorities during 2012

The main strategy of this newly set up Directorate during the last quarter of 2012 was to establish the foundations as a new Directorate and while taking stock of the already established sections namely EU Entitlement and Specialised Treatment Abroad units. An internal discussion was engaged into so as to plan a roadmap for the newly fledgling units namely, Commissioning and EU Cross Border Integration of Health Care, and Social Rights.

Ways forward to ensure synergy between the four distinctive sections that now belong to the same Directorate were sought and explorations in business processes re-engineering and the sharing of resources were discussed.

Internal discussions were initiated to agree upon and establish SOPs to ensure streamlining of processes and cut down on procedural bureaucracy that does not add value in the chain of events.

The planning of the physical migration of the Entitlement Unit from the semi basement of Palazzo Castellania to Merchant Street with a view to opening for service in the first quarter of 2013. This translocation reflects in a concrete manner the client centred approach of this newly established Directorate.

Key Activities of the Directorate's Units during 2012

Commissioning

By definition commissioning is the cycle of assessing the needs of person in an area, designing and then achieving appropriate outcomes.[6]

[6] *Modernising Commissioning: Increasing the role of charities, social enterprises, mutuals and cooperatives in public service delivery. UK Cabinet Office 2011*

This working definition of commissioning offers a wider perspective from the procurement process that predates the establishment of this new Directorate and is more service user centred.

During 2012, the Private Public Partnership initiative of outsourcing Cataract operations continued successfully. This was initiated as from August 2011 and till end of 2012, a total of 1,900 cataract operations were performed.

Cataract Operations Outsourcing	
No. of Interventions	**Comments**
2,086	Cataract operations performed by Private Sector from August 2011 till December2012

The contract to outsource these interventions follows rigorously the Public Procurement Regulations Legal Notice 296 of 2010. Subsequent to the granting of permission from the Director of Contracts, a public tender is issued and a process of negotiations are engaged with the best bidder to ensure value for money while maintaining the established standards and key performance indicators that are stipulated in the same contract. A specially designated Contract and Commissioning Monitoring Board chaired by the Permanent Secretary meets on a monthly basis to assess and audit in a rigorous attempt such contracts so as to ensure to get real value for money from these farming out initiatives. To maximise the patients' benefits the CCMB monitors and makes sure that there is an increase in the number of these same interventions, in this particular case being Cataract operations that are being carried out in-house at Mater Dei Hospital (MDH).

The table below illustrates precisely that as documented in the Medical Administrator's Office MDH Half yearly report for 2012 there was an increase of 290 cataract operations as compared with the previous year.

Arthroscopic Knee Repaid Operations Outsourcing	
No of interventions	**Comments**
171	Knee Arthroscopy operations performed by Private Sector from November 2012 till January 2013

Description category of operation. Source Surgical Operations Register MDH	First half: Jan – Jun 2012	First half: Jan – Jun 2011	Difference
Cataract Extraction (code no. 13.41)	1,445	1155	+ 290

It is not only these number of patients in the above illustrated tables that are benefiting from these initiatives directly but more significantly these initiatives illustrate the power to demonstrate that more value can be extruded out of health care funding by affecting the necessary changes in the care processes to ameliorate our health care deliverance.

It is with qualified encouragement to hail that the cataract outsourcing as a success initiative. The waiting lists are decreasing subsequent to:

- the Private Public Partnership (PPP) agreement as described above
- the galvanising power to demonstrate and to direct and focus attention so that cataract operations at MDH actually also increased
- introduction of transparent clinical ophthalmic guidelines for clinicians to put patients on the cataract waiting lists

This same model of success was used to outsource Knee Arthroscopy as day surgery cases.

M.R.I. KNEES OUTSOURCING	
No of Interventions	**Comments**
400	Knee MRIs from September 2012 till December 2012

The process of outsourcing of the arthroscopies of the knee as day surgery cases was built on the cataract model of farming out however, with a major refinement learnt from the recent cataract operations partnership experience. The arthroscopy of the knee was out sourced as a complete package to ensure the seamless transfer of responsibility of care of the patients from the Public to the Private sector.

The years long investment in the nurturing of good relationships with clear terms of engagement between the Public and Private health care sectors and undoubtedly the catalytic effects of inter operator competition resulted in favourable cost effective deals being agreed upon while at the same time ensuring contractually no compromise on quality standards and patient safety.

The opportunity was grasped in the months' long preparatory work towards this new PPP agreement of the arthroscopy knee to prepare and launch an Integrated Care Pathway applicable to both the Private and Public health care sectors. Again, a step forward to ensure a seamless pathway of care for our patients

MDH started calling patients one by one who are on the waiting lists for MRI knees to explain to them the procedure to have their special investigative image of their Knee (MRI – Magnetic Resonance Imaging) done in a private clinic to facilitate their investigative work up and thus to address their knee pathology.

The process is a transparent 'first in first call' procedure and who has been on the waiting list for longer, was called first to have his/her MRI done free of charge in a licensed private clinic.

The contract has been drawn to ensure patient safety and standards and furthermore quality of the service and timeliness. Key Performance Indicators are part of the agreement to ensure the same quality of care as if these same tests are being done at MDH.

To ensure efficiency, the appropriate steps are being taken to have reporting - an integral part of this outsourced investigative package – to be transferred seamlessly from the private sector IT system on to MDH IT systems.

400 MRIs have been contracted to the private sector during 2012.

Additionally, with the outsourcing of the MRI knees - within a few weeks the waiting lists for this specific MRI were totally eradicated. Furthermore, again the opportunity was taken with the launch of this MRI outsourcing to plan to build a robust IT platform to seamlessly transfer the digital diagnostic images with their reports not only between the various service providers both Public and Private locally but if the need arises across national borders at a global setting.

At the same time and with the same strategic intent of the MRI outsourcing, MHEC has also signed an agreement with private service providers to outsource knee arthroscopic repair interventions as day surgery cases.

After a wide consultation process with our orthopaedic experts in this area, a detailed contract has been drawn with the consensual agreement of all the stakeholders, again to ensure quality of care and patient safety.

As in the MRI contract, Key Performance Indicators have been drawn up to ensure that the same standards of care are maintained as if the patient is undergoing this intervention at MDH.

Furthermore, timeliness from the time of referral of the patient from MDH waiting list as to when the intervention would be done has been specified. Also, patients were called systematically using 'the first in first call' principle as in the MRI Knees.

Day surgery is becoming the normal in most surgical interventions to minimise the inconvenience to the daily patients' lives and this same model is also being in operation at MDH.

PET scanning during 2012 continued to be done exclusively by the private service provider through a contractual agreement. This sophisticated diagnostic imaging service will continue to be delivered by the private sector until March 2013 when the PET scanner at MDH will be operational and will take over this indispensible diagnostic modern imaging technique.

In an effort to decrease the overloading and long waiting times at MDH Admission and Emergency Department a new outsourcing agreement was reached in May 2012 with St James Hospitals to start offering over the weekends' emergency treatment from St James Capua in Sliema and St James Zabbar. This service is aimed at Category 3 patients who in the emergency triage classification do not merit very urgent attention in relation to those more deserving patients who would be more carefully catered for at MDH A&E Department.

This initiative proved to be very successful with an average of 400 patients attending every month and patients surveys carried out on a random sample of service users resulted in more than 85% satisfaction rates.

The above mentioned initiatives are exemplars and form part of the ever increasing private public partnership (PPP) alliances that MHEC has successfully nurtured with the private sector, NGOs, Church and Voluntary organisations over the last years.

Weekend Emergency Treatment of Category 3 Patients	
No of patients attending	**Comments**
3,101	Data as from May till December 2012 with an monthly average of 400 patients

Entitlement Unit

Entitlement Policy is based on two pillar E.U. doctrines. One pertains to the right for equal treatment that ensures that citizens have the same rights and obligations across EU territory (even when it comes to accessing healthcare and other social security benefits); whilst the other relates to the principle establishing the right of free movement of workers and citizens alike, as a form of common identity, an extended EU citizenship. The latter ensures that EU citizens are always insured and eligible for healthcare and other social security benefits when they are insured under the legislation of any one of the EEA/EFTA Member States.

During the course of 2012, the main impetus of the Office was to build on former and current endeavours meant to sustain and guarantee the afore-mentioned rights are available, fulfil E.U. reporting obligations, ameliorate service delivery, review and increase efficiency and long term sustainability of its operations and last but not least to educate and promote citizens, be these Maltese or citizens of EEA/EFTA intending to settle in Malta, as far as the extent and accessibility of these benefits are concerned, and nevertheless to assist them to fully exercise their right of access.

Other challenges emerge from the fact that modern EU regulations on the Co-ordination of Social Security Rights for Migrant Workers have only come into effect in May 2010. In this respect, and in view of newly emerging and amended decisions, and in line with directions of the CMO the Office has been upgrading its

operational framework to see to the eventual and smooth transition from former Regulations namely (EC) 1408/1971 and (EC) 574/1972, to the new regulations and provisions which have now come into effect, namely those pertaining to Regulations (EC) 883/2004 and (EC) 987/2009.

Guided by the above mentioned overarching principles, this Office has during 2012 carried out and/or participated in the following salient initiatives, namely:

- The Office has worked actively in connection with the elaboration of policy and interpretation of relevant regulatory provisions, proposed amendments and decisions at the EU/EEA/EFTA level; by working hand-in-hand and collaborating with other National Health Care providers and institutions, these being active within the E.U. Health Care Network of European Social Security Institutions (EESSI Public Directory). The latter caters for the dissemination of information and current opinion amongst the entire body of institutions prevailing within the 31 Member States.
- The Office continued to liaise and exercise its long-standing co-operation to establish fruitful collaboration with foreign National Focal Points (NFPs) and Paying Agencies, not only to strengthen the sharing of information and to ensure the necessary dialogue and reconciliations; but also help establish informal protocols to ensure common solid bilateral co-operation in respect of settlements and reimbursement of claims. This year alone, the total inflows (revenues) in respect of funds that were due to Malta, reached €619,379.29 (including interest). As at 31 Dec 2012, the Patients' Claims Section ended with a positive net balance of €2,942,666.57.
- The Office actively participated in the meetings and fora of DG Employment, Social Affairs and Equal Opportunities throughout the year under review, convened during 2012, under the aegis of the Administrative Commission, the Audit Board Meetings and the Communications Network , in turn providing, when so required notes, data, and returns to questionnaires and consultations covering several issues e.g. long-term care; and other information which are from time to time required either by the Administrative or the Technical Commission and by other bodies of experts such as trESS e.g. Project SSCALA[7] and H5NCP.[8]
- This Office has also continued to be an active contributor to the work being co-ordinated and carried by MISSOC- the EU's Mutual Information System on Social Protection.[9] MISSOC is in charge of updating a series of guides to national social security systems, more specifically designed to inform citizens moving within Europe and available in 24 languages. The guide entitled *'Your Social Security Rights in Malta"* was issued in 2012 and is now available online.[10]
- The Office finalised two important Claims Situation Reports, one covering the period May 2004 to December 2010 and which was submitted in April 2012; and the other covering the period January to 31 December 2011and which was submitted in July 2012. This in order to satisfy the reporting obligations required by relevant provisions of Regulations (EC) 883/2004 and (EC) 987/2009, which reporting has to be submitted within the prescribed time limits.
- The Office liaises with DG-FMCU (Financial Monitoring and Control Unit) in their exercise for the compilation, validation and presentation of the Malta's Average Cost Papers. The Average Cost Paper for 2008 has now been approved by the Audit Board, whilst the finalised 2009 and 2010 Average Cost Papers are still being scrutinised by the Audit Board Secretariat. The Office also liaises with DG-FMCU in respect of reimbursements, revenues and financial update reports are sent to FMCU on a monthly and quarterly basis to support major reports required by MFEI.
- Following the publication this year, in the Official Journal of the European Union of the Average Cost for Malta for 2007, the Office issued all the claims for that particular year and had recouped more than 92% of the amount due by 31 December 2012. Malta will start issuing bills to other Member States in respect of EU pensioners resident in Malta for the dues in respect of the years 2009 and 2010 respectively on the basis of the rate proposed in the other two papers prepared and presented by DG-FMCU. Once these are approved they will be published in the Official Journal of the European Union.

[7] Source: http://www.sscala.eu/nl/sscala.html
[8] Source : http://www.socialsecurity.fgov.be/docs/fr/publicaties/conferences/151012/H5NCP.pdf
[9] Source: http://www.missoc.org/
[10] *Source: http://ec.europa.eu/social/main.jsp?langId=en&catId=815*

- The Office continues to monitor emerging case-law and judicial decisions of the European Court of Justice since these will invariably influence the interpretation of the provisions of the pertinent regulations, especially vis-à-vis the Implementing Regulation (EC) 987/2009. Major emerging case-law this year covered mainly social security issues*, C-225/10 Perez Garcia, C-257/10 Bergstrom (2011), C-347/10 Salemink (2011), C-106/11 Bakker (2012), Joined C-611/10 & C-612/10 Hudzinski and Wawrzyniak (2012), C-62/11 Feyerbacher (2012), C-522/10 Reichel-Albert (2012), C137/11 Partena (2012)* etc. with the decision of the *Bakke*r case (on right to affiliation to insurance scheme –vessels flying a flag) being of most importance to Malta.
- Better operating practices, and the SOPs introduced last year as part of the Quality Management System (QMS), led to tangible and measurable efficiency in service delivery, both in quantitative and qualitative terms, in turn leading to potential cost savings. The number of clients actively served reached circa 65,388 in 2012. These comprising the issue of no less than 60,934 European Health Insurance Certificates (EHICs); circa 4,397 Certificates of Entitlement (CoEs) (of which 427 were new registrations) and 57 S1 Forms. It is estimated that now there are well over 155,000 EHICs (or circa 37% of the resident population) and 4,397 CoEs in circulation in Malta. It is envisaged that promotional activities would increase these figure considerably. Moreover, the current staff complement employed for such purpose is limited to five employees.
- A study has been formally commissioned by the DOH to undertake an operations review and gap analysis of the Entitlement Unit's operations in preparation to forthcoming obligations in 2013. A report was finalised and a call for tender for the installation of the necessary technological (software) to support the envisaged expansion in logistical and IT infrastructure is forthcoming.
- Modernised provisions of coordination regulations (EC) 883/2004 and (EC) 987/2009 as well as ad hoc horizontal decisions, require that data to be exchanged electronically between institutions by 1 May 2014. Structured Electronic Documents (SED) once used by the Office will make communication of data between institutions easier and more efficient. Familiarisation of staff with these SEDs has been one of the main remits for 2012 but training courses would eventually be organised. An EESSI Manager has been appointed with the Directorate, whilst the Unit's back office is being reinforced to ensure active co-ordination with other sections within the Healthcare Funding Directorate i.e. the Treatment Abroad Unit, and to ensure synergy and consolidation of resources especially given the entry into force in October 2013 of the Patients' Rights Cross-Border Directive 2011/24/EU.
- Together with other experts and team members from the Healthcare Funding and other Directorates the Office provided opinions, advice and recommendations through notes, memos and reports as well as by actively participating or by making representations in *ad hoc* management meetings when so requested by CMO. A dvice and information varied from policy revisions to logistical setups needed to rectify or pre-empt current or envisaged problems. One such policy decision led to CoEs being issued with a validity period of three years instead of one year to save on time and resources and reallocate them to consolidate the Office. It is estimated that more than 4,390 CoEs need to be renewed each year.
- Advice and information were also provided on several policy reviews carried out by other entities within Government as for example, the Malta Foreign Affairs (MFA) and the Department for Social Security (International Affairs Office). These included contribution to information documents prepared by the Citizenship & Expatriate Directorate (Ministry of Foreign Affairs-MFA) in preparation for the entry into effect of the new identification scheme being launched in January 2013. Other advice and information was provided through an *ad hoc* liaison with the Financial Administration Directorate of the MFA in respect of claims submitted by diplomatic staff and other citizens benefitting from the Malta-Australia Bilateral Agreement.
- Active and passive support was also given to Billing Sections within hospitals with regards to billing issues as well as entitlement verification and billing procedures, even through *ad hoc* outreaches, especially in Gozo, where data capture still needs to be strengthened. Service was also extended to various health centres and there is also active collaboration (liaison) between the Unit and other Directorates such as the Free Medicines Entitlement Directorate and the Primary Healthcare Directorate to ensure that in 2013, the capture rate is increased in respect of bills for services provided. This was in response to the inevitable change in the reimbursement system from

lump sum to actual cost methodology for foreign posted workers, pensioners and their dependents living in Malta following a policy decision to take Malta out of Annex 3 of Regulation (EC) 987/2009 in 2011 and to ensure higher capture rate in terms of E125 billing.

- Assistance was afforded by the Unit to special cases including support and counselling to Maltese citizens and families intending to emigrate to other EEA/EFTA territory, either to study or to emigrate, work or retire as well as to foreigners who wish to reside permanently in Malta. It is one of the main aims of the DOH to create a one stop shop counselling service and efforts have been broadly afforded in this respect by the Entitlement Unit Team. The number of such requests for assistance (including for generalities) by phone or email are tallied and the quantity of such requests are being registered as per standing SOPs.
- The Office was responsible for the coordination of special cases relating to third country nationals, foreign students from TCNs studying in Malta, refugees, stateless persons and illegal immigrants whose healthcare fees were waived on humanitarian grounds.
- Media opportunities to inform the public about entitlement to healthcare under the EU Regulations on the Coordination of Social Security were secured. An official from the Department took part in one televised programme with a high viewer capture rate. Some work on MHEC's website[11] and on MHEC's Facebook™ was carried out, together with the active support of the MHEC-IMO and the CMO Secretariat. Studies also started to see how the site can become even more user friendly, with rights for Maltese citizens when visiting other EEA/EFTA countries being displayed both in English as well as in Maltese by using simple and easy-to-use flag buttons. Other work entailed studies as to how to make available several options that would make it possible for iPhone and other users to download and renew their EHICs, CoE and other useful information from online sources.

Visits Abroad

The Entitlement Policy Unit actively participated in EU workshops and meetings abroad to ensure that Malta was appropriately represented at all meetings where important decisions in relation to the coordination of social security benefits including healthcare are taken. Overseas meetings attended in 2012 included.

Name of Meeting	Number of Meetings
Administrative Commission on Social Security for Migrant Workers (namely the 330th , 331 th and 333rd Meetings in March, June & Dec 2012)	3
Audit Board (namely the 118th and 119th Meetings in May & November 2012)	2
Administrative Commission Seminar (namely a Communications Strategy Seminar June 2012)	1

Reports were drawn up from these meetings and recommendations submitted to CMO, as well as to the respective entity representing Social Security in Malta; so that any follow-up actions that need to be taken are eventually implemented. Representations at these meetings are generally made by Social Security and Department of Health representatives, since Health Care is by its nature a specialised subject.

E.U. Health Care Entitlement Unit

The EU Healthcare Entitlement Unit was set up in 2005 to implement the 1971/72 European Union regulations on the coordination of healthcare benefits between Member States. The Unit also serves as the contact point for foreigners seeking information on entitlement to healthcare in Malta. Besides the back office work carried out in relation to the issuing and processing of entitlement documentation, the Unit deals with a considerable amount of public queries via telephone, email and post as well as offering a

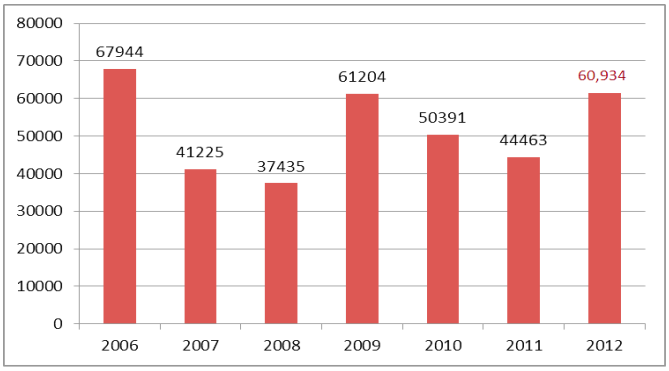
[11] Source: www.ehealth.gov.mt

personalised face-to-face customer care service three times a week (Mondays , Wednesdays and Fridays respectively).

European Health Insurance Card

Between January and December 2012, the section processed 60,934 applications for the European Health Insurance Certificates (EHICs).

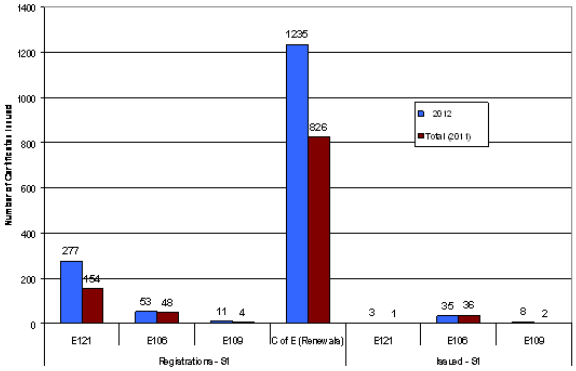
Number of EHICs Issued in 2012



EHIC application forms are available online and are part of the egovernment service. Support is provided for filling in the forms by the Unit's employees. Studies are now underway in order to ensure that EHICs are more personalised to ensure that the programme on Fraud and Error of the Administrative Commission is in force, by the possible introduction in the near future of technological devices or other fool-proof identifiers. No Member State can claim any service cost for the providing or processing of EHICs. Studies are underway to see how these processing and other related costs can be minimised.

Other Portable Entitlement Documents

Besides the issue and registration of European Health Insurance Cards, the Unit dealt with other matters related to the implementation of EU regulations. This work includes the registering and processing of the other Portable Entitlement Documents.



The number of EU pensioners, workers and their dependants registered with the Entitlement Unit at the end of 2012 was 4,397 of which circa 3,558 are UK Citizens who benefit from the UK-Malta Reciprocal Health Agreement (i.e. costs for healthcare services for UK are automatically waived). The number of newly registered entries for 2012 are denoted as inbound in the table below. Projects are envisaged in 2013 to ensure tracking of these documents.

Nationality	E121 issued to foreign Pensioners	E106 issued to foreign Posted-Workers	E109 issued to Dependents
AUT	0	0	0
BEL	6	3	0
BUL	1	0	0
CYP	0	0	0
CZE	0	0	0
DAN	5	1	1
FIN	1	0	0
FRA	3	0	0
DEU	7	0	1
Nationality	**E121 issued to foreign Pensioners**	**E106 issued to foreign Posted-Workers**	**E109 issued to Dependents**
ITA	5	7	0
LTV	0	0	2
LUX	0	1	0
NED	11	3	4
NOR	1	0	0
ESP	2	4	0
SUE	17	0	0
SWI	2	0	0
U K	214	34	3

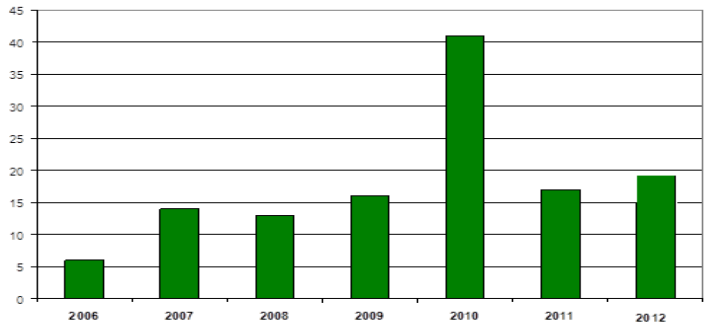
At the end of 2012, the total number of Maltese pensioners, workers and dependants who resided in another EFTA/EEA member State and for whom Malta is their Competent Healthcare State in terms of EU Social Security legislation reached 445, of which 115 are Maltese citizens who emigrated to UK and are benefitting also from the UK-Malta Reciprocal Health Agreement (RHA). The number of newly registered persons who in 2012 have requested an S1 certificates in order to migrate to another EEA/EFTA country is outlined in the table below.

Country	S1 issued to Maltese Pensioners	S1 issued to Maltese Workers
AUT	2	8
BEL	2	14
CZE	0	4
CYP	1	27
FIN	1	0
FRA	4	13
DEU	4	59
HEL	3	16
IRE	0	21
ITA	7	23
LUX	1	52
LTV	0	1
NED	0	2
POL	0	2
ROM	1	3
SVK	0	4
SWI	0	8
ESP	2	7
SUE	0	2
UK	4	115

These indicators are reported because they are of economic and demographic significance and because these assist in healthcare policy decision-making and policy re-formulation.

E-Forms	New Outbound (Issued in 2012)	New Inbound (Registered/Processed in 2012)
E121[12]	3	347
E109[13]	8	2
E106[14]	46	78

Also during 2012, the EU Healthcare Entitlement Unit evaluated 203 requests for reimbursement of expenses from other EU countries related to emergency medical treatment received in Malta. A total of seven E126 forms were sent by the Unit to other Member States, out of which four were approved for re-imbursement by the Maltese Health Authorities and three are still awaiting a reply from the concerned member states. It is therefore important to distinguish that issue of certification and reimbursements is not an automatic repetitive process but that it entails a series of decision making steps, which make the continuous revision and amelioration of operations and relevant Standard Operating Procedures (SOPs) even more essential. Besides the Unit is responsible for intervening and for issuing Provisional Replacement Certificates (PRCs), when locally insured persons fail to provide a valid EHIC, when they are visiting EEA/EFTA countries for short stays or as tourists.



Reciprocal Health Agreement Registration Scheme

Following the launch of a new registration scheme for UK nationals residing in Malta who wish to get healthcare cover through the Reciprocal Health Agreement between Malta and the United Kingdom in 2009, the Entitlement Unit was responsible to register interested UK nationals residing in Malta and issued them with an ad hoc entitlement card. The aim of this scheme is to clarify the entitlement and to be able to better account for healthcare expenses incurred in the treatment of British citizens residing in Malta who are not covered by EU regulations on coordination of social security benefits. During 2012, the Entitlement Unit registered a total of 277 persons out of which 136 were entitled for a Provisional RHA Certificate and 141 were entitled for RHA Card. Studies are underway to ensure that these cards are more personalized since these are non-transferable and to gather information about annual costs incurred to sustain free inpatient and outpatient services to a community of circa 3,500 UK citizens.

[12] Certificate of entitlement to sickness, maternity, and equivalent paternity benefits in kind (i.e. health care, medical treatment etc.) for pensioners and members of their families residing with them in a country other than the competent member state
[13] Certificate of entitlement to sickness, maternity, and equivalent paternity benefits in kind (i.e. health care, medical treatment etc.) for workers and members of their families residing with them in a country other than the competent member state.
[14] Certificate of entitlement to sickness, maternity, and equivalent paternity benefits in kind (i.e. health care, medical treatment etc.) for members of the family of a worker residing in a different member state from the worker.

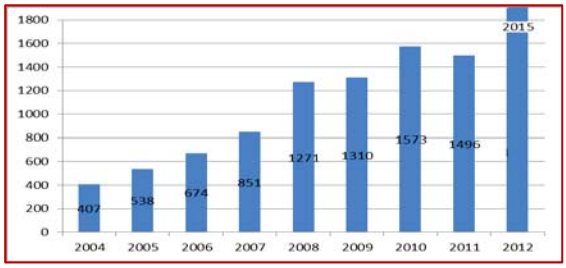
There is also a long-standing bilateral Reciprocal Health Agreement between Malta and Australia. Persons coming for short stays to Malta are entitled to access free healthcare for the first six months. Since Australians are from the EU perspective considered to be Third Country Nationals, they cannot be provided with an EHIC unless these have Maltese (dual) citizenship. In such cases, they have to present their passport and flight ticket at any healthcare service delivery point. Conversely if Maltese citizens travel to Australia, they can access limited free healthcare during the first six months of their stay. During 2012, the Unit has been exploring the possibility of standardizing the procedure to monitor and record all transactions including if need be the introduction of an ad hoc RHA card for such purpose, in turn making it easier to healthcare service points and to facilitate service delivery. In 2012, a snapshot survey of patients calling at Emergency Wards was conducted by the Billing Section at Mater Dei Hospital, in order that the diversity of TCNs accessing healthcare service in Malta is identified.

Patient Claims Section

The Patient's Claims Desk within the Entitlement Unit was originally set up in 2004 with the aim of implementing the financial provision of the former 1971/72 EU Regulations on the Coordination of Social Security Systems.

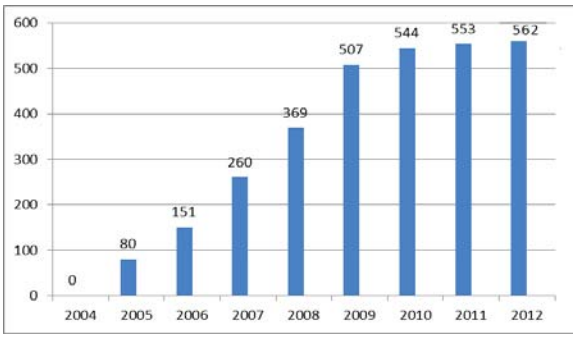
There are two main sources of revenue related to this desk; lump sum payments (E127[15]) and actual cost payments (E125). Actual costs include both emergency treatment covered by the European Health Insurance Card and scheduled treatment provided under the E106 to European workers paying NI contributions in another EU member state but posted in Malta. Lump sums include pensioners and their dependents residing in Malta but receiving their pension from another EU member state and also dependents of workers where the main insured persons reside and pay NI contributions in Malta whilst their dependents reside in another EU member state. As from 1 January 2013, lump-sum methodology will no longer apply and all claims will be considered on the basis of the actual cost of the service provided. During 2012, studies have been carried out to ensure that the new system is set up, possibly through process re-engineering. The Patient Claims Section within the same Unit is responsible for the book-keeping the national accounts. The current staff complement comprises merely two clerks. This Section issues bills to other Member States in respect of treatment given to EEA/EFTA nationals who make use of the EHIC card in Maltese public healthcare entities and is the main source of revenue to the Department of Health. The Section also vets and issue payment against claims sent to the Section by other Member States in respect of treatment given to Maltese citizens or persons using an EHIC issued by Malta whilst on short stays abroad. Claims for reimbursement are sent from other Member States in batches which are first translated (these being submitted in the language of the competent State) and appropriately validated. Claims for reimbursement for healthcare services accessed by EEA/EFTA citizens whilst on holiday or short stays in Malta are drawn up from bills sent by the Billing Sections of our local hospitals and therefore liaison and outreaches are continuous activities. Each country has a claims form formatted in its own language and it is often difficult to decipher claims, notes, correspondence and medical reports submitted by circa 30 other countries.

Number of E125 applications processed and issued to other MSs in 2012



[15] E127 and E125 are the forms used by Member States to issue claims.

Number of E125 applications processed and received from other MSs in 2012



Following a recently commissioned ad hoc agreement between the Ministry and the private sector (private hospitals), bills sent by the latter entities to Director (Healthcare Funding) from April 2012 were vetted, validated, enumerated, filed and sent for payment after the necessary approval and endorsement by CMO.

Other work by this section includes the on-going validation, monitoring keeping of accounts (debit, credit and balance). Malta holds with all the other 30 Member States and the creditors' and debtors' databases with balances as much as possible in real time. Entries of revenue from other Member States into an ad hoc Central Bank Account are monitored as well. Proposals in 2012 for creating an ad hoc Healthcare Fund are still being considered and there had been liaison with the MFEI in this respect. An application software (EHCMS) had been procured in 2011 and is currently in use. But this will eventually become redundant as new and more stringent and demanding provisions of the EU Regulations come into effect in 2013, including the Cross-Border Patients' Rights Directive. The team at this section has been migrating data in Excel Worksheets in csv format to ensure smooth interfacing when the new application software will be installed.

Financials

The total original E125 claims issued since Malta joined the European Union, i.e. from May 2004 to December 2012 now stands at €3, 710,425.15 (a 23% increase over last year's balance). This is the amount that Malta claimed so far from other EEA/EFTA States in respect of their citizens who had made use of our healthcare services since 2004. Following an intensive reinforcement and recovery exercise undertaken during 2012 (e.g. re-issue and revalidation of bills), the actual amount that Malta remains to be reimbursed has now been decreased to Euro 1,233,110.07 (or 33%) of the claims issued to date, which in itself justifies why this section needs to be strengthened further.

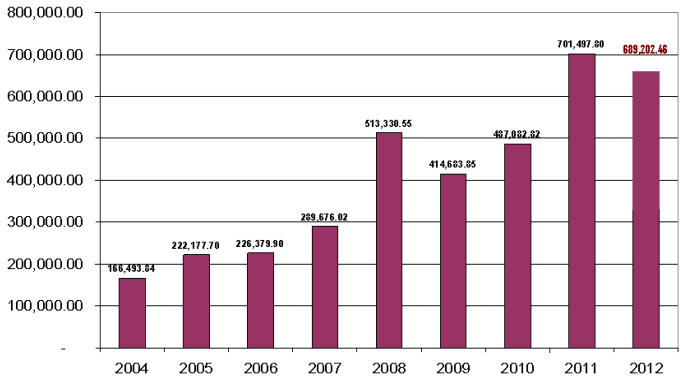
The total number of E125 claims issued in 2012 by the Patients Claims Section was 2105 and in financial terms, these amount to the total envisaged revenue of €689,202.46 (or 1% less than in the previous year). The Patient Claims Sections has already submitted the claims to the other EEA/EFTA Member States in order to recoup the latter. It needs to be ascertained that the efficiency capture rate at the healthcare service delivery points is augmented.

In respect of the total E125 claims received by Malta from other Member States up to December 2012 amounted to €180,233.03, out of which the Patient Claims Section has already paid €110,226 (or 61 % of the total amount due by Malta in 2012).

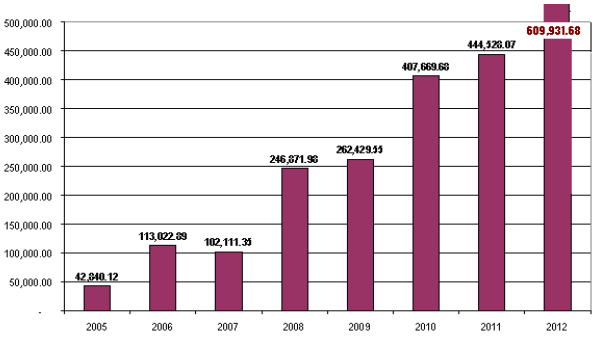
The Patients Claims Section has also calculated the number of months (and their economic value) in respect of E127 claims but based on the last official average costs (i.e. 2007). In 2012, the Section has calculated that in terms of E121s and E109s, Malta has to recoup from other Member States a total of 5824 months (or €609,931.68 in terms of value at 2007 average costs rate value). Therefore,

the total actual envisaged revenue to Malta (in terms of E125s and E127 claims) up to 31 December 2012 has reached a record all-time high of €3,564,646.56.

Total Value of E125s claims issued to other MSs and owed to Malta in 2012



Total Value of E127s claims received from other MSs and owed by Malta in 2012



With respect to the E127 claims sent and received by Malta, the position has ameliorated in 2012 for two main reasons. The revalidation and re-assessment exercise of past claims in this respect provided the opportunity to revisit the amounts (in claims) that were/are still owed to Malta by Member States and this opened the opportunity for reconciliation with EEA/EFTA paying agencies and vice versa. Secondly, since former and current endeavours to finalise the average cost papers for Malta and the eventual approval by the Audit Board of the 2007 and 2008 rates, the revaluation of pending claims (yet to be issued) increased in value, even if so far only the 2007 average costs can be officially used. Once the 2008, 2009 and 2010 average costs are officially accepted by the Audit Board and the Administrative Commission and eventually published in the Official Journal of the European Union, then it is expected that the forecasted revenue as at 31December 2012 would substantially increase.

In any case, the overall amount owed by Malta has decreased, denoting that yearly revalidation exercises are worth undertaking and are an important element of the comprehensive quality assurance programme that has been introduced at the Office in 2012. As at 31 Dec 2012, the Patients' Claims Section ended with a positive net balance of €2,942,666.57.

ACTUAL Amounts owed to Malta by EU MSs						
As at 31 December 2011				**As at 31 December 2012**		
Details	**Year**	€		**Year**	€	**Variation**
E125 & E127	2004	-		2004	-	
E125 & E127	2005	19,331.83		2005	5,809.45	30.1%
E125 & E127	2006	54,607.82		2006	16,180.98	29.6%

E125 & E127	2007	266,705.67		2007	95,880.09	35.9%
E125 & E127	2008	307,733.94		2008	324,697.80	105.5%
E125 & E127	2009	406,955.06		2009	407,269.50	100.1%
E125 & E127	2010	637,643.44		2010	547,917.70	85.9%
E125 & E127	2011	791,654.36		2011	603,922.70	76.3%
Sub Total		**2,484,632.12**			**2,001,678.22**	80.6%
E125 & E127	2012	-		2012	1,562,968.34	
Total Credit					**3,564,646.56**[#]	

 # Note that this figure is less than the afore-stated Euro 3, 710,425.15 since the latter includes rejections, cancellations and payments received during the years

ACTUALowed by Malta to other MS's						
As at 31 December 2011				**As at 31 December 2012**		
Details	**Year**	€		**Year**	€	**Variation**
E125 & E127	2004	-		2004	-	
E125 & E127	2005	-		2005	-	
E125 & E127	2006	-		2006	-	
E125 & E127	2007	167.47		2007	555.03	331.4%
E125 & E127	2008	-		2008	-	
E125 & E127	2009	1,178.89		2009	1,391.33	118.0%
E125 & E127	2010	182,814.12		2010	182,789.56	100.0%
E125 & E127	2011	248,661.90		2011	257,011.04	103.4%
Sub Total		**432,822.38**			**441,746.96**	102.1%
E125 & E127	2012	-		2012	180,233.03	
Total Debit					**621,979.99**	

Specialised Treatment Abroad

The Treatment Abroad Coordination Office has been operating in its current format for the past four years. The purpose of this office is to oversee the National Highly Specialised Overseas Referrals Programme as well as the coordination and logistical arrangements in relation to clinics carried out by Overseas Visiting Consultants at Mater Dei Hospital. The Office is also involved in the repatriation of foreign patients and the setting up of new services at Mater Dei Hospital through Overseas Consultants' visits.

Overall, the past year has been a very productive one for both Visiting Consultants Section and Treatment Abroad Section and positive changes in the cultures of both units have been noticed despite a number of challenges which made their management more difficult.

It is with pleasure to report that the Treatment Abroad Team was awarded 2nd Place in the Employee of the Year Awards.

Strategy

The main strategy that both units have focused on was to reduce costs as much as possible and to improve service provision. The office has worked towards introducing new services at MDH in order to further decrease the number of patients.

Furthermore, the problems and issues identified by the audit exercise have been addressed and corrected as much as possible. The audit which was carried out on 4 different SOPs and the conformities highlighted were agreed to and generally concern missing information or parts of the processes that are missing from the SOPS, the need for more definitions, more hyperlinks and references in the SOPs. All non-conformities were tackled.

Priorities

Over the years, the office has sought to improve practices, policies and procedures, but unfortunately the lack to human resources has been a major stumbling block. Over the past months, the work has increased drastically. This can be noted in the number of patients sent abroad. The numbers of patients sent abroad in the past 12 months have increased drastically when compared to last year. The number of visits by Overseas Consultants has also increased over the previous year.

Unfortunately the new member of staff that joined this NHSRP Section last year has left the section due to incompatibility of characters. She has now been replaced with a new staff member. Unfortunately due to huge work load, the other team members are struggling to find time to teach her all the processes.

Questionnaire to gauge the quality of service offered by the Treatment Abroad Section and services offered in UK has been launched. Patients are being given a questionnaire to provide feedback. All questionnaires received gave very positive feedback on all service providers.

The Treatment Abroad Coordination Office has been regularly supporting the Treatment Abroad Committee to ensure that cases referred to its attention are supplemented by adequate information to allow informed decision making. Besides preparing for the meeting, the section is also responsible to issue minutes and to take any necessary follow up action. The Committee met 8 times.

Key Activities

During the past 12 months, the Treatment Abroad Coordination Office within the Chief Medical Officer's office worked on a number of different initiatives. These include:

- An increase in the number of visiting consultants as well as the number of visits by existing overseas consultants to reduce the number of patients that require specialised treatment abroad
- Coordination of a total of 75 visits by overseas visiting consultants and other medical teams
- Coordination of the transfers to the UK of a critically ill patient via an Air Ambulance
- Coordination of the repatriation of a critically ill British Citizen
- Assistance to families to repatriate relatives who were abroad on holiday and fell ill
- The Unit worked with the Police Armed Forces to repatriate a number of failed asylum seekers
- Facilitated the visits of three new overseas consultants who carried out Clinics and Surgery at Mater Dei. New areas covered by visiting consultants at MDH include Neurosurgery, Paediatric Urology and Paediatric Nephrology
- Facilitated the visits by Physiotherapists, Dental Technologists and Nurses to visit MDH to assist during clinics and surgery. These visits also served as training for the local teams
- Facilitated the introduction of new Neurosurgery and Paediatric Urology surgery at Mater Dei Hospital – Transphenoidal Surgery and Surgery for complex Epispadias and other complex Paediatric Urology abnormalities
- The Office is proud to report that no complaints were received in relation to services being rendered by both sections (NHSRP Office and VC Office)
- Participated in one Radio Programmes to promote the work of the Treatment Abroad Unit; and inform the General Public about the UK – Malta Bilateral Health Agreement
- The Office worked close with ISMETT to transfer a critically ill patient to Palermo to undergo a Lung Transplant
- The Office worked closely with ISMETT, AFM and MDH to draft a flow chart to be followed when a Maltese patient needs to be transferred urgently to Palermo for a Lung Transplant
- Coordinated visits of Maltese Consultants in Hospitals overseas to carry out work in specialised areas in order to broaden their expertise
- The Office set up a system with the RMH, Sutton, whereby Maltese Thyroid Cancer patients are now being referred to receive Radio iodine. This was required after the room at SPBH was closed for works to increase the facilities, in order to service more patients

- The Office concluded discussions and negotiations with the Franciscan Friars. The Agreement between the Health Department and the Friars based in London has been renewed for a period of three years
- The Office concluded discussions and negotiations with Air Malta to renew the Agreement;
- The Office started the negotiation process with the Franciscan Nuns of the Heart of Jesus, and PUTTINU Cares to renew the agreements for a further three years
- The Office concluded the Negotiations with GOSH with regards to an outreach clinic in Paediatric Nephrology and commenced negotiations with regards to an outreach clinic in Paediatric Neurology
- The Office has dedicated endless hours dealing with a number of complicated Customer Care cases
- Carried out discussions with MDH Management and Nursing Director at the RNOH, Stanmore to set up training for Spinal Nurses. Interviews for interested nurses carried out in December. Training never took place due to changes in Orthopaedics Wards at MDH resulting in selected nurses no longer placed in the Ward where the Scoliosis Sessions are being held.

Number of patients and episodes – UK

Year	Country	Number of Patients	Number of Episodes
2012	UK	389	581
2012	Italy	25	26

One patient was sent to Vienna as his surgery was sponsored by the manufacturer of the implant.

Number of Medical Aides processed

Year	Dentures	Hearing Aids	Spectacles
2012	1,165	360	2,219

Number of Visits by Overseas Consultants and Medical Teams

Year	Number of visits by Overseas Consultants
2012	75

The Treatment Abroad Coordination Office participated in EU workshops and meetings abroad to ensure to ensure that Malta was appropriately represented at all meetings where important decisions are taken. Additionally the yearly meetings in Hospitals and entities in UK were also held. Overseas meetings attended included:

Name of Meeting	Number of Visits	Number of Meetings
Committee on Cross-border Healthcare	2	2
Workshop on Cross-border Health care		2
HoNCAB kick-off Meeting Luxembourg	1	1
Meetings in hospitals and centres in UK	1	6

Reports are drawn up from these meetings and any follow-up actions that need to be taken are implemented.

Performance against Objectives 2011 – 2012

Although there was a recorded increase in patients and also in visits by overseas consultants, the Budget was more or less controlled and expenses were within the limit due to stringent checks and controls. However, the unit had to cover a number of expenses that did not fall within its remit. This was done to ensure patients received a timely and proper service.

Despite the drastic increase in patients travelling abroad and the increased visits by visiting consultants, the team members managed the work well given that the feedback received from patients and their relatives was very positive. Positive feedback was also received from visiting consultants. The team members have tackled each task irrelevant to its complexity in a very effective and efficient manner.

Overall the performance during 2012 has met the objectives set regardless of the difficulties met every day because of shortage of staff and budget limitations.

Management of Assets – Human Resources and Operations

In order to better serve the patients it is imperative that the complement within the Treatment Abroad Team is increased by one additional clerk since at present there is only one employee dealing with Uk patient matters. This way some work can be shifted from the Maltese High Commission to Malta.

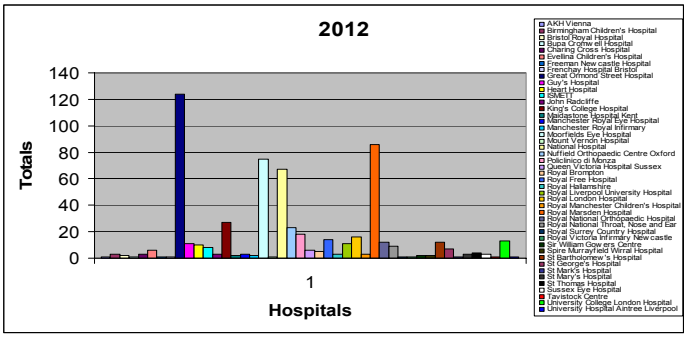
Additionally the Franciscan Friars based in London are also facing difficulties as they are not managing to deal with all the patients' requests. It is suggest that this compliment is also increased by another employee.

Management of Assets – Financial Resources and Operations

Since, as in previous years the budget allocation was much less than what was requested, funds could not meet the expenses pertaining to patients. This was seen with the constant increase in the number of patients.

Analysis

Following is a graphic representation of the distribution of patients in the different NHS hospitals:



Following is a tabular representation of the number of patients travelling abroad for treatment between 2008 and 2012.

Year	2008	2009	2010	2011	2012
No of Patients travelled abroad for treatment	279	296	306	316	415

It is worth noting that the drastic increase in the numbers of patients in 2012 was due to the fact that in 2012 patients benefitted from new service provision in Italy mainly in the area of Lung Transplant and Cardiac MRI. Furthermore, the number also includes patients who travelled to UK to receive Radio Iodine treatment during the refurbishment period of the facilities at Sir Paul Boffa Hospital.

EU Cross Border Integration of Healthcare and Social Rights

EESSI Initiative 2012

The Electronic Exchange of Social Security Information (EESSI) is a European coordinated IT system aimed at helping social security bodies across the EU exchange information more rapidly and securely – as required by EU regulations on social security coordination._In Malta, the EESSI initiative started off with the assumption of duties of the National EESSI Manager, late in July 2012. All available information and documentation was collected and evaluated. Much of the data was located at the IMU (Health) and was collected by members of the Unit. Also reports existed of the various Technical Commissions which Malta had taken part prior to July 2012.

Meetings with the various stakeholders ensued such as with staff of the Entitlement Unit (DH) and also with the International Relations Unit (MJDF). A working group was set up from representatives of IMU (Health), IMU (MJDF) and the EESSI Manager as chair. This group meets at regular intervals to discuss major developments as regards the EESSI initiative and also reports to the technical commission. A national depository was setup to collate all available information as regards EESSI under one common denominator.

During September 2012, the EESSI manager attended a workshop on the business layer of the EESSI on Malta`s behalf. Feedback was given during this workshop to all member states as regards the advancement of the project. The aim of the workshop was to find common ground between member states as regards conflicting business requirements.

November 2012 saw the introduction by DGEMPL of the EESSIRM tool. This is a web based tool which has the function to collect and collate the different views of the member states on various EESSI related issues. S o far as EESSI (Malta) contributed to fifteen issues.

Several meetings were also held with MITA to discuss the way forward as regards EESSI from their aspect, such as hosting and maintenance of the virtual environment. It was decided to switch the contract of service to maintenance with a view that should major developments be registered MITA would be informed and react accordingly.

Entitlement Unit CRM Solution

Following the instruction of the CMO given at a meeting in October, work started on the Entitlement Unit CRM Solution. Previous work had already been conducted by PwC in the form of a report analysing the business process of the unit and also system requirements of eventual customer relations management software. As considerable time had passed from the completion of the said report, meetings with the business owners ensued to consolidate the requirements.

Next in line was the reviewing of previous tenders that resembled the current proposal and the identified tender was that of the Pharmaceutical Entitlement software. A meeting ensued with the author of the tender to elucidate certain points and also a formal request was advanced to MITA to use certain parts of their template. Permission was granted and meetings with the CPSU ensued to formalise a first draft and agree on adjudication process and value amongst others.

National Healthcare Package

CMO issued a direct order to increase visibility of the National Healthcare Package on the Ministry website and make it more user-friendly. After evaluating all options, a meeting was held with the stakeholders concerned and all available options explored within the current constraints. The main constraint to make the NHS package more user friendly is the outdated content management system currently used which impedes much of the development which can be actually done on the web site's content. Nonetheless, a meeting is scheduled with the contact point of the website as regards CMO office to try to work around these constraints and deliver something viable, although temporary, until we have a new CMS in place.

Waiting list Patient Management System

Evaluation of the software package in use at the Waiting List Office located at MDH was conducted to evaluate how the system could be ameliorated.

Social Security Coordination Network

During the month of October 2012, EESSI manager attended the Social Security Coordination Network on behalf of MJDF and the Entitlement Unit wherein the provision of information on national social security rules for mobile citizens was discussed. The objective was to forward proposals on how to improve the existing guides on national systems and their accessibility to the advantage of all users. On Malta`s EESSI manager forwarded the recommendation that all National Guides should retain their mother language as this was also a way to preserve the uniqueness of all MS. Some member states where proposing that the most `common` languages in the EU should be adopted as a way to mitigate translation expenses. EESSI manager voiced disapproval to this proposal and instead proposed that this should be only a temporary solution until all guides are eventually translated. This argument was backed up by EU legislation which states that the official languages of the EU community are those which are mentioned in the Constitutions of the member states.

DIRECTORATE FOR PHARMACEUTICAL AFFAIRS

Background

During 2012, the Directorate was changed from the Directorate for Pharmaceutical Policy and Monitoring (DPPM) to the Directorate for Pharmaceutical Affairs (DPA) by expanding its functions and assuming the leadership role regarding the pharmaceutical profession and pharmaceutical services.

The main objective of the directorate is the development, and monitoring the implementation and use of, equitable and sustainable pharmaceutical policies, thus assuring the safe, rational and cost-effective use of medicine.

Pharmaceutical Affairs Unit

During this year, the directorate has assumed to the full the leadership and coordinator role for all aspects pertaining to the pharmaceutical profession and pharmaceutical services for all the entities within the Ministry for Health, the Elderly and Community Care.

The work within this unit involves the co-ordination and facilitation for the implementation of the provision of new services and improvement in the quality of the services available. It also includes all aspects regarding the profession of pharmacists and pharmacy technicians including recruitment, transfers, deployment, qualifications and accreditation, job descriptions, selection processes, and other individual staff issues which may arise from time to time.

The directorate, through this unit is also tasked to organise on a regular basis consultation meetings and reach out to the various health care providers and other stakeholders involved.

Pharmaceutical Health Technology Assessment Unit

Applications are submitted by Market Authorisation Holders (MAHs) and clinical consultants, for the introduction of a drug on the Government Formulary List or for a new indication if the medicine is already available. Health Technology Assessments are performed, according to internal Standard Operating Procedures, to evaluate and assess clinical evidence and cost of treatment. The assessment is then presented to the Government Formulary List Advisory Committee for appraisal and recommendation.

Upon receipt of applications, the validation procedure and send back of rejection letters when applicable, is performed by this unit. Patient Access Schemes received with the applications for introduction of new medicines are also evaluated through this unit as per internal Standard Operating Procedures. A transparency directive database in relation to the applications received and processed, is maintained and updated by this unit.

Government Formulary List Advisory Committee Administration (GFLAC)

The directorate provides the secretariat function for the Government Formulary List Advisory Committee set up under Legal Notice 59 of 2009 with the function of assisting the Ministry with the management of the Government Formulary List. Meetings of this committee are held on a regular basis.

Medicines Entitlement Unit

The various parts of the entitlement system have now been amalgamated and integrated within this unit which includes the administration of the Schedule V entitlement system, the Medicines Approval section and the Exceptional Medicinal Treatment unit.

The Schedule V system processes requests for entitlement to medicine according to Schedule V of the Social Security Act. Applications for entitlement are received from clinical consultants and these are processed as per internal Standard Operating Procedures, and only those medicines requested which pertain to the specific disease management are included in the entitlement card.

The Medicines Approval section processes requests for approval of protocol-regulated medicines as per Government Formulary List. These requests are assessed according to criteria listed in the respective protocol of the item being requested, as per Standard Operating Procedure in place.

The Exceptional Medicinal Treatment unit processes requests for treatment which is not within the standard policies of the Government Formulary List. These are assessed as per 'Exceptional Medicinal Treatment Policy' which uses standard criteria for assessment, in an equitable and transparent manner. A database of the rare diseases and of orphan drugs requested in these exceptional requests is maintained and updated by this unit.

Formulary Management Unit

This unit is responsible for the maintenance and update of the Government Formulary List for medicines to be used within the government health services, according to EU legislation.

Protocols for the prescribing and rational use of medicine are also set up within this unit and are regularly reviewed and altered accordingly, upon recommendation by GFLAC, and following consultation with the various medical experts, and performance of vast research on the latest recommendations. Analysis of information and evaluation of clinical evidence is done to establish prescribing guidelines and

development of a systematic, rational approach for drug use through utilisation of international health technology assessments.

The unit also provides technical advice for the establishment of technical specifications for the procurement of pharmaceutical items. Circulars related to formulary management are also drawn up by this section. The mapping document compiled in associated with the Schedule V reform is maintained and updated by this unit.

Pharmaceutical Pricing Unit

This unit is aimed to contribute to the fair pricing of medicine procured by the government health system. Maximum Reference Prices, which cannot be exceeded and Guidance Reference Prices, to be used as guidance for procurement, are computed by this section as per internal Standard Operating Procedures, for pharmaceuticals procured.

Following inclusion of a new drug in the formulary, records of expenditure and marginal costs of the medicine introduced, are kept by this unit. Databases of the prices of medicine within EU member states are also maintained by this unit for reference purpose.

European Pharmaceutical Fora and Projects

This unit participates at different levels in various EU decision-making projects and working groups related to pharmaceutical policies. Through this unit, the directorate also contributes actively in the various networks and committees regarding pricing and reimbursement of medicine.

Contact with the pricing and reimbursement agencies within other EU countries is established through this section, in an effort to improve the system in our country.

Quality Management Systems Unit

This unit is the Quality Focal Point and Quality Administrator of the Quality Management System within the directorate.

This unit ensures that all Standard Operating Procedures for all processes carried out within the directorate are in place, updated and available for all staff concerned. Any training required by the staff is identified and provided through this unit. Assistance in the writing of Standard Operating Procedures is provided by this unit which also ensures the policies applicable as per Quality Management Systems are implemented and being followed throughout the directorate.

Strategy 2011 - 2012

In line with the general strategy of the ministry, every year the main plans and projects leading to the accomplishment of important targets as part of the ongoing growth process of the directorate, are identified. The detailed processes to be followed for the development of these projects are then studied and further evaluated at the implementation stage.

The strategic plans for DPA were the following:

- Implementation of the cancer plan – ensure continual upgrading of the formulary with respect to medicines used for the treatment of cancer, including preventive measures and complementary palliative care, as part of the National Cancer Plan.
- Reform in the Schedule V System – extensive preparatory work to be continuously updated in preparation for the considerable increase in the number of chronic condition for which there is entitlement for free treatment.

- POYC scheme rollout – provide the required technical support regarding medicine entitlement, administer the changes in entitlement documentation of newly enrolled patients, and coordinate the POYC roll out phases, especially with regards to the consequent deployment of staff.
- Dementia Strategy – review applications for dementia medicines to be included in the formulary and arrange discussion meetings for the protocol to be formulated.
- New IT system – provide technical support required for the tender document through collaboration with IMU and MITA.
- Improved financial management – amalgamating medicines approval processes in Mount Carmel Hospital with that of the Medicines Entitlement Unit within DPA, synergising resources, reducing costs, and standardising the system. This also involves applying new internal control systems for procurement of items with the intent of maintaining expenditure within budget and ensuring improvement in the quality of services rendered by making the service faster, following complaints and implement new IT services.
- Contribution to better coordination and consultation – coordinating activities of the directorate with that of other ministries, department and public entities, providing the requested information, informing all stakeholders before policy changes, and supporting the Cabinet decisions.
- Implementation family friendly measures – ensure easy access to family friendly measures including flexi time and teleworking, especially in association with family commitments.
- Contribution to Malta's involvement in EU decision making – participate and communicate with the main EU decision making fora, respond in a timely manner to requests for information and ensure that the EU Affairs Directorate is informed of all decisions.
- Lead and co-ordinate pharmaceutical affairs – assume the leadership role for all aspects pertaining to pharmaceutical affairs within the ministry.
- Implement the Transparency Directive 89/105/EEC regarding the introduction of new medicine – contribute to increase the number of new medicines in the Government Formulary List (GFL) following procedures as per the Transparency Directive. The Transparency Directive relates to the transparency of measures regulating the prices of medicinal products for human use and their inclusion in the scope of public health insurance systems.
- Develop a Pharmacist-led Medicines Entitlement Unit – develop a professional, pharmacist-led Medicines Entitlement Unit and ensuring that the required infrastructure and human resource capacity is established.
- Develop Pharmaceutical Policies – lead and co-ordinate the formulation and implementation of pharmaceutical policies.
- Improvement in the Formulary Management – maintenance and upkeep of the Government Formulary List, implementing EU legislation in formulary management, set protocols for the rational use of medicines and provide advice in the establishment of technical specifications for the procurement of medicines.
- Effective management of the Pharmaceutical Health Technology Assessment Unit – optimise analysis of information and evaluation of clinical evidence for the introduction of new medicines in the formulary and collaborate with similar bodies in the EU with the aim of improving our standard framework for conducting evaluations.
- Contribute to the fair pricing of medicines – assume responsibility for the Government Pharmaceutical Pricing Unit and ensure that the required infrastructure and human resource capacity is established.

PRIORITIES IN 2012

Schedule V Reform

One of the main priorities in 2012 was the Schedule V reform which came into force on 27 March and which consists of the review of the list of chronic conditions for which there is entitlement for free treatment.

With this reform in the entitlement system, the number of chronic conditions in the mentioned list increased from the previous 38 conditions to 79. Five chronic conditions which were previously being treated through the pink card scheme (Schedule II), have now been assimilated in the yellow card scheme (Schedule V). These conditions include Diabetes mellitus, Tuberculosis, Leprosy and Polio.

The Schedule V reform involved considerable preparatory work including research, consultation with stakeholders, and numerous discussion meetings. A mapping exercise was also carried out which included mapping each medicinal product on the Government Formulary List with the respective conditions on the Schedule V list.

In preparation for the influx of applications which were expected in view of the reform, the customer care opening hours were extended and extra telephone lines were created such as to ensure a good quality service irrespective of the workload. For this same reason, the clerical staff within the Medicines Entitlement Unit was replaced by technical staff which consists of pharmacists and pharmacy technicians.

Public awareness regarding the reform was created through participation in various television and radio programmes which allowed for the listeners/viewers to ask any questions they might have. In addition, information sessions regarding the reform and the processes involved were organised for pharmacists, pharmacy technicians, physicians (both in the public and private sector), social security staff, ministry of health customer care, elderly communication co-ordination, small group of nurses, Primary Health Care medical practitioners and directors within the Chief Medical Officers' remit.

Pricing Policy

The pricing unit is the newest unit within DPA. It has started operating in 2010 after transposition of LN 58/2009 to include the price regulation. The Standard Operating Procedure for the computation of the Maximum Reference Price needed upgrading to reflect changes in the GDP for Malta and other European member states.

There was a sharp increase in price computations by the Pricing Unit as a result of the new Standard Operating Procedure (SOP) issued in the beginning of the year.

As from mid 2012, the Guidance Reference Price (GRP) started being calculated by the pricing unit within DPA as guidance to the Central Procurement Supplies Unit (CPSU) for the procurement of medicinal products which are already on the Government Formulary List.

Consultation meetings were held with internal and external stakeholders in preparation for the new pricing policy to be adopted for medicinal products procured by the Government. A SOP establishing the new procedure to be followed was also drafted through these consultation meetings. Finalisation of this SOP will be done in January 2013.

Dementia Strategy

Dementia is the major predictor of morbidity and mortality in the elderly and is associated with a significant increase for the utilisation of healthcare services. For this reason, during this year work has been ongoing to device the National Dementia Strategy in order to improve the quality in dementia care.

Dementia has been included as one of the new 41 chronic conditions for which there is entitlement to free medicinal treatment, according to the Schedule V reform introduced in March.

Upon implementation of the Schedule V reform, DPA started accepting applications from Marketing Authorization Holders for the introduction of new medicinal products onto the formulary. Three applications for dementia medicines were received, Health Technology Assessments performed and presented to the Government Formulary List Advisory Committee (GFLAC) for appraisal.

Dementia treatment was recommended for introduction in the Government Formulary List and Dementia medicines have now been purchased by the Government and prescribed to entitled patients. Consultative meetings were held involving medical experts from the various departments concerned including Geriatrics, Neurology, and Psychiatry with the aim of developing an appropriate protocol for their use.

Diabetic Treatment

As part of the Schedule V reform, five conditions for which there was previously entitlement for treatment through the pink card scheme were included in the Schedule V list. The most common of these four conditions is Diabetes mellitus.

Diabetic patients who were entitlement for medicinal treatment prior to the Schedule V reform were given an option to either change to the Schedule V card entitlement, or maintain their original pink card entitlement. However, newly diagnosed patients are no longer issued with a pink card but are entitled through a Schedule V card for chronic conditions in line with the reform.

Patients who had Schedule V entitlement for Diabetes mellitus are now entitled to a reviewed number of syringes per day, the blood glucose meter for all Type 1 diabetics (including gestational diabetics) and entitlement for any medicines for the treatment of Diabetes newly introduced in the formulary.

New Medicines Entitlement IT System

Preparatory work for the planning and the development of the new IT system has been ongoing since 2011 and intensified during 2012. This system is planned to enable an automated entitlement process, minimising bureaucracy and increasing efficiency, transparency and equality in the entitlement process.

Consultation meetings have been held between DPA stakeholders and the IT experts in order to build a system which caters for the requirements and the limitations of the complex entitlement process, and at the various stages identifying any probable problems and finding solutions when possible. Tender was issued in September and the process is now in the final stages of adjudication.

Collective Agreements for Pharmacists and Pharmacy Technicians

During 2012, the sectoral agreement pertaining to Pharmacists employed within the public service, and the Memorandum of Understanding for Pharmacy Technicians were concluded, and signed between the government and the respective, representative unions. DPA was involved in the coordination of the necessary preparatory work, including the drafting of various position papers, collection of information, participation in meetings and with facilitating the implementation within the agreed timelines.

The consequent implementation of this agreement and MOU commenced with the reviewed and new job descriptions for employees of both classes and the issuing of the calls for application as per agreements. Implementation is still ongoing and will continue in 2013. This will involve amongst other factors the implementation of the extra working periods for pharmacists as a means of improving the customer care service, and the discussions with MCAST to design the contents of the relative course for pharmacy technicians with the aim of achieving a higher grade qualification.

Human Resources

DPA was also involved in the co-ordination of the various POYC roll out phases. Staff redeployment occurred due to the consequent closure of certain health centre pharmacies. This was coordinated by DPA according to various factors including staff's own preference, seniority, current priorities of the health department and the requirements of the government pharmaceutical entities.

DPA also dealt with individual queries by pharmacists and pharmacy technicians regarding various issues including: work placements, requests for transfers, promotion opportunities, requests for allowances, possibility of part-time work, release on unpaid leave, etc. A particular request received by a group of pharmacists regarded the recognition of a qualification by MHEC for allowance and progression purposes. The qualification involved was the bridging course being offered by the University Of Malta for the Masters degree in Pharmacy for those holding the B. Pharm (Hons) degree.

Coordination and collation of information from the various entities upon request by higher management, was also done by DPA.This information consisted of staff complement, staff requirements, contracts for service, on-call duties, etc.

During 2012, in collaboration with the director for the coordination of Health Care Provision, DPA was also involved in the co-ordination of the initiation of chemotherapy services in Gozo General Hospital.

DPA was also involved in facilitating the provision of pharmaceutical service within AFM from the issuing of the call to making the necessary arrangements for the service to be started.

The following table includes the human resources recruitment, turnover, family friendly and other measures adopted by DPA during 2012:

	Maternity	Parental	Adoption	Reduced hours	Study leave	Telework	New recruits	Transfers to DPA	Transfers from DPA
Total	**1**	**3**	**0**	**1**	**1**	**4**	**2**	**2**	**6**

Formulary Management Unit

The main function of this unit involves the establishment, updating and periodically reviewing the pharmaceuticals included in the Government Formulary List.

New medicines are included in the Government Formulary List following a positive GFLAC recommendation, while medicines are deleted due to lack of utilization, usually because of more efficient and safer alternatives. Other changes include those regarding prescriber criteria or entitlement criteria. Prior to implementing these changes, consultation meetings are organised on a regular basis with the medical experts concerned, pharmacists and CPSU representatives.

Medicines specifications for new medicines are drafted through this unit. Specifications are also reviewed when requested by CPSU, or due to supply problems encountered.

This unit also ensures that medicines are dispensed according to the respective criteria as per latest formulary update. Feedback is received by this unit from various medical professionals within the different entities, mostly requiring guidance regarding Government Formulary List policies.

The following are statistics for the formulary management unit during 2012:

- 26 new medicines were added on to the GFL, showing a percentage increase of 30% from 2011
- 29 medicines were deleted from the GFL showinga sharp increase of 190% from 2011 and this was mainly due to the availability of alternative medicinal treatment
- 53 amendments made in the GFL
- 18 new medicine protocols, with a decrease of 25% from 2011
- nine medicine protocols were deleted, with an increase of 29% when compared to last years' figure of seven protocols deleted
- 20 changes in medicine protocols made during 2012, while there were two new indications introduced for medicines already on the GFL

- 83 new/reviewed medicine specifications were performed, an increase of 9% when compared to last years' 76 specifications amended
- 33 medicine specifications were deleted, an increase of 27% from 2011
- six queries regarding medicine deletions.

The Government Formulary List was updated and issued in March. This unit is also in the final stages of publishing another updated version.

The mapping exercise, which links each item available on the Government Formulary List (GFL) to the corresponding chronic conditions listed under the Schedule V scheme for entitlement, was also performed through this unit. This exercise was very time consuming including research and consultation meetings with the experts in the different fields. This exercise needs to be repeated on a regular basis in order to keep the document updated with the ongoing developments in the medicinal field.

Health Technology Assessment Unit

Applications for introduction of pharmaceutical items onto the formulary list are received by DPA from the Marketing Authorisation Holders (MAH) and also from consultants. Upon validation and acceptance of the application, the Health Technology Assessment (HTA) unit has the role of assessing and evaluating each item by performing research, communicating with medical experts and collecting the necessary information from entities within which the item is to be used. The assessment report compiled is then presented to the GFLAC committee for its appraisal and recommendation regarding its introduction onto the GFL.

- Although there was an increase in the number of applications received for introduction of new medicines into the GFL, the number of new medicines recommended for introduction was lower than that for 2011.
- 123 applications for inclusion of medicines in the GFLwere received showing an increase of 66% from 2011. This increase probably reflects the multiple new conditions included in the Schedule V entitlement list as part of the Schedule V reform.
- 61 of the applications receive were from MAH holders while 62 were received from consultants. A considerable increase from last year could be noted especially for the number of applications originating from MAH holders with an increase of 125%.
- The number of processed requests, including those received in previous years, was 55, with a decrease of 26% from the amount processed during 2011. This is due to the fact that considerable work surrounding and in preparation for the Schedule V reform had to be carried out by all staff within the various units of the directorate.
- 37 applications are currently being processed, 34 are pending due to difficulties met during the process and a total of seven applications were rejected at validation stage.

Administration of the GFLAC

The Government Formulary List Advisory Committee met 12 times during 2012. The total number of HTAs presented to GFLAC during 2012 was 44, out of which 15 were recommended and 22 were not recommended

As can be seen from the above, a noticeable decrease in the approved items could be seen this year since while in 2011, 58% of the total number of HTAs presented was approved; only 34% of the presented items were approved this year.

This year DPA also held consultation meetings regarding the possibility of including Patient Access Schemes (PAS) in requests submitted by MAHs. This resulted in the receipt of 16 PASs submitted by MAHs.

Patient Access Schemes enable patients to gain access to high cost, innovative medicines on which there might still be lack of evidence, but which could be crucial for the treatment of some serious, life-threatening diseases.

During meetings held with the Pharmaceutical Research Based Industry Malta Association (PRIMA), MAHs were informed of such schemes and were encouraged to submit them with the applications for introduction of new items in the formulary.

GFLAC also recommended introduction of medicines to treat dementia, as part of the National Dementia Strategy Plan.

Pricing Unit

Through the pricing unit, DPA is working in closer liaison with CPSU in an effort to obtain the best prices possible.

The number of Maximum Reference Prices (MRPs) requested/computed during 2012 was 267, while during 2011 the number of MRPs calculated was of 233, resulting in an increase of 14.6%.

Most MRPs requested were for an economic analysis, as part of the Health Technology Assessments for the possible introduction of a new medicine in the GFL. MRPs were also calculated for Exceptional Medicinal Treatment to be used as guidance for procurement purposes. Another use of MRPs calculated was to evaluate new or review an existing policy or protocol, including formulary updates.

Guidance Reference Prices started being calculated as guidance for CPSU in procurement of medicines already available on the formulary, prior to initiation of a new procurement cycle. The MRP is not to be exceeded while the GRP is only to be used as a reference. The number of Guidance Reference Prices (GRP) computed since June 2012 was 167.

A new SOP explaining the process of the new pricing policy, has been drafted, discussed and finalised, and is due to be issued. The new pricing policy is to start being implemented as from next year.

Due to these new initiatives, the workload on the pricing unit has greatly increased during this year.

Quality Management Systems

The Quality Management Systems unit within the directorate ensures that the required processes and resources required to ensure the provision of a quality service, are implemented and utilised throughout.

Minutes of all internal and external meetings started being maintained as from this year, as suggested in the outcomes of the audit report and management review. During this year, all staff at DPA was trained on the second version of the general SOPs and also on specific SOPs as necessary. A total of 35 staff members were trained on the different SOPs in use within the directorate. Continuous training of staff is sought and encouraged within DPA and this training is documented accordingly in updated training files maintained by each employee. An updated electronic database is, as from this year, being maintained by the quality focal point of the directorate, including all the training records of all staff.

Other internal training besides SOP training was delivered to a total of 31 staff members in the various training sessions organised regarding different processes followed within the directorate. On their own initiative, various external training courses available were followed by 24 staff members during this past year.

	SOPs being drafted	SOPs being replaced
1	SOP for Health Technology Assessments (HTAs)	DPA01/02: Process for preparing a Health Technology Assessment
2	Computation of a Maximum Reference Price of Medicines by the Directorate for Pharmaceutical Affairs	DPA02/02: Management of Reference Pricing Process for Introduction of New Drugs on the Government Formulary List by the Pharmaceutical Policy and Monitoring Directorate.
3	Medicines Entitlement Unit Procedures	DPA04/02: Entitlement for Protocol Regulated Medicines DPA03/01: Schedule V Conditions Entitlement
4	The Validation Process for the Requests Submitted for the Introduction of New Medicines on the Government Formulary List	Nil
5	SOP for the Recruitment and Deployment of Pharmacists and Pharmacy Technicians by the Directorate for Pharmaceutical Affairs	Nil

Equality

Following the award of the Equality Mark to DPA in January 2012 after satisfying all the necessary criteria as required by National Commission of the Promotion of Equality (NCPE), the director and the appointed equality representative within the directorate, during this year both attended two conferences and two information sessions on equality.

Freedom of Information

Training on freedom of information was attended to on three occasions by the Freedom of Information officers and five information sessions regarding the same subject were also attended to by the director and the mentioned officers.

Data Protection

One training session and one conference on data protection were attended by representatives of the directorate. Two requests for data were received by the directorate which were answered after consultation with the data protection officer as per procedure.

Medicines Entitlement Unit

The Schedule V reform brought about important changes in entitlement to medicine. Numerous improvements were carried out within the MEU in order to offer a better quality service to the public. Customer care service has been greatly improved by the introduction of technical, professional staff who can better attend to the queries presented. Office opening times for direct customer care were extended and more telephone lines were introduced in an effort to possibly reach to all requests for information, which were being directed to DPA in relation to the new system.

Considerable changes were also carried out in the waiting area. Improvement to the queuing system by installing roping improved the maintenance of order during long waiting times in periods of work overload. New chairs were also provided for better patient comfort in the waiting room. A validation desk was set up in the waiting room such that pharmaceutical staff can check that the patient has the required documentation prior to his/her turn to being served at the customer care desk.

Information leaflets and posters were made available in the waiting room. Information leaflets were also distributed with each Schedule V card issued. Questionnaires were also compiled for the customers to provide their feedback regarding the quality of the service offered at MEU offices. On a regular basis, patients are interviewed by staff at MEU using this questionnaire, in order to regularly obtain feedback from the public making use of the service and make the necessary corrective actions accordingly when possible.

During this year, there was integration of the processing of Schedule V cards and Medicines Approvals which previously were separate. With the Schedule V reform new application forms including all the new conditions were introduced together with revised 'Sent Back' and 'Not Entitled' forms and a revised 'Statin' approval application form reflecting the changes brought about by the reform.

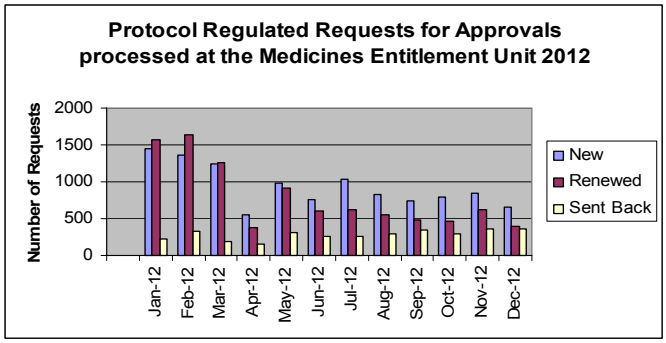
It is in plan for staff dealing with the public to attend customer care courses to better deal with difficult situations and offer a professional service. In this regard, the Centre for Development, Research and Training (CDRT) has been contacted and it was agreed that this course is to be held next year.

Medicines Approval Section

The number of requests for approval of medicines received during this year was 24,120, showing a slight decrease of 8% from 2011's figure of 26,278. This is because the protocols of some items which are commonly being used were removed during this year. However, other items were included in the formulary in view of the Schedule V reform and the inclusion of various new conditions for entitlement and thus the decrease in the applications received by the unit was not so considerable.

20,742 applications for new cases and renewals were approved while 3,378 were sent back or not approved.

Requests processed at the MAS within MEU during 2012.

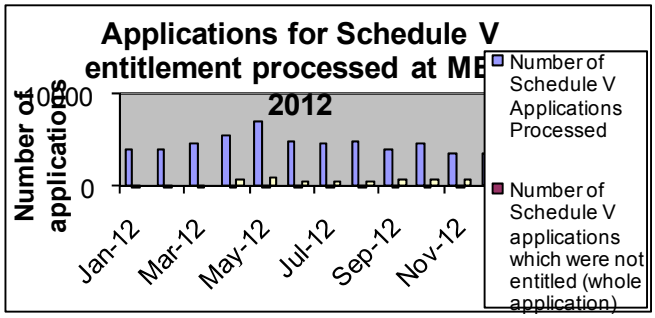


Schedule V Office

The number of requests received and processed during this year was 53,779, with a considerable increase of 51% over the amount processed last year of 35,593. Of these, there were 497 applications which were not entitled for the Schedule V card, 5,105 were the number of not entitled items and 3,518 applications received had one or more not entitled items listed. Patients and consultants are notified by the office of each item which cannot be approved.

The information service provided at the validation desk was started as from June this year and has since attended to a total of 13,231 patients, with an average of 150 patients per customer care opening day. This shows a drastic increase of 57.4% in the number of patients attending the customer care office during the last six months of 2012 when compared to last years' figure of 16,815 patients seen at the customer care desk throughout all year.

As from June to date a total of 12,335 patients were attended to through the direct customer care service provided, with an average of 140 patients per customer care opening day. These patients attended the customer care office for various reasons including; a new application, additions to their entitlement card, in response to call notices from our office to return their old card prior to being issued with the new one, to be provided with a re-issue of their card after being lost and other queries regarding entitlement issues. Most patients visited the office to process an application for a new Schedule V entitlement card since patients are given the option of waiting for the duration of the process of the issuing of the new card upon presentation of the application. Collection of statistical data is now also gender disaggregated with slightly more females seen at the customer care desks. A total of 15,429 telephone calls were attended to by Schedule V office staff. These were mainly by patients or their relatives, healthcare professionals and also POYC staff and they consisted of requests for information, and queries regarding the application process status and entitlement issues. Applications processed at the Schedule V office within MEU during 2012.

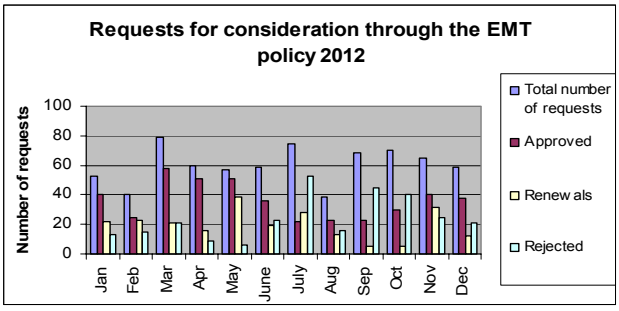


Exceptional Medicinal Treatment Policy Unit (EMTP)

Throughout 2012, a total of 724 requests for approval to be reviewed through the exceptional medicinal treatment policy were received by DPA. Of these, 437 i.e. 60.4% requests were approved while 287 i.e. 39.6% were rejected, following the standard procedure for evaluation of the case.

These approvals include either formulary items which are not according to the set protocol for use of the medicine but which would be the only alternative treatment for the patient, or non-formulary items which would have to be procured on a named patient basis for a particular single or group of patients, also being the only alternative possible. Approval of medicines through the Exceptional Medicinal Treatment Policy has, during this year, become more stringent. Only life-threatening and in-patient use medicines have been approved as new cases.

Requests processed by the EMTP unit during 2012



European and International Fora

In order to ensure that the Department of Health is represented in the various EU decision-making fora, DPA participates in various EU projects and working groups in relation to pharmaceutical policies, pricing, reimbursement of medicines, the transparency directive by participating in the respective networks

and committees. DPA also participated in the Pharmaceutical Health Information Systems (PHIS) and the Pharmaceutical Pricing and Reimbursement Initaitive (PPRI) networks.

EU decision-making participation by DPA during 2012

During 2012, the directorate participated in approximately 93 different types of consultation processes including 12 participations in conferences and working groups abroad, four active participations in E-meetings, replies to 27 different EU questionnaires and surveys and four national ones, replies to 25 PPRI queries regarding reimbursement of medicines, replies to two INFOPRICE queries, one review as part of other EU networks and 18 consultancies requested on Regulations and Directives.

During this past year, the 2011 WHO collaborative agreement with regards to Pharmaceutical Policies was concluded and the directorate facilitated training for the staff and attended training within the Scottish Medicines Consortium.

It is ensured that the Ministry's EU Affairs directorate and other related officials are adequately briefed prior to providing feedback concerning the Ministry in EU fora.

DPA participates in the following EU networking meetings:

- Network meetings for Competent Authorities for Pricing and Reimbursement of Pharmaceuticals which has the purpose of striking a balance between viable financing, fair access of patients to important treatment and reasonable reward for valuable innovation. Experts responsible for decision making from the various EU member states share information, expertise, and best practices in this regard
- Transparency Committee which consists of a committee meeting, in which the implementation of Directive 89/105/EEC relating to the transparency of measures regulating the pricing and reimbursement of medicinal products, is discussed
- Steering Committee for Access to Medicines in Europe is a platform of the Process on Corporate Responsibility in the field of pharmaceuticals aimed to enhance collaboration to find common non-regulatory approaches to ensure timely and equitable access to medicines after their marketing authorisation. The directorate within this committee participated in three working groups including; Access to Orphan Medicine, Access to Biosimilars, and Access to Medicines in Small Markets, which are of most relevance to our country
- The European Network for Health Technology Assessments (EUnetHTA).

EUnetHTA

EUnetHTA, the European Network for HTAs is a network in which DPA actively participates in.

Joint Action one was concluded at the end of 2012, following which there was an overlapping period of three months with Joint Action two. Joint Action two, within EUnetHTA started in October and will be ongoing until 2015. DPA is committed to participate in this project in which there will be 14 pilot studies, of which 10 will be on medicines while the other four will be on services. DPA will be reviewing the pharmaceutical HTA documents and finalising the methodology of the Relative Effectiveness Assessment (REA).

It is planned that the current HTA methodology being utilised at DPA will be adjusted to reflect the methodology being proposed by EUnetHTA in preparation for the commitment in the EU network for HTAs as per Cross Border Directive 2011/24/EU, whereby a voluntary network on HTA is to be set up for the relative sharing of information between member states.

During this year, a decision was taken for DPA to participate in the European Integrated Price Information Database (EURIPID) project which consists mainly of an overview of the European pharmaceutical

market, prices, accessibility and comparisons. Below is a summary table representing participation in EU meetings regarding pharmaceuticals during 2012:

Date	Venue	Meeting
Nov 22, 23	Budapest, Hungary	EUnetHTA Joint Action WP5 Meeting
Nov 06	Paphos, Cyprus	Working Group on Managed Entry Agreements
Nov-06	Paphos, Cyprus	Steering Group for Access to Medicines in Europe
Nov 07, 08	Paphos, Cyprus	Networking Meeting of Competent Authorities for Pricing and Reimbursement
Oct 17	Brussels, Belgium	European Pricing Database (EURIPID) Technical Workshop
Oct 18, 19	Brussels, Belgium	Pharmaceutical Pricing and Reimbursement Initiative (PPRI) Network Meeting
Oct 10	Brussels, Belgium	Working Group on Mechanism of Coordinated Access to Orphan Medicinal Products
Jul 03	Brussels, Belgium	Platform on Ethics and Transparency Meeting
May 24, 25	Lisbon, Portugal	EUnetHTA Joint Action Plenary Assembly Meeting
May 21	Rome, Italy	Working Group on Managed Entry Agreements
May 11	Brussels, Belgium	Working Group on Mechanism of Coordinated Access to Orphan Drugs
May 10, 11	Vienna, Austria	EUnetHTA WP7 New Technologies Meeting
May 02	Brussels, Belgium	Cross-Border HealthCare Expert Group, Recognition of Prescriptions- Implementing Act
Apr 18	Copenhagen, Denmark	Steering Group on Access to Medicines in Europe
Apr 19, 20	Copenhagen, Denmark	Networking Meeting of competent authorities for pricing and reimbursement
Mar 27	Brussels, Belgium	Transparency Committee
Feb 14	Brussels, Belgium	Cross-Border HealthCare Expert Group, Recognition of Prescriptions- Implementing Act (i)
Feb 14	Brussels, Belgium	Cross-Border HealthCare Expert Group, Recognition of Prescriptions- Implementing Act(ii)
Feb 9, 10	Vienna, Austria	4th EUnetHTA WP5 Meeting
Jan 10, 11	Glasgow, Scotland	Scottish Medicines Consortium New Drugs Committee

Circulars and Memos

During 2012, a total of 18 circulars providing information to healthcare providers regarding any new medicines on the government formulary lists, the pharmaceutical entitlement system and the correct use of certain medicinal products, were prepared by the directorate and issued through CMO.

One memo providing information on the Schedule V Reform and Diabetes Mellitus management was also prepared by DPA.

Parliamentary Questions

A total of 88 parliamentary questions were answered by the directorate, mostly to the reform in the Schedule V system, the availability of Dementia medication and Diabetic treatment.

Office of the Ombudsman Queries

Correspondence with the office of the Ombudsman regarding specific patients was carried out, regarding the queries received about seven specific cases.

PERFORMANCE AGAINST OBJECTIVES 2011 - 2012

Standardisation of the Medicines Approval Processes

In order to ensure standardisation, accountability and simplification of the entitlement process, DPAstarted taking over requests for approvals of medicines previously processed by other entities. This was done gradually starting with the uptake of Gozo approvals in 2010, Sir Paul Boffa Hospital in 2011, and as planned the process of the uptake of approvals previously processed at Mount Carmel Hospital was initiated during 2012. This process involves considerable preparation since records of previous years need to be transferred to DPA. The process is nonetheless currently ongoing and all efforts are being made for it to be finalised in 2013 such that all requests for approvals of medicines will in the near future be received solely by DPA and processed uniformly as per SOP in place. This is also necessary in preparation for the implementation of the new Medicines Entitlement IT system in 2013.

Improvement in Customer Care Services

In order to cater for the influx of applications, queries and requests for information in view of the Schedule V reform, changes in the work processes were made to improve the customer care service. This included the replacement of clerical staff by pharmacists and pharmacy technicians so that they could reply to queries of a technical nature. The opening hours for direct customer care service were also extended, while extra telephone lines were added to reach more patients. Awareness about the entitlement system via media was also carried out in an effort to explain issues of common interest among patients.

The New Medicines Entitlement IT System

The new Medicines Entitlement IT system being built with the aim of amalgamating both the Schedule V entitlement and the Medicines Approval Section was an ongoing process during 2012. It is being developed to produce an automated process leading to more transparency, equality and efficiency. After numerous meetings with the IT experts concerned, the tender has been issued and is at the adjudication stage.

Mapping Exercise

The mapping exercise was started during 2011, to be then integrated in this new IT system. This process involves mapping each individual item on the formulary to the chronic conditions under the Schedule V entitlement scheme. Following the necessary research and collation of information, meetings were held with the experts in each area in order to obtain feedback and discuss the outcomes, leading to a decision.

The purpose of this exercise is to reduce misentitlements and make the vetting process for entitlement easier and more accurate. During 2012, the mapping exercise was finalised and regularly reviewed and updated accordingly. Reviews of medicinal protocols were also done consequently to reflect any changes in entitlement.

Increasing Public Awareness

During 2012, especially in connection with the new Schedule V reform, the number of participations in various radio and TV programmes has increased from the previous year to ten and three respectively. Topics discussed included Medicines Entitlement, Diabetes Management, Cancer Management and Entitlement Governing POYC.

Information sessions regarding the Schedule V reform were also organised for pharmacists, pharmacy technicians, medical practitioners and other stakeholders. Information leaflets and posters were made available to the patients and a facebook page of the directorate was launched this year.

Management of Assets

Human Resources and Operations

During 2012 there was an addition of two pharmacy technicians and two pharmacists to DPA's staff compliment. Of these, one pharmacist and one pharmacy technician were new recruits, while the other two were transferred to DPA from other government entities. Two senior pharmacists and 1 basic pharmacist were on parental leave during the past year, while two senior pharmacists were on reduced hours.

Towards the end of the year, a pharmacist from MEU was released to perform dispensing duties on a daily basis at the AFM without any replacement. This will surely have an impact on the MEU function.

Currently within the EMTP unit, only one pharmacy technician processes requests. At least one pharmacist is required within this section to manage the overall running or the unit and ensure timely processing of requests.

Performance monitoring for all DPA staff is done regularly. Performance Management Plan is done for clerical staff, telework is monitored through a logbook and professional staff is given verbal feedback about their performance.

NURSING SERVICES DIRECTORATE

Mission Statement

To promote excellence in all aspects of nursing and midwifery services.

Executive Summary

During 2012, the Nursing Services Directorate (NSD) continued to consolidate its function and work delivery. The main purpose of the NSD was to ensure the provision of good quality nursing services at the national level. It has the function of a coordinating directorate with what regards Nursing and Midwifery Services across Government Health Care Entities.

During 2012, NSD continued supporting the Human Resources Department with the recruitment of expatriate nurses and also with regards to resourcing and other operational matters such as deployment. Collaboration with other sectors such as the Council of Nurses and Midwives, the Faculty of Health Science were also among the challenges taken up by this office.

The coordination and running of both the Enrolled nurse – Staff nurse (EN-SN) conversion course and the intravenous therapy (IV) course were under the responsibility of the DNS. The DNS is Project Leader on two ESF projects that of supported by his staff and MDH.

NSD offices were moved to the Health Department at the end of the year. This move will enhance networking with other Health Directorates especially CMO office.

NSD compromises of the Director, a principal, two Deputy Nursing Officers, one officer in scale four and one Midwifery Officer. One Nursing Officer was deployed to SVPR due to being promoted to Departmental Nursing Manager. One Assistant Director Nursing Service was appointed Assistant Director (Industrial Relations) in mid-2012.

Staff within the NSD continued to shoulder their responsibility so as to focus on specific areas of speciality in the delivery of nursing and midwifery care delivery. The methodological process of consultation through discussion and dialogue with colleagues was frequently used.

STRATEGY 2011-2012

Strategic Objectives

- To lead, coordinate and support nursing and midwifery services across all the entities under the Ministry for MHEC.
- To implement new nursing and midwifery services as directed by the MHEC.
- To coordinate and advise on the deployment of nursing and midwifery workforce across all health care entities and monitor workforce utilisation thereof.
- To map out the competencies of care workers and support workers with a view to provide occupational health standards and job descriptions for such a cadre of workers.
- To identify local and EU funded projects for the development of the nursing and midwifery workforces and services respectively.
- To advise and support the Sectoral discussions with the Malta Union of Midwives and Nurses.

Priorities in 2012

Priorities in 2012 included the planning for the deployment of around 270 staff nurses and 11 midwives that were approved in Capacity Building to man current services and planned new services. The latter included the opening of new wards and settings in RHKG and MDH and the setting up of a community midwifery service.

KEY ACTIVITIES

Courses

EN to SN Conversion Course

The main aim of this project is for the Department of Health converting the majority of 2nd level (Enrolled) Nurses to 1st level (Staff) Nurses by the end 2014. From March 2003 to this date, 18 courses have been initiated and seventeen courses (7 to 23) have been completed successfully, while one course (24) is in the final stage (final exams) of closing this ten year programme. Since then 631 candidates have started the course in which 537 have successfully become 1st level nurses while 35 students are still pursuing the course and 11 students are awaiting to re-sit their final exam. There were 48 students who refrained from continuing their studies; the major reasons were due to health or family commitment problems. This gives an approximate 7.6% course attrition rate.

However, during 2012, the directorate kept receiving requests to open the course again for those who still were showing interest, even though they were given the chance to pursue the course at some time during the past ten years. For this reason, a needs analysis was set up in collaboration with the Union of Midwives and Nurses and it transpired that there were enough interest for the Nursing Directorate to set an extra course aimed to start in March 2013 to fulfil these needs.

Empowering the Carer's Course

As part of the effort to educate and to empower the carers, NSD worked in collaboration with Procurement's office to issue an Expression of Interest for those organisations interested to offer care workers a short course to continue develop oneself in training and upgrading skills for a potential improvement in employment opportunities.

Intravenous Therapy Course

This is an ongoing project organised by the Nursing Services Directorate to train and certify the competence of all qualified nurses who work in Malta. This course consists of two days, and is assessed by a written test, a practical assessment and a written self assessment. During 2012, three courses were held, where a total of 142 nurses will complete the programme.

PROJECTS AND INITIATIVES

European Social Funds (ESF) Projects

4.174 Training Health Care Professionals for Integrating acute and community care

NSD, together with the support of MDH and Programme Implementation Directorate, worked on the application of such project and managed to be awarded a one million euro project to train health care professionals to bridge any existent service gaps between hospital and community care. The DNS is the Project Leader of such project.

The Grant agreement is to be signed during early 2013, as during the last few months of the year, amendments to applications were required by Planning and Priorities Coordination Department (PPCD) at the Office of the Prime Minister (OPM). The drafting of two tenders has been carried out, and these are in the last phase of consultation before being sent to Department of Contracts (DOC). A call for a project manager together with the job description has been formulated and presented to Public Administration and Human Resources Office (PAHRO).

IF 2011 – 16 Adaptation Programme for Third Country National Nurses (TCNN) to facilitate successful integration, effective communication and ensure high quality care to patients

NSD, under the guidance of the DPI has submitted an application for project proposal under the European Fund for the Integration of Third Country Nationals (EIF). The objective of this project is to integrate TCNNs engaged in the Maltese healthcare system aiming to address the difficulties encountered by these nurses in adjusting to a different country with different cultural, social and organisational experiences, unfamiliar language and surroundings to ensure a smoother and successful integration of these nurses into the Maltese healthcare system and effective acquisition of knowledge in geriatric nursing, skills and new competencies.

Follow the approval of the project, meetings were held with the Funds and Programmes Division. Expressions of interest and tenders for the organisation of activities including the practical and study modules, a Maltese language course and a closing seminar were drafted and forward to the Chief Medical Officer (CMO) for authorisation and to the Central Procurement and Supplies Unit (CPSU) respectively.

Application for Advance Competency Framework

NSD and its staff actively supported the Department of Health in the submission with the ESF application for Advanced Competency Framework for health professionals.

Strengthening Midwifery Service

A need to strengthen midwifery services has long been felt by stakeholders providing the services. A sterling service is continually being provided at the Maternity Department at Mater Dei Hospital by a number of health professionals mainly midwives and obstetricians. However, this maternity service was in need of a review to make it more responsive to current health and socio cultural context. For this particular reason, a working group was set up chaired by CMO. One of NSD staff was on this working group together with obstetricians and a midwife. In various meetings, the report submitted by the Malta Union of Midwives and Nurses (MUMN) was reviewed and recommendations on changes that may be instituted within the healthcare services forwarded to the Minister of Health. The DNS was then delegated to carry out these recommendations.

Community Midwifery

A new government service of community midwives has been discussed and approved so that postnatal women will be able to leave hospital earlier then present. A neonatal and obstetric course has been drafted and discussed with both obstetricians and paediatricians and is to start in the beginning of 2013 before the service is initiated.

Expression of interest for those midwives interested to work within the community midwifery team will also be issued early January 2013.

NSD Training Funds

NSD training funds were utilised to support and facilitate training in Oncology and Palliative Nursing, as well as with Chemotherapy train the trainer course. Such training facilitated the Gozo Chemo service. The Advance Life Support Obstetrics (ALSO) course was once again supported by NSD for midwives. Nurses were sponsored to carry out a Certificate in Palliative Nursing**.** NSD supported also training in Multiple Sclerosis for nurses.

Carers Census

NSD identified the need to have a database with the qualifications of the care workers. Thus, an audit targeting all care workers working at Mater Dei and employed by the contractor was organised during 2012 by NSD staff. 196 questionnaires were filled, and findings confirmed that a high percentage of practicing care workers were not appropriately trained.

Support Workers Census in Ministry of Health

In conjunction to the census of the carers, it was noted that a census with all support workers in the Ministry of Health was needed. The named support workers consisted of 1,275 employees who either performed their duties at the patient's bedside, or have jobs that are not patient-related. The questionnaire was answered by the majority of the support workers and again it showed the need for further training to either bridge the gap in training while others need to attend a full training programme. NSD has now updated data regarding all care workers who working within MHEC and is in negotiations with the Malta College of Arts, Science and Technology (MCAST) to develop appropriate training based on the concept of accredited experiential learning to bridge the gap to Level 3 certification. This will be done as part of two projects that MCAST are leading at present and it is envisaged that the training starts in September 2013.

Expression of Interest

Throughout this year, the NSD drafted and issued 16 Expressions of Interest. These include staff nurses to work in Oncology and Palliative care at Boffa Hospital, with CommCare, Colorectal Screening Programme at MDH and Neprotechnology at Gozo General Hospital. Expression of Interest for Nurses to

work in Sexual Health as part of the National Strategy for Sexual Health has also been issued. Training interest in Chemotherapy 'Train the Trainer' as well as interest for nurses and other health care professionals to participate in teaching on the Adaptation Programme for Third Country National Nurses were issued. Expression of interest for Part-time attachment at NSD was also issued. These Expressions of interests involved internal post for the fulfilment of complement within the entities. Thus, the NSD was constantly in liaison with the entities throughout the process of the selection boards.

Orientation and Induction Programme for foreign trained nurses

During 2012, MHEC continued to recruit TCNNs from the previous years' calls for nurses, however, the call that was published in the first quarter of 2012 for nurses was only for Maltese and EU nationals. On their arrival in Malta, the DNS coordinated the Language Proficiency Interview and the Medical screening for successful candidates. To attain a permanent nursing registration by the Council of Nurses and Midwives (CNM), all TCNNs have to partake in the Adaptation Programme. Therefore, the DNS runs this programme for the CNM for TCNNs prior to their deployment by the public or private sector in Malta

As part of the Adaptation Programme all TCNNs were allocated to a nursing mentor for guidance, supervision and assessment. The aim of the practical module is to facilitate the integration of the candidate nurses in the new clinical learning environment, serve to bridge the practice gap between the candidate nurses' previous and new experiences and through the support of their mentors they are able to practice safely and effectively. A study unit in geriatric nursing is soon to follow where lectures related to geriatric and general nursing, the function of the multidisciplinary team, diseases associated with the elderly and the cultural diversity are delivered.

Discussions on a New Sectoral Agreement for Nurses and Midwives

The NSD, together with MHEC and PACBU during the end of 2012, was engaged in discussion with the Malta Union of Midwives and Nurses (MUMN) regarding the reviewing of the Sectoral agreement between the Government and MUMN. NSD was instrumental with the helping of the formulation of a new proposal for the Sectoral agreement of MUMN. New job/position descriptions were also drafted for the purpose of these negotiations.

POLICIES

National Constant Watch Policy

During 2012, NSD was in charge of coordinating meetings to update the Constant Watch Policy and propose it as a National policy.

Dress Code Policy

It has been noted that different policies exist throughout different entities on the dress code of nurses and midwives. Thus, NSD took it on his office to gather all the information and formulate a national policy. Such policy is going through consultation with different stakeholders.

During 2012, the DNS was involved with the drafting of new specifications for nurses and midwives' uniforms for a tender that was published and awarded during 2012. It is expected that all nurses and midwives will have new uniforms in the first quarter of 2013.

STANDARD OPERATIONAL PROCEDURES (SOPS)

QMS SOPs

Throughout 2012, NSD staff was trained in QMS and SOP training to be able to compile the NSD SOPs. Ten SOP's were identified and drafted, out of which five have been fully approved by CMO whilst the other five are still in the revision process. The approved SOPs include 'Deployment of New Graduates', 'Recommendation for Re-Instatement of Staff', 'Post Retirement Engagement process', 'Compiling of Nursing and Midwifery Database', and 'How to write a Job Description'.

A & E SOP

NSD had an active role in supporting the SOP of A&E about Drug Administration.

AUDITS

NSD Office Audit

Two NSD staff form part of the QMS audit team and they were part of the three audits in CMO office, DHIR and DCHP to evaluate internal communication, staff development and where applicable to confirm corrective action of the 2011 internal audit.

Uniform Audit

In conjunction to the adjudicating process of the Uniform Tender, the NSD embarked on a sizing audit within MDH, MCH and SVPR. Such project entailed to take sample sizing of nurses and midwives so that a clearer picture is provided to the awarded tenderer.

DOCUMENTATION

The Midwifery Consent drafted in 2011 both in English and Maltese has been through a consultation process and is due to be issued early 2013.

Databases

General Database

As part of the process for ensuring adequate Nursing/Midwifery resourcing across MHEC, databases continued to be maintained as per service requirements. Thus, figures and vacancies were being identified and monitored. Data was being continuously updated every two months by liaising with the Human Resources Department and all entities involved.

Nurses Vacancies

An exercise to gather nurses' vacancies across all entities was carried out by NSD staff before the intake of newly appointed nurses. This ensured that vacancies were filled according to exigencies of the services and adequate numbers according to the vacancies were distributed to the entities.

HUMAN RESOURCES

Deployment of Nurses

NSD has continued throughout 2012 to assume the role of advising HR on issues of deployment. A number of pending requested transfers were recommended together with newly appointed nurses and

midwives deployment. This process was carried out in liaison with the HR Department and according to their preferences and the exigencies of the service.

Deployment of Nursing Officers, Midwifery Officers and Deputy Nursing Officers

2012 has seen the great challenge of deploying management at all levels in the health sector from Manager Nursing Services to newly appointed nurses. A good number of officers have been deployed across entities reaching a situation where all vacancies are mostly filled.

The NSD was involved in collaboration the heads of the entities and with the CMO office in deploying three Midwifery Officers and 95 Deputy Nursing Officers according to the needs of the different entities. NSD continued to follow the deployment of 72 Nursing Officers, and three appointed in 2011.

Deployment of Newly Appointed Nurses and Midwives

The NSD carried out the deployment of more than 300 nurses across MHEC according to the exercise done to identify vacancies. Such deployment was mainly carried out within two batches during the months of June and November.

PSC Calls

By the end of 2012, there were seven calls for PDNs in process and which calls will be finalised during 2013.

Opening of New Services

NSD assisted with the deployment of new staff, for the opening of one new 30-bedded ward at the Rehabilitation Hospital and the 20 bedded New Medical Ward at MDH. Other national initiatives such as the setting up of nursing services for Children with special needs were supported by NSD.

Nursing and Midwifery Staff across all Entities

There is a total of 2867 staff including 175 midwives. The midwifery profession is 100% female and the nursing profession consists of 73% female nurses. The issue of the feminisation of the profession is eminent and granting family friendly measures is a real challenge for the HR department and all the entities.

Committees and Enquiries

Manager's Forum Senior Executive Committee Meetings

These meetings started in January 2011 under the name of Senior Executive Committee Meeting but changed the name to Managers' Forum as it has been recognised that the aim of such group is to advice the DNS and provide networking for nursing and midwifery management. The group met every three to four weeks in different venues to sound ideas and to provide opportunity to facilitate communication across the various hospitals and entities.

Breastfeeding Steering Committee

NSD is on Mater Dei Breast Feeding Steering Committee. The aim of this Committee is to work towards the attainment of Baby Friendly Initiative Award (BFI) provided by the UNICEF. One of the NSD staff contributes as a member on the committee and as one of the lecturers on this training programme. The 27-hour breast feeding course has been implemented by the Committee to all staff working in the maternity

department. The committee has formulated and issued the breastfeeding policy on the ten steps of the UNICEF. Any other issues arising regarding breastfeeding will be dealt with within the committee.

Tender Evaluation Boards

Most of the NSD staff was involved in the different Tendering Evaluation Boards during 2012 in connection with nursing matters such as uniforms, shoes, cardigans and recruiting agencies etc

Selection Boards

Various NSD staff were members of different Selection Boards which included Recruitment, promotions, expression of interests and re-instatement of diverse hospital nursing grades.

Inquiry Boards

The NSD staff were also involved in three inquiries during 2012 as board members.

Conferences, Seminars, Courses, Meetings

NSD staff attended various conferences, seminars, courses, meetings and workshops both locally and abroad.

Highlights of Meetings Abroad

The Director Nursing Services attended the EU Chief Nursing Officers Meetings in Denmark, April 2012 and WHO Global Forum, Geneve, May 2012. The Director of Nursing Services attended various meetings in Brussels throughout this year with Joint Action in Workforce Planning. He also attended the Chief Nursing Officer's Meeting in October 2012 held in Cyprus.

Official Boards

The Director Nursing Services is a member of the following boards/committees:

- Ex-ufficio member of the Council for Nurses and Midwives
- The Director Nursing Services was during 2012 a member of the following Boards: The Institute of Health Care Diploma Nursing Board of Studies and Degree Nursing Board of Studies, and Mental Health Studies
- The Director Nursing Services is also the Chairman of The EN-SN Conversion Course Board of Studies.

Allied Health Care Services Directorate

Introduction

The year 2012 was the first full year for Allied Health Care Services Directorate under the Chief Medical officer's office. The Directorate for Allied Health Care Services (DAHCS) strived to provide strategic direction to the various Allied Health Care Services. The Director networked with all the Managers/Heads of the diverse Allied Health Care Professions and established positive lines of communication. The DAHCS coordinated, liaised and met with various entities, other Directors, other Ministries, Allied Health Care professions, Human Resources (MHEC) Departments, University of Malta, MCAST, KNPD (National Commission for Persons with Disability), NGO's, Working groups, Focus groups, PACBU and Unions on all issues pertaining to sustainability, training, retention, recruitment, co-ordination, waiting lists and improvement to services provided by Allied Health Care during 2012.

The MHEC recognises the valuable services provided by Allied Health Care and depends on a vast array of these services. The increase in demands on Allied Health Care Services continued to place issues such as sustainability and training on top its agenda. The sustainability of the professions led to various discussions with the University of Malta, Faculty of Health Sciences and MCAST as well as research into course and training opportunities abroad. A good working relationship has been established with both educational institutions.

The past year was guided by the principles of quality management and the Director participated in various related training such as induction, internal audit and SOPs. Various SOPs were drawn up and are awaiting final approval.

During 2012, the Directorate issued expressions of interest amongst Allied Health Care professions and benefitted from 3 part-time attachments providing a few hours per week dedicated to DAHCS.

Strategy 2011 – 2012

It is felt that the synchronised development of Allied Health Care Services will militate towards effective and efficient service provision. The needs of the public and the impact of the allied Health Care Services cannot be underestimated. The needs of the public should be integrated into strategic plans for the Allied Health Care Professions.

- To lead, ensure coordination and support all Allied Health Care Services across all entities under the MHEC
- To foster teamwork and interdisciplinary communication amongst Allied Health Care Services at a strategic level
- To support Allied Health Care Services and provide oportunities for specialisation and professional development
- To ensure sustainability of all Allied Health Care professions in all aspects of education, recruitment and retention
- To promote and increase the recognition and awareness of Allied Health Care Porfessionals amongst other professionals, services users and the general public
- To coordinate and advice on recruitment and deployment of Allied Health Care Services through close liaison with the Human Resources Directorate and the different entities across MHEC
- To advice and support the Ministry in Union discussions
- To act as a liaison persons for the Allied Health Care services with various organisations and committees;
- To identify and support local and EU funded projects for the development of the Allied Health Care Services.

Priorities in 2012

The major priorities in 2012 included:

- Sustainability of the professons through discussions and liaison with University of Malta, MCAST and foreign Universities
- Increasing patient access to services by addressing waiting lists
- Deployment of new recruits
- Union negotiations and involvement in proposals.

Key Activities

Allied Health Care Management Meetings

The DAHCS's work has involved various individual meetings with Managers of the Allied Health Care Services both within their respective departments, on-site visits and specific meetings as well as the

Management Forum. Other relevant meetings are held with senior staff and clinical chairpersons as necessary.

The services and professions under the remit of the Allied Health Care Services:

Audiology Services, Clinical Perfusion Services, Dental Hygiene Services, Dental Surgery Assistants, Dental Technology Services, Dieticians, Medical Laboratory scientists, Medical Imaging services, Medical Physicians, Ocular (Prosthetic) Services, Occupational Therapy services, Optometry Services, Orthoptics Services, Orthotics and Prosthetics services, Physiological Measurements services and ECG technicians, Podiatry services, Psychology services, Radiotherapy Services, social work services and Speech and Language Pathology Services. The services are provided by professional as well as technical and other paramedical support staff such as paramedic aides and assistants has also been placed under the remit of this Directorate.

Allied Health Care Services

Audiology - The Audiology Services are providing a valuable service in audiological testing, neonatal screening cochlear implants. Two Paramedic Aides (Audiology) and an Audiology Technician began work in the Audiology Unit. Various discussions with the Audiology Unit and the University of Malta, Faculty of Health Scineces, were instrumental to the opening of the Masters of Audiology course in Ocotber 2012 on a part-time basis. The Audiologist took part in the Special Olympics Screening programme.

Clinical Perfusion - The staffing levels for Clinical Perfusion services have reached sufficient levels in view of the fact that Cardiac Bypass surgery is on the decrease.

Dental Hygiene - A BSc Dental Hygiene course opened within the Faculty of Dental Surgery, University of Malta. The Director supported the proposal and liaised with relevant stakeholders.

Dental Surgery Assistants - Various discussions took place with Dental Surgery Assistants and the Dental Department. Dental Surgery Assistants began work at Mater Dei Hosptial and are now also involved in Dental Surgery.

Dental Technology - Three dental technologists were recruited and are providing services to Mater Dei Hosptial, St Vincent de Paule and Gozo General Hospital.

Dietetics - Following the neccessary apporval, an internal call was issued to send a person with a degree in Health sciences as well as a post-graduate diploma in Nutrition and Dietetics on specialised training and clinical placement abroad leading to registration as a Dietician. This involved discussions and liaison with foreign hospitals to negotiate training placements abroad as well as various meetings with relevant Consultants. One person began training in April 2012 and will complete training and begin work in January 2013.

Medical Laboratory Scientists - Meetings were held with the Manager, medical laboratory services on the Paramedic Aides course requirements in relation to the MCAST working group.

Medical Imaging - During 2012, the Medical Imaging department continued its work on reducing the waiting lists in most areas through redistribution of staff and changes in rosters in some cases.

Medical Physics - Following discusisons in 2011, the Boffa Administration gained approval for the ESF funded project for the MSc Medical Physics Course which began at the Univeristy of Malta in Ocotber 2012. The Directorate was involved in discussions with University of Malta and Boffa Medical Admisntrator and participated in the Selection Board for the sponsored trainees.

Occupational Therapy - An outsourcing of OT services contract for CDAU was issued to decrease the paediatric waiting list by providing specialised groups for 400 children. Throughout 2012, 336 children benefitted from these services.

Ophthalmic Support Services - The Manager of Ophthalmic Support Services continued work to decrease ophthalmic waiting lists. Two Paramedic Aides began work within the Department. The team took part in the Special Olympics Screening Programme.

Orthotics and Prosthetics - Following a training programme and foregin placements of two Prosthetic/Orthotic Technicians in 2011 saw there employment in 2012. The quality of service to patients improved, and positive feedback received from service users.

Physiological Measurements (including Sleep Lab, EEG, EMG and ECG) - A Memorandum of Understanding was signed during 2012 whereby the ECG Technicians benefitted from porgression based on years of service but most importantly there were offered the opportunity to further their training and move into the Allied Health Care Professional Class. A working group consisting of Allied Health Care Services and MCAST was set up to discuss Paramedic Aides and courses to bridge the gaps in MHEC. A course leading to a MQF Level 5 MCAST Diploma in Physiological Measurements will begin in Ocotber 2013 following an Accrediation of Prior Learning Programme for all interested ECG Technicians. In future, Paramedic Aides who are trained at MCAST with a MQF Level 4 Diploma will be employed in various physiological measurements sections including Cardiography. Work is ongoing with MCAST to develop the curriculum for this course.

Physiotherapy - The Hand Therapy service continued bringing Physiotherapists together with Occupational Therapists for the benefit of the patient. Various meetings were held to discuss Rehabilitation needs and Packages of Care.

Podology - The Manager of Podiatry was appointed in 2012. Podiatry services have continued to expand their services in Podopaediatrics clinic, neurovascular screening programme with patients with diabetes, computerised gait analysis, podiatry services at day centres, podiatry services at Rehabilitation Hospital Karin Grech, podiatry input at OPU and the RA clinic. The number of clinics increased at Primary Health care and urgent cases were seen immediately. Non-urgent cases waiting list is down to three weeks. Podiatry was involved in talks with a view to include Podiatry in the training for Paramedic Aides. It was decided to work on training Paramedic Aides who would have followed specialised units.

Psychology - The Psychology Class Agreement was finalised and signed in 2012. The Director was actively involved representing MHEC in the Collective Agreement meetings for the psychology class which involved three ministries. Training funds were utilised for a follow up supervision training in the specialised EMDR training for a large number of psychologists and trainee psychologists. An outsourcing agreement for psychology services to decrease the paediatric waiting list at CDAU was issued for 50 children. At the end of 2012, 40 children were assessed through the outsourcing agreement.

Radiotherapy - Meetings were held with the Manager of the Radiotherapy service, Boffa Medical Adminsitrator and the Head of the Radiography Department, Faculty of Health Science on various issues pertaining to the Radiotherapy course, equipment, student training and clinical placements.

Social Work - During 2012, discussions were held with various entities to identify current needs, while talks were also held with Appogg.

Speech and Language Pathology - Meetings held with the Speech Language Department related to staffing issues, professions and renewal of contracts, deployment of staff, staff following the Masters in Audiology, Speech Language Assessments and public relations activities.

University of Malta - Discussions were held on current courses being offered at the University of Malta, mainly the Faculty of Health Sciences as well as other proposed courses for the future. DAHCS was also involved in discussions with the University of Malta and with the MHEC Services to ensure collaboration and funding. During 2012 the following courses opened: Masters in Vascular Ultrasound, Masters in Audiology, Masters in Medical Physics, BSc in Food Sciences, BSc Dental Hygiene.

Talks were also held with the Dean of the Faculty of Health Sciences on various issues that arose throughout the year to ensure the smooth running of all courses with the cooperation from clinicians. Talks on the Bridging course were likewise held to ascertain eligibility criteria for certain grades of staff.

MCAST - During 2012, the working group concluded their report and drew up a Memorandum of Understanding which was signed between MCAST and MHEC. This was possible through the collaboration of various clinical departments. DAHCS funded various public relations related activities such as the printing of a poster, production of a DVD, production of leaflets, production of a student handbook and the participation of staff in the MCAST Expo. The course leading to a MQF Level 5 National Diploma in Health and Social Care is the course specifically targeted to train Paramedic Aides. The Physiotherapy, Occupational Therapy, Podiatry and A& E will be accepting students on clinical placements within their departments. They are also committed to provide training to the students who chose the specific elective module in a particular area. Work is ongoing to develop the curriculum for these courses.

Quality Management Systems - The processes and activities for the Directorate were identified and translated into SOPs. The SOPs that were finalised regard training SOP. The Director participated in various related training such as induction, internal audit and SOPs. Various templates have been developed to enable the DAHCS to document various activities such as emails, PQ, complaints, queries, memos, MoUs and keep documented records of meetings. The first QMS Internal Audit was carried this year and the corrective action was completed. The Audit identified the fact that the Director documents all meetings as an example of best practice.

Unions - The Director of Allied Health participated in several union meetings throughout 2012. The Psychology Class Agreement was concluded and signed by MUPP and the relevant Ministries. The ECG Technicians Memorandum of Understanding was signed and a plan of action put in place immediately. The Paramedic Class Agreement, now to be called Allied Health Professional Class, should be concluded in early 2013.

Responding to PQs and queries from Ministry Secretariat - The Director Allied Health Care Service received various queries sent to directly to the Directorate, to the CMO or to the Ministry's secretariat as well as PQ's. These were all responded to in a timely fashion.

Promotional Activities, talks and presentations - The Director Allied Health care Services or designated staff from the various professions participated in a Radio programmes on Careers in Health as well as career days organised at MCAST and 6th form. Promotional bookmarks and a Paramedic Aide DVD were produced this year. Various requests were passed to the Director of Allied Health Care to provide information on Allied Health Care courses and careers in Health. The Director Allied Health Care Services participated in talks within the Allied Health Care Department and attended various events and seminars organised by the Allied Health Care staff such as the seminar organised by the Medical Imaging, Autism Awareness organised by Speech Language Pathology, Workout at workday activity organised by the Physiotherapy department, Occupational Therapy events at Mount Carmel Hospital, the Special Olympics Opening Ceremony, the Special Olympics Screening programme, the MCAST EXPO and Opening to mention a few.

KNPD - Following the Memorandum of Understanding in 2011, Physiotherapists and Occupational Therapists from MHEC continue to provide their input in assessment and advice on Assistive equipment and Adapted driving at the KNPD ERDF premises, the Sonia Tanti Independent Living Centre at Hal-Far.

NGO's - The Director is the link person in matters related to NGO's involving services from Allied Health Care Professions. Various meeting were held with Inspire including on site visits and regular updates in view of outsourcing contract for the children from the Occupational Therapy Waiting lists. Discussions were also held with Hospice to discuss the possible deployment and services of a physiotherapist during the year.

Involvement in Task Force - The DAHCS was involved in a Task force set up by the Prime Minister, following a report which investigated the interrogation and arrest of juveniles. The Task force consists of representative from various Ministries and OPM and headed by the Commissioner for Children. Regular internal meetings were held with the Commission for Children and external meetings on recommendations and proposals with the Commissioner of Police, the Minister for Education and the Prime Minister. The Task Force concluded its mission in 2012 with the submission of proposals and recommendations, many of which were put into place during 2012.

Unregulated Health Care Professions - The DAHCS forms part of working group set up by the Superintendent of Health on Regulation of Health Care services. This group looked at the various professions that fall under the Director Allied Health Care such as Paramedic Aides, Technical staff and Assistants in order to outline various job descriptions. These were compiled and the key competencies and skills required for training are now being identified. The Health Care workers have now been categorised into different groups. The work of this working group is still ongoing.

EU Project - The Director was actively involved in the filling in of ESF application for funding under the Cohesion Policy 2007 – 2013 entitled 'Introducing a Competence Assessment framework for Health Care Professionals'. The directorate is currently awaiting feedback on this submission.

Sectoral sub-committee - The Director represents MHEC on the Sectoral Sub-committee for Programming period 2014 – 2020 (Education and Employment). This Sectoral sub-committee is one of seven, set up with a view to provide input and support to the Inter-Ministerial Committee in it role of providing strategic input and guidance to the 2014 – 2020 programming process.

Conferences, Seminars, Courses and meetings - The Director for Allied Health Care Services attended a number of conferences, seminars, courses and meetings throughout the year and also encouraged the Assistant Principal to take up similar opportunities pertaining to her grade.

Participation in International meetings and collaboration - The Director participated in the 4th ICHPO via teleconferencing and provided feedback on the current situation of Allied Health Care Professions in Malta through a brief country report. The Director replied to requests for information pertaining to Allied Health Care from EU and other international sources and participated in consultation and other requests for feedback.

Management of Assets

Human Resources

The Director liaised with the HR department on various issues such as recommendations, progressions, transfers, re-instatement and deployment. The DAHCS also worked with HR to provide updated staff information and staff lists on years of service and level of qualifications per member of staff and was involved in collaboration with all the heads of entities and CMO to identify the CBE needs for every service area. The Director was responsible for updating numerous job descriptions and completing HR templates in preparation for calls as well as nominating or acting as Chairperson or member on several Selection Boards throughout the year.

DIRECTORATE COORDINATION HEALTH CARE PROVISION

Background

The Directorate responsible for the Coordination of Health Care Provision officially started functioning on the 1 March 2012. The main role of the directorate is to coordinate the delivery of health care services across the various health entities and to co-ordinate the interface between the various health entities and health care professionals. The unit is to work to harmonise core policies that cut across the Health Services.

Strategy

Being a new unit, the strategy for the first year of operation was to clarify and establish the exact roles and responsibilities. By September, nine processes were clearly delineated and accepted, each with a number of guiding activities and output

Priorities in 2012

The main priority which was established at the start was the coordination of the Head of Service forum, chaired by the Chief Medical Officer. Eight meetings were held in 2012. A list of agreed action points were summarised and are currently being followed up to ensure implementation.

In view of the dynamic nature of the role of this entity, a number of tasks were addressed which were not strategically planned at the beginning of the year and which are listed under Key Activities.

Key activities

In March 2012, a Task Force with representatives from the main unions and the senior executive officers at Mater Dei Hospital and the Department for the Elderly was set up to address the challenges presented through the ever increasing demand for Health services at Mater Dei Hospital. The unit was responsible for the organisation of meetings and draft and circulate minutes. Six meetings were held. A final report was compiled and agreed by all parties on 10 December 2012. A number of action points were also compiled and sent for implementation to individual stake holders.

In December, a Bed Escalation policy as agreed by the Task Force was implemented with cooperation of various stakeholders and 35 new beds were opened up at St Vincent de Paule Residence and another 13 beds in Rehabilitation Hospital Karen Grech.

Information for a proposed amendment to the Schedule of Art 64(6) of the Employment and Industrial Relations Act (Chapt452) was collated from all entities within the Health sector to reflect today's developments and requirements in this Sector.

Information was also collated from all health entities on staff that are being paid 'On-call' allowance.

Following the recent amendment to the General Elections Act, voting will be carried out for the first time in MDH, MCH, RHKGH and GCC. H armonisation of templates for the collation of information and for the procedures to be implemented across each service entity, was prepared. These will be implemented in January 2013 for the March 9th General Election. The initiative will ensure conformity of procedures across the health entities.

Through a collaborated effort with Human Resource sections within Head Office and MDH, an exercise was successfully carried out to harmonise employment conditions of expatriate staff within the Health Ministry.

Collaboration with the central Human Resource section led to a coordinated process for recruitment of professional staff. Following a proposal by the unit, a database is being planned to better help monitor the various stages involved in the recruitment procedure.

The Employees of the Year Award was successfully organised for the first time within the Department of Health and the unit was tasked to chair the selection process.

Following the highlighting of a developing waiting list for Radio Iodine Treatment in Boffa Hospital, the unit was successfully spearheaded a process whereby Boffa Hospital refurbished the unit reserved for Radio Iodine therapy so that services were increased from one patient per week to four patients per week, with a drastic decrease of the said waiting time phenomenon.

Another innovative task that was initially undertaken by the Unit involved the initiation of Chemotherapy services in GGHl. A number of meetings with various stake holders were carried out. Pharmacy policies concerning the handling and transportation of Chemical products were drawn. Training for nursing staff was also initiated. This task was subsequently passed on to the Foundation of Medical Services.

A Gait Analysis project proposal between the Orthopaedic Department and the University of Malta was also finalised and submitted in April for consideration.

Through the Government's initiative for partnership with private sector in the Health Care sphere, work was undertaken for the finalisation and implementation of an agreement for the provision of Emergency Services during the weekend by the private sector. The activity after every weekend was monitored together with the Director Health Care Funding. The unit was instrumental in the finalisation of an agreement for the farming out of a number of arthroscopies. An initiative to lead and coordinate the development of an Integrated Care Pathway to document the procedure and ensure a seamless care between entities was successfully completed on time. The unit attended a number of PR media events to explain to the public the new services being introduced.

The unit monitored on a daily basis, the daily bed occupancy in the morning and evening at MDH and the Rehabilitation Hospital. Actions were taken to support and push transfer of Delayed Discharge Patients out of MDH. Various administrative problems between the various service entities which hindered the transfer process (such as issue of Peritoneal dialysis and MRSA status) were also addressed.

In summer, four Heat Advisory Warnings were received from the Meteorological Office and were conveyed to all involved stake holders for further action.

Throughout 2012, the Unit, through its role within the National Organising Committee within the Office of the Prime Minister, coordinated the Medical Contingency plans with MDH and various NGOs, for five State Visits by foreign dignitaries. Similarly the directorate led the medical contingency plans for the Five plus Five Head of Government Meeting which was held in Malta in October 2012. There were three other mass gathering events which were also coordinated - Malta International Air show, the Notte Bianca and the Isle of MTV Concert. No major accidents were reported.

A number of initiatives between the Department of Health and the GGH were coordinated. The Chemo therapy project as already mentioned included the organisation of two meetings in Gozo, one between the Chief Medical Officer and the medical, nursing and administrative staff of GGH (April) , and the second was a high level meeting between the Permanent Secretaries of Health and of Gozo (September). Various areas of collaboration were agreed upon and a Memorandum of Understanding is to be signed in 2013.

A number of customer service complaints were followed up with the service entities.

The directorate also played an important role in continuing with the coordination and provision of medical care to patients coming from the North African region following the recent population uprising. Requests

originated from Libya, Tunisia and Egypt. Coordination was done with the Office of the Prime Minister and the Ministry of Foreign Affairs and the various clinical persons with Mater Dei Hospital and the private sector.

Work was carried out to increase the level of collaboration between the Government of Malta and that of Tunisia in the field of Family Medicine. A planned exploratory visit by the Tunisia counterparts was postponed at the last moment. Other areas of collaboration involved the Malta Qatari Libya agreement and the United Nations Support Mission in Libya (which agreement still requires input from the United Nations).

Human Resources

The Human Resources for this directorate as yet needs to be sourced.

DIRECT PATIENT SERVICES

MATER DEI HOSPITAL

2012 for Mater Dei was yet another year that presented challenges which had to be faced as and when they happened, whilst trying to institute a shared vision and a culture of improved management all across the hospital and looking and seeking progress within the confines that any organisation has, of limited resources in terms of finances as well as human resources.

The main achievements in 2012 were:

- Halving the number of cases of MRSA patients over that in 2011, which was already half of what was in 2010. This has reduced unnecessary bed days by patients and saved an estimated €200,000 in additional care costs.
- Increasing the number of surgeries carried out in operating theatres over 2012, hence utilising the infrastructure and fixed costs of running theatres, thus giving more value for money,
- Increasing the daily number of operations carried out in day care by five, hence saving on unnecessary patient stays,
- The elimination of the paediatric corridor for patients waiting for a bed by the construction of a 16 bedded Medical Emergency Ward giving incoming patients more dignified care,
- The creation of an extension to the MEW above to increase its capacity by an additional 11 beds,
- An orthopedics outreach service that reduces bed stays in orthopedics at MDH,
- The compilation, review and vetting of all official documents at MDH in view of a newly structured document control system,
- A re-organised and trimmed Board of Directors running and operating more as a Board of Directors, with a regular series of actions taken to take the hospital forward,
- The setting up of a Senior Management Team, made up of a the key directors and clinical chairpersons from the largest departments, who can take hospital decisions related to care and patient safety,
- The extension of operations of the Outpatient departments to cover until 4.00 pm with OP sessions,
- The setting up of an online in-patient satisfaction survey that is filled from the patient's individual video system,
- The extension of the bed management department to cover a wider span of time in the hospital, finishing at 5.30 in the past and now covering till 7.30,
- The passage of management of the different departments in Sir Paul Boffa from the jurisdiction of the Medical Administrator at SPB to the relevant directors at MDH as a firsts step to the migration process to the New Oncology Centre,
- The reduction of unutilised bed days when bringing patients as in-patients to carry out an angiogram, from an average bed stay of 6 bed days to between two and three bed –days,
- The accountability of lead clinicians to substantiate their work as a Lead Clinician,

- The reduction of overtime spent in the period May to October 2012 by 27%;
- The reduction of waiting times for cataract surgery with a two pronged approach by carrying out subcontracted surgeries, as well as through an increase in surgeries internally at MDH. The list has now been reduced to just over two years from that of over four years,
- The reduction of the waiting times in orthopedic procedures on knees and hips through maximization of theatre usage (four theatres per week are allocated to this),
- The reduction of waiting times in neurology outpatients through an increase in OP sessions in afternoons,
- The reduction of DNAs in Outpatients by 12%.

Executive Summary - Main Challenges

The main challenges facing MDH are:

- Making employees in management positions across every level at MDH start to act or operate like managers even though they do not have the specific skills, competence and training that make them a good performing manager. This is by far the biggest challenge that is faced at MDH. This is entirely within MDH's control but can be supported with the ability to bring in employees from outside the government sector to tackle certain specific aspects where management skills are paramount.
- Blocking of acute beds by patients who do not need acute care – in the main part of 2012 we had a daily average of 130 (18% of the useable bed stock) acute beds being blocked by such patients. MDH has negligible control over this but needs to cater for whatever volume of incoming in-patients is arriving every day. (The maximum blockage suffered in A&E of incoming patients waiting for a bed was 91 at the winter peak in 2012, hence showing that if these beds are un-blocked, MDH can actually cater for the regular winter influx.)
- The very lengthy process of replacing employees who for whatever reason leave their employment with MDH but are replaced, typically, 8 to 13 months after they leave. In 2012, a great effort was made to ensure that MDH carried out the part of the process that belongs to it swiftly. This was done and there is evidence to prove it. Yet there was no visible improvement in the turnaround time for replacing employees. MDH has in effect negligible control over this.
- Making all employees in management positions accountable for their actions. This is still very weak and there is a slow learning curve in this area with all managers, starting from clinical chairpersons to each and every manager in the organisation. This is entirely under MDH's control
- A slow and ineffective CBE (Capacity Building Exercise) process that cycles over typically a 15 month period and the choice of employees from MDH is not done by MDH but filtered and re-filtered by MHEC and MFEI personnel. (MDH does not have a salaries budget against which it decides who to employ in.) This is entirely out of MDHs control.
- The total absence of an infrastructure to provide information from data of the performance of the hospital in any area of operation. IT support is non-existent as employees have been taken away by MHEC arbitrarily without replacement or the recruitment of new employees on IT. The CPU in MDH is made up of one functional officer whose time is taken up to answer PQs as well as to provide statistical data for generic monthly reports. The improvement of this is totally out of MDH's control.
- The total absence of computerised information management tools for management (NO's, clinical chairs). Whereas the IT department in MDH is totally void of programmers or system reviewers, MDH can outsource the writing of simple programs. This is totally within MDHs control.
- An extremely lean hierarchy at senior management level with many directors and clinical chairpersons having to manage most operational issues and have little time to dedicate for qualitative issues and their improvement. (An addition of manpower in this area has been approved.). The improvement of this is now partially within MDHs control.
- A non-systematic approach to tackling union issues. The management of trade unions is share-managed between MDH and MHEC and often this is the right excuse for the unions to get what they want from either of these two entities. The improvement needed here is partly within the control of MDH.

- An inherent fear in all employees to record and raise incident reports when things go wrong. The excuse given is that otherwise there will be disciplinary action against people. In 2012, there were 730 incident reports raised only seven of which were treated in a manner that included disciplinary action. Hence the numbers do not justify the fear. The improvement of this is totally within the control of MDH.

General

Bed Management

This area has improved but needs more improving. Audits in wards are now carried out to ensure that NOs do not hide vacant beds from bed management. Coverage time of the department was increased by 1.5 hours during the day and one Night Manager in the SNOs office has been dedicated to cater for bed management.

A new system has been piloted to allow consultants to register a discharge from near the patient's bed through the bed video system and immediately this information becomes available to the bed management department. Once this happens, the ward has two hours by which time they will receive the next patients.

The next step here is to transfer the department to the A&E area for better communication and also to reduce the clerical work through computer programming, saving the use of two clerks.

Job Plans

Job plans for 2011 and 2012 were all closed and approved in early 2012. Work has already started in September of 2012 to improve the organisation of job plans and schedule their approval for 2013 in the first four months of 2013. One common template has been finalized for MDH. No notable changes to job plans were carried out in 2012.

The next step here is to have clearly defined performance measures in each job plan for 2013. (The addition of the Medical director to the team at MDH will help this process immensely as there will be a review of what consultants and chairpersons are proposing.)

System Reviews

We introduced the concept of system reviews arising out of incident reports or other system failures. These reviews were led by Walter Busuttil and their outcomes were not recommendations but actual action points that had to be implemented.

The close-out of actions points is still weak as we do not have the right mechanisms to make sure actions happen and a follow-up to this carried out on site to confirm it. This activity needs to be beefed up as part of the Patient Safety committee for 2013.

Audits and training of Auditors

Several training course were delivered to different departments such that they have within them trained process auditors to carry out audits within the department and carry out follow-up actions. This was done for the entire Infection control department, all of Pharmacy, and all the PDNs and DNMs of MDH.

Process audits commenced in the nursing department where all major common processes in wards are being audited for effective implementation. There is as steep learning curve here as the concept of audits is seen wearily. There is an inherent fear of blame if incident are reported.

PDNs were also trained in lean management and process mapping.

Adolescent Care Age Limit increase

The age limit for adolescent care has been raised from 14 years to 16 years. This has created approximately 880 bed days of free bed space out of the main wards and moved them to the children's wards. This rule does not apply for major surgery so far but it is planned to be extended in 2013.

Theatre Users Committee

The committee met several times and it tackles specific request raised by surgeons related to theatres, mostly those related to theater space and support. It is my view that this committee is toothless in the sense that it does not tackle theatres in a strategic manner. Based on this position, the theater user's committee chairperson, Prof. Laferla has resigned.

The way forward here is to have a theatres director. I asked for such a director to be instituted in July of 2011. In October of 2012, the Permanent Secretary managed to convince the MFEI that we need this post. Proceedings were immediately initiated to recruit this person but this again is in the hands of FMS and not MDH and has so far not materialized. There is no visibility to date as to when this will in fact materialise.

Addition of Key Employees

This year we had the addition of a Chief Operations Officer as well as that of a Medical Director. These have been crucial additions to the senior management team and they have both settled in nicely into the rhythm of work at MDH. They are each running critical programs of improvement in the hospital. A re-organization of outpatients' services is being undertaken by the COO. The Medical Director came late on in the year and is still finding his feet. The latter was allowed to continue with his clinical work but the demands by all for his presence at MDH are putting pressure on his role due to his time constraints.

Objectives for 2012

This year we committed to specific targeted objectives selected by MDH top management through a voting process. Multidisciplinary teams were then set up to implement these objectives. The objectives were the following:

Better use of Day Surgery

This team, led by Dr. J, Zarb Adami reviewed what possibilities are there to do more day surgery with interventions that currently are done on in patients taking up several bed days each. A detailed study was carried out identifying what type of surgery can be carried out as day surgery that currently is not done so at MDH. From this, the group came up with an SOP that defines precisely how day surgery is managed and which type of interventions can or may be carried out as day surgery. The next step was to convince the surgeons to tackle these cases as day cases. This was not easy and there is till significant resistance to this. We have managed so far to increase day surgery by about six additional day surgeries daily all of which come out of the designed SOP. The group will proceed.

Patent Centred Care

This team, led by Charmaine Attard took long to take off as it was quite a difficult subject to tackle. With some coaching and guidance from the undersigned the group identified the features that provide patient centered care, prioritized them in favor of the patient and their degree of implement ability as well as their impact and chose the top five aspects that will be handled and promulgated within all the wards. Now a series of actions has been prepared based on this choice. In 2013 these actions will be implemented.

Reduction of DNA in Outpatients

This team, led by Dr. J. Farrugia Agius made a lot of progress. Arising out of their work, several systems were implemented during the year to reduce DNA s in OP, improve scheduling and avoid unnecessary attendances. These included an office to chase patients a few days before the appointment day so that they confirm if they are going; filtering of lists for deceased people as well as people with multiple appointments and above all, a new Ticket of Referral, on computer that can facilitate unnecessary attendances and increases in waiting list due to the information it request form the referring GP. It also makes sure that there are no unclear or unnecessary referrals. A new system has also been out in place and is working, such that patients needing only blood tests do not come to OP but are directed immediately to the ACC or to heath centres for their tests.

Decrease in un-necessary bed days

This team, led by Dr. O. Aquilina carried out some work but there were no tangible material improvements identified yet. In the work they did, they came up with several medicines that can be given to patients, especially in cardiology, that would immediately decrease the amount of bed days but these were not approved as part of the formulary by the MHEC, claiming that the effectiveness of these drugs was not proven. It was expected that a systematic manner by which to vet un-necessary bed days would be carried out but it was not done. It is expected that in 2013 this group boosts its efforts to tackle this subject.

Discharge Planning

This team, led by Dr. Lina Janulova devised a mechanism and check lists by which a discharge plan for patients above a certain age, arriving at MDH, is filled up as soon as the patient arrives at MDH. The checklists for nurses were written by doctors whilst the check lists for doctors were written by nurses. The team was also multidisciplinary and there was the involvement of Comcare to give advice on discharge planning. In 2013, their work will be to implement these checklists and create the discharge planning process in practice.

Documentation

This team was led by Chris Attard Montalto. They reviewed all the documents and forms that every department in MDH uses for its needs, sifting out all that was on KURA and identifying what is still in place and what is not. Due to the sheer size of the number of forms and SOPs and other documents available, it was concluded that a computerised document management system is required. The vetting of the current forms and SOPs has been done. The next step is to put the document management system in and put IT access to the forms and Sops to all employees, substituting the KURA function in the meantime. A systematic manner on how to create approve and change documentation still needs to be put in. This will be the work for 2013.

Migration of Sir Paul Boffa Hospital (SPB) to the New Oncology Centre

Work has commenced on this migration. All Directors at MDH have taken control of their respective activities in SPB and are now liaising directly with the persons concerned with regards to issues that need attention at SPB. Michelle Galea has been appointed overall Migration Manager as the previous arrangement of sharing the responsibilities between the Medical Administrator of SPB and Michelle Galea was not effective. A communication rapport has also been built between MDH management and the allied care professions at SPB. In early 2013, a migration plan will need to be devised with the input of all players at SPB so that this move is successful and incident free.

Outpatients

The Outpatients department now operates until 4.00pm and on Saturdays in the mornings until 12.00. All afternoon slots have been taken up and those which have not been filled are because of a lack of consultants available to fill them with. We are covering all departments. It is now a matter of enforcing that these slots are duly filled and patients seen in line with the defined loads of patients in the slots. This aspect needs to be tackled now by the Medical Director. In most cases (with the exception of Orthopedics), no waiting lists are now longer than 12 months with most averaging four months or less.

New Services

No new services were authorised by the CEO in 2012. Any new services that started in 2012 had already been approved in 2011.

Primary Care Projects

10 projects were identified that can be carried out in Primary Care with the cooperation of primary care and MDH. A team of four doctors and nurses has been identifying the manner how these processes can be transferred to primary care. There has not been sufficient progress in these projects. In 2013 CEO MDH and CEO PHC have to take up the projects again and drive them to completion.

QML

MDH participated in a program to treat Libyan children that was a joint effort by Qatar, Malta and Libya (QML). Whereas MDH did its part in the program, it was not fully successful because the program window did not allow for the normal waiting times for certain interventions and hence the Qatari management decided to pull some of the activities from MDH into the private sector in Malta. There were incidents were MDH personnel tried to indicate that a private intervention pathway would be preferred but these were quashed by the undersigned as soon as they were reported.

In the end all patients were treated in time and satisfactorily.

Hospital Public Relations

This is still a very weak area at MDH. It has to be done professionally with professional people. In July of 2011 I asked for the appointment of a PR Manager but this did not materialise. A PR Manager would help the hospital be quick in response to anything that the media publishes on MDH. It will also help us do much needed PR work with patients coming to A&E and the OP departments of MDH. Today we do not have education campaigns that support these vital needs for the hospital.

Internal communication also suffers as there is no modus on how to do this, nor a system to ensure an effective communication mechanism. A prospective PR Manager would take care of both internal and external communication.

Home Care Packages

MDH has identified three home care packages that can be given to patients who are currently held up at MDH but are not in an acute phase of their illness and hence are blocking a bed. These three packages were designed based on the current nature and type of non-acute patients that MDH houses. The packages were designed by a multi-disciplinary team that included social workers, members of the organisation Comcare that already carries out such work in the community to support old frail non acute patients.

With such packages, a non-acute patient does not have the option to stay at MDH after an acute event but he/she will have to go back home and be treated and cared for with one of these three packages of service. The three packages cover from a basic service for fully dependant individuals to those who need a nursing visit several times a week.

These packages were submitted to MHEC to investigate the financing of such packages.

JHI Report

The JHI report was distributed (in individual sections) to all the departments in the hospital covered by the report. Work on the implementation has started and is at an advanced stage in most areas where nursing issues had to be tackled. With the exception of areas where tangible addition of human resources were needed, system and process changes, where applicable are being undertaken.

Organizational aspects that arise out of the JHI report have not been tackled yet and it is in the hands of MHEC to trigger this process as the implications of such organizational changes are far reaching and have to emanate from MHEC as they affect how the hospital has been managed from MHEC traditionally.

Capital Expenditure Committee

This committee was set up to manage and prioritize the use of the capital funds of MDH. Previously such funds were spent on a 'who shouts loudest gets them' basis and we want to stop this. The committee will work on the following scale of priorities:
1. patient safety
2. replacement of equipment for basic care
3. reduce LOS
4. new services

Mater Dei Outpatient Department

The re-organisation of the timetable of the Outpatients' Clinics (namely Medical and Surgical clinics) was attended to. Afternoon sessions were increased, especially by contact 'A' consultants. Saturday session were also included but still not fully utilised. Extra sessions were set up for, the new colon unit, the extra session by Neurology and IVF clinic. All new appointed surgical consultants have been allocated afternoon sessions. Through the organisation of the clinic consultations rooms, the dietician service and a smoke cessation sessions were included.

New Ticket of Referral (TOR): This TOR is an enhanced version over the original where the GPs are instructed to give more indication as where they wish to refer their patients, thus saving unnecessary work by our consultants to determine the right clinic speciality and reduce frustration by patients whom turn up in the wrong clinic. This TOR will facilitate the appointment system at MDH.

Addressing patients 'no show' of at OPD: A confirmation calling system run by staff of customer care/ receptionists has been set up to call patients three weeks prior to their appointment date as to confirm their attendance at OPD. When a cancellation is registered, the next patient in the list is called in. First indicators show that this effort has reduced our lists by 12%. Nonetheless, the success of this system depends on the continuous maintenance of the same system and the setting up of a dedicated Booking office.

The fresh trauma clinic at Orthopaedic out patient was re-introduced as a stand-alone clinic. Specialist under the supervision of the consultant of the day attends to this clinic. Patients are registered under one clinic code and not as previously in the consultant clinic code.

An appointment system was introduced to the Chinese clinic where patients are referred to this clinic in line with the normal OPD referral process

Mater Dei Bed Management Unit

A reorganisation of the working shifts has been underway and the time bands of the BMU have been extended from 6.30 to 19.00. This helped the night nurse management with a better handover of beds for night admission.

Medical Director - Mater Dei Hospital

The post of Medical Director was created to consolidate and develop medical services through leadership of the medical profession, and work in consort with the other health, allied, and social professions, as part of hospital management.

Emphasis was placed in developing a solid, respectful and understanding working relationship with the CEO, Board of Directors, Senior Executive Committee, Chairpersons of the Clinical Departments, medical and clinical personnel.

Customer care has been supported, working towards good patient experience.

Team working with executive management, was important to continue to develop strategy, structures and processes aimed at consolidation and improvement of services.

Finance

2012 proved to be a challenging year for the Finance Directorate with regards to funds management. The main challenge was due to the fact that funds available were circa 13% less than that requested.

To alleviate the problem of cash flow a number of measures were taken which included the utilisation of:
The maximum credit period allowed for payments to contracted suppliers/service providers
The cash balances in the Below the Line Account amounting to €966,333, which were invested mostly in capital assets
Transfer of funds between votes where excess funds in some votes were transferred to depleted votes. This measure, however, we could only adopt in a very limited manner given the restrictions of the Government Departmental Accounting System (DAS).

Accounting and Reporting

During 2012 the Accounts Section processed 14,201 different payments to suppliers and staff (in relation to CPE/CPDs) and raised 4,525 local purchaser orders to suppliers. All these were inputted into both DAS and the Access Dimensions accounting systems as the section is still running on the two systems in parallel.

Billing/Revenue/Debtors

The quantity of cash generated from receipts from the Pharmacy side has increased compared to the previous year. A part of the revenue is deposited into the Below the Line account which as mentioned before is utilised primarily as an extension of our capital vote.

At the end of the year the debtors' balance was of €2,068,944. These can be broken down as follows:

Patient Treatment	€1,700,993
Sundry Bills	€70,901
Pharmacy Bills	€19,463
Overpayments & Resignations	€277,587
Total	**€ 2,068,944**

Fixed Assets

In 2012 a total of 22 cost centres to a value of €34,356,061.71 were checked by IMD staff and finalised.

During 2012, the introduction of the Asset Manager software (by Philip Toledo Ltd) was evaluated. This section has relied on a number of excel worksheets to keep track of the thousands of assets scattered through the hospital grounds

The Head of Sections's function as chairperson of a new 'Board of Survey to Report on Unserviceable and Obsolete Articles/Instruments/Equipment at Mater Dei Hospital' is now in its 15th month. A total of 23 boards were convened. Hundreds of items were collected from the various departments in MDH. A total of €1,293,512.28 in value was discarded.

Human Resources and Administration

Cost Efficiency

During 2012 a committee was set up in order to oversee and control the utilisation of overtime by MDH staff. This committee was chaired by the Director of Finance and during the year overtime costs were contained with an overall annual saving of around 17% as compared to the previous year.

The following is a very brief outline on the initiatives and achievements in 2012.

Central Office

Industrial Relations

Various meetings with unions, namely UHM, GWU, MUMN and MAM to discuss and agree upon issues including roster at Medical Imaging, A&E clerical support, on call at the Dental Department, A&E Supervisors on call remuneration, ambulance garage drivers re-structuring with the involvement of PACBU, CSSD restructuring which has not been concluded yet in view of change of union representatives, and call for applications for biomedical staff.

No-Smoking Hospital

As from 20 Feb 2012, smoking was only permitted in the three designated areas. Policy implemented successfully which saw a reduction from 46 smoking areas to only three external areas.

Clerical receptionist contract

A number of measures were implemented to decrease the contractual expenditure by 20%.

Constant Watch Policy

Policy was finalised by Nursing Directorate and training was scheduled for late November but had to be postponed in view of objections by MUMN.

Verification of Sick Leave

Verification was stopped in view that the MHEC contract expired.

Boffa Integration

Various meetings were held to discuss the integration of Sir Paul Boffa Hospital with Mater Dei Hospital especially with regards to HR & Administrative matters.

Equality Mark Award

The Equality Mark Plaque was presented to DHRA on behalf of Mater Dei Hospital during a full day conference organised by NCPE.

Materials Management and Logistics

Central Sterilisation Supplies Department

CSSD processes all the equipment and medical devices from operating theatres, wards, health centres, specialities and also some of the private clinics (sterilisation only). All the work processed is bar-coded and documented. All through the different sections of the department, there is an audit trail. Also, all the stages that the medical devices are processed are quality assured by different tests and quality controlled on a daily basis.

Equipment

This year started by upgrading all the washer disinfection machines and the trolley washer. This decision has been greatly appreciated because not only the washing was more efficient but the processing time was reduced by half i.e. form 90 minutes to 45 minutes. The trolley washer can now also process the aluminium containers, before which CSSD had bottle necks in the process. The Digital Process Challenge Device (DPCD) was introduced earlier this year where each autoclave cycle is now validated.

Workload

Compared to previous years, the workload continued to increase. The workload this year increased by1.03% compared to last year.

2010		2011		2012	
Packs	**Loose**	**Packs**	**Loose**	**Packs**	**Loose**
24,627	279,395	56,123	278,053	58,538	274,086

Supplies Department

The Supplies Department is responsible for the distribution of items worth circa €25 million a year.

Supplies Department – MDH – Consumption Report 1 January to 31 December 2012		
Stores	**Sum of Quantity**	**Sum of Value**
BMS	125,445	€ 2,378,218
Cochlear	342	€ 256,835
Conjoints	1,518,881	€ 2,746,464
Dental	228,135	€ 23,119
Disposables	24,793,926	€ 2,698,914
EMS	219,423	€ 661,523

Infection Control	293,750	€ 214,343
Loans	9,434	€ 22,438
Perfusion	3,980	€ 156,047
Provisions	747,875	€ 422,163
Specials	6,556,999	€ 13,815,507
Grand Total	**34,498,190**	**€ 23,395,576**

DEPARTEMENTAL CONSUMPTION REPORT – 1 January to 31 December 2012		
Department	**Sum of Quantity**	**Sum of Value**
Surgery & Subspec	3,790,842	€1,044,866
Medicine & Cardiac	5,394,975	€1,858,987
Gynae and Obs	1,443,435	€475,062
Paediatrics	1,116,146	€258,972
Orthopaedics Dept	964,114	€1,945,130
Cardiac Services	1,550,197	€4,770,482
Opthalmology Dept	204,194	€1,115,999
Anaes/Pain Releif	2,458,477	€1,445,263
A&E/observation ward	2,849,779	€511,068
Department of Dental	743,941	€185,071
Medical Imaging	366,210	€718,794
Pathology Dept	4,535,651	€4,147,227
Infection Control	20,319	€13,648
Psychiatry Dept	46,387	€6,446
Ancillary Services	335,601	€252,051
Ambulance Services	2,731	€63,408
Engineering Dept	109,998	€437,360
Dept of Admin/Mngmt	714,162	€803,776
Department of CSSD	3,096,696	€683,123
Cleaning	7,714	€3,612
Daycare unit	336,884	€49,490
Medical School	72,094	€143,885
Doctors' Quarters	9,442	€7,102
Operating Theatres	1,268,731	€2,707,557
Pharmacy/Medicinal	2,238,993	€798,521
Dermatology	18,249	€16,778
Non MDH	1,221,686	€495,917
Grand Totals	**34,917,652**	**€24,959,608**

Biomedical Engineering

Service Contracts on Medical Equipment with Private Companies

Due to the complexity of the equipment that has been purchased and installed for Mater Dei Hospital, and due the legal implications that are in place on the maintenance of equipment in the European Community and in Malta, there was no choice but to consider using the services of the private contractor to complete the necessary works on the maintenance of life saving medical equipment. In 2012, there was a total of €1,946,777.

Repairs of Medical Equipment Overseas

A total of €860,576.78 was spent on equipment that could not be repaired by the in house Biomedical Team, but which had to be shipped overseas to be repaired by the manufacturers.

Procurement of Spare Parts for Medical Equipment

The Biomedical Department spent a total of €750,000 on spare parts to repair medical equipment.

Forklift Upgrades of Old Equipment

No new Forklift Upgrade agreements were installed in 2012. However, the total amount committed in 2012, in old Forklift Upgrade Agreements made in previous years, amounted to €182,518,08.

PET/CT Facility

2012 has seen the installation and erection of the PET/CT Facility, which has been funded by the Swiss Government. The facility was completed in December 2012.

Supply of Qty 11 Ambulances for Mater Dei Hospital

In 2012, the adjudication of the Tender for the Supply of Qty 11 Ambulances was completed and awarded accordingly. In December 2012, four ambulances were delivered to Mater Dei Hospital.

ERDF Application

The Biomedical Department was requested to be the Project Leader for the European Region Development Fund (ERDF) Application for Medical Equipment, which has been titled.

Engineering

Projects to increase the Bed Capacity

During the summer months, a project was successfully completed to provide additional patient beds at Mater Dei Hospital enabling better delivery of quality care to patients. This involved the alterations in the building and engineering services transforming a Store into a Medical Illustration Department and the Medical Illustration Department into a New Holding Bay Ward.

In October 2012, an application was submitted to benefit from the European Regional Development Funds (ERDF) for the setting up of a Medical Assessment Unit at MDH. This is currently being evaluated the outcome of which is expected during the early months of 2013

Maintenance

Programmes Preventive Maintenance

Programmed Preventive Maintenance (PPM) continued without particular difficulties to be reported.

Permit to Work and Preventive & Breakdown Maintenance Work Orders

46,353 (45,655 in 2011) work orders were received/generated during 2012.

5,072 work orders were still not closed by 31 December 2012, which include some carried forward from previous years.

New Work Requests

During 2012, 343 New Works Requests were received and 192 Requests were closed while others are still being actioned.

Monthly Health Check on the Power Network Control Centre (PNCC) and Emergency Diesel Generators

Every month a Health Check on the Power Network Control Centre (PNCC) and Emergency Diesel Generators was carried out without particular problems to be reported.

Waste & Estate Management Section

Waste

The Waste Management's annual objectives were in general met and not only managed to provide efficient and effective daily routine operations involving collection, separating and transportation of waste but was effective to handle back lock of waste going back to ten years stored in several stores and Department within the Health Division but not necessarily administered by MDH

MDH Fire Safety (Fire Team)

During the year, the Fire Team Section carried out Fire Drills in 68 different Wards and Sections within MDH. Moreover they were fully engaged on several tasks most of which were successfully carried out whilst others, mostly because they were carried out for the first time, need further fine tuning in execution.

Landscaping

The MDH soft and hard landscapes operations were carried out effectively. The monthly walk around with the ELC Operations Manager was also important to establish priorities and timely jobs.

Occupational Health & Safety Section

During this year, the concept of having an OHS Designated Officer representing the respective Director as indicated in the PSMC has been embraced. For the training of these officers, a Call for Quotes was issued, adjudicated and is in the status of issuing the Letter of Acceptance.

Nursing and Midwifery Services

Infection Control (MRSA Reduction)

In 2012, a significant reduction in reducing spreading of infections between staff and patients was recorded. It is a fact that Methicillin-Resistant Staphylococcus Aureus (MRSA) was reduced substantially in the Medical Investigations Treatment Unit (MITU), Intensive Therapy Unit (ITU), theRenal Unit and in various wards at Mater Dei Hospital.

In 2011, the average number of new MRSA cases per month stood at four. In the first Quarter 2012, the average number of new MRSA cases per month stood at 1.6, whilst in the fourth Quarter 2012, the average number of new MRSA cases per month stood at one.

Moreover, the Neuro Surgical Ward (NSW) was awarded the Hand Hygiene Award for 2011.

The Nursing Department, in conjunction with the Infection Control Department, introduced the Visual Infusion Phlebitis (VIP) Score, which is an essential tool that facilitates the timely removal of short peripheral intravenous catheters at the earliest signs of infusion. This process has however been stalled due to MUMN directives.

Working Groups

Three main areas pertaining to patient care were set up. The groups will focus on Documentation, Patient Centred Care and Pressure Sore Prevention.

Nursing Shortages

100 new nursing recruits to Mater Dei Hospital were deployed in 2012with prioritisation given to ITU,A&E department, Operating Theatres and Surgical wards.

Operating Theatres

In 2012, a total of 45,291 Interventions (Major – 13,048, Intermediate – 16,672 & 15,571 – Minor) were completed.

New Initiatives

In the Outpatients Department, a Review Clinic for the review of Post Ops Ward Attendees was set up to keep post op patients away from the wards. This clinic is run by the Tissue Viability Clinic. The Urology Outreach clinic was the second initiative that was started in 2012. A total of 100 urological patients were seen monthly, in the community.

In 2012, two nurses were also recruited to take on the new initiative undertaken by Mater Dei Hospital, to commence Colorectal Screening.

A leg ulcer community coordinator was also introduced in Boffa Hospital to coordinate the treatment and care of ulcers in the community.

Union Issues

- The Constant Watch Policy has not been implemented, and as a result the MUMN have reacted by issuing a Directive stopping all nurses from implementing any sort of Constant Watch Care on any patient until this policy is implemented. It has to be stated that the Constant Watch Policy, which was done under the initiative of the Nursing Directorate of Mater Dei Hospital, is currently being assessed by the Department of Health to be implemented across all Health facilities.
- The MUMN issued a directive, instructing all nurses to stop filling in the Visible Intravenous Peripheral (VIP) score
- The MUMN issued a directive in September 2012 for all nurses in the A & E Department not to enter any ambulances hired from a private firm, with a driver also hired out from the same company. This directive was finally dropped and removed by the MUMN after negotiations took place with management of MDH and the Ministry for Health.

Midwifery Services

A working group was set up by the CMO to develop the clinician/midwifery strategic plan. This set a basis for the development of community based midwifery which will assist in quicker discharge of the mother and baby from hospital. A call for midwives to work in the community has been issued. A midwifery officer has also been allocated to run this project under the main Directorate of Nursing and Midwifery.

Normalising Childbirth module

An EU funded project under VETPRO –vocational educational training for professionals was achieved in 2012. In 2013, a number of midwives will be travelling to the UK to participate in this programme.

Pilot project on Open Visiting

Between May and August a pilot project on open visiting hours was carried out on all obstetric wards where partners could stay with the mothers 24-hour round the clock. Mothers were in their majority in favour of this system however the obstetricians opposed and the project had to be stopped.

Launch of the MDH Breastfeeding policy

This was formulated by the Baby friendly initiative Steering Committee.

Clinical Performance Unit - Introduction

The Clinical Performance Unit in 2012 was once again responsible for analyzing and reporting clinical activity for In-patients, Day Cases, Outpatients and Accident and Emergency data, producing regular monthly reports which outlined the clinical activity occurring at Mater Dei Hospital, as well as responding to requests for data from the Surgical Operations register.

Publications

The unit has continued to provide information and support to policy–makers, researchers and clinicians. It issued monthly reports on bed statistics, in-patient, outpatient and A&E data together with reports on patients awaiting transfer to rehabilitation and long term care. Reports also included ad-hoc reports on ward usage in the medical and surgical wards. Another report was prepared on how public holidays and feasts affect attendances to the A&E department.

Hospital Bed Activity at Mater Dei Hospital

The 2012 annual PAS-ADT (ACTUAL) report shows the following:

- The Total Bed complement at Mater Dei Hospital (as of 31 Dec 2012) stood at 1,011 beds. This figure includes ALL beds and cots in use at MDH on the stipulated date and has increased from last year due to the opening of the Medical admissions Unit with 22 beds as well as the recognition of the Emergency Ward Area as a ward with an established bed complement of 20 beds. The total number of beds available for IN-PATIENTS stood at 864 at the end of 2012. The in-patient bed figure excludes day care beds at Renal Unit, Catheterisation Suite, Day Surgery Unit (14 bedded endoscopy area & 15-beds from Day Surgery), nursery cots, Burns Unit, Paediatric Day Care and Sleep Lab. The total number of Day Care beds available amounted to 93 beds (excludes 15 Day Care beds used for in-patients as at December '12). The Burns Unit (five beds) remained not functional and hence does not form part of the bed complement at MDH to date.
- The Available Bed days in 2012 was 362,829 (2011: 355,636) (if adjusted to exclude Day care beds and Nursery cots: 304,512; 2011: 301,855) of which the total Occupied Bed days used amounted to 293,786 (2011: 284,998) days (includes Nursery cots). Once again if the beds used exclusively for Day care and Nursery cots were removed, then the adjusted average bed occupancy was 92.8% (2011: 91%). One should be aware that this indicator is calculated as an average of the daily bed counts at 7am each morning and hence the daily as well as the monthly fluctuations in bed occupancy are not depicted. In fact the monthly adjusted average bed occupancy ranged from 83.6% in October to 97.9% in February 2012. One should be aware that average bed occupancy above 85% signifies that there are periods in the year when the hospital experiences a shortage of beds especially within certain specialities when the average bed occupancy is even higher. The monthly average adjusted bed occupancies can be seen in the following table:

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
% Average Bed Occupancy	95.1	97.9	93.3	86.0	87.1	84.6	89.7	92.2	91.4	83.6	87.3	84.9

- The turnover rate, that is the mean number of patients that have occupied any one bed during the period, was 94.4 (2011: 92.2) (adjusted to exclude Day Care beds & Nursery cots) whilst the adjusted turnover interval (the mean length of time that a hospital bed is left empty between successive patients), was 0.3days (2011: 0.4 days).
- The average WARD length of stay of all patients at Mater Dei Hospital in 2012 was 3.6 days (2011: 3.6). This refers to the number of days a patient spent in any one ward at MDH. The average length of stay for the whole hospital stay stood at 4.9 days in 2012 (2011: 5.0).
- The total number of registered In-patient Admissions in 2012, stood at 51,170 (+3563 Nursery admissions) (2011: 53,527 +3630 Nursery admissions) whilst the Transfers-In to the wards stood at 25,191 (+57 to Nursery) (2010: 25,972+46 to Nursery).
- The number of registered In-Patients Treated and Discharged from the hospital was 54,583 (+ 3485 from Nursery) (2011: 52,063 (+ 3557 from Nursery) discharges whilst the total number of registered Deaths occurring in admitted patients was 1511 (2011: 1504). This figure does not include patients who may have died at the A&E department prior to being admitted.
- The total number of registered Day Cases was 38,386 (2011: 35,405) which includes 14,276 (2011: 13,060) day cases to the Renal Unit for dialysis sessions. Please note that this total is heavily dependent on the flagging of Day Cases at the wards and hence day cases which are not flagged as such cannot be included in these figures but will show up as admissions.

Out-Patient Activity

In 2012, there were 545,702 (2011: 524,662) registered attendances at Out-Patient clinics according to the Out-patient module of the PAS. When pivoting the raw data on the unique ID number, one finds that these attendances occurred in 143,700 (2011: 138,293) patients. Of the total 545,702 clinic attendances, 171,082 (31.0%) were registered as new cases, 308200 (56.4%) as follow-ups and 66,420 (12.2%) as walk-ins.

Accident and Emergency Activity

The total number of attendances registered at the Accident and Emergency Department in 2012 amounted to 111,533 (2011: 110,279).

Once a patient is registered at the reception area he/she is directed to the triage nurse where the urgency of the complaint is assessed. This allows the prioritisation of the presenting complaints into seven categories:
Priority 1: Highest (urgent)
Priority 2: Medium (semi-urgent)
Priority 3: Low (Delay acceptable)
Priority 7: A&E on call Paediatrics
Priority 8: Gynae/Obstetrics Complaint
Priority 9: ENT/Ophthalmology/Dental Complaint
BB: Bypass triage
NA: Not available

The complexity and severity as well as the type of the different presenting complaints influence the category of triage. The number of registered attendances according to the priority codes and their discharge destination from A&E is shown in the table below.

	Priority Code								
2012	**1**	**2**	**3**	**7**	**8**	**9**	**BB**	**Unspecified**	**Grand Total**
Total Admitted	19,068	6,750	578	293	65	152	139	113	27,158
% Admitted	59	29	3	3	2	1	10	15	24
Total Discharged	13,270	16,727	17,868	11,009	3,939	19,632	1,294	636	84,375
% Discharged	41	71	97	97	98	99	90	85	76
Total Registered Attendances	**32,338**	**23,477**	**18,446**	**11,302**	**4,004**	**19,784**	**1,433**	**749**	**111,533**

The referral source for the registered attendances showed that 77,571, or 69.6% (2011: 77,269); of attendances were self referred whilst 25,087 or 22.5% (2011: 21,970) were GP referrals and 6955 (8.6%) (2011: 9442) were Health Centre referrals.

2012	**Priority Code**								
Referral Source	**1**	**2**	**3**	**7**	**8**	**9**	**BB**	**Unspecific**	**Grand Total**
CCF/Police Referral	128	80	33	2	5	14	1		263
Gozo General Hospital Referral	23	7	4	2	1	7	1	1	46
GP Referral	9,036	7,675	2,832	1,581	597	3,165	86	115	25,087
Health Centre Referral	2004	1389	1963	394	98	1067	14	26	6,955
Other Referral	757	186	88	29	7	33	15	28	1,143
Private Hospital Referral	183	135	66	28	12	34	8	2	468
Self Referral	20,207	14,005	13,460	9,266	3,284	15,464	1,308	577	77,571
Grand Total	**32,338**	**23,477**	**18,446**	**11,302**	**4,004**	**19,784**	**1,433**	**749**	**11,1533**

During 2012, MDH was allocated a substantial €150m recurrent budget and in view of the ever increasing operational demands management managed to:

- take advantage where possible of the maximum credit period allowed for payments to contracted suppliers/service providers;
- utilise the cash balances available in the Below the Line Account. During 2012 circa € 966,333 of these funds were mostly used in capital asset investments;
- carry out internal transfer of funds whilst adhering to MFEI's protocol in order to ensure good and efficient utilisation of financial resources;
- fully utilise the €2.5 million fund allocated for the purposes of reducing waiting lists.

In the end all available funds were utilised including the previously mentioned amount from the Below the Line Account which enabled management to meet demand.

Accounting and Reporting

During 2012 the two main reporting outputs were:

- the full set of financial statements covering the year ending December 2011.
- the System of Health Accounts Questionnaire for the year ending December 2010 which was officially presented for EU purposes as well as the compilation of a similar questionnaire covering year ending Dec 2011 which will be officially submitted in March 2013.

During 2012, the Accounts Section processed 14,201 different payments to suppliers and staff (in relation to CPE/CPDs) and raised 4,525 local purchaser orders to suppliers. All these were inputted into both DAS and the Access Dimensions accounting systems as the section is still running on the two systems in parallel.

Moreover during 2012, MDH Finance Office together with FMCU spearheaded the process with respective software systems supplier to integrate the existing three financial databases presently existing within MDH's Financial Package. Also discussion to improve the present payroll system, minimise human intervention and increase analytical detail within it were also in progress during 2012.

Salaries Section

Given that personal emoluments constitute the largest operational expenditure within any hospital's operational expenditure, MDH's finance team together with FMCU initiated a number of extensive reviews and discussions with the present payroll system supplier in order to streamline the system, minimise human intervention and increase analytical detail within it. Also in view of the implementation of similar payroll software within OPM, synchronisation of both systems ranked high on MDH's agenda

Billing/Revenue/Debtors

During 2012, MDH continued to consolidate its Billing Section. A comparison of cash and cash equivalents processed by this Section in 2012 (€1,563,880) to that received in 2011 (€10,611,289 indicates an increase of 47%.

At end of 2012, the debtors' balance stood at €2,068,944, an increase of 17% over that balance at end 2011. These can be further analysed as follows:

Bill Category	Year 2012 €	Year 2011 €
Patient Treatment	1,700,993	1,423,203
Sundry Bills	70,901	50,185
Pharmacy Bills	19,463	18,404
Overpayments and Resignations	277,587	275,560
TOTAL	**2,068,944**	**1,767,532**

Fixed Assets

During 2012, fixed assets within twenty two of MDH's cost centres were physically verified by Information Management Department's staff reaching a material value of €34,356,061.71, worth of Fixed Assets.

Given the materiality of Assets Value MDH's Finance team initiated discussions with systems owner, evaluated and eventually procured and implemented the necessary Asset Manager software. This replaced the numerous excel worksheets which were previously utilised for Fixed Assets recording purposes including the numerous transfers, disposals and acquisitions as well as asset modifications. As expected this brought with it a faster and more rigorous accounting process including the automation of capital allowances computations for management accounting purposes.

Also a total of 23 Boards of Survey were set up in order to address unserviceable and obsolete articles/instruments and equipment residing at Mater Dei Hospital as dictated by MFEI's protocol.

Cost Efficiency

In line with FMCU's direction and close scrutiny on utilisation of overtime, during 2012 a committee was set up by MDH Senior Management team to oversee, challenge and control the utilisation of overtime by the various MDH's departments/cost centres. This committee was chaired by the Director of Finance and during the year overtime costs were contained with an overall annual saving of around 17% when compared to previous year.

Others

The compilation of MDH's financial budget constituted a major task within MDH's Finance Department as in years previously. This instigated the need to liaise internally with the various departmental stakeholders leading to a consolidated budget submission to MHEC's Financial Monitoring and Control Unit.

During the year, the Finance Directorate at MDH submitted monthly reports relating to cash flows, contractual services, recurrent/capital updates, debtors ageing amongst others.

Other financial reports related to the drafting of Parliamentary Questions replies were also submitted to FMCU.

SIR PAUL BOFFA HOSPITAL

Overview 2012

Three new Treatment Planning Stations were installed in the Medical Physics Department in January 2012. The Radio-iodine Unit was extended and totally refurbished in summer to accommodate two patients at a time. Two nurses visited an accredited radio-iodine unit in Germany. A Nuclear Physicist delivered talks locally to all staff regarding Radio-iodine treatment. Chemotherapy pumps were procured and distributed in all oncology and palliative wards. The Dakar System was installed and is up and running. Extensive training was held during this year including Training in Palliative Care, Chemotherapy Train the Trainer both were delivered by Royal Marsden locally; Breaking Bad News for all professionals; Paediatric Oncology delivered by a social workers from New York University Medical Centre of America; The Child with Cancer – The Team Approach; Breast Treatment Planning, besides other training.

The GU Clinic migrated to Mater Dei Hospital located on second floor of the out-patients department.

Performance Review and Analysis

Dermatology Department

34,893 Dermatology outpatient/day case visits were performed during 2011. This translates into an increase of 5.4% increase compared to 2011. Detailed activity for the Dermatology department in 2012 was as follows:

New Cases	8,355	Follow-Up	6,779
Skin tags	656	Warts	3,876
Minor Ops	2,085	Leg Ulcer Out-patient	2,682
Leg Ulcer Ward	1,610	Patch Test	291
Laser	242	PUVA/UVB	5,645
GU Clinic	2,600	**TOTAL**	**34,893**

Total number of admissions	118
Average length stay	27.5 days
Total Bed Days	3247 days
Average daily bed utilisation	8.9 patients/day (although on many instances all 11 beds were full)

Oncology Department

Three new Treatment Planning Stations (previously two stations were installed) have been leased and installed in January 2012. These stations allow medical physicists working in the department to offer more precise radiotherapy planning. The number of stations was increased in view of the increase in workload

and increase in human resources. They will be eventually transferred to the New Oncology Centre at MDH.

The radio-iodine unit was completely refurbished and extended to accommodate two patients at a point in time for treatment hence treating a maximum of patients per week (previously only one patient was treated per week). The waiting list for such treatment is expected to subside by around March/April 2013 – depending on the incidence of thyroid cancer and patients requiring caesium treatment in view that the latter are treated in the same room.

A tender for chemotherapy pumps was issued and awarded. These pumps have been distributed in all wards.

The Oncology Department saw a total of 1,128 new patients. Of these, 644 received radiotherapy at the time of presentation and 407 received chemotherapy as out-Patients. 116 patients were admitted to Palliative Care Unit corresponding to a total of 165 admissions.

Oncology admissions for 2011 were as follows.

Admissions		**Oncology Day Ward**	
In-patients Male	927	New Patients	140
In-patients Female	912	Attendance	6,272
Total	**1,839**	**Total**	**6,412**

The number of treatments provided were as follows: Radiotherapy – 15,527; Mould Room Shells – 114; Cobalt Planning – 1,243; Number of Patients for Field Verification – 74, Superficial XR - 131. The number of treatments administered in the Isotope Administration Unit were: High Dose Radioactive Iodine – 33; Low Dose Radioactive Iodine – 23; Caesium insertion treatments – 7.

The deparmtent offers its services to Gozo General Hospital, which is serviced by 4 consultants including specialist Palliative Care Clinic.

Pharmacy Department

The Pharmacy Department is composed of three sections: Cytotoxic reconstitution Services, Dispensary services, and Pharmacy Stores which supplies both medicinals and equipment to the other two sections. The pharmacy dispenses to both oncolgoy and dermatology patients. The total number of items dispensed to outpatients in 2012 was 60,019. The number of items dispensed to wards for 2011 was 16,810.

A total of 12,736 chemotherapy doses were reconstituted throughout 2012 compared to 13,566 doses during the previous year. This decrease was due to the fact that there was a change in protocol where the infusion was prepared in two preparations instead of four.

Throughout 2012, changes in the reconstitution working procedures and documentation have taken place in order to conform with MDH in preparation of the migration.

Physiotherapy Services

Throughout 2012, the oncology and palliative care physiotherapy team continued to offer their services to the in-patients and out-patients at Sir Paul Boffa Hospital. The team also provided services to the dermatology patients. Further to the clinical input, the team also collaborated closely with the senior management, and provided CPD activities, administrative duties, project planning and implementation.

Breakdown of physiotherapy statistics for 2012:

Total 2012	In-Patients	Out-Patients	Total
No. of referred patients	426	720	1,146
No. of treatment sessions	3,097	2,054	5,151
No. of new referrals	294	190	484

Breakdown of physiotherapy figures:

2011		Oncology and Palliative Care	
	Lymphoedema Clinic	Out-patients	In-patients
No. of referred patients	474	246	386
No. of treatment sessions	1,542	512	2,842
No. of new patients	74	116	270

The Physiotherapy Department launched Fatigue and Breathlessness Classes. Four courses have been completed to date with a total of 28 patients. The response so far has been positive with patients and carers reporting benefits related to class attendance. A Circuit training class was also developed to promote mobility in patients recovering from cancer treatment or as a supportive measure during these therapies. The class is also targeted at cancer survivors and patients who want to continue exercising on completion of the fatigue and breathlessness course.

Psychological Services

These aim to meet the psychological needs of patients and staff in Oncology and Palliative Care, including:

- Therapy with patients and/or family members/significant others. Therapy happens on an individual level or a family level, depending on the needs of the clients.
- Bereavement therapy following the death of the patient.
- Staff support.
- Staff training/lectures.
- Lectures to other professionals at Mater Dei Hospital and St Luke's Hospital.
- Contribution on the multi-disciplinary team.
- Supervision of psychologist/students.

Patients		Others	
Number of new cases	104	Number of staff support sessions	21
Number of follow-up cases	45	Number of supervision sessions	54
Number of apppointments	575	Number of lectuers	10
Number of bereavement sessions (out of number of appointments)	128	Number of Multi-disciplinary meetings	39
Number of cancellations	76	Number of meetings (other)	49

Referrals to the Psychology services are made through other professions either within SPBH, from Mater Dei Hospital or from other agencies such as Malta Hospice Movement. Patients and family members can also refer themselves.

Occupational Therapy Department

Services offered by the Occupational Therapy Department within this hospital are:
Assessment and follow-up treatment of patients in Oncology Wards (including Oncology Day Ward) and Palliative Care Unit. A blanket referral system is used (all admissions are seen).
Assessment and follow-up treatment of dermatology patients.
Assessment and follow-up of children in Rainbow Ward at Mater Dei Hospital (oncology patients).
Service has been extended to MITU Ward at Mater Dei Hospital.

Service, once every two weeks, is offered to the Malta Hospice Movement. Out-patient service and home visits are carried out on referral from hospice.
Out-patient service is offered to patients discharged from the wards and the palliative care clinic.
Occupational Therapy Craft Group: This is a new service for both in- and out-patients organised once a week together with one of the volunteers. This year, in December, the first exhibition was held and was welcomed both by staff, visitors, relatives and patients.

Statistical chart for the Occupational Therapy Department for 2010: (1unit = 15minutes)

	2010	2011	2012
No. of sessions	3,198	2,988	4,212
No. of units	14,005	14,527	16,495
Home visits	105	130	111

Social Work

The social workers take referrals from all in patient wards as well as out-patients; namely Oncology, Dermatology and Palliative. In 2012, the total number of referrals was of 225, with over 20 referrals per month. This meant a significant increase compared to last year. Cases from the previous years were still being followed up. All situations are individual and they are becoming increasingly complex, leading to an exponential rise in interventions. The service also continued preparing and attending meetings to be able to meet the challenges related to next year's migration to the new Oncology Centre at Mater Dei Hospital. Meetings have been held and plans have been forwarded, especially, regarding human resources, because it is felt that the appropriate complement of workers should already be in place before the migration so as to be able to make it an even smoother transition.

Customer Care Department

This department received 450 complaints and have been attended to. The Customer Care Department was also involved in team building, launching of the Patient Satisfaction Questionnaire and dissemination of patient information

Accounts

Payroll- Dakar implementation

A major task fully achieved by Sir Paul Boffa Finance Department in 2012 was the implementation of a new payroll package which was harmonised with similar software already utilised in the various MHEC service provider entities and synchronised also with the same software recently implemented centrally by OPM. This implementation was carried out in the first six months of the year with parallel runs from January to May and went live in June 2012. This implementation brought with it the benefit of improved payroll reporting as well as the introduction of cost centre payroll analysis leading also to improved monitoring and increased transparency and control

Accounting package-Access Dimensions

The development of a customised financial accounting package was another milestone achieved by SPBH finance unit in line with FMCU's strategic direction. Improvement on the original scope of this system was likewise achieved due to the introduction of financial analysis down to patient level over and above that at cost centre. The fully fledged accounting system is envisaged to go Live in January 2013.

Stores

The implementation of a robust Stock Information Management System (SIMS) which forms part of this accounting package will eventually also facilitate the automation of stock ordering through CPSU/General Stores as well as that of dispensing pharmacy to pharmacy stores. The introduction of established set reorder levels and the automatic reordering alerts are also few of the internal control features which are expected to result in more transparency, increased control and better utilisation of resources. Improved reporting on stock items including better monitoring of expiry dates and batches will also result from this implementation.

Cytotoxic Unit

Cytotoxic unit will also be using the Stock Information Management System (SIMS) for stock ordering. Reporting and Operational Benefits envisaged to emanate from the introduction of this system are the following:

Production of Job sheet Management:
- Creation of Patient file with patient information
- Creation of Treatment file indicating administered treatment and treatment days
- Job sheet file with information of production jobs which are required.

Creating the treatment required:
- No of days, frequency, starting day and dairy for future appointments
- Types of chemo protocol and raw material required
- Planning of all treatment cycles with the jobs required thus having production plans
- Recording of the costs of each production batch which will eventually be recorded down to patient level.

Ward dispensing

The implementation of SIMS will likewise bring with it a change in accounting methodology in the area of ward medicine dispensation. Dispensing of medicine in the ward will in 2013 be charged on a named patient basis rather than at cost centre/departmental level which will enable improved financial reporting and costing.

Upgrading of facilities at Boffa Hospital

During the year, there were new developments to improve patient care.

Treatment planning stations

The Physics units invested a total of €1.3m to acquire new Treatment Planning stations. These computers prepare the plan for the treatment for radiotherapy treatment of patients on the Lineac machines. The old Treatment Planning Stations are now being used for educational purposes at University of Malta for Radio-therapy students.

Radio-Isotope Unit

The unit has undergone major structural and refurbishment changes with rooms increased from one to two beds while new equipment has also been supplied. The room started operating in December and which resulted in a four-fold increase in patients' throughput.

Chemo-pumps

An additional 28 chemo-pumps have been purchased at a cost of €39,262. In view of this investment all chemo is being administered by use of pumps for safer and more efficient administration of chemo.

X-Ray machine

The X-Ray machine broke down and a new one was transferred from MDH and commissioned in the last quarter of 2012.

TVs and Wifi

During the year, TV sets were installed next to all patients and free Wifi was also made available in all patient areas covering both in patients' wards as well as out-patients' areas. This investment amounted to circa €5,000, which was greatly welcomed by patients.

Mount Carmel Hospital

Psychiatric Department

The total number of in-patients receiving care within Mount Carmel Hospital was 2,006 in 2012. There were 1,450 persons admitted (1,055 male or 72.75% and 395 females or 27.25%). Of these admissions, 475 were first admissions while 975 were re-admissions. 61.79% of these admissions were informal, 36.61% were compulsory (emergency, observation or treatment order of MHA 1976) while 1.60% of the admissions were cases referred by Court.

There were 1,361 (975 males or 71.64% and 386 females or 28.36%) discharges during 2012. During their stay at this hospital, 34 patients (16 males or 47.06% and 18 females or 52.94%) were temporarily transferred to other hospitals. 45patients (28 males and 17 females) died during their stay at our hospital during this year. The below table shows the hospital's population movement during 2012.

	Males	**Females**	**Total**
ADMISSIONS	1,055	395	1,450
Informal	683	213	896
Compulsory			
Observation Order	59	41	100
Treatment Order	26	21	47
Emergency Observation Order	268	116	384
Referred by Court of Law / Court Order	18	3	21
Referred by Court of Law / Care Order		1	1
Referred by Court of Law / C C J P	1		1
Re-Transferred from other hospitals	15	21	36
On the Hospital registers as on 31.12.2011	*268*	*252*	520
Total cases under Treatment	**1,323**	**647**	**2,006**
DISCHARGES	947	369	
Absconded	1		1
Discharged to Y.O.U.R.S.	5		5
Discharged to Caritas	1		1
Discharged to *Dar L-Impenn*	1		1
Discharged to San Blass	1		1
Discharged on Bail	1		1
Repatriated to Nigeria	3	1	4
Discharged to Santa Maria	1	1	2
Discharged to Vajrita	1		1

Discharged on Administrative Grounds	1		1
Discharged to Y.M.C.A.		1	1
Discharged to SVPR	3	1	4
Discharged Back to Prison	229	24	253
Not Improved Against Medical Advice	161	56	217
Not Requiring Hospital Treatment	538	285	823
Deaths	28	17	45
Temporary transfer to other hospitals	16	18	34
Total	**991**	**404**	**1395**
Remaining as on 31.12.2012	**332**	**243**	**575**

Discharges/Movement of Hospital Population

	As at 31.12.11	Admitted during 2012	Re-transf. from other Hospitals	Temp. transf. to other Hospitals	Disch. on Bail	Disch. against Medical Advice	Disch. NRHT
Males	268	1055	15	16	1	161	538
Females	252	395	21	18	0	56	285
Total	520	1450	36	34	1	217	823
	Disch. Back to Prisons	**Disch. to Social Agencies**	**Disch. to SVPR**	**Disch. on Bail**	**Deaths**	**Remaining as on 31.12.12**	
Males	229	11	3	1	28	332	
Females	24	2	1	0	17	243	
Total	253	13	4	1	45	575	

Department of Social Work

Social workers deal with both in-patients at MCH and out-patients resettled in the community. Social workers also attend the Psychiatric Unit and Out-patients Department at Mater Dei Hospital, as well as the Child Guidance Clinic at St. Luke's Hospital. A secondary-care social work service is also provided at Gozo General Hospital.

Statistical Data of the Social Work Department

Clients linked outcomes

Number of new referrals – 8817 (Males – 429; Females 388)
Number of home assessments – 1192
Number of court visits - 33
Number of meetings with other agencies - 388
Number of office based interviews (over 45minutes) - 1294
Number of psychosocial reports, letters, emails - 921
Number of clients assisted in finding employment - 79
Number of clients assisted in community living arrangements -124
Repatriated back to the native country of client/ hospital abroad – 5

Psychology Department

The main focus of the Psychology Department's activity in 2012 was to offer psychological services throughout a wide spectrum of scenarios and along various developmental stages. Alongside this aim, several initiatives were undertaken to consolidate and develop further the departmental structure in terms of staff development and best utilisation of resources.

The Psychology Department saw a total of 2,286 patients conducting 9,582 sessions with patients. These figures refer to hospital-based services (either at MCH, MDH or St. Luke's Hospital) and exclude patients seen through community-based clinics which are referred to in the section pertaining to the Community Department further down.

Occupational Therapy Department

The Occupational Therapy mental health services are provided within the various speciality areas at MCH, Psychiatric unit at Mater Dei Hospital and community day centres. The department consists of two units: a multi-purpose unit for all service users referred and the Social Centre which mainly caters for chronic and elderly service users and focuses on social and recreational activities. The OT team is made up of occupational therpists and support staff who are deployed according to service developments and departmental exigencies. A number of persons recruited on the Vocational Rehabilitation Scheme receive training to work as clerks, receptionists and cleaners as part of the OT team.

Main developments in clinical speciality areas

Acute admissions – six therapists are involved in this area. Apart from their clinical responsibilities, OTs and support staff provide weekly group therapy sessions at the Mixed Admission Unit (MAU) and on alternate weeks at FW1 and MW1

Psychiatric Unit (MDH) – one OT attends the Psychiatric Unit three times weekly to assess and follow up in-patients, day users and to carry out regular group therapy sessions.

Rehabilitation services (MCH) – two therapist are assigned at the HWH whilst two other therapists follow patients at the chronic wards mainly: MW3B, FW3A and MW3A. Therapeutic services are provided mainly through group sessions and individual follow-ups by referral. OTs at the half-way house (HWH) took the initiative to compile a recipe books including simple and traditional meals, specifically designed for service users.

Psychogeriatric Services – the therapist working with the elderly service users, follows-up referrals from the medical wards at Mount Carmel Hospital

Young People Unit (YPU) - OT intervention continued to be provided by two Occupational Therapists three times a week on specific session basis. OTs participated in activities focusing on adolescent's career guidance and school visits.

Intellectual disabilities training unit (IDRU) – this unit which started operating last year continued consolidating its services throughout 2012.

Community OT Services –. The Adult Sensory Profile started being administered with service users who demonstrate to have sensory problems. Community Day Centres' service users have participated in voluntary initiative within Inspire while others are currently engaged in the Pathways course at MCAST. Job coaching and vocational preparedness have been given greater importance and led three service users to gainful employment.

	TOTALS
No of patients assessed (M/F)	**510/509**
No of pts seen	**7,406**
Facility Based Sessions*	**13,655**
Sessions in the community (HVs, IHVs, SS, WVs, DS, HP)	**1,112**
Total number of sessions	**14,732**
Total units	**148,370**

KEY
HV = Home Visits, ,IHV = Instrumental Home Visits, ,SV,= School Visits, DS = Domiciliary Services, WV = Work Visit ,GTS = Group Therapy Sessions, HP = Health Promotion

Dental Department

One full-time dentist attends to the basic dental needs of patients within MCH. During 2012, 185 patients have been visited in wards.

225 dental emergencies called at the clinic of which 168 were extraction of teeth and the remaining incision of abscesses, prescription of antibiotics and easing of dentures.

23 patients were provided with dentures.

Since October this year, conservative treatment of teeth started to be provided to MCH patients within the hospital, and the number of fillings made until December 2012 amounted to 32.

Physiotherapy Services

During 2012, a total of 135 psychiatric in-patients were referred for Physiotherapy from the wards, 98 being new referrals and with a total of 5,308 treatment sessions being carried out. The Physiotherapy Department also offers a service to MCH staff members, with a total of 18 members of staff being treated (10 of these were new referrals). A total of 147 treatment sessions were carried out. Treatment sessions took place in the Physiotherapy Department.

Clinical Laboratory Services

Mount Carmel Hospital continues to offer a basic but essential laboratory service. 85 different tests were requested in 2012 with a total number of test requested rising from 23,584 in 2011 to 25,593 in 2012. The four most commonly requested tests were the following:

Test	Number	(%)
Complete Blood Count	3,258	13
Serum Creatinine	2,096	8
Serum Electrolytes & Blood Urea	2,085	8
Liver Function Tests	1570	6

Pharmacy Department

The Pharmacy Department is constituted by its three main sections namely the:

Dispensary

- The number of transactions carried out during 2012 amount to over 96,000. As in the previous year, there has been an increase in the amount of transactions carried out during 2012 compared to 2011 (6% increase). The net cost of pharmaceuticals and medical devices dispensed during 2012, amounts to €1,140,000.
- The total number of prescriptions pertaining to methadone dispensed during 2012 amounts to 7,672.

The total value of purchases of medicinal products and medical devices for 2012 amounts to €921,794, while the total value of expired pharmaceuticals amounts to a negligible €271 (0.02%).Clinical Pharmacy Section

Further to various meetings between the Chairman of Psychiatry, the Head of Pharmacy Department MCH and the Directorate of Pharmaceutical Affairs a number of previously protocol regulated products in the psychiatric field were reclassified as designated consultant items. These products include fluvoxamine, olanzapine, quetiapine and venlafaxine. The psychiatric medicinal products that are still protocol-regulated are detailed in table below. The number of new approvals issued for the protocol-regulated items used in psychiatric treatment amount to 192.

Drug	New cases
Clozapine	28
Moclobemide	0
Naltrexone	5
Procyclidine Syrup	2
Risperdone solution	56
Risperdone Depot injection	101

Neuropsychiatry Clinic

This clinic is held in Mater Dei Hospital in conjunction with the Neurologists. There are three clinics every four weeks. This year there were 39 new cases and 208 follow-ups were seen.

Psychiatric Services to Gozo General Hospital

Psychiatric Consultant Clinics

Clinics	Total Appointments	Attended	New Cases
107	2,221	1,531	87

Connors Assessment

This year 23 Connors Assessments were scored. Nowadays these scores are done here, and not sent to the Child Guidance Clinic in Malta, as it was done before.

Depot Injections

This Clinic administers intramuscular injections. 22 males and 12 females attend this clinic.

Clozapine Clinic

The Clozapine Clinic takes place on a Tuesday every four weeks. Clients have a blood sample taken to be checked for complete blood count. At the moment, 14 males and seven females attend this clinic.

Short Stay Ward, Gozo General Hospital

The Short Stay Ward caters for clients suffering from Acute Mental Health Illness. 101 patients were admitted.

Admissions from Home	Males	Females	Total
Gozitans	24	37	61
Maltese	3	2	5
Foreigners	7	5	12
Total from home	34	44	**78**

A liaison psychiatry service is provided to Gozo General Hospital, and 454 consultations were done.

Detox Unit.Gozo General Hospital

Total amount of Methadone mixture 1mg/1ml. dispensed was 192,361 mls.

Total amount of Methadone mixture 1mg/1ml dispensed to Gozitan clients was 183,888 mls and 8,473 mls dispensed to Maltese clients referred from the Detox unit in Malta.

The total amount of individual visits to the unit was 4,277 visits. Out of this total, 4,095 visits were by Gozitan clients and 182 visits were by Maltese clients referred from the Detox unit in Malta.

Nursing Department

A considerable number of nurses were transferred to and from MCH. It is noteworthy that nine of newly-transferred nurses qualified from the direct entry B.Sc (Hons) course in Mental Health Nursing, while the rest qualified from the Diploma in Nursing (General) course. A number of Nursing Officers were transferred to MCH while three staff members on the MCH payroll were promoted from Deputy to Nursing Officer within the same hospital. Five staff nurses were promoted to Deputy Nursing Officers while a further seven persons were transferred to MCH on being promoted to the Deputy post. Two Nursing Officers were appointed as Departmental Nursing Officers.

A Practice Development Nurse who specialised in the field was appointed.

Acute & Forensic Services

Acute & Forensic Services	Number of beds	Number of admissions/transfers in/referrals
MAW	18 males + 20 females	60 males & 42 females
FW1	32	126
MW1	20	334
Secure Unit	4	435
Short Stay Psychiatric Unit	15	294
Dual Diagnosis Unit	8	128
Forensic Unit	20	305

Mixed Admission Ward (MAW)

MAW caters for 38 persons experiencing a first or an acute psychiatric episode, who require stabilisation and/or monitoring of condition/treatment. In 2012, there were over 520 weekly ward rounds and around 176 patients on leave from the ward at any given time. Patients are also readmitted to undergo ECT therapy.

Secure Unit

The Secure Unit has four one-bedded rooms. Of the total admissions this year, 163 were patients transferred from other wards or areas within the hospital. The Unit also deals with the clerking of male patients that are to be nursed in other wards and in 2012, 111 such admissions occurred over and above their own admissions (435).

Short Stay Psychiatric Unit (SSPU)

Of the 294 admissions in 2012, 117 were males and 177 were females. Furthermore, statistics show that 75 males were new admissions and 42 were readmissions. 48 of the males were admitted from Mater Dei wards, 11 from Psychiatric Out-Patients and the remaining 58 patients were admitted directly from home. Seven of the males were referred to MCH for further treatment. With respect to the female admissions, 86 were new cases and 91 were readmissions. 57 patients entered the SSPU directly from Mater Dei wards; 20 came via Psychiatric Out-Patients and 100 patients were admitted directly from home. 15 females were referred to MCH for further psychiatric treatment.

SSPU has an ECT suite and during 2012, 46 males and 108 females received this intervention.

Dual Diagnosis Unit (DDU)

The DDU caters for eight adult male patients with a dual diagnosis of substance misuse and a concomitant psychiatric problem. Of the 128 admissions in 2012, 36 were referred from Detox Out Patients, 12 from Caritas and the remaining 80 patients were referred from either GPs or other areas within MCH.

Forensic Unit

This Unit caters for people in need of specialist psychiatric care who are under a custodial sentence ordered by court. Due to serious overcrowding issues, in 2012 the Unit increased its bed space from 20 to 50 beds. In view of new legislation related to prisoners' parole, the Unit began a system of care planning, in line with plans being initiated at the Corradino Correctional Facility.

Male Ward 3A

This rehabilitation/chronic long-stay ward has 40 beds & one time out room. It is not an external admission ward – as a rule patients are transferred from within the hospital. The total movement of patients (i.e. patients transferring in/out of the ward) was 260 in 2012, a massive leap from 2009 when there were only 64 such movements.

Half Way House (HWH)

In 2012, HWH received 35 referrals for male places and 36 for female places.

Psycho-geriatrics and Geriatrics

Psycho-geriatrics & Geriatrics	Number of beds	Number of admissions/transfers in/referrals
FW2	30 + 3 isolation beds	22 + 5 Isolation Unit
MW2	30 + 4 isolation beds	81 + 23 Isolation Unit
FW7	31	18
MW7	25 + 1	N / A
St Jean Antide	32	19
San Gorg Preca	34	11
Santa Bernadetta	29	8

Male Ward 2

MW2 is a medical/psycho-organic ward consisting of 30 regular beds and four beds in the isolation unit. Patients admitted to MW2 are all male patients who are suffering from psychiatric problems resulting from physical illness and vice versa; degenerative mental diseases; organic mental syndromes; psycho-geriatrics. In 2012, MW2 had 11 direct admissions from home; 39 internal admissions from other MCH wards and 31 admissions from Mater Dei Hospital. The Isolation Unit had 4 admissions direct from home, 4 internal admissions from MCH and 15 patients that were from MW2 itself.

St. Jean Antide (SJA), San Gorg Preca (SGP) and Santa Bernardetta (SBW) Wards

These three wards form the geriatric complex within MCH, offering residential care to patients requiring geriatric care but no psychiatric interventions. These wards offer 95 beds for older adults, with all admissions in 2012 coming through KGH rehabilitation hospital. Capacity has been at 100% throughout the year.

Learning Disabilities: Child and Adolescent

Learning Disabilities; Child & Adolescent Learning	Number of bedsbeds	Number of admissions/transfers in/referrals transfers in/referrals
Juvenile	18	3
MW8	20	2
FW8	25	N / A
YPU I	4 boys & 4 girls	19
YPU II	8	17
Child Guidance Unit	N / A	291
IDRU	N / A	154

Others

ECT Clinic

The ECT clinic offers treatment to both hospital in-patients and to patients returning from leave specifically for the intervention. It has a dedicated ECT nurse.

Asylum Seekers Unit

This 10 bedded ward primarily addresses the particular needs of illegal immigrants requiring psychiatric care. Currently it also houses female prisoners transferred from Corradino Correctional Facility for psychiatric intervention, and female substance abusers (when the Multi Purpose Unit of FW1 is fully occupied).Of the 100 admissions in 2012, 23 were female forensic patients.

The Mental Health Community Department

During this year, a total of 12,782 service users have benefited from the range of services offered by all the teams.

Patients registered with community clinics	**12,782**
Total Interventions by all Community Clinics	
Home visits	9,961
Drop-ins	3,830
Team interventions	1,114
Trainee Psychologist interventions	283
Psychologist	1,523
Telephone interventions	3,591
Depot injection	1,506
Pill boxes	267
Community talks	99
Support group	26
Students placements	28
Crisis team	1,282 (screening)

Patients registered with Day Centres	**320**
Interventions carried out by all day centres	
Home visits	408
Drop ins	699
Meetings	359
Community talks	22
Case conferences	70
Individual sessions	4,693
Group sessions	2,421
Support to relatives	44
Referred to other agencies	140
outings	229

Projects and Maintenance

Community Flats

Two new MCH Community Flats were allocated to the service during 2012, namely Marsaxlokk and Birkirkara. Three new tenants are residing in Marsaxlokk and two in Birkirkara respectively, with the total number of tenants now amounting to eight, including three residing in the Mgarr flat. All these patients are also assigned to one of the Outreach teams for follow-up and monitoring.

Hostels

The aim of the hostels are to provide accommodation with a 24-hour a day support to persons experiencing a mental illness of a degree that has caused marked disability and are not able to live independently. The Two hostels accommodate a total of 24 residents, while offering activities and training aimed at enhancing the patients' rehabilitation process.

Maintenance

During the year in review, the Maintenance Department dealt with around 3,900 requests for repairs and maintenance

Vocational Rehabilitation (VR) Programme

The aim of this programme is to provide vocational assessment, job development, benefits counselling and support services to assist adults with mental health problems in securing and maintaining gainful employment or other chosen activities.

This service was set up during 2012 as an extension and a complimentary service to the existing Hospital Work Scheme.

Volunteers Befriending Programme

This programme is aimed at supporting patients in their endeavours to compliment medical and paramedical professional services with a social network by the provision of befrienders who can help patients develop a healthy social network while enjoying social and other activities in the company of screened, trained and mentored volunteers who are matched with service users according to interests and other relevant traits.

During 2012, this section trained and mentored 20 active volunteers, who altogether provide a befriending service to 33 service users. A further 22 volunteers completed their befriending programme but have continued informal contact with both their assigned patients and the psychologist in charge of this service.

Public Relations

Anti-Stigma Information and Awareness Project

Following intensive groundwork for embarking upon this ambitious project with Post-Secondary and Church Schools, 52 presentations were held during 2012 for Counsellors, Psychologists, Social Workers Guidance Teachers and PSD Teachers within various schools.

4 Additional presentations were held in conjunction with the University of Malta for students within different faculties. Each presentation was complimented by a hospital-orientation visit for these students.

L-Ewwel Tokk

L-Ewwel Tokk is a regular publication for hospital and community services employees. Three issues were published during 2012, serving as an informative and educational tool aimed at building a sense of belonging within the hospital and to facilitate communication between all employees.

PR Activities in the Community

During 2012, 68 community-based activities (such as educational talks and awareness campaigns) were held in conjunction with Local Councils. A further 125 TV and Radio contributions were logged, where

various mental health professionals from different fields were given free slots in various programmes to promote mental health and associated NHS services.

Community Theatre

Various dancing and theatrical groups have entered into collaborative agreements with MCH Theatre with the result that patients and staff are treated to periodic performances, such as plays, shows, Pantomime, talent shows and musical representations. Activities organised outside hospital gates included attendance to various activities such as dance shows, drag racing events, circus attendance and other leisure activities.

Staff Training and Learning Centres

During 2012, the Staff Training and Learning Centre continued to function as a hub of activity allowing employees from across the Mental Health Services and the rest of the Ministry for Health, the Elderly and Community Care (MHEC) to enhance and further their skills, knowledge and attitudes for better service delivery, quality care, and patient satisfaction. All initiatives organised through this Centre have the same overarching objectives aiming to complement the enhancement of patient access, the promotion of quality service provision, and the safeguarding of sustainability within the Maltese National Health Service.

There were occasional times when the Centre also sold its services to interested parties outside of the Ministry for Health, the Elderly and Community Care. For such bookings, a charge was issued thereby generating a total income of €4,877.34 during 2012. This reflects a near doubling of income generated from this Centre from the previous year.

Training and other Miscellaneous Initiatives

In November 2012, MCH took various initiatives striving towards an improvement in the quality of services delivered to our patients. By investing in an excellent Train-the-Trainers' programme in the De-escalation of Aggression in Psychiatric Settings, the hospital now has 14 qualified trainers in both communication and physical techniques. This team of trainers will be embarking upon the project of training all nursing and paramedical staff in the safe and dignified control of aggressive episodes.

The hospital was also awarded €49,865 of EU funds from the Leonardo programme. The title of the project MCH was awarded was that of 'Alternatives to Long-Term Hospitalisation in Psychiatry'. These funds were utilised to develop the hospital's European network of centres of excellence in the field, and sending 30 professionals to various hospitals in Belgium, France, Luxembourg, Netherlands and Sweden. Through discussion and involvement with various service-providers abroad, local professionals were encouraged to introduce new concepts and ideas in the care programmes afforded to patients.

Financial Highlights

During 2012, MCH's Finance Department continued to consolidate its current services and work practices in view of the increased operational budget over that of 2011.

The opening of two new geriatric wards and the expansion of further community mental health services triggered an increase in operational costs particularly in the area of contractual services. In order to ensure sustainability MCH's Finance Unit continued to closely monitor its control procedures and also strengthen internal control processes to mitigate operational and financial risks

The following is a brief analysis of the financial situation from the Recurrent Vote 6029 for 2012

		2012	2011	Change	Notes
		€	€	€	
Total Recurrent Budgetary allocation for 2012		22,800,000			
	Expenditure for the year 2012				
	Emoluments	17,147,524	16,522,856	624,668	1
21	Utilities	80,716	881,204	20,488	
22	Materials and Supplies	1,197,895	1,182,944	14,951	
23	Repair and Upkeep	130,974	241,208	110,234	2
24	Rent	457,366	453,049	4,317	
25	International Memberships	568	233	335	
26	Office Services	34,417	37,341	2,924	
27	Transport	130,940	131,364	424	
28	Travel	8,956	11,167	2,211	
29	Information Services	15,263	10,329	4,934	
30	Contractual Services	4,626,719	4,321,413	305,306	3
31	Professional Services	99,144	111,334	12,190	
32	Training	39,235	25,661	13,574	
33	Hospitality	3,322	352	2,970	
34	Incidental Expenses	7,231	7,310	79	
40	Improvements to Property	34,511	100,475	65,964	4
41	Equipment	73,399	213,692	140,293	4
	Total Operating expenditure	**24,868,182**	**24,251,932**	**616,250**	

The major changes in expenditure related mainly to the following:

- The increase in salaries relating to the increase in COLA and salary increments as per collective agreements, which were taken to be at an average of 4%. This takes also into consideration the new collective agreement that came into force in 2012 that allowed for some backdated increments to be paid in 2012. The salary effect of joiners and leavers off set each other during the year;
- Less amounts were incurred on repair and upkeep during the year. The need for repair and upkeep depends on breakdowns and care by the staff and patients for the government property;
- The increase in contractual obligations arise mainly from the new nursing contract that was signed in April 2012 that significantly increased the rates over the previous contract, together with increased rates in the contract for the provision of care-working services following the award of a departmental tender in June 2012. There was no material increase in the quantity of the service provision. The increase in expenditure mainly relates to the increase in hourly contractual rates;
- During the year the Capital Vote allocated to MCH was not utilised for the purpose that it was originally meant for. Therefore some capital costs relating to equipment and improvements to properties were financed from the capital vote and not form the above recurrent vote. This brought about cost reductions form the recurrent vote, as noted above.

Capital and Refurbishment Projects

During the year, the Hospital kept on embarking on capital and refurbishment projects to upgrade its facilities and its relatively old structures. The following projects were completed during the year:

The Commissioning of the first and second cluster of emergency generators – during the year, the Hospital installed its first and second clusters of emergency generators. The cost incurred during the year amounted to €195,000. The remaining generators are expected to be procured and commissioned during the next two years;

Upgrading of the Juvenile Ward - during 2012 this unit kept on being upgraded with the purchase and commissioning of a new passenger lift costing €31,000;

Purchase and Commissioning of a new hot water boiler – there was an urgent need to replace an old hot water boiler to provide hot water to Male Wards 3A, 3B, Male Ward 1 and the Secure Unit. During the year this boiler was replaced with a total investment amounting to €43,000;

Replacement of the transport garage roofs - these roofs pertaining to the transport section garages were old and posed serious hazard to employees carrying out the service and the supporting adjacent structures. Consequently an invested €25,000 was made to replace them;

New cold room for the main kitchen - the Hospital kitchen required a new cold room to replace old obsolete equipment. The cost amounted to €17,000;

Upgrading of the Hospital pharmacy and medical stores – during the year there was a significant investment in the Hospital pharmacy and its stores. These were mainly a new refrigerator; mapping of medical equipment and calibration of thermometers; and also new furniture to increase storage space and storage security. This investment amounted to €11,000;

Installation of new air condition - new air conditions worth €17,600 were installed to improve the quality of service provided to the patients. These units were almost all installed in wards either replacing old broken ones, or for new services such as the units required at the new Intellectual Disability and Rehabilitation Unit (IDRU) that became fully operational during the year;

Refurbishment and upgrading of Male Ward 7 and Male Ward 8 – during the year two wards were refurbished in order to upgrade the old structures and improve the quality of service provided to the patients. The refurbishment at Male Ward 8 amounted to €24,000, while the works at Male Ward 7 commenced towards the end of the year costing €15,000. This project will be completed during the coming year;

Upgrading to the MCH Theatre – during the year the Hospital Management decided to expand the scope for utilisation of the Hospital theatre mainly by organising daily activities and functions to the patients during the day and to make it available for rental after working hours. The investment amounted to €7,800;

New panic buttons at the Psychiatric Outpatients and Crisis Intervention Unit – these buttons are meant to integrate with the Hospital IT system that allows for increased employee and patient safety during the provision of the mental health service. The invested amounted to €2,950;

Development of the MCH Website – the aim of developing the Hospital own website is to provide updated information and interaction to service users and to the general public together with enhancing public relations thus combating the chronic stigma associated with mental health. The cost incurred on the Hospital website and supporting office equipment during 2012 amounted to €25,000;

Other minor projects – continuous upgrading works took place on a smaller scale during the year but which were considered as essential. Some of these works were: an industrial vegetable cutter to increase efficiency at the main kitchen costing €4,275; upgrading of the Departmental Nursing Managers' restrooms amounting to €3,282, new office of the Chief Operating Officer costing €8,815; waterproofing membrane costing €4,685; aluminium works amounting to €4,831; new PABX system at Floriana Health Centre and MCH costing €7,543; new ECT room costing €1,800; new Nurse Education Unit costing €1,400 and upgrading of the Physiotherapy Department amounting to €1,963.

Programmes and Initiatives

During the year there were four specific votes categorised as Programmes and Initiatives for MCH. These were utilised as follows:

Vote 5509 – Sectorisation – during the year, 20 new professionals were recruited and placed in the various sections that make up the existing developed service with the aim to provide support to the existing staff and enhance the quality of service provided from the various community centres. The cost of this recruitment amounted to €445,000.

Vote 5542 – Crisis Intervention Team -The multi-disciplinary team is intended to cover emergencies during and outside normal working hours. This project was developed in 2011 and it expanded in 2012 with an investment of €95,000 in new professionals in order to extend the hours of service as well as to improve the quality of service provided;

Vote 5636 – Adolescent Crisis - these funds were utilised during the year to upgrade and extend the existing services provided by the Young People's Unit at Mount Carmel Hospital with an investment of €15,338. The aim was to increase security to the Hospital staff and the service users and to have more space available to accommodate adolescents who were previously being admitted and treated in the same wards with adults. The funds were also utilised for the organisation and provision of specific training in de-escalation techniques to MCH staff dealing with adolescents amounting to €34,662.

Vote 5637 – Early Intervention Service - the aim of this vote was to develop such service for the detection and treatment of psychosis during the critical early phase of illness. This specialised multi-disciplinary team's brief was to deal with first-episode psychosis disorder as well as to improve the ultimate prognosis. Form this fund only €5,542 were utilised for the purchase of anti-tear clothing for service users with challenging behaviour at the Secure Unit of Mount Carmel Hospital.

Budget Holders

Each Nursing Officer or Head of Section of the Mental Health Services is assigned a budget every year which enables funds management in that unit according to pre-set thresholds. Any savings made by each cost centre during the year in question will be carried forward to the subsequent year. The basis of the budget allocation is the cost per patient adding on particular needs or foreseeable expenditure for the year in question.

During 2012, the total cost centre allocation and savings/deficit were as follows:

	2012	**2011**
	€	**€**
Total cost centre allocation	1,060,000	980,000
Total cost centre expenditure	1,085,000	965,000
(Deficit)/Savings to be carried forward	-15,000	15,000

During 2012 there were ten new cost centres classified as budget holders, being the six community health centres, the Asylum Seekers Unit, the Maximum Secure Unit; the Intellectual Disability and Rehabilitation Unit and the Physiotherapy Department. This system proved to be very successful over the years as it empowers budget holders and enables a greater degree of flexibility which at the end materialises into savings.

Reporting

During the year, MCH Finance Department produced the requested financial reports on time, mainly being:

System of Health Accounts (SHA) - during the first quarter of 2012 MCH has presented its expenditure for 2010 as part of FMCU's pilot project to fill in the extensive SHA questionnaire for 2010. Among others, SHA requires entities to classify their expenditure:

- by function versus financing agent;
- by function versus health care provider; and
- by health care provider versus financing agent.

Audit of the Financial Statements - The audit of the financial statements for the year ended 2011 has been completed in June with a clean unqualified opinion by the auditors and only two minor points for improvement raised on the management letter. These related to the full implementation of the fixed assets register and to the yearly supplier statement reconciliations.

Ad-hoc assignments- During 2012 various ad hoc assignments were required. The major ones were: a cost cutting proposals required by MFEI; a feasibility study and solid proposal for the restructuring of the transport section; analysis of on-call allowances; overtime analysis versus staff levels; and the illegal immigrants costs analysis.

Business plan - A business plan for the years 2013 was submitted in April 2012 while the budget request for 2013 was submitted and discussed with FMCU in June 2012. Both documents present the Hospital's Management's request for operational funding, capital expenditure and also for new programmes and initiatives. These documents were compiled following internal discussions with the various Heads of Sections and following an extensive internal consultation process to establish operational needs and to align the operation with MHEC's strategy

Internal Procedures

The Management kept on monitoring and strengthening the internal control structures in order to mitigate risks and prohibit cost overruns. During the year, the following took place:

- liaison with the CPSU to ensure compliance with regulations, enhance the procurement process with increased transparency, ensure equity and promote fair competition among suppliers. This in turn provided MCH with increased competition leading to better pricing.
- the computation of various ratios and trend analysis based on the activity of the various items consumed by the various sections of Mental Health Service which enhanced cost control, ownership and savings. Some examples include: the computation of the cost per patient per occupied bed night and the kitchen input to output ratios.
- the presentation of "consumption reports" to each head of section that is not a budget holder in order to make them aware of the consumption levels and type of items consumed by their respective section. This promoted ownership, motivation and cost savings among clinical and administrative cost centres.
- annual stock takes and regular spot checks took place on pharmaceutical stock, medical equipment and non-pharmaceutical items. Any discrepancies were investigated, taken action on and monitored. The level of stock adjustments arising from strengthened controls and due to increased staff collaboration reduced by more than three times over the last two years.
- Regular monitoring of the MCH transport fleet particularly with respect to fuel consumption and repair costs assisted in making drastic decisions to scrap off certain motor vehicles whose running costs indicated that their utilisation was no longer sustainable.

- To enhance the control over nursing overtime and to monitor and justify such costs a more rigorous overtime departmental analysis started to be compiled on a monthly basis. This compares the overtime hours with the hours of absences arising from vacation leave, sick leave and utilisation of time off in lieu in wards.
- Through monthly payroll analysis of allowances and overtime and control over the approval of non-clinical overtime and time of in lieu it was possible to limit a small portion of malicious intents by personnel and also justify the expenditure incurred on these two line items.

The stringent internal controls and improved control environment enabled MCH to increase operational activity and yet sustain the provision of the Mental Health Services. In view of the ever increasing demand for such services it is the aim of MCH's management team to keep consolidating the level of its operations by improving the quality of service and minimising operational cost

THE ELDERLY DEPARTMENT

Overview and Objectives

During the year 2012, the Department for the Elderly and Community Care (DECC) continued to address the challenges related to demographic change and societal changes to promote active aging and improved quality of life for elderly persons.

During the year 2012, the DECC focused on the following objectives:

- The provision of domiciliary services to enable the elderly person to remain living in familiar surroundings within the community
- Expansion of the Community Care Outreach Service in collaboration with Mater Dei Hospital and Rehabilitation Hospital Karin Grech to bridge the gap and fragmentation of care
- Setting up of an orthogeriatric service in collaboration with the Department of Orthopaedics at MDH; patients were jointly managed by orthopaedic surgeons and geriatricians in the pre and post operation periods of their stay in hospital
- The setting up and running of Day Centres in various localities to enable the elderly person to continue to lead an active life in the community. During 2012, a new Day Centre was opened in Siggiewi. Another two centres were in advanced stage of completion in Mgarr and Kirkop;
- Providing rehabilitation services and the best possible conditions for health improvement in geriatric institutions
- Provision of residential care: A 96 bedded government residential home at Zammit Clapp residential Home was opened. In addition more long term care beds were purchased in the private sector as part of the Public Private Partnership
- Provision of ongoing training to both existing staff and training directed to fill in gaps in current human resources.

The total budget allocation for the year 2012 was €1,500,000 for Capital Expenditure (an increase of 0.1%) and €51,658,100 for the Recurrent Expenditure (an increase of 0.15%).

Human Resources

The DECC, including St. Vincent de Paul Residence, has a staff complement of 1,905.

Performance Review and Analysis

Department of Geriatrics

Throughout the year 2012, the Department of Geriatrics continued to provide a clinical service mainly on the following sites:

- The Rehabilitation Hospital Karin Grech: for inpatients (with a total of 249 beds by the end of the year with 218 patients on the 'Geriatric wards'and 32 patients on the 'Rehabilitation ward') and for those patients attending OP/Day Hospital clinics.
- St Vincent de Paule Residence: for approximately 1,200 residents and respite admissions.
- Mount Carmel Hospital: for 94 long-stay patients in three geriatric wards.
- Mater Dei Hospital: mainly assessing referred consultations as well as shared care of a six bedded orthogeriatric unit.
- State-run Community Homes and Public/Private Partnership beds: assessing referred patients.

Some Available Data

There were approximately 1287 admissions into the geriatric wards at KGH, compared to 1,141 in 2011 and 979 in the year 2010. 88% of admissions for the year 2012 were transfers from MDH (compared to 82.5% in 2011).

In conjunction with the rehabilitation consultant, 2,972 consultations were assessed at MDH compared to 2,400 in the year 2011 and 1,780 in the year 2010. 142 patients were managed in the orthogeriatric unit.

As regards day hospital and outpatient clinics, there were 668 new cases assessed (compared to 630 and 620 in the years 2011 and 2010 respectively) and 3,191 follow ups (compared to 2,825 in 2011 and 2,464 in 2010).

304 applications were assessed for respite at SVPR of which 158 were admitted, similar to the previous year's data.

The psychogeriatrician and his team assessed 450 new referrals at both RHKG and SVPR and organised 1,209 follow up visits.

St. Vincent De Paul Residence

The main aim and objectives in 2012 remained same as in 2011. At the end of the year the number of older people residing at SVPR amounted to 1,203 (an increase of 77 patients), of whom 840 were females and 363 males.

Admissions and Discharges

The number of applications received and acknowledged unto the end of December 2012 amounted to 646 and the number of people awaiting admission to SVPR amounted to 743 of whom 228 were males and 515 females. The admissions and discharges at St. Vincent de Paul are illustrated in the tables below:

Waiting list and Applications received			
	Total	**Males**	**Females**
Number of applications received	764	310	454
Waiting list for admission to SVPR	847	243	604

Deaths by Gender		
Deaths	**Males**	**Females**
Died at MDH	5	5
Died at SVPR	118	187
Died at RESPITE (SVPR)	1	2
Died at Home (on leave)	-	-

SVPR Corporate Image and Communication Processes

In 2012, 72 events were held in various wards, sections and/or theatre to promote or launch new services, involve healthcare professionals or head of sections, and act as an invitation to general public to either visit or contribute for SVPR residents' welfare. All these events are retrievable on www.svpr.gov.mt.

The Office of the Hospital Planning Manager was also responsible for the coordination of all European Year (EY) 2012 activities and events, both inside and outside SVPR.

Planning and Facilitating Change

A number of initiatives were held during the year of review:

- Regular visits and meeting with head of sections, Nursing Officers and employees;
- Chairmanship of the Vulnerable Resident Fund Committee where 4 meetings were held to meet residents' needs as referred by ward staff;
- Encouraging the volunteer group V.A.L.U.E. (Volunteers Ameliorate the Life of Users through **E**mpowerment) to participate and setup initiatives for volunteers such as Feast of *Qalb ta' Gesu'* and San Bert, visiting services and assistance for activities;
- Monitoring meetings of the Residents and Relatives Councils and implement change accordingly;
- Introduction of new signs in wards and in SVPR ring roads to facilitate access;
- A reminiscence leaflet was drafted and circulated to encourage reminiscence activities in wards;
- Organisation of reminiscence activities in all wards;
- The SVPR Band was further consolidated and played in all 33 wards and in all public holidays and religious feast. The SVPR band is a mix between SVPR employees and volunteers.
- Finalisation of TV point access near each SVPR bed. Service is free of charge to residents.
- The health and safety committee was further strengthened and all members had their area of responsibility allocated.
- More collaboration with the University of Malta. Six social policy students managed to organise reminiscence leaflets, finish an employee climate survey and strategic report on the social model of care.
- A two hours social model of care course was organised to nurses with the collaboration of the late Practice Development Nurse, Ms Marianne Bugeja. Focus was given to personalised and holistic care.
- Implementation of more robust infection control measures by installation of liquid soap dispenser and paper towel holder near 450 sinks.
- SEDQA's S.A.F.E programme was offered to staff nurses.
- Wifi installation in SVPR main yard.
- Eight elderly-friendly computers were acquired with the assistance of the Malta Communications Authority.

Projects

The main projects during this year of review comprised:

- The SVPR night shelter, a €70,000 project which houses seven beds for older persons living in the community and who are in need of peace of mind during the night.
- The finalisation of Phase 2 of St Joseph Ward 4 and
- The opening of St. Vincent de Paul Football ground.

Maintenance Services

The Operations Manager and his team were responsible for more than 5,000 operations. Refurbishment works were carried out at the: Doctor's Quarters, Main Stores, a new Customer Care Unit, the Kitchen and related steam process, Provision Stores, the SVPR theatre (outside building), Day Clinic, Ruzar Briffa Foyer, Block 10 complete refurbishment of hot water system, Ruzar Briffa hot water system

This section is also responsible for the testing of the 15 lifts, overhauling of boilers, and coordination of all preventive maintenance. Moreover, this section is responsible for the organisation of chlorination of calorifiers and related water systems. In 2012 an AC repair and upkeep tender was drafted and adjudicated.

Transport Services

This section continued to benefit from the fleet repair and upkeep tender, thus reducing incidents where service is not provided because of breakdown. Another bus and two new cars were added to the fleet, thus augmenting the fleet to ten coaches and eight cars. The number of operations increased to over 6,500 transport operations. SVPR transport services are also responsible to transport residents in Govt Homes for outings and social activities. The highlights of this year included transportation of over 200 residents to Gozo and various activities at SVPR theatre.

Cleaning Services

A new tender was awarded in March 2012 to ascertain services for the coming three years. Meetings are being held regularly with supplier, giving particular attention to ward inspections. A new SOP and assessment criteria are currently being implemented by SVPR cleaning supervisors to establish adequate cleanliness in wards. One of SVPR cleaning supervisors is a member of the SVPR infection control team.

Catering Services

SVPR main Kitchen provided over 2,500 meals for SVPR residents, liquidised food, Meals-on-Wheels and staff meals and catering services for in-house special occasions,

New practices were introduced such as the transportation of dairy products by means of a refrigerated van and distribution of items within plastic boxes.

Laundry Services

In 2012, new practices were introduced. These included top up system, better documentation of laundry items; systematic cleaning of wards' curtains and seamstresses to sew wards curtains and arrange residents' clothes accordingly.

Security Services

In 2012, an exercise was initiated to centralise all SVPR's cameras in one control room. Stringent guidelines are in place to better control premises, giving particular attention to traffic management, yard access, parking and installation of new CCTV cameras.

Main Stores Services

The movement of main stores to new premises allowed main stores employees a better area for storage and operation. 3295 requisitions were raised up within this section to procure new items or repair equipment. The area is now better equipped with adequate shelving, more office space and a customer care area.

Gardening and Waste Management Services

All open areas at SVPR are maintained by SVPR employees. The west wing yard and area in front of night shelter and new football ground were given a thorough facelift. The seven new bring in sites are now operational, together with 33 skips, and 40 swill bins.

Telephone Operating Services

In 2012, telephone services were augmented to better meet ward needs, such as mobile access in case of residents' medical emergencies, sudden deterioration in health and related urgent needs. A policy in this respect was issued and all calls are being logged. A new paging system was also introduced.

Entertainment Services

The main highlights of the year in review (c/o the photo gallery of SVPR website) were:

- Skolasajf, Scouts of Malta Rovers and KDZ activities dedicated to solidarity between generations initiatives.
- Over 200 residents were taken to Gozo, with the collaboration of SMOM.
- *Qalb ta' Gesu* and San Bartolomew Feasts.
- SVPR band and other village bands in wards activities.
- Continuation of walking library, bed-side reading and in-wards activities
- Theatre was used by third parties, for two concerts, seven plays, musicals and talent shows, two bird and cat shows, and many secondary schools drama initiatives. SVPR residents have free access to all events.
- Visits by various local councils, NGOs and Association such as Malta Medical Association, Lions Club, Ahmadiya and National Council for Women.
- Other events were organised for Carnival and Good Friday, such as processions and exhibitions.

Day Clinics

Ophthalmic Clinic

During the year 2012, there was 43 sessions with a total of 366 appointments.

Psychiatric Clinic

A total of 854 patients were seen, which included both new cases and follow-ups.

Patients residing at Government Residential Homes seen at Day Clinic:

Home	Referral	Postponed	Seen
Mosta	12	2	10
Mtarfa	19	2	17
Floriana	13	1	12
Gżira	14	4	10
Msida	10	2	8
ZCH	1	0	1
Total	**69**	**11**	**58**

Continence Advisory Services

This service continued functioning as in previous year.

Referred Clients Assessments & Reviews Data – 2012:

Clients from:		Totals
SVPR (Wards)		**116**
New Admissions		**61**
Continence Clinic		**11**
Domiciliary visits	Community	**47**
	Homes	**12**
	ZCH/RH	**83**

In-Patient Care Services

As in previous year, this service received 304 applicants for admission to respite care at SVPR of which 158 applicants ended utilising the respite service, which amounts to 52% of the total 304 applicants received during this year.

Clinical Nutrition

There were 69 residents receiving enteral feeding: 37 residents with Naso-Gastric Tube, 24 residents with Percutaneous Endoscopic Gastrostomy and four residents with a Low Profile Gastrostomy.

REHABILITATION SERVICES OFFERED AT SVPR

Physiotherapy Services

In-patient/Outpatient (for people > 60 years of age) services within Long-term Care institutions

Hospital transport was provided for those older patients who could not use private transport. Throughout the year of review Waiting Time for appointments did not exceed one working week.

Out Patient Service												
	New Referrals			Number of Patients			Number of Interventions			Number of Hospital Transport Users		
	M	F	T	M	F	T	M	F	T	M	F	T
Total	**136**	**211**	**348**	**365**	**582**	**947**	**1,008**	**1,807**	**2,815**	**105**	**178**	**281**

Domiciliary Physiotherapy Service

	NEW REFERRALS			NUMBER OF PATIENTS			NUMBER OF INTERVENTIONS		
	M	F	T	M	F	T	M	F	T
Total	**57**	**87**	**154**	**93**	**128**	**221**	**162**	**233**	**395**

The physiotherapy Service continued to offer Health Promotion services as Talks directly to groups of old people and as TV and Radio programmes on various related topics. Educational programmes to professionals and non professional staff were also given. The department organised training in Health Care e.g. MCAST and in the training in Ergonomics of non-clinical staff at SVP.

Occupational Therapy Department

During the year in review, there was increased emphasis to offer OT services to the new Homes for the Elderly under the PPP Agreement. Regular OT sessions were provided in all Homes in the community; except for Ta' Saura Home and Villa Messina where only residents who were referred were provided with OT services.

Following last year's shift of the activity centre at the OT department to focus more on the therapeutic needs of the residents, this year the operations of this centre was studied and changed in order to free some time from the OT Assistants as from October 2012. Through this exercise, OT Assistants started to focus more on client-centred activities which were indicated by the OTs on the wards. Most of these sessions were on a one-to-one level, although at times the OT Assistants helped the OTs in group therapy sessions. During 2012 long term care residents at MCH were also invited to participate in activities organized by the OT department at SVPR.

Totals of all services

Service	No. of residents referred	No. of residents seen	No. of sessions	No. of Units - Direct
SVPR – Wards (Clinical)	875	995	9,571	20,154
SVPR – Diversional Activity Centre	39	129	5,222	42,526
Out-patients	16	20	285	2,237
Homes (Clinical)	685	778	3,077	8,103
MCH Wards (Jean Antide + St. Bernardette + San Gorg)	55	50	336	799
Day Centres (Government + Church Centres + Local Councils)	2,288 (circa)	2060 (circa)	433	971
Activity Centre – Dementia	6	8	20	55
Totals	**3,964**	**4,040**	**18,944**	**74,845**

Dental Unit - SVPR

The aim of the service is to promote and give comprehensive oral health care to elderly persons in Government Residential homes, St Vincent de Paul Residence, Rehabilitation Hospital Karen Grech, and Wards for Elderly at Mount Carmel Hospital.

Clients receiving dental treatment and oral care	
Checkups at SVPR Clinic	2,177
Checkups at SVPR Wards	606
Checkups at Admission ward	178
Checkups at Rehab Hospital KGH	411
Prosthetic visits at Dental Clinic	858
Dental Extractions	489
Conservations treatment	210

Podogeriatric Unit

All new patients admitted at SVPR are being screened for general foot health, and followed up accordingly. Patients suffering from foot ulcerations are being given the best possible treatment, in consultation with the tissue viability section.

Service at MCH is being given regularly on a weekly basis. Also during 2012, service was also provided to patients under the private partnership scheme.

During this year, we increased the service to nine day centres: Naxxar, St.Venera, Dingli, Hamrun, Mellieha, Safi, Zurrieq, Sliema and St.Paul's Bay. Service in these centres is being given either on a monthly basis or on alternate months in some of them, according to demand and staff availability.

Speech Language Therapy Unit

Training given

- Some 122 sessions were delivered by all SLPs at SVPR on consistency training to approximately 700 nurses and nursing aids;
- Talks were delivered to family carers of persons with Dementia in advanced Dementia classes;
- Input was given to a workshop as part of the Memory classes;
- Clinical supervision of second year Communication Therapy students;
- Career shadowing, talks to Secondary School students. Talk on 'Communication in Acquired Neurological Conditions' and 'Ensuring Quality of Life, One Swallow at a Time' in the Care Assistants course. This was followed by orientation visits to groups of these trainees;
- Talk on 'Rehabilitation in Stroke' to second year student nurses;
- One member of staff chaired the 'Least Restraint' seminar on 31.05.2012;
- Workshop on 'Communication and Swallowing Difficulties in the Elderly' to MCAST, Health and Social Care course students. These comprised seven sessions to groups of 25 students.

Nursing Administration

Responsibilities

The section is responsible for the nursing care of all residents at SVPR spread in 33 wards and also those attending the Activity Centre and the Day Clinic. The Nursing Administration is also responsible for the newly inaugurated Night Shelter at SVPR.

The section has the following staff under their responsibility:

- 32 Nursing Officers,
- 34 Deputy Nursing Officers,
- 200 Staff Nurses,
- one Infection Control Nurse assisted with 1 EN,

- one Tissue Viability Nurse,
- one Clinical Nutritionist,
- one Continence Advisor,
- one Dementia Care Co-ordinator,
- 310 Caring staff
- five Assistant Clerks

An audit with regards to the BMI of our residents is in progress, being performed by the Clinical Nutritionist SVPR. The Clinical Nutritionist has also performed an audit regarding the residents being fed liquidised food.

An ongoing hand hygiene compliance audit is also carried out by the Infection Control Nurse. The ICN also performs regular checks of water supply for Legionella and microbiology. Monitoring of staff with regards to adherence to false nails policy continued.

Audits of Pressure ulcers were performed by the Tissue Viability Nurse. Regular monitoring of these audits is carried out. Patients are regularly assessed for prevention and management of pressure ulcers.

Infection Prevention and Control Unit

During 2012, the Unit introduced and enforced the 'Bare Below Elbows' policy and a Decontamination Certificate form. The Infection Control Unit also monitored the level of hygiene and standards maintained by all sections within the Department of the Elderly and Community Care - that is; Wards, Homes, the Main Kitchen, Laundry and stores at SVPR. For this purpose regular meetings were held with the head of sections and staff of the respective sections. Random monitoring of food samples kept by the main kitchen was also carried out.

Educational activities delivered by the Unit

- As part of the ongoing professional development the Infection Prevention and Control Unit: organised the 6th Infection Prevention and Control Conference held annually at SVPR;
- Lectures on Scabies;
- Lectures on Hand Hygiene both at SVPR and the Government Homes for the Elderly;
- Lectures on Infection Control to the domestic staff for both the private and Government employees;
- Lectures to the student care workers;
- Presentations to the newly recruited nurses as part of an induction programme.

Needle Stick Injuries

18 needle stick injuries were reported to this office during the year 2012. 17 injuries were sustained from staff working at SVPR and one from Commcare. All the necessary procedures according to the policy were followed.

Data collected for Infectious disease during 2012 against that of 2011.

Infectious Disease	Cases Recorded 2012	Cases Recorded 2011
MRSA	53	50
Herpes Zoster	15	7
Pseudomonas Aeuroginosa	7	8
Enterococcus Coli	23	17
Salmonella Enteritidis	1	NIL
Salmonella Kentucky	1	NIL
Scabies	21	12

Clostridium Difficile	2	9
Proteus Mirabilis	6	6
Enterococcus Faecalis	10	6
Chicken Pox	3	3
Klebsiella Pnuemoniae	10	4
Providentia Stuarti	1	NIL
Stenotroph Maltophilia	3	NIL
Morganella Morgani	1	3
Campylobacter jejuni jejuni	3	NIL
Serratia Marcescens	2	1
Citrobacter Koseri	2	NIL
Citrobacter Freundi	1	NIL

Vaccines

As in previous years the IPCU at SVPR managed the influenza vaccination programme for the area that it covers. Several other vaccines were also administered during 2012.

- 1,099 Influenza vaccines were given to SVPR residents;
- 815 Influenza vaccines were given to residents residing in Governmental Homes;
- 672 Influenza vaccines were given to Staff at SVPR;
- 222 Influenza vaccines were given to Staff working in Homes for the Elderly;
- 120 Influenza vaccines were given to Staff working in community with the Elderly;
- 15 Hepatitis B Vaccines were administered to staff at SVPR;
- 55 Hepatitis Vaccines were given to students following the course for care workers organised by the Department;
- two Varicella vaccine were administered to one of the staff who came in contact with a resident with chicken pox;
- Tetanus vaccines were also administered throughout the year to both staff and residents.

Pharmacy

During the year in review, all the pharmaceutical needs of the St. Vincent de Paul Residence were expeditiously and comprehensively served by Pharmacy staff. Assessments at ward levels were carried out with an aim of establishing a baseline upon which to operate following the previous audits carried out in past years. The pharmacy itself underwent a Risk Assessment and during the year 2013, the recommendations proposed will be carried out. Other matters addressed during 2012 included:

- Storage method and requirements including temperature, light, humidity and other environmental factors;
- Review of ordering methods and audit of resident treatment charts;
- Matching of resident treatment charts with procurement levels from SVPR;
- Methods of distribution of medicine;
- DDA's dispensing;
- Drugs requiring the DPPM approval.

Customer Care Service

The Unit received 358 complaints of which 72.3% were concluded positively to the benefit of the complainant.

RESIDENTIAL HOMES FOR THE ELDERLY

In order to cater for the increased demand for long term care, the Department opened a 96 bedded government residential home at Zammit Clap Hospital Residential Home. The refurbishment of Zammit

Clapp Hospital as a residential Home costing €1,000,000 was completed by January 2012 and residents started to be admitted during first week of February.

During the year under review, routine maintenance and up keep of both home premises and equipment were carried out in all of our nine elderly homes. All nine government homes were further provided with various variable height adjustable beds according to their particular needs through the collaboration of SVPR and MDH.

Homes` Admission, Deaths and Transfers during 2012

Mosta Home: Admissions, Deaths, Transfers Totals for period January to December 2012

	Admission	Deaths	Transfers	Went back Home
Mosta	10	6	3	1
Floriana	9	5	2	1
Mtarfa	24	26	1	0
Gzira	0	1	18	0
Msida	13	7	2	1
Cospicua	27	25	6	1
Zejtun	33	21	8	0
Mellieha	20	18	1	1
Zammit Clapp	127	26	7	3

Public Private Partnership Scheme

During 2012, the Department for the Elderly and Community Care maintained its agreements with private entrepreneurs for the provision of beds for Government referred residents in private home settings within Casa Arkati at Mosta, Villa Messina at Rabat, Casa Serena at St. Paul's Bay, Central Home at Mosta, Roseville at Attard and St James Hospital at Sliema. An additional Public Church Partnership agreement was made with the Archdiocese of Malta Homes for the Elderly for the purchase of beds at Casa Leone, St Julians, Holy Family, Naxxar, Dar Sant Anna, Isla and Dar Saura, Rabat.

Government Hired Beds under the PPP and PCP Schemes in Private/Church Homes for Elderly

Home	Males -60	Females -60	Males +60	Females +60	Total
Casa Arkati	1	1	5	37	44
Casa Leone	0	0	4	12	16
Casa Serena	1	0	16	75	92
Central Home	1	1	15	70	87
Dar Sant Anna	0	0	6	7	13
Holy Family Home	0	0	3	6	9
Roseville	1	0	23	56	80
Sawra Home	0	0	6	5	11
Villa Messina	1	0	19	46	66
Total	**5**	**2**	**97**	**314**	**418**

Community Homes Audit and Management Team

The Community Homes Audit and Management Team was set up in 2011 and continued to progress with its work based on:

Resident Allocation to PPP Beds

Assessing and coordinating the daily allocation of residents to PPP beds in line with the agreed SOP for the Transfer of Patients from MDH and KGRH to Care Homes within the PPP Scheme. The Team also coordinated internal transfers of residents from one home to another, including both PPP and government homes.

Data Collection

Collating and analysing daily returns of the data collected i.e. PPP bed availability, new admissions, discharges, deaths, overnight absences, re admissions and relocation applications

Ensuring that care/ contractual obligations are met through ongoing audit (assessment of clinical, clinical and administrative standards) as well as giving advice on the development of new contractual issues.

Improving the quality of care in the care homes: the team even facilitates and coordinate the delivery of services in Care Homes required by PPP residents' e.g. social work, specialised nursing services, and psychiatric consultations.

Community Services

Day Centres

In March 2012, another Day Centre in Siggiewi was opened, thus bringing the total of Day Centres to nineteen. The total number of new applicants during 2012 was 280. During this year, there were 1,426 regular members - 135 males and 1291 females.

Telecare Service

As at end of 2012, the total amount of installations reached the grand total of 9,049, 8,516 in Malta and 533 in Gozo. These installations also include 135 carelink installations. Hereunder is a breakdown of calls traffic in the control room 2011-2012.

Month	No of Calls (Year 2011)	No of Calls (Year 2012)	Remarks
January	15,246	17,821	An increase of 16.89%
February	14,279	16,545	An increase of 15.87%
March	15,239	16,995	An increase of 11.52%
April	13,769	14,626	An increase of 6.23%
May	12,281	13,481	An increase of 9.77%
June	12,094	12,815	An increase of 5.96%
July	12,578	12,444	A decrease of 1.07%
August	11,887	12,275	An increase of 3.26%
September	12,034	12,838	An increase of 6.68%
October	13,735	13,330	A decrease of 3.03%
November	15,319	14,355	A decrease of 6.72%
December	13,335	15,844	An increase of 18.82%

Incontinence Service

During the year 2012, for Scheme A there were 284 new applications while 82 others stopped the service. This means that up to the end of 2012, there were 1,321 persons making use of this service.

In 2012, 878 new applications were registered in Scheme B, while 811 stopped the service. This means that a total of 2,591 benefited from the service up to the end of 2012.

Handyman Service

During the year 2012, the section received a total of 1463 new applications. 1,178 jobs were completed and 181 were cancelled (figure includes pending jobs from 2011). The most requested jobs were: Plumbing, Electrical Works and Carpentry.

Kartanzjan

During the year 2012, the Electoral Office processed 9,803 cards for new holders (60+) and (75+).

During the same year, 2,979 lost cards were passed on to the same office and all cards were renewed. The total number of *Kartanzjan* beneficiaries stood at 106,483.

Social Work Unit

The unit consists of four full time social workers and two part-time social workers. In addition, two of the social workers at SVPR handle part of the case load referred to the Social Work Unit.

CASES REFERRED TO SOCIAL WORK UNIT					
	Social Cases	Homes	Home Help	S.V.P.R.	Carer's Pension
TOTAL	**158**	**699**	**781**	**404**	**0**

CASES WORKED BY THE SOCIAL WORK UNIT					
	Social Cases	Homes	Home Help	S.V.P.R.	Carer's Pension
TOTAL	**151**	**607**	**721**	**364**	**0**

Home Help Unit

During 2012, the Board of Allocation met 15 times. The role of this Board is to decide whether this service is given or not depending on the social assessment and the medical certificate.

A Tender for the Provision of the Home Help Service was published in August 2012 and was awarded to St. James Hospital and service introduction started in December 2012.

Up to the end of 2012, there were 2,702 households who benefited from the service with a total of 3,659 of beneficiaries. During 2012, 781 new cases were presented.

	Board mtngs	New appl. Rec.	No of cases reviewed (New and Ext)	No of new cases approved	Hours allocated for new cases	No. of cases requesting ext of hrs. approved	allocated for extension	Total no. of hrs approved
Total	**15**	**781**	**860**	**484**	**979**	**103**	**117**	**1098**

CommCare Assessment Unit

During 2012, the CommCare Unit received 8,176 requests for domiciliary nursing care, of which 3,200 were new referrals and 4,976 were follow ups. The total number of telephone reviews carried out periodically from Commcare call centre to service users amounted to 1,550.

Home visits

915 Home visits carried out as first time assessments, follow ups or regulatory purposes by different members of the team. The total number of interventions amounted to 545,338 for 2012.

Telephone Rebates

In 2012, there were 231 New Applications and 648 Cancellations. By the end of 2012 the number of beneficiaries stood at 4,339.

Meals on Wheels Service

2012 proved to be a successful year due to the high quality of food which is professionally prepared by the personnel at the kitchen of St. Vincent the Paul Residence, its meticulous presentation in hygienic containers and its timely delivery. The requests for the service have continued to increase, and up to the end of the year under review 87,500 meals were delivered. The number of New Registrations for the service has reached the figure of 1,327 applicants. Although about 266 daily meals are requested and delivered, the number of potential beneficiaries gives a clear dimension of the popularity which the service enjoys.

Night Shelters

A third night shelter was opened on 20 July at St. Vincent de Paul Residence. It is run by SVPR nursing management and provides accommodation for three males in single rooms and one female room with two beds and three single rooms for females: eight beds in total for both genders. It incorporates a dining room complete with a kitchen, a reception and a living area with TV. Sanitary facilities consist of a shower and two toilets. There is one room used as a changing room for staff and a store room.

Communication Unit

The Communication Unit was responsible for the Media Campaigns promoting the Care Assistants Course, with a first call in January 2012 and a second call in July 2012.

Active Ageing Event

April has become the month synonymous with the European Year activities. For this year, the theme chosen is, 'Active Ageing and Solidarity between Generations', which was an event launched Friday 13 April 2012.

Strategy Seminar

A one day seminar was held in August to launch the initiation of a consultation process to determine future service provision for older persons.

Department Website Content

Upkeep and update of the website, so that it is used as a tool of information when promoting an event or making any calls, recruitment, tenders, and others, was taken care of.

Operating Expenditure

The Directorate for the Elderly and Community Care during 2012 continued to deliver its services and monitor expenditure to contain it. The increase in utility rates, in operational costs and contractual services added to this challenge.

An overview of the expenditure for 2012 will show the following salient statistics:

	Actual 2012	Revised Budget 2012	Final Revised Budget 2012	Variance 2012
	€'000	€'000	€'000	€'000
Personal Emoluments	35,934.6	33,682.0	36,509.0	(574.4)
Operational and Maintenance Expenses	11,241.7	10,398.0	10,402.2	839.5
Programmes and Initiatives	4,365.2	4,823.0	4,746.9	(381.7)
TOTAL	**51,541.5**	**48,903.0**	**51,658.1**	**(116.6)**

Personal Emoluments - the favourable variance was due to better distribution of work schedules and closer monitoring of staffing ratios to patients.

Operational and Maintenance Expenses - The population of residents in Government Retirement Homes and in Saint Vincent de Paul Residence continued to increase as the demand for this service increased. This in turn necessitated an increase in operating costs such as the supply of meals, catering and cleaning services and caring facilities.

Programmes and Initiatives - Most of the programmes targeted for this year were implemented. The programme for the Welfare Committee with a budget of €3.8 million continued to be successful whilst other initiatives, such as the Meals on Wheels, the operation of Community Homes and Day Centres, the Incontinence Service and the Telecare and Handyman Services becoming more popular. Other schemes were also sustained during the year, such as the Outreach Initiative and the Home Care Help Service Scheme, the latter being targeted for an increased and improved service in 2013.

Capital Projects

During 2012, the Department continued in its commitment to improve its services through the upgrade of its facilities in the various residences. The following prominent projects were completed during 2012:

- the refurbishment and opening of Zammit Clapp Hospital Residence at a cost of over €1,000,000;
- a number of refurbishment projects in Government Retirement Homes amounting to €63,000;
- the opening of a new day centre at Siggiewi, in collaboration with the Local Council, with the Department supplying the qualified social assistants and capital assets, making the Department's initial expenditure of €16,000;
- the continued upgrading and refurbishment of St. Vincent De Paule Residence with works and new equipment purchased during 2012 amounting to € 250,000 , including the opening of a new Night Shelter.

Internal Controls

The Department continued with the strengthening of its system of internal control to ensure the completeness, accuracy and timeliness of the financial records and also to provide for surveillance over budgets to minimise cost overruns. During the year, the Department:

- continued to improve its management reporting system;
- amalgamated its standard operating procedures for the procurement of goods and services;
- revised the procedures for the recording of financial data, including a revision of the chart of accounts and cost allocation to improve data capture and reporting structures;
- introduced a system of identifying costs per cost centre and the costing of the individual service being provided.

REHABILITATION HOSPITAL KAREN GRECH

Management Overview

The year under review was characterised by challenges due to the significant expansion in the demand for services offered by the Rehabilitation Hospital Karin Grech (RHKG).

An increase in bed capacity was also accompanied by an exponential increase in demand for both inpatient and outpatient services, with an increase in new cases across all departments, be it medical outpatients, day hospital services, physiotherapy outpatients, the nurse liaison service, the number of domiciliary outreach physiotherapy visits and the number of calls handled by the Dementia Helpline.

Despite this accelerated expansion, the outcome measurements included in this report indicate that quality care delivery has been sustained, as evidenced by maintenance of the percentage (47%) of patients who are successfully discharged back to their homes in line with the aims of the hospital, maintenance of the mean improvement in patients' functional abilities by the time of discharge, maintenance of levels of satisfaction expressed by patients and their relatives with the care provided and a decrease in reported infection rates. The increase in mortality rate to 15% from the previous year's 13% is attributable to a higher level of acuity of patients transferred to RHKG, as evidenced by the increase in the percentage of patients transferred from MDH.

Financial Report

Capital Expenditure

Capital investment during 2012 was due to the refurbishment work on a number of wards. These included Rehab Ward 1 and Rehab Ward 9, which were refurbished and opened in 2012 and Rehab Ward 5 on which refurbishment work was also completed in 2012, with a view of this ward receiving patients in January 2013. In total, €668,433 were invested in the ongoing refurbishment of RHKG during as seen in the table below.

		€
Rehab Ward 9	Refurbishment construction	64,810
	Furniture and equipment	25,833
	Total	**90,643**
Rehab Ward 1	Refurbishment construction	275,619
	Furniture and equipment	22,407
	Total	**298,026**
Rehab Ward 5	Refurbishment construction	67,809
	Furniture and equipment	38,017
	Total	**105,826**
Miscellaneous projects	Refurbishment construction	23,036
	Furniture and equipment	150,902
	Total	**173,938**
Total Investment	**(Including overtime work on construction)**	**668,433**

Management of Funds

The budget allocated to RHKG during the year 2012 was €10,450,000, an increase of 10% over the budget allocated in the year 2011. Occupied bed nights, however, increased 29% over the previous year.

	Year 2011	Year 2012	% increase
Available bed nights	67,471	85,936	27%
Occupied bed nights	65,918	85,005	29%
Occupancy rate	97.6%	98.9%	

The hospital closed the financial year with a deficit of €1,166,566 as shown in the table below.

Income	Actual 2012
Government contributions	10,449,996
Bank interest	1,956
other income	173,781
Total Income	**10,625,733**
Personal Emoluments	7,434,118
Emoluments Mellieha home	447,392
Food	802,661
Medicines and medical equipment	193,852
Operational material	218,037
Oxygen	24,360
Laundry	391,912
Training	15,004
Uniforms	9,857
Maintenance	148,417
Cleaning Material	74,849
Cleaning & upkeep services	605,763
Water & electricity	211,121
Gas oil	0
Transport	43,563
Office supplies and services	55,978
Telecommunications	72,864
Support services	639,170
Insurances	11,181
Professional Fees/rentals	23,857
Bank charges	748
Sub total	**11,424,704**
Other operating materials	367,595
Total outflow	**11,792,299**
Surplus/(Deficit)	**-1,166,566**

Audited Financial Statements 2011

The financial statements audit for the year ending 31 December 2011 were finalised in September 2012. The auditor's report was unqualified. The management letter recommended the setting up of an in-house internal audit department which was set up in November of 2012.

Operational Report

Emphasising the Rehabilitation focus of RHKG

A ward renaming exercise was undertaken in April 2012, whereby all RHKG wards started to be referred to as 'Rehab Wards' to emphasise the hospital's philosophy of providing specialised services where the ultimate goal is to help clients regain functional abilities and return to their home.

Refurbishment projects

Refurbishment work during 2012 proceeded on Rehab Wards 1, 9 and 5. A projects steering committee was appointed to oversee the refurbishment work, with the aim of ensuring on-time completion of works within established budget.

Increase in Bed Capacity within RHKG in 2012

The table below shows the total number of available beds at the RHKG.. On 9 March 2012, a new ward of 27 beds (Rehab Ward 9) was opened. The total bed capacity by the end of 2012 was 238 beds.

Ward Name	Type of Bed	No. of Beds
Rehab Ward 1	Physical Rehab	31
Rehab Ward 2	Geriatric Rehab	31
Rehab Ward 3	Geriatric Rehab	31
Rehab Ward 4	Geriatric Rehab	31
Rehab Ward 5	Undergoing refurbishment to open in January 2013	
Rehab Ward 6	Geriatric Rehab	28
Rehab Ward 7	Geriatric Rehab	31
Rehab Ward 8	Geriatric Rehab	28
Rehab Ward 9	Geriatric Rehab	27
Total (excluding Rehab Ward 5)		**238**

New Services and Work Practices

The recruitment of three new consultant geriatricians during 2012 allowed the development new work practices including the allocation of two work time equivalents to provide an on-site service to MDH (for ortho-geriatrics, medical consultations and to work with new admissions).

A new Occupational therapy rehabilitation room was opened in Rehab Ward 1 and specialised equipment was procured for the treatment of younger adults with physical disabilities. Computer-based interventions were introduced as a new medium to encourage and motivate younger adults.

The Amputee Rehabilitation Gym was refurbished in the Physiotherapy Outpatients Department in 2012. This added much needed space for quality treatment of persons living with an amputation and for the use of new equipment in line with recent technological advances.

Physiotherapists from the Outpatients Department started attending weekly clinics chaired by Mr. J. Borg with a view of introducing an Extended Scope Practitioner role in back rehabilitation.

Development of Information and Communication Technology Systems

Online ordering of blood investigations using bar-coded labels was introduced successfully on 22 February 2012. The second IT initiative was the implementation of the Electronic Case Summary system in October 2012.

Quality Initiatives

The Pharmacy Department continued to develop the Quality Management System by implementing 11 SOPs for the non-clinical services within the Pharmacy. Audit tools were developed for seven of the latter and are currently being used to audit the works' processes.

Following the issue of an operating license for the Pharmacy in 2009, the Medicines Authority conducted an official inspection of the premises in RHKG. All standards were met and the license was renewed.

The Speech Language Pathologists of RHKG participated in a number of working groups towards the ISO certification of the Speech Language Department during 2012.

During 2012, the Nursing Department continued to work on improving care practices to ensure quality care delivery. The Nursing Management team reviewed and updated the peritoneal dialysis policy, the discharge checklist and the Food Intake chart and policy.

The physiotherapy and occupational therapy outpatients department initiated a quality initiative with the aim of improving the transport services provided to clients visiting the outpatients department.

The Physiotherapy Outpatients Department developed a structured 'New Patient Assessment' (including risk assessment), and identified appropriate validated and reliable Outcome Measures to be used with every new patient at baseline and end of treatment as part of the Patient Record Audit Cycle.

Another new service introduced in 2012 was the Community Dementia Clinic. Two afternoon clinics were held in the Paola and Floriana Health Centres. The aim of these clinics is to meet the increasing demand for assessment of persons suspected to be suffering from dementia

Performance Report

In-patient Admissions

The below table shows the in-patient admission demographics for 2012, compared to 2011 and 2010.

	2010	**2011**	**2012**
Geriatric Rehab	979	1,141	1,287
Mean age (yrs)	80	80	82
Physical Rehab	321	357	277
Mean age (yrs)	76	74	71
Total Admissions	**1,300**	**1,498**	**1,564**
No. transfers from MDH	1,039	1,289	1,406
% transfers from MDH	**80%**	**86%**	**90%**

In-patient Discharges

The table below details the outcomes for the 1,521 discharged patients in 2012 (the difference between this figure and the total number of admissions in 2012 is attributed to increases in bed capacity due to opening of RW9 and extra beds). 47% of patients were discharged to their own home as compared to 47% in 2011 and 45% in 2010, while 24% of discharges were to new state-funded long-term care settings (SVPR, Government Homes, PPP Homes or Wards for the Elderly at MCH). A higher Mortality Rate of 15% when compared to previous years is attributable to an increase in the admission of acutely ill patients. Mean length of stay for all discharged patients in 2012 was 47 days as compared to 43 days in 2011 and 38 days in 2010. This figure incorporates any additional stay due to delayed discharge (see section on long-term care needs). Mean length of stay for geriatric wards for this year 2012 was 48 days as compared to 46 days in 2011. Mean length of stay for the physical rehab ward for 2012 was 40 days as compared to 32 days in 2011.

Discharge Destination	Disch in 2010 ZCH & RHKG	2010 %	Disch in 2011 RHKG	2011 %	Disch in 2012 RHKG	2012 %
Own Home	589	45	678	47	707	47
Private Homes	64	5	67	5	60	4
Church Homes	38	3	30	2	38	3
Government Homes	20	2	49	3	105	7
SVPR	204	16	173	12	93	6
SJA/SGP/SBT	35	3	32	2	40	3
PPP Homes	142	11	123	9	122	8
Transfer to Mater Dei / Other Hospitals	78	6	108	8	134	9
Deceased	131	10	185	13	222	15
Total	**1,301**	**100**	**1,445**	**100%**	**1,521**	**100**

Long-Term Care Patients

Delayed discharge of patients from RHKG continued to remain a challenge throughout 2012 and this was the main reason for inadequate patient flow through the system. The above table shows the total number of long-term patients identified each month since expansion of services in November 2007. A total number of 482 persons were registered in 2012 as long-term care patients (49 patients more than in the previous year).

Of the 482 long-term patients identified in 2012, 143 patients were still at RHKG at the end of the year. This represents a considerable delayed transferring to long-term care in 2012; the total number of long term patient at the end of the year in 2011 was 76 patients.

The average length of stay of discharged long-term care patients was 28 days for the initial rehabilitation phase (from admission to the notification of long-term decision) and an additional 56 days until discharged from RHKG.

Mater Dei Consultations

A total of 2,960 consultation requests were received from Mater Dei Hospital in 2012. This represents a considerable increase of 554 consultations over the previous year. The majority of cases were referrals from the Department of Medicine (1,758), Neuro-Medical Ward (138), Neuro-Surgical Ward (45), the Department of Orthopaedics (512) and the Department of Surgery (282).

A total of 1,377 (47%) of the patients reviewed at Mater Dei Hospital were transferred to RHKG by the end of the year.

Day Hospital and Medical Out-Patients Services

The Day Hospital retained the 30-place Day Service by an interdisciplinary team to patients over the age of 60 years. The Medical Out-Patients' function remained mainly for assessment of patients requiring solely the doctor's input.

In all there were 809 new case appointments with the Consultant Geriatricians (n=668) and the Consultant Psychiatrist (n=129) and Afternoon Clinics in Health Centres / Ophthalmic Clinic (n=12) in 2012 (Table 7). There were also a total of 3303 follow-up appointments (944 at the Day Hospital, 208 by the Psychiatrist, four at Community Dementia Clinics and 2147 at the MOP) as outlined in the table below.

	2011	2012
New Cases (DH)	476	487
New Cases (MOP)	154	181
New Cases (Community Dementia Clinics)	-	8
New Cases (Ophthalmic Clinics)	-	4
New Cases (Psychiatrist)	38	129
TOTAL	**668**	**809**
Follow up Appointments (DH)	861	944
Follow up Appointments (MOP)	1,964	2,147
Follow up Appointments (Comm. Dementia Clinics)	-	4
Follow up Appointments (Ophthalmic Clinics)	-	0
Follow up Appointments (Psychiatrist)	36	208
TOTAL	**2,861**	**3,303**

Occupational therapy Services

At the outpatients department the total number of Occupational Therapy referrals amounted to 295 and the total number of patients seen was 380, requiring 5,834 treatment sessions and 45 community visits. On the Day Hospital the total number of patients seen by the Occupational Therapists was 348. The group therapy sessions were increased to three times weekly and were provided for both the Day Hospital and ward patients.

Speech Language Pathology Services

A clinical placement between SLPs working within MDH, SVPR and RHKG was continued during 2012 with the objective of homogenising services across hospitals.

As seen in the table below, there was a slight decrease in the number of new cases referred to the Speech and Language Pathology unit and the number of patients successfully discharged by this unit in 2012, when compared to 2011. There was however an increase in the number of group therapy sessions and clients attending group sessions, together with an increase in the number of attended individual sessions for 2012 when compared to 2011.

	2011	2012
Number of new cases referred to Speech and Language Pathology Unit	577	548
Discharges from RHKG during the year	490	466
Referrals to community or homes	150	87
Booked/attended group sessions	24	32
Clients in booked/attended groups	194	214
Attended individual sessions	4,697	5,471
Home Visits	7	24

Social Work Services

The Social Work Department provided a service to 74% of the in-patients within RHKG in 2012. Social Workers were also involved in Home Visits and Family Training Sessions. Such involvement was with 33% of the in-patients.

The Social Workers held various meetings with patients and families; a total of 927 (85.3%) full meetings were held with patients and their relatives. In addition, there were a futher 778 (71.6%) brief contacts with patients and their relatives.

Social Workers processed 165 new application forms for Government Residential Homes and updated a futher 11 applications. Social Workers processed a total of 323 applications for services such as Telecare, Home Help, Incontinence and Meals-on-Wheels for persons discharged to their own home.

Social Work interventions were also necessary on. a total of 114 referrals to the Social Work Service were received from the Day Hospital, the Medical Out Patients and the Physio / OT Out Patients during 2012.

At the year's end, 58% of the cases were closed, 21% are ongoing while another 21% are referred but are still pending allocation, thus being carried over to 2013.

Physiotherapy Out-Patients

A total of 874 new referrals to the physiotherapy out-patients department were received in 2012, most from Mater Dei Hospital. This shows an increase of approximately 15% over 2011.

Of the 874 new referrals, 590 patients were successfully discharged from treatment.

A total of 212 domiciliary outreach visits were performed for patients with amputation or with neurological conditions. This shows a 50% increase over the previous year.

The Dementia Helpline

The Dementia Helpline (Tel: 22081826) run by RHKG in collaboration with the Department for the Elderly and the Malta Dementia Society continued in 2012. A total of 281 calls were registered in 2012, a considerable increase over the 85 calls registered in 2011.

The Community Liaison Nurse Service

The Community Liaison Nurse whose aim is to ensure that patients are coping well in the community, preventing re-admission to the hospital carried out a total of 1,133 community visits in 2012. These included 157 new cases, showing a continuous increase from previous years (1038 community visits including 148 new cases in 2011; 1004 community visits and 210 new cases in 2010).

Patient Satisfaction with Care

The Patient Discharge Questionnaire had a response rate of 36%, a decrease from the previous year, indicative of patients not being given the questionnaire, or the patients/relatives not completing it. Analysis of the questionnaire showed that 95% were satisfied with the care received, which was close to the 96% satisfaction rate in 2011 and the 97% patient satisfaction rate in 2010.

Measures of patient functional/health improvement on discharge

Patients perceived greater improvement in their condition than relatives. 87% of patients compared with 92% of patients in 2011 and 87% of patients in 2010 felt they had improved by discharge63% of relatives perceived an improvement in their relative's condition, an increase from 62% of relatives in 2011 and 57 % of relatives in 2010.

The Barthel Index (BI) Scale is a simple indicator of the patients' functional abilities and the degree of improvement or deterioration in functional independence. The mean BI score on admission for 2012 was seven while the discharge score was 12. This shows a mean improvement of five, which is equivalent to the mean improvement registered in 2011 (5) and an increment on the mean improvement of four registered in 2010.

During 2012, the Infection Control Unit was notified of 135 cases of communicable diseases amongst patients at RHKG, a decrease when compared to the 163 cases in 2011 and the 152 cases reported in 2010, notwithstanding the increase in patient numbers.

128 of the 163 notified cases involved patients who were transferred from MDH. This year saw a substantial increase in the incidence of *Clostridium Difficile* (19) and KPC (22).

Community outreach Activities

The Physiotherapy Outpatients Department organised a 'European Year for Active Ageing and Solidarity between Generations' week of activities for the general public on the 3rd, 5th, 6th and 7th December 2012.

Expansion

The RHKG was further expanded in the 2012 with a new ward - RW9 opened in March after extensive refurbishment while the RW1 was opened on 3October, thus bringing the total bed capacity to 249 at year end indicating a 32% increase incapacity from 2011. During the last two months of 2012 refurbishment also started on the RW5. The total investment in ward expansion during 2012 reached €668,433.

Management of Funds

The budget allocated to RHKG during 2012 totalled € 10.45m, an increase of 10% over 2011. Linked to this was the increase in bed capacity and occupied patient days as per table below:

	2011	2012	% Increase
Occupied bed nights	54,690	65,580	20%

Audited Financial Statements 2011

The financial statements audit for the year ending 31December 2011 were finalised by RHKG's external auditors in September 2012. The auditor's report was unqualified. The management letter recommended the setting up of an in house internal audit department and following the Senior Management's endorsement this was essentially set up in the last quarter of 2012.

Internal audit

Internal audit in 2011 was done ad hoc when resources permitted. Late in December 2011 an internal audit office was set up with the sole aim of increasing internal controls and managing them. This department is made of two people. One of them focuses on procurement processes whereas the other concentrates on the area of personal emoluments including verification and authorisation of overtime, allowances etc. An internal audit programme has been set up and agreed to.

Budget maintenance for expansion

Given the fast expansion programme in RHKG over these last years the setting up of a dedicated committee to monitor the hospital's maintenance budget was deemed necessary. The committee's objective was to monitor procurement and works programmes in relation to expansion areas so as to ensure that timelines are met and budgets are kept. The refurbishment on time of Ward RW5 was in part due to this committee.

Primary Health Care Service

The department still operated within the eight health centres and forty two peripheral clinics. Refurbishment continued in most health centres with a major refurbishment still undergoing at Mosta and at Rabat Health Centres. Floriana Health Centre also underwent refurbishment in the ophthalmic, podiatry areas as part of the Diabetes Screening Programme, and a major improvement in the reception area outlay.

Immediate Medical Care was strengthened by further training of staff and the purchasing of new equipment. The Practice Development Unit continued on its mission in 2012 to organise the educational activities of the department to staff and patients

A new 24hr blood pressure monitor was introduced as a new service at Mosta Health Centre to further manage patients in the community

The Primary Health Care website continued to be improved to promote and facilitate the use of the services provided, educate our clients and reduce the demands on health centre staff. This was done by uploading more informative and educational material.

Customer Care continued to be given high importance in order to improve the image of the department, educate our staff and improve on the department's performance. The department has also embarked on a joint project with A&E to analyse alleged inappropriate referrals from Primary Health to A&E and vice versa with the sole aim of identifying shortcomings, regularise the situation, educate staff, and provide better liaison between the two departments for the benefit of patients.

The department also managed to outsource ophthalmology service to decrease the next available appointment waiting times in ophthalmology and improve this service. We have continued to improve the podiatry service by increasing the number of clinics and staff in B'Kara and Paola Health Centres. We have also increased the podopodiatry staff to cater for the increasing demand on this clinic.

During 2012 a new project for the screening of colorectal cancer was launched. This project, together with the breast screening programme, is being carried out in the age group that is most vulnerable to develop this condition so as to detect it in its early stages. Of the 6,610 screened for breast cancer during 2012, 59 malignant cases were detected justifying the importance of these projects.

Anew wellness clinic, in collaboration with the Down Syndrome Association was also launched. The clinic is intended for all individuals with Down Syndrome aged 16 years and over. Other than providing a medical follow-up and screening service, it is an opportunity for providing a seamless service to these individuals, allowing for early and appropriate health promotion and education.

The department still considers the continued education of staff and patients as one of the pillars for good primary health care. Thus, several employees have been sent for training courses organised by the CDRT, granted study leave and given opportunities to research.

The challenge of irregular immigration continued to be given its importance by the education of staff on migrant health and cultural issues through seminars and lectures while more cultural mediators were trained. The Youth Health and Immunisation Unit also continued with its educational campaign focussing on illness prevention in children and adolescents with considerable importance given to education.

The Infection Control Unit continued with its education of staff on hygiene. During 2012, four GP Trainees finished their specialist training course while another nine doctors joined the training programme.

Finally but not least, family friendly measures continued to be entertained to all eligible staff so as to promote the wellbeing of the family unit.

Amongst the projects entirely performed by the maintenance department was the completion of the first phase of the refurbishment of the Floriana Health centre from where podiatry, physiotherapy, ophthalmic and diabetic clinic services are now being provided. The Speech and Language Department was also refurbished. The various district clinics (*bereġ*) are also undergoing a planned upkeep according to the needs. The work of the maintenance section is also being monitored by means of questionnaires sent to service users.

There was also co-ordination of two major refurbishment projects. The Mosta Health Centre refurbishment project, which is being done in liaison with the Foundation for Medical Services (FMS), commenced in October 2012. This is a major refurbishment project costing over €600,000 which will involve extension of the services to include a wound clinic and a minor operations theatre. Another project

that is being co-ordinated with FMS is the major refurbishment of Rabat Health Centre, where works will start at the beginning of 2013.

There was an application to obtain funds under the European Regional Development Fund Programme in order to build a new Primary Health Care hub in Paola. If EU funds are obtained, the hub would be a major project that would provide a more comprehensive health care service delivery that is closer to the community and under one roof. This project would signify a quality leap in the environment within which health care is delivered. The provision of this high quality health care will improve the quality of life of the community. Preliminary concept planning of another hub in St. Julians was also done.

Clinical Services Offered

The following is a list of services which are offered by the Primary Health Care Department:
General medical practitioner – (clinic and home visits)
General Nursing care
Specialised services:

- Medical Consultant clinic
- Schedule V clinic
- ECG clinic
- Gynaecology and Antenatal clinic
- Well Baby clinic
- Diabetes clinic
- Medical Imaging services
- Mental Health clinics
- Optometry and Glaucoma clinics
- Pathology investigations
- Podology clinic
- Physiotherapy clinic
- Speech Language Pathology clinic
- Occupational Health Unit
- Community Pharmacies
- Migrant Health Unit
- National Immunisation Service
- School Health Services

Customer Care

During 2012, 102 complaints were received by this section. All cases were investigated, of which 46 cases (45%) were found to be justified and corrective action was taken, 42 cases (41%) were found to be completely unjustified while in 14 cases (13.7%) the benefit of the doubt was given to the complainant although it was not clear whether the complaint was justified. In order to limit the number of complaints, necessary action, including disciplinary action, was taken.

Summary and Review of Performance of Clinical Services

The GP activity continued to show an increase over the previous year by 20.5% indicating a great leap in GP popularity. This was the highest increase over the previous two years. There was a staggering 30.8% increase in GP consultations while the prescription clinic showed a slight increase of 0.67% over the year 2011. The Peripheral District Clinics (the *bereg)* continued to show an increase in popularity by 9.30% over the previous year. This could be attributed to the increase in the number of opening hours in Birkirkara Health Centre, a peripheral clinic, and an ever increase in the ageing population on chronic drug treatment. As regards to the home visits there was also a staggering increase by 23.6% indicating that patients are using the GP service more even for house calls. There overall staggering 20.5% increase in GP activity may be attributed to several factors including an ageing population, a better GP service, more

media promotion on health and for the use of the service of general practitioners rather than attending the Emergency department.

General Medical Practitioner Services				
Service	**2010**	**2011**	**2012**	**% variation**
G.P. episodes seen in Health Centres	323,415	350,251	458,289	30.8%
Prescription Clinic by appointment	76,976	77,474	78,000	067%
G.P. episodes in District Clinics	174,974	192,229	210,202	9.3%
G.P. Home Visits by day and night	11,561	12,555	15,523	23.6%
Total	**586,926**	**632,509**	**762,014**	20.5%

Medical Consultant Services

The service has gained more popularity with general public over the previous two years with a slight variation in different health centres. The collective efforts and flexibility by the physicians has continued to minimise the waiting lists and thus more patients could be seen in the same period of time.

The three Medical Consultants are catering for Schedule V appointments and preventive Medical Consultations

Medical Consultant Clinic						
Health Centre	**Schedule V 2010**	**MCC 2010**	**Schedule V 2011**	**MCC 2011**	**Schedule V 2012**	**MCC 2012**
Floriana	828	759	766	634	845	1,218
Gzira	401	1,171	456	840	1,171	523
Qormi	450	1,277	475	1,049	559	1,294
Mosta	1,290	1,314	1,164	1,056	1,672	1,586
Rabat	369	829	247	958	309	1,191
Paola	1,296	901	1,430	1,117	1,567	1,432
B'Kara	344	852	346	630	365	765
Total	**4,978**	**7,103**	**4,884**	**6,284**	**6,488**	**8,009**

Glaucoma and ophthalmic Services

Statistics of Glaucoma Screening and Ophthalmic Clinics are as follows:

Health Centre	Glaucoma	Ophthalmic Session
Floriana	1,514	720
Gzira	1,286	1,155
Mosta	1,059	760
Paola	1,353	450
Qormi	737	1,282
B'Kara	720	*

*No Ophthalmic Sessions available in this health centre

Other Professional Services

Allied Professionals Services				
Service	**Number of clinic attendances 2010**	**Number of clinic attendances 2011**	**Number of clinic attendances 2012**	**% variation between 2011 and 2012**
Nursing Care in the treatment rooms	163,321	194,512	253,065	30.1%
Podiatry	62,991	78,073	80,336	2.9%
Speech Therapy*	22,527	34,627	27,218	-21.4%
Blood Investigations	88,575	92,809	71,022	-23.5%
Physiotherapy	26,875	30,235	27,629	-8.6%
ECG	3,849	4,133	4,218	2.1%
TOTAL	**364,307**	**434,389**	**463,488**	

*at health centres and district clinics

Podiatry

Two new clinics have been set up at Floriana HC solely dedicated to the Diabetes Screening Programme.

Other Changes

Refurbishment in Rabat and Mosta HC

Currently the refurbishment at Mosta HC is in progress. Due to the temporary closure of Mosta HC, patients are being seen at B'kara. This has meant a reduction in the number of sessions from 14 to 10 sessions a week. Once the Mosta clinic is ready the sessions will be increased to 18 sessions a week, which would invariably reduce the waiting time to more acceptable limits.

Paola HC

Plans have been initiated for the building of a new clinic at Paola.

Extraordinary Events

Industrial Action

Throughout last year two relatively lengthy industrial actions had a negative impact on the division. Due to these actions we were not able to operate fully and as result the waiting time and number of complaints increased drastically.

Patient Attendance

Patient attendance at the various Podiatry sections was as follows:

Place	Booked	Attended	Failed	% failed	N/C	Emerg.	Totals
PHC	95,766	82,742	13024	13.6	9,324	6017	88,759

Emergencies seen at Health Centres

Number of emergencies seen during 2012 is lower than 2011 (from 7826 in 2011 to 6017 in 2012). This could be a direct result of the industrial actions taken during the past year coupled with the fact that during the first 7 months of the year waiting time was short.

Podopediatric Service

During its first year of service the demand for this clinic has been huge. Due to this fact the manpower at this clinic has now been doubled. Throughout 2013 the division will be seeking to work more closely with other departments notably with the CDAU and paediatrics at MDH. Moreover it is planned that an education/screening programme will be carried out at schools.

Immediate Medical Care - Training

Basic Life Support/AED training

The Basic Life Support/AED course for all Primary Health Care Department (PHCD) employees was commenced in October 2010

The possibility of delivering this course to school children is being seriously considered. In fact the necessary procedures for the procurement of the additional training equipment required have been initiated.

Orthopaedic Pilot Project

This Pilot Project at Mosta Health Centre was launched in January 2011. Improvements have been achieved this year in the communication pathway between the Mosta health centre GPs and the MDH Orthopaedic HSTs on call at MDH (for the discussion of the management of patients suffering from limb orthopaedic trauma). In fact the GPs can now contact the HST on call on his/her mobile pager from any telephone set present in the clinical areas of the health centre.

The next step is the introduction of a plastering service. This was discussed by the PHCD administration with the Medical Association of Malta. No outcome had ensued up till May 2012. As from May 2012, this project is now being managed by the SGP of Mosta Health Centre.

Major Incident Plan

A generic major incident plan for the health centres has been written and approved by the Immediate Medical Care Committee and by the Director. The aim of this plan is to give direction as to the actions that need to be taken in the first 20-30 minutes of a major incident until further help arrives. This plan has been customised for each individual health centre.

The plan was officially launched via two Seminars entitled 'Developments in the Management of Acute Cases in Primary Health' which were held on 31 August and 1 September 2011.

The items (equipment and drugs) present in the onsite emergency boxes have been reviewed and reduced in view of financial considerations.

Physiotherapy

Physiotherapy services were delivered from Floriana, Paola, Mosta, Qormi, B'Kara and Cospicua Health Centres.

The demand for the services continued to increase.

Health Centre	Floriana	Paola	Mosta	Qormi	B'Kara	Cospicua
Total Health Centre Referrals	757	918	2,112	529	554	278
Total SLH Referrals	137	251	2	231	217	182
Total Patients Referrals	894	1,169	2,114	760	871	460
Total Treatment Sessions	3,653	1,256	5,168	6,052	3,423	3,165

Primary Child, Youth Health and Immunisations

The Unit comprises the School Health Service, Well Baby Clinics, National Immunisation Service and Youth Health Service.

A Public-Private partnership agreement was signed with the Down Syndrome Association on 23 February, 2012. This laid the way for the setting up of a health screening service for adolescents and adults with Down syndrome. The clinic is situated at B'Kara Health Centre and is now fully functional.

School Health Service

During the year 2012, the School Health Service continued to provide a monitoring and surveillance programme within the mainstream Public and Church Primary Schools. The emphasis was on the early detection of physical, social, psychological and learning difficulties and disabilities as well as health promotion and health education.

School Health teams carried out a rigorous immunisation programme throughout the year and this included the second dose of Measles, Mumps and Rubella vaccine to all students at Year 4 level and the BCG vaccination to all Form 2 students attending State secondary schools. Similarly aged students attending Church and Independent schools were vaccinated between October and December of the previous calendar year, being the same scholastic year.

Medical staff in School Health Service also took care of the clinical examinations at Well Baby Clinics.

In October 2012, the School Health Service extended service in Secondary Schools by offering a scoliosis screening programme for students aged 12-13 years and attending Form 2 in all State and Church schools.

Immunisations

Children attending Form 2 (scholastic year 2011/2012) in State schools were administered the Mantoux test and BCG vaccination between January and March 2012. Those attending Form 2 (scholastic year 2011/2012) in Church and Independent Schools were administered this vaccination in October – November 2011. Children in Year 4 attending Primary State and Church Schools were offered the second dose of MMR vaccine. The number of vaccines given during 2012 is found hereunder.

Immunisations	
MMR 2nd dose	2341
Mantoux Tests	2181
BCG	2037

National Immunisation Service

There are eight National Immunisation Clinics (NIS) clinics in Malta and 1 in Gozo.

The National Immunisation Service at Floriana Health Centre coordinates all the services offered to the community through each Health Centre and through the Immunisation Clinic at Floriana Health Centre. All clinics in the Health Centres carry out the administration of scheduled vaccinations for infants and children up to the age of 16 years. These scheduled vaccines are provided free of charge. Persons at high risk for specific vaccine-preventable illnesses are also vaccinated free of charge. A vaccination clinic for persons planning international travel is situated in Floriana Health Centre and offers advice and recommendations for immunisation. Vaccines for travel purposes are generally administered against payment. The Service also supplies vaccines against payment for use by general practitioners in private practice for vaccines which are not available from retail pharmacies and provides immunisation service to

various Government Departments, Parastatal Entities and Private Enterprises. Criteria for free immunisations are established by Standard Operating Procedures.

As a result of the latter activities, the Floriana Immunisation Clinic is the only revenue generating section within the Primary Health Care Department, and all revenue is transferred to the Accounts Revenue Section within the Health Division.

Vaccination Campaigns

As in previous years, the NIS participated in the School Health Service Vaccination program (MMR and BCG [tuberculosis] vaccination). Defaulters from the MMR campaign received their vaccination from the NIS clinics in their respective catchment area Health Centre.

The Seasonal Influenza Vaccine Campaign commenced on 22 October this year.

Total Number of Seasonal Influenza Vaccines distributed in 2011	
Health Centres	31,650
Gozo (H/C, L/C, GPs)	5,200
Local Councils (Malta)	20,272
Hospitals/Gov Homes/Depts	6,751
Health Care Staff	797
Special Schools/Blood Transfusion	1185
GPs	3,437
Homes for the elderly	3,194
MMDNA	2,050
CCF/POLICE/AFM	700
TOTAL	**75,236**

The global number of vaccines administered during 2012 is found below.

Vaccine	**TOTALS**
DTP+ Polio(Boostrix)	1,020
Polio	3,252
Hib	15
MMR	7,401
Influenza	27,916
Chicken Pox	270
Tuberculin/MTX	350
Hep A	1,488
Hep B	11,465
Twinrix	3,179
Rabies	549
Cholera	88
Typhoid	3,131
Yellow fever	908
M. Meningitis ACWY	506
di-Te adult	828
DTP+ Polio+Hib(Pediacel/Infanrix)	14,117
Imovax Polio	82
Rotavisrus	55
Infanrix Hexa	3
Pneumococcal	238
Meningitis C	85
TOTAL	**76,946**

Occupational Health Unit

The number of such medical assessments, as per department concerned, is shown in the table below.

Entity	Pre-employment medical	Periodic medical	Total No of medicals
Min. of Education & Employment	511		**511**
Min. of Resources & Rural Affairs (Works, Parks, Agric)	10	736	**746**
WSC		510	**510**
OPM/MCCAA/Miscellaneous	129		**129**
Faculty of Health Sciences (UOM)	392		**392**
Min. of Health, Elderly & Community Care	280		**280**
TM (Driving Licences & Port workers)	85		**85**
ITS/ESTS	385		**385**
MCAST	127		**127**
Total	**1,919**	**1,246**	**3,165**

Scoliosis Clinic

During the year 2012, 24 new patients were examined and 160 cases were followed up.

Radiology Services

As from March 2012 the services at Mosta Health Centre were extended from 12 hours daily, six days a week to 24 hours daily, seven days a week. Below are the statistics of activity for this unit:

Number of cases done at respective health centres 2012													
	Jan	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Floriana	342	384	461	388	424	401	424	417	492	195	388	24	4,340
Mosta	944	942	1,072	1,272	1,594	1,274	1,336	1340	1,376	824	805	775	13,554
Qormi	276	269	250	284	347	273	255	275	318	376	312	247	3,482
Gzira	147	155	183	186	189	212	161	156	157	192	215	167	2,120
Paola	652	603	736	698	776	682	712	787	245	923	804	641	8,259
Total	**2,361**	**2,353**	**2,702**	**2,828**	**3,330**	**2,842**	**2888**	**2975**	**2,588**	**2510**	**2524**	**1854**	**31,755**

Invection Control

The service of Infection Prevention and Control Nurse in Primary Health Care Department is approaching its eight year in May 2013. The year 2012, similar to previous years has involved a lot of impetus on projects, initiatives and opportunities.

Specialist Training Programme in Family Medicine

The Specialist Training Programme in Family Medicine (STPFM) was launched in July 2007. On 2 January 2012, two Postgraduate Training Coordinators in Family Medicine were re-appointed for a further three-year period. The year 2012 was marked by work on consolidation and improvement of the training programme including updates to the Annual Appraisal process and the Trainee-Trainer Allocation Process.

The work on the e-Portfolio has progressed after a delay in the first half of this year and it is hoped that the full version will be launched in 2013.

An overview of the work done is presented below.

Final Assessment

The exit examination for the 2009-cohort (five trainees) was held in July 2012 under the supervision of the Royal College of General Practitioners' International Development Advisor (IDA). Two trainees from the 2008 cohort who failed to pass the Applied Knowledge Test (AKT) in 2011 sat for their re-sit AKT examination also in this sitting. The AKT was held on 13 July at the Medical School premises, Mater Dei Hospital. The Clinical Skills Assessment (CSA) was held at Qormi Health Centre on 15 July 2012. In August 2012 the trainees of the 2009 cohort were informed by the Malta College of Family Doctors (MCFD) that they had passed the examination whilst the 2 trainees of the 2008 cohort who attempted the re-sit AKT examination were informed that they were again unsuccessful.

National Health Screening Programme

Overview

The National Breast Screening Programme (NBSP) has now successfully concluded its third year of operation, having been launched in October 2009. The current target cohort population is women in Malta and Gozo aged 50-59. At the current capacity and resources, this cohort will be screened over a three year cycle, which is being concluded. The acceptance rate has increased gradually through 2012, with an average uptake rate of 63% of women invited, compared to 56% in 2010 and 60% in 2011. Following an initial investment of €1.6 million as capital outlay, recurrent operational expenditure averages about €0.7 million per year.

The National Colorectal Cancer Screening programme was launched in November 2012 as outlined in the National Cancer Plan 2011-15. This has been closely modelled on the National Breast Screening Programme and offers organised population-based screening for colorectal cancer via immuno faecal occult blood testing to males and females age 60-64 over a 2-year cycle. Early activity figures for December 2012 show an encouraging uptake by the Maltese public. The capital outlay for the colorectal cancer screening programme is around €1 million and includes capacity building, purchasing of equipment, ICT development as well as a refurbishment project of an old adjacent building at Lascaris Wharf to expand office space for the screening services to meet the increasing demand.

In December 2012, the National Breast Screening programme underwent an external evaluation/review. This was conducted by European experts and the outcomes of the assessment will prove invaluable in shaping up future expansion.

Statistics

10,851 women were invited to come forward for screening in 2012. 6,610 of these attended for their initial mammogram while 4,241 did not attend. The following is a breakdown of these figures:

Attended scheduled appointment	5,594		Did not turn up	3,647
Recent Mammogram	610		Officially refused invitation	278
Re-appointment requested	406		Insufficient details	208
			Other	108
Total No. of invited women accepting invitation	**6,610**		**Total No. of non-responders**	**4,241**

A total of 69 recall clinics/sessions were performed: 58 for screening and 14 for MDH patients (referred through Multidisciplinary team meetings for specialised assessment at the Lascaris Screening Facility).

In 2012, 693 screening clients were recalled for a second appointment and offered further investigations including further mammography, ultrasound and where necessary, imae-guided biopsies. The average recall rate for 2012 was 10.5%

A total of 59 malignant cases in 58 women were diagnosed during 2012 in NBSP clients. This brings the total number of cancers detected since the launch of the Programme in 2009 to 161 cases. A breakdown of malignancy by histology for 2012 is shown as follows:

Histology type	Number of cases
Ductal carcinoma in situ	9
Invasive ductal carcinoma	39
Invasive lobular/tubular carcinoma	9
Other Invasive carcinoma	2
Total	**59**

In 2012 the Breast Multidisciplinary Team discussed three interval cancers.

During the year, Primary Health Care was allocated the sum of €22.5m to cover its operational commitments as well as an additional €1.2 million to cover its capital expenditure; primarily the investment which was envisaged to be carried out at Mosta and Rabat Health Centres.

Personal Emoluments

This category of expenditure represents 89% of the entity's operational budget (not including National Breast Screening). The amount of €17.6 million was spent on personal emoluments during the year under review. A departmental breakdown of the Payroll Cost for 2012 in its various subheadings is presented in the table below:

	Total
	€
Nursing Staff	5,563,633.24
Medical Staff	5,132,748.70
Director/3 Consultants	190,464.86
Dental Staff	439,867.19
Pharmacists	643,189.55
Breast Screening Staff	197,658.50
Speech Therapists	1,214,012.81
Podologists	604,705.75
Maintenance	359,158.68
Physiotherapists	268,311.54
Health Assistants	616705.43
Nursing Aides	1,024,313.52
Clerical (Admin/HC)	431,822.25
Security	887,165.61
Total	**17,573,758**

Capital Expenditure

In 2012 capital expenditure commitments were directly related to the planned refurbishment at Mosta and Rabat Health Centres as well as some minor refurbishment at B'Kara Health Centre in view of the fact that the later operational substituted that of Mosta during the refurbishment phase. Capital commitments

entered into included structural, M & E, medical equipment as well as furniture and fittings and information technology infrastructural works. Other capital expenditure incurred was that in relation to the National Breast Screening Programme which expenditure encapsulated a material amount on medical equipment amongst others

NATASHA AZZOPARDI MUSCAT
Director General, Department of Health

Financial and Administration Directorate

Office of the Director General Finance and Administration

The Finance and Administration Directorate is responsible for all the financial, procurement and administrative aspects of the MHEC. Departments falling under its remit encapsulate the Financial Monitoring and Control Unit (FMCU) which includes centralised accounts office as well as all decentralised financial units within the various MHEC service provider entities, Central Procurement and Supplies Unit (CPSU) including the National Blood Transfusion Services (NBTS), The Pharmacy of Your Choice (POYC) and MHEC's Administration. The latter includes Security, Reception and Transport services, SLH Estate Management and Registry.

Financial Control & Monitoring Unit

The FMCU is responsible for the overall finance matters at the MHEC. The main responsibilities of the FMCU cover Payments, Revenue, Salaries, Travel as well as Financial Monitoring and Reporting.

Payments

During 2012, FMCU continued to consolidate its position particularly in the area of financial governance and decentralised responsibility accounting. In fact separate accounting data sets were created for Mater Dei Hospital and Primary Health Care thus enabling increased payment processing and improved accountability and transparency. During 2012, FMCU processed a total of 12,986 payments in favour of suppliers. These payments covered both recurrent and capital expenditure items including those pertaining to the various Programmes & Initiatives implemented by the Ministry as well those, relating to EU co-financed projects.

The recurrent expenditure excluding personal emoluments pertaining to the Health Department (including Ministry) was as follows:

	2012
	€
Utilities	834,982
Materials and Supplies	148,936
Repair and Upkeep	294,571
Rent	150,966
International Memberships	22,599
Office Services	136,965
Transport	580,810
Travel	242,222
Information Services	39,391
Contractual Services	333,733
Professional Services	271,026
Training	131,627
Hospitality	52,083
Incidental Expenses	40,918
Total	**3,280,830**

Note: Data as per DAS (17.01.2013)

Moreover, further payments emanating from the various Programmes and Initiatives totalled € 22,219,779.65 during 2012. The costing of the various health strategies and programmes duly constituted a large portion of FMCU's operational duties. Financial models for The Dementia Strategy and The National Cancer Plan were two of the main strategies costed by FMCU during the year under review.

With the setting up of CPSU close liaison with central procurement office is also a must for FMCU. Also other responsibilities carried by FMCU in view of such a central set up included the compilation and endorsement of central commitment forms and the participation in various adjudication boards/committees eventually leading to award of respective tender. Close working relationship with both CPSU and the Departmental Contracts Committee (DCC) again constituted a large portion of FMCU's workload during 2012.

Revenue

Given the restructuring of Centralised Revenue Section during 2011 as well as the creation of separate data sets for Mater Dei Hospital and Primary Health Care, FMCU was responsible for revenue generated by the Superintendence of Public Health and revenue generated by the Entitlement Unit residing within the Ministry. Given the materiality of revenue emanating from the latter unit, FMCU is also responsible for the compilation of the EU Average Cost Paper which is compiled by DG Finance and presented to the EU Audit Board for official endorsement by EU member states. During 2012, FMCU officially presented 2008, 2009 and 2010 EU Average Cost Papers.

The revenue generated by the Superintendence of Public Health was through the following sources:

Source of Revenue	2012
	€
Miscellaneous Licences	29,134
Attest. Cert. Permits etc	23,339
Miscellaneous Fees	1,132
Ambulance/Funeral Exp	7,368
Cleaning of Grave Sites	6,378
Miscellaneous Receipts	2,536
Total	**69,886**

Note: Data as per DAS (17.01.2013)

Salaries

Although non-service provider entities' salaries are computed by Gozo Payroll Section, FMCU has full responsibility of personal emoluments including salaries computed within the various service provider entities such as MDH, SPBH, and Primary Health Care all of which have dedicated payroll units. Other units within the various government entities, including, MCH, FMS, RHKG and Occupational Health and Safety Authority (OHSA) also fall under FMCU's responsibility through the endorsement of tranches. This brings with it the need and obligation on FMCU to continuously liaise with all payroll sections as well as the MFEI on an ongoing basis including the responsibility of month ends. Explanation of personal emoluments variances from officially set budget line items and deviations from previous years' personal emoluments again falls within FMCU's remit.

Moreover given the rigorous scrutiny of overtime utilisation FMCU compiles regular consolidated monthly overtime reports for presentation to Management Monitoring Board (MMB) duly chaired by Permanent Secretary. Also monthly financial statements clearly articulating the actual spend vs the budget allocation under each cost centre are likewise presented to same Board for discussion, review and necessary action.

During the year under review the salaries expenditure was as follows:

	2012
	€
Holders of Political Office	83,084
Staff - Salaries and Wages	14,456,557
Bonus	243,251
Income Supplement	208,461
Social Security Contributions	1,344,690
Allowances	2,924,641
Overtime	425,149
Total	**19,685,832**

Note: Data as per DAS (17.01.2013)

Travel and Treatment Abroad Payments

The Travel Bureau within the FMCU is responsible for the travel arrangements and for ensuring that the policies set in the Public Service Management Code are adhered to. During the financial year under review, this Bureau processed a total of 340 travel cases costing €329,698. There has been a decrease equivalent of 24% (€ 103,767) when compared to the previous year's expenditure (€433,465). The majority of these cases (55%) were conferences in connection with the European Commission, Council and Presidency. Other Conferences were organised by the WHO, HOPE and Training to Professionals.

In order to ensure regular monitoring of travel expenditure FMCU also compiled monthly travel financial reports which clearly indicate the budget allocation by cost centre and the actual travel commitments and payments entered into by respective unit. This report also clearly articulates the actual spend on EU and non-EU travel which is again reviewed by MHEC's Management Monitoring Board.

Treatment Abroad Payments are also processed from this office which in 2012 totalled a material € 1, 801,651. The majority of these payments covered: flight tickets (€343,290), accommodation to patients (€328,107) and payments to foreign experts (€292,513).

Administration

The MHEC Administration Department, within DG Finance and Administration, includes the Transport Services, Registry, St Luke's Hospital (SLH) Estate Management, Engineering Department, Maintenance Department, Surveillance and Security, as well as Green Initiatives. Other areas which during 2012 fell directly under the Administration Unit responsibility were those pertaining to Data Protection and Freedom of Information.

The main objective of 2012 was the introduction of flexibility between sections in order to increase efficiency levels and minimise operational costs particularly overtime. Instead of contracting out, various works such as maintenance and cleaning were assigned to the public service employees. Some employees were also given in-house training to increase their motivation and yet enhance their output levels.

The Transport Section G'Mangia

During 2012, FMCU continued the restructuring exercise it had started in the year previously. New work practices, reforms to work schedules and discussions with Unions continued and enabled FMCU to consolidate its improved results in MHEC's transport division. Material reduction in overtime and improved efficiency levels triggered by better utilisation of resources all of which were duly supported by all internal and external stakeholders were achieved during 2012.

The Registry

The Registry serves as a distribution centre for departmental personal and disciplinary files. Correspondence for both incoming and outgoing are also channelled through Central Registry. During the year under review, in-coming mail amounted to about 98,000 items. These were received from the general public, government departments, parastatal bodies, hospitals, out-stations, local councils and other organisations.

Out-going mail during 2012 amounted to 192,799 items. These can be classified as indicated hereunder:

Type of Mail	Total
Local Ordinary Mail	185,325
Local Departmental Mail	3,914
Local Registered Mail	1,449
Overseas Ordinary Mail	1,038
Overseas Registered Mail	481

The Registry also keeps record of all registered letters sent both locally and abroad as well as the recording of the daily consignments of mail dispatched.

The following circulars were also processed and distributed by the Registry Section during the year in question:

Office of the Prime Minister (PAHRO+ OPM)	291(254+37)
Ministry of Finance	24
Contracts Department	20
Treasury Department	5
Health Division (DH circulars)	164
Others – Memos	88

The movement of every file is recorded to keep track of the whereabouts of each and every single file. During 2012, the Registry Office effected and recorded these movements which are being classified hereunder:

PRS MOVEMENTS	
Movements not through Registry	1,353
Movements through Registry	6,806
Files going PA	2,108
Files leaving PA	1,734

In addition to the responsibility for the safe custody of thousands of files, the Registry opened another 5,442 new files during 2012. The Registry is also responsible for the custody of about 3,200 personal files together with 7,250 files of retired, deceased and recruited employees.

St Luke's Hospital Estate Management

The support provided by MHEC's Maintenance Team and Emergency Shift is availed of by departments presently residing at St Luke's Hospital as well as by other service provider entities and/or units which are not situated on the same premises.

The extensive SLH common areas are also maintained by the Administration Department industrial scale employees.

Refurbishment

During 2012 St Luke's Hospital Chapel was refurbished by the MHEC Maintenance team and the activity at the Chapel started regularly for the use in particular for RHKG patients. A team of maintenance public service employees from SLH were also assigned urgent maintenance work at Head Office

Inventory

An extensive stock taking of equipment and other objects left idle at St Luke's Hospital after migration to Mater Dei Hospital, was carried out in collaboration with Mater Dei ITU Technical Staff and ITU Senior Nursing Officer. As a result of this stock taking exercise, several equipment, deemed by technical staff to be still in good condition, was made available for use at Mater Dei Hospital.

Cleaning

Cleaning at St Luke's Hospital common premises was assigned entirely to the Public Service cleaners. The cleaning services contract which previously were provided by the contractor was terminated in May 2012 resulting in opeational cost savings.

The Engineering Department

The MHEC Engineering Department continues to be instrumental in providing ongoing strategic, corporate and operational management support to most of the Directorates within the Health Division throughout 2012 including the Gozo General Hospital and Mater Dei Hospital. In addition, it is directly and extensively involved in the operational aspects of the buildings at Saint Luke's Hospital site, including RHKG, Chest Clinic, Child Development Assessment Unit, Blood Transfusion, Child Guidance, Physiotherapy Department, Directorate Pharmaceutical Affairs, Pharmacy of your Choice, Superintendent for Public Health, Commissioner Mental Health and Older People, Medical Stores, Blood Donation Area, G'Mangia Garage, Health Information Unit. Other duties include project works; regulatory inspections of national and private health facilities installations; consultancy support; facilities management; repairs and refurbishment throughout MHEC where required.

Green Office

Priority was given to the installation of timer switches at the various Primary Health Care Centres. The electrical operations required were timed and switches set to minimise energy consumption.

Security Services

The surveillance and security of various MHEC premises, apart from Mater Dei Hospital is managed by Public Service Principal Security Officers assisted by a number of Security Officers and Security Guards based in different MHEC locations namely at St Luke's Hospital Complex, Saint Vincent de Paul Residence, Elderly Homes, Mount Carmel Hospital, Sir Paul Boffa Hospital, Head Office, Marsa Stores and various Health Centres. Whilst ongoing support is still provided by the Administration Section all MHEC entities were during 2012 assisted to start coordinating their own security staff according to the general guidelines from the Principal Security Central Officer at SLH. This has thus enabled MHEC to introduce more flexibility and decentralised management of security services in its various locations.

National Blood Transfusion Services (NBTS)

During 2012, a record in blood donations was positively noted which translated into a work load has increase without any increase in cost.

A study was carried out by an employee on staff attitudes and perceptions. As a continuation of this work the department is planning in 2013 to work on CAF (Common assessment framework) accreditation under the guidance of the Management Efficiency Unit (MEU). Centralised procurement has shown a marked improvement in supporting logistics at the NBTS, due to an updated policies and procedures and timely decisions.

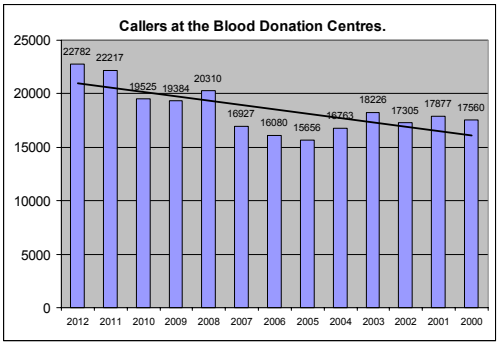
Donation Department

The below table denote that in 2012 there was an increase of +565 callers and an increase of +470 Blood and Platelets Donations. The number of Whole Blood (excluding Single Donor Platelets) collection in 2012 was 16,955 and it is the highest record in the last 12 years.

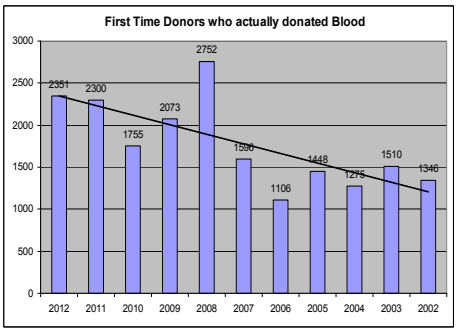
An increase of +384 donations from the Mobile Blood Donation Unit (MBDU) collection was also noted but these include +293 donations from Mater Dei Hospital (MDH). Therefore, actual increase was +91 donations from the Mobile Unit compared to last year. There was an increase +65 donations in the National Blood Transfusion Service (Malta NBTS) and there was an increase of +21 donations at Gozo General Hospital (GGH) in Whole Blood Donations. MDH Donation Centre started to operate from the 21st May 2012, with an average of 9.5 donations per session. Single Platelet Donation production experienced a decrease of -6 units from last year.

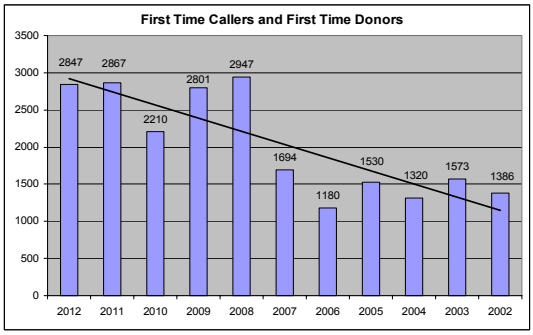
	2012	**2011**	**Difference**
Callers	22,782	22,217	565
Donations Whole	16,955	16,485	470
Single Donor Platelets	469	475	-6

The deferral rate of all donations for this year was 25.5%. This is comparable to previous years; Year 2011-23.6%; Year 2010 -25.5 %; Year 2009 -24.5%, and Year 2008 -25.5%, but is considered as high when compared to other European countries were the average rate is 12.5%.



The above graph depicts the total number of callers received at the Blood Donation Department which includes NBTS Donation, the Mobile Blood Donation Unit and GGH, since year 2000. This clearly shows that in year 2012 there was the highest ever, donor activities since year 2000. The two graphs below show the number of 'First Time Donors' and 'First Time Callers and First Time Donors' respectively.

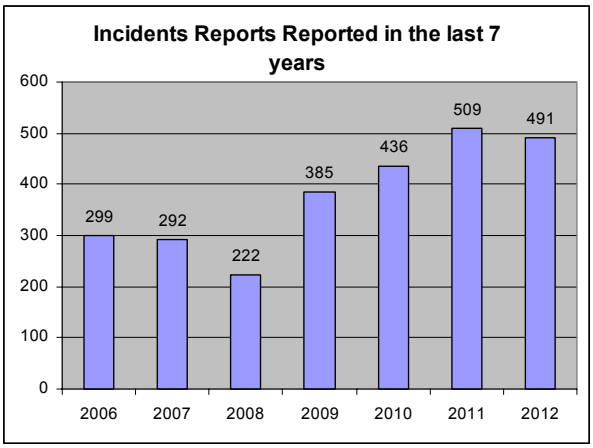




Adverse Donor Events

The table below gives an overview of the incidents that donors suffer during or after donation. Overall, fainting without loss of consciousness was the most common adverse incident, while 15 donors had convulsion and fits and one donor was referred to MDH with no serious consequence. Refresher courses for CPR and the use of the AED for all staff were performed regularly to handle such emergencies. It is to be noted that no fatal incident were reported.

0	Haematoma
0	Arterial Puncture
4	Painful Arm
203	During donation fainting without unconsciousness
24	During donation fainting with unconsciousness
15	During donation convulsions and fits
205	After donation fainting without unconsciousness
22	After donation fainting with unconsciousness
23	After donation convulsions and fits
4	Irregular pulse
0	Collapse requiring resuscitation
0	Citrine intoxication
0	Return of haemolysed blood
0	Air embolism
0	Other serious reactions
4	During Venue Puncture, fainting without consciousness
1	During Venue Puncture fainting with unconsciousness



The above graph shows adverse events in the last seven years.

Clinical Services

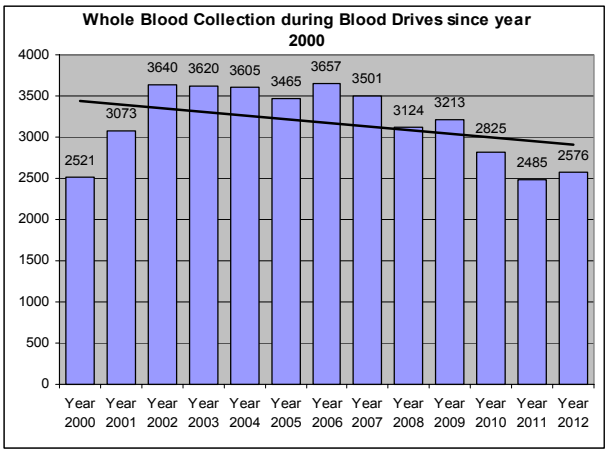
Plasma exchange is being undertaken by MDH Blood Bank; however we are still supporting and help MDH Blood Bank as necessary.

The Mobile Blood Donation Unit

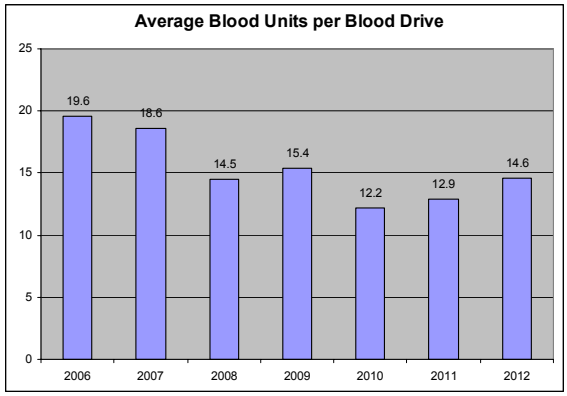
When members of the staff set up a donation centre at an external public building other than the NBTS, GGH or MBDU, this is defined as a Mobile Team. When the Mobile Blood Donation Unit is utilised, the terminology Mobile Unit is used.

The Mobile Blood Donation Unit is utilized on an average of 4-5 times a week, including Sundays and Public Holidays. The below graph compares whole blood collection since the year 2000. It is to be noted that year 2011 was the least year of blood collection from the year 2000.

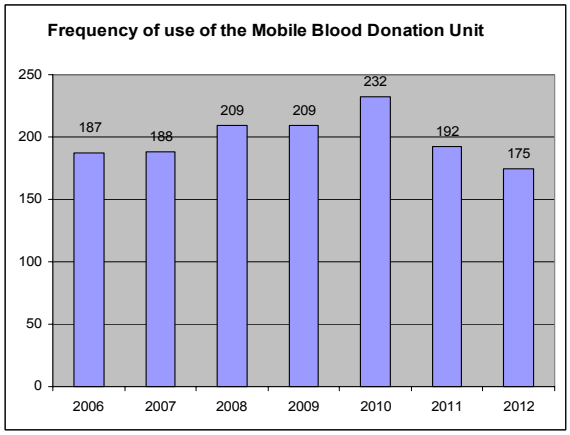
Collection of Blood from of the Mobile Blood Donation Unit has decreased.



The below graph also compares the average blood unit per mobile since 2000. The average is low compared to previous years although a small rise between 2011 and 2010 may be noted.



On the other hand, the below graph shows the frequency of the Mobile Blood Donation Unit.



Blood Donation at MDH and the Gozo General Hospital (GGH)

In May 2012, Blood Donation Centre opened at MDH between 2.00pm till 7.00pm and wherein anaverage of 9.5 blood bags was collected. Similarly, the GGH opens its blood donation centre on a Sunday every four weeks. An average of 45 blood bags is collected.

Recruitment and Retention of Donors

During 2012 the following new blood donor activities were recorded:

- Talks on the media (radios-TV) when invited;
- Interviews and articles published on newspapers and magazines;
- Updates on website;
- Blood Drives organizers;
- Lectures and visits to NBTS by 15-16 year olds;
- Participation in exhibitions, commercial and voluntary fares;
- Regular weekly information to media (DJ's and prominent announcers/presenters) regarding blood stock situation and schedule Mobile Blood Donation Unit;
- Sponsorships;
- Follow up on new donors the day after to check how the first time donation went;
- Regular reminders via SMS to registered donors to donate blood; thanking them for donations; birthday wishes and informing them when a scheduled visit of the Blood Donation Mobile Unit or Mobile Team are at their locality;
- Information leaflets available in the waiting area or post donation canteen (printed without charge at the generosity of the DOI);
- Routine blood test (check up) service once every two years to regular donors;
- Medical counselling as necessary;
- Entitlement for the Influenza vaccine;
- Rare blood groups (O neg and A neg) are called personally on phone;
- When there is critical shortage of blood (National call for blood).

PHARMACY OF YOUR CHOICE

The POYC Scheme Trajectory

The POYC Scheme was launched as a pilot-project towards the end of December 2007. Following, circa a 2 year[16] temporary pause, the POYC Scheme expansion was resumed in July 2010, with the inclusion of Gozo *in toto*. The POYC Scheme's first expansion for 2012 took place in January; this expansion incorporated an additional 12 locations in Malta, these include: Luqa, Mqabba, Gudja, Qrendi, Safi, Kirkop, Ghaxaq, Tarxien, Sta. Lucia, Zurrieq, Floriana, and Marsa. This also meant that an additional 13 community pharmacies were added to the POYC Scheme.

In December 2012, the POYC Unit announced the second and final POYC Scheme expansion and initiated the Patients' Registration process within the localities of Valletta, Hamrun, Qormi, Żebbuġ, Siġġiewi, Żabbar, Xgħajra, M'Scala, B'Buġia, Żejtun, M'Xlokk. This expansion targeted the remaining 11 localities in Malta and it is expected that in the first quarter of 2013 the POYC Scheme would be extended nation wide in line with the approved implementation plan. The final POYC Scheme rollout is expected to cover the remaining community pharmacies (44), and circa 40,000 patients through the inclusion of the above mentioned localities.

[16] The POYC Scheme rollout was temporarily suspended in July 2008 so that the pilot project would undergo an intensive evaluation and consolidation exercise to assess the Scheme's overall outcome since its introduction in December 2007. It is to be highlighted that although the rollout was temporarily suspended, the POYC service delivery remained operational within all the areas that the POYC Scheme had started its operations.

The total number of patients benefitting the POYC Scheme as at December 2012 was 84,446. This reflects an increase of 19,336 patients over same period last year. Consequently, during the period under review the POYC Scheme covered the Northern part of the Island including all Gozo, the majority of the Central localities and, it also initiated its pathway towards the Southern regions.

As at December 2012, the POYC Scheme was spread over 59 different localities (49 in Malta and 10 in Gozo). There were 160 pharmacies participating in the Scheme (141 in Malta and 19 in Gozo), while the total number of patients registered with the POYC Scheme amounted to 84,446.

The table below shows a detailed overview of the POYC Scheme's trajectory to-date, together with the registered number of patients and community pharmacies in the respective localities.

Detailed Overview of the POYC Scheme by Locality as at December 2012

POYC Scheme Rollout by Month	**Locality**	**Number of Pharmacies**	**Registered Patients as at end 2012**
December 2007	Għargħur	2	663
	Mġarr	2	773
January 2008	Mellieħa	3	2,174
	Total	**7**	**3,610**
February 2008	Naxxar	4	2,733
April 2008	St. Paul's Bay	2	1,385
	Qawra	3	1,186
	Buġibba	1	922
	Mosta	7	5,448
	Rabat	4	3,604
May 2008	Dingli	1	1,030
	Baħrija	1	161
	Mtarfa	2	481
	Total	**25**	**16,950**
May 2008	Swieqi	2	943
	St. Andrew's	2	685
	Tà Ġiorni	1	541
	Pembroke	2	635
	Paċeville	1	157
	Tà Xbiex	2	497
	Msida	4	2,315
June 2008	St. Julian's	3	950
	San Ġwann	4	2,983
	Gżira	4	2,313
	Attard	4	2,267
July 2008	Pieta' / G'Mangia	4	1,520
	Balzan	2	1,107
	Lija	2	886
	Fleur de Lys	1	281
	Total	**38**	**18,080**
July 2010 (Resumption of RollOut)	Fontana, Gozo	1	216
	Ghajnsielem, Gozo	2	727
	Kercem, Gozo	1	502
	Marsalforn, Gozo	1	342
	Nadur, Gozo	2	1,190

	Qala, Gozo	1	564
	Sannat, Gozo	1	196
	Victoria, Gozo	5	3,784
	Xaghra, Gozo	2	1,053
	Xewkija, Gozo	2	1,197
	Total	**18**	**9,771**
October 2010	Sliema	12	3,830
	Iklin	2	651
	Total	**14**	**4,481**
February 2011	Birkirkara	11	5,367
	Santa Venera	4	2,093
	Total	**15**	**7,460**
October 2011	Cospicua	2	1,859
	Fgura	2	1,683
	Kalkara	1	687
	Paola	6	4,675
	Senglea	2	815
	Vittoriosa	1	682
	Total	**14**	**10,401**
February 2012	Luqa	2	1,414
	Safi	2	667
	Kirkop	2	507
	Mqabba	2	732
	Qrendi	2	598
	Zurrieq	4	2,145
	Gudja	2	965
	Ghaxaq	2	1,302
	Marsa	3	1,641
	Floriana	3	762
	Santa Lucia	2	996
	Tarxien	3	1,324
	Total	**29**	**13,053**
Inactive Patients*			**640**
	Grand Total		**84,446**

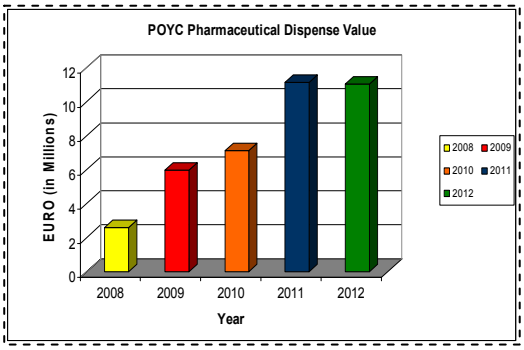
Patients registered with the POYC Scheme automatically fall as 'Inactive' after an absence of six consecutive months from their POYC pharmacy. 'Inactive' patients can be reactivated upon request. This measure is taken to ensure that Government imbursement is being affected for the services rendered to the actual number of patients who would have availed of the POYC Scheme during a given quarter.

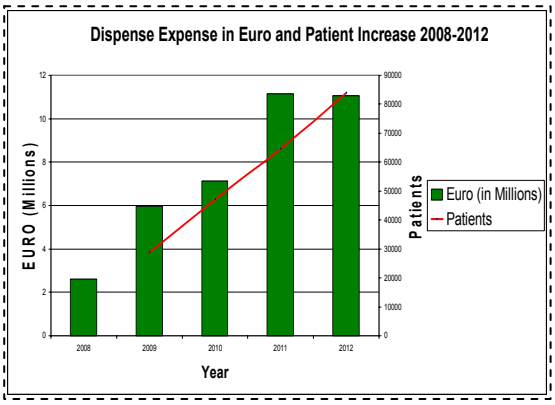
Free Dispense of Government's Pharmaceutical Stock through the Community Pharmacies in the POYC Scheme

During the period under review, over €11 million worth of the Government's free pharmaceutical stock was dispensed to patients participating in the POYC Scheme, while the POYC UNIT transferred over €12 million worth of the Government's pharmaceutical stock to the 160 pharmacies participating in the Scheme. Since its inception, in December 2007, the POYC Unit has distributed and dispensed through the community pharmacies participating in the POYC Scheme over €44 million worth of Government's free pharmaceutical stock.

The chart below outlines the value of dispensed pharmaceutical stock per year between 2008 -2012. It also demonstrates that value of medication dispensed in relation to registered patients. Although patients benefitting from the POYC Scheme steadily increased over the past year, this same increase is not reflected in the expenditure of pharmaceuticals dispensed to patients. This anomaly is due to the successful security of more advantageous pharmaceuticals' contracts in 2012. Below on may see the steep

and steady increases in patients' benefitting from the POYC Scheme overtime. The value of medication dispensed to patients has also increased and it is now circa one million euro a month.





In line with the MoU, in 2012 the POYC Unit paid the over €2.5 million to the participating community pharmacies. This amount reflects the sum of €2,448,214.32 for services rendered to POYC Scheme benefitting patients by the pharmacies and €58,271.98 for their ADSL Internet Connectivity.

In 2012, the Unit also provided the necessary stationery and materials[1] to the participating pharmacies to facilitate their dispensing service, which cost amounted to €17,360.28. Hence, from 2008 to-date, the community pharmacies have received over €5.6 million as per table below:

	2008	2009	2010	2011	2012
Total Number of Pharmacies	68	68	84	114	161
Total Payment in Euro	315,657	458,850	896,076	1,408,943	2,506,486
Avg/Phar	4,642	6,748	10,668	12,359	15,568

Performance Review and Analysis

The operational processes at the POYC Unit are dynamic and are constantly being reviewed to ensure maximum quality output performance level and the optimisation of resources. The Performance Audit initiated in 2011 by the NAO was finalised in May 2012. The Audit focused on the external and internal operational processes in place to run the POYC Unit. NAO highlighted that the organisation still manages to meet and go beyond the desired performance levels.

The POYC Unit's Organisational Structure

The POYC Unit's role is unique and it necessitates an equally dynamic and strategic operational plan to be able to meet the organisational changes and the legal requirements that emanate from holding two licences to be in a position to meet the:

- External demands that stem from

- EU Guidelines of Good Distribution Practice (GDP)
- The Good Manufacturing Practice (GMP)
- The Medicines Act 2003 and subsequent legislation

- Internal demands to meet the external demands and internal operational processes and align them with POYC's organisational plan. These include:
- Continuous revision of the POYC's Organisational Structure and staff requirements;
- Revision and resubmission of the capacity building exercise (CBE) and technical staff compliment;

- Repeated Publication of Expressions of Interest through IPSL for support workers to join the POYC Unit's team;
- Engagement of the services of a Qualified Person (QP) to be able to sustain operations within the Partial Manufacturing Area and the facilitate POYC's application submission of the Partial Manufacturing Licence of Medicinals for Human Use to the Medicines Authority. For this purpose the POYC Unit also revised its Organigram to meet the EU GMP directives and subsequent local legislation governing requirements by engaging the services of a QP, and appointing the Production Manager and the Quality Control respectively and identifying key technical staff to support the PMA initiative.

The POYC Unit currently has a full time workforce complement of 62 and 18 on contractual services basis. Indeed, the Unit's operational processes are dynamic in nature and continuously evolve in order to sustain the efficiency and effectiveness of our service with the intent to meet and exceed our stakeholders' expectations.

Sustained Empowerment and Commitment

During the year under review, POYC sustained its resource-based view to pre-empt weaknesses and timely apply the appropriate mechanisms to empower, motivate, utilise, develop and, in turn, retain its human capital to attain its strategic objectives.

Additionally, systematic training programmes, job shadowing, one to one mentoring and coaching, and a strong team-based learning environment continued to support staff's capabilities and give them the opportunity for self-development.

This approach facilitated continuous performance alignment with production output according to the specific daily needs with the least negative repercussions on our service delivery. Key learning and development programmes and initiatives included, amongst other:

- The organisation of continuous in-house training sessions on internal SOPs in line with the EU GDP/GMP for all staff within all operational levels;
- The organisation of in-house hands-on training on specific IT software modules;
- The attendance of course by staff for courses organised by CDRT on basic IT programmes and office administration;
- The internship of the two responsible persons in one of the local pharmaceutical manufacturing companies (free of charge) in preparation for licensing of the Partial Manufacturing Area;
- The consent to and facilitating members of staff to read University degrees to eventually graduate in the scientific fields relevant for the POYC Unit's strategic development;
- Attendance to training on ISO 9001:2008 Standard organised by the Malta Competition and Consumer Affairs Authority (MCCAA).

Job Shadowing

In 2012 the POYC Unit sustained its initiative and offered job shadowing opportunities for students from the MCAST and other Government Colleges. This year hands-on opportunities were given to one of the MCAST tutors to spend a working week with the technical staff to facilitate better understanding of the our *modus operandi* and role on the national level.

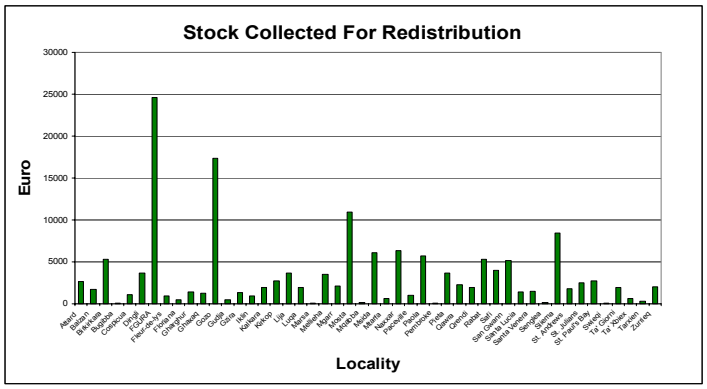
Sustained Efficiency Gains

The POYC Unit sustained this exercise through the visits conducted by the POYC Unit's technical staff to the community pharmacies participating in the Scheme. These visits served to:

- curb stock wastage;
- enhance timely redistribution of stock which otherwise would have gone to waste at the detriment of financial costs and social implications;
- increase in Government Stock management responsibility and accountability.

Besides the monetary gains, the redistribution of stock has altruistic implications as irrespective of value of the particular pharmaceutical items; there are items which are considerably low-cost however they are not found on the local market. Through the redistribution exercise, the POYC Unit ensures maximum benefit of Government's free pharmaceutical service

The total value of pharmaceutical stock that was redistributed between Jan – Oct 2012 amounts to € 155,969.632 as per chart below.



Performance Outcome – Stock Taking Exercises

The bi-annual general internal stock taking exercises were carried out in the months of January and December. The POYC Unit's Stores holds 649 different stock items. In the meantime, the Stores Area sustained its random Stock-Taking exercises of 15 stock items on a daily rotational basis to maximize responsibility audit trailing of stock management.

During 2012, the POYC Unit sustained its external stock taking visits to the community pharmacies to timely monitor Government's stock management and facilitate its rotation and redistribution were necessary.

POYC Office Branch Gozo

The POYC Unit continued to sustain the Gozo Branch Office to ensure that our Gozitan stakeholders will enjoy the same level of access to Government's free pharmaceutical service at all times. For this purpose, arrangements have also made so that the Gozitan courier commutes between the two offices three times a week. During 2012, the POYC Gozo Branch Office received and cross-checked a total of 553 new patients' applications and a total of 9,657 amendments to the original applications.

The POYC Gozo Branch Office also provides technical support to pharmacists and general practitioners regarding prescribing criteria of specific medicines and other general related information. This Branch Office also provides a Client Support Service to the patients and pharmacies participating in the Scheme in collaboration with the Client Support Service team of the POYC Unit.

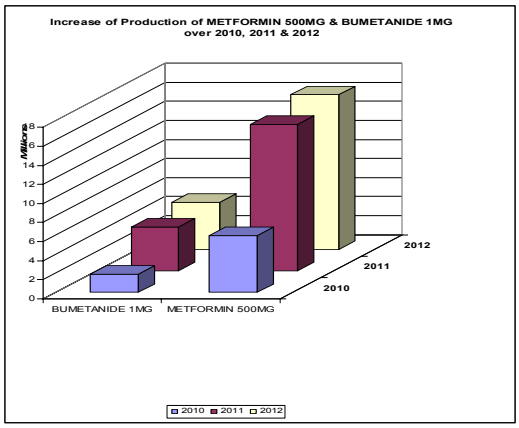
Partial Manufacturing Area

During 2012, the performance has also exploded in the Partial Manufacturing Area (PMA). This Area repackages bulk pharmaceutical stock into patient-pack size. Additionally, as the healthcare market differs from the normal market in that it is basically supply-led, this means that decisions on resource utilisation are mainly taken by clinicians with the resultant effect that targets taken at the macro-level can be grossly undermined and/or altered by the summation of individual decisions taken at the micro-level. Therefore, besides the fact that as the number of patients and pharmacies increased so does the demand for repackaged stock items from our PMA. POYC has no jurisdiction on prescribing and therefore must meet clients' demand at all costs.

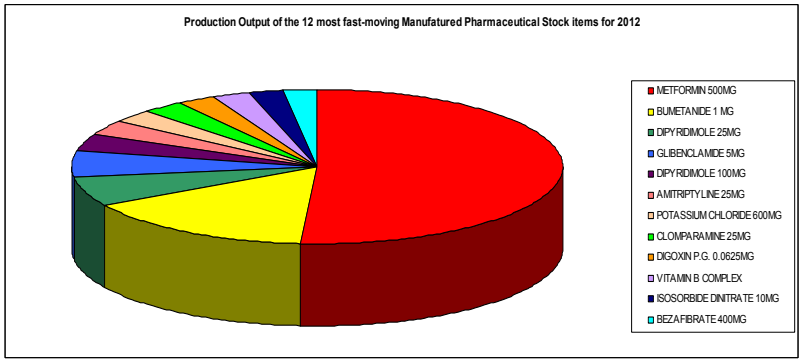
The POYC Unit's PMA is responsible for repackaging of all the bulk pharmaceutical stock into patient-pack size containers. This is a highly laborious and special process and it is controlled by numerous SOPs in line with the EU Good Manufacturing Practice (GMP) requirements. Nevertheless, the prevalent team-based environment and the aptitude towards learning and development amongst the staff within the Area incessantly thrive to enable the organisation meet its strategic vision and objectives.

During 2012, the PMA increased its overall activity to meet with the clients' demands. This Area is responsible for the repackaging of all the pharmaceutical stock items that are received in bulk form into patient-pack size. It is to be noted that most of these stock items concern the majority of the fast-moving pharmaceuticals that are essential to address the most familiar medical conditions such as diabetes, heart disease, hypertension, mental health etc. The chart below reflects the heavy production and increase in demand between 2010 and 2012 on this Unit as the POYC Scheme expanded further during the period under review and identifies the 2011 production output per item for the 12 most fast-moving stock items.

The increase in Demand Trend of the fastest-moving two stock items that are re-packaged at the Partial Manufacturing Area, POYC Unit over 2010, 2011 and 2012.



The Repackaged Stock of the 12 most fast-moving Items: 2012 amounted to €31,808,079



Licensing of POYC by the Medicines Authority

The POYC Unit sustained its contact with the Medicines Authority throughout 2012.

- Wholesale Dealer's Licence for Medicinal Products for Human Use
- Manufacturer's Licence for Medicinal Products for Human Use
- The re-design of the current operational flow processes and layout within the PMA to ensure segregation of duties.
- The introduction of an HVAC system/'clean room' environment in line with established standards.
- The redesign and introduction of a new item-specific colour-coded label to be affixed on the repackaged patient-pack size container. This initiative is a first for the NHS and it is in line with EU GMP requirements;
- The introduction of full gowning during the bottling of tablets, including disposable gowns, hair nets, gloves, clogs, overshoes, etc;
- The expansion on the current SOPs and Quality Standards to continue to increase adherence to quality control measures and requirement in line with GMP standards;
- The introduction of 'stability' analysis and testing of tablets before these are broken down from the hospital-pack size tubs into patient pack-size tubs. This is important to ensure that the tablets remain 'stable' and suitable for their purpose;
- The introduction of 'desiccant' bags in the patient-pack size tubs to control the humidity level of the tablets

Developments

During the period under review, numerous meetings continued to be held with key top management officials from within the MHEC to discuss the way forward of the POYC Scheme. Meetings with the Standing Advisory Committee (SAC), in accordance with the 2007 MoU, were also conducted to discuss salient issues relative to the POYC Scheme and its way forward. Moreover, the POYC Unit has sustained its organisational impetus and embarked on several initiatives with a view to position the Unit amongst the best local business management models. The intent behind all efforts was to optimise our internal/external operational processes and to maximise on our efficiency and effectiveness through the 'best fit' business strategy in line with available resources. Amongst others, the key initiatives included:

POYC UNIT

Internal Management Committee Meetings

During the year under review, the POYC Unit's Management Committee continued to meet internally on a monthly basis and for *ad hoc meetings* to discuss key operational procedures with the intent to timely increase and sustain overall efficiency and ensure accountability and responsibility at all operational levels. Moreover, the periodic staff meetings involving the entire workforce were sustained during 2012. These meetings are essential to impart salient information on the Unit's strategic business trajectory and matters of a holistic interest. These meetings were positively received and appreciated by the staff, and generated the desired level of bondage, ownership, commitment and accountability from all concerned.

Meetings with External Stakeholders

Meetings held with the Department of Pharmaceutical Affairs (DPA) on matters relating to:

- Dispensing Policies and guidelines in respect of the new Government Formulary;
- The One Stop Shop criteria;
- GPs prescribing patters, where in some instance the third line drugs are being used as the preferred choice instead of the first line drugs.

Meetings held with the Primary Health Care Directorate to:

- Establish a *modus operandi* for prescribing of *Amendments* prescribed by GPs;
- Read only visibility of the POYC Unit's database for Health Centre GPs.

Held various meeting with software supplier and MITA to discuss and iron out IT related matters thereby ensuring that POYC IT systems and the POYC Scheme run smoothly and according to plan.

Further IT Enhancements to Strengthen the IT Software System

- Enhancement of current IT software
- Sustained Payments to Pharmacies through the DAS IT SYSTEM
- Introduction of an Electronic Tagging System

Attainment of TWO Malta People Awards 2011 organised by the Foundation of Human Resource Development

In December 2012, the POYC Unit successfully secured the three top awards of the Malta People Awards 2012 organised by the Foundation for Human Resources Development (FHRD). The Awards include the:

- 1st Place in 'Excellence through Innovation' Award'
- Runner-Up position for 'Equal Opportunities' Award,
- 'Certificate of Recognition for Good HR Practice'- Overall Achievement Category Award.

Nomination of the Worker of the Year Award

The Chief Executive Officer was nominated by the POYC Unit's staff for the National Worker of the Year Award 2012. This Award is under the auspices of the President of the Republic of Malta.

Refurbishment Programmes

A tender for refurbishment work was republished in 2012 and awarded. Work commenced on 19 November 2012 and is estimated at €193,196. Refurbishment on the loading bay area within the stores was also published and is currently in the adjudication stage. This work is estimated at Euro 114,955.

SMS Bulk Facility (Mobile) System

The SMS Bulk Facility was introduced earlier this year to ensure that the Unit would be in a position to reach its clients/ stakeholders in the shortest time possible when the need arises. Scenarios that may require the application of this facility include, amongst others:

- Recall of a pharmaceutical item down to patient level;
- Notification to segments of the patient population regarding item specific information;
- Notification to pharmacists when our IT systems are down.

Health & Safety Initiatives

Identified and appointed a member of the workforce as the POYC Unit's representative on H & S initiatives. Through this initiative we have introduced:

- Fire doors within the POYC Unit's Stores Area to facilitate immediate exit for the staff in case of fire detection by the Fire Alarm;
- Installed purpose-fit fire extinguishers and emergency lightening throughout the POYC Unit's footprint;
- Initiated discussions with the Civil Protection Department to organise Fire Drill Training for the POYC workforce;
- Attended training courses on H & S related matters.

Data Protection Legislation and Policies

Throughout 2012 the POYC Unit sustained its efforts to ensure that patient data remains safeguarded in line with the Data Protection Legislation and Policies.

Expansion of the POYC Scheme Nationwide

In line with the POYC Unit's targeted and approved POYC Scheme Rollout Plan, it is envisaged that the POYC Scheme will be extended nationwide during 2013 pending decision taking.

The 11 localities that still need to be covered by POYC Scheme are the following:

Birzebbugia	Hamrun	Marsascala	Marsaxlokk
Tarxien	Qormi	Siggiewi	Zebbug (Malta)
Valletta	Zabbar (and Xghajra)	Zejtun	

Sustain Investment in Information Technology to ensure continuous improvement

- To follow-up with software supplier so as to ensure the timely completion and introduction of the Financial and Alert Modules by the first Quarter of 2013
- *The Financial Module*: To introduce the Financial Module to facilitate efficient computation of the payments due for services rendered by the community pharmacies;
- *The Alert Module:* To allow for direct and timely communication with the POYC Scheme participating pharmacies. This is expected to facilitate timelier re-distribution of stock, recalls and such urgent related communication;
- Improve the IT Reporting Mechanism to enhance current IT reporting facilities to sustain continuous improvement in the timely distribution of stock, audit trailing and stock allocation by end 2013;
- Develop and introduce the General Pharmaceutical Replenishment Order (GPRO) by end 2013. The GPRO is the last enhancement module that is still outstanding from the original agreement with PTL and it is attached to the identification and introduction of the best option of electronic tagging system to be introduced for the POYC system).

JACQUELINE CAMILLERI
Director General (Financial Management and Control)