During 2014, the Ministry sustained its efforts to shift our health system towards a more patient-centric wellness model within the available budgetary resources while simultaneously ensuring general and timely access to the highest quality of health care services.

The Ministry not only maintained its progressive momentum but consolidated its efforts to invest in workforce development, notably through the creation of senior positions, innovation and enhancement for in service-delivery, thereby enabling health professionals to better respond to the challenges ahead, cost effectively. A number of Board and Committees have been set up which helped to secure the management of the Ministry’s vast portfolio and in addressing critical issues.

In the period under review, the following assume utmost significance in the realisation of Government’s mandate to provide meaningful input for the overall success of the National Health services: the completion of the first phase of the Sir Anthony Mamo Oncology Centre; the refurbishment of several wards within Karen Grech Hospital and the Amputee Rehabilitation Unit, the set up of psychology services for patients and staff; the continued excellence in the service provision, particularly in the reduction of waiting times at Mater Dei Hospital, new plans for three additional floors that would cater for the immediate to medium term acute bed requirements, the introduction of robust IT tools that improved clinical care pathways in line with international standards and last but not least, a concerted effort to increase day care activity.

Additional services in the Gozo General Hospital ensured timelier access to the health services for the Gozitan patients. This initiative also produced a positive impact on the waiting-times and bed occupancy management at Mater Dei Hospital as patient were treated closer to their community. Furthermore, in line with Government’s plan, preparations are underway to position the Gozo General Hospital as a centre of medical excellence in the Mediterranean.

The reform programme initiated within the Primary Health Care Services in preparation of positioning the Health Centres as the first comprehensive NHS contact points in the community. The refurbishment started within the Floriana and Paola Health Centres and modernising equipment was also installed.

The infrastructure and technological investment within the Central Procurement Unit as part of the overall supply chain strategy framework to address the perennial out of stock situation across the NHS. This set-up together with the technological change is already reaping results through the integration in the areas of customer/client management, procurement, warehousing and logistics.

The establishment of the POYC Unit’s One-Stop Shop Services to bring a wider scope of services closer to the patient thereby facilitating access to treatment on a ‘same day service’ from the 3 to 4 weeks wait.
In summary, 2014 proved to be a year of change and exciting challenges for the Ministry. As we embark on a new financial year, we will continue to work together towards our ultimate goal – ensuring all the population can access timely, efficient and high quality health care as close to their community as possible.

In closing, I would like to thank the management and the staff for their ongoing support, dedication, competence and integrity which attributes are unrivalled and indeed a critical asset for our ongoing success.

Joseph Rapa
Permanent Secretary
MANAGEMENT SUPPORT DIRECTORATE

The Management Support Directorate within the Office of the Permanent Secretary provides close horizontal co-operation across the different Directorates, Entities and Hospitals within the Ministry, to link up work and initiatives undertaken; and to strive to strengthen the link with important stakeholders.

The Directorate also assists the Permanent Secretary by anticipating issues, provides information and advice and encourages a climate wherein management and staff can work effectively together to ensure the implementation of decisions, policies, projects, long-term strategic direction, and contribute towards the Ministry's goals.

Relocation of Departments

During the year under review, the Directorate undertook several initiatives to relocate a number of departments that where housed in rented premises from the private sector. The main aim of this initiative was to reduce rental cost, make the best use of existing office space and to have departments in close proximity as much as possible for a better service delivery and to make the best use of resources. For this result, the Management Support Directorate spearheaded the relocation of the Human Resource Department from Harper Lane Floriana to Head Office Valletta. This not only involved the logistical arrangements and transportation of office furniture, equipment and files but also, staff buy in.

Another project which the Directorate embarked upon was the relocation of the Occupational Health Unit from Evans Building to St Luke’s. The relocation involved the refurbishment of a wing on the ground floor of St Luke’s to house this Unit. The work which was carried in-house by St Luke’s maintenance personnel involved structural changes, redecoration and new electrical and network installations.

During the same period, the Directorate took up the refurbishment of part of the ground floor within the Out-Patients Block at St Luke’s to relocate the Entitlement Unit from Head Office, Valletta. This relocation was necessary for health clients to be served from one location. Therefore, clients could benefit from having a number of services housed within one location. The refurbishment on the ground floor involved the dismantling and relocation of the Registry archive from the ground floor and relocating it within another area in St Luke’s, the procurement processes for electricity, IT, fire-alarm system, air-conditioning, doors, toilets, office furniture, kitchen, heavy maintenance on apertures and polishing of floors. This project was completed on time and within budget.

The Embryo Protection Authority was also provided with office accommodation at St Luke’s to start its operation since the offices vacated at Harper Lane, which were earmarked for the Authority require major repairs by the lessor, which work is subject to MEPA approval.

During 2014, the Management Support Directorate through direct negotiations with the Ministry for Transport and Infrastructure resurfaced the road and the boundary walls leading to the Orthotics and Prosthetics Unit within St Luke’s. This road was in a very dangerous state of disrepair and a hazard to pedestrians. The Ministry for Transport and Infrastructure carried out both the architectural services and the repairs free of charge through Transport Malta as its contribution to the health sector. The cost was estimated at € 80K.
The Ministry was requested to loan the old kitchen at St Luke’s to Malta Enterprise to use for archiving purposes as their premises in St Venera were required. The Directorate was therefore tasked with clearing it. This required relocating an extensive amount of stores, making an inventory of all the unused items, set up a Board to dispose of the unserviceable items and to issue an expression of interest to sell any scrap metal. The above was carried out and the old kitchen transferred to Malta Enterprise.

**Quarantine**

Following the Ebola out-break, the Directorate was directly involved in identifying suitable premises to be used for quarantine purposes. The quarantine area needed to have facilities for everyday living of the person and theoretically could be anywhere as persons were not infectious, however due to the lay person’s perspective, the quarantine area merited the location to be in a remote area and not in very close proximity to residencies. One needs to bear in mind that Malta does not have quarantine facilities and in today’s possibility of emerging threats, it was felt that such a requirement needed to be catered for.

This included approaching the private sector, church institutions and Government Department particularly the Government Property Division, since an expression of interest that was issued did not materialise as no submissions were received.

**Employment Equal Opportunities**

The Directorate promoted equal employment opportunities by encouraging Departments that had been requesting clerical support to obtain a placement from a private company through a one-year contract. The aim was to give job-seekers with a disability the opportunity to obtain on the job training. The private company, offered on the job monitoring and training.

Three directorates took up this initiative and employed 2 employees on full time basis and four on part-time for a duration of one year.

**Boards and Committees**

During 2014, the Directorate ensured that Boards and Committees were set up in line with regulations and that all appointees were approved by the Cabinet in line with procedure. This task is carried out in collaboration with the Parliamentary and Minister’s Secretariat. The Directorate was also tasked with identifying suitable personnel to be nominated on Boards set up within other Ministries as was required.

The Directorate is also responsible for coordinating the activities of the Ministry’s Management Board which is chaired by the Permanent Secretary and meetings on a monthly basis. The Director, Management Support acts as Secretary to the Board, and is therefore responsible for ensuring follow-up on resolutions, preparing the Board’s Agenda and preparing the Minutes.

During the period, the Directorate was also responsible for setting up a number of Boards of Investigations and Enquiries on a number of issues as well as following up on reviews conducted by NAO, IAID and MEU.

**Calls for Applications**

During 2014, the Directorate drafted new position descriptions for calls for applications for Headship positions that were not previously advertised. These were required to meet the present and future needs of the Ministry. These positions included that of Director, Health
Informatics, Director, Cancer Care Pathways, Director, Dar il-Kenn għall-Saħtek, Director Estate Management, Director, People Management and Director Legal Services. The positions of Directors General, Health Care Policy and Health Care Services were also drafted in line with the new Health Act. Likewise, other position descriptions were revised for existing positions. These included the positions for Director Health Care Standards, Director Programme Implementation, Director Allied Health Care, Director Pharmaceutical Affairs and Director International Affairs and Policy Development.

**Online Public Consultation**

A new Government initiative was the co-ordinating of online public consultations within the various Ministries. For this reason, the Director, Management Support was identified as the Ministry’s focal point for this initiative and therefore, undertook training in order to be able to advise other Directorates and to ensure that feedback was given to the lead Ministry on a monthly basis as well ensure that procedures were being observed. A generic email address was created wherein, the general public can provide the Ministry with feedback during the period of consultation. The Ministry’s website, through the Information Management Unit (IMU) was enhanced to cater for this new initiative. During 2014, one consultation exercise was undertaken through this on-line system.

**Repealing of Laws**

An important Government initiative during 2014 was the repealing of absolute laws. This directly involved the Management Support Directorate which was tasked with coordinating the exercise with the various Directorates within the Ministry. The Directorate worked in close collaboration with Prof. Raymond Mangion, Head of Department of the Legal History and Methodology from the Faculty of Law, University of Malta who was instrumental in ensuring that the laws identified for the repealing exercise indeed required to be repeal. Seven Laws, Subsidiary Laws and Legislations were confirmed as requiring repealing during the Repeals Day which was held on the 27th October 2014.

**Data Protection**

Training in Data Protection was organised by the Data Protection Unit by the Ministry for Social Dialogue, Consumer Affairs and Civil Liberties to all Data Protection Officers within the Public Service through the ESF 4.180. The Directorate for Management Support contributed by attending this training to keep abreast with Regulations and to be officially certified in Data Protection. At the end of the training, candidates sat for an examination and had to conduct an Audit. The Directorate for Management Support participated and proceeded to a week’s orientation visit to the United Kingdom between the 9th and 13th September on completing the training with success.

The UK visit consisted of a mix of London visits and presentations. The on-site visits were held at two London Boroughs, i.e. the Borough of Lambeth and that of Merton and to the HM Revenue and Customs Department (HMRC). Other presentations were held by Data Protection Officers from the Department of Health, from the Department of Environment Food and Rural Affairs (DEFRA) and by PwC at the PwC Embankment Officers. Participants also had the opportunity of visiting the newly refurbished Embankment premises of PwC, were the group could appreciate the benefits of a modern open-plan office setting that offered designated areas for meetings, work and recreation as well as the flexibility of choosing where, when and with whom to work. Participants were also shown the IT system PwC installed to offer employees the flexibility of choosing when and to work on and off site.
Freedom of Information

During the year under review, the Directorate ensured that Freedom of Information Act was being implemented throughout the Ministry. Datasheets were updated to reflect any changes within the Directorates, and sent to the Freedom of Information Unit; Any changes were reported and personnel requiring training in FOI were identified. Likewise, information sheets were updated to reflect adherence to Article 17 of the same Legislation. FOI requests were monitored, however, only two requests were received during the year.

Ad hoc Assignments

During the last quarter of 2014, the Directorate was responsible for the organisation of a day’s workshop in collaboration with the Finance and Administration Office. The aim of the workshop was to harness expenditure and cut down on cost. During the workshop all financial controllers conducted a presentation on the measures they would implement in 2015. The event was Chaired by the Parliamentary Secretary, Mr Chris Fearne.
The Ministry’s Information Management Unit (IMU) headed by the Chief Information Officer is the Ministry’s central driver for Information and Communication Technology (ICT) projects and initiatives. The main role of the IMU is to support line departments in the delivery of services to clients and align the Ministry’s ICT strategy with the business strategy to ensure that objectives are reached. During 2014, the IMU has embarked on a number of initiatives to strengthen the use of ICT by means of developments in the field.

Amongst others, the IMU has managed the ICT Budgeting on behalf of the Ministry, provided ICT related training, managed ICT resources and lead ICT projects. The IMU promotes the utilisation of ICTs in order to provide efficient, effective and economical services to internal clients as well as external clients. Major works and initiatives carried out during the year 2014 included:

**Upgrading of Users’ Operational Environment**

With a user base of approx. 8,000 users and 4,000 workstations within the health portfolio, upgrading the users’ operational environment consisting of the operating systems, software applications such as e-mail and online facilities was a major milestone.

**Upgrading of workstations operating systems**

On 8th April, 2014, Microsoft has ceased support on the 12 years old Windows XP operating system. This meant that any Windows XP workstation would no longer receive updates and as a result all XP workstations are vulnerable to security risks and viruses, which could get hacked and have personal information stolen. Furthermore, peripherals, such as printers, drivers are no longer being provided for the Windows XP, which means that any newly procured peripheral has to be installed on a more recent operating system. By means of a migration exercise, the IMU managed to upgrade 99% of all workstations within the health portfolio to either Windows 7 or Windows 8, therefore ensuring that these workstations are supported and adequately protected. The remaining 1% had software compatibility issues which are being addressed. These workstations are constantly being monitored and are expected to be migrated by not later than Q1 2015.

**Upgrading of eMail client and line of business software**

During 2014, the IMU embarked on an initiative to upgrade various software applications utilised within the health portfolio. The most significant upgrades involved the upgrade of all e-mail clients to MS Outlook 2007. The Microsoft Exchange Server was also upgraded in collaboration with MITA. These upgrades translate to added functionality to users and increased e-mail storage space with less operational costs. Other upgrades involved: the upgrading of Microsoft Office, antivirus software, drivers of peripherals and line of business software requirements. The upgrades performed during 2014 ensure that users are provided with a modern desktop environment to support their operations for the foreseeable future.
Upgrading of Websites and online facilities

During 2014, the IMU constantly worked towards improving the online services provided to internal users as well as the general public. The main efforts during 2014 were targeted towards planning the preparatory requirements for the upgrading of websites and intranets to be carried out in 2015. The following activities were carried out in 2014:

- **Health Website**: a new re-branded website (health.gov.mt) through the use of modern web technologies will be launched in early 2015. During 2014 preparatory requirements which include, the design of the website, co-ordination with all stakeholders and migration of content were carried out. In early 2015 the new website will be launched and all content will be migrated from eHealth.gov.mt by not later than Q2 2015. The main benefits of the new website will be a modern design, a more user friendly website and overall cost savings to the Ministry. Training to internal resources was also provided to ensure success.

- **Health Intranet**: In late 2014, the IMU has setup a test environment based on a MS Sharepoint 2013 platform in order to practice and get hands on experience with the related technologies. This experience will be vital to ensure the successful deployment and roll out in 2015 of a new Intranet to be used by all Health entities, thus, providing a much needed collaboration platform for MEH-Health users.

- **eForms**: During 2014, training about eForms was provided to IMU officer as well as plan specific eForms to be launched in 2015. In line with the simplification of bureaucracy, during 2015 eForms will permit the processing of electronic transactions through the new Health Portal and thus promote a paperless environment and efficient processing through the use of ICT. Through this and similar initiatives, the IMU is working towards easing a one stop shop concept both to external customers as well as provide the Ministry with a central contact centre for the provision of ICT Services in order to enable an internal one stop shop service where ICT services are concerned. Further efforts are required during 2015 in order to work on this concept, which would add further value when the new Intranet will be launched.

- **Management of KURA**: KURA is the main intranet/extranet used at Mater Dei Hospital, KURA is available across the whole Government health service. It is increasingly serving as the main in-house source of hospital information. During 2014, the IMU has provided ongoing assistance to KURA users, these services include: creation and maintenance of user accounts and permissions, provision of training, assisted users about content publishing and disseminated regular content update notifications. Due to the availability of modern technologies which are also more cost effective than the current solution, a new sharepoint Intranet will gradually replace KURA during 2015. The main benefits will be cost savings, a greater user base reach (All Health) and accessibility.

- **MyHealth**: myHealth ([www.myhealth.gov.mt](http://www.myhealth.gov.mt)) is the main online service where patients may access their health data online. The continued operation of myHealth was ensured through collaboration with MITA. During 2014, the IMU initiated a review of the myHealth system so that a more user friendly myHealth may be re-designed in order to provide further value to users. As at end 2014 there were a total of 4042 users registered on myHealth, 1403 patients/users that were accepted by myHealth Doctor Users entrusted to publish their data and thus created a Doctor-Patient link. The total number of Doctors accepting patients on myHealth stood at 123.
Co-ordination of Ministry ICT requirements and Technical Representation

The IMU co-ordinates all Ministry ICT requirements through the budgeting process and provides technical consultancy and assistance to all staff within the Ministry as required.

Procurement of ICT related services

During 2014, the IMU carried out procurement activities to support the requirements of all users within the Ministry, these activities include:

- Defining specification requirements for IT related equipment and co-ordinate with the Central Procurement and Supplies Unit;
- Participate in adjudication boards for the evaluation of bids;
- Manage the procurement of workstations and licenses through the Government Centralised procurement Framework;
- Manage stock of IT equipment in order to ensure that essential equipment is available and delivered to users in a timely manner;
- Manage the procurement of Network related equipment and services in order to ensure the continued operation of network services. During 2014, such services included, but were not limited to setting up the new Local Area Networks (LANs) at Dar Kenn ghal Sahltek, Gozo General Hospital and the Oncology Centre, provided LAN extensions throughout St Luke’s Hospital and other Health Entities and Health Centres, including planning requirements to update old LAN infrastructures. The IMU also ensured that Smartnet support services are in place for the provision of immediate 3rd party support;
- Procure and negotiate maintenance and support services about systems used within health;
- Continuously assisted the Central Procurement Supplies Unit with matters related to the eTenders and other requirements.

ICT Services to Departments’ users

The IMU provided general technical and operational support and services to the Ministry and its users. These include:

- Co-ordinating and Raising Electronic Requests for Service (erfs) for users as necessary;
- Communications and e-mails support such as offline mail and backups;
- Provision of Password Resets, Port Unlocking and Printers troubleshooting;
- Servicing requests for Support Services (on-site and offsite);
- Maintain the Ministry Asset Management System for the upkeep of workstations inventory throughout the Ministry;
- Assisting users in handling files in unsupported formats;
- Installation of non standard software through the Software Installation and Request Assessment;
- Submit Exemptions on user’s behalf for the approval of deviations from GMICT Policies;
- Provision of advice and expertise to senior health managers regarding eHealth strategy and policies. Contribution to DH/MITA responses to questionnaires from institutions and organisations abroad related to eHealth;
- Provided advice and support to staff about the eHealth portal content and on routing of/responses to emails received through the Portal;
- Provided ongoing first-line support to doctors and patients through myhealth@gov.mt and phone. First-line response and investigation of incidents and co-ordination with MITA and Alert for resolution. Ongoing maintenance and upkeep of myHealth site. Generation of reports and statistics from myHealth site;
• In order to ameliorate the delivery of ICT Services provided to internal users, IMU officers have attended conferences and training programmes to ensure that the HR skill set is strengthened;
• The IMU has co-ordinate the 2014 Student Placement Programme on behalf of all Health. 8 students joined Health during the summer months for 12 weeks in order to gain work experience in the IT domain. The students were provided with orientation session and coaching and were assigned tasks related to Windows OS upgrades and Inventory Auditing activities;
• The IMU has also co-ordinated and provided Disaster Recovery services about the recovery of systems to ensure that such system are brought to an operational state after failure;
• During 2014, the IMU has conducted a review exercise about various accounts, a number of which were terminated and review of services provided through MITA in order to ensure better value for money;
• The POYC system was enhanced and extended to Primary Health. All the necessary IT support was provided to enable more accessibility to users.

Support for the continued operation of health systems

During 2014, the IMU continued to provide the necessary support for the continued operation of core health systems, these include the provisioning of human resources as well as ensuring that systems software and hardware have contracted maintenance and support services. Systems supported include:

• The Integrated Health Information Systems (IHIS): The IHIS consists of the major clinical systems used within health, these range include Administration, Radiology, Pathology, Cardiac and Imaging systems amongst others. During 2014, the IMU has provided continued support to the MDH in order to ensure that systems are maintained and supported as well as to ensure that value for money is achieved;
• Electronic Case Summary (ECS): The ECS permits doctors in Government hospitals to create online inpatient discharge letters. Technical developments and assistance were continued in order to ensure that the service is improved so to ensure a timely service to doctors and patients. The IMU has provided ongoing responses to calls from doctors and maintained essential system data files (such as Medicines look-up file);
• National Patient Summary (NPS) and epSOS: the NPS and epSOS are essential components to enable cross border patient summaries. Since epSOS was a pilot project which was successfully delivered during 2013, in 2014 the IMU has ensured its continuity of service for possible utilisation in the near future;
• Software used for the National Blood Transfusion Service (NTBS): During 2014, the necessary planning for upgrading the NTBS software was carried out. The upgrade is expected to be implanted during 2015;
• Other systems: The e-Portfolio was launched in 2014; continued support about the Sexual Health Website, HR Systems, online surgical register and IDTag System amongst others was provided; eHealth portal was supported and migration of content to a new website started.

Ministry Representatives through IMU Officers

During 2014, a number of IMU officers have represented the Ministry in meetings abroad. These are ongoing and include:

• EESSI: A technical expert attends technical commission meetings in Brussels about the Electronic Exchange of Social Security Information (EESSI) to support the EESSI
National Manager. EESSI is an EU-wide “Document Management” system administered by the European Commission which is expected to be implanted during 2015;

- **eHealth Network**: A national eHealth Co-ordinator attends meeting about the eHealth Network. eHealth Legal sub group;
- **eHJA**: A contract point acts as a project manager to co-ordinate Malta’s interests in the eHealth Joint Action (eHJA);
- **eHealth Project**: A Project Leader has been assigned to the eHealth Project. In line with the National Health System Strategy (NHSS), the IMU has embarked on the eHealth project to submit a project proposal for EU funding to support the next generation of systems for Health. Preparatory requirements for the issuing of a consultancy and CBA tenders was carried out during 2014;
- **MyHealth**: a myHealth project manager is co-ordinating the necessary requirements to review the current myHealth. This with a view to provide added services and make myHealth more user friendly;
- **IHTSDO/SNOMED Clinical Terms**: An IMU officer has carried out duties of National Representative of IHTSDO, carried out the management of SNOMED CT Affiliate License National Release Centre, monitored correspondence of Members’ Forum and compilation reports required by IHTSDO;
- **PARENT project**: A project leader provided ongoing monitoring, administration and delivery of project deliverables in liaison with project management and DHIR staff.

**Special Projects**

During 2014, the IMU undertook various ICT related projects. Special projects which involved tight deadlines and the utilisation of various resources stand out from other long term projects. Special projects in which the IMU have provided considerable efforts during 2014 included:

- **Sir Anthony Mamo Oncology Centre**: The IMU was instrumental in ensuring that all ICT resources at the Oncology Centre were available to enable the opening of the centre. Activities included, Coordination of resource effort between all stakeholders in the setting up of IT services, carried out a business work flow analysis about IT requirements, procured all necessary equipment, is liaison with other stakeholders, set up of contingency and back up plans about IT related matters, assisted during the physical migration of outpatients, identified all IT applications requirements, setup LAN requirements, setup an operational environment for visiting experts, setup SOPs related to IT services for the Centre and migrated all systems to the Government data centre thus ensuring that systems are adequately hosted and ensure that main systems are accessible from both Boffa and the Oncology Centre, as well as ensure that systems integration with other hospital systems may be achieved. The IMU has also put in place a plan for ICT related migration of the next phase to be concluded during 2015;
- **Migration of Various Applications**: During 2014, the IMU has taken stock of hardware and applications used through health, a number of hardware and applications were unsupported and not adequately maintained. As a result the IMU in collocation with stakeholders has initiated a comprehensive exercise to migrate such applications to the Government Data Centre on a consolidated hosting environment and ensure that such applications are adequately maintained and supported. The full migration is expected to be completed in Q2 2015;
- **Out of Stock Management**: The IMU has provided dedicated resources to alleviate issues related to out of stock medicines, this involved carrying out user requirements analysis and co-ordination with all Health Entities, provide effective reporting faculties and analyse processes for BPR suggestions. All ICT related requirements (including LAN, Applications, Temperature monitoring, CCTV and ICT workstations and
equipment) of the Central store were also fulfilled which ensured the migration of old stores to the new premises;

- **Gozo General Hospital (GGH) ICT requirements:** Since 2014, GGH was assigned to the Health portfolio. In this regard, the IMU has planned and provided the necessary ICT related support to assist GGH in its operations and projects. The IMU has provided increased benefits to GGH, through ICT HR and other resources, related activities included: setup a new LAN infrastructure, upgraded and provided IT equipments, assigned summer students at GGH, introduced new Labs testing facilities, setup POYC facilities at Gozo, upgraded print facilities, implemented a review system to assist in the follow up of foreign patients and provided video conferencing facilities amongst others;

- **Systems Consolidation:** In 2014, a number of systems which are used throughout health entities were identified for possible consolidation during 2015. Different instances of the same software were identified through a comprehensive exercise, the current setup revealed the existence of information silos which may hinder a consolidated view of things to Management rather than provide a holistic view, such systems include HR and Accounting Software. The IMU has planned a strategy to gradually act on the current setup in order to work towards a single version of the truth;

- **Integrated Health Information Systems (IHIS):** In collaboration with MITA, the IMU has worked towards achieving upgrades related to the IHIS systems while ensuring that such systems are maintained and supported. In this regard, in order to maximize benefits through technology improvements, the IMU has managed to reduce the total cost of ownership through consolidation and streamlining of ICT processes. Contracts were reviewed and negotiations were carried out with the main suppliers to ensure that benefits through a comprehensive strategy are achieved. The realisation of this strategy will happen during 2015 when the necessary setup is fully set up. Activities related to the IHIS involved continuous support to MDH stakeholders which include but are not limited to radiology, pathology, cardiac, imaging and administration.

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**SPECIAL PROJECTS**

**INTRODUCTION**

The main role and responsibility of this office for the period of May 2014 onwards lies mainly with the migration process of Malta’s oncology services from Sir Paul Boffa Hospital (SPBH) to the new oncology centre Sir Anthony Mamo Oncology Centre (SAM OC).

**ACTIVITIES**

SAM OC is an EU co-financed project; 85% funded through EU funds and the remaining 15% from local funds. This EU funded project will offer an expansion of the present services which is planned to meet the projected demand. Statistics show that almost 1400 Maltese residents develop cancer each year with around 700 deaths attributed to cancer. This is reflective of around 25% of all deaths annually in Malta. The new oncology centre was designed with these needs in mind and aimed to contribute towards longer survival rates. New diagnostic and treatment modalities, including radiotherapy and chemotherapy services will be provided. In addition, major radiotherapy equipment consisting of 3 Linear accelerators were leased to upgrade radiotherapy services. From an infrastructural point of view, SAM OC will be physically interconnected with MDH covering a footprint of approximately 5,600sqm with a floor area of approximately 22,000sqm. SAM OC will also be inter connected with MDH through a bridge linking clinical activity. To ensure successful migration of oncology services and equipment, a
strategic plan outlining the activities necessary was compiled delineating migration phases with completion targeted for mid-2015. Keeping in mind the well being and safety of the patients, migration was planned in phases, with Phase 1 being the migration of outpatients and Phase 2 being the migration of the remaining services including inpatients. All outpatients clinics were planned to migrate and operate from SAM OC by mid December 2014; with the inpatients and the rest of the services planned to migrate during the first quarter of 2015. Phase 1 was successfully completed within the target date and outpatient services were fully operational by December 2014. Clinics were progressively increased from four to twelve clinics. Meetings and plans are underway as part of the migration of the inpatients and rest of the services to SAM OC. As part of the migration plan, committees were set up to effectively coordinate, monitor and control the migration process. Thus instead of fire fighting any issues arising, these can be preempted and dealt with before they become a show stopper. These committees serve as a sound foundation for good communication between all stakeholders to minimise risks of failure and ensure as much as possible a smooth migration process. An ICT committee consisting of ICT expertise was set up to focus on all IT processes necessary to be in place for migration and the operation of new centre. Keeping in mind the importance of IT in any hospital environment but more so in oncology, this became a cornerstone for new modalities of treatment. Discussions were held weekly with the IT experts and with the client to make sure that the client’s needs and issues are addressed. A senior migration team was set up such that senior representatives from each speciality mainly IT, Client, FMS, HR, MDH and MEH meet to discuss milestones to be achieved as part of the migration process. Resources are finite and always an issue; especially in the face of increasing demand particularly in view of new services being added on to the present oncology. This committee managed to ensure full co-operation between all involved. During this process the client was always kept in the loop with feedback received and discussed on a regular basis during Boffa team meetings. Members of this latter committee consist of representatives from various healthcare professionals working at Boffa Hospital. This migration process was managed and co-ordinated by CEO Special Projects who was and still is the focal point of communication internally but also externally. Important meetings are held with the contractors and project manager managing this project on behalf of Ministry. Project progress is discussed and matters and problems ironed out such that the project is delivered as predicted by mid 2015. Regular on site visits are carried out to monitor project progress.
DAR KENN GĦAL SAĦHTEK

GENERAL INFORMATION

‘Dar Kenn Għal Saħhtek’, a residential and semi residential facility is aimed to provide a holistic treatment of patients with eating disorders and Obesity (Anorexia, Bulimia, uncontrolled eating disorder, Disorders Not Otherwise Specified, Obesity).

The residential and semi-residential outpatient structure represents the therapeutic continuation in a protected environment of an acute hospital stay. The length of stay at the residential home varies according to individual’s needs.

The overall objective of the programme of intensive rehabilitation is to begin or continue a course of treatment aimed at interrupting the growth and maintenance factors of the disorder. An important feature of this approach is the high structuring of treatment that allows a correct evaluation of the results and the possibility of directing therapeutic intervention to the specific needs of the patient and his/her family.

A Multidisciplinary strategy that includes a psychological, nutritional and familial approach is adopted. The methodology is based on a common therapeutic programme that involves collaboration among multiple professions who address the various aspects of the problem by cooperating and integrating with each other and adhering to the same theoretical model of treatment. The programme features highly specialized care and is divided into different stages of care from both a psychological and nutritional aspect.

The organization of the day is highly structured, both in the careful management of the meals and in activities aimed at making patients regain a correct eating pattern.

The principal aims of the Centre are the following:

- To address the causes of poor health and well-being related to eating habits;
- To provide comprehensive programmes based on local eating habits which are accessible to all;
- To support persons who experience eating disorders and obesity by providing holistic treatment;
- To provide follow up care for persons after being released from hospital following an acute admission for an eating disorder;
- To promote healthy lifestyles.

Training prior opening of Centre

Being a new service, training was given to all professionals working at the Centre. Training was offered both locally and abroad (for a period of 10 days). Various professionals were offered hands-on experience at similar eating disorders clinics in Italy, through an agreement signed between MEH and Umbria. Training followed on a monthly basis to-date.

Opening of Centre

Being a new centre, all necessary pertaining databases, accounting systems, patients record files, appointment schedules, registry system, personnel and human resources were created and kept updated.
First group of patients (obese) was admitted for a semi-residential treatment programme at Dar Kenn għal Saħħtek on the 26th May 2014, and on the 16th of July the first group of patients suffering from eating disorders was also admitted for residential treatment programme.

Morbid obese patients who are either awaiting to undergo surgery or are limited in terms of mobility, are admitted for an inpatients programme whereby they are guided and assisted by a professional multidisciplinary team to change their lifestyle and adopt healthy eating habits together with a physical activity programme specifically designed by physiotherapists. Even though the project is in its initial stages, it is quite evident that quality of life of patients is drastically improving after the 8 week programme. Patients are also being monitored on an outpatient basis after discharge. Medical team noted and recorded: decrease in cholesterol levels, decrease in blood sugar levels, and decrease in blood pressure – thus reduction in medication being administered. As regards to patients suffering from eating disorders, they are being offered an intensive residential programme addressing both nutritive and psychological aspects. Most of the patients admitted had been admitted before, for more than once either to Mount Carmel Hospital or Psychiatric ward or both. Patients and their families are also being supported and monitored by the multidisciplinary medical team after discharge on an outpatients basis.

- Applications received end of December to be admitted to the Obesity programme: 185
- Applications received till end of December – Eating Disorders Clinic – 50
- Individual sessions done with patients both who followed the residential course and new prospective patients on an outpatients basis – 733

From the opening of the centre till the end of 2014, 42 morbid obese patients followed the semi-residential programme, while 15 patients suffering from eating disorders followed a residential programme.

One is to note that, upon submission of application, patients are contacted for their first visit with DKgħS medical team, to assess eligibility for either treatment programme. Patients suffering from ED are most likely to follow outpatient sessions with psychiatrist prior admission to residential programme.

**Multidisciplinary team at DKgħS**

Patients at DKgħS are followed by a multidisciplinary team composed of: psychiatrists, gastroenterologist, GPs, psychologists, dietitians, nutritionists, physiotherapists, occupational therapists, nurses, and nursing aides. This team assesses, follows and structures programme according to patient needs.

Occupational Therapists: facilitate types of relaxation in order to allow patients to discover which type of relaxation suits them best. Different types of relaxation methods explored include progressive muscle relaxation, guided imagery, visualizations, aromatherapy, mandalas and positive affirmations.

Physiotherapists: Patients are assigned to different physiotherapists and an initial assessment is done upon admission together with exercise tolerance tests (6 min. walking test and 2 min. step test). A plan is formulated and patients are given an exercise programme to follow for every week during their residential programme. The exercise testing was then repeated at mid-programme and finally at the end of the programme to monitor progress. On discharge patients were given a home exercise programme and advice to continue once back at home.
Dietitian: Nutritional assessment is carried out for patients and portion sizes advised. Follow up of these clients to monitor their progress and any changes in the meal plan.

Nutritional assessment of all 15 admitted clients suffering from anorexia nervosa or bulimia nervosa. Initial assessment includes calculation of nutritional intake, calculation of nutritional needs, dietary assessment, food phobia and food avoidance and meal plan selection.

Nurses: Major role is to give holistic care to the patients and administer medication. Nurses are also assigned with patients to offer support during crisis episodes, listen to patients and offer reassurance. Nurses also monitor closely all patients and refer them to respective therapists. Nurses communicate continuously with other therapists to be able to modify programme according to patients' progress.

Nutritionists: Patients are weighed and waist measurement taken on a weekly basis. The measurements are recorded in the clients' files and their Body Mass Index (BMI) is calculated. Patients are asked to keep a food diary, so as to record all food intake of the whole week, including the weekend which is spent at home. Information to be included in the Food Diary also includes hunger and satiety levels, emotions and physical activity for the whole week. These food diaries are discussed with the clients on a weekly basis after the weigh-ins. The clients are given guidance regarding food choices, different cooking methods and portion size for the following week according to weight loss of the previous week.

Cooking session: This is a 2-hour session, followed by supervised lunch. During this session, the patients prepare a 3-course meal for themselves, both for lunch and supper of that day. The previous week, the patients are asked to prepare recipes to cook for the following week. Patients are given guidance by the nutritionist and the recipes modified so as to prepare a healthier version. During the cooking session, the patients are supervised by two nutritionists, where advice is also given regarding different recipes, methods of cooking and making healthy choices when at home or eating out. They are made to understand that this should be a lifestyle change. During lunch, one nutritionist is present and eats with the patients.

**Outreach**

As part of the outreach programme, a seminar was organised on the 17th December 2014 which was open to all healthcare professionals working within the Health department. 130 professionals from various fields attended the seminar whereby services offered at the centre were discussed both by staff working at the centre and by foreign speakers who also work in the field.

A seminar was held in collaboration with the Italian Cultural Institute entitled ‘Per una nuova cultura dell’alimentasine: verso Expo Milano 2015.

Dar Kenn għal Saħħtek will also be featuring at the Milan Expo 2015 together with other eating disorders centre.

Being a new field FKgħS also worked and is currently drafting an information campaign both for school educators and parents on a national level. The strategy will be covering a one year period.
**People Management Directorate**

*Harmonising HR Processes*

All approvals for Family Friendly Measures and Special leave were decentralised and HR Officers were trained to process such requests. A manual with guidelines and SOPs for Family Friendly Measures was also drafted and given to new HR officers for reference purposes.

Two information sessions regarding FFMs and Leave were also delivered to Top Management to assist CEO’s, Directors and Heads of Departments when evaluating requests.

The People Management Directorate revamped the HR Application forms which were updated to reflect new requirements and approvals.

*Data Management Unit*

*Data Management Project*

The People Management Directorate was commissioned by the Director General (Human Resources), to carry out a study on the current situation of the HR Data across the departments/hospitals within Health. The areas identified to be investigated included HR records management, information management and HR software and its use.

A report was drawn up to present the findings of the current situation in relation to HR Data Management and propose information requirements and system functional requirements for a new common HR Data Management System which will be adopted across all HR Departments.

The report which was approved by DG HR, listed recommendations for the new system, both software and functionality requirements, and proposed a way forward. Meetings with various stakeholders including Information Management Unit, MITA, DG Finance, and PAHRO were held to decide on the most feasible option to adopt.

During 2014, preparatory measures for the new common system started to be implemented. These included a new Employee Details form which has been adopted across all Health departments and hospitals. A cleanup programme of the details already in the current systems has started and an updated staff list of officers in each department/hospital is being collated every month. Moreover, the data in the current database at Head Office is also being checked and cleaned to ensure integrity of data available.

The Data Management Unit furnished frequent data and reports for different purposes including Parliamentary Questions. This office was also responsible for furnishing the data and coordinating Union Recognition exercises for different categories in collaboration with DEIR.
During 2014, an extensive exercise to update seniority lists of all the departmental categories of Gozitan employees working in Malta. These lists were checked and confirmed with the entities as well as with CdB to confirm that employees on list actually reside in Gozo.

This unit was also responsible to open files for 428 Grievance Cases and record case details until this function was assigned to the Grievances Unit.

**Absence Management System**

In collaboration with PAHRO, HR Officers in charge of leaves attended training on the Absence Management System. Most of the HR Offices had the Absence Management System installed and were connected to the AMS module of the central Dakar System in use across the Public Service.

**Corporate Social Responsibility**

The calendar for CSR in 2014 featured four activities. These included 2 Dress Down days, one in May and second in December. A symbolic fee of €5 was collected from each officer who opted to participate in these activities. In all, a total of €3155 was collected and funds were presented to Dar Kenn għall-Saħħtek and Malta Community Chest Fund respectively.

Another activity was held in June at Mount Carmel Hospital wherein the Management of Ministry for Energy and Health (Health) were invited to assist in the refurbishing of Male Ward 3B. This activity also served as team building session where the management met in an informal manner.

The last activity involved supporting Dar Għabex. This residence required various day-to-day items to run the home from daily groceries, to baby food and nappies, to toys and stationary items for older kids, to household goods, to the services of maintenance and gardening. This office contacted various sponsors and through these sponsors managed to furnish Dar Għabex with 4 air conditioners, two sofa, vouchers for groceries, toys, baby items and food and other items as requested by Dar Għabex.

During 2014, a total of 800 hours were donated from MEH (Health) officers to the Central Fund of PAHRO to be utilised for humanitarian reasons following the publication of a circular encouraging officers to do so.

**Students’ Initiatives**

**Career Exposure Programme**

During scholastic year 2013-2014, the Ministry for Energy & Health (Health) in collaboration with the Ministry for Education and Employment participated in the National Career Exposure Programme. A total of 111 students were hosted by 11 departments/hospitals for a 5-day placement where students were encouraged to observe the professionals at work. A certificate was presented to all participating students during a ceremony held in December.

**University of Malta Students Summer Work Opportunities**

A total of 50 third-year students from various study areas of the University of Malta were given a work placement for four weeks during the Summer of the Year 2014. Students were hosted at CPSU, MDH, DPA, Entitlement Unit, FMS and MCH.
As part of the streamlining of HR process, this office launched a new Request for Transfer Application form and Withdrawal of Transfer Request form which have also been adopted by MFSS for transfer requests to MEH.

**Deeds of Hypothecation**

From time to time, this Ministry issues calls for applications for medical staff to be sponsored for training abroad or within the University of Malta, in order to strengthen their skills in their profession. The successful candidates are awarded a sponsorship by the Government of Malta.

**Publications of Deed of Hypothecation**

In 2014, a total of 31 Deeds of Hypothecation were published. This total can be divided as follows:

- 11 Doctors from Mater Dei Hospital were sponsored to attend training abroad in the following study areas: Infectious Diseases, Respiratory Medicine, Female Urology, Plastic and Reconstructive Surgery, Ophthalmic Surgery, Orthopaedics, Radiology, Paediatrics and Accident and Emergency Medicine. The total sponsorship was that of € 541,808.96. One of these doctors had their studies extended from 2012.
- 11 BSc (Hons) in Radiography (Diagnostic and Therapeutic) students of the University of Malta were sponsored for their 4 year studies which included a 22 months clinical placement abroad. The total sponsorship was that of € 335,552.
- 9 Medical Physicist Trainees employed with this Ministry at SPBH were sponsored to follow the MSc in Medical Physics which includes a 29 months training with a 22 months clinical placement abroad. The total sponsorship (which was EU Funded) was that of € 2,136,235.

**Cancellations of Deed of Hypothecation**

In 2014, a total of 41 Deeds of Hypothecation were cancelled in the name of employees who had benefited of a sponsorship sometime in the past. All requests were granted and cancelled as all employees had fulfilled all their obligations that they had with this Ministry as written in the contract.

It is strongly believed that every opportunity has to be given to employees to further their development both from a personal and also from aspects related to their responsibilities. In this regard, both management and staff were involved in various training initiatives. Training needs were primarily identified during the annual reviews but also following continuous assessment.
Decentralisation

During 2014, the Personnel Function that was decentralised was that pertaining to Mount Carmel Hospital (MCH). Introductory meetings were organised with the officials concerned and eventually training sessions were organised prior to the actual decentralisation process.

Introductory meetings were also held with Primary Health Care, Boffa and Environmental Health. Unfortunately the decentralisation process had to be suspended due to lack of human resources.

Appointments, Progressions and Promotions of various grades

<table>
<thead>
<tr>
<th>Grade</th>
<th>Progression</th>
<th>Appointments From within the Public Service</th>
<th>Appointments From outside the Public Service</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Males</td>
<td>Females</td>
<td>Males</td>
</tr>
<tr>
<td>General Service</td>
<td>10</td>
<td>23</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Medical</td>
<td>1</td>
<td>0</td>
<td>36</td>
<td>47</td>
</tr>
<tr>
<td>Nursing</td>
<td>17</td>
<td>63</td>
<td>66</td>
<td>155</td>
</tr>
<tr>
<td>Midwifery</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>Allied Health Care</td>
<td>6</td>
<td>32</td>
<td>84</td>
<td>144</td>
</tr>
<tr>
<td>Psychology</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Pharmaceutical</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Technical</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Departmental</td>
<td>0</td>
<td>2</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Industrial and Supervisory</td>
<td>2</td>
<td>2</td>
<td>21</td>
<td>0</td>
</tr>
<tr>
<td>Environmental Health</td>
<td>10</td>
<td>7</td>
<td>30</td>
<td>28</td>
</tr>
<tr>
<td>Paramedic Aide</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Scientific</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>50</strong></td>
<td><strong>130</strong></td>
<td><strong>246</strong></td>
<td><strong>394</strong></td>
</tr>
</tbody>
</table>
These totals reflect the processes undertaken for hospital/entity whose Personnel function still falls under the responsibility of this section.

**Terminations**

The following table indicates the number of terminations processed during 2014 according to category:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Resignations/Dismissals</th>
<th>Retirements</th>
<th>On Medical Grounds / Deceased</th>
<th>Transferred to other Ministries upon appointment</th>
<th>Total</th>
</tr>
</thead>
</table>
|                      | Males | Females | Males | Females | Males | Females | Males | Females | Males | Females |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |�
Medical Boards

The following table gives information regarding the medical board requests processed in 2014 for all the public service:

<table>
<thead>
<tr>
<th>No. Of Medical Assessments</th>
<th>219</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. Of Employees Referred To Be Examined By A Medical Board</td>
<td>255</td>
</tr>
<tr>
<td>By Nature</td>
<td></td>
</tr>
<tr>
<td>Psychiatric</td>
<td>77</td>
</tr>
<tr>
<td>Medical/Surgical</td>
<td>132</td>
</tr>
<tr>
<td>Oncology</td>
<td>10</td>
</tr>
<tr>
<td>By Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>71</td>
</tr>
<tr>
<td>Female</td>
<td>148</td>
</tr>
<tr>
<td>Outcome</td>
<td></td>
</tr>
<tr>
<td>Unfit for Work</td>
<td>63</td>
</tr>
<tr>
<td>Fit for Work</td>
<td>9</td>
</tr>
<tr>
<td>Others</td>
<td></td>
</tr>
</tbody>
</table>
14 employees were advised to take up duties in Gozo.
85 employees were recommended to perform light or alternative duties.
20 employees were found fit to be re-instated within the Public Service.
28 employees were transferred temporarily to Gozo until confinement.
36 employees had their sick leave extended.
3 cases are currently pending.

Recruitment

A total of 116 calls for application were issued in 2014 for 93 posts and 88 positions, for which 4328 applications were received.

The practice adopted whereby calls for similar posts are grouped together has meant that we have been able to issue a lower number of calls for a higher number of posts and positions.

The recruitment process was the centre of the function of the Resourcing Section and every effort was undertaken to improve the process in respect of quality and throughput time. It is to be noted that there was a considerable reduction in the processing time of:
• Drafting and issuing of calls for applications;
• Recommendations following selection board reports;
• Drafting and issuing of appointment letters;
• Drafting and issuing of contracts.

The element of quality has been better enhanced with better collaboration and communication between the team members involved in any point of this process. Further specific initiatives included:

• Definition of duties and responsibilities for each officer involved;
• Introduction of Checklist 1 that guides the selection board throughout the selection process;
• Introduction of Checklist 2 that guides the selection board in terms of eligibility;
• Systematic record keeping of information related to the recruitment process;
• Improved filing system.

TRAINING AND DEVELOPMENT DIRECTORATE

BACKGROUND

Investment in training and development within the health sector is high on the Ministry’s agenda. The Ministry’s commitment is demonstrated by the 2014 budget allocation for training and development exceeding the figure of 2 million Euros thus being the highest annual budget invested compared to previous years. The Ministry’s training and development budget targeted the development of people in the following areas: medical post-graduates, specialist, radiographers and also at a health entity level.

An important development was the setting up of the Training and Development Directorate within the Human Resources Division. This directorate is strategically positioned within the head office of the Ministry and is aligned to the present drive by the Office of the Prime Minister to continue to develop people within the public service to deliver a better value and quality service to the citizen.

Scope of Training and Development and Activities undertaken in 2014

In line with ministerial strategic direction, the scope of the Training and Development directorate is to act as a centralised catalyst which drives forward all training and development initiatives within health entities. To this effect a series of meetings have been held with various health entities by the senior management to discuss and agree on a training and development plan for 2014. A number of benefits have emerged from these meetings. Amongst them is the need to revise the annual training budgets to reflect actual training needs and also to maximise opportunities arising from ‘The Centre for Development, Research and Training’ (CDRT) and the European Social Fund (ESF) 4.100. With reference to ESF 4.100 project, the directorate has been instrumental in facilitating the process with CDRT for a number of people coming from different health specialities to attend overseas training. Another major benefit that has emerged from these meetings was the prevention of duplicated training held under the auspices of different health entities. This organisation has lead in a cost-cutting and an improved brainstorming of ideas between the participants from different health entities.
Given the size of the Ministry and different medical specialities within the health sector, the training and development of people within the Ministry is also being administered under three pillars namely: the Malta Postgraduate Medical Training Centre, Allied Health Care Services and Nursing Services. All other training and development initiatives related to non-medical professions are normally catered for within health entities including initiatives taken from this directorate.

**Malta Postgraduate Medical Training Centre**

A number of activities have been undertaken in 2014 mainly related to:

- The running of a number of postgraduate training programmes. This included participation of (26) foreign lecturers to present lectures and participate in assessments/examinations of the different specialities;
- The provision of training in collaboration with CDRT of in line training to Training Coordinators’ needs. Furthermore, the ‘Train the Trainers Course’ which has been successfully delivered. Other training included: Coaching and Mentorship, Towards Team Decision Making and Communication Skills for younger Doctors;
- The involvement of a number of people within health specialities in the assessment of examinations. These included General Surgery, Anaesthesia, Psychiatry, Family Medicine, Paediatrics and Public Health;
- The development of foreign online examinations has led to our training centres being recognised as an Overseas Centre for the Membership of the Royal College of Paediatrics and Child Health (MRCPCH) and Edinburgh Surgical Sciences Qualification (ESSQ);
- The running of video conferencing facilities in collaboration with the Medical Illustrations Unit;
- The running of a pilot project which includes an e-portfolio from GP Trainees. This is an ongoing project and the MPMTC has continued working on the e-Portfolio pilot project for Family Medicine with NHS Scotland;
- The creation of an E-Portfolio for Postgraduate Training. This ESF Project 1.211 was one of the main undertakings that were dealt with by MPMTC during 2014;
- The running of another project entrusted to the MPMTC. This ESF Project 4.182 was previously administered by the Ministry of Gozo prior to the elections in March 2013. This project is being gradually implemented and now is on course with the grant agreement;
- The appointment of Dr Raymond Galea as Head of the Postgraduate Medical Training Programme;
- The holding of Foundation School Board (FSB) meetings which are chaired by the Head of the Postgraduate Medical Training Programme Dr Raymond Galea. This will aim to ensure continuity in training from Medical School to Foundation to Basic Specialist Trainee level;
- The signing of new bilateral agreements with International Institutions such as the University of Leicester NHS Trust and the finalisation with Red Cross Hospital in Kassel – Germany, Grampian NHS – Scotland and The Leeds Teaching Hospitals NHS trust –UK;
- The completion of the Simulation Centre Project which forms a very important part of many training programmes;
- The centre has been given recognition by the National Council for Higher Education as an Educational Institution.

**Allied Health Care Services Directorate**

The Directorate Allied Health Care Services (DAHCS) has continued to manage funds available from the Training Funds Programmes and Initiatives under the Specialist Vote in accordance to
the various identified priorities and justifications throughout 2014. The following are the training initiatives driven by DAHCS across Allied Health services for professionals and support staff in the different health entities:

- EBSCO Databases: Licences for online e-journals and referencing materials for Medical, Nursing and Allied health professionals;
- Gozo Laboratory: Reference books Gozo Laboratory;
- Occupational Therapy (OT): OTs benefitted from training in Hand Therapy (BAHT) and funds for OT support staff. The OT Department is also responsible for an EU Leonardo da Vinci Mobility Programme;
- ECG and Cardiographers: Paramedic Aides were deployed to the department. There are currently 8 Paramedic Aides, 3 have been SCST certified and 5 remain to be certified in 2015. The Paramedic Aides followed a revision course carried out by a tutor brought over from Guys and St Thomas to Malta as well as travelling to Birmingham, UK to sit for the SCST exam which certifies them to take a 12 lead ECG. Gozitan ECG Technicians were transferred to Gozo following certification of the new Paramedic Aides;
- Physiotherapy: The Physiotherapy Department benefitted from a number of training initiatives: Hand Therapy (BAHT), BOBATH training, Shoulder training, incontinence workshop, gait analysis, paediatric physiotherapy and staff support;
- Psychology: Training funds were utilised for the last part of the specialised EMDR training for a large number of psychologists and trainee psychologists. These will be certified in 2015;
- Speech Language Pathologists: The Speech Language Department benefitted from training funds for a course: Listen and Tell;
- MCAST Advert: Advert to encourage student to take up course leading to a Paramedic Aide.

**Nursing Services Directorate**

The Directorate for Nursing Services (DNS) has been active in 2014 in the coordination of a number of initiatives as follows:

- ESF 4.174 – Local training and training abroad for 20 nurses and midwives and another 170 nurses and midwives concerning the discharge liaison services;
- The Enrolled nurse – to Staff nurse conversion which was commenced in 2003 and concluded in 2014. In total more than 600 enrolled nurses did this one year and a half course during these past 11 years;
- The intravenous therapy course for nurses and midwives. This course which commenced in 2005 is mandatory and ongoing;
- Induction courses for new recruits across the Ministry including as well Nurses engaged with the Ministry for Family and Social Solidarity.

**Training and Development opportunities within health**

The Training and Development Directorate in 2014 has been instrumental in the organisation of the following training initiatives across health:

- The running of a basic Maltese Language course in conjunction with CDRT to all foreign health employees in all grades including also employees operating in the health sector within the Ministry for Family and Social Solidarity;
• The issue of scholarships for nursing aides, paramedic aides, health assistants, care workers and assistant care workers leading to Diploma in Nursing at the University of Malta together with the Ministry for Family and Social Solidarity;

• Two morning sessions for key senior positions within the Ministry on key topical areas arising out of the Public Service Management Code (PSMC);

• Arrangements with the Student Placement office at the University of Malta whereby a question and answer session was held at the Ministry about the Degree Plus Programme inviting all health entities interested to take on board students. During the session, all health entities had the opportunity to obtain further clarification regarding the different types of student placements.

It is envisaged that in 2015, the Training and Development Directorate will continue to expand its role within the Ministry by supporting health entities in the delivery of their training and development plans and ensuring that directorate targets addresses as well government budget measures and training initiatives leading to reduction in bureaucracy.
Finance, Procurement and Administration

Director General Finance and Administration

Finance and Administration Department is essentially responsible for all the financial, procurement and administrative aspects of the Ministry for Energy & Health (Health). 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 MEH service provider entities, Central Procurement and Supplies Unit (CPSU) including the National Blood Transfusion Services (NBTS), The Pharmacy of Your Choice (POYC) as well as MEH’s Administration. The latter again includes Security, Reception and Transport services, SLH Estate Management and Registry.

FINANCIAL CONTROL & MONITORING UNIT

The Financial Management & Control Unit (FMCU), is responsible for the overall finance matters. Its main responsibilities can be classified as follows:

- Payments;
- Salaries;
- Travel; and
- Financial Monitoring & Reporting.

Payments

During 2014 a total of 11,429 payments were processed in favour of suppliers. This means that an average of 44 payments vouchers were processed every working day.

During financial year ending 31st December 2014, the recurrent expenditure processed from FMCU was as follows:
Apart from this recurrent expenditure FMCU also processed payments in what regards to Programmes and Initiatives, amounting to 16,644,008 Euro.

Additionally, FMCU also processes tranches in favour of the Ministry's entities, namely, Karen Grech Rehabilitation Hospital, Mount Carmel Hospital and Foundation for Medical Services. These tranches are only processed upon approval of the respective financial statements and subsequent analysis by FMCU. During 2014 the amount of funds transferred to these three Entities amounted to 44,286,833 Euro.

**Travel**

During 2014, a total of 311 travel files were processed. This Section ensures that PSMC protocols are continuously respected and also liaises with the EU Paying Agency to ensure that refunds regarding EU Commission and Council meetings are received. The total amount of travel expenditure during 2014 amounted to 219,607 Euro. One must highlight the fact that during the year under review more effort was done to make the travel process less bureaucratic, by improving the way information flows from one Unit to another and also by making better use of IT resources.

**Salaries**

The Ministry’s Head Office has a single Payroll Officer. This is due to the fact that the actual payroll computations are done by the Gozo Salaries Section. However, the role of this Officer is more widespread, as she needs to liaise between HR and Gozo Salaries Section and also to give the go ahead for the issue of the actual payroll.

At year end, FMCU also consolidates requests for further funding and liaises with MFIN Budget Office regarding these requests. On a monthly basis an overtime report is compiled and presented to the top level of the Ministry. This report highlights those Departments/Entities that are not in line with their overtime budget. One must note that this report gives a drill of overtime at Ward/Section level.

<table>
<thead>
<tr>
<th>Category</th>
<th>Euro</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilities</td>
<td>957,703</td>
</tr>
<tr>
<td>Materials &amp; Supplies</td>
<td>245,747</td>
</tr>
<tr>
<td>Repair &amp; Upkeep</td>
<td>168,156</td>
</tr>
<tr>
<td>Rent</td>
<td>214,965</td>
</tr>
<tr>
<td>International Memberships</td>
<td>75,097</td>
</tr>
<tr>
<td>Office Services</td>
<td>123,933</td>
</tr>
<tr>
<td>Transport</td>
<td>510,086</td>
</tr>
<tr>
<td>Travel</td>
<td>219,607</td>
</tr>
<tr>
<td>Information Services</td>
<td>37,412</td>
</tr>
<tr>
<td>Contractual Services</td>
<td>305,706</td>
</tr>
<tr>
<td>Professional Services</td>
<td>283,831</td>
</tr>
<tr>
<td>Training</td>
<td>15,215</td>
</tr>
<tr>
<td>Hospitality</td>
<td>15,044</td>
</tr>
<tr>
<td>Incidental Expenses</td>
<td>29,170</td>
</tr>
<tr>
<td>Equipment</td>
<td>1,319</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,202,991</strong></td>
</tr>
</tbody>
</table>

Annual Report 2014  
Ministry for Energy and Health (Health)
During the year under review the salaries expenditure was as follows:

<table>
<thead>
<tr>
<th>Description</th>
<th>Euro</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holders of Political Office</td>
<td>41,558</td>
</tr>
<tr>
<td>Staff - Salaries and Wages</td>
<td>15,671,856</td>
</tr>
<tr>
<td>Bonus</td>
<td>212,910</td>
</tr>
<tr>
<td>Income Supplement</td>
<td>227,610</td>
</tr>
<tr>
<td>Social Security Contributions</td>
<td>1,380,478</td>
</tr>
<tr>
<td>Allowances</td>
<td>2,802,127</td>
</tr>
<tr>
<td>Overtime</td>
<td>467,048</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20,803,587</strong></td>
</tr>
</tbody>
</table>

**Financial Monitoring & Reporting**

FMCU is also responsible for the compilation of various reports and returns submitted to the Ministry’s Senior Management Team, the Ministry of Finance, the Treasury Department and to the National Audit Office. These reports focus on recurrent and capital expenditure, revenue, below the line accounts, accruals, debtors and creditors, overtime and other financial matters. On a yearly basis, the Unit compiles the System of Health Accounts submission to Eurostat which involves the consolidation of the financial data pertaining to the Ministry for Health.

On a regular basis, FMCU also generates reports on the Health Department’s vehicle fleet, through the Fleet Management System so as to analyse the cost of repairs and fuel consumption. FMCU is also responsible for the collating of answers for Parliamentary Questions of a financial nature. The PQ Officer liaises with the different Departments and Entities to consolidate financial replies so that these can be presented in Parliament.

Another annual time-consuming task is the preparation and consolidation of the budget of the Ministry. During the financial year the Unit monitors the trends of recurrent and capital expenditure so as to ensure that respective Directorates and Entities contain their expenditure within their budget allocation.

**FINANCE: MATER DEI HOSPITAL**

**FUNDS**

During 2014, MDH was allocated a substantial Euro 181m 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 2014, €718,296 of these funds were mostly invested in capital assets;
- carry out internal transfer of funds whilst adhering to MFIN’s protocol in order to ensure good and efficient utilisation of financial resources.
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**

**MANAGEMENT ACCOUNTS**

During 2014, the financial statements for 2013 were compiled and distributed. Later on, the management accounts for the 6 month period Jan to Jun 2014 were compiled and presented to management.

**CREDITORS’ LEDGER**

During 2014, there was an increased effort to perform creditors’ reconciliations. To this effect a person was allocated to perform creditors’ reconciliations.

Throughout 2014, €21,633,389 worth of payments were made from the Contractuals Line Item (3060). A lot of time was spent performing reconciliations of the major contractors’ invoices.

**ACCOUNTING SYSTEM**

The processing of purchase orders and payments in the Government Departmental Accounting System (DAS) has continued to improve. During 2014, the Accounts Section processed 12,127 different payments to suppliers and staff (in relation to CPE/CPDs) and raised 6,472 local purchase 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.

One of the main challenges faced when compiling the management accounts is that the various sections making part of the Finance Directorate utilise different software systems for their data collection and analysis purposes. To make matter worse, the main accounting software, Access Dimensions, has been introduced in stages during the years and the result of this is that today we are faced with 3 separate databases within MDH (Pharmacy Department Database, Medical Supplies Department Database and Finance Database).

All transactions within the Pharmacy and Medical Equipment Departments are recorded in their respective Databases. Periodically, information has to be extracted from these databases to be reflected in the management accounts. It is noted that this need for manual intervention increases the risk of errors and therefore, data integration is not guaranteed and the effort and time required to carry out this operation makes such process unsustainable.

**SALARIES SECTION**

In the Annual Departmental Report of 2013, it was reported that a review of the payroll process was started in order to streamline the system, minimise human intervention and increase analytical detail within it. It was also reported that discussions were ongoing in order to tackle software related issues, mainly the very slow processing speed of the Dakar Software. Other concerns with regard to the Payroll Section that were mentioned were the non synchronisation with the OPM’s Dakar System and the amount of human intervention needed to issue a payroll. Further to the resignation of the Financial Controller in April 2014, very little progress on any of the objective mentioned was achieved. In October, further to the transfer of the Head of Payroll this process was revived. The objectives remain the same as listed in that report. It also planned that during 2015 the DAKAR database migrates on to MITA’s servers.
BILLING/REVENUE/DEBTORS

During 2014, MDH continued to consolidate its Billing Section. During the year cash and cash equivalents processed by the section amounted to €1,443,316. Debtors' balance at the end of the year stood at €4,201,410 compared to the €2,452,891 of the previous year. These can be further analysed as follows:

<table>
<thead>
<tr>
<th></th>
<th>2014 (€)</th>
<th>2013 (€)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Treatment</td>
<td>3,384,181</td>
<td>2,093,193</td>
</tr>
<tr>
<td>Sundry Bills</td>
<td>585,588</td>
<td>123,493</td>
</tr>
<tr>
<td>Pharmacy Bills</td>
<td>-</td>
<td>24,729</td>
</tr>
<tr>
<td>Overpayments &amp; Resignations</td>
<td>231,641</td>
<td>211,476</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>4,201,410</strong></td>
<td><strong>2,452,891</strong></td>
</tr>
</tbody>
</table>

FINANCE: MENTAL HEALTH SERVICES

FINANCIAL HIGHLIGHTS

The aim of the Finance Department for 2014 was to minimise the cash deficit and the liabilities by consolidating the current services and work practices without engaging into specific new initiatives that were not backed by sound financial support.

The cash deficit and increased liabilities have been accumulating over the years following an insufficient budgetary allocation to cover essential items of expenditure such as utility bills, operational materials, two new geriatric wards, expansion of community mental health services and increased cost of contractual services. During the year, the Ministry for Finance, issued a letter of undertaking with the intention to keep on supporting the Mental Health Services to recover from this net liability position. In turn, the Mental Health Services kept on monitoring its control procedures and strengthening its practices in order to mitigate the ever increasing costs.

The following is a brief analysis of the financial situation from the Recurrent Vote 6029 for 2014:
### Net actual cash position as at the end of 2013
7,695,457

### Total Recurrent Budgetary allocation for 2014
28,008,145

#### Expenditure for the year

<table>
<thead>
<tr>
<th>Description</th>
<th>2014</th>
<th>2013</th>
<th>Change from 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emoluments</td>
<td>19,084,426</td>
<td>18,412,551</td>
<td>671,875</td>
</tr>
<tr>
<td>Utilities</td>
<td>725,494</td>
<td>565,635</td>
<td>159,859</td>
</tr>
<tr>
<td>Materials and Supplies</td>
<td>1,085,371</td>
<td>1,015,172</td>
<td>70,199</td>
</tr>
<tr>
<td>Repair and Upkeep</td>
<td>144,204</td>
<td>156,795</td>
<td>12,591</td>
</tr>
<tr>
<td>Rent</td>
<td>454,507</td>
<td>460,124</td>
<td>5,617</td>
</tr>
<tr>
<td>International Memberships</td>
<td>50</td>
<td>233</td>
<td>183</td>
</tr>
<tr>
<td>Office Services</td>
<td>43,682</td>
<td>39,554</td>
<td>4,128</td>
</tr>
<tr>
<td>Transport</td>
<td>88,903</td>
<td>123,098</td>
<td>34,196</td>
</tr>
<tr>
<td>Travel</td>
<td>12,597</td>
<td>526</td>
<td>12,071</td>
</tr>
<tr>
<td>Information Services</td>
<td>837</td>
<td>9,321</td>
<td>8,484</td>
</tr>
<tr>
<td>Contractual Services</td>
<td>5,698,669</td>
<td>5,042,533</td>
<td>656,136</td>
</tr>
<tr>
<td>Professional Services</td>
<td>125,699</td>
<td>113,957</td>
<td>11,742</td>
</tr>
<tr>
<td>Training</td>
<td>7,704</td>
<td>15,509</td>
<td>7,805</td>
</tr>
<tr>
<td>Hospitality</td>
<td>135</td>
<td>1,485</td>
<td>1,350</td>
</tr>
<tr>
<td>Incidental Expenses</td>
<td>583</td>
<td>31,622</td>
<td>31,040</td>
</tr>
<tr>
<td>Improvements to Property</td>
<td>73,330</td>
<td>-</td>
<td>73,330</td>
</tr>
<tr>
<td>Equipment</td>
<td>48,887</td>
<td>-</td>
<td>48,887</td>
</tr>
<tr>
<td><strong>Total Operating expenditure</strong></td>
<td>27,595,077</td>
<td>25,988,115</td>
<td>1,606,962</td>
</tr>
<tr>
<td><strong>Net actual cash position as at the end of 2013</strong></td>
<td>7,523,002</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Net Cash Surplus for 2014**
240,613
The major changes in expenditure are mainly relating to the following:

- The increase in salaries is purely related to the increase in COLA and salary increments as per collective agreements, which has been taken to be at an average of 4.5%;
- The increase in contractual obligations arise mainly from the new increased need for cleaning services, careworkers and nurses with the opening a new Female Dual Diagnosis Unit, upgrading of the services of the Half Way house into the new Rehabilitation Unit and the replacement of retired public officers through sub contracting.

**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. These were financed entirely from the Capital Vote 7172 except for the amounts indicated under line items “improvement to property” and “equipment” in financial highlights above. The following projects were completed during the year:

**New Female Dual Diagnosis Unit**: The need was increasingly felt for a new unit to house female patients with dual diagnosis who were previously treated together with other female patients. This unit was commissioned in June 2014 with an investment of €80,000;

**New Rehab Unit**: The purpose of a new unit was to house the ex-Half Way House patients who had to be relocated in order to provide space for a new child and adolescent centre. This unit was incorporated as part of Female Ward 3A with an investment of €45,000. The Female ward 3A was also upgraded with an investment of €37,000 that will also continue in 2015;

**New Reverse Osmosis System**: new domestic reverse osmoses were installed in each section in order to allow for high quality potable water to staff and patients. This investment amounted to €10,500;

**New food trolleys for all wards**: the food trolleys were very old and needed significant repairs. With an investment of €44,000 all food trolleys replaced with a benefit to the patients;

**New Pharmacy Refrigerators in wards**: new refrigerators were purchased with an investment of 17,500 with the aim to ensure proper storage of medicine in wards and to facilities the ward top up system that was introduced during the year;

**Various upgrading works**: A substantial amount of upgrading took place around the hospital premises. These amounted to €76,000, some of them being upgrading of the steam system in kitchen, gypsum works, aluminium works, paintings and construction membrane, new air conditions, and IT equipment.

**Programmes and Initiatives**

During the year there were two specific votes categorized as Programmes and Initiatives for MCH. These were utilised as follows:

**Vote 5509 – SECTORISATION**: this programme aims to provide community mental health service in various sectors of the country being either clinical services, occupational and rehabilitation services and also residential sheltered housing. Currently, the programme caters mainly for the central and southern regions of the Island, with the aim to expand the services to the northern sector and Gozo. During the year, the cost of €400,000 was incurred in order to
consolidate the current services that were already existent and functioning to date. The aim is to keep on expanding in 2015.

**Vote 5542 – CRISIS INTERVENTION TEAM**: this aims at reducing psychiatric bed use and provide rapid access to services for persons experiencing a mental health crisis. 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 to extend the hours of service and to improve the quality of service provided. During the year, the cost of €95,000 was incurred in order to consolidate the current services that were already existent and functioning to date. The aim is to keep on expanding this service in 2015.

**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. This system promotes empowerment, decentralisation, efficiency and cost savings. Any savings made by each cost centre during a year 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 2014, the total cost centre allocation and savings/deficit were as follows:

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total cost centre allocation</td>
<td>€1,151,000</td>
<td>€1,112,000</td>
</tr>
<tr>
<td>Total cost centre expenditure</td>
<td>€1,033,000</td>
<td>€1,087,000</td>
</tr>
<tr>
<td>(Deficit)/Savings to be carried forward</td>
<td>€118,000</td>
<td>€25,000</td>
</tr>
</tbody>
</table>

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 materializes into savings.

**Reporting and new initiatives**

During the year, the MCH Finance Department produced the requested financial reports on time, mainly being:

**Monthly Management Reporting** - In order to provide the basis for the Management and the Ministries’ decisions, MHS presents monthly management accounts to the Management Team, to FMCU within MEH and to the FMMU within MFIN. In addition, monthly and quarterly reports are also presented to FMCU particularly relating to contractual obligations, overtime by cost centre, capital commitments and arrears of revenue. This information has always been submitted on time within the 15th day of the following month to the Management and to the respective entity or Ministry.

**Costing and Implementing the Mental Health Act** - In October 2014, the Parliament enacted the last part of the new Mental Health Act which revolutionized the way how patient care is provided against the old systems adopted by the previous law. The Finance Department’s role
was key in costing the initiatives and to report to the Management Team who is entrusted to implement the law. The major contribution lies with budgeting the funds, ensuring on-time utilisation in order not to lose the funds and also reporting progress and providing picture of the financial situation specifically relating to the law.

**System of Health Accounts (SHA)** - Malta continued to present and submit the SHA financial information as requested by Euro-Stat following its first submission in 2012 for 2010 and 2011. The objective is to gather all the necessary data to fill in the extensive SHA questionnaire for the year under review. 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 vs financing agent.

MHS has prepared all the information for the years 2012 and 2013 based on audited figures that will eventually be submitted to FMCU when requested to do so.

**Audit of the Financial Statements** - The audit of the financial statements for the year ended 2013 has been completed in June 2014 with a clean unqualified opinion by the auditors, however with a serious attention given to the going concern issue arising out of the significant accumulated net liability position (which evolved beyond the management control).

**Ad hoc assignments:** Various ad hoc assignments were required during the year. The major ones were:

- Comprehensive Spending review requested by MFIN;
- Average Cost data for the year 2013;
- Catering audit;
- Analysis of the food portions served;
- Overtime analysis versus absences;
- Kitchen feasibility study i.e. outsourcing versus keeping the operations internally.

There were also a lot of Parliamentary Questions, particularly requesting information on:

- Consultancy costs incurred;
- Creditor days and payments;
- Purchase methods;
- Tenders and contracts; and
- Variations on contracts

**Business plan:** A business plan for the years 2015 was submitted in June 2014 while the budget request for 2015 was submitted and discussed with FMCU in July 2014. Both documents present the Management’s request for operational funding, capital expenditure and also for new programmes and initiatives. These documents are compiled following the receipt of requests from the various Heads of Sections and following a consultation process to understand the operational needs of the front line operations at MHS.

**Working out the interest accumulated on balances held by patients at the Almoner** - Since various patients hold their funds at the MHS Almoner that are deposited in a savings account or a fixed account with BOV. Any interest accumulation has to be calculated in case this is claimed by any of these patients. In liaison with the Bank, this has been worked out for each patient and
a system is in place to ensure that future transactions and balances are available to work out this accumulated interest on a yearly basis.

**New SEPA regulations and compliance** - As from February 2014 all payments made via internet banking started taking place through an IBAN and no longer through the accounts number. During the year the Finance Department gathered the IBAN codes and BIC of all the suppliers and staff and made the necessary arrangements with the Bank and software providers so as to make sure that adherence to this new initiative was in place before the end of the year.

**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 Central Procurement and Supplies Unit (CPSU) to ensure compliance to regulations, enhance the procurement process with increased transparency, equal treatment and promote fair competition among suppliers. This in turn provided MCH with better pricing on items and enhanced competition;
- 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;
- The direct allocation of the daily kitchen costs to the respective cost centres. This increased accountability, improved cost allocation and enhanced control over the main kitchen consumption;
- 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 cost, a new 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. It transpired that on a monthly basis there is a direct relationship between the level of absences and overtime in wards; and
- 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.

**Conclusion**

The internal controls and enhanced control environment helped to maintain the financial burden for the provision of the Mental Health Services to the bare minimum. However this does not eliminate the accumulated liabilities and the financial cash deficit of the Hospital. This means that
the target for 2015 is to keep on consolidating the level of operations by improving the quality of service and minimizing the unnecessary cash deficit accumulation.

**FINANCE: SIR PAUL BOFFA HOSPITAL**

The year 2014 was particularly challenging for the accounts department of Sir Paul Boffa Hospital (hereinafter referred to as ‘SPBH’) since it experienced several changes in leadership of this same department at a critical time when migration was taking place.

**FINANCIAL HIGHLIGHTS**

**Budget Surplus**

The budget process included Budgeted Expenditure for the migration from SPBH to the Sir Anthony Mamo Oncology Centre (hereinafter referred to as the ‘Centre’) which was planned for 2014. In December, the Oncology Outpatients Clinic was successfully migrated to the Centre. However, the Centre will be fully functional once all the Wards and support services related to Oncology are migrated to the Centre. This is anticipated to occur sometime in June 2015. The Budget for 2014 was drawn up with a view of a full migration by the end of 2014 and since not all Wards and support services forming part of the Centre were actually migrated, SPBH had a surplus of funds at year end.

**Capital Investment/Expenditure**

The principal capital investments made during the year under review were the hire purchase of three (3) Monaco & FocalSim Planning Systems, essential for more accurate diagnostic purposes and treatment planning for patients undergoing oncological therapy in line with the declared policy of the administration to give a service of excellence to cancer patients. The hire purchase agreement in question was signed in 2014 at an agreed purchase price of nine hundred and forty-one thousand three hundred and nine euro (€941,309), payable in twenty (20) quarterly payments.

Another noteworthy capital investment (entered into in 2014) was the commissioning of two (2) new Linear Accelerators for a total value of ten million, six hundred and ninety-six thousand, three hundred and thirty-one euro (€10,696,331), of which the sums of two hundred and fifty-one thousand and twenty-one Euros and six cents (€251,021.06) and eighty-seven thousand and three hundred and eighty-nine Euros (€87,389.00) were respectively paid for the purchase price and for the commissioning.

**Internal Procedures**

Several shortcomings in internal controls were noted, in particular in procurement procedures. These weaknesses started being addressed and new processes were put in place. There was ample progress in this respect in the year under review, when one considers the limited resources, however, the situation is still far from satisfactory. The management will continue to strive towards strengthening the internal controls.
Financial Highlights

RHKG like other entities endeavours to manage cost containment in an environment of scarce resources. The reason for the increases in expenditure has been a steady expansion in services. The hospital has been increasing its bed capacity from 2010 till 2013. This in turn meant an increase in recurrent expenditure which was not mirrored with the same percentage increase in income. As a result, for the last 4 years the hospital has been operating with cash deficits which have been accumulating and have been carried forward to subsequent years.

Capital and refurbishment projects

The Rehabilitation Hospital Karin Grech has been investing in refurbishment over a number of years. The year 2014 saw the refurbishment of Rehabilitation Ward 4 and the Amputee Rehabilitation Unit. Investment was also made in Medical equipment and general equipment.

**Amputee Rehabilitation Unit**

The ARU is in the ex St. Luke’s Hospital building and needed a complete overhaul. This consisted of rewiring, installation of a fire alarm system, installation of an intercom, new air conditioners etc. This Unit is an out-patient unit and it gives a service to patients who have undergone an amputation, helping them to function in the community. The amount spent on this refurbishment in 2014 was € 25,025.

**Rehabilitation Ward 4**

RW4 was refurbished in 2014, with new wiring, new bathrooms, floor polishing, new kitchen units, a ventilation system, a nurse call system etc. The expenditure in 2014 was € 76,526.

**Medical Equipment**

A total of € 127,314 was invested in medical equipment, amongst the items procured were:

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital beds</td>
<td>€ 15,761</td>
</tr>
<tr>
<td>Bladder scanner</td>
<td>€ 10,698</td>
</tr>
<tr>
<td>Wheelchairs</td>
<td>€ 30,210</td>
</tr>
<tr>
<td>Other items</td>
<td>€ 70,645</td>
</tr>
</tbody>
</table>

Other items included: couches, shower chairs, occupational therapy workbench, physician scales, bladder scanner accessories, personal alarms, etc.
General equipment

The investment in general equipment consisted of:

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air conditioners</td>
<td>€ 7,771</td>
</tr>
<tr>
<td>CCTV cameras</td>
<td>€ 1,781</td>
</tr>
<tr>
<td>Computers</td>
<td>€ 7,963</td>
</tr>
<tr>
<td>Fire alarm and nurse call system</td>
<td>€ 22,967</td>
</tr>
<tr>
<td>Others</td>
<td>€ 38,456</td>
</tr>
</tbody>
</table>

System of Health Accounts

Every year RHKG along with other entities prepares a report as requested by Euro-Stat. This report is known as the System of Health Accounts and its aim is to classify expenditure according to function, e.g. day care patient cost vs. inpatient cost. This report requires extensive data gathering.

Comprehensive Spending Review Budget 2015 requested by MFIN.

This report showed: present outputs, repercussions if output ceases, use of potential savings and an explanation of growth of the line item.

Other reports prepared in 2014 included:

- Laundry cost analysis;
- Cleaning hours versus area needs;
- Hospital cost per bed night;
- Preparation and continuation of standard operating procedures;
- Parliamentary questions sample of information required:
- Consultancy costs;
- Tenders and contracts;
- Overtime data;
- Direct orders list;
- Business Plan.

A business plan for 2015 was prepared and submitted to FMCU. This plan incorporates capital expenditure forecasts in detail and line by line projected recurrent expenditure and reasons for variations over the previous year.

SEPA regulations

All payments made electronically as from February 2014 had to conform to SEPA regulations whereby payments had to take place through an IBAN number. All the data, i.e. IBAN and BIC
numbers of all of RHKG’s employees was gathered and forwarded to our bank. Adjustments to our software took place to accommodate this change.

**Internal procedures**

**Time keeping**

Contractual cleaners used to sign-in in the earlier part of 2014. After an audit of this practice it resulted that the signing in was not always correct or complete and the signatures sometimes illegible. An exercise was carried out to enforce the method of electronic palm reading for all contractual cleaners. The electronic readings are later compared to the invoice from the supplier before effecting payment.

**Laundry cost containment**

In an effort to cut costs, the system of distributing laundry was changed. From a system whereby the supplier accompanied by an officer of RHKG distributed linen to the wards, the laundry is now received in a store and the Nursing Officers order the amount they need, instead of the old top-up system. This method resulted in a saving of approx €5,000 a month.

**Consumption reports**

At the end of each month each cost centre receives a report listing the description, quantity and value of materials consumed. These reports have served to raise awareness regarding waste and have prompted cost savings.

**The regularisation of irregular contracts**

2014 saw a large endeavour to regularise the contracts that were entered into years ago outside the proper government regulations:

**Cleaning and Food Handling Services**

Gafa Saveways was engaged by ZCH in 2006, when the migration to RHKG happened in 2010, management started to write specifications regarding a cleaning tender. This went on for several months as there were several corrections. In 2011, the FC submitted commitment forms and a tender document file DH 5477/2011 to Central Procurement Supplies Unit. Ever since then the tender was never issued because CPSU needed to issue a tender for the whole Health Dept and for various reasons was unable to do so. In March 2014, the FC sent other commitment forms (file DH 1462/2014) to CPSU to issue a quotation with an extended threshold for cleaning services. This was issued, and we are now waiting to award this quotation. In the meantime, RHKG has been authorised to issue a direct order.

Conclusion: from the year 2010 RHKG has been striving to rectify the situation.
**FINANCE: PRIMARY HEALTHCARE SERVICE**

In 2014, the Accounts and Procurement section continued to achieve more financial autonomy from central level. During the year the Accounts Section issued an approximate number of 4600 payments, which included payments pertaining to the National Screening Unit.

**Operational & Maintenance Expenses**

One of the targets during the current year was to decrease the shortfalls which had accumulated in previous years. The increase in expenditure was attributed to the settlement of outstanding amounts at the beginning of the financial year. The outstanding balances decreased from €351k to €131k, i.e. by €220k. Hence, the net increase for the year amounted to €77k which resulted from increases in contractual rates for services rendered especially in the cleaning contract.

**Programmes & Initiatives**

€900,000 was allocated to the National Screening Programme which falls under the responsibility of Primary Health Care. This vote covers all the expenditure pertaining to the programme including salaries (41%), capital (17%) and recurrent (42%) expenditure. This latter includes costs related to clinical supplies, maintenance agreements of the specialised equipment and software and information services expenditure.

**Capital Expenditure**

During the year, Primary Health Care continued its refurbishment and innovation programme. The amount of €561,829 was allocated for Capital Expenditure during 2014.

**Health Centres Refurbishment:** The refurbishment of Rabat Health Centre was completed in the first quarter of 2014 with certification of completed works amounting to €300k. Furthermore, retentions on the Mosta Health Centre refurbishment were disbursed during the year amounting to €20k.

**Works related to the installation of Digital X-ray machines:** Works and ancillaries were undertaken before the Digital X-ray machines, financed through ERDF funds, were installed. Total cost of these works amounted to €116k. During the last quarter of the year both Floriana and Paola Health Centres were equipped with the Digital X-ray machines.

**Equipment:** Procurement of new equipment was needed across all Health Centres due to ageing items and expansion of services. The investment amounted to €40k.

**Devolution of clinics (bereg):** Devolution agreements with 6 Local Councils were signed during the year. The agreement included upgrading the Bereg with new and modern equipment to be able to provide a better service to patients at their locality. The cost of this new initiative amounted to €17k.

**REVENUE SECTION**

The Revenue Section continued to receive funds collected by the National Immunisation Programme and Occupational Health Section for services rendered to various government Entities, and deposited them at the Central Bank. It also dealt with the occasional cheque from staff who was requested to make a refund.
The Vision Statement of this unit is to be an integrated and motivated organization within a multi-disciplinary network, working together with all departments to achieve the seamless Procurement of value-added supplies, works and services throughout the Government Healthcare System, based on the principles of fairness, transparency and non-discrimination between economic operators and which promotes best value for money.

Strategic Plan which is being adopted to achieve Objectives:

- Harmonization & Integrations of the Procurement and Supply Value Chain;
- Inter-Communications between the Stakeholders;
- Re-Dimensioning the Tendering Process Chain with Key Performance Target;
- Terms of Award – Eliminate Administrative Burdens & Excessive Costs;
- Tender Instruments Applied.

Registration of Pharmaceuticals with the Malta Medicines Authority

- New clause set gives 150 days to awardee to register. If not, contracting authority will either register or purchase on supplier’s account.

Evaluation Process of Tenders – Clinical / Technical champions

- re-designed around strategic sourcing on the one hand where-in this function will be responsible for the life cycle of a tender and for the management of the evaluation process and on the other hand around clinical/technical procurement specialists;
- where-in this function will be responsible for the professional clinical input required for evaluation – with such knowledge to be strengthened by clinical/technical professionals from the different disciplines on an exception basis where items under procurement are of a certain degree of complexity and where further specialist knowledge is warranted.

Appeals of Tender Awards & Dedicated Review Board

- MEH constitutes approximately 50% of the work that flows into the Department of Contracts;
- MFEI and DOC to have an ad hoc Public Contracts Review Board that is solely focused on pharmaceutical and medical supplies is constituted;
- re-aligning the Department of Contracts in a manner that see it sets up within it a MEH portfolio management function to streamline, fast track and smoothen communications between this new Organization and the Contracts Department;
- health tenders are treated as other tenders is not in the public interest. Apart from the financial consequences that such delays give rise to, there is the consequential and more damaging impact, on the discontinuity of supply in the distribution of pharmaceuticals and medical supplies.
Delivery Periods, ‘Just in Time’ & Top-up Stock Management

- a base delivery time frame of 12 weeks with regards to pharmaceuticals and medical materials on the condition that suppliers will enter into a formal agreement with the Organization that they will maintain a stock base in Malta;
- price formula established for evaluation include the cost to the Organization with regards storage, distribution, and other related logistics and in order to incentivise suppliers to seek delivery periods that improve on the base line period in order to secure a competitive edge on other suppliers;
- establishes the volumes required and how the volumes are anticipated to be supplied on a best estimate basis so that the suppliers are provided with information that will allow them to plan more effectively and in doing so provide a higher quality of service.

Organizational Reform

The present Procurement & Supplies Department was broken down so that reform is rendered manageable to the extent possible and the reform is done externally to the operational process. We are also working to have the responsibilities for the procurement of all high volume pharmaceutical products, bulk medical supplies and medical equipment assigned to the new Organization whilst the purchasing & budgetary responsibility is devolved over to the Entity. The presented model was included within the Organisational Framework as proposed through DG (Finance & Administration) and is now being implemented within CPSU.

The present procurement and supplies department is being re-engineered and re-structured into the following core business functions;

- Procurement & Contracts Department;
- Clinical/Technical Assessment Management – Technical & RP Department;
- Supply & Distribution Chain Management – Supplies & Distribution Department;
- Knowledge and Market Management – Logistics Department;
- Support Services Management – Finance & Administration Department.

PROCUREMENT & PURCHASING DEPARTMENT

In the light of the 2012 reform within the Ministry for Energy & Health [MEH], throughout 2014, the Central Procurement & Supplies Unit [CPSU] continued with the appointed structure of procurement liaising officer to each entity within MEH as follows:

Medicines, Medical equipment and Biomedical consumables and surgical devices

- NBTC
- MDH Pathology
- MDH Dental
General Supplies & Services:

- MEH;
- Environmental Health;
- DHIR;
- MDH;
- SPBH then NOC;
- PHC;
- SVPR;
- RKGH;
- Mental Health;
- GGH.

Internal liaison with respect to entity customer demand and procurement processes has been set with the respective entities for a standard holistic process.

Within the procurement process there is mixed expertise ranging from technical to clerical. Improvements have also been introduced in assigning one evaluator for medicines and medical/surgical supplies and opting for evaluation of the cheapest technical bid increasing the efficiency of the process. For non medicines, this improved further since there was the start of an in-house nursing team which needs to have a full complement so that more than 75% of the tenders/contracts will be evaluated internally.

New CPSU Personnel continued to attend for training session on the use of the Electronic Public Procurement System [EPPS] throughout 2014. In July 2014, in-house induction training was initiated for the new recruits and the trainees that were internally transferred to do procurement functions. In all 8 persons were trained by a technical officer in house and the full training took 2 months while they initiated work as well. An ICT officer is leading the processes through ePPS registration; current and future projects relevant to procurement, finance and stock management.

Further internal meetings between CPSU and DoC have been held in order to discuss the best way forward to progress matters. EPPS shall in the near future allow the use of dynamic purchasing systems and e-auctioning; through which CPSU shall benefit on attaining efficiency relating to financial expenditure.

The annual suppliers conference was organised on the 17th of October 2014 where issues promised the year before, such as single bonds processing was implemented and launched. Other new proposals were discussed such as company profiling and time based agreements being set. CPSU is still meeting all suppliers on an individual basis to strengthen the process and communication.

Regular monthly meetings were held between CPSU and Chamber of Commerce and other stakeholders, where various issues were being discussed relating to tendering, contractual conditions and electronic procurement methods. As a result of these meetings further changes have been made to the tender dossier templates.

New clauses include the possibility for medicines’ registration after knowing that the bid has been awarded to the actual supplier, the clause where it asks supplier to hold stocks at his end or be able to supply within 5 working days, and that preferably for solid oral dosage forms the contracting authority is going for blister packs with the objective of outpatient dosing.
A new website is being set with the objective of user friendliness and data updates including links to the facebook and twitter page.

**Contracts : Medicines, Medical Equipment and Surgical Devices**

The function of the Contracts Section at CPSU involves various processes whereby Contract Agreements for the purchase of medicines and medical equipment, consumables and surgical devices are awarded following requests for offers made either through Calls for Tenders or through Calls for Quotations.

The preparatory process of contracts prior to the eventual issue of awards is quite elaborate and depends on the technical advice submitted by various specifiers and users.

Evaluation Reports in respect of Tenders are discussed and adjudicated at Committee level. Evaluation reports are then referred to the Departmental Contracts Committee or General Contracts Committee [as the case requires] for subsequent award or otherwise.

**Contract Agreements issued in 2014**

<table>
<thead>
<tr>
<th>Total Number of Contract Agreements</th>
<th>Type</th>
<th>CA by Category</th>
<th>Total Values</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Medicinals</td>
<td>Medical Equipment</td>
<td>Contracts</td>
</tr>
<tr>
<td>Tenders</td>
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<td>260 370 62 560</td>
<td>€25,100,568</td>
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<td>Negotiated Procedures</td>
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<td>24 1 - - - - -</td>
<td>- - - - - - - -</td>
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<tr>
<td>Total</td>
<td>655</td>
<td>284 371 62 560</td>
<td>€25,100,568</td>
</tr>
</tbody>
</table>

**Negotiated Procedures: Proprietary Items**

Another exercise being carried out by CPSU for medical devices and medicinal products is that of determining supplies which are of a proprietary nature and the issuance of tenders through open procedures is not feasible. Negotiations are based on:

- patent expiry date – we have now a monitoring patency function in place through the Health Intelligence Unit;
- stipulated branded specifications;
- urgency of item;
- cost savings expected.

In 2014, the function had to be reduced to HR issues and other urgent priorities; however 25 negotiations were undertaken where prices were high and where medicines were innovative (3) where we had direct cost savings.
Calls for Quotations

Relevant calls for quotations are published in the Government Gazette and Departmental CPSU website (www.ehealth.gov.mt). Since 1<sup>st</sup> August 2013 all published Calls (Tenders and Quotations) are being issued through the E-Procurement portal (EPPS) and offers are also submitted online. These are divided under Drugs and Medical Devices.

Financial Approvals in 2014 (following a published Call for Quotes)

<table>
<thead>
<tr>
<th></th>
<th>Total Number of Financial Approvals</th>
<th>Type</th>
<th>Total Values</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Medicinals</td>
<td>Medical Equipment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Medicinals (EURO)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Medical Equipment (EURO)</td>
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<tr>
<td>Thro’ Dept of Contracts</td>
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<td>13</td>
<td>13</td>
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<tr>
<td></td>
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<td>3,645,353</td>
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<td>Thro’ MFIN</td>
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<td>12,310,041</td>
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</table>

Financial Approvals in 2014 (Direct Order - No Published Call for Quotes)

<table>
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<tr>
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<th>Total Number of Financial Approvals</th>
<th>Type</th>
<th>Total Values</th>
</tr>
</thead>
<tbody>
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<td></td>
<td>Medicinals</td>
<td>Medical Equipment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Medicinals (EURO)</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>Medical Equipment (EURO)</td>
</tr>
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<td>162</td>
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<tr>
<td></td>
<td></td>
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<td>24,620,082</td>
</tr>
</tbody>
</table>

Contract Agreements

CPSU started adapting from 1 year Contract agreements to four (2+1+1) year contract agreements in order to benefit from economies of scale whilst reducing administrative burden at CPSU, an exercise has been carried out to produce therapeutic grouping for specific medicines basing it on a maximum of 50 lots as per ePPS maximum uptake.
Extension of Contracts 2014

<table>
<thead>
<tr>
<th>Total Number of Extensions</th>
<th>Type</th>
<th>Total Values</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Medicinals</td>
<td>Medical Equipment Medicinals (EURO)</td>
</tr>
<tr>
<td></td>
<td>58</td>
<td>27</td>
</tr>
</tbody>
</table>

Contracts: General Goods, Services

Through the continuous influx of erratic urgent requests, the department is moving to group general store items under time based agreements. The same system will be adopted for the engineering and biomedical engineering departments. In fact currently through the logistics unit the customer demands requested for non-medicines is being collated. The following includes procurement with respect to the various entities of CPSU excluding medicines and medical/surgical devices.

CPSU – Procurement Report [all entities]

<table>
<thead>
<tr>
<th>Procurement Procedure</th>
<th>No. of Files</th>
<th>Approx Value Including VAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Departmental E-Tenders Published</td>
<td>177</td>
<td>€8,278,285</td>
</tr>
<tr>
<td>Departmental E-Tenders At Evaluation Stage as at end of year 2014</td>
<td>17</td>
<td>€484,519</td>
</tr>
<tr>
<td>Departmental E-Tenders Awarded</td>
<td>83</td>
<td>€3,097,003</td>
</tr>
<tr>
<td>CT E-Tenders Published</td>
<td>21</td>
<td>€29,141,516</td>
</tr>
<tr>
<td>CT E-Tenders At Evaluation Stage as at end of year 2014</td>
<td>2</td>
<td>€1,958,000</td>
</tr>
<tr>
<td>CT E-Tenders Awarded</td>
<td>19</td>
<td>€27,851,428</td>
</tr>
<tr>
<td>Direct Orders Value up to €6,000.00</td>
<td>746</td>
<td>€1,481,692</td>
</tr>
<tr>
<td>Direct Orders Value above €6,000.00</td>
<td>183</td>
<td>€16,540,748</td>
</tr>
<tr>
<td>Number of Requests Received</td>
<td>3652</td>
<td></td>
</tr>
<tr>
<td>Call for Quotations [incl. Extended Call for Quotes]</td>
<td>3316</td>
<td>Approx: €9,812,880</td>
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<tr>
<td>Evaluation Reports</td>
<td>2674</td>
<td>N/A</td>
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<tr>
<td>Purchase Orders</td>
<td>2190</td>
<td>N/A</td>
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<tr>
<td>Local Purchase Orders - Commitments</td>
<td>2226</td>
<td>Approx. €352,750</td>
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<tr>
<td>Letter of Acceptance Las</td>
<td>773</td>
<td>Approx. €1,780,795</td>
</tr>
<tr>
<td>Service Agreements</td>
<td>318</td>
<td>€395,829</td>
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<tr>
<td>4</td>
<td>€15,881</td>
<td></td>
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<tr>
<td>105</td>
<td>€3,002,762</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>€4,659</td>
<td></td>
</tr>
</tbody>
</table>
Work Flow Procurement System: Medicines, Medical equipment and Surgical Devices

This is part of a new process flow with the main objective to eradicate manual files and backlogs with the final aim of having an Enterprise Resource Planning [ERP] system.

- Conducted a therapeutic area grouping for medicines – 32 classes;
- Eliminated bureaucratic steps and facilitated functions through efficient Key Performance Indicators and dashboard monitoring;
- Analysis of inventory with other stakeholders to stop procuring items with Nil Annual demand and write-offs the government formulary list. The modules in the ERP will include a procurement, stock management and accounts system for optimal visibility and a holistic approach;
- Approvals of exceptional treatment and new medicine treatment are always out of the retrospective forecast and long away from the number of patients stipulated initially. Thereby CPSU is trying to liaise with the epidemiologist to have more accurate data. In this regard, a forecast system is being undertaken with the coordination of an economist.

Evaluations

The pharmacists since June started evaluation food items, radiopharmaceuticals and medical gases thereby reducing the process further. This section managed to do a lot with the few resources assigned. 737 evaluations have been completed.

A pilot project was initiated to start evaluations of non-medicines in house since June with the nursing complement working at CPSU. 164 evaluations have been completed.

Key Performance Indicators

During 2014, the consolidated list is being updated weekly and graphical representations analysed accordingly. CPSU embarked in further improvements to the new consolidated shortage list which emphasised the importance of good ordering and distribution systems among entities.

Each and every country has shortages however with this system and other parameters this can be controlled further.

According to shortage monitoring list across the entities, in January there were 129 items out of stock and by December it was 65 items, including non medicines and medicines. According to POYC out of stock list, in January there were 30 items out of stock and by October in fact there were NIL items out of stock. By end of December there were 3 items out of stock due to international sourcing issues.

According to MDH out of stock list, there were 37 items out of stock in January and 19 items in December, some of the items were mostly through international shortage, and an erratic increase in consumption not tallied with its actual customer demand.
Health Intelligence Unit (HIU)

Since September 2014, the medicines alert project on medicines shortages was initiated with the objective to have no treatment interruptions.

With respect to medicine reviews in correlation with international and local scenarios 17 sub-therapeutic areas have been identified. These are being addressed accordingly.

<table>
<thead>
<tr>
<th>Task</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic (off-patent)</td>
<td>37</td>
</tr>
<tr>
<td>Batching diff strengths/forms in one tender</td>
<td>35</td>
</tr>
<tr>
<td>Change specs</td>
<td>31</td>
</tr>
<tr>
<td>Delete specs</td>
<td>31</td>
</tr>
<tr>
<td>Negotiation procedure</td>
<td>47</td>
</tr>
<tr>
<td>Therapeutic substitution</td>
<td>1</td>
</tr>
<tr>
<td>Changes to gfl</td>
<td>25</td>
</tr>
<tr>
<td>Guideline / protocol review</td>
<td>13</td>
</tr>
</tbody>
</table>

Emergency Response Unit

Between May and June, a pilot test was organised to reduce bureaucracy and to obtain quotes and delivery of orders in a timely manner. This involved recruiting an internal team that does every single process weekly: issuing of quotes based on entity out of stock and low stock levels, evaluations, registration and ordering. This process led into an effective service until the normal route process was back in place.

Time-Based Contracts

In September, 5 new recruits started being trained to work on these grouped contracts that will be valid for 2 years with a possibility of extending year by year for a maximum of 4 years. The process incorporated general store items with the turning priority on Medicines. The medicines have been grouped under therapeutic classes and by end 2014, one was published through
DOC and bids received by November and the second one has been for vetting at DOC since November. It is planned that by the end of June all the time based agreements for the medicines would have been published with most of them evaluated and half of them awarded. This will increase work efficiency, reduce stock holding including reduction of shortages and wastage.

**Finance & Administration Department**

During 2014 the following targets were achieved:

- During 2014, the Government allocated CPSU €78,000,000 to finance the purchase of medicines, medical devices, prosthetics and orthotics. Throughout the year, this was augmented by further injections of €10,550,000. All funds were used to purchase additional medication/devices, with a minor decrease in the year-end liabilities. The trade creditors stood at €24,725,066 as at December 2014;
- During 2014, the creditors’ days were reduced from 112 to 102. This is the result of significant effort done by CPSU to maintain the overdue (over 60 days) creditors as low as possible;
- Throughout the year 2014, CPSU maintained a steady payment schedule on monthly basis until funds were depleted. This was very well appraised by the business community, as the economy was stabilized through the stable flow of payments. It offered higher levels of trust amongst the business community and CPSU;
- During 2014, CPSU continued with the full adoption of a single bond, against all contracts rendered through CPSU, covering Departmental tenders, and Department of Contracts tenders. The single bond has been extended to cover for all economic activity/transactions rendered to the whole ministry (Health) and shall also cover all capital projects, subject to being funded from Malta funds;
- All administrative and payroll costs were never recorded in the financial records of CPSU. CPSU now holds a record of payroll costs (Excel format) for salaries, with the appropriate cost centres;
- Accounts section has reduced further the bureaucratic process for processing payments, time savings in processing of invoices was increased during 2014, due to the fact that a review revealed that the actual procurement file needed not be present each time an invoice was being processed; Hence invoice processing is now even easier as the actual invoice as long as accompanied by the GRV’s and the procurement officers order. This reduced significantly time which was literally wasted looking for files and shifting piles on piles of files to process a payment or a particular invoice;
- We are pleased to note that the forecasting technique used during 2014 budgetary estimates and overall financial planning was very accurate based on the use of an array of past statistical data;
- During 2014, CPSU finance section has implemented a serious of reviews and comparisons between actual monthly consumption and issuances of all entities with annual demand projections prepared by entities. The plan is to intensify on the accuracy of the forecasting model;
- During 2014, CPSU continued to handle revenue for income generated from the participation fees for tenders, objections to tenders and any other miscellaneous receipts;
- In addition to the usual receipts, receipts from sales of medicine to third party authorized pharmacies started to be processed by CPSU stores and accounts. These transactions are for exceptional cases whereby pharmacies seek to purchase on behalf of patients particular products or medicines which are hard to find or are out of stock in the open market. Such revenue is on cash basis, and is recorded
against the actual Medicines vote, as such money would then be re-used to re-stock same item to compliment the demand of the entities;

- We are pleased to note that although there was an increase in the workload, additional staff was not engaged and the staff member who was contracted from a secretarial company was not replaced when the member resigned.

The following table summarises the transactions made by CPSU and shows the actual expenditure.

<table>
<thead>
<tr>
<th>For the year ended 31 December 2014</th>
<th>Purchases</th>
<th>Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Euro</td>
<td>Euro</td>
</tr>
<tr>
<td>January</td>
<td>16,349,472</td>
<td>22,716,967</td>
</tr>
<tr>
<td>February</td>
<td>5,661,866</td>
<td>9,678,701</td>
</tr>
<tr>
<td>March</td>
<td>4,499,567</td>
<td>8,270,601</td>
</tr>
<tr>
<td>April</td>
<td>7,693,005</td>
<td>2,701,093</td>
</tr>
<tr>
<td>May</td>
<td>5,862,536</td>
<td>4,457,555</td>
</tr>
<tr>
<td>June</td>
<td>5,396,064</td>
<td>6,241,329</td>
</tr>
<tr>
<td>July</td>
<td>8,321,028</td>
<td>9,017,737</td>
</tr>
<tr>
<td>August</td>
<td>7,268,343</td>
<td>5,800,155</td>
</tr>
<tr>
<td>September</td>
<td>7,956,675</td>
<td>8,940,678</td>
</tr>
<tr>
<td>October</td>
<td>8,731,778</td>
<td>7,082,194</td>
</tr>
<tr>
<td>November</td>
<td>5,841,041</td>
<td>487,589</td>
</tr>
<tr>
<td>December</td>
<td>5,997,837</td>
<td>4,393,731</td>
</tr>
<tr>
<td></td>
<td>89,579,212</td>
<td>89,788,330</td>
</tr>
</tbody>
</table>
During the year 2014, CPSU have increased drastically the overall stock turnover. The stock turnover almost doubled. This came through by the implementation of ordering patterns which were reduced from six monthly, to three monthly, to two monthly, and hopefully CPSU is planning to move to a monthly ordering pattern, which will further increase the stock turnover to at least once monthly.
In line with the above positive improvement in stock turnover, overall stock holding reduced within the region of Euro 20,000,000. This shows strengthened stability in maintaining adequate stock levels.

Creditors ageing, and prompt payment to creditors was a main priority for CPSU during the past year, through the monthly financial monitoring and reporting. CPSU makes sure to keep creditors in line with the transposed legal notice 272 of 2012, basically by keeping creditors over 60 days at a minimum. The minimal creditors within this level were well below Euro 2,000,000 for most of the year, except for the last month, whereby due to the lack of funds the ageing grew slightly out of control.

![Creditors over 60 Days](image)

Similarly, creditors within the 60 day period were kept steady and fluctuated between Euro 10,000,000 and Euro 15,000,000 mark for most of the year except for the last month, where CPSU did not have sufficient funds to settle its current creditors.

![Creditors within 60 days](image)

CPSU has developed through the monthly reporting, and monthly financial monitoring an accurate forecasting technique, which generated stable projections. The integration of the live
actual data and continual updates in the forecasted annual demand were the main cause to the increased accuracy in the projections, this turned out to be versatile when it came to identifying budgetary shortfalls.

**Capital Expenditure**

CPSU have almost completed the new San Ġwann Stores, which are state of the art premises developed with latest technology and house over Euro 20,000,000 worth of medicinal stocks. The centralization of the stores shall bring significant savings in terms of people management, and logistics.

During 2014, despite the large initial shortfall identified by July 2014, on the project arising for late allocation of budgetary funds, CPSU managed to secure completion and payment of a total of Euro 1,116,697 out of total committed liabilities of Euro 1,340,993. The total project cost was budgeted to the region of Euro 1,800,000 in 2013. It is estimated that by end of 2015, the project would be 100% complete and ready, and no material variations are expected to occur over and above the original estimated cost of the project.

**STORES AND DISTRIBUTION DEPARTMENT**

This section has been established as a unit in End June 2013 and comprised the Stores and Distribution for Pharmaceuticals and Medical Devices, the Strategic Sourcing and Pricing Section, the Interface Section and Responsible Person Office.

Throughout 2014, the unit has gone through a re-structuring process and lost two sections, namely the Strategic Sourcing and Pricing Section and the Interface Section that have been integrated into the Procurement function. Thus the section could focus and specialize in pure (1) Stores and Distribution functions and (2) their relevant Regulatory requirements.

**Stores and Distribution section**

The Stores and Distribution section, previously made up of three separate and segregated stores at Madliena, Marsa and G’Mangia has undergone great changes in 2014. The acquisition of a factory in San Ġwann Industrial Estate in September 2013 has led to a chain of activities resulting in an EU standard and MA licensed Pharmaceuticals and Medical Devices warehouse at the end of 2014.

The Unit caters for an inventory of 1400 medicinals and over 6000 medical devices distributed to authorised entities including Mater Dei Hospital, POYC, Gozo General Hospital, Paola and Luqa Health Centres, Sir Paul Boffa Hospital, Mount Carmel Hospital, Saint Vincent de Paul and Karen Grech Hospitals. This year has also seen the introduction of sales to several private hospitals, clinics and pharmacies, both human and veterinary around Malta and Gozo.

The centralisation process has led itself to a re-organization of stores and relevant personnel according to stores function, namely Receiving, Stores and Dispatch to achieve more accountability and efficiency. The stores structure also allowed the segregation of small handpicking items from the bulk machine operated picking items. The Medicines Authority requirements also dictated that medical devices be segregated from pharmaceuticals and storage conditions reflected accordingly. The latter involved the installation of devices for processes of temperature mapping and temperature monitoring. The stores are now also catering for the required special and separate requirements of narcotic and psychotropic pharmaceuticals, chemicals and disinfectants.
This year has seen more timely receipt of goods in stores, reducing stock holding at central stores from 6 to 3 months. Via the establishment of strict schedules, more timely and scheduled deliveries of goods to entities have been developed, thus resulting in reduced stockholding on their part. This decrease has been effected from 2 - 4 months’ stock to monthly orders. All these processes have led to a drastic decrease in stock out situations and less amounts of expired items, from containers full to a few boxes at the end of the year. This has also been achieved through great improvement in customer relations with entities via regular meetings with entities, circulars, setting of relevant SOPs and agreed procedures that are being respected by entities concerned.

The number of issues has seen an increase of 31% from 1072 weekly in 2013 to 1404 in 2014. The system of redistribution between entities has been well established this year and the possibility of issuing outstanding and extra items introduced.

Savings from deliveries to and from multiple stores have been made and a procedure has been set up for apportionment of costs per entity in preparation for eventual billing entities that would result in further savings to CPSU.

Stores have also invested in security of stock by the dual action of introducing security cameras and the consolidation of security officers on a 24 hour, seven days a week basis.

Another investment was in training to staff on safe use of forklifts and related machinery and in an administrative officer to cater for all HR and administrative needs that a workforce of 60 personnel requires.

**Regulatory and Quality Affairs**

This technical section deals with quality assurance issues such as drug alerts, complaints and recalls of medicines and regulatory affairs related to the procurement, storage and distribution of medicines by CPSU.

2014 has been an important year for this section as the Stores and Distribution Unit, as the Unit has finally been granted the Pharmaceutical Wholesaler’s license after the necessary steps and processes have been made in place.

Training has been a vital investment, where the Responsible Persons were given training in Quality Management in line with government policy on TQM in 2015. The relevant Quality standards for RPs has been managed through an approved set of operating procedures (by MA) via a system of 23 SOPs as per new GDP guidelines 2014. Stores personnel have for the first time been all successfully trained via established SOPs by the RPs.

The releasing/certification procedures have been highly improved this year. This process where each batch of every medicine received at the stores is released for human consumption after careful examination and full records of product details are kept to provide an information management system for trail keeping; The introduction of an RP for medical devices has greatly improved the releasing system both in terms of quality as well as quantity (from 137 weekly in 2013 to 398 weekly in 2014, an increase of 200%) and timeliness (from up to 6 weeks to a maximum of 2 days).

The pharmacovigilance function has been consolidated with maintenance of registered product licenses for a total of 18 products.
The registration system has also been consolidated in line with 126A, with 6 new products and 44 variation applications for licenses and maintenance of such product licenses.

There has been an increase in quality alerts and safety reports this year with 2 drugs alerts per week and 6 of such investigations resulting in 3 product recalls that were taken up with relevant Marketing Authorization Holders and the Malta Medicines Authority. There have been a number of quality alerts regarding defective medical devices that have been taken up with MCCAA and relevant suppliers.

### Overall Conclusion

Overall this year has been a very interesting, challenging year where a lot has been achieved through the hard work of all involved. It is hoped that in 2015, the improvements and fine tuning required will go on with the same motivation and enthusiasm.

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### NATIONAL BLOOD TRANSFUSION SERVICES

2014 has been another challenging year for the National Blood Service. The continuous struggle to secure the minimum funding necessary to maintain a high level service has been ongoing for years.

Main events:

- Licensing inspection in November 2013. Licence received following positive outcome of inspection;
- The newly refurbished Blood processing unit is fully operational;
- Recruitment of Dr George Galea (a world renowned expert on tissue and Cell banking) on contract started duties in January 2014;
- Preparation of work for the project (ERDF). This involved a massive amount of work;
- Procurement of equipment and freezers for red cell freezing, validation to commence in February 2015;
- In the first full year since closing the Gozo donation centre and using NBTS staff to hold weekly sessions the number of donations in Gozo have marginally increased but the costs have markedly decreased;
- Numerous events relating to donor recruitment and retention including events organised around international blood donors’ day on the 14th of June. This is an ongoing process which involves significant time and effort;
- Although things tend to be taken for granted, this was another year without a recorded transfusion transmitted infectious disease. This has been the case at least since 1998;
- Continuous work on the quality system, work which if we had to list would be very significant;
- Not least one should mention the help offered to various entities within the Health division on Quality Systems and Management, including but not limited to the Pathology Department;
- No patient suffered any consequences from non availability of blood;
- Work on finalising an agreement with MAC systems(IT Blood Bank supplier) to upgrade the current obsolete version at an advanced stage.
Donation Department

**Overall View of Donors and Blood Components**

The below tables denotes that in 2014 there was an increase of +100 callers. Actual Donations, i.e. Blood and Platelets Donations were 17454, which means that we had +433 units more than 2013.

One can note in the table below that Mobile Activity (Mobile Blood Donation Unit [MBDU], Mobile Teams and Mater Dei Hospital) has decreased by -427 but there was a +784 at NBTC and +57 from Gozo General Hospital (GGH).

MDH Donation Centre started to operate from the 21st May 2012. At the end of year 2014 it was concluded that MDH activity could be reduced to once a month as from 2015, as the expense involved did not justify the amount of blood collected. MDH will operate once a month; every first Monday of the month starting from 1st Jan 2015. Another Mobile Activity will replace MDH Activity.

In Single Platelet Donation (SDP) production there was an increase of +69 units less than last year. This increase is in SDP production is significant keeping in mind that many of the SDP are doubled doses.

The deferral rate of all donations for this year 2014 is 24.36%, more or less the same as previous years as shown in the table below. The percentage of deferral is rather high in comparison to other European countries.

<table>
<thead>
<tr>
<th>Whole Blood Donations</th>
<th>Year 2014</th>
<th>Year 2013</th>
<th>Difference</th>
<th>2014</th>
<th>2013</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>NBTS</td>
<td>12421</td>
<td>11687</td>
<td>+784</td>
<td>22377</td>
<td>22277</td>
<td>+100</td>
</tr>
<tr>
<td>GGH</td>
<td>1684</td>
<td>1627</td>
<td>+57</td>
<td>16996</td>
<td>16632</td>
<td>+292</td>
</tr>
<tr>
<td>MOB</td>
<td>2891</td>
<td>3318</td>
<td>-427</td>
<td>461</td>
<td>392</td>
<td>+69</td>
</tr>
<tr>
<td>SMOM</td>
<td>0</td>
<td>0</td>
<td></td>
<td>17457</td>
<td>17024</td>
<td>+433</td>
</tr>
<tr>
<td>TOTAL</td>
<td>16996</td>
<td>16632</td>
<td>+364</td>
<td>Deferral Rate</td>
<td>24.36%</td>
<td>25.34%</td>
</tr>
</tbody>
</table>
Educational/Promotional/Special Occasions (Activities)

Various members from the staff at the NBTS participated in these activities. Various talks and discussions were held at schools, colleges and university. Students also visited the blood bank, from fourth to sixth forms and vocational schools. Members from the blood bank also participated in informative spots on the media. This year various advertisements were published for free on prominent local newspaper, journals, radio and TV. Tokens for donors are being requested but as previous years no budget is allocated yet. Sponsorship provided several tokens for donors. A sponsored “Amusement Feast” was held on the 14th June 2014 in Gwardamangia square just right outside the NBTS building in honour of the World Blood Donors Day; in recognition to all involved in blood collection.
Blood Components Distributed to Hospital Blood Banks

**MATER DEI HOSPITAL**

- Leucocyte Depleted Red Cell 13901
- Leucocyte Depleted Red Cell - Aliquot 243
- Leucocyte Depleted Red Cell - Irradiated 901
- Leucocyte Depleted Platelets Aphereses 122
- Leucocyte Depleted Plts. Apheresis Aliquot 372
- Leucocyte Depleted Plts Pooled 5 Units 786
- Leucocyte Depleted Plts Apheresis IRR 39
- Leucocyte Depleted Plts Irradiated Aliquote 102
- Leucocyte Depleted Plts Pooled Irradiated 5 Units 706
- Leucocyte Depleted Plts Pool 786
- Leucocyte Depleted Plts Pooled Irradiated 5 Units 102
- Leucocyte Depleted Plts Pooled 5 Units 10
- Fresh Frozen Plasma 2554

**MEDICAL LABORATORY SERVICES**

- Leucocyte Depleted Red Cell 497
- Leucocyte Depleted Plts Pooled 5 Units 10
- Leucocyte Depleted Plts Pooled Irradiated 5 Units 2
- Fresh Frozen Plasma 34

**GOZO GENERAL HOSPITAL**

- Leucocyte Depleted Red Cell 821
- Leucocyte Depleted Platelets Aphereses 2
- Leucocyte Depleted Plts Pooled 5 Units 1
- Fresh Frozen Plasma 192

**Conclusion**

On balance 2014 has been a positive year, 2015 promises to be a key year in the development of the service since the decision on ERDF funding will be taken. This decision will impact the service for the next 20 years. Whatever the outcome the service requires to be adequately funded to provide a safe and sustainable blood supply, and if new services are envisaged the appropriate funding has to be provided.
FOUNDATION FOR MEDICAL SERVICES

During the year under review the Finance & Contracts Department (FCU) focused primarily on the following objectives:

- Procurement, Financial Control and Contract management of the 17 contracts of the Mater Dei Hospital Oncology Centre;
- Procurement, Financial Control and Contract management of the Medical Assessment Unit project;
- The financial management of the ERDF employment contracts of both ERDF 196 and ERDF 319 projects;
- ERDF 196 revised budget;
- ERDF 196 & ERDF 319 payments and claims (SFD system);
- ERDF 196 On the Spot Audits/Clarifications;
- Contract Management of other contracts for other MHEC projects (see list attached);
- Contract Management for the Helipad Contract;
- Compilation and publication of ERDF 196 tenders;
- Financial Control over FMS operational cost and project expenses;
- 2013 External Audit;
- Procurement of a number of calls for quotations/tenders;
- Overall Administration Unit of the FMS;
- Successful IAID Audit – ERDF 196.

The Finance Unit (FU) - Detailed Activity for Year 2014

Apart from the management of the day to day operational accounting processes in line with standards and regulations, the FCU is also responsible for maintaining EU documentation in line with the relative guidelines. This documentation is audited by PPCD on a quarterly basis. This prescriptive process of retaining documents, although considered to be positive, is extremely time consuming.

During the year, the unit was responsible for the processing of all financial information relating to the various projects which the FMS was involved in and for which we had to issue back-charging invoices.

The following are the Projects in which the FCU was involved at both contractual management level and cost and financial matters:

- Mater Dei Hospital Oncology Project;
- Medical Assessment Unit – MDH;
- Mosta Health Centre Refurbishment;
- Rabat Health Centre Refurbishment;
- Ex-Port Health Refurbishment;
- Refurbishment of Palazzo Castellania;
- Blood Bank Refurbishment;
- CPSU Refurbishment;
- RHKG;
- Palazzo Castellania;
- Mount Carmel Hospital;
- Construction of Helipad – MDH;
• Floriana HC;
• Paola HC;
• POYC;
• Paola Regional Hub;
• MDH High Degree Isolation Unit;
• National Blood & Tissue Bank;
• MDH Car Park PPP.

The Procurement & Contracts Unit

The following summarises the main activities undertaken by the Procurement & Contracts service arm.

Tenders

The tenders outlined below were compiled and followed up through the various procurement stages up till award or cancellation. They are categorised according to the project with which they are associated.

ERDF196 – Sir Anthony Mamo Oncology Centre – Tenders

The following tenders for the Sir Anthony Mamo Oncology Centre project (ERDF196) were processed during the period of this report:

<table>
<thead>
<tr>
<th>Reference</th>
<th>Description</th>
<th>Type</th>
<th>Status on 31-Dec-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT 3076/2014</td>
<td>Appliances Package 2</td>
<td>Contracts Dept.</td>
<td>No offers</td>
</tr>
<tr>
<td>CT 3156/2014</td>
<td>HP Network Active Equipment</td>
<td>Contracts Dept.</td>
<td>Awarded</td>
</tr>
<tr>
<td>CT 3033/2014</td>
<td>Soft Landscaping</td>
<td>Contracts Dept.</td>
<td>Awarded</td>
</tr>
<tr>
<td>CT 2089/2013</td>
<td>HDR Brachytherapy</td>
<td>Contracts Dept.</td>
<td>Discontinued</td>
</tr>
<tr>
<td>CT 3127/2013</td>
<td>IT Equipment &amp; Peripherals</td>
<td>Contracts Dept.</td>
<td>Awarded</td>
</tr>
<tr>
<td>CT 3011/2014</td>
<td>Photovoltaic (PV) Panels</td>
<td>Contracts Dept.</td>
<td>Awarded</td>
</tr>
<tr>
<td>CT 3192/2014</td>
<td>Car Park and Ring Road</td>
<td>Contracts Dept.</td>
<td>Awarded</td>
</tr>
<tr>
<td>CPSU/1043/2014</td>
<td>Rock Gap Sign Feature</td>
<td>Departmental</td>
<td>Issued 3 times with no offers</td>
</tr>
<tr>
<td>CT 3174/2014</td>
<td>Domestic Appliances &amp; Electronic Equipment</td>
<td>Contracts Dept.</td>
<td></td>
</tr>
<tr>
<td>Not yet available</td>
<td>Domestic Appliances</td>
<td>Departmental</td>
<td>Awaiting publication</td>
</tr>
<tr>
<td>Not yet available</td>
<td>Electronic Equipment</td>
<td>Departmental</td>
<td>Awaiting publication</td>
</tr>
</tbody>
</table>
ERDF319 – MDH Medical Assessment Unit – Tenders

The following tenders for the Mater Dei Hospital Medical Assessment Unit project (ERDF319) were processed during the period of this report:

<table>
<thead>
<tr>
<th>Reference</th>
<th>Description</th>
<th>Type</th>
<th>Status on 31-Dec-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT 3024/2014</td>
<td>Furniture, IT Equipment, Medical &amp; General Ward Items (six lots)</td>
<td>Contracts Dept.</td>
<td>Two lots awarded, four lots unsuccessful</td>
</tr>
<tr>
<td>CT 3221/2014</td>
<td>Domestic Appliances, IT Equipment, Medical Furniture &amp; Waste Containers (four lots)</td>
<td>Contracts Dept.</td>
<td>Publication stage</td>
</tr>
<tr>
<td>CPSU/1076/2014</td>
<td>Multi-Function Vital Sign Monitors</td>
<td>Departmental</td>
<td>Evaluation stage</td>
</tr>
</tbody>
</table>

Other Tenders

The following tenders were also processed during the period of this report:

<table>
<thead>
<tr>
<th>Project</th>
<th>Tender Description</th>
<th>Type</th>
<th>Status on 31-Dec-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paola Regional Hub</td>
<td>Works</td>
<td>Contracts Dept.</td>
<td>Drafting</td>
</tr>
<tr>
<td>Blood &amp; Tissue Bank</td>
<td>Professional Services</td>
<td>Contracts Dept.</td>
<td>Drafting</td>
</tr>
<tr>
<td>Cleaning Services for the FMS</td>
<td>Services</td>
<td>Departmental</td>
<td>Awaiting publication</td>
</tr>
<tr>
<td>MDH Car Parks</td>
<td>PPP – Concession</td>
<td>n/a</td>
<td>Drafting</td>
</tr>
</tbody>
</table>

Contract Management

This section includes those contracts which were managed, or whose management was monitored, by the Unit during the period of this report.

ERDF196 – Sir Anthony Mamo Oncology Centre – Contracts

During this period, the active contracts for the Sir Anthony Mamo Oncology Centre project were the following:
<table>
<thead>
<tr>
<th>WP No.</th>
<th>Contract Ref</th>
<th>Contract Title</th>
<th>Contract Value including VAT</th>
<th>Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>WP 2</td>
<td>CT2473/2007</td>
<td>Construction of bunkers: and the provision of x3 Linear Accelerators for a new Radiotherapy Department</td>
<td>€2,185,806.58 excluding LINEACs &amp; Boffa Bunker (€13,337,924.95 global)</td>
<td>Ergon Projects</td>
</tr>
<tr>
<td>WP 3</td>
<td>CT3083/2010</td>
<td>Design, Development and Build of Mater Dei Hospital Oncology Centre including Supply of Medical Equipment.</td>
<td>€31,045,174.64 (following removal of Novation of Medical Equipment Contract)</td>
<td>BVP</td>
</tr>
<tr>
<td>WP 4</td>
<td>CT2230/2010</td>
<td>Supply, Installation and commissioning of Medical Equipment, Medical Furniture and other related goods and the provision of related services for the Mater Dei Hospital Oncology Centre</td>
<td>€4,528,589</td>
<td>Ergon Technoline</td>
</tr>
<tr>
<td>WP 5</td>
<td>CT3097/2012</td>
<td>Design, Supply and Installation of Furniture and Ancillary Items and the Provision of Related Services for the Mater Dei Hospital Oncology Centre</td>
<td>€1,151,138</td>
<td>FXB</td>
</tr>
<tr>
<td>WP 6</td>
<td>CT3125/2012</td>
<td>Design, Supply and Installation and Commissioning of Storage and Logistics Equipment and the Provision of Related Services for the Mater Dei Hospital Oncology Centre</td>
<td>€377,000</td>
<td>Storage Systems Ltd</td>
</tr>
<tr>
<td>WP 7</td>
<td>CT3112/2012</td>
<td>Supply, Delivery and Installation of Appliances and Ancillary Items and the Provision of Related Services for the Mater Dei Hospital Oncology Centre</td>
<td>€85,724.39</td>
<td>Homemate Ltd</td>
</tr>
<tr>
<td>WP 8</td>
<td>CT3036/2013</td>
<td>Supply and Delivery of CISCO Network Active Equipment and Installation of Wireless Equipment for the Mater Dei Hospital Oncology Centre</td>
<td>€269,014.10</td>
<td>ICT Ltd</td>
</tr>
<tr>
<td>WP 9</td>
<td>CT3156/2014</td>
<td>Supply and Delivery of HP Network Active Equipment for the Mater Dei Hospital Oncology Centre</td>
<td>€101,254</td>
<td>eWorld Ltd</td>
</tr>
<tr>
<td>WP 10</td>
<td>CPSU/CPU/1019/2013</td>
<td>Supply and Delivery of Uninterruptable Power Supply Systems for the Mater Dei Hospital Oncology Centre</td>
<td>€19,295</td>
<td>Constant Power Solutions</td>
</tr>
<tr>
<td>WP 11</td>
<td>CT3033/2014</td>
<td>Site Landscaping (Soft Landscaping Component)</td>
<td>€99,659</td>
<td>ELC Ltd</td>
</tr>
<tr>
<td>WP 12</td>
<td>CT3045/2013</td>
<td>Design &amp; execution of engineering works for the new electrical substation S4 for the Oncology Centre including full integration with Mater Dei Hospital’s power network. (Re-Issued)</td>
<td>€1,619,379</td>
<td>Boffetti</td>
</tr>
<tr>
<td>WP 13</td>
<td>CT3070/2013</td>
<td>Supply, Installation and Commissioning of Magnetic Resonance Imaging (MRI) equipment to be installed at the Mater Dei Hospital Medical Imaging Department</td>
<td>€1,943,600 excluding maintenance (maintenance €765,000)</td>
<td>Triomed</td>
</tr>
<tr>
<td>WP 15</td>
<td>CT3150/2013</td>
<td>Supply and Delivery of Tools &amp; Other Equipment for the Mater Dei Hospital Oncology Centre</td>
<td>€39,987</td>
<td>G&amp;T Imports Ltd</td>
</tr>
<tr>
<td>WP 16</td>
<td>CT3127/2013</td>
<td>Supply and Delivery of Information Technology Equipment &amp; Peripherals for the Mater Dei Hospital Oncology Centre</td>
<td>€330,064</td>
<td>Advanced Telecommunications Systems Ltd</td>
</tr>
<tr>
<td>WP 20</td>
<td>CT3192/2014</td>
<td>Construction and finishing of a surface Carpark and Adjoining Road Works at the Mater Dei Hospital Oncology Centre Using Environmentally Sound Methods and Materials</td>
<td>€178,553.72</td>
<td>Bonnici Brothers Contractors Ltd</td>
</tr>
</tbody>
</table>

*WP 17: Ref: PE10001B23* Installation of Active Equipment at the Mater Dei Hospital Oncology Centre | NA | MITA |

*WP 18: CT3011/2014* Supply and Installation of Photovoltaic (PV) Panels across 1,200m2 of Roof Space at the Mater Dei Hospital Oncology Centre | €152,950 | Solar Engineering Ltd |
ERDF319 – Medical Assessment Unit – Contracts

During this period, the active contracts for the Mater Dei Hospital Medical Assessment Unit project were the following:

<table>
<thead>
<tr>
<th>WP No.</th>
<th>Contract Ref</th>
<th>Contract Title</th>
<th>Contract Value including VAT</th>
<th>Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>WP 1</td>
<td>CT3152/2013</td>
<td>Design and Build of a Medical Assessment Unit and other Related Services at Mater Dei Hospital</td>
<td>€ 8,539,132.05</td>
<td>MA JV</td>
</tr>
<tr>
<td>WP 2 Lot 1</td>
<td>CT3024/2014</td>
<td>Supply, Installation and Commissioning of Furniture</td>
<td>€ 171,717.00</td>
<td>FXB Ltd</td>
</tr>
<tr>
<td>WP 2 Lot 5</td>
<td>CT3024/2014</td>
<td>Supply, Installation and Commissioning of Life Saving Medical Equipment</td>
<td>€ 750,203.76</td>
<td>Technoline Ltd</td>
</tr>
<tr>
<td>WP 4</td>
<td>CT2001/2011</td>
<td>Tender for the Supply of Eleven Ambulances to the Health Division</td>
<td>€ 1,247,454</td>
<td>Technoline Ltd</td>
</tr>
</tbody>
</table>

Other Activities

- **MDHOC Inpatient Meals** – request for addendum to the contract to discontinue supply of meals to Sir Paul Boffa Hospital and commence supply of meals to the Oncology Centre;
- **MDH Helipad** – research and advice on various contractual issues;
- **MDH National Crisis Unit** – participation in planning stage;
- **MDH High Degree Isolation Unit** – participation in planning stage;
- **Paola Regional Hub** – tender to be presented with ERDF grant application in 2015;
- **National Blood & Tissue Bank** - tender to be presented with ERDF grant application in 2015;
- **MDH Car Parks PPP** – formulation of terms of reference for a public private partnership to develop the ex-Helipad site at MDH into a car park as well as to manage all the other car parking spaces within the hospital.

The Cost & Quantity Surveying Unit

The following summarises the main activities undertaken by the Cost & Quantity Surveying service arm.

Tender/Quotations Dossiers Prepared

Issue of Quotations

- FMS-Technical Services for Civil ACAD Technician [FMS/DMF/BSJ/dma/13373];
- Ministry for Energy & Health - Health and Safety Consultancy for Removal of Raised Flooring;
- Ambulance Garage at St Lukes - Consultancy for Fire Alarm [FMS/DAI/BSJ/dma/13485];
- FMS - Technical Services for Civil ACAD Technician extension_02 [FMS/DMF/JCI/dma/13891];
- FMS - Technical Services for Civil ACAD Technician extension_03 [FMS/DMF/JCI/dma/14456];
- FMS - Quantity Surveyor Consultancy Services [FMS/MSI/BSJ/dma/138377];
- FMS - Quantity Surveyor Consultancy Services extension_01 [FMS/MSI/BSJ/dma/14399];
- Oncology at MDH - Electrical Consultancy Service extension_03 [FMS/PMK/BSJ/dma/13654];
- Oncology at MDH - Electrical Consultancy Service extension_04 [FMS/PMK/JCI/dma/13890];
- EOI-Professional & Technical Consultancy Services for Electrical Engineer [FMS/PMK/BSJ/dma/13106];
- Oncology at MDH - Provision of Technical Consultancy Service Electrical Engineer [FMS/PMK/JCI/dma/13984];
- Oncology at MDH - Provision of Technical Consultancy Service Electrical Engineer extension_01 [FMS/PMK/JCI/dma/14289];
- Oncology at MDH - Provision of Technical Consultancy Service Electrical Engineer extension_02 [FMS/PMK/JCI/dma/14440];
- Mount Carmel Hospital - Consultancy Services for Restoration Method Statement YPU 1&2 [FMS/GFA/JCI/dma/14441];
- Mount Carmel Hospital – Consultancy Service for Fire & Ventilation Report YPU 1 & 2 [FMS/EAA/JCI/dma/14558];
- Oncology at MDH - Consultancy Service for Landscaping Second Package.

Estimates

This section includes budget estimates that were carried out during this period.

Project Estimates
1. Paola Regional Hub;
2. Gżira Regional Hub;
3. Gozo General Hospital;
4. Kirkop Health Centre;
5. Preliminary calculations of New Blood Bank at San Ġwann site;
6. Radiation Protection Works at Paola Health Centre;
7. Radiation Protection Works at Floriana Health Centre;
8. MDH Enlargement Over Car-park 1, 2 & 3;
9. High Degree Isolation Unit (HDIU) at MDH :: 3 proposals;
10. Mount Carmel Hospital Half way in - Young People Unit.
AUDITS

Audits of INSO’s Contract of Medical Equipment: Medical equipment items requested by MDH.

Measurement of Works and Issuance of Payment Certificates

This section is categorised in three sections, namely:

Rolling Certificate 2014

This section classified as “rolling” indicates all the payment certificates that were processed in the current year. In total we have issued 203 payment certificates that in total amounts to Euro 19,464,491.35 including VAT.

Open Contracts Carried Forward to January 2015

This section lists the current work in progress and as well projects that will be carried forward in 2015. There are currently 47 works packages that are being managed.

Contracts Closed in 2014

This section indicates closure of projects in the current year. As indicated during the year under review this unit managed to close off 53 works/services packages.

Measure of Works in Progress & Completed Works

- Oncology DD&B + Other Contracts;
- MAU at MDH;
- CPSU San Ġwann (Various Projects);
- Export Health Lascaris Wharf Valletta (Various);
- Mosta HC (Various);
- Ministry for Health DG office (Project Technik);
- Ministry for Health Valletta Civil works and M&E First Floor (Various);
- Rabat HC (Various);
- KGH (Various);
- Mount Carmel Hospital (Various);
- Blood Bank at ex St Luke’s Hospital;
- Floriana HC; X-Ray Rooms (Various Packages);
- Paola HC; X-Ray Rooms (Various Packages);
- POYC at ex-St Luke’s Hospital.

DD&B Contract - VARIATONS & PROJECTED FINAL OUT-TURN COST

These variations relate to the DD&B Contract. This process is still ongoing and as at 27th December 2014 we have managed to negotiate and approve worth of €1,207,805.06 including VAT.
Other Activities

- Liaison with Lands Department on various issues as the need arises;
- Liaison with Contracts Department mainly on variations/contractual issues;
- Other Government entities;
- Other Financial units.

Currently the Administration Unit (which includes also the Communication function which reports to the CEO) is composed of 1 Manager, 1 Clerk, 2 Messenger/Drivers and a Cleaner.

Activities and Projects for year 2014

Document Management System – Sharepoint

In line with this policy, during the first quarter of year 2013, the Administration team introduced a new electronic system Sharepoint to further improve its performance and productivity mainly in documentation management. This business collaboration platform was designed and structured in line with business requirements to facilitate and control administrative procedures to maintain a centralised approach of a document registry.

This was a very intensive exercise as all archived and current documentation had to be checked and migrated to this new system. Effective training was given to all the administration team members to make sure that this project is accomplished and the system is used in the best way possible. The concept of this system was to enhance distribution, movements and storage of documents control, needed to support the FMS Quality Documentation Management System.

The system facilitates a standardised tracking and numbering system for filing documents and projects; keeps track of all incoming and outgoing mail, file movements and bring up procedures; and keeps a record of all incoming requests for service. It also facilitates the coordination of projects, calendars and schedules, is useful to enhance discussions between FMS employees with innovative ideas and is a good tool for reviewing documents and proposals. Sharepoint was also designed to help the Human Resources department in managing leave and time sheets of all the FMS staff. It encompasses Human Resources documentation mainly records of vacation leave and sick leave and a log system of daily clocking entries, connected to the current access control which is currently not in use.

The application was also programmed to be used for monitoring purposes to control and keep a record of employees’ working time but ultimately it was not functionally effective due to compatibility issues with MITA’s systems.

The Administration Manager together with the IT team is currently working to finalise a maintenance agreement for the system in relation to any support and future enhancements required. Proposals have been received and are being assessed accordingly.

Archiving of Mater Dei Hospital Drawings

The Administration team has lately completed the process of archiving the Mater Dei Hospital designs which are to be kept in a safe place and recorded effectively. The drawings are pre-construction designs with the FMS approval status indicated on each drawing but are no longer actively used. All the drawings were indexed so that the data may be easily retrieved, if necessary, and wrapped before they are transferred to the National Archives for long-term retention.
This exercise has to-date been completed and both a hard and an electronic copy of the Mater Dei Hospital drawings were delivered to the National Archives in Rabat.

**Document Control Procedure**

To make sure that every department within the Foundation for Medical Services is abiding to the FMS Documentation Policy, half yearly checks are performed. The audits aim to assess and control that every department within the Foundation for Medical Services is abiding to the FMS Documentation Policy, supports the management of each respective department to ensure that documents are appropriately filed and provides assurance on the adequacy and effectiveness of the system.

Action in relation to any updates, corrections and revision is given high priority and implemented as soon as possible.

**Proposal for Document Management for the Foundation for Medical Services**

The Foundation for Medical Services is considering using the Maltapost’s Document Management Services to store and archive boxes and documents. A proposal from Maltapost has been received and is currently being considered. Pickup and delivery of boxes when and as required is included in the service being offered.

**FMS Financials for 2014**

During the year, the FMS once again struggled with cash-flow difficulties due to reduction in budgetary allocations and through the intervention and approval of the MEH managed to utilise other funds from concession fees receivable and an injection of €70K to use as cash buffer.

MFIN allocated €1,300,000 for the year, which is €406,613 (23%) less than what was originally requested. These reductions impacted negatively on our cash-flow and the FMS had to utilise €215,292 generated from other income (concession fees) to be able to meet its annual recurrent expenditure whilst heavily increasing controls over expenditure. It is relevant to note that in future these concession fees will not be available and therefore our original budget request should be met in order for the FMS to retain its current level of resources and service.

During the year, the Foundation has registered a minor surplus of €281, however it is pertinent to note that the annual recurrent expenditure amounted to €1,519,699 which is 17% in excess of the MFIN allocation.

It is evident that the major recurrent cost of the FMS is payroll related and this makes up 76% of the total recurrent cost. Other expenses were retained at the bare minimum during 2014 due to increased cost cutting measures. It is however relevant to note that payroll costs are fixed and linked to contracts of service and are not subject to cost reduction. In this regard, it is of utmost importance that budgetary requirements requested are forthcoming such that the FMS can ensure continued service to the MEH.
The POYC Scheme is an innovative cultural and business approach of how Government has successfully leveraged the market position and location of the pharmacies in the private sector to increase its efficiency and effectiveness in free-pharmaceutical service delivery, thereby optimising and maximising the patient-focused social responsibility criterion and attaining a competitive edge in the local environment.

The overarching intent is to facilitate a more comfortable access to the Government’s free pharmaceutical service, which benefits all those patients who fall under Government’s policy or legislation regulating the entitlement for free pharmaceutical services, by shifting this service from the Health Centres’ Pharmacies and moving it closer to the patients’ place of residence – to any pharmacy of the patients’ own choice.

Indeed, through this approach the long waiting and queuing time spent at the Health Centres’ Pharmacies for this service will be eliminated and, simultaneously the patients will receive a prompter and more personalised holistic service.

The One Stop Shop Service

Combining, under one roof, the following services:
- Approval of Entitlement and the issuance of the Schedule V Card in line with legislation;
- The POYC Scheme Registration and issuance of the Payment Voucher Letter Desk;
- The issuance/renewal of the Dangerous Drug commitment card.

The Electronic Patients’ Treatment Records

The introduction of the electronic Patient Treatment Records through the registration of all outpatients benefitting from Government’s free pharmaceutical stock under the Schedule V and Schedule II legislation.

Partial Manufacturing of Patients’ Packs

The repackaging into patient-pack-size of the Government stock procured in bulk form by the Government Procurement Unit. The repackaged stock is then distributed through the POYC Scheme community pharmacies and through the NHS’ Outpatients’ pharmacies.

The National Outpatients Repository

The establishment of the 1st National Outpatients’ Repository -- a data hub, holding real-time pharmaceutical data of all the patients, the pharmacies and operators registered with the POYC Unit. This information centre enables the Health Ministry to take informed decisions in respect of this business sector.

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1 Government’s Free Pharmaceutical Service is available to all those patients who fall under Government’s Policy or legislation regulating the entitlement for free pharmaceutical services.
The Coeliac Products Voucher Scheme

This Project will come into force in January 2015.

- Organisational Structure;
- Brand Building -- Client Centric approach [www.poyc.gov.mt];
- Reallocation and Refurbishment programme;
- Investment in IT infrastructure/architecture;
- Introduction of new Financial Stock Management processes and controls;
- Introduction of new operational workflow processes;
- Introduction of a new delivery system based on a Just in Time/Top Up approach.

THE WHITE PAPER

Ensuring Your Right to Entitlement Medicines at the Time You Require Them

Following the launch of this White Paper on the 4th November 2013, various consultation meetings and sessions were held. The consultation period closed on the 17th January 2014. A Cabinet Memo was then presented to Cabinet in March 2014.

In the meantime, ceteris paribus the POYC Unit's plans reflect [a] continuous improvement of the current programmes and [b] proposals for the introduction of new patient-centric initiatives as outlined in this document.

Organisational Performance Development and Added Value

POYC UNIT's GOVERNANCE

Administration

During the year under review, the POYC Unit's Senior Management Team 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 2014. 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 introduction of the One Stop Shop service;
- GPs prescribing patterns, where in some instance the 3rd line drugs are being used as the preferred choice instead of the 1st line drugs.
Meetings held with the Primary Health Care Directorate to:

- Introduce the POYC IT system within the HC Pharmacies of the Floriana and Paola;
- Facilitate read/write access to the Health Centre’s Medical Practitioners specialising in family Medicine as take onus/management of the ‘Patient Treatment Record’ in line with legislation; and serve as a platform for the issuance of the electronic prescription;
- Facilitate the smooth transition for the Primary Health Care Medicinal Practitioners specialising in Family medicine to apply for the schedule V card for patients suffering from hypersensitive conditions;
- Held various meeting with PTL 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;
- Organised a number of training and re-training Seminars/Hands-on Training Sessions for the community pharmacists as part of the POYC Unit’s continuous training programme;
- Held meetings with the Medicines Authority in line with the Wholesale Dealership Licence and the preparation for licensing of the Partial Manufacturing Area;
- Met with the Ministry’s Advisor on Procurement and contributed considerable amount of data to facilitate procurement projections by the Central Processing Services Unit [CPSU] in an effort to mitigate the out of stock, restore equilibrium and achieve sustainability;
- The Chief Executive Officer was entrusted with the administration and management of the coeliac Products voucher scheme with targeted launch date January 2015.

Sustained Performance Efficiency

Throughout 2014, the POYC Unit revisited its operational processes with the intent to identify and improve performance output and simultaneously remain sustainably efficient and effective. Indeed, notwithstanding the production output was considerably increased due to the increase in stock availability, increase in stock items and increase in the patient population, the overtime hours were reduced from 15,291 hours in 2013 to 13,378 hours in 2014 as outlined in hereunder.

The POYC Unit also developed Key Performance Indictors [KPIs] for internal and external work process so as to ensure that internal performance criteria timely reflects the needs and exceed our stakeholders expectations. The KPIs list used as a measurement tool by the Heads of each respective Area thus enabling them gauge the operations and production output of the staff under their direct responsibility. For this purpose the Dashboard tool concept has been introduced, which management tool visually aids the Area Heads in assessing the progress of the section under their responsibility and enables them to take timely corrective action to address any deficiencies. The Dashboards are updated once monthly and distributed to all Heads of Areas accordingly.

Together with the KPIs mentioned earlier, an internal Self Inspection Assessment is carried out on a yearly basis to identify those areas in the operational system the Corrective Action and timeframes to address the shortcomings.

The Unit also continued to develop and strengthen its Quality Management Systems by introducing a number of new standard operation procedures [SOPs] to complement the Quality Manual, and by reviewing and updating existing ones.
The SOP Lists in respect of the Goods Distribution Practices [GDP] and Good Manufacturing Practices [GMP] are continuously being revised to reflect the latest EU directives, ISO Certification and performance practices. At time of writing the POYC Unit has 25 GDP and 30 GMP related SOPs. The SOPs reflect the various work processes of the key operational activities taking place within the different Areas of work at the POYC Unit. The Areas include the:

- Administration and Finance Areas;
- Pharmaceutical Affairs;
- Financial Control/Management;
- Stores Area;
- Preparation Area;
- Logistics Area;
- Partial Manufacturing Area – POYC Unit;
- Partial Manufacturing Area – Mater Dei Section;
- Medicines Approval Section;
- Control Card Section.

**Branding**

The POYC UNIT’s website

In 2014, the POYC website was updated to include the new POYC Unit's operations. The POYC Website is administered in house and it is continuously updated to reflect the latest news. It is also linked to other key sites which are of relevance to our clients. In addition to the introduction of energy saving lighting, the POYC Unit sustains another two ‘Green Initiatives' projects, which include:

**POYC Environmental DVD Library**

This DVD LIBRARY is aimed at creating and continuously increasing awareness of the major global environmental concerns. It is in the form of documentaries which address a wide range of topics ranging from climate change to food availability.

**Recycling for Reuse**

This initiative is in collaboration with WASTESERV Malta Ltd. POYC recycles massive volume of plastic containers discarded from our Re-packaging Unit and the carton boxes from the Stores Areas. On its part, WASTESERV Malta Ltd’s dedicates a whole truck on a weekly basis. During 2014, the site registered 47,873 hits.

**Leadership for Change Initiatives**

At POYC the Change/reengineering process is dynamic and continuously evolving to exceed our stakeholders’ expectations through a cost effective and contained environment.

Amongst the key change Initiatives include:

- The One Stop Shop Service with a walk in trade of circa 350 patients on a daily basis;
- The National Repository for Outpatients’ Treatment records;
- Improvements in the POYC IT system (including plans for the electronic tagging of the patient voucher letter);
- Extended the POYC IT System to the NHS Outpatients Pharmacies;
- Strengthened of stock monitoring and control within community pharmacies;
• Drafted the +70 delivery to the homes plan.

Data Protection Legislation and Policies

To continuously ensure that the desired level of controls are in place to guarantee that our clients’ and stakeholders’ personal commercial data are safeguarded at all times.

All documentation housed at the POYC Unit has been sanctioned by the Date Protection Commissioner’s Office. The POYC Unit also developed a Confidentially Agreement and a Conflict of Interest Agreement to be signed by those individuals who would need to avail of our data. In 2014, the POYC Unit received request for data as follows:

- Medical Consultants;
- Consultants engaged by the Health Division;
- CPSU;
- University students.

Human Resource Development

Key learning and development programmes and initiatives included, amongst other:

External Training Programmes:

During 2014, the POYC Unit has organised several Seminars for the community pharmacists to train/retrain them on Govt dispensing guidelines and to give hands-on training on how to operate the POYC’s Web-based Pharmaceutical Dispensing IT System [WPDS].

At time of writing the POYC Unit is also preparing the necessary material to carry out specific training sessions for the community pharmacists on the interpretation of the new Government Formulary. These training sessions will start in 2015.

Internal Training Programmes:

The POYC Unit has sustained its internal training sessions to ensure that:

• All staff is knowledgeable and au currant with all our latest internal Standard Operating Procedures [SOPs] in line with the EU GDP/GMP for all staff within all operational levels;
• The POYC Unit also sustained the organisation of training to POYC Staff and to the pharmacists working in the community. The Training Programme was also approved during the inspection visit by the Medicines Authority in preparedness for the extension of the Wholesale Dealership Licence and the ISO 9001:2008 Audit carried out in October 2014;
• Organised in-house hands-on training on specific IT software modules. This was carried out by PTL;
• Facilitated the attendance for the Training Courses organised by SDO on basic IT programmes, office administration and Client Support for pertinent staff to ensure greater employee engagement, responsibility, accountability and ownership;
• The Production Management and Control Management Course organised in collaboration with the University of Malta to specifically train technical staff in Quality and Production Management skills was also sustained. The lectures are held by a University lecturer at the POYC Unit’s premises to ensure the widest possible technical audience possible. This Course leads to the Quality Person certification which is a prerequisite to the Manufactures
License of Medicinals for Human Use from the MA. It is expected that the Course finishes in 2015;

- The consent to and facilitating members of staff to read University Degree programmes to eventually graduate in the scientific fields relevant for the POYC Unit’s strategic development in particular [and the NHS in general].

**External Job shadowing opportunity for Students who want to follow a pharmaceutical career path**

In 2014 the POYC Unit sustained its initiative and offered job shadowing opportunities for students from the MCAST and other Government Colleges. This year we also gave hands-on opportunity to one of the MCAST tutors to spend a working week with our technical staff to facilitate better understanding of the our *modus operandi* and role on the national level.

**Amalgamation of Services**

During 2014, in addition to the Schedule V [Yellow Card] benefitting patients, the POYC Unit has assumed the responsibility of catering also for patients benefitting from the Schedule II, the Grey Card and the White Card. With the exception of a few special cases, all outpatients previously dispensed from MDH outpatients' pharmacy were moved to the community pharmacies. This move meant that circa an additional 5,000 patients were to start benefitting from the POYC Scheme service.

**POYC Office Branch Gozo**

The POYC Unit also sustained its operations through its Gozo Branch Office so as to ensure that our Gozitan stakeholders will enjoy the same level of access to Government’s free pharmaceutical service at all times. During 2014, 10,126 registered Gozitan patients benefitted from the POYC Scheme Service. The POYC Gozo Branch Office received and cross-checked a total of 582 new patients' applications and a total of 8,993 requests for changes in the Gozo patients’ treatment through the new Schedule V approval and issuance service.

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.

This Office is also responsible to ensure that back-up supply of ancillary stationery² is available and reaches the Gozo community pharmacies in the shortest time possible to ensure a seamless service at all times.

The POYC Gozo Office is also responsible for conducting a bi-annual stock taking exercise within the 18 POYC Scheme participating community pharmacies in Gozo. This exercise also serves as a good opportunity for the community pharmacists to clear any concerns, and also as a measure for better stock controls and stock management.

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² Ancillary stationery includes the printer labels, ink, paper-bags, POYC Scheme Registration Forms etc
Pharmaceutical Affairs

Further to the technical operational activities to ensure the sustainability of the POYC Scheme and the Partial Manufacturing Area, the Pharmaceutical Affairs Area also sustained its contact with the Medicines Authority throughout the year under review.

Licensing of POYC by the Medicines Authority

Wholesale Dealer's Licence for Medicinal Products for Human Use

In 2014, the POYC Unit revisited its Standard Operating Procedures to align its technical modus operandi with the new EU-GDP requirements that came in vigour in October 2013.

Following thorough inspection by the Medicines Authority, in July 2014 the POYC Unit once again successfully secured the Wholesale Dealership Licence for Medicinal and Human Use for another 3 year period.

With 212 community pharmacies participating in the POYC Scheme this makes the POYC Unit the largest wholesale distributor of pharmaceutical stock on the Islands in terms of both volume and value.

Manufacturing Licence for Medicinal Products for Human Use

Throughout 2014, the Pharmaceutical Affairs Section sustained its preparations for the licensing of repackaging operations falling under the Partial Manufacturing Area in line with EU-GMP requirements and local legislation. Key amongst which:

- Moving the repackaging of stock to a clean room environment;
- Re-drafting of pertinent Standard Operational Procedures;
- Sustained with the reading of the Production/Quality Management Course at the University of Malta.

Cross-checking/Verifying of Documentation

All new patients’ Applications are cross-checked against all the entitlement databases to ensure that patients fall under the eligible criteria before they access Govt free pharmaceutical stock. The cross-checking of entitlement is also carried out against each new treatment and change in dose. During 2014, the POYC Unit has cross checked over 15,000 new applications and circa 21,000 requests for amendments to present treatment. Amongst the key benefits this exercise serves to facilitate:

- the procurement projections of the pharmaceuticals for the POYC Unit's value/supply chain. This information is periodically passed on to the Central Procurement and Supplies Unit [CPSU] so as to allow for better projections of pharmaceutical requirements;
- the management of polypharmacy;
- the timely delivery of stock thus facilitating dispense.

Partial Manufacturing Area [PMA]

During 2014, the Partial Manufacturing repackaging operations were split in two as follows:
The Repackaging Process moved to the 'Clean Room' area within Mater Dei Hospital. A Service Level Agreement was signed between POYC and MDH so that this operation will be carried out under a 'clean room' environment;

The Documentation and Labelling Processes remained within the current premises. This arrangement necessitated the rewriting of the PMA's SOPs so as to reflect the current set-up. It is worth mentioning that notwithstanding the separation of operations the production has remained stable and at no point was the patient population effected by this critical transition. This move has generated savings around **Eur75,000** as by utilising the unoccupied facilities at MDH, POYC did not need to invest in setting up the infrastructure at our end.

In the meantime the PMA maintained its overall activity to meet with the clients’ demands. This **Area** is responsible to repackage 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 table below specifically identifies the 2014 production output per item for the **10** most **fast-moving** stock items,

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**Finance**

**Financial, Budgetary Preparations and Controls**

During the year under review, the POYC Unit sustained with its financial, budgetary preparation and controls mechanisms to ensure sustainability within the established audit trails’ parameters as follows:

- Prepared and submitted the Financial and IT requirements for 2014 to DG FMCU and to IMU;
• Continuously reviewed financial reporting methodologies to enhance better management controls, monitoring and full accountability;
• Sustained financial stock movements systems to monitor stock levels at POYC Stores and Community Pharmacies' so as to ensure timely procurement as per table below.

Sustained Payments to Pharmacies through the DAS IT SYSTEM. In 2014, the POYC Unit's Finance Area sustained the processing of all the payments owed to the 212 community pharmacies in respect of their services rendered to POYC Scheme beneficiaries [patients] through the DAS IT system.

Stock Forecasting Exercise
The POYC Unit is instrumental in the development of this key operational process. This exercise is now maintained on an ongoing basis and it serves to capture the dynamism in the patients' stocks' requirements to ensure timely sourcing and availability by CPSU.

This exercise is also crucial in increasing the efficiency and effectiveness of stock holding and management.

Stock Turnover at POYC Stores and Community Pharmacies over 2013 and 2014.
Monitoring and Control to identify the ‘Inactive’ Patients

During the year under review, the POYC Unit sustained with its efforts to monitor the registered patients to ensure that payments to the community pharmacies for services rendered to beneficiaries are affected against ‘Live’ patients.

The cost savings from this exercise between June – December 2014 amount to circa € 365,000.

Sustainability of the POYC Scheme [ongoing]

The Introduction of the POYC Scheme Service Level Agreement [SLA] amongst participating community pharmacies by end 2013

In November 2014 the tripartite$^3$ agreed on and signed a ‘List of Principles’ that should feature in the SLA.

In December 2014, the SLA draft was forwarded to the members of the tripartite. The Draft is based and reflects on the ‘List of Principles’ agreed earlier this November.

Electoral Manifesto Measure: (Point 30)

Consider the private sector to contribute to the medicine system.

The POYC Unit’s appreciates that to sustain this level of operational excellence it needs to continuously and proactively engage and positively respond to the speed and scale of change of the health care market. The Unit is also conscious that this is very demanding on the management and on the workforce. Nevertheless, through commitment and pragmatic HRM and HRD strategies we will continue to facilitate a learning organisational climate that promotes a challenge and opportunity for the entire POYC staff to ensure efficiency, effectiveness and sustainability of all our operations for the benefit of the MEH in general and our stakeholders in particular.

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$^3$ General Retailers and Traders Union [GRTU] and the Malta Chamber of Pharmacists [MCoP]
Indeed, this *modus operandi* is also in line with Point 30 of the Electoral Manifesto -- Consider the private sector to contribute to the medicine system, in view that through the POYC Scheme the POYC Unit is already making use of the community private pharmacies to deliver one of the key national services [Government’s free pharmaceutical stock] to its beneficiaries.

As at December 2014, there are 131,460 patients benefitting from the Scheme, almost an increase of 15,000 patients over the same period last year. The number of community pharmacies registered within the POYC scheme across Malta and Gozo is 212.

The table hereunder outlines 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.

<table>
<thead>
<tr>
<th>POYC Scheme Rollout month</th>
<th>Locality</th>
<th>Number of Pharmacies</th>
<th>Registered Patients as at end 2014</th>
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<td>December 2007</td>
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<td></td>
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<td>2</td>
<td>835</td>
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<td>January 2008</td>
<td>Mellieňa</td>
<td>3</td>
<td>2,218</td>
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<td></td>
<td><strong>Total</strong></td>
<td><strong>7</strong></td>
<td><strong>3,728</strong></td>
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<td>February 2008</td>
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</tr>
<tr>
<td></td>
<td>Qawra</td>
<td>3</td>
<td>1,208</td>
</tr>
<tr>
<td></td>
<td>Buġibba</td>
<td>2</td>
<td>1,129</td>
</tr>
<tr>
<td></td>
<td>Mosta</td>
<td>7</td>
<td>5,522</td>
</tr>
<tr>
<td></td>
<td>Rabat</td>
<td>5</td>
<td>3,776</td>
</tr>
<tr>
<td>May 2008</td>
<td>Dingli</td>
<td>2</td>
<td>1,078</td>
</tr>
<tr>
<td></td>
<td>Bahrija</td>
<td>1</td>
<td>101</td>
</tr>
<tr>
<td></td>
<td>Mtarfa</td>
<td>2</td>
<td>546</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>28</strong></td>
<td><strong>17,582</strong></td>
</tr>
<tr>
<td>May 2008</td>
<td>Swieqi</td>
<td>2</td>
<td>994</td>
</tr>
<tr>
<td></td>
<td>St. Andrew’s</td>
<td>2</td>
<td>679</td>
</tr>
<tr>
<td></td>
<td>Tà Ġiorni</td>
<td>1</td>
<td>584</td>
</tr>
<tr>
<td></td>
<td>Pembroke</td>
<td>2</td>
<td>723</td>
</tr>
<tr>
<td></td>
<td>Paċeville</td>
<td>1</td>
<td>147</td>
</tr>
<tr>
<td></td>
<td>Tà Xbiex</td>
<td>2</td>
<td>492</td>
</tr>
<tr>
<td></td>
<td>Msida</td>
<td>4</td>
<td>2,188</td>
</tr>
<tr>
<td>June 2008</td>
<td>St. Julian’s</td>
<td>3</td>
<td>908</td>
</tr>
<tr>
<td></td>
<td>Location</td>
<td>Number</td>
<td>Total</td>
</tr>
<tr>
<td>----------------</td>
<td>--------------------</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td><strong>July 2008</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>San Ġwann</td>
<td>5</td>
<td>3,176</td>
</tr>
<tr>
<td></td>
<td>Gżira</td>
<td>4</td>
<td>2,218</td>
</tr>
<tr>
<td></td>
<td>Attard</td>
<td>4</td>
<td>2,447</td>
</tr>
<tr>
<td></td>
<td>Tal-Pietà / G'Manġia</td>
<td>4</td>
<td>1,623</td>
</tr>
<tr>
<td></td>
<td>Balzan</td>
<td>2</td>
<td>1,134</td>
</tr>
<tr>
<td></td>
<td>Lija</td>
<td>2</td>
<td>940</td>
</tr>
<tr>
<td></td>
<td>Fleur de Lys</td>
<td>1</td>
<td>254</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>39</strong></td>
<td><strong>18,507</strong></td>
</tr>
</tbody>
</table>

|                | Fontana, Gozo      | 1      | 342    |
|                | Ghajnsielem, Gozo  | 2      | 761    |
|                | Kerċem, Gozo       | 1      | 525    |
|                | Marsalforn, Gozo   | 1      | 375    |
|                | Nadur, Gozo        | 2      | 1,220  |
|                | Qala, Gozo         | 1      | 564    |
|                | Sannat, Gozo       | 1      | 241    |
|                | Victoria, Gozo     | 5      | 3,706  |
|                | Xaghra, Gozo       | 2      | 1,069  |
|                | Xewkija, Gozo      | 2      | 1,254  |
|                | **Total**          | **18** | **10,057** |

|                | Sliema             | 12     | 4,212  |
|                | Iklin              | 2      | 824    |
|                | **Total**          | **14** | **5,036** |

|                | Birkirkara         | 11     | 5,991  |
|                | Santa Venera       | 4      | 2,391  |
|                | **Total**          | **15** | **8,382** |

|                | Cospicua           | 2      | 1,971  |
|                | Figura             | 2      | 1,918  |
|                | Kalkara            | 1      | 760    |
|                | Paola              | 6      | 5,387  |
|                | Senglea            | 2      | 878    |
|                | Vittoriosa         | 2      | 872    |
|                | **Total**          | **15** | **11,786** |

|                | Luqa               | 2      | 1,503  |
|                | Safi               | 2      | 769    |
|                | Kirkop             | 2      | 618    |

<p>|                | <strong>Total</strong>          | <strong>15</strong> | <strong>11,786</strong> |</p>
<table>
<thead>
<tr>
<th>Location</th>
<th>Day</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mqabba</td>
<td>2</td>
<td>962</td>
</tr>
<tr>
<td>Qrendi</td>
<td>2</td>
<td>683</td>
</tr>
<tr>
<td>Żurrieq</td>
<td>4</td>
<td>2,439</td>
</tr>
<tr>
<td>Gudja</td>
<td>2</td>
<td>1,208</td>
</tr>
<tr>
<td>Ghaxaq</td>
<td>2</td>
<td>1,643</td>
</tr>
<tr>
<td>Marsa</td>
<td>3</td>
<td>1,850</td>
</tr>
<tr>
<td>Floriana</td>
<td>3</td>
<td>854</td>
</tr>
<tr>
<td>Santa Lucia</td>
<td>2</td>
<td>1,115</td>
</tr>
<tr>
<td>Tarxien</td>
<td>3</td>
<td>1,529</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>15,173</strong></td>
</tr>
<tr>
<td>Valletta</td>
<td>7</td>
<td>1,857</td>
</tr>
<tr>
<td>Ħamrun</td>
<td>6</td>
<td>2,772</td>
</tr>
<tr>
<td>Qormi</td>
<td>7</td>
<td>5,380</td>
</tr>
<tr>
<td>Żebbuġ</td>
<td>5</td>
<td>2,958</td>
</tr>
<tr>
<td>Siġġiewi</td>
<td>3</td>
<td>2,040</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>15,007</strong></td>
</tr>
<tr>
<td>Zabbar</td>
<td>6</td>
<td>4,152</td>
</tr>
<tr>
<td>Xghajra</td>
<td>1</td>
<td>314</td>
</tr>
<tr>
<td>Marsaskala</td>
<td>4</td>
<td>1,999</td>
</tr>
<tr>
<td>Birzebbuġa</td>
<td>3</td>
<td>2,177</td>
</tr>
<tr>
<td>Żejtun</td>
<td>4</td>
<td>3,402</td>
</tr>
<tr>
<td>Marsaxlokk</td>
<td>1</td>
<td>648</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>12,692</strong></td>
</tr>
</tbody>
</table>

Inactive Patients*  
```
<table>
<thead>
<tr>
<th>Location</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>7,111</strong></td>
</tr>
</tbody>
</table>

**SUB TOTAL**  
```

212 125,061

NHS Outpatients’ Pharmacies

<table>
<thead>
<tr>
<th>Month</th>
<th>Pharmacy</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2014</td>
<td>Armed Forces of Malta</td>
<td>1,153</td>
</tr>
<tr>
<td></td>
<td>Floriana HC Pharmacy</td>
<td>3,040</td>
</tr>
<tr>
<td></td>
<td>Paola HC Pharmacy</td>
<td>2,137</td>
</tr>
<tr>
<td>September</td>
<td>Gozo General Hospital Out-Patients’ Pharmacy</td>
<td>69</td>
</tr>
</tbody>
</table>

**SUB TOTAL**  
```

6,399

**GRAND TOTAL**  
```

131,460
Patients registered with the POYC Scheme automatically fall as 'Inactive' after an absence of 6 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.

Dispense of Free Government’s Pharmaceutical Stock through the Community Pharmacies in the POYC Scheme

During 2014, circa €20 million worth of the Government’s free pharmaceutical stock was dispensed to POYC Scheme benefitting patients, while circa €19.5 million\(^4\) worth of the Government’s pharmaceutical stock was transferred from the POYC UNIT to the 212 pharmacies participating in the Scheme. To-date, the POYC Unit has distributed/dispensed over €80 million worth of Government’s free pharmaceutical stock through the POYC Scheme. Ceteris paribus, circa €1.7million stock dispensed through the POYC Scheme on a monthly as per table below.

Dispense in Euro Value and Patient Increase 2008 – 2014

The table below reflects Government’s pharmaceutical stock in the € value as transferred from the POYC Unit to the participating pharmacies on a monthly basis for the periods over the years till 2014. The marked difference in stock transfers provides a clear outline of the increase in operational activity at POYC to meet the new demands.

\(^4\) Stock is carried forward from the previous year
Note: The € value for 2010 includes the 2007, 2008 and 2009 stock transfers.

**Fees Paid to Community Pharmacies as per Memoranda of Understanding**

The Addendum to the 1st Memorandum of Understanding signed on 4th January 2013 reflected an increase in the service fees per patient as per Table hereunder:

Agreed Fees as per Addendum to the MOU signed January 2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Per Patient in Euros</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>€40</td>
</tr>
<tr>
<td>2014</td>
<td>€43</td>
</tr>
<tr>
<td>2015</td>
<td>€46</td>
</tr>
<tr>
<td>2016</td>
<td>€50</td>
</tr>
<tr>
<td>2017</td>
<td>€50</td>
</tr>
</tbody>
</table>

In line with the 2013 Addendum MoU, the POYC Unit timely processed and issued all the payments to the 212 community pharmacies in line with their due dates on a quarterly basis. The total amount paid to the community pharmacies for services rendered to the POYC Scheme beneficiaries during 2014 amount to €5,690,686.

**Processing of the Tax Deduction Applications in line with LN 113 of 2012 and Subsidiary Legislation 123.112**

In line with Legal Notice 113 of 2012, the POYC Unit in 2013 initiated the processing of the Tax Deduction Applications received from the community pharmacies participated in the POYC Scheme as follows:

The Total number of Tax Deduction Applications processed and which were approved by the Standing Advisory Committee [MOU -POYC Scheme] during 2014 were included:

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5 MOU – The 1st Memorandum of Understanding was signed in July 2007 between Government represented by the Ministry for Health, the Elderly and Community Care and the Ministry of Finance, the General Retailers’ and Traders’ Union [GRTU] and the Chamber of Pharmacies [MCoP]. The MOU was for a period of 5 years. In January 2013, the Parties signatory to the 1st MOU signed an Addendum to the 1st MOU for another 5 years.
Number of Applications: 34
Eligible Amount: €112,174.76
Deductible Amount: €296,552.37

Sustained Efficiency Gains

Production Performance to sustain and meet exceed the Patients’ Demand through the POYC Scheme

The stock items at the POYC Unit increased *pari passu* with the expansion of the POYC Scheme nationwide and the policy decision to transfer all outpatients in the community. This brought about an increase in registered patients, together with an increase in stock items’ demand as per Table below.

**Pharmaceutical Items in the GFL**

<table>
<thead>
<tr>
<th>Year</th>
<th>2013</th>
<th>2014</th>
<th>2015 [to date]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stock Items at POYC Stores</td>
<td>629</td>
<td>725</td>
<td>730</td>
</tr>
</tbody>
</table>

**Internal: Rolling Stock Take Exercises**

The POYC Unit’s Stores Area holds circa 700 stock items at any point in time. Stock levels are maintained according to patients’ entitlement and the consumption of Stock at Community pharmacies level. Minimum and Maximum thresholds have been set to maximise stock holding and ensure timely replenishment.

**External: Stock Management Audit visits.**

Throughout 2014, the POYC's internal Audit Team carried out 199 stock control exercises [physical and remotely] within the 212 community pharmacies. In fact, the damaged and expired stock for the period Jan - Dec 2014 was circa €90,926, that is 0.47% of circa €19.5 million of the overall stock distributed to community pharmacies.

**Redistribution Exercise**

In 2014 the redistribution operation was further strengthened through an exercise based on the 80/20 rule to ensure optimisation of stock management. This exercise identified the 20% most popular stock items which impact the widest patient population in the event of an out of stock situation. 64 stock items were identified out of the 700 stock items stocked with the POYC Stores and these items are closely watched so as to optimise the management of the supply chain at all times. Through this exercise €362,108 of stock was redistributed during 2014.

**Preparation Area: Performance Output**

The production performance output also simultaneously increased and as at December 2014 the POYC Unit was processing 3,270 pharmaceutical stock items on a daily basis. The table below shows the dips in production output due to the OOS situation which was most critical between February – March 2014.
The Average Daily Stock issued per pharmacy against the Scheduled Itinerary is as follows:

**Average Daily Stock**

<table>
<thead>
<tr>
<th>Pharmacy Gauge</th>
<th>Patient Population</th>
<th>Average Production Output</th>
</tr>
</thead>
<tbody>
<tr>
<td>800 to 1500 patients</td>
<td>135 different items</td>
<td></td>
</tr>
<tr>
<td>250 to 800 patients</td>
<td>80 different items</td>
<td></td>
</tr>
<tr>
<td>0 to 250 patients</td>
<td>35 different items</td>
<td></td>
</tr>
</tbody>
</table>

**Distribution of Stock to Community Pharmacies**

During Jan - Dec 2014 the POYC Unit carried out circa 18,000 deliveries to the community pharmacies, that is, circa 1,500 per month so as ensure a continuous and timely patient-centric service delivery at all times.

Towards mid-June 2014, the POYC Unit started to benefit from the introduction of improved procurement mechanisms within Central Procurement Services Unit [CPSU] and, took the opportunity to introduce the 'Just In Time - Delivery of Just Received Items' delivery service. This new Delivery Service now serves as backup to the Scheduled Delivery roster. This means that those pharmacies that would have just received their stock through their normal Scheduled Delivery will not have to wait for a whole week to pass before they receive the stock that was not available at the POYC Stores on the day of their scheduled delivery route. This also means that patients' access to stock has become even timelier.

The Stock Service Deliveries’ carried out in 2014 were as follows:

- **12,000** Normal scheduled weekly deliveries (JIT orders)
- **1,785** Urgent deliveries with items previously OOS.
- **922** Urgent orders of previously OOS included with the Schedule deliveries
- **76 Out of route** urgent deliveries [OOS / new treatment].
- **1,865** Urgent deliveries by courier service [OOS / new treatment]
- **143 Just In Time** - Deliveries of just received items [service started in Nov – Dec 2014]

**CONCLUSION**

The year under review can be regarded as truly unprecedented as a result of the added functions and responsibilities that were also successfully taken on board in the course of the year beyond the POYC’s remit, notably the One Stop Shop Service introduced in January 2014. Through this Service, all the unnecessary bureaucracy was eliminated and the process was simplified to an extent that while all audit trails remained intact, the patients can access the medical treatment on the same day instead of the 3 or 4 weeks later as before.

It is therefore of great satisfaction that the POYC has positively captured the attention of the whole media spectrum and veritably enjoyed the plaudits of House of Representatives having been given prominence in the Prime Minister's speech during his televised presentation of the 2015 Budget.
These achievements would not have been possible if not for the impressive commitment of my team at POYC; and I take this opportunity to record the effectiveness of my immediate assistants, Ms Galea, Ms Lupo, Ms Caruana, Mr Sammut and Mr Azzopardi, whose continued efforts to provide services of the highest quality militated in favour of establishing the POYC Unit as a *household* name with over 131,000 clients and the public at large.

I am confident that with the Ministry's and the Department's support, our rational approach, albeit with a determined resolve for success wherein *excellence is never enough*, will certainly be vindicated in years to come.

The MEH Administration Department within DG Finance and Administration includes among others: the Registry, St Luke’s Hospital (SLH) Estate Management, Engineering Department, Surveillance and Security, Head Office Cleaning. The Administration Department is responsible also for coordinating various administrative initiatives such as Sustainable Green Initiatives and studying the possibility of moving towards a Paperless Office.

The Registry

The Registry serves as a distribution centre for Departmental files, Personal files 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, outstations, local councils and other organisations.

Out-going mail during 2014 amounted to 162,413 items. These can be classified as indicated hereunder:

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Ordinary Mail</td>
<td>159,092</td>
</tr>
<tr>
<td>Local Registered Mail</td>
<td>1,720</td>
</tr>
<tr>
<td>Overseas Ordinary Mail</td>
<td>1,346</td>
</tr>
<tr>
<td>Overseas Registered Mail</td>
<td>255</td>
</tr>
<tr>
<td><strong>Total Mail</strong></td>
<td><strong>162,413</strong></td>
</tr>
</tbody>
</table>

The Registry also keeps a record of all registered letters sent both locally and abroad as well as recording the amounts of the daily consignments of mail dispatched.

The following circulars were also processed and distributed by the Registry Section.
The movement of every file is recorded to keep track of the whereabouts of each and every single file. During 2014, the Registry Office effected and recorded these movements as classified hereunder.

| Office of the Prime Minister (PAHRO+ OPM) | 46 |
| Ministry of Finance | 20 |
| Contracts Department | 33 |
| Treasury Department | 13 |
| Health Division (DH circulars) | 208 |
| Others – Memos | 215 |
| **Total Circulars** | **581** |

In addition to the responsibility for the safe custody of thousands of files, the Registry opened another 4,775 new files during 2014. The Registry is also responsible for custody of about 3,600 Personal files together with 7,400 files of retired and deceased employees kept at MCH Archives.

**St Luke’s Hospital Estate Management**

The Health Departments at SLH and other MEH entities at located at Gwardamangia close to SLH make use of services provided by the Maintenance Team and the Emergency Shift Team within the Administration Department. All the extensive common parts are maintained by the Administration Department SLH Public Service Industrial employees. There was an increase in activity at SLH because various MEH buildings scattered in various areas around Malta, moved their offices to SLH Complex.

This year the public service industrial employees working at the Rehabilitation Hospital Karen Grech were integrated within the Administration Department to cater both for RHKG and for the whole SLH Complex, Head Office and other MEH buildings. A Precincts Officer was trained and started to manage the daily maintenance requirements. Also an HR officer was assigned to the SLH Administration Section. During mid-year 2014, the Administration of St Luke’s Complex was delegated to a Project Manager responsible for the maintenance and issues related to SLH estate management.

Child Development Assessment Unit (CDAU) parking area, which is property of the Tal-Pietà Local Council, was passed on to the responsibility of MEH at the Administration Department's
request. This CDAU parking was immediately extensively upgraded by SLH Complex Maintenance Section.

**Sustainable Green Initiatives**

During the second half of 2014, The Administration Department gave priority to Sustainable Green initiatives. A Green Focal Point Officer from all MEH directorates and MEH buildings has been appointed. The Administration Department discussed green initiative plans with the Directorate responsible for all the Green Initiatives across ministries which directorate advised to inform the new green focal point officers about Green Public Procurement. Plans to train the Central Procurement Officers were also made.

**Inventory**

Inventory both for Head Office and SLH were duly compiled on time. There were changes at SLH due to the extensive boarding out of items. As regards Head Office the inventoried items was thoroughly revised by means of the diligent on-site visit at each room.

**Digitalisation of Registry File**

The main focus of the Administration Department towards the end of 2014 was to study the possibility of MEH's Registry moving to a paperless system as much as possible. This exercise included a plan of discarding old Personal Files as per data protection retention policy, gradually moving old Department of Health Files to the National Archives. By such initiatives, a big hall at Mount Carmel Hospital (MCH) currently used as Registry Archives will eventually be emptied and used for MCH or some other MEH purposes.
Policy Development

Policy development takes place on an ongoing basis through the submission of reports, positions and questionnaires in response to requests from several stakeholders including other departments within the same Ministry, other government Ministries and agencies, individual professionals, non-governmental organisations and international organisations including the European Commission.

Work in policy development also involves the promotion of the concept of ‘Health in all Policies’ through intersectoral collaboration, activities and reviews. Other Ministries and entities frequently send requests for the public health sector to review their positions on various subjects in order to ascertain that health aspects are promoted and appropriately addressed.

Specific areas of health policy development carried out during 2014 included the following:

- The National Health Systems Strategy (NHSS) was launched for public consultation in February 2014. The consultation period continued until April. Feedback received was analysed and the strategy was amended to reflect this feedback where necessary. The finalised version of the NHSS was completed and delivered to the European Commission in July 2014 (as ex-ante conditionality requirement);
- The NHSS team was assisted in the initial phases of its work with technical support from the Directorate on Health Systems and Public Health of the World Health Organisation European Region;
- Following the publication of the NHSS, a detailed action plan and a budgetary framework were drawn up. These were also delivered to the European Commission during the last quarter of 2014;
- In conjunction with the above, intensive work on a first Health Systems Performance Assessment (HSPA) for Malta was ongoing during 2014. A working group designed the framework and populated the selected indicators with data obtained from several stakeholders. The selection of indicators was performed following a wide internal consultation with stakeholders. The HSPA report was sent for a technical review to experts of the World Health Organisation European Region and was also delivered to the European Commission at the end of 2014;
- Monitoring and updating of health aspect within the “National Strategy Report on Social Inclusion and Social Protection 2008-2010” and input as health representative on the Social Protection Committee. During 2014, 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 an updated report was created and forwarded to the
Ministry for the Family and Social Solidarity which is the leading Ministry on this national strategy;

- The Ministry’s focal point on issues related to the introduction of Health in the European Economic Semester performed a lot of demanding activities including the provision of the Ministry position on proposal issued by the European Commission as well as monitoring of the implementation of measures to address the health Country Specific Recommendation;
- The National Cancer Plan (NCP) was in its penultimate year of its implementation in 2014. The report of a mid-term evaluation of the implementation of the NCP was conducted by two French experts in late 2013 and was issued in March 2014. The French experts were nominated with the assistance of the bilateral collaboration between Malta and France through its Embassy in Malta;
- The Ministry responsible for Health was an active participant in the Joint Action on the European Partnership on Action against Cancer (EPAAC). The Maltese representative was an associate member of the Work Package 10 which conducted an evaluation of the different National Cancer Control Plan published by the different Member States of the European Union and issued a Guide for best practice in the design of future national cancer plans. This Joint Action ended in 2014. Subsequently, a new Joint Action on Cancer Control started in 2014 and Malta is again an associate partner of this new Joint Action which will close in 2014.

**NON-GOVERNMENT ORGANISATION (NGO) – MEH AGREEMENTS**

NGOs have partnered with MEH to provide services for which they have expertise and provide services directed towards patients at various levels of service contact. Existing agreements between MEH and NGOs include the following:

- **SOS Malta -Volser MDH service:** this service has been present at key MDH-patient interfaces and has given support to patients in directing, explaining hospital procedures, supporting persons during waiting times etc.;
- **Richmond Foundation provides:**
  - Home support services to assist mental patients to remain in the community and thus prevent hospital admission;
  - Hostel accommodation for those who need support albeit minimal to moderate, to remain within the community;
- **Hospice Movement supports End of Life Care both within the community as well as for those who are hospitalised;**
- **Down’s Syndrome Association partnership:** for community based services for adolescents and adults with Down’s - services that are unique and directed towards the specific needs of these persons.

**LIBYAN HUMANITARIAN INITIATIVE**

In August 2014, the Office of the Chief Medical Officer took part in several discussions with the Office of the Prime Minister, the Ministry for Foreign Affairs and the Police to offer support in the Libyan crisis. A Health contingency plan for mass influx of injured migrants or Libyans was set in place. This plan covered the transport of injured Libyan patients from Libya to Malta, their triage and finally admission into Mater Dei Hospital or one of four private health facilities, namely, Saint James, Capua, Livelite and Da Vinci hospital. A line of communication was also established. Each patient that arrived was given a unique X number as a form of identification. This X number was used to track the movement of these patients without the need of using their passport.
numbers and their names for security reasons. The Office of the Chief Medical Officer maintained a database with the list of patients that entered Malta. This database was updated daily with the movement of these patients in between and out of the mentioned hospitals. A report was initially sent daily to the Office of the Prime Minister.

Till the end of 2014, 162 injured Libyan patients were brought over to Malta. Thirty one were still inpatient while 116 had been discharged, 3 had passed away and 12 were not admitted. Some of the patients who were not admitted were seen as outpatients. From the 116 patients that were discharged 32 were still living in Malta since they needed further follow-up.

**THE EUROPEAN PARLIAMENT AND LOCAL COUNCILS ELECTIONS 2014**

The European Parliament and Local Councils Elections were held in Malta and Gozo on Saturday 24th of May 2014. In accordance with Subarticle (1) of article 21 of the European Parliament Elections Act (Cap. 467) and in terms of Subarticle (4) of article 77 of the General Elections Act (Cap. 354), mixed polling stations were located at Mater Dei Hospital, Rehabilitation Hospital Karen Grech, Mount Carmel Hospital (including Jean Antide Ward but excluding the Forensic Ward) and Gozo General Hospital.

As a result, all voters who were registered as patients at Mater Dei, Rehab Hospital Karen Grech, Mount Carmel and Gozo General Hospital by Monday 19th May 2014 at 18:00hrs, were allowed to vote only at the said hospitals, on Thursday, 22nd May 2014. On the other hand, voters who were admitted to these hospitals after 18:00hrs of the 19th of May, had to vote on Saturday 24th May in their respective towns and villages. Patients at Boffa Hospital kept the same procedures as in the past elections and arrangements were made for these patients to vote outside the hospital, in their respective towns and villages.

A Department of Health circular was drafted and sent to stakeholders and a timetable was created in order to send reminders to the various Heads of Entities to ensure that deliverables were met, especially since this process is governed by law. A Press Release was also issued and published in the local newspapers to inform the public of the arrangements being made in government hospitals during the election period.

Following the election process a questionnaire was sent to the Head of Entities to gather their feedback regarding the preparation for the elections and the voting process. This feedback was assimilated into a report which was sent to the Electoral Commissioner. The report highlights recommendations for the necessary changes to be implemented for future elections.

**EX-GRATIA PAYMENT FOR HAEMOPHILIA PATIENTS**

On 23rd November 1992 Cabinet approved an annual ex-gratia payment of €6,988.11 (Lm3,000) to be made to the surviving Haemophiliacs who had then accidentally acquired the HIV infection in 1984 through a blood transfusion performed within the national government hospital.

The Office of the Chief Medical Officer received a request from a representative of these patients to revisit the amount of the ex-gratia payment. A business case justification was drafted to request an increase in this payment. The budget allocated for these patients was reviewed and in the light of both past and current standards of living, a decision was taken to increase the annual ex-gratia payment to €8,285.71.
NEW HEALTH SERVICES AND TECHNOLOGIES PLANNING AND DEVELOPMENT

The Advisory Committee on Health Care Benefits was set up during 2014 in terms of the Health Act 2013 (Part VII). The scope of the Advisory Committee on Health Care Benefits is to provide advice to the Minister as to which health care benefits are to be provided directly or indirectly by the Public Health care System. New Health services and Technologies are assessed by this Committee. The following services/technologies/policies were considered by the Advisory Committee on Health Care Benefits during 2014:

- Entitlement Policies on (i) Bone Conduction Hearing Systems and (ii) Cochlear implants;
- Vascular Laboratory Service;
- Bariatric Surgery Service;
- Three-dimensional electro-anatomic cardiac mapping system;
- Triple Assessment Clinic Equipment for Medical Imaging Department;
- Endoscopic Bronchial Ultrasound;
- Transgender Services.

In addition, the Office of the CMO received a number of proposals for New Health Technologies for 2015 that were evaluated and which will be presented to the Advisory Committee.

The Advisory Committee on Health Care Benefits can set up sub-committees to deal with different and specific categories of benefit. The Government Formulary List Advisory Committee (GFLAC) established by the Availability of Medicinal Products within the Government Health Services Regulations (SL 458.31) is deemed to be one of these sub-committees.

During 2014, the Advisory Committee on Health Care Benefits had a total of 7 meetings.

The National Health Care Package

The Office of the C.M.O, in close collaboration with the Office of the Permanent Secretary contributed to the compilation of the Register on the National Health Care Package. Together with the Entitlement Unit and the National Contact Point on the Cross Border Directive and in liaison with clinical chairpersons, the Office of the CMO acceded to a number of requests related to the National Health Care Package. A total of 40 such requests were received by the Office.

INTERNATIONAL AFFAIRS AND POLICY DEVELOPMENT DIRECTORATE

The main function of the Directorate is to coordinate the formulation of the Ministry’s position on Health policies originating from the European Union (hereinafter referred as the EU) whilst also exploring and utilising other opportunities arising from International bodies in particular the World Health Organisation (hereinafter referred as the WHO). Its main function is to co-ordinate the implementation of provisions arising from the European Union and other bilateral and multilateral relations in the area of health.
Policy Development

The Directorate places a major focus on health policy development emanating from EU and other international bodies by disseminating and coordinating related issues. It also plays a major role in the enhancement of bilateral relations related to health with different countries.

EU relations

In the ambit of EU relations the Directorate is the responsible entity to liaise with the EU Secretariat, other Ministries and the Permanent Representation in Brussels on health-related EU legislative and non-legislative initiatives. The core tasks pertaining to EU affairs include:

- The dissemination of various EU related documents;
- The drafting and consolidation of different documents such as Explanatory Memoranda, Instruction Notes, Briefing Notes and Speaking Notes as necessary;
- The coordination with different officials and entities on Council working parties, MERTENS and COREPER meetings, as well as meetings of the Council of Ministers;
- The carrying out of consultation sessions with different stakeholders on EU proposals as deemed necessary from time to time;
- The participation of the directorate to the Inter-ministerial Committee (IMC).

Memoranda and Instruction Notes

The process to deal with new published dossiers at the various levels of discussion is coordinated by the Directorate which is also responsible for the preparation of Explanatory Memoranda to be tabled at IMC and the compilation of Instruction Notes, Briefing notes (and speaking notes as necessary) for officials attending to Council working parties, MERTENS and COREPER meetings, as well as meetings of the Council of Ministers.

The directorate continues to employ a process of wide consultation for the drawing up of the Ministry’s position on EU proposals.

During 2014, the Directorate processed 78 Instruction Notes. Furthermore, 3 Explanatory Memoranda were presented and approved by Inter-Ministerial Committee (IMC) in 2014 as follows:

<table>
<thead>
<tr>
<th>(COM (2013) 443 final)</th>
<th>Memorandum on a report from the Commission to the European Parliament and the Council on better medicines for children – from concept to reality: General report on experience acquired as a result of the application of Regulation (EC) NO 1901/2006 on medicinal products for paediatric use</th>
</tr>
</thead>
</table>
Transposition of EU directives in National Legislation

The Directorate followed-up and coordinated the timely transposition of two Directives as follows:


Transposition of EU directives in National Legislation

The following include important health related items tackled during the Hellenic Presidency (January - June 2014) and the Italian Presidency (July - December 2014) to which the Directorate contributed in disseminating and coordinating related issues within the various directorates, departments and authorities falling within the area responsibility of the Ministry for Energy and Health (Health):

Hellenic Presidency: 1 January 2014 – 30 June 2014

First reading agreement with the EP on the conduct of pharmacovigilance activities by the European Medicines Agency

The draft regulation is aimed at ensuring the funding of strengthened post-authorisation monitoring of medicines for human use (“pharmacovigilance”) conducted at EU level. It is expected to provide the means to finance the work of addressing the safety concerns and maintain high standards of quality, safety and efficacy of medicinal products. The Regulation also provides for reduced fees for SMEs, as well as for fee exemption for micro-enterprises. Finally, high safety medicinal products, like generic, homeopathic or herbal medicinal products will benefit from fee reductions.

Adoption of Council Conclusions on the economic crisis and healthcare

The conclusions outline the impact that the economic crisis had on the healthcare systems in the EU and suggest ways to make it more resilient. They note with concern that public health expenditures has decreased in many member states since 2009, and that although most member states have universal coverage, in practice many people have problems in accessing

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healthcare services when they need them. Recalling the discussions at the informal meeting of health ministers in Athens on 28-29 April, which stressed the importance of health reforms to overcome the crisis, the conclusions identify a number of areas where action is needed. These include considering innovative ways of integration between primary and hospital care, and promoting the implementation of information and communications technology and eHealth solutions.

**Adoption of Council Conclusions on nutrition and physical activity**

The conclusions build on the outcomes of the Athens high-level conference on "Nutrition and Physical Activity from Childhood to Old Age: challenges and opportunities" held on 25-26 February 2014. They take stock of the current situation, where more than half of the adult population in the EU is overweight or obese according to the body mass index of the WHO. They note that up to 7% of EU health budgets is spent each year directly on diseases linked to obesity and deplore the low consumption of fruit and vegetables and the high intake of saturated fats, trans fatty acids, salt and sugar, as well as the shift towards sedentary lifestyles. The conclusions also set out a number of measures to be undertaken in order to promote healthy diet and physical activity, in order to reduce the burden of chronic and non-communicable diseases such as hypertension, heart disease, diabetes, stroke and osteoporosis. They call, for instance, on the member states and the Commission to support the implementation of national food and nutrition action plans, and to promote action to reduce the exposure of children to advertising, marketing and promotion of foods high in saturated fats, trans fatty acids, added sugars or salt.

**Digital Agenda**

The Hellenic Presidency launched off the Digital Agenda which focuses on a policy dialogue and international cooperation aimed to achieve service innovation and implementation that ensure durable outcomes for the patients, the healthcare systems and society at large. The e-Health Forum 2014 which took place in Athens between the 12th to the 14th May 2014 presented the opportunities of eHealth and how such an initiative can facilitate accessibility, enhance continuity of care and safeguard the fundamental rights of solidarity and equity for the delivery of concrete solutions that enable access to high quality services and safer care for all.

Furthermore, the eHealth Forum 2014 brought together all the international actors that can lead the way towards the development of innovative services which inter alia can substantially reshape healthcare whilst continuing empowering citizens and the fostering of economic growth. In this respect, the Hellenic Presidency worked towards initiating the policy discussion on the deployment of ICT based services aimed at promoting structural reform to deliver more efficient and sustainable health-care systems.

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10 Ibid.
**Medical Technology**

The EPSCO Council which took place on the 20th June 2014 in Luxembourg underlined the benefits related to the improvement of medical technology which may also contribute to creating new jobs, cost reduction and strengthening of healthcare efficiency.

**Italian Presidency: 1 July 2014 – 31 December 2014**

Inspired by the Third Union Programme for Action in the field of health (2014-2020), EU Health Strategy, WHO’s reports, reflection processes on chronic diseases and sustainable health systems, and the implementation of the Directive on patients’ rights in cross-border healthcare, the Presidency focused on the following **Non-legislative Acts**:

**Conclusions of the EPSCO Council of the 1st of December 2014**:

- Vaccines as an effective tool in Public Health (focused on regaining public trust, reaffirmation of the relevance of vaccinations in public health strategies, assessment of new vaccines, risk assessment, review of Member States’ vaccination programmes);
- Safety in healthcare and care-related infections (proposal to be submitted in September);
- Therapeutic innovation for the benefit of patients (conditioned to a preliminary discussion during the Informal Meeting of Health Ministers in September; focused on drug innovation, medical device innovation, personalised medicine and the cost-effectiveness of pharmaceutical products).

The main events of the Italian Presidency with respect to Health included the following:

- **Informal Meeting of Ministers of Health, 22-23 September 2014**, to discuss therapeutic innovation for the benefit of patients, healthy lifestyles and cancer prevention, and pain treatment and palliative care;
- **Conference on Women’s Health: a life-course approach, 2-3 October 2014** to discuss lifestyles (nutrition, physical activity), sexual health (sexually transmitted disease, endometriosis), reproductive health (preconceptional health, pregnancy, delivery and puerperium), and female cancers (screening and health promotion, prevention of infertility);
- **Ministerial Conference on Health in the Mediterranean Area, 27-28 October 2014** to discuss International Health Regulation (IHR), Antimicrobial Resistance (AMR), lifestyles, health and migration, public health and Mediterranean projects;
- **Technical meeting on Quality, Safety and Costs of Care, 3 November 2014** to discuss alignment of clinical-organisational efficiency with economic efficiency, better allocation of human and financial resources;

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13 Ibid.
- **Technical conference on Dementias, 14 November 2014**, to discuss G8 Dementia Legacy event, strategies implemented by different MS, prevention and treatment in the general framework of health promotion in elderly people;

- **Conference Fighting HIV/AIDS ten years after Dublin Declaration, 27-28 November 2014** to discuss epidemiological situation in the EU, test promotion in at-risk subjects, involvement of patients and professional associations, need for a new, common engagement aimed at fighting HIV/AIDS;

- **European conference on Youth Mental Health: from continuity of psychopathology to continuity of care, 16-18 December 2014**, to reflect on Mental Health Services adequacy regard to children, adolescents and adults, and increase the awareness of health professionals towards problems specific to younger patients;

- **Technical conference on Antimicrobial Resistance, 22-23 December 2014**, to discuss AMR as an important public health issue, validated systems for AMR monitoring and control, a "One Health" perspective and multi-sectoral approach.

**Participation in Overseas Meetings**

The Directorate coordinates the participation of officials to EU meeting. In this respect it is also responsible in identifying and nominating national experts in the field of health.

Key overseas meetings to which the Directorate provided participation coordination included the following:

<table>
<thead>
<tr>
<th>Council Working Parties/Committees</th>
<th>34</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commission Expert Groups/Committees</td>
<td>68</td>
</tr>
<tr>
<td>Presidency</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>43</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>151</strong></td>
</tr>
</tbody>
</table>

**Bilateral and other International Affairs**

The Directorate coordinates on an ongoing basis the work related to the development and consolidation of bilateral agreements related to the health sector. It also explores opportunities from bilateral relations with a view to strengthen the Maltese health sector through the cooperation in different areas related to public health, health care services and long-term care.

**World Health Organisation**

The Directorate assists in the coordination of Malta’s position on WHO policy. In 2014, the Ministry with the assistance of the Directorate coordinated the official visit to Malta of Ms. Zsuzsanna Jakab (WHO Regional Director). During her visit, on the 16 December 2014, the Food and Nutrition Policy and Action Plan for Malta were launched.

The response by the international community to the spreading of the Ebola virus started in 2014. The WHO together with other international bodies such as the EU played a major role in coordinating international efforts to prevent the spread of the virus. In 2014, the Chief Medical Officer, Dr Denis Vella Baldacchino was also appointed as the National Ebola Coordinator.
Conclusion

The Directorate’s responsibilities are in continuous development in line with the promotion of a sustainable Maltese health sector, benefits for its service users, national needs and priorities whilst exploring and enhancing the development of EU and other international relations to widen related opportunities.

ALLIED HEALTH CARE SERVICES DIRECTORATE

Allied Health Care Services consists of a diverse group of different professions who work across entities and make up an integral part of the Health Care Services. The Director has been responsible to provide strategic direction to the various Allied Health Services under the DAHCS remit. The Directorate has liaised with various entities, Directors, Ministries, Allied Health Care professions, Scientific officers and support staff, Human Resources Departments, University of Malta, MCAST, KNPD (National Commission for Persons with Disability), NGO’s, Working groups, PACBU and Unions on all issues pertaining to sustainability, training, career progression, retention and recruitment with a view to implement improvements in Allied Health Services delivery during 2014. The Director Allied Health Care Services has networked with all the diverse Allied Health Professions.

The Allied Health Care Services Directorate has placed sustainability, training and implementation of Sectoral agreements as top priority for the Director of Allied Health Care Services. Various discussions with the Resourcing Directorate – MEH, Faculty of Health Sciences - University of Malta, MCAST as well as foreign Universities were held throughout the year.

Strategy 2013 - 2014

The Allied Health Care Services Directorate is responsible for the provision of Allied Health Care Services. The Directorate organises and coordinates these services by developing a network system to ensure a professional and strategic leadership. The Directorate plays a leading role in the development and implementation of the vision and strategic plan for each of the professions under the remit and ensures these diverse services meet the needs of the public and are delivered according to the Ministry’s policies, strategies, regulations and standards. One of the main aims of the Directorate throughout 2014 was that of ensuring the objectives were reached whilst maintaining the right level of communication with all professions under its remit.

Priorities in 2014

The major priorities in 2014 included:

- Research and work carried out throughout the year in preparation for upcoming ESF application to send trainees/students abroad to foreign universities to train in various areas of Prosthetics/Orthotics, Orthoptics, Optometrey and Clinical Physiological Measurements;
- Sustainability of the professions through discussions and liaison with University of Malta, MCAST and foreign Universities;
• Ensuring the implementation of Sectoral agreements and Memorandum of Understanding – Allied Health Class Agreement, Psychology Class Agreement and ECG MoU;
• Drafting of Calls for applications, Expression of Interests;
• Drawing up new or updating job descriptions;
• Deployment of new recruits and support staff;
• Strategic plan for the development of the Competence Assessment Framework for Allied Health Class;
• Providing information and feedback related to Union issues;
• Various training initiatives carried out across Allied Health services for professionals and support staff according to identified priorities.

Key Activities

Allied Health Care Management Meetings

The work of the Director Allied Health Care Services has involved various top management meetings to discuss services under her remit. Regular individual meetings with Head of Services/Managers/Professional Leads were held as well as on-site visits to departments and various meetings with senior staff and clinical chairpersons as necessary.

Allied Health Care Services

• Audiology

Various meetings held to discuss possibility of issuing an expression of interest and deploying Ministry for Energy and Health (Health) staff currently following the MSc in Audiology at the Faculty of Health Sciences within the Audiology Unit. Talks continued with MCAST on courses in Clinical Sciences. Paramedic Aides deployed to department.

• Clinical Perfusion

Appointment of Principal Scientific Officer – Clinical Perfusion which was issued in the previous year (2013) finalised.

• Dental Hygiene

Preliminary discussions began on the possibility of expanding services outside Mater Dei.

• Dental Technology

The Allied Health Care Services Directorate met with the Superintendence of Health on an issue related to registration of the Malta Dental Technology Association in the Fourth Schedule of the Health Care Act.
• **Dietetic**

Various meetings were held with Faculty of Health Sciences on the recruitment of a Dietitian by MEH to support the clinical setting in view of the Clinical Placements required for future students. The additional year leading to registration as a Dietitian has been submitted to the University of Malta Programme Validation Committee and is in an advanced stage.

• **Medical Laboratory Technology/Science**

Deployment of new Medical Laboratory Technologists, Paramedic Aides (Generic) and Paramedic Aides (Phlebotomists) has been done. Various meetings were held to discuss phlebotomy staff deployment as well as Gozo transfers prior to deployment of new staff.

Funds were used to purchase books for the Gozo Laboratory.

• **Medical Imaging**

Deployment of more Radiographers and Paramedic Aides was done during 2014.

• **Medical Physics**

DAHCS was involved in various discussions re: Medical Physics expert as well as the possibility of a new structure for Medical Physicists. In 2014, Medical Physicists were registered with CPCM. DAHCS was involved in various meetings with University of Malta on ESF programme.

• **Occupational Therapy**

- New recruits and Paramedic Aides were deployed;
- OTs benefitted from training in Hand Therapy (BAHT) and funds for OT support staff;
- The OT Department is responsible for an EU Leonardo da Vinci Programme.

• **Ophthalmic Support Services**

Various meetings were held to discuss the justification and requirements for the ESF draft application, to send persons to train in Optometry and Orthoptics.

• **Orthotics and Prosthetics**

New tenders for Prosthetics and Orthotics were issued in 2014.

Various meetings were held to discuss the staff shortages and the possibility of applying for ESF funds to send persons to train in Prosthetics and Orthotics. Discussions have also been held with MCAST to tweak one of the current courses to include units on manufacturing and plastics to be appropriate for the needs of the Unit. A Paramedic Aide was deployed to the department.

• **Physiological Measurements (including Sleep Lab, EEG, EMG and ECG)**

Allied Health Care Services continued to collaborate with MCAST. The eAPEL process was finalised and explained to all ECG technicians during a seminar. Staff can apply so as to be exempt from certain aspects of the part-time course leading to a full time Level 5 Higher National
Diploma in Physiological Measurements. The DAHCS was involved in listing the Learning Outcomes and required tasks for the physiological measurements specific courses.

Paramedic Aides were deployed to the department. There are currently 8 Paramedic Aides. 3 have been SCST certified and 5 remain to be certified in 2015. The Paramedic Aides followed a revision course carried out by a tutor brought over from Guys and St Thomas to Malta, as well as, travelled to Birmingham, UK to sit for the SCST exam which certifies them to take a 12 lead ECG. Gozitan ECG Technicians were transferred to Gozo following certification of the new Paramedic Aides.

There were various union issues related to the ECG department.

- **Physiotherapy**

New Physiotherapists and Paramedic Aides were deployed.

The Physiotherapy Department benefitted from a number of training initiatives: Hand Therapy (BAHT), BOBATH training, shoulder training, incontinence, gait analysis, paediatric physiotherapy and staff support.

- **Podology**

There were various union issues related to lack of equipment, sterilisation and packing of equipment, toe nail cutting and employment of new recruits. 2 Paramedic Aides were deployed for the first time in 2014.

- **Psychology**

Various meetings were held with entities as well as the Managing Psychologists. A number of meetings were held in view of the requirements of the Mental Health Act.

Training funds were utilised for the last part of the specialised EMDR training for a large number of psychologists and trainee psychologists. These will be certified in 2015.

A Managing Psychologist with coordinating duties was appointed following an Expression of Interest.

An Expression of Interest was issued for Psychologists on contract basis. This process has not yet been finalised.

- **Radiotherapy**

The first cohort of 10 graduates in Radiography (Dual – Diagnostic and Therapeutic) were deployed to Boffa/Oncology Centre.

- **Social Work**

Discussions are ongoing to renew the current service agreement with Appogg and receive costings for increase social workers in some entities.
- **Speech and Language Pathology**

A number of new Speech Language Pathologists were employed. The Speech Language Department benefited from training funds for a course: Lis and Tell.

- **Paramedic Aides**

Paramedic Aides (generic) were deployed to various departments during 2014. Paramedic Aides were also employed in Phlebotomy.

**University of Malta**

DAHCS held various discussions with University to ensure collaboration on various courses. These included talks on the employment of a mentor for clinical placements for the students who will follow the final year post-graduate diploma in Dietetics following the BSc in Allied Food Sciences, statistics on the number of graduates, discussions with the Faculty of Well Being on possible topics for Masters research as well as talks to Faculty of Health Sciences, talks to foreign students on Allied Health and meeting with the Dean of FHS.

**MCAST**

The Allied Health Care Services Directorate continued to hold discussions with MCAST to ensure courses fill the current gaps experienced in the Health Sector. DAHCS funded an advert for MCAST Paramedic Aides and participated in the Annual Expo held at MCAST.

The course leading to a MQF Level 5 National Diploma in Health and Social Care is the course specifically targeted to train Paramedic Aides. Various Allied Health Departments remain committed to accept students within their department. Various clinical placements are requested via DAHCS.

**Unions**

The Director of Allied Health Care is the MEH representative and focal person for professions and support staff that fall under the Allied Health Care Services remit. The Director of Allied Health participated or was requested input in a number of union meetings and issues throughout 2014.

**Responding to PQs and queries**

The Director Allied Health Care Service received various queries sent directly to the Directorate, to the CMO, via social media or to the Ministry’s secretariat as well as PQ’s. These were all answered to in a timely fashion.

**Social media**

The Allied Health Care Services continued to work on increasing the visibility of the services under its remit. A short DVD on Allied Health professions and information leaflets for each profession were completed. The DAHCS set up its own website which recently went to a process of migration and will be fully migrated in early 2015. The DAHCS also set up a Facebook page and Facebook group.

Directorate saw an increase in the members on the Facebook Group (now standing at 375 Allied Health Professionals) where important notices are circulated and online discussions carried out.
Directorate through its Assistant Director was actively involved in the migration of the Allied Health Care Services website to the new health portal at www.health.gov.mt whereby information was reviewed together with focal points of various professions and final product submitted.

**KNPD**

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. This follows a Memorandum of Understanding signed in 2011.

**NGO’s**

The outsourcing agreement with Inspire for 400 children on waiting list at CDAU for OT services is now concluded.

**EU Project**

The Allied Health Care Directorate has been working on drafting an application for an ESF project entitled: Training Allied Health Professionals to ensure sustainability of the Service. This proposal will address areas of dire shortage of highly skilled workers in Prosthetics and Orthotics, Orthoptics, Optometry and Clinical Physiological Measurements. This involved drafting of calls, feasibility study, tenders and commitments forms, carrying out research and compiling required information to support the need for training as well as collaboration with foreign universities.

**Conferences, Seminars, Courses and meetings**

The Director of Allied Health Care Services and team attended a number of conferences, seminars, courses and meetings throughout the year. All staff are encouraged to take up training opportunities pertaining to their grade. Short reports are drawn up on conferences attended.

**Participation in International meetings and collaboration**

The Director participated in various teleconferencing meetings during the year with the International Chief Health Professions Organisation (ICHPO) and provided feedback on the current situation of Allied Health Care Professions in Malta.

**Performance against Objectives 2013 – 2014**

The objectives outlined in 2014 included:

The sustainability of the Allied Health Care Professions remains a priority. Collaboration with University of Malta, MCAST and foreign Universities was given importance. During 2014, a large amount of work was dedicated to ensuring that the application for ESF funding project is drafted and project ready.

The Director Allied Health Care Services acts as a representative for the MEH in all activities and discussions involving Allied health Care Professions.
Conclusion

During 2014, the Allied Health Care Services Directorate worked in earnest to build the core Directorate, implement various aspects of the Sectoral agreements, disseminate information, provide updates and directed efforts towards sustainability of professions. DAHCS continued to support the Allied Health Care Services in the various entities.

POST-GRADUATE MEDICAL TRAINING CENTRE

The Malta Postgraduate Medical Training Centre (MPMTC) provides training and professional support for postgraduate medical trainees and their trainers in the various medical specialities (recognised by the Medical Council) in order to achieve and maintain high standards of practice and patient care. These are: Adult Medical Specialities including: General Medicine, Cardiology, Endocrinology and Diabetes, Gastroenterology, Infectious Diseases, Nephrology, Neurology, Respiratory Medicine, Rheumatology, Anaesthesia and Intensive Care, Child and Adolescent Health, Dental Surgery, Dermatology, Emergency Medicine, Family Medicine, General Surgery, (including Otorhinolaryngology, Plastic Surgery, Paediatric Surgery, Urology, Cardiothoracic, Neurosurgery, Vascular Surgery), Genito Urinary Medicine, Geriatrics, Medical Imaging, Obstetrics and Gynaecology, Oncology and Radiotherapy, Ophthalmology, Orthopaedics, Pathology (including Clinical Pathology, Clinical Haematology, Transfusion Medicine, Histopathology, Biochemistry, Microbiology, Clinical Genetics), Public Health Medicine, Psychiatry

With more than 20 Training Coordinators, 500 Clinical Supervisors and an increasing number (500+) of trainees (from Foundation to Higher Specialist Trainees), the Centre is the leading and only institution in the Medical Postgraduate Training sector in Malta as a training institution and a Higher Education Centre.

Number of Postgraduate Medical Trainees including Foundation Doctors

There are at present 307 trainees in the postgraduate training programmes and another 190 trainees in the Foundation Programme.

Foreign Lecturers

As in previous years during 2014 we have had several (26) foreign lecturers participating in our postgraduate training programme. These were invited over by the respective Postgraduate Training Committees in the various specialities to present lectures and participate in assessments/examinations of the different specialities.

CDRT

Our collaboration with CDRT has continued to prove fruitful in 2014. This time we focused more on Training Coordinators’ needs and a Train the Trainers Course was successfully delivered by Dr Michelle Attard Tonna. Other training sessions have been planned through our various meetings with CDRT representatives. Training discussed includes Coaching and Mentorship, Towards Team Decision Making and Communication Skills for younger Doctors.
Examinations

MPMTC was again involved with the examinations held by various specialities during 2014. These included General Surgery, Anaesthesia, Psychiatry, Family Medicine, Paediatrics and Public Health. The MPMTC is also recognised as an Overseas Centre for the Membership of the Royal College of Paediatrics and Child Health (MRCPCH), EBSQ the Edinburgh Surgical Sciences Qualification (ESSQ) examinations are no longer being held at our Training Centre since these examinations are now conducted online.

Video-links/Webinars/Web Symposiums

The MPMTC continued to offer Video Conferencing facilities in collaboration with the Medical Illustrations Unit. These video conferences included:

- Weekly Paediatric ST lectures on Monday and Tuesday with Yorkhill Hospital for Sick Children, Glasgow;
- Monthly Evening Medical Updates from the Royal College of Physicians of Edinburgh;
- Update Course in Elderly from the Royal College of Physicians of Edinburgh – this is usually a one day event all video-linked, mainly for Geriatric Trainees;
- Bimonthly web symposiums from the Royal College of Physicians of Edinburgh;
- OMED Interactive Webinars for Surgery trainees;
- Evening demonstrations consisting of 6 sessions held 3 times a year as preparation for the MRCP(UK) Part 2 Clinical Examination (PACES);
- AMEE web-linked events accessible from home and of which we are members.

The MPMTC issues Certificates of Attendance for these and other events. In most instances the centre applies for CME points to be accredited to these events through Medical Association of Malta. The Centre also applies for protected time for the participants through MDH administration.

Feedback on all sessions is also obtained using feedback forms after each session to be able to make improvements where needed. All sessions were facilitated by MPMTC staff.

e-Portfolio for GP Trainees – Pilot Project

This is an ongoing project and the MPMTC continued working on the e-Portfolio pilot project for Family Medicine with NHS Scotland. This project required a lot of work since the e-portfolio used in the UK had to be adjusted to suit the requirement of our local GP training programme.

ESF Project 1.211 Creation of an e-portfolio for Postgraduate training

This project was one of the main undertakings that were dealt with by the MPMTC during 2014. During this year, our staff was actively involved with the software providers so as to create this web-based portfolio to cater for the needs of our postgraduate trainees. This meant a large number of hours of discussions and testing of the system which was eventually hosted on the MITA environment on the 14th November 2014. Following this, the training of the end users and the transfer of the various curricula started and is ongoing. Again this required a lot of input from our staff.
ESF Project 4.182

MPMTC also entrusted with another ESF Project which was previously administered by Gozo and which then fell under the auspices of the Ministry for Health in Malta with the reshuffle after the elections in March 2013. With regards to this project, the project leader was changed after Dr Raymond Galea resigned from the post but the staff at MPMTC was still actively participating in this project. This has gradually been implemented as is now on course with the Grant agreement.

Training Coordinators and Foundation Directors’ Meeting

Dr Raymond Galea was appointed as Head of Postgraduate Medical training Programme in January 2014. The monthly meetings with Training Coordinators and Foundation Directors have been held regularly and the attendance was always encouraging. This has proven to help in creating targets and improve communication within the Training Centre. It has provided a good forum wherein different ideas aiming to improve Postgraduate Medical Education were discussed.

Foundation School Board (FSB) meetings

Dr Raymond Galea also Chairs the FSB and these meetings ensure continuity in training from Medical School to Foundation to Basic Specialist Trainee level. In fact, representative members of the Medical Students and Foundation School also sit on this Board.

The Postgraduate Medical Training Centre Website

The Postgraduate Medical Centre website includes the links to all subscribed online journals and EBSCO Host Databases which are available to all Doctors in training. This is being managed by MPMTC staff. This has now become a standard facility offered by the Centre to all the trainees through the website.

Training Abroad

At present we have 9 Trainees who are currently abroad within stipulated MoU’s with foreign institutions.

New Bilateral Agreements with International Institutions

We already have various Memoranda of Understanding regarding training at International Institutions. In 2014, we worked on four new Memoranda of Understanding with four separate International Training centres. We concluded one with University Hospitals of Leicester NHS Trust and we are finalising the other three with:

- Red Cross Hospital in Kassel – Germany;
- Grampian NHS – Scotland;
- The Leeds Teaching Hospitals NHS trust-UK.

These arrangements are actively sought since they provide a very good opportunity for our trainees to acquire skills which are not presently available locally.
Policy for Training Abroad

Training Abroad Policy has been approved by the Department of Health.

Simulation Centre Project

Simulation forms a very important part of many training programs and the simulation centre which has been in the pipeline for a number of years started to materialise in 2013. This was completed in 2014. These premises where officially inaugurated by Mr. C. Fearne, the Parliamentary Secretary for Health on the 25th October 2014. This centre will develop further the training that we offer our doctors. These premises now house all the simulators/equipment and this is now providing an adequate environment for training within Mater Dei hospital. We have had various training sessions in this new centre and several courses have been organised with different entities. This centralisation has resulted into a better and more efficient use of the facilities available. The resources of MPMTC and the Faculty of Medicine and Surgery, have been pooled together and this has consolidated the training being given. In this manner we are trying to make better utilization of the resources currently at our disposal.

NCFHE recognition

The Centre has been given recognition by the National Council for Higher Education as an Educational Institution. This was up for renewal during this year and we were informed that the Malta Postgraduate Training Centre does not need to be licensed by NCHE as it is to be considered as a public education institution.

Conclusion

In conclusion the Malta Postgraduate Medical Training Centre has now been established since 2008 and has gradually evolved into a busy dynamic centre offering support to more than 500 doctors who are at different stages of their medical specialisation. The facilities that are provided by this centre have also increased and have become more sophisticated as is required to provide the highest level of training. Up to now we have managed to get EU funds so as to create an ePortfolio and we have also set up an official Simulation Centre. In order to further improve the facilities and the training of our future doctors we are therefore proposing some reorganisation of the administrative staff that manages the daily running of the centre. This reorganisation, we believe, will improve the overall efficiency of the Centre and so contribute to a better service to our patients.

OFFICE OF THE CHIEF EXECUTIVE OFFICER, MATER DEI HOSPITAL

The main activities in 2014 covered three main projects:

- The development of Malta’s first Health System Performance Assessment Report;
- ESF project 4.175 on training of medical physicists;
- Mentoring and leadership programme at Boffa Hospital.

Health System Performance Assessment (HSPA)

As part of Malta’s obligation to report on the implementation of its national health systems strategy and to report on various other fronts, the Ministry commissioned a Working Group to
develop, test and implement a HSPA for the first time in Malta. This process took the best part of the year and is now drawing to a near with the publication of Malta's first HSPA report. The undersigned spearheaded the process and carried out the main body of research and compilation of the report. However, all WG members participated actively and provided valuable input into this process. The report will outline Malta's first HSPA Framework and incorporates 59 performance indicators, covering 9 dimensions such as quality, access, health status of the population, determinants of health etc. This report will provide a snapshot of the performance of Malta's health system, for the base year of 2012.

ESF 4.175 project

The undersigned is the Project Leader for this ESF project. It consists of the training of two cohorts of medical physicists, both in Malta and in Leeds, UK. This is the first time that a large group of professionals will be trained and will be specialising in this area. The project commenced in 2013 and is due to end in 2016. The training consists of a taught or academic component and of a clinical training programme within a hospital environment. The academic element consisted of a post graduate Masters programme run, for the first time, by the University of Malta. The clinical training component is being carried out at Leeds Teachings Hospitals, having been chosen after an expression of interest and tender.

The first cohort of 6 medical physics trainees completed their masters in 2014 and are due to return to Malta in May of this year, after completing 22 months of clinical training in Leeds. The second cohort of 9 trainees are currently undergoing their masters and have also proceeded to Leeds where they are currently undergoing their clinical training. They should return to Malta in 2016.

This project was important to equip the new oncology centre with the right expertise and skills to operate at a high standard of practice.

Mentoring and leadership programme at Mater Dei and Boffa Hospitals

Following a call for tender, EMCS were engaged to provide a leadership and mentoring programme to the staff and management at Mater Dei and Boffa Hospitals. This comprised of a number of practical based quality improvement projects in a number of areas, where staff generated new ideas and implemented them at the place of work. A number of project teams were created at ward and management level where ward, clinical or staff practices were changed and improved, impacting upon the quality of care to patients. The aim was to improve service delivery, set new standard of care and in the case of Boffa Hospital, transfer these new practices to the new oncology centre.

Another area of action was the development of a manual of procedures which was developed by the senior management team of Boffa Hospital. This allowed this team to map the patient journey through the patient care process. This project led to the development of a hospital wide manual which is to be used as a template for service improvement and changes.

Another project that EMCS undertook was supporting and providing close advice and assistance to the PASQIT at Mater Dei Hospital. This quality based group was set up by MDH Management to implement new quality initiatives and change current practices. The project consisted of looking at a number of clinical areas and addressing changes that would improve patient care and the safety of patients.
Both Mater Dei Hospital and Boffa Hospital presented their project in a seminar organised for this purpose in early 2014.

**SPECIALISED TREATMENT ABROAD**

The Treatment Abroad Coordination Office has been operating in its current format for the past six 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.

In 2014, the unit has yet again seen an increase in the number of patients who received treatment abroad. The unit managed to diligently finalise all the required logistics and all patients travelled in time for their appointments. The past year has also been very productive in dealing with the Visiting Consultants with the introduction of another three new Consultants.

**Strategy**

The main strategy that both units have again focused on was to reduce costs as much as possible and to provide a sustainable and efficient service as possible. Considering the increase in patient numbers and visiting Consultants the Unit has coped quiet well. Unfortunately last year the Unit had to resort to the use of Air Ambulances again for the transportation of critically ill children due to the problems being encountered with the transportation of these patients on commercial flights. This has now been settled.

**Priorities**

A new member of staff has been assigned to the Treatment Abroad Unit with the main aim to work on inputting of data and to provide assistance with clearing the backlog of back office work. Unfortunately due to the increased work load the hours are being used up to provide support with patient matters leaving very little time for data collection.

In November a revised Questionnaire has been launched. The aim is to gauge the patients’ and their relatives’ perception of the services being rendered with the aim of improving practices and service provision.

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 9 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:

- Continued to increase 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;
- The Office coordinated a total of 93 visits by Overseas Visiting Consultants and other medical teams;
The Office coordinated the transfer to UK of 5 critically ill patient via an Air Ambulance;
The Office worked with the Police to coordinate the transfer of failed asylum seekers to Ghana;
The Office worked with Mater Dei and Spanish Embassy to coordinate the repatriation of a critically ill Spanish Citizen;
The Office worked with Mater Dei and British Embassy to coordinate the repatriation of a critically ill British Citizen;
The Office worked with Mount Carmel Hospital and British Embassy to coordinate the repatriation of an ill British Citizen;
Drafted Policies and procedures to be followed when booking an Air Ambulance;
Drafted Policies and procedures to be followed for cases requiring urgent transfer abroad;
Drafted SOP regarding the Repatriation of Foreign Patients;
Drafted SOP regarding the Transfer of Patients from Foreign Hospitals to Public Hospitals in Malta;
The Office assisted families to repatriate relatives who were abroad on holiday and fell ill;
Facilitated the visits of 3 new Overseas Consultants who carried out Clinics and Surgery at Mater Dei. Areas covered by the new Visiting Consultants at MDH include Orthopaedics, Ophthalmology and Medicine;
The Office worked close with ISMETT to coordinate the repatriation of the first case of a deceased patient from Palermo;
The Office concluded discussions and negotiations with the Maltese Conventual Franciscan Province who will be providing the Spiritual Services in UK instead of the Franciscan Friars of St Paul’s Apostle who after many years of service decided to return to Malta;
The Office concluded the Negotiations with the Paediatric Nephrologists from GOSH who accepted to take up the contract directly and to increase the number of visits;
The Office has dedicated endless hours dealing with a number of complicated Customer Care cases.
Analysis

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

![Graph showing distribution of patients in different hospitals]

Following is a tabular representation of the number of patients who travelled abroad between 2008 and 2014.

<table>
<thead>
<tr>
<th>Year</th>
<th>No of Patients travelled abroad for treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>279</td>
</tr>
<tr>
<td>2009</td>
<td>296</td>
</tr>
<tr>
<td>2010</td>
<td>306</td>
</tr>
<tr>
<td>2011</td>
<td>316</td>
</tr>
<tr>
<td>2012</td>
<td>415</td>
</tr>
<tr>
<td>2013</td>
<td>424</td>
</tr>
<tr>
<td>2014</td>
<td>459</td>
</tr>
</tbody>
</table>
DEPARTMENT FOR HEALTH INFORMATION AND RESEARCH

INTRODUCTION

The Department of Health Information and Research leads the collection, analysis and delivery of health related information in Malta. It 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, researchers, for the public in general, interested institutions and other that may require it.

ROUTINE ACTIVITIES ON NATIONAL INFORMATION SYSTEMS

Malta National Mortality Registry (MNMR)

The Malta National Mortality Registry received, checked, coded, entered and validated 3434 death certificates during the year 2014, an increase of 72 certificates over the previous year. International collaboration with the World Health Organisation (WHO), EUROSTAT and EMCDDA (European Monitoring Centre for Drugs and Drug Addiction) is ongoing. Data regarding mortality in the Maltese Islands is sent to these International Organisations on an annual basis. Data on mortality is also sent on an annual basis to the National Statistics Office and is included in the Demographic Review. The Malta National Mortality Registry has also answered 94 requests from academics, researchers, medical doctors and various health and other departments and 1 parliamentary question during 2014.

Malta National Cancer Registry (MNCR)

During the year 2014, a total of 10,130 new additional information items about malignant and benign cases were identified via 234 notifications of cancers, 834 death certificates and 746 cases notified from Sir Paul Boffa Hospital, 442 from private Hospitals and Clinics and through a review of around 26,850 Mater Dei Hospital pathology, Bone Marrows, Flow Cytometries, Medical Imaging and Cytology results of which 7,874 were found to be either benign or malignant cases. The Malta National Cancer registry also replied to 64 local requests and 13 international requests. The latter included a number of in-depth studies which are being undertaken for various cancer types by the new team in the EU’s Joint Research Centre in Ispra.

National Obstetric Information System (NOIS)

The National Obstetrics Information System received, checked, coded, entered and validated data on 4,213 births during 2014. The NOIS Annual Report for 2013 was compiled and distributed this year together with two interim reports for 2014. The NOIS website has been kept updated throughout the year and all reports are available on the site. The Registry continued active collaboration with EUROPERISTAT which is functioning as a network of collaborating registries with an interest in maternal and perinatal health.
Malta Congenital Anomalies Registry (MCAR)

In 2014, the Registry actively identified a total of 151 infants/fetuses diagnosed or suspected of having potential congenital anomalies from obstetric and neonatal wards. Over 330 hospital files of both mothers and babies were reviewed. For 2012, a total of 102 infants/fetuses were confirmed as having one or more major anomaly and registered in the MCAR. The Registry continued active participation in two international collaborative networks: EUROCAT (European Surveillance of Congenital Anomalies) Joint Action and ICBDSR (International Clearinghouse for Birth Defects Surveillance and Research) as well as its participation in the FP7 (Framework Programme7) project ‘EUROmediCAT’ investigating the safety of medication used in pregnancy.

Malta National Organ Transplant Registry

During 2014, the total number of organs donated both locally and abroad for 2014 was forty seven organs. Nineteen kidneys were donated from deceased persons, and five kidneys were donated from live donors. Six kidneys, seven livers, four lungs and two hearts were donated and sent abroad. One heart was donated to a Maltese resident. Nine corneas were donated to Maltese residents.

National Hospitals Information System (NHIS)

The National Hospitals Information System continued to collect data on hospital activity from state and private hospitals throughout 2014. During the first part of 2014 the NHIS at DHIR concluded its work on the coding and validating of state and private hospitals’ episode-based Hospital Activity data with respect to the year 2012, amounting to over 15,000 hospital episode records. The NHIS also concentrated on the overall processing, coding and validating of the same state and private hospitals’ episode-based Hospital Activity data concerning the year 2013, amounting to over 14,000 hospital episode records in total. This 2013 Hospital Activity data will be completely finalised during the first part of the year 2015.

Eurostat's Yearly Health Care Statistics Non Expenditure Data Requests

The NHIS continued to collect establishment data (facilities, equipment and human resources) from all state and private hospitals as at end 2013. It also collected and collated 2012 and 2013 episode based anonymised data for discharges from all state hospitals and the largest hospital group in the private sector. This information is used to answer the Joint non expenditure questionnaire on health statistics from EUROSTAT, WHO and OECD and is used by the aforementioned international bodies requesting it to populate their online statistical databases. Health care professionals national data was collected from the respective Councils. The hospitals’ record based data was collated, validated and coded accordingly, and was used to answer part of the EUROSTAT additional questionnaire, health care activities, dealing with hospital discharges.

Injury Database (IDB)

This Register collates data regarding Accidents and Injuries from the Emergency and Admitting Department (E & A) at Gozo General Hospital and Mater Dei Hospital (MDH). This year the Register has unfortunately suffered a setback due to the change from PAS to CPAS as a software compatibility issue arose with IDB data mining software. From 1st January 2013 – 31st December 2013, 15,707 episodes have been identified as injuries from records forwarded from GGH and MDH. Data for 2013 was forwarded to the Eurosafes collaboration.
Liaisons were established during 2014 with both MCCAA on childhood accidents and with the Commission for Domestic Violence.

**Dementia Register**

In 2013, the Directorate for Health Information and Research (DHIR) started the collection of data to set up a Dementia Register. This Registry collects information on all patients in the Maltese Islands, diagnosed with dementia and who have applied for anti-dementia medications as per government formulary list. Information on dementia patients who are diagnosed with dementia but not eligible for treatment, can also be sent by the patient’s doctor on a voluntary basis. During period January 2014 to December 2014 the Dementia Registry received, checked, entered and validated data (demographic data has been confirmed and verified with the PAS) in respect of 331 cases. The first report on dementia which is based on information provided by the Dementia Register between the beginning of January 2013 till the end of December 2013 has been finalised.

**Rare Diseases Register**

During 2014, the National Plan on Rare Diseases 2014-20 was prepared for launch. Orphan drugs were introduced during 2014 and plans for expansion of neonatal screening programme (namely congenital hypothyroidism and PKU) were submitted to the Advisory Committee on Healthcare Benefits. Launch of the register and strategy is planned for 2015.

**WHO-EURO Health for All (HFA)**

Data on Health Indicators for the year 2013 was compiled towards the end of 2014 for submission to WHO-EURO in January 2015.

**Public Health Reporting & Research**

*Reports drawn up by DHIR*

- Health Systems in Transition Malta Health System Review Vol.16 no 1 2014;
- Health System Performance Assessment (HSPA);
- Diabetes: A National Public Health Priority;
- NOIS Annual Report;
- Mortality Annual Report;
- 3rd Global Status Report on Road Safety.

*Reports for which DHIR submitted information and supported preparation*

- Health at a Glance: Europe 2014;
- Health behaviour in School Children;
- National Health System Strategy (NHSS).

*Public Health Programme projects in which DHIR is involved:*

- European Health Interview Survey 2014/2015;
- Joint Action on Monitoring Injuries in Europe (JAMIE);
- Joint Action European Health and Life Expectancy Information System (JA EHLEIS);
- Grant in the framework of “Morbidity Statistics in Europe”;
- Grant in the framework ‘System of Health Accounts’.
Health Ethics Committee

The Health Ethics Committee held seven meetings during 2014. It received the following applications; 2 Substantial Amendments, 6 applications other than clinical trials and 2 Clinical Trials applications.

Data Protection

The DHIR Data Protection Officer successfully completed the training programme for Data Protection and an internal Data Protection Compliance audit was conducted on all DHIR registries.

Meetings Attended Abroad

- Expert Group Health Information 22nd – 23rd January 2014 Luxembourg EPAAC WP8 Dinner briefing 22nd January 2014 Luxembourg;
- Morbidity Workshop 11th - 13th February 2014 Luxembourg;
- EUROmediCAT General Meeting 3 - 4th March 2014 Pisa, Italy;
- Data Management and analysis of Cancer Registry data March 11 -13th 2014 Rome, Italy;
- EUCERD Joint Action Workshop of Orphacodes in Health Information Systems - 18th March 2014 Paris;
- Joint Action EHEIS meeting April 9th-10th 2014 Paris;
- The International Dimension in Health Services Research: Meeting organised by the Health Service Research Section EUPHA 14th – 15th May 2014 Utrecht;
- Peer Review on Health Systems Performance 19th - 20th May 2014, Brussels;
- EUCERD Joint Action workshop 8th May 2014 Berlin;
- Guiding principles for social care of people living with rare diseases 9 – 10 October 2014 Norway;
- EMCDDA meeting on Drug Related Deaths Wed 15th October - Thursday 16th October 2014, Lisbon Portugal;
- Launch of the European Reference Networks – Conference organised by the European Commission 23 June 2014;
- Workshop on Orphacodes in Health Information Systems 1 – 2 October 2014 Ispra-Italy;
- Conference on Health Inequalities and Vulnerability: Capacity Building & Interventions among EU member states, 20 – 21 October 2014 - Rome - Ministry of Health-Auditorium;
- The Export Group on Social Determinants and Health Inequalities Meeting 22nd October 2014 Luxembourg;
- Meeting of the Indicators sub-group 21st October 2014 Brussels;
- Health Systems Policy and Monitoring Network Meeting 30 – 31 October 2014 Berlin;
- Expert Group on Health Information 26th and 27th November 2014 Luxembourg;
- Health in the Western Mediterranean 5+5 26th November 2014 Morocco;
- Country Consultation on Integrated NCD -Surveillance 8th - 9th December 2014;
- EUROmediCAT Annual Meeting Pisa 2 – 5 March 2014;
- ICBDSR Annual Meeting and Symposium Helsinki Finland 14th – 17th September 2014;
Working Group on Public Health Statistics held on the 16th - 17th December 2014.

Nursing Services Directorate

KEY ACTIVITIES

COURSES

EN to SN Conversion Course

The EN to SN conversion course organised by the NSD has come to an end. The project took off in March 2003, resulting in six hundred and ten (610) 2nd level nurses upgrading themselves to 1st level nurses. Participants of Group 25 (last course) had their final in June 2014 while failures passed their resit exam by the end of the year 2014. Currently, the nursing profession has a 91% 1st-level nurses compared to 50% in 2002.

Intravenous Therapy Course

In 2014, in preparation for the migration to the new Oncology Department, three IV therapy courses were held at SPBH having all nurses updated. A template form was designed and distributed to all entities to gather information regarding those nurses and midwives who still have not done this course. In addition to this, a set of online questions are being prepared for nurses having their IV therapy course expiring. All nurses achieving a pass mark of 80% will then be assessed clinically on the ward. This new project will be launched and uploaded in 2015.

PROJECTS AND INITIATIVES

European Social Funds (ESF) Project OP II

ESF 4.174 Training Health Care Professionals for Integrating acute and community care

A 9 day course for the Discharge Liaison Nurses (DLN) and Midwives (DLM) was provided to enhance their knowledge on issues such as SOPs, policies, team building, community services and personal development. Another 2 day course was then provided to the DLM on assessments of mothers and babies in the postnatal period. A course was delivered by the DLM/DLN to the nurses and midwives in the nine medical wards and Obstetric Wards (one and three in Malta), and in the general ward in Gozo. Eleven (11) seminars were done in Malta and Gozo for all health professionals who would have been involved within these services. All presentations were prepared by the NSD and a total of 463 health professionals were trained. The DLM and DLN services started to function at MDH in the first week of April. All training was 85% co-funded by the EU through ESF.

Improving the Quality of Community Care Services – Discharge Liaison Midwifery (DLM)

Through ESF 4.174, the new service provided by the DLM was launched. The DLM meets all postnatal mothers and their families in the obstetric wards as to gather information on their past medical and obstetric history as well as the present wellbeing of the mothers. Such assessment
is the basis of information for the DLM when she visits the mother and baby at home. The home visits are done within 24 hours of discharge and last for around an hour. Second and third visits are provided according to the mother’s and baby’s needs and service allowance. The DLM had 2,914 new cases since April (which all had hospital assessments) and carried out around 5,500 home visits. In Gozo, there were 144 new cases and 407 home visits. The DLM works closely with the Breastfeeding Clinic to support mothers with Breastfeeding and refers to them as necessary. Also, the DLM have the ability to refer for psychological reviews as well as work closely with MMDNA and other health professionals.

The NSD drafted a Proposal Report that aims at bringing forward some recommendations so as to improve the quality of Community care services/Outreach services in Malta and to enhance the quality of life of Maltese individuals living in the community. Evidence shows that adequate community care has the potential to prevent unnecessary admissions to acute or long term care whilst keeping individuals in their environment with their families and customs to which they are deeply attached.

**Unregulated Care Providers**

The NSD together with Allied Health Services Directorate and Superintendence Public Health presented a proposal report together with all completed work regarding the Regulation of Health Support Workers to Dr Richard Zammit, Superintendent Public Health. The proposed work consisted of a ‘System of Registration’ to be introduced for health support workers against the following scope:

- An adequate level of training amongst all health support staff is ensured. An MQF level-one certification in relevant training being the minimum of qualifications/training is required;
- The vacuum in ability to perform due diligence in employment processes of workers is addressed;
- Varying competences and knowledge within the workforce of support workers is distinguished, enabling a safe and appropriate deployment across the different sectors and roles.

The registration pack, presented to the Superintendence Public Health, consisted of:

- Report: Registration of Health Support Staff;
- Registration Pack: Registration Form;
Employment of Staff Nurses

NSD coordinated the selection process of 254 nurses in 2014 through different venues. 175 nurses were engaged on an indefinite contract through calls for applications issued in February, March and June. Another 16 nurses were engaged through a contractor, and 65 nurses were on a 2-year contract through arrangements with the Spanish Health Authorities and Satse (the Spanish Nurses’ Union). Furthermore, 29 nurses were re-employed beyond retirement and 2 nurses were re-instated. Twelve midwives were also engaged.

Practice Nurses

NSD in collaboration with different stakeholders and experts in the field worked upon the revamping and drafting of various job descriptions for Practice Nurses. Ten of these job descriptions were sent to the HR department who issued the calls for Practice Nurses at: Mater Dei Hospital (Infection control, Orthopaedic Theatre/Joints, Orthopaedic Theatre/Spine, Tissue Viability, Vascular Surgery, Gastroenterology/Endoscopy, Resuscitation); Mount Carmel Hospital (Infection control) and Rehabilitation Hospital Karen Grech (Infection control, tissue viability).

Orientation and Induction Programme for foreign trained nurses

The NSD continued to coordinate and implement the theoretical programme in geriatric care for foreign nurses. Subsequently, each foreign nurse who attended the theory was allocated to a mentor in an elderly setting where he/she had to work one hundred twenty hours (120 hours). During the geriatric orientation each nurse had to fill the competency assessment tool and then be recommended by the mentor.

Framework for Nursing and Midwifery Specialisation

The contribution of specialist nurses and midwives is well recognised in many of the European Health care systems and evidence of improved quality of care is published in several research studies. Locally, the evolution of the nursing and midwifery specialities has occurred in an ad hoc way with no coherent structure or system to guide its process and therefore the development of a Structured Framework for specialities together with the introduction of a Specialisation Register was deemed necessary to regulate and give recognition to these specialities.

The NSD played an active role in the formulation of the Framework for Nursing and Midwifery Specialisation in alliance with the Specialist Accreditation Committee and the Council of Nurses and Midwives and jointly drafted the Specialisation Register for the Maltese Nurses and Midwives. The Register for Nursing and Midwifery Specialisation will consist of three parts of which the first two are Active parts and the third is the Inactive Part of the register:

The Proposed Specialisation Register shall contribute to the amelioration of the quality of future workforce planning and the development of specialised educational programs for the nursing and midwifery professions so as the meet the needs of the Maltese Community.

DISCUSSIONS ON THE SECTORAL AGREEMENT FOR NURSES AND MIDWIVES

NSD participated in discussions between MEH, PACBU and MUMN to clarify issues emanating from the Sectoral Agreement signed on the 6th February 2013. It was agreed that the nurses employed post retirement who prior to retirement were in Scales above Deputy Charge
Nurse/Midwife will be engaged at the Maximum of Scale 8. Furthermore, years in service in the old grades are to be recognised in the new grades for call for applications purposes.

**DOCUMENTATION**

**Nurses and Nursing Aide/Health Assistants Uniform**

The NSD worked in collaboration with the Central Procurement office personnel in the ordering and the distribution of uniforms to nurses in all grades and entities. The NSD discussed the specifications for a new uniform for the nursing aides and health assistants. Meetings are being held with the support workers union representatives.

**General Database**

NSD ensured that adequate Nursing/Midwifery data of the HR resourcing across MFH and MFSS has been kept. During 2014, data was being continuously updated every two (2) months by liaising with the Human Resources Department and all entities involved. Refer to Appendices I & II for a summary of all nurses and midwives working in Malta and Gozo.

**Re-instatements**

NSD participated together with HR in the Standard Operating Procedure that should be followed when reinstating nurses and nursing aides into the public service. During 2014, 3 Health Assistants, 4 Nursing Aides and 2 Nurses were reinstated and deployed.

**Gozo Nurses List**

A total of 33 nurses were transferred from Malta to Gozo. These were transferred to strengthen the services provided at the Operating Theatres, Chemo Therapy, Day Care and Orthopaedic wards. The list of Nurses wishing to be transferred to Gozo is being kept updated. Nurses are being contacted every 6 months by HR to confirm their position.

**HUMAN RESOURCES**

During 2014, a total of 210 nurses in all grades have been requesting to be transferred to other entities. Thus, the NSD worked closely with People Management under the Directorate Human Resources Practices in providing a smooth process to transfer or deploy these nurses when and where necessary. The newly appointed nurses and midwives were also deployed with the same process.

NSD took a very active role in collaboration with the HR Division in the deployment of the newly engaged nursing staff. The deployment was as follows: The Spanish Nurses on a 2-year contract were deployed as follows: 48 at MDH, 7 at Oncology, and 8 at RHKG. The 16 Bulgarian/Romanian engaged through the contract were deployed at MDH. The newly graduated nurses were deployed as follows: 48 Mater Dei Hospital, 16 at Dermatology and Oncology, 22 at Rehabilitation Karen Grech Hospital, 13 at Mount Carmel Hospital and 33 MFSS.
COMMITTEES AND BOARDS

DNS staff was represented on the Breastfeeding Steering Committee which met once a month; the breastfeeding policy was distributed to all maternity staff. Three courses for staff were carried out and an induction programme given to all new staff. The committee was working towards having WHO representation in Malta to follow the progress towards acquiring Baby Friendly Initiative Award.

The NSD staff participated in a number of re-instatement and expression of interest selection boards.

The NSD staff was involved in various Inquiry Boards including: the Board of Inquiry related to two incidents at Msida Home.

CONFERENCES, SEMINARS, COURSES, MEETINGS

NSD staff attended various conferences, seminars, courses, meetings and workshops both locally and abroad. The Director for Nursing planned and organised site visit at Mount Carmel Hospital and Gozo General Hospital to reach out more the nursing/midwifery management and the nursing/midwifery work force within the entities. Meeting with CNM and visit held in a number of wards.

JA EUHWForce PLANNING AND FORECASTING

A member within the NSD continued to represent Malta on the Joint Action, as Work Package 3 co-leader. The main objective of this Joint Action is building a platform for collaboration and exchange between Member States (MSs) to prepare the future of the Health Workforce Planning and Forecasting. This 39 month project started in April 2013 and is due for completion in June 2016. This involved the total participation in the evaluation of the Joint Action’s process and output by means of formulation of various structured evaluation tools. This member assumed the Work Package 3 Leader responsibilities for the first 6 months of 2014 in lieu of the leader. He participated in the electronic monthly meetings and also personally as follows:

- Joint Action Conference in January 2014 (Bratislava);
- Work Package Leader and 3rd Executive Committee Meeting in June 2014 (Leuven);
- Work Package 3 and Work Package 1 Meeting in September 2014 (Helsinki);
- Work Leader and 4th Executive Committee meeting in November 2014 (Luxemburg);

IVF PROGRAMME 2014

During 2014, the IVF Project Team was seeing to the implementation of the IVF Programme within Mater Dei Hospital.

Due to the fact that the first bid for tender for the Provision of Services for In Vitro Fertilisation (IVF) was not concluded, a new tender had to be issued. The first 27 couples were outsourced to undergo Phase II of the Process at a Private Facility. Out of these 25 patients had embryo transfers, six became pregnant and 3 had a live birth.

New tender was issued and the new bidder namely Cherubino Ltd signed contract to provide IVF Services at Mater Dei on 12th May 2014. Works to refurbish the facility started immediately
and several meetings were held with the project team and the visiting embryologists to see to the necessary equipment and consumables to be bought by the Service Provider to have a fully functional IVF Lab and Theatre equipped as a Minor Operations Theatre.

The Project Team were also discussing and seeing to various other issues among which:

**Number of cycles**

An agreement was reached that for the first group of patients 30 cycles will be performed for the first two groups of patients after which 50 patients will be called. Patients were informed in writing by means of a letter sent from the Directorate Health Services that they have been selected to start the process (infertility counselling, bloodwork etc.) in preparation for their IVF cycle.

**Polar Body testing**

The laboratory will be equipped for Polar Body Testing according to what is needed by the Embryologists. This equipment to be provided by the Service Provider.

**Medication for IVF**

The issue of whether stimulation Medication required for IVF was raised to see if patients can buy these from Mater Dei Hospital at a cheaper price, with the possibility of MDH pharmacy to stock the most common IVF medications used, to be able to sell them to patients at a cheaper price. However, this issue was not concluded and new discussions to be held later on. At the moment patients have to provide their own stimulation medication as prescribed by the Infertility clinicians of Mater Dei.

**Ticket of Referral and ART Application form with Disclaimer**

A Specific Ticket of Referral and ART Application form with Disclaimer were prepared for patients to undergo IVF. Both forms were approved by the Legal Office of MDH.

**Patients doing IVF both privately and under the NHS within a short period of time**

It was discussed that the safe period of time should be of about three months, but the final decision is to be taken by the Clinician. It was agreed that when such cases are noted, EPA is to write directly to patients and inform them to bring this issue up with their clinician and inform him of their previous recent IVF cycle.

**Training of Staff**

Two Medical Lab Scientists have completed their training in Leuven in Andrology work for the IVF Clinic, it was also agreed that two embryologists will be going for training at the same centre, one to start in January 2015 and one in August 2015. Five gynaecologists will also receive their training starting in the second Quarter of 2015.

**Physical Space for ART Clinic**

A new Unit has been assigned for the ART Clinic which will include ART Clinic outpatients complete with consultation rooms, nurses’ station, intralipids and IUI section, an office and two Infertility counselling rooms. This unit is at Level -1 (near the Chinese Medicine).
Engineering Department have provided plans for any structural changes needed for the division of the rooms and works on same to commence in first quarter of 2015.

**IT Software**

Software needs to have specific requirements for IVF and cryopreservation. After discussions were held with the IT Department is was agreed that an amended version (new branch) of the CPAS will be made, works have already started on same and IT will be available during 2015.

**Responsible Person and Embryologists**

Qualifications and Responsibilities of the RP are well defined in the EC Directive 23/2004, after discussions held a Responsible Person was identified and contract signed.

A Senior Foreign Embryologist and a Foreign Assistant Embryologist were also identified and contracts signed with both to offer services at the MDH IVF Facilities.

**Quality Manager and Project Co-Ordinator**

A call for a Senior Manager for IVF Quality Assurance was issued in December 2014. Interviews to be held in first quarter of 2015, chosen person is to set up a Quality Manual as per EC Directive.

The issue of a Project Co-ordinator was brought up, the person will be co-ordinating all issues once the Service provider starts also introducing his private patients at the facility. The importance that a Co-ordinator be appointed to liaise between both parties was explained in detail. A decision is still to be taken about same whether this should be incorporated in the role of the Advisor to the Ministry on IVF.

**Urology (Male Infertility)**

Several meetings were held to discuss how the Urology Team will be incorporated within the ART Clinic for male patients requiring further investigations and PESA/TESA.

**IVF Lab and Theatre**

All structural works by engineering Department were carried out by the end of November 2014, Service Provider installed all equipment already present and new equipment procured including new workstations and Dewars by the end of December 2014. All equipment was calibrated and validated.

**Necessary documentation required prior to Licensing**

All necessary documents including Standard Operating Procedures (SOP’s) for each phase of the IVF process were prepared as per required by the Tissue and Cells Directive, EPA Forms were also discussed with the staff involved, while new embryology forms to be used in Lab were also created to cater for the Maltese Legislation Embryo Protection Act and the Protocol issued by the Embryo Protection Authority. Same documents were submitted to the Superintendence of Public Health and to the Embryo Protection Authority for their approval prior to Licensing.
Permission to transfer gametes from private facility

A formal request was made to EPA to enable the patients undergoing their IVF at the MDH Facility to transfer their gametes from the private facility to Mater Dei. These patients had been outsourced by the DOH in January 2014. EPA’s formal approval was received together with the necessary Gamete Movement Forms to be filled by both Centres. The necessary SOP’s are to be in place prior to the transfer of same gametes. This transfer can only take place after licence is granted to the MDH Facility.

Licensing of MDH IVF Facility

An inspection of the MDH IVF Facility, will be held jointly by the Superintendence of Public Health and the Embryo Protection Authority appointed members, to inspect the premises and see if they can be licenced in line with the Tissue and Cells Directive, the Embryo Protection Act and the Protocol of the Embryo Protection Authority. This inspection is being held on the 5th January 2015. Once Licence is issued, down regulation of patients will start in preparation for the first IVF’s envisaged to start fully from Mater Dei as from 28th January 2015.

Thanks to all that have worked wholeheartedly to see this project being implemented from the MDH IVF Facility, thus also for the first time, Artificial Reproductive Technology Services are being offered for free on the National Health Services.

DIRECTORATE FOR PHARMACEUTICAL AFFAIRS

In line with the objectives of the Ministry, the Directorate for Pharmaceutical Affairs is continuously working and evolving towards the aim of assuring accessible, quality and sustainable medicinal treatment and pharmaceutical service to the general public.

Main Achievements

During 2014 the Directorate for Pharmaceutical Affairs achieved the following main objectives:

<table>
<thead>
<tr>
<th>Pharmaceutical Professions Management Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Drafted 3 calls for application and 2 calls for expression of interest for pharmacists within the public service;</td>
</tr>
<tr>
<td>• Provided student work experience by hosting 1 Pharmaceutical Technology university student placement, and 3 Pharmacy students and 1 Pharmaceutical Technology student during summer work-phase;</td>
</tr>
<tr>
<td>• Provided career exposure experience to secondary school students within the pharmaceutical sector;</td>
</tr>
<tr>
<td>• Co-ordinated, in collaboration with the Institute of Applied Science in MCAST, the part MQF Level 5 MCAST course for pharmacy technicians;</td>
</tr>
<tr>
<td>• Compiled CBE plans for 2015 for the entire pharmaceutical sector.</td>
</tr>
</tbody>
</table>
**Pharmaceutical Policy Unit**

- Drafted a total of 10 policy documents regarding various subjects. These were:
  - Medical Oxygen & Oxygen Concentrators for Domiciliary Use;
  - Government Staff Members Entitlement to Free Medicines - Updates 2014;
  - Voucher Scheme for gluten free products;
  - Healthcare and Medicines entitlement to Migrants;
  - Management of Polypharmacy, Management and Prevention of Polypharmacy and Setting of a Medicines Information Unit;
  - Diabetes Mellitus Entitlement Regularisation in terms of the Fifth Schedule of the Social Security Act Cap 318 Art 23;
  - Implications of the proposal for a Directive on the transparency of measures regulating the process of medicinals.
  - Partial Funding of medicines which are not available on the Government Formulary List;
  - Antiepileptic and Immunosuppressant drugs: switching between different manufacturers’ products;
  - Decentralisation of Items to POYC.

**EUneHTA and EU Affairs**

- Collaborated and participated in several EU Networks and initiatives relating to Pharmaceutical Policy such as:
  - Rare Diseases Activities in Europe;
  - Commission’s Impact Assessment Guidelines;
  - Cross Border Healthcare Directive;
  - HTA Network as per Article 15 of the Directive 2011/24/EU;
  - Directive on transparency of measures regulating the prices of medicinal products for human use;
  - European Network of Health Technology Assessment (EUneHTA);
  - Managed Entry Agreement meeting within the platform Access to Medicines in Europe;
  - Pharmaceutical Pricing and Reimbursement Initiative (PPRI) surveys;
  - Steering Group for Access to Medicines;
  - Hepatitis Medicines Expert Group.

**Inclusion of Medicinal Products onto the GFL**

- A total of 121 requests were presented to GFLAC;
- Marginal cost savings and costs incurred are being highlighted throughout the process and presented in the final Health Technology Assessment report;
- During 2014, the treatment for two major disease categories was reviewed. These consist of Multiple Sclerosis and Diabetes Mellitus.
<table>
<thead>
<tr>
<th>Section</th>
<th>Details</th>
</tr>
</thead>
</table>
| **Pharmaceutical Pricing Unit** | • Computed a total of 891 Medicines Reference Prices and 472 Guidance Reference Prices in the time period of January 2014 to December 2014;  
• Maintained an updated Reference Price Database consisting of an update of the Formulary price list with the latest computed MRP prices. Throughout 2014, the Pricing Unit has updated a total of 1187 prices of formulary items from a total of 1467 items amounting to 81% of the total formulary list. Updated the Pricing Database containing the price lists of reimbursable medicines of all the 11 countries in Malta’s basket of countries;  
• Created a database of GFLAC approved medicines as from 2014, which includes, a record of all approved items following each GFLAC meeting, the budgeted expenditure for such items and the implications on the Ministry’s budget as a result (whether cost saving, cost neutral or additional cost) of the new approval. |
| **Formulary Management Unit** | • Publishing a revised version of the Government Formulary List (GFL) three times a year. The GFL and its related documents were published in February, July and November 2014. An additional 13 updates to the GFL were done for other changes;  
• Government Formulary List ‘clean up’ with every formulary update. A total of 38 old items were deleted;  
• The Specifications and Deletions Task Force met a total number of 22 times. During these meetings a total of 158 matters related to specifications or deletions were discussed;  
• Reviewed a total of 225 specifications. |
| **EMTP** | • Reviewed a total of 1509 cases through the Exceptional Medicinal Treatment Policy;  
• Timely discussion and conclusion of all requests for conditions deemed to be immediately life-threatening or where a delay in treatment will lead to immediate consequences of a serious nature, urgent cases and non-urgent cases within a stipulated time;  
• Maintenance of 2 main databases: Incoming Requests Database and EMTP Database;  
• The EMTP unit set up a new EMTP filing system to allow easy retrieval of previous cases and requests when needed. |
| **Administrative Issues & Correspondence** | • A total of 46 Ombudsman Investigations/Replies were carried out throughout 2014;  
• A total of 26 PQs were answered from January to December 2014;  
• DPA received a total of 300 inquiries from the Ministry for Health during 2014;  
• A total of 453 queries were received from patients or relatives from January to December 2014. |
| **Equality** | • The DPA applied for recertification of the Equality Mark. All the required information was submitted to the NCPE for their review and recertification was achieved. |
| **Other** | • DPA collaborated and contributed in the Medical Materials and Surgical Devices Task Force |
New initiatives and planned projects

Branded Specifications

Specifications which identify a specific brand are clinically reviewed and discussed with concerning stakeholders, where necessary. The removal of unnecessary branding ensures a transparent, fair and competitive procurement system, where necessary. In the meantime DPA provided assistance and support to CPSU on why branding was essential for certain items.

Analysis of GFL by high volume and/or high cost items

The high volume and/or high cost items are identified and analysed in order to identify the role and necessity of each drug in accordance to international guidelines and in combination with national consumptions and trend of use.

Analysis of GFL by certain therapeutic classes

The GFL was analysed according to therapeutic class to identify the role and necessity of each drug available in each therapeutic class in accordance to international guidelines in combination with national consumptions and trend of use. The therapeutic classes were analysed in the following order:

- Antihypertensive Treatment (ACE Inhibitors, ARBs);
- Statins;
- Diabetes Mellitus Medicines;
- Biologics (for RA/Gastro/Psoriasis);
- Oncology (new & old medicines) + Haematology;
- Immunosuppressants (renal);
- Hepatitis C;
- Cardiovascular Medicines Respiratory Medicines.

Over the counter (OTC) medicines/others

Those medicines which are listed as OTCs as per Medicines Authority were extracted from the GFL. Their current clinical role was analysed in accordance to entitlement policies. Examples of OTC medicines available on the GFL include: vitamins, aqueous cream, pain killers. Other items on the GFL included non medicinals such as milk substitutes.

Pink Positive Items on the GFL

Items marked as Pink Positive on the GFL were extracted and reviewed in accordance to the Fifth Schedule of the Social Security Act and financial impact on the healthcare system.

Conclusion

Major changes in the directorate during 2014 included the provision of the necessary support to the Central Procurement and Supplies Unit as requested, to ensure a more efficient, timely and cost-effective procurement of medicines.
CANCER CARE PATHWAYS DIRECTORATE

This new directorate has been established for the past 3 months. It is committed towards cancer patients by offering direction, support, guide and help, increased access and continuity of care for both the patients and the families.

Migration to Sir Anthony Mamo Oncology Centre

The Director of Cancer Care Pathways has contributed to the first phase of the Outpatient Services from Sir Paul Boffa Hospital to Sir Anthony Mamo through regular migration meetings, management team meetings and drafting outpatient pathways to facilitate pre-migration activities for Phase 1 of the migration.

Outpatients Department

The Directorate has also ensured that pathways have been drafted for ambulance hall area, communication pathway, helpdesk pathway, pathway for stores, staff on call pathway, waste management and patient services migration plans, customer care migration, main reception, porters desk and haematology practice nurse migration.

Measures specific to the Directorate

Information pathways

As a Directorate, one of the main gaps identified in the treatment pathway was the lack of information for cancer patients. The directorate has established and spearheaded an innovative working group involving a multidisciplinary team of professionals to commence tailoring information for site-specific tumours. This working group (entitled TICC – Tailored Information in Cancer Care) considered the detrimental stages at which information was lacking and which were considered most useful for cancer patients. Following a survey amongst patients to identify information needs, four cancer treatment booklets were developed – focusing on the cancer sites with the highest incidence of cancer in the Maltese Islands, namely Breast, Colorectal, Prostate and Lung Cancers.

IT software

In order to strengthen the customer care service for oncology patients, the Directorate has ensured that by the end of 2014, IT software has been acquired to improve the Oncology Customer Care service which was previously paper-based. The existing KURA Intranet software was enhanced to provide new apps and facilities as described below:
1. A new web app was developed to collect Customer Care Requests from authorised users at Sir Paul Boffa Hospital. The functions of the new app followed the existing Customer Care app for Mater Dei Hospital; however a different list of sources was defined for this app following discussion with key IT officers.
2. New reporting facilities were developed to provide statistics and data collection from within the existing KURA reporting app available to administrators.

**Palliative Care pathways**

The directorate has achieved active collaboration between Sir Paul Boffa Hospital management, Hospice Malta and the MDH Discharge Liaison team though the presentation of roles and services to each entity and discussion of collaborative approaches to care. A plan has been drafted in order to commence an outreach service for palliative patients and their families in the coming months of 2015. This service shall offer support and quality service to palliative patients during their hospital stay, facilitation of discharge and coordination of care following discharge in liaison with other entities.

**Survivorship pathways**

The directorate is supporting the development of a patient information booklet focusing on life beyond cancer to be given to patients at the end of treatment. Moreover, a group psychological intervention commenced its piloting phase in the last months of 2014, aimed at caring for patients who are at the end of their treatment cycles in order to equip them with support, address psychological needs and prepare them for the journey ahead.

**Strategy document**

The directorate has contributed to the production of a strategy document to quality of service improvement in Oncology in order to map out the current processes, address the processes that require improvement and plan new initiatives. In this report, the Senior Management team at Sir Paul Boffa Hospital and Cancer Care Pathways Directorate together with Consultants identified the care pathway which incorporates the patient’s journey and where the Allied Health Professionals together with Clinicians make a significant difference to the care outcomes for those suffering from cancer. This report also sets out key issues that network team should consider when assessing health needs, reviewing services, developing service specifications and monitoring performance. This report is intended to serve as a reference, strategy document and a starting point for management and healthcare providers who wish to improve services currently provided to cancer patients whose lives and well-being depend on their actions.

**Research**

Patient information needs and information gaps were identified through a cross-sectional survey carried out amongst patients using the oncology services. A compilation of patients' views regarding developed patient information material was also researched in order to develop and improve patient information pathways.
The past year was characterised by a number of changes carried out within the various Units encompassing the Directorate. A total reallocation of the resources within the IT Department was carried out to be able to provide services from one central area.

IM&T Directorate’s services are not only limited to MDH but to all other Health entities. Amongst other services IM&T employees provided training in various health applications such as iCM, CPAS, PACS, RIS and ECS. Application support was provided in various application both on a technical and business process level. IM&T also assisted various stakeholders to research and establish software requirements.

The Medical Illustrations Unit offers various services such as medical photography and videography; graphic design and leaflet/booklet digital printing together with videoconference service.

Regular and ad hoc request reports were processed by various units within the Department. This year the Data Management Unit, continued submitting to the Materials and Logistics Directorate a monthly report listing all the surgical procedures performed. Other monthly reports, including the hospital activity analysis are issued to the Clinical Performance Unit, Bereavement Unit, Endoscopy Unit, Medical Administrator and to the Minister Advisors.

During the year under review, as in previous years, the objective of Medical Records Department (MRD) was to ensure safety and availability of Medical Histories and in conformity with Data Protection issues. During 2014, MRD loaned 564,951 files and received back 503,199 files; an increase of 10% in total processed from last year.

Main Projects

**IT Inventory, Application List, User Service Contract**

Various Units within IM&T have endeavoured to build and maintain an updated hardware inventory system, system application list and user service list. Although the MDH IT Inventory System is far from being totally updated, 2015 will be a year where we plan to give a definite push to keep this database updated in real-time.

**Windows Migration**

2014 saw the migration of 1600 PCs/Laptops being migrated from Windows XP to Windows 7/8.1 by MITA sub-contractor and MDH IT Technical Support Section. This was necessary following the discontinuation of support by Microsoft on Windows XP workstations leaving vulnerability to the PCs and network environment.

**Application Testing and Windows 7/8.1 Compatibility Check**

In relation to the Windows 7/8.1 migration project being done across Government, MDH IT Technical Support Services team have been testing MDH applications in order to confirm or otherwise if they work in a Windows 7/8.1 environment. Test pcs have also been installed in IT Department. Various software issues have been encountered during this testing and addressed accordingly. Most software issues related to dedicated biomedical equipment. These
incompatibilities unfortunately slowed down drastically the migration of Windows 7 throughout the year.

**Leasing of Printers on Pay-Per-Click**

In order to reduce repair costs it was decided to extend the Outpatient printer leasing project to additional blocks within MDH. In 2014, MDH IT Technical Support team has replaced 80 printers at Pathology, Engineering, Renal, Physiotherapy, Speech Language, Occupational Therapy and placed some additional leased printers in the booking offices and File Preparation Areas in the Outpatients department.

**Deployment of Additional IT equipment**

During 2014, procurement of monitors, colour printers, ICM printers, CPAS printers, photocopiers and scanners were made through various contracts by the procurement department. Various PCs in Wards; Nursing Station were replaced with new faster PCs. A similar process has been used for the deployment of laptops. MDH IT Technical Support team was instructed to deploy the new laptops to MDH Clinical Chairpersons, and in return collect their Office and Clinic PCs to be redeployed to other offices within the hospital. This task is still underway and will be concluded by January 2015.

**Wireless Access Points and Setups**

Other projects included the installation of Wireless Routers in the Accident and Emergency Department, the IT Department and the replacement of Access Points in the administration building. Cisco Wireless Access Points have been connected in various strategic areas.

Accident and Emergency Access points have been set up by MITA Networks team to allow only Corp access to Medical PCs (touch screens) introduced in A&E and tablets that will be used by medical staff to track patient.

**MEP & Local Council Elections**

MDH IM&T was involved in the IT Setup for the MEP and Local Council elections that were held in March 2014. 2 different setups had to be catered for as for the first time at MDH elections had to be done on 2 separate days.

**Videoconferencing Equipment**

New videoconferencing systems were procured to meet with the ever-growing demand for such a service within MDH. This system is presently being configured to meet demands of both MDH and other entities across Health.

**MDH Data Centre Migration**

In May 2014, a project was initiated to migrate applications hosted at MDH to MITA data centre. Till end 2014 an evaluation of applications was carried out. The migration will be divided in two phases. Phase one will complete the physical migration of the applications while phase two will take care of ensuring that all systems have support agreements, or proposed for redevelopment.
Migration of Boffa Hospital to New Sir Anthony Mamo Oncology Centre (SAMOC)

IM&T Directorate took an active part in the pre-migration and phase one migration procedures from Boffa Hospital to the new SAMOC hospital adjacent to MDH. As from 21\textsuperscript{st} December 2014, IT support to 12 PCs has been shifted to MDH IT team and no longer falls under the responsibility of IMU-MEH.

MENTAL HEALTH SERVICES

HIGHLIGHTS FOR 2014

Throughout 2014, Mental Health Services remained committed to improve the lives of persons with mental illness. Our objectives are to provide an effective, accessible service which promotes the rights of the service user. Through improved coordination of services we aim to improve continuity of care.

The year in review was focused on the continued implementation of the new Mental Health Act, bringing patients rights to the forefront of our service delivery. Patient consent to treatment, the use of the least restrictive types of treatment, respect for patient autonomy, patient empowerment and the offering of treatment in the community were possible, have all contributed to a gradual reorientation in service provision.

In addition, management embarked on a quest for effective alternatives to hospital inpatient care and a more community oriented reform of working practices which address the totality of patient’s needs. Following close collaboration with NGO’s, plans for new community hostels are now underway.

The mental health services for children and adolescents were also reviewed. The current lack of inpatient facilities for adolescent girls was addressed and a new unit specific for adolescent boys and girls is currently under construction. Measures to decrease waiting times for child and adolescent outpatient facilities were identified with further implementation to continue in 2015.

MOUNT CARMEL HOSPITAL

The total number of inpatients receiving care within Mount Carmel Hospital was 1,991. There were 1,431 admissions during the year, 989 male (69m\%) and 442 females (31\%). Of these admissions, 536 were first admissions while 895 were re-admissions. 72\% of these admissions were voluntary, 28\% were involuntary (emergency, observation or treatment order of the Mental Health Act, Chpt. 525) while 16 persons (1.12\%) of the admissions were cases referred by Court. 176 persons (157 males and 19 females) were admitted to this hospital from C.C.F.

The average age for males was 38 years whilst the average age for females was 43 years on admission. 23.2\% of admissions (332 in total) were foreigners of which 147 were asylum seekers.
There were 1359 discharges during 2014, 963 male (70.86%) and 396 female (29.14%). During their stay at this hospital, 96 patients (39 males and 57 females) were temporarily transferred to other hospitals. 59 patients (21 males and 38 females) died during their stay at our hospital during this year. The diagnostic categories of the 1431 admitted patients are listed in the table below.

<table>
<thead>
<tr>
<th>WHO ICD-10 Diagnostic Categories</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organic including symptomatic, mental disorders (F00-F09) (incl. senile dementia)</td>
<td>1.96%</td>
</tr>
<tr>
<td>Mental &amp; behavioural disorders due to use of alcohol (F10) (alcohol abuse &amp; dependence)</td>
<td>7.28%</td>
</tr>
<tr>
<td>Mental &amp; behavioural disorders due to (non-alcohol) psychoactive substance use (F11-F19) (incl. drug abuse &amp; dependence)</td>
<td>27.31%</td>
</tr>
<tr>
<td>Schizophrenia, schizotypal &amp; delusional disorders (F20-F29)</td>
<td>18.78%</td>
</tr>
<tr>
<td>Mood (affective) disorders (30-F39)</td>
<td>18.23%</td>
</tr>
<tr>
<td>Neurotic, stress related &amp; somatoform disorders (F40-F48)</td>
<td>16.66%</td>
</tr>
<tr>
<td>Behavioral syndromes associated with physiological disturbances &amp; physical factors (F50-F59)</td>
<td>0.23%</td>
</tr>
<tr>
<td>Disorders of adult personality &amp; behavior (F60-F69)</td>
<td>3.68%</td>
</tr>
<tr>
<td>Mental Retardation (F70-F79)</td>
<td>2.58%</td>
</tr>
<tr>
<td>Disorders of Psychological Development (F80-F89)</td>
<td>0.47%</td>
</tr>
<tr>
<td>Behavioral &amp; emotional disorders with onset occur. in childhood or adolescence (F90-F98)</td>
<td>2.11%</td>
</tr>
<tr>
<td>Other (not specified or no psychiatric disorder)</td>
<td>0.70%</td>
</tr>
</tbody>
</table>

A number of new protocols and policies were introduced during 2014, namely for patient consent, keeping of patients in seclusion, record keeping as well as the storage and use of medications.

As part of an ongoing commitment to improving and refining services, a number of major changes occurred in 2014. Many Wards and Units have benefitted from varying amounts of refurbishment. In March, Male Ward 8 and the Juvenile Ward were amalgamated to form a new service area, called the Male Intellectual Disability Unit (MIDU). Also in this month following risk assessment, the Maximum Secure Unit (MSU) was separated from Forensic Unit and increased its capacity from 3 to 6 beds. A major achievement this year was the opening of the purpose...
built Female Dual Diagnosis Unit (F-DDU) in June. The aim of this Unit is to motivate and prepare service users to enter into a suitable rehabilitation programme.

As part of a larger project (to eventually extend Child and Adolescent Services), in October the Halfway House (Rehabilitation Area) vacated its existing premises and relocated to a purposively designed area which was previously part of a largely unused area of Female Ward 3A.

**Young People’s Unit**

The Young People’s Unit 1 continues to function as an eight-bedded mixed gender unit (4 males and 4 females) catering for youngsters with emotional and behavioural psychiatric problems who are under the age of eighteen years. During 2014 there were 39 admissions, of which 23 were first time admissions.

Care on the Unit is provided by a multidisciplinary team of child psychologists, nurses, social workers, occupational therapists and teachers.

<table>
<thead>
<tr>
<th>Young People’s Unit-1 2014</th>
<th>Resident</th>
<th>On Leave</th>
<th>Day Cases</th>
<th>Admissions</th>
<th>Discharges (D)</th>
<th>Transfers (T)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
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<td>Subtotals</td>
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<td>Subtotals</td>
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<tr>
<td>Total</td>
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<td>39</td>
<td>37</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Day users are concurrently on leave from YPU

The Unit has a full calendar of activities. Some of the activities such as the Christmas party and Christmas mini concert are sponsored by the HSBC Children’s Foundation and Friends of Mt Carmel Society. Others are organised by the staff with a variety of sponsors. The In-House Library Project for 2014 was sponsored by a member of staff.

During 2014, the YPU class participated and placed second and third in the Annual Horticultural Spring Show at San Anton Gardens. The pilot ‘Swimming Project’ which was set up between the YPU and the Kunsil Malti għall-iSport (KMS) in November 2013 ended in May 2014. This project included swimming sessions on weekly basis at the Kirkop Sports Centre.
The Young People's Unit 2, which is situated on the first floor on top of the YPU building, has been operating as such since 2012. It has a capacity of 8 beds and accommodates adolescent males below the age of 18 years.

During 2014 there were 25 admissions, of which 9 were first time admissions.

Activities on the Unit which include cookery sessions, domestic sessions and group discussion sessions are held by different professionals including the Nursing staff, the Occupational therapist and the YPU Psychologists. Outings to the main garden under the supervision of the nurses are also part of the YPU-2 program.

**Pharmacy Department**

The pharmacy has co-ordinated numerous meetings of the multidisciplinary team that was set up to come up with Guidelines on the use of medicines in the mental health setting. Audits were held in all wards on aspects concerning the storage of medicines and another round of audits is in progress on prescribing, preparation and administration of medicines. New versions of the ‘Prescription and record sheet’ for patients on long term stays, that are used to document the treatment of inpatients have been prepared and were launched recently. The pharmacy department was also pro-active in issuing a number of circulars on the correct use of various types of dosage forms and medicines. A number of Continuing Professional Development sessions were organized for all clinical staff.

Numerous infrastructural resources have been procured to assist nursing staff in a number of wards in their work including pharmaceutical refrigerators, cupboards/plastic drawers for storage of medicines and trolleys for distribution of medicines. Further requests have been made to
revamp the storage infrastructure in wards. All wards and other entities in the mental health setting were provided with the latest copy of the BNF. Numerous improvements were made in the pharmacy. A number of items were procured in order to improve the standards of the pharmacy premises. A temperature mapping exercise of the premises and the cold storage facilities in the pharmacy was carried out.

Pharmacy was also proactive in issuing a number of circulars. A total of 48 circulars were issued. The mainstay of these circulars concerned the correct storage of various dosage forms.

**Occupational Therapy (OT) Department**

During 2014, the OT department continued to offer various opportunities for service users to promote their skills and facilitate the mastering of new skills to enhance the achievement of independence and a gratifying quality of life. These services are delivered from MCH, MDH psychiatric unit, Child Guidance and community. The therapeutic programmes set for different service users include a wide range of activities including activities of daily living, educational talks, physical exercise, expressive arts as well as involvement in sessions on the wards and in the community. During 2014, 512 new cases and 2,177 follow up cases were seen at MCH with a total of 10,782 sessions. At community level 146 new cases and 3,439 follow up cases were seen with a total of 4,730 sessions.

**Physiotherapy Department**

A total of 171 psychiatric inpatients were referred for physiotherapy from the wards, 133 being new referrals and with a total of 4,346 treatment sessions being carried out. Physiotherapists worked closely with other health care professionals in order to deliver a holistic care package. Joint treatment sessions with occupational therapists were held for various patients.

**Psychology Services**

During the year 2014, 2553 persons were referred to Psychology Services. The total number of appointments given across all Hospitals was 15,337.

Services provided included:

- Regular attendance of ward rounds and presence at the Psychiatric Outpatients;
- Psychological interventions with patients, relatives and significant others;
- Support for relatives and carers of patients admitted to Mount Carmel Hospital or/and attending POP. This includes efforts to engage patients in the community with home visits and family support interventions by a family therapist 40 hours weekly;
- Liaison with governmental and non-governmental organisations as well as various other professionals in support of patients and significant others;
- Acceptance of referrals from G.P.s in Health Centres, work with Outreach and Crises intervention;
- Psycho-neurological assessments at St. Luke’s, RHKG and Mater Dei;
- Group sessions within the Psychiatric Community Day Centres;
- Offering psychological input in various Mental Health Clinics related to patients referred by the Responsible specialists for treatment in the community;
• Co-ordination of the Befriending Scheme and supervision of participants 4 hours weekly. This scheme enrolls matches and supervises volunteers who wish to befriend Mount Carmel patients and offers socialization training;
• Training of Basic and Higher Specialists Trainees (Psychiatry).

**Child and Adolescent Services**

• Psychological assessments and interventions;
• Interventions with families and significant others to support children at home;
• Psychological service were provided to 638 young clients at CDAU. This, in turn generated a substantial larger number of sessions which included initial intake interview with parents, administration of relevant tests and checklists, scoring, interpretation, report writing, liaison with other professionals and agencies, discussion of results with parents and counselling sessions with parents if needed and participation in case conferences;
• Total number of referrals at Child Guidance Clinics were 226 and a total of 1797 appointments were given.

**Mater Dei Hospital**

• Psychological interventions with patients (and relatives) in wards as well as interventions with Outpatient referrals.

**Gozo General Hospital**

• Psychological assessments and psychotherapeutic interventions.

**Social Work Department**

Statistical Data - Clients linked outcomes:
- Number of new referrals – 1089 [Males – 531; Females 558];
- Number of home assessments – 1050;
- Number of court visits – 39;
- Number of meetings with other agencies – 398;
- Number of office interviews (45mins+)/Case Conferences/Ward Rounds – 2171;
- Number of psychosocial reports, letters, emails – 1523;
- Number of clients assisted in finding employment – 65;
- Number of clients assisted in community living arrangements -74;
- Repatriated back to the native country of client/ hospital abroad – 31.

**Other activities**

From the existent social work complement, 10 social workers are appointed by the Minister to perform the duties of Mental Welfare Officers (MWOs). Out of these 10 MWOs, 4 MWOs performed a Mental Welfare Officer on call service. Such a role gives the respective social workers the authority to apply for the compulsory admissions to MCH (according to the Mental Health Act, 2012) for individuals who so require, (i.e. they become a danger to self or others).

At a community level, the social workers actively participated in anti-stigma initiatives, and facilitated visits to Mount Carmel Hospital by 3rd parties, to help eradicate any misconceptions that may still surround it.
Social workers also held regular meetings with relevant stakeholders (Government organizations; NGOs; private employers; property owners and/or relatives of clients), on behalf of service users, particularly those who have been resettled in the community after years of hospitalisation.

**Laboratory Services**

85 different tests were requested in 2014 (80 in 2013) amounting to a total of 28,300 test requests (26,369 in 2013). Of these, the five most commonly requested were CBCs 3,304 (12%), serum creatinine 2,229 (8%), serum electrolytes and blood urea 2,222 (8%) and LFTs 1,658 (6%).

**SHORT STAY PSYCHIATRIC UNIT - MDH**

<table>
<thead>
<tr>
<th>Admissions</th>
<th>Referral Sources</th>
<th>Discharges</th>
<th>Transfers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>New</td>
<td>Re</td>
</tr>
<tr>
<td>Male</td>
<td>133</td>
<td>85</td>
<td>48</td>
</tr>
<tr>
<td>Fem</td>
<td>184</td>
<td>109</td>
<td>75</td>
</tr>
<tr>
<td>Total</td>
<td>317</td>
<td>194</td>
<td>123</td>
</tr>
</tbody>
</table>

**SHORT STAY WARD – GOZO GENERAL HOSPITAL**

During 2014, there were 119 new admissions in this 12 bedded ward, with 38 being repeat admissions. 105 patients were admitted from home, whilst another 14 were transferred from other wards. 99 of the admissions were voluntary and 20 were involuntary. 113 patients were discharged or transferred to other wards or hospitals. 482 clients who were on leave attended for ward rounds.

Diagnostic Categories of New Admissions 81 (Total of Admissions 119 – 38 repeated admissions).
<table>
<thead>
<tr>
<th>Disorder</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>Ages 10-20</th>
<th>Ages 20-30</th>
<th>Ages 30-40</th>
<th>Ages 40-50</th>
<th>Ages 50-60</th>
<th>Ages 60-70</th>
<th>Ages 70-80</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addiction\Alcohol - F10</td>
<td>5</td>
<td>2</td>
<td>7</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Addiction\Heroin - F19</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute Stress Reaction F43.0</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety Disorder - F41</td>
<td>1</td>
<td>6</td>
<td>7</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bipolar Disorder - F31</td>
<td>4</td>
<td>5</td>
<td>9</td>
<td></td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression - F32</td>
<td>7</td>
<td>1</td>
<td>8</td>
<td></td>
<td>3</td>
<td>4</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For Observation. Undiagnosed.</td>
<td>3</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Mania - F30</td>
<td>5</td>
<td>1</td>
<td>6</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Mental disorders due to brain damage - F06</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OCD - F42</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Paranoid schizophrenia - F 20.0</td>
<td>6</td>
<td></td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Pervasive Development disorders F84</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychotic Disorders - F23</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Schizophrenia - F20</td>
<td>4</td>
<td>5</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Severe Depressive Disorder F32.3</td>
<td>3</td>
<td>5</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Eating Disorder - F50</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>48</td>
<td>33</td>
<td>81</td>
<td>12</td>
<td>13</td>
<td>18</td>
<td>18</td>
<td>16</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>
COMMUNITY MENTAL HEALTH SERVICES

Mental Health Community Service offers a variety of services to individuals within the community who are experiencing mental health problems. The interventions carried out by the community mental health teams are delivered through a multidisciplinary approach. Most of the community mental health teams are led by nurses. Such teams consist of psychiatrists, psychiatric nurses, nurses, social workers, psychology assistants, care workers and receptionists.

The multidisciplinary teams within these services operate on a bio-psychosocial and spiritual model of care and thus hold that all aspects of a person’s life need to be addressed in order for psychiatric care to reach its objectives.

The main focus is on developing a comprehensive model of care, with a key worker system to coordinate all the required services into an integrated package in order to help individuals recover from mental illness and live an acceptable life in the community.

Another mission of the teams is to increase awareness by providing information and education to various ages’ groups. By increasing awareness, stigma is reduced and people are encouraged to seek assistance before further problems and suffering occurs. Therefore a sense of prevention is installed in the general public.

The Mental Health Community Service comprise of the following services:

- 5 Mental Health Clinics (Paola, Cospicua, Floriana, Qormi, Mtarfa);
- Roaming Team (Gżira and Mosta);
- 5 Day Centres (Żejtun, Paola, Cospicua, Floriana, Qormi);
- Psychiatric Outpatients;
- Child Guidance Clinic;
- Outreach Team;
- Crisis Intervention Team/Service;
- 3 Flats (M`Xlokk, Mgarr, B`Kara);
- 2 Hostel, Joint projects between MGO`s and MCH.

Mental Health Clinics and Roaming Clinics

The five mental health clinics include both Primary and the Secondary multidisciplinary teams. During 2014, there were a total of 3474 patients registered between the 5 community clinics and the roaming team. The Secondary Teams assist and carry out the necessary interventions during psychiatric reviews held at the mental health clinics. The multidisciplinary team’s assess service users who are referred by their GPs, social agencies or other community sources. Service users who are discharged from the mental health hospital or psychiatric unit/clinic are also followed up at these clinics. A care plan is formulated by the team members and the service users are reviewed on a regular basis. Frequency and type of interventions required are also discussed and determined according to service users’ needs.
The Primary Teams work with people going through difficult times or people with moderate to severe mental health difficulties who are well-adjusted but need some monitoring to prevent or detect early signs of relapse. All of the cases are followed by a GP and a nurse, and several are referred to a Social Worker or Assistant Psychologist, according to the particular needs of the patient. The Primary Teams liaise with other social entities such as Local Councils, Church Groups and especially Private GPs working in the Catchment Area to market our services thus reaching out to as many people as possible.

**Roaming primary clinics are held at Floriana, Paola, Gzira and Mosta**

**Mental Health Day Centres**

Five Day Centers are available to service users and are situated in Paola, Cospicua, Qormi Floriana and Żejtun. During 2014, 268 persons were registered with the Day Centres and 214 benefited from the service. The Day Centres are led by Occupational Therapists and care workers in order to provide community mental health rehabilitation to service users who do not require hospitalization but require support to gain/regain independence in activities of daily living. The main aims of the Day Centres are to:

- provide rehabilitation to people registered in the community catchment areas;
- offer a therapeutic community to those who need maintenance and support;
- provide social skills training and programmes;
- Provide age appropriate and structural activities for individuals attending community centers;
- Support our service users in environments other than their home and day centre premises.

<table>
<thead>
<tr>
<th>Overall Statistics – Mental Health Clinics 2014</th>
<th>Cospicua</th>
<th>Paola</th>
<th>Floriana</th>
<th>Qormi</th>
<th>Mtarfa</th>
<th>Roaming</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients reviewed at Primary Clinics*</td>
<td>242</td>
<td>105</td>
<td>48</td>
<td>267</td>
<td>115</td>
<td>536</td>
</tr>
<tr>
<td>Patients seen in secondary clinics</td>
<td>478</td>
<td>1502</td>
<td>815</td>
<td>1781</td>
<td>753</td>
<td>n/a</td>
</tr>
<tr>
<td>Home Visits</td>
<td>141</td>
<td>301</td>
<td>206</td>
<td>450</td>
<td>202</td>
<td>13</td>
</tr>
<tr>
<td>Individual therapeutic sessions</td>
<td>581</td>
<td>1760</td>
<td>1019</td>
<td>1728</td>
<td>1988</td>
<td>18</td>
</tr>
<tr>
<td>Depot treatment</td>
<td>458</td>
<td>802</td>
<td>553</td>
<td>592</td>
<td>49</td>
<td>455</td>
</tr>
</tbody>
</table>

**Overall Statistics - Day Centres 2014**

<table>
<thead>
<tr>
<th>Overall Statistics - Day Centres 2014</th>
<th>Cospicua Day</th>
<th>Paola Day</th>
<th>Floriana Day</th>
<th>Qormi Day</th>
<th>Żejtun Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Sessions</td>
<td>133</td>
<td>479</td>
<td>412</td>
<td>1247</td>
<td>1348</td>
</tr>
<tr>
<td>Individual Sessions</td>
<td>2350</td>
<td>1839</td>
<td>1212</td>
<td>866</td>
<td>2369</td>
</tr>
<tr>
<td>Outings</td>
<td>73</td>
<td>24</td>
<td>184</td>
<td>54</td>
<td>409</td>
</tr>
<tr>
<td>Home visits</td>
<td>167</td>
<td>22</td>
<td>326</td>
<td>71</td>
<td>319</td>
</tr>
</tbody>
</table>
Psychiatric Outpatients - MDH

During 2014, 828 new cases and 11,209 follow up cases were seen at Psychiatric Outpatients. In addition, 5,106 cases referred as urgent cases were also reviewed, whilst 5,797 patients did not attend for their appointment.

Psychiatric Outpatients - GGH

During 2014, 97 clinics were held with a total of 2,261 appointments. In addition, 12 Learning Disability Clinics were held during where 71 patients were seen and 12 Child Guidance Clinics were held and 127 patients were seen. 13 Clinics were held by psychologists and assistant psychologists and 97 patients were seen. Also, psychotherapy service was given to 84 clients.

Child Guidance Clinic (GGC)

A total of 417 new cases were seen at CGC. The diagnosis of 2014 new cases that are still attending CGC are as follows:

- F32: Depressive episodes: 4.6%;
- F33: Recurrent depressive disorder: 0.5%;
- F34.1: Dysthymia: 0.5%;
- F38.8: Other specified mood (affective)disorders: 0.5%;
- F40: Phobic anxiety disorders: 2%;
- F41: Other anxiety disorders: 4%;
- F42: Obsessive-compulsive disorder: 2%;
- F43: Reaction to severe stress & adjustment disorders: 10%;
- F44.82: Transient dissociative(conversion) disorder: 0.4%;
- F50: Eating disorders: 2%;
- F83: Mixed specific developmental disorder: 0.2%;
- F84: Pervasive developmental disorders: 11%;
- F84.5: Asperger’s: 2%;
- F90.0: ADD or ADHD: 26%;
- F90.1: Hyperkinetic conduct disorder: 6%;
- F91: Conduct disorders: 3.1%;
- F91.3: Oppositional disorders: 7%;
- F92: Mixed disorders of conduct & emotions: 2%;
- F93: Emotional disorders: 3.5%;
- F94: Disorders of social functioning: 2%;
- F95: Tic disorders: 0.7%;
- F98: Other behavioural & emotional disorders: 2%;
- Unsure of diagnosis: 8%.

Follow-up appointments seen at CGC were 1574 males and 768 females. Do not attend rates were improved by calling clients the day prior to the appointment. Non attending appointment slots were given to other clients, thus also reducing the waiting list. Crafts activities were organised for clients whilst they are waiting in the CGC reception area. Sponsorship was obtained for books as reading material for CGC clients and their relatives whilst waiting at CGC.
Learning Disability Clinic

During 2014, 52 Learning Disability Clinics were held during which 31 new cases and 607 follow up appointments were seen.

In addition, 60 patients were also followed up by the psychologist. Learning Disability-Psycho-Social Educational Group and Learning Disability-Parental Group sessions were held.

ADHD Clinic

During 2014, 48 ADHD clinics were held during which 21 new cases and 538 follow up appointments were seen.

A total of 52 sessions were held at CGC & ADHD clinics by ADHD Coach. ADHD counselling/coaching was given in groups and also on an individual basis to these clients and their families. Two ADHD parental skills courses were also held. The course consisted of 6 sessions each, one session every week for 6 consecutive weeks.

Crisis Intervention Service

The Crisis Intervention Team is nurse led with the aim is to provide acute support to adults who have recently been exposed to psychological distress. The service runs from MDH from Monday to Sunday from 7am to 5.30pm. Currently the service offered is being revised.

During 2014, 585 assessments were carried out of which 142 persons were admitted to MCH, 23 to SSPU and 21 were redirected to A&E department. 52 clients were referred to a psychologist for further treatment.

Outreach Unit

The team, consisting of psychiatric nurses, nurses, social workers, psychology assistants, care workers and a nursing aide, offers service to service users with severe and persistent mental health conditions and who would be at risk of hospital admission without suitable and adequate support. The Outreach team strive to deliver effective and comprehensive mental health care in the community. The Outreach team do not have a clinic base, but work exclusively from the service users homes.

The outreach community team offers a wide range of interventions varying from assertive treatment and rehabilitation work, support and education. It carried out 23,765 types of intervention including both interactions with service user’s indirect services on behalf of the service users. During the year 2014, there were 1,467 home visits carried out for monitoring and follow up purposes whilst 782 home visits were carried out as therapeutic sessions. Another 740 home visits were carried out on ADL sessions, whilst 203 home visits were carried out to for the preparation of medication or administration of treatment.

Mental Health Act implementation

The implementation of the remaining articles of the Mental Health Act (which came into force in Oct 2014) has had a major impact on the operational aspect of Mental Health Services. All the relevant articles of this new legislation were implemented by end of 2014. New schedules pertaining to the various treatment orders were introduced and are in use. Regular
communication with the Office of the Commissioner for Mental Health and Older Persons is ongoing.

This year also saw the start of regular on-site visits by the Commissioner for Mental Health, who visited every ward/Unit within the Hospital as well as the various community centres. Furthermore, ward/Unit inspection visits were carried out by Health Care Standards representatives.

Financial Highlights

The aim of the Finance Department for 2014 was to minimise the cash deficit and the liabilities by consolidating the current services and work practices without engaging into specific new initiatives that were not backed by sound financial support.

The cash deficit and increased liabilities have been accumulating over the years following an insufficient budgetary allocation to cover essential items of expenditure such as utility bills, operational materials, two new geriatric wards, expansion of community mental health services and increased cost of contractual services. During the year, the Ministry for Finance, issued a letter of undertaking with the intention to keep on supporting the Mental Health Services to recover from this net liability position. In turn, the Mental Health Services kept on monitoring its control procedures and strengthening its practices in order to mitigate the ever increasing costs.

The following is a brief analysis of the financial situation from the Recurrent Vote 6029 for 2014:

<table>
<thead>
<tr>
<th></th>
<th>€</th>
<th>€</th>
<th>€</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net actual cash position as at the end of 2013</td>
<td>-</td>
<td>7,695,457</td>
<td></td>
</tr>
<tr>
<td>Total Recurrent Budgetary allocation for 2014</td>
<td>28,008,145</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Expenditure for the year

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
<th>Change from 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emoluments</td>
<td>19,084,426</td>
<td>18,412,551</td>
<td>671,875</td>
</tr>
<tr>
<td>Utilities</td>
<td>725,494</td>
<td>565,635</td>
<td>159,859</td>
</tr>
<tr>
<td>Materials and Supplies</td>
<td>1,085,371</td>
<td>1,015,172</td>
<td>70,199</td>
</tr>
<tr>
<td>Repair and Upkeep</td>
<td>144,204</td>
<td>156,795</td>
<td>-12,591</td>
</tr>
<tr>
<td>Rent</td>
<td>454,507</td>
<td>460,124</td>
<td>-5,617</td>
</tr>
<tr>
<td>International Memberships</td>
<td>50</td>
<td>233</td>
<td>-183</td>
</tr>
<tr>
<td>Office Services</td>
<td>43,682</td>
<td>39,554</td>
<td>4,128</td>
</tr>
<tr>
<td>Transport</td>
<td>88,903</td>
<td>123,098</td>
<td>-34,196</td>
</tr>
<tr>
<td>Travel</td>
<td>12,597</td>
<td>526</td>
<td>12,071</td>
</tr>
<tr>
<td>Information Services</td>
<td>837</td>
<td>9,321</td>
<td>-8,484</td>
</tr>
<tr>
<td>Contractual Services</td>
<td>5,698,669</td>
<td>5,042,533</td>
<td>656,136</td>
</tr>
<tr>
<td>Professional Services</td>
<td>125,699</td>
<td>113,957</td>
<td>11,742</td>
</tr>
</tbody>
</table>
The major changes in expenditure are mainly relating to the following:

1. The increase in salaries is purely related to the increase in COLA and salary increments as per collective agreements, which has been taken to be at an average of 4.5%.

2. The increase in contractual obligations arise mainly from the new increased need for cleaning services, careworkers and nurses with the opening of a new Female Dual Diagnosis Unit, upgrading of the services of the Half Way house into the new Rehabilitation Unit and the replacement of retired public officers through sub contracting.

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. These were financed entirely from the Capital Vote 7172 except for the amounts indicated under line items “improvement to property” and “equipment” in financial highlights above. The following projects were completed during the year:

New Female Dual Diagnosis Unit: The need was increasingly felt for a new unit to house female patients with dual diagnosis who were previously treated together with other female patients. This unit was commissioned in June 2014 with an investment of €80,000;

New Rehab Unit: The purpose of a new unit was to house the ex-Half Way House patients who had to be relocated in order to provide space for a new child and adolescent centre. This unit was incorporated as part of Female Ward 3A with an investment of €45,000. The Female ward 3A was also upgraded with an investment of €37,000 that will also continue in 2015;

New Reverse Osmosis System: new domestic reverse osmoses were installed in each section in order to allow for high quality potable water to staff and patients. This investment amounted to €10,500;

New food trolleys for all wards: the food trolleys were very old and needed significant repairs. With an investment of €44,000 all food trolleys replaced with a benefit to the patients;

New Pharmacy Refrigerators in wards: new refrigerators were purchased with an investment of €17,500 with the aim to ensure proper storage of medicine in wards and to facilities the ward top up system that was introduced during the year;
Various upgrading works – A substantial amount of upgrading took place around the hospital premises. These amounted to €76,000, some of them being upgrading of the steam system in kitchen, gypsum works, aluminium works, paintings and construction membrane, new air conditions, and IT equipment.

Programmes and Initiatives

During the year there were two specific votes categorized as Programmes and Initiatives for MCH. These were utilised as follows:

Vote 5509 – SECTORISATION: this programme aims to provide community mental health service in various sectors of the country being either clinical services, occupational and rehabilitation services and also residential sheltered housing. Currently, the programme caters mainly for the central and southern regions of the Island, with the aim to expand the services to the northern sector and Gozo. During the year, the cost of €400,000 was incurred in order to consolidate the current services that were already existent and functioning to date. The aim is to keep on expanding in 2015.

Vote 5542 – CRISIS INTERVENTION TEAM: this aims at reducing psychiatric bed use and provide rapid access to services for persons experiencing a mental health crisis. The multidisciplinary 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, to extend the hours of service, and to improve the quality of service provided. During the year, the cost of €95,000 was incurred in order to consolidate the current services that were already existent and functioning to date. The aim is to keep on expanding this service in 2015.

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. This system promotes empowerment, decentralisation, efficiency and cost savings. Any savings made by each cost centre during a year 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 2014, the total cost centre allocation and savings/deficit were as follows:

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total cost centre allocation</td>
<td>1,151,000</td>
<td>1,112,000</td>
</tr>
<tr>
<td>Total cost centre expenditure</td>
<td>1,033,000</td>
<td>1,087,000</td>
</tr>
<tr>
<td>(Deficit)/Savings to be carried forward</td>
<td><strong>118,000</strong></td>
<td><strong>25,000</strong></td>
</tr>
</tbody>
</table>

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 materializes into savings.

Reporting and new initiatives

During the year, the MCH Finance Department produced the requested financial reports on time, mainly being:
**Monthly Management Reporting** - In order to provide the basis for the Management and the Ministries’ decisions, MHS presents monthly management accounts to the Management Team, to FMCU within MEH and to the FMMU within MFIN. In addition, monthly and quarterly reports are also presented to FMCU particularly relating to contractual obligations, overtime by cost centre, capital commitments and arrears of revenue. This information has always been submitted on time within the 15th day of the following month to the Management and to the respective entity or Ministry.

**Costing and Implementing the Mental Health Act** - In October 2014, the Parliament enacted the last part of the new Mental Health Act which revolutionized the way how patient care is provided against the old systems adopted by the previous law. The Finance Department’s role was key in costing the initiatives and to report to the Management Team that is entrusted to implement the law. The major contribution lies with budgeting the funds, ensure on-time utilisation in order not to lose the funds and also reporting progress and providing picture of the financial situation specifically relating to the law.

**System of Health Accounts (SHA)** - Malta continued to present and submit the SHA financial information as requested by Euro-Stat following its first submission in 2012 for 2010 and 2011. The objective is to gather all the necessary data to fill in the extensive SHA questionnaire for the year under review. 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 vs financing agent.

MHS has prepared all the information for the years 2012 and 2013 based on audited figures that will eventually be submitted to FMCU when requested to do so.

**Audit of the Financial Statements** - The audit of the financial statements for the year ended 2013 has been completed in June 2014 with a clean unqualified opinion by the auditors, however with a serious attention given to the going concern issue arising out of the significant accumulated net liability position (which evolved beyond the management control).

**Ad-hoc assignments**: Various ad hoc assignments were required during the year. The major ones were:

- Comprehensive Spending review requested by MFIN;
- Average Cost data for the year 2013;
- Catering audit;
- Analysis of the food portions served;
- Overtime analysis versus absences; and
- Kitchen feasibility study i.e. outsourcing versus keeping the operations internally.

There were also a lot of Parliamentary Questions, particularly requesting information on:

- Consultancy costs incurred;
- Creditor days and payments;
- Purchase methods;
- Tenders and contracts; and
- Variations on contracts.
Business plan: A business plan for the years 2015 was submitted in June 2014 while the budget request for 2015 was submitted and discussed with FMCU in July 2014. Both documents present the Management’s request for operational funding, capital expenditure and also for new programmes and initiatives. These documents are compiled following the receipt of requests from the various Heads of Sections and following a consultation process to understand the operational needs of the front line operations at MHS.

Working out the interest accumulated on balances held by patients at the Almoner - Various patients hold their funds at the MHS Almoner that are deposited in a savings account or a fixed account with BOV. Any interest accumulation has to be calculated in case this is claimed by any of these patients. In liaison with the Bank, this has been worked out for each patient and a system is in place to ensure that future transactions and balances are available to work out this accumulated interest on a yearly basis.

New SEPA regulations and compliance - As from February 2014 all payments made via internet banking started taking place through an IBAN and no longer through the accounts number. During the year, the Finance Department gathered the IBAN codes and BIC of all the suppliers and staff and made the necessary arrangements with the Bank and software providers so as to make sure that adherence to this new initiative was in place before the end of the year.

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 Central Procurement and Supplies Unit (CPSU) to ensure compliance to regulations, enhance the procurement process with increased transparency, equal treatment and promote fair competition among suppliers. This in turn provided MCH with better pricing on items and enhanced competition;
- 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;
- The direct allocation of the daily kitchen costs to the respective cost centres. This increased accountability, improved cost allocation and enhanced control over the main kitchen consumption;
- 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 was 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 cost a new 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. It transpired that on a monthly basis there is a direct relationship between the level of absences and overtime in wards; and

- 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.

**Conclusion**

The internal controls and enhanced control environment helped to maintain the financial burden for the provision of the Mental Health Services to the bare minimum. However this does not eliminate the accumulated liabilities and the financial cash deficit of the Hospital. This means that the target for 2015 is to keep on consolidating the level of operations by improving the quality of service and minimizing the unnecessary cash deficit accumulation.

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**Sir Paul Boffa Hospital**

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**Introduction**

Sir Paul Boffa Hospital (SPBH) is a specialised hospital providing treatment and care within the specialities of Oncology and Dermatology. Apart from the clinical activity which is described below, 2014 has been an exciting year insofar as the preparations for migration to Sir Anthony Mamo Oncology Centre (SAMOC) are concerned. Preparations ranged from the commencement of clinical commissioning of radiotherapy equipment, to the establishing of Standard Operating Procedures which take into account the new setup of Oncology Services within the framework of Mater Dei Hospital.

**Nursing**

The Nursing section at SPBH had a compliment of 120 Nurses, 11 Health Assistants and 23 Nursing Aides during 2014.

These nursing staff members provided services through the following sections:

- Palliative Care Unit (Inpatients);
- Female Ward (Inpatients);
- Male Ward (Inpatients);
- Day Ward (Day Patients);
- Dermatology Ward (Inpatients);
- Oncology Outpatients;
- Dermatology Outpatients.
The Nursing Department spearheaded a significant number of training initiatives, aimed at improving the standards and quality of care for our patients. The training initiatives completed successfully during 2014 are as follows:

**Training in Oncology Care**

87 Nurses from SPBH as well as MITU and Rainbow Wards (currently in MDH but scheduled to join the Oncology Department at SAMOC in 2015) attended this training which consisted of 6 sessions of 3 hours per session. A complimentary training course in Oncology Care was also organised for Nursing Aides, where 25 participants attended.

**Port-a-Cathe Update**

This training was delivered as an update to previous training for nurses dealing with blood retrieval from port-a-cathe systems which is commonly used in Oncology patients. 54 nurses from SPBH, MITU and Rainbow Ward attended this training.

**IVI Update**

36 nurses attended this refresher course aimed at enhancing their skills when dealing with IVI issues.

**Team Building and Follow-up**

Team Building training was organised across the hospital, with all nursing staff attending, this included nurses from MITU and Rainbow Ward. 190 participants from all categories took part. The Nursing department followed this training with a 2-day follow-up seminar for nursing staff. 31 participants were involved.

**Advanced Oncology Care for Nurses**

This 5 day intensive classroom-based course was developed and delivered in conjunction with Leeds Cancer Centre, where UK specialist instructors worked closely with the Nursing Department at SPBH in order to draw up a tailor-made programme which was delivered here in Malta. 60 nurses underwent this 40 hour intensive course.

**Basic Life Support**

75 nurses attended this course which focused specifically on enhancing nurses’ confidence when dealing with issues related to Basic Life Support and preparing nurses to face such situations.

**Management and Leadership**

This course was aimed at all staff in supervisory roles including nursing staff. It dealt with enhancing skills essential for mid-line managers to deal with day-to-day issues effectively and efficiently. 52 participants including a substantial number of nurses attended this course.

**Induction Course for New Recruits (Nursing)**

With a substantial number of new nurses joining Oncology services in preparation for migration to SAMOC, nursing management organised this induction course in order to ensure that once
patient numbers increase due to additional beds and services planned at SAMOC, these nurses are fully capable and confident in performing their duties. 28 nurses have so far benefitted from this training.

**Induction Course for New Recruits (VOLSERV Volunteers)**

With a view to enhancing patient experience with the migration to SAMOC, an induction course was organised in order to prepare volunteers in their new roles once migration is fully rolled out. 35 volunteers attended this training which was under the management of the nursing department.

**Aurora Services**

The new Aurora Service for patients undergoing Chemotherapy Treatment was a resounding success during 2014. Chemotherapy classes were organised for patients, providing them with information and support required during their treatment. Beauty classes were also organised to help patients deal with the effects of chemotherapy, using the services of voluntary beauty therapists. This service was extended to staff members in order to support them and provide them with recognition and care in respect of the stressful and demanding environment they work in.

The Aurora team were awarded the prestigious Joan Frances Stowe International Award by the Royal Marsden Hospital in recognition of the sterling work and achievements in 2014. Both Nurses were also nominated for the Premju Nazzjonali Ħaddiem tas-Sena and were shortlisted in recognition of their achievements.

**Financial Report**

During 2014, the Finance Department was given a great deal of attention. A full-time Financial Controller was posted at SPBH, and the main focus of the remainder of the year was to establish a sound department structure within which framework the clinical operations would be able to run confidently and efficiently.

The principal capital investments made during 2014 included the hire purchase of three Monaco & Focal Sim Planning Systems, essential for the more accurate treatment planning of patients undergoing radiotherapy treatment.

The said systems compliment the other substantial agreement entered into for 2 new Linear Accelerators, which are state-of-the-art equipment for the delivery of radiotherapy treatment. This investment, which has a total value of €10,696,331, started to be paid in 2014 (€251, 021.06), complimented by an investment in the clinical commissioning of these machines, which is required for the safe use on patients before treatment on these machines commences. During 2014, an additional €87,389 was paid for the first phase of commissioning.

As part of an internal exercise to regulate internal controls especially in procurement procedures, new processes and checking mechanisms were put in place, resulting in significant progress in these areas. This exercise is aimed to continue to be enforced during 2015.
**Oncology Services and Rehabilitation**

A total of 1394 new patients were seen by the Oncology & Haematology Department. 75 additional new patients were seen at Gozo General Hospital, as well as 1014 follow-up appointments.

**Radiotherapy**

<table>
<thead>
<tr>
<th>Mode</th>
<th>No of New Patients Treated</th>
<th>No of Old Patients Treated</th>
<th>No of Attendance for Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superficial XR</td>
<td>30</td>
<td>6</td>
<td>110</td>
</tr>
<tr>
<td>Linac</td>
<td>613</td>
<td>233</td>
<td>5252</td>
</tr>
<tr>
<td>Elekta</td>
<td>525</td>
<td>44</td>
<td>11116</td>
</tr>
<tr>
<td>131 I Low Dose</td>
<td>-</td>
<td>-</td>
<td>50</td>
</tr>
<tr>
<td>131 I High Dose</td>
<td>-</td>
<td>-</td>
<td>72</td>
</tr>
<tr>
<td>Caesium Insertions</td>
<td>-</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1168</strong></td>
<td><strong>283</strong></td>
<td><strong>16602</strong></td>
</tr>
</tbody>
</table>

**Patients who came from other hospitals**

<table>
<thead>
<tr>
<th>Hospital</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mount Carmel Hospital</td>
<td>49</td>
</tr>
</tbody>
</table>
Cytotoxic Reconstitution Unit

A total of 15,745 doses were reconstituted in 2014, which is a 25% increase in chemotherapy doses. This total was prepared for 3,953 patients, 1,275 of who were listed as new cases.

A total of 56 doses were reconstituted and dispatched to Gozo General Hospital for a total of 8 patients receiving their treatment there.

This unit took the initiative to organise an internal audit to ensure that work practices are in line with Standard Operating Procedures. All the staff members working in this section successfully underwent validation testing at MDH, thus ensuring that their techniques succeed even under microbiological scrutiny.

Formulary Management

Pharmacists are in constant contact with prescribers, patients and ward staff to ensure that they are always aware of stock situations, especially those of critical medicines.

A total of €65,748.60 of surplus items at SPBH were redistributed to other entities, thus avoiding wastage and ensuring optimal supplies to patients at all levels.

A list of patient details requiring high cost medicines and oral chemotherapy is compiled on a monthly basis with the aim of ensuring constant and timely stock availability and minimising wastage.

Other Activities

The Pharmacy Department was deeply involved in discussions and preparations for the upcoming migration of their department to SAMOC, thus ensuring a smooth and seamless transition with as few interruptions to patient services as possible.

This Department also prepared a number of Standard Operating Procedures for both the Reconstitution Unit as well as the Pharmacy Dispensary, which are currently being reviewed for approval by the Quality Approval Section at MDH.

3 pharmacists at SPBH have postgraduate qualifications in clinical pharmacy, including 1 pharmacist who has in recent weeks successfully concluded her PhD in this area. 1 pharmacist has postgraduate qualifications in nutrition, while an additional 2 pharmacists are currently reading for a Master’s Degree in Clinical Oncology and Clinical Pharmacy respectively.
Several staff members of this section have attended a significant number of conferences organised locally and abroad. A pharmacist in this department has given a presentation on the issue of medication wastage at the European Congress of Oncology Pharmacy. One pharmacist also published a paper on this subject in the International Journal of Clinical Pharmacy.

As part of this section’s commitment to Continual Professional Development, a mandatory monthly CPD session was introduced as from December 2014.

The Principal Pharmacist visited two Oncology Hospitals in Belgium as part of her commitment in gaining further experience in work practices in this area.

5 members of staff have undergone additional training pertaining to Cytotoxic Reconstitution. This training included a course in Aseptic Preparation and Dispensing of Medication organised by the University of Leeds.

SPBH Pharmacists work closely with pharmacists within the directorate of Pharmaceutical Affairs (DPA) section and with various consultants regarding a number of requests for medicines on a named-patient basis. Throughout 2014, pharmacists were also involved with the submission of 4 ICP (Integrated Care Pathways) for Colorectal, Breast, Renal and Prostate Cancer for the introduction of new medicines, which are still pending approval.

**Physiotherapy Department**

Referrals for Physiotherapy services in 2014, which come from the specialities of Oncology and Dermatology amounted to the following totals:

<table>
<thead>
<tr>
<th>Total 2014</th>
<th>In-Patients</th>
<th>Out-Patients</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of referred patients</td>
<td>291</td>
<td>863</td>
<td>1154</td>
</tr>
<tr>
<td>No of treatment sessions</td>
<td>1546</td>
<td>2603</td>
<td>4295</td>
</tr>
<tr>
<td>No of new referrals</td>
<td>169</td>
<td>244</td>
<td>412</td>
</tr>
</tbody>
</table>

**Inpatient Services**

Patients referred undergo a physiotherapy review to assess their holistic needs. In 2014, the team continued to take an active role in the weekly oncology wards multidisciplinary meetings, while continuous liaison with the rest of the multidisciplinary team is done regularly as required. The majority of referrals continue to be related to mobility, pain management, respiratory problems and supportive/preventive interventions.

The physiotherapy team works in close liaison with the Hospice Malta, Europa Donna and Action for Breast Cancer Foundation.

271 patients were referred, out of which 144 were new patients. A total of 1641 sessions were carried out.
Outpatient Services (Oncology and Palliative Care)

The general outpatient clinic caters for the needs of patients requiring general rehabilitation in cancer care, from diagnosis to end of life. The clinic offers supportive, preventive, restorative and palliative interventions. 207 patients, of which total 117 were new patients, were provided with a total of 439 sessions.

Lymphoedema Clinic

A specialised lymphoedema outpatients clinic caters for patients suffering from oncology-related lymphoedema. However, the services of this clinic are also extended to patients diagnosed with both primary and secondary lymphoedema due top dermatological conditions or circulatory compromise. Patients attending this clinic included both new referrals and patients requiring review. Treatment protocols employed are reviewed and updated regularly to reflect the latest international protocols.

646 patients were referred to this clinic. 128 of these were new patients, and a total of 2297 interventions were carried out.

Service Initiatives

Patient Information

All available patient information was reviewed and updated during 2014. New information leaflets were developed addressing ‘self manual lymph drainage’ and ‘lower limb exercises’. This area is earmarked for further development during 2015.

Fatigue and Breathlessness Classes and Circuit Training

These classes were run twice during 2014. However they had to be cut short due to staff shortages. Classes are intended to resume in the coming year once staff shortage issues are addressed.

Lymphoedema Training

The department was involved in delivering formal training in this area to undergraduate physiotherapy students for the first time, aiming to expose students to current lymphoedema management techniques, as well as to enhance awareness of the interventions provided by the lymphoedema clinic.

In-Service Training

2 new members of staff joined the team during 2014. The team provided ongoing training and mentorship to ensure a high level of care. In addition to this, the physiotherapy team worked closely with new staff members across various professions to promote the role of physiotherapy as well as the non-pharmacological approach to symptom management.

Continuous Professional Development

Staff members enhanced their professional experience and knowledge through undergoing various training/experiences relevant to their work. Such training included seminars on oncological issues, mobility experiences abroad through EU funded projects, the organisation of
training seminars to third party stakeholders, participation in initiatives concerning additional services to patients, such as the development of information booklets under the leadership of the Directorate of Cancer Care Pathways, and other initiatives. One physiotherapist is currently reading for a Master’s degree in Supportive and Palliative Care.

The Advanced Allied Health Practitioner was nominated during 2014 to represent Allied Health Professionals at SPBH on the hospital management board as well as the migration team. He is also responsible for the maintenance and updates of the SPBH website.

**Psychology Department**

The Psychology Department currently has the services of just one clinical psychologist. Due to the resignation of the second psychologist who had previously been providing a service within the area of paediatric oncology, paediatrics are unfortunately without psychological services until a suitable replacement joins the team.

The clinical psychologist at SPBH provides services in the field of Oncology and Palliative Care to patients as well as staff requiring support and services provided by the psychologist.

Services include:

- Therapy with patients and/or family members/significant others, on individual or family level as required;
- Bereavement therapy;
- Staff support;
- Staff training/lectures;
- Lectures to other professionals within other entities/departments;
- Involvement in multidisciplinary team meetings;
- Supervision of psychology students.

<table>
<thead>
<tr>
<th>Patients</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of New Cases</td>
<td>154</td>
</tr>
<tr>
<td>Follow Ups</td>
<td>52</td>
</tr>
<tr>
<td>Number of Appointments</td>
<td>608</td>
</tr>
<tr>
<td>Cancellations</td>
<td>128</td>
</tr>
<tr>
<td>Bereavement Sessions (included in total)</td>
<td>120</td>
</tr>
<tr>
<td>Support Group Sessions</td>
<td>3</td>
</tr>
</tbody>
</table>
Referrals are received through other professionals. Self-referrals are also accepted. Average waiting time from time of referral to the first session is between 2 and 3 weeks, and follow-up sessions are given according to client need.

**Service Initiatives**

The Psychology Department, in conjunction with Aurora Services, and the Directorate of Cancer Care Pathways, is involved in a pilot study entitled ‘Life Beyond Cancer’. The role of the psychologist is the running of a psychotherapeutic group for a small group of cancer patients who have finished treatment, to help them deal with anxieties and issues of re-adjustment.

Despite the severe lack of human resources in this department, home visits were introduced during 2014, with the aim of providing higher quality care tailor-made towards patient needs. However such a service has been kept to a minimum due to the afore-mentioned staff shortage.

**Occupational Therapy Department**

The Occupational Therapy team consists of 3 Occupational Therapists (1 of whom is on rotation) and very recently, an Occupational Therapy Aide has been earmarked to join SPBH staff in 2015.

**Craft Group Therapy**

This weekly group is run by the OT Department and is aimed mainly for outpatients. However inpatients also participate actively when they are clinically able to do so. As a result of these sessions, an exhibition is organised twice a year in order to showcase the work of patients participating in this group.

**Community Services**

Home visits are made in cases where such assessments and/or visits are required according to specific patient needs.
**Migration Preparation**

Since the first phase of migration took place in December 2014, an occupational therapist attends SAMOC Palliative Care Clinic on a weekly basis. Various preparations are underway in this department for the 2nd phase of migration, including preparing necessary SOPs and documentation. OT Staff also participated in various training initiatives organised by hospital management, including team building, management & leadership sessions and Advanced Oncology Care organised in conjunction with Leeds Cancer Centre.

The OT Department is also preparing for the delivery of classes within SAMOC, including Relaxation Sessions and Anxiety and Fatigue Management Classes. These said classes are in line with OT practices carried out at the Royal Marsden Hospital in London.

**Social Work Department**

<table>
<thead>
<tr>
<th></th>
<th>Total no of Patients seen</th>
<th>No of New Patients</th>
<th>No of Outpatients</th>
<th>No of Home Visits</th>
<th>No of Sessions</th>
<th>No of Indirect Units</th>
<th>No of Direct Units</th>
<th>Total No of Units</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTALS</strong></td>
<td>1244</td>
<td>537</td>
<td>192</td>
<td>24</td>
<td>3437</td>
<td>8386</td>
<td>10171</td>
<td><strong>18557</strong></td>
</tr>
</tbody>
</table>

The Social Work Department is managed through the services of Agenzija Appoġġ. Staff include 2 full-time social workers and 2 part-time social workers. A total of 275 patients were seen during 2014, 93 being carried forward from cases seen during 2013.

The Social Work service accepts referrals from any individual, including professionals and/or self-referrals. The social worker works closely with other bodies, including other government entities, voluntary organisations and NGOs which may contribute towards providing holistic care to patients and their families.

During 2014, the Social Work Department had to work within the human resources available to it, and although this meant that a waiting list was once again, as in previous years, maintained, the intervention of the Social Work Department with other entities meant that urgent cases were still given timely and due attention to their needs.

The Social Work team attended training organised by both SPBH management (including team building, management & leadership and Advanced Cancer Care) as well as Appoġġ.

**Conclusion**

Through the work of the various departments, Sir Paul Boffa Hospital has continued to provide patients with timely and effective care while at the same time looking forward to enhancing the professional levels and thus patient experience through significant investment in staff training.

Staff at all levels were invited and strongly urged to attend training on various topics, including clinical areas as well as other topics related to communication, patient satisfaction and the forging of a positive environment for staff and patients alike. This follows a firm belief that human resources still are and will always remain our most precious resource, and investment in our staff will always be the best predictor of both service quality as well as patient satisfaction.
Major Projects and New Services

Gozo General Hospital (GGH) continued with its programme of reform and restructuring to bring this 291 bedded hospital up to modern teaching hospital standards and practices.

In 2014, significant changes continued to take place with the aim of creating a coherent and robust hospital management structure, including restructuring of administrative, financial and procurement processes in line with established practices for other entities in Health. Gradual redeployment in line with employee competencies and aptitudes is being rolled out with the aim of introducing new efficiency gains. Nursing management was restructured with a Head and Assistant Head in Nursing Services being appointed. Attention is also being given to employee services through the strengthening of this office and appointment of a manager. An ICT Office was set up in conjunction with IMU to provide real time support and assistance for GGH employees. Other key posts in the revised organogram have been identified and will be gradually implemented.

The Chemotherapy Lounge was opened in the beginning of the year, offering a much needed service to Gozitan patients requiring herceptin and 5-fluorouracil regimes. Nurses and doctors were provided with training in chemotherapy and the service will be expanded to gradually cater for more chemotherapy types. The Day Care Unit was refurbished following reengineering of existing ward space and started to offer day care services at GGH - previously hosted in the general acute wards - in July 2014. This ward was very well received by Maltese and Gozitan patients alike - and provided much needed relief from over-crowding and work overload in the General Wards, which experience the same issues with social cases as their counterparts in Mater Dei. This 15 bedded Day Care Unit is also serving to enable the Hospital to support the Ministry in colorectal cancer screening and waiting list initiatives.

The endoscopy suite at the operating theatre started being utilised as from January 2014 freeing up space in the main operating theatres and enabling more surgical interventions to be carried out in parallel. This ensures that more Gozitan patients are treated in Gozo but also enables the possibility for the Gozo Hospital to assist Mater Dei in waiting list initiatives. Afternoon lists were introduced in the GGH Operating Theatres resulting in an increase in surgical capacity following the appointment of a new orthopaedic consultant. The latter has been appointed in a shared post model, a model that was successfully launched last year and which is being implemented across clinical specialities to ensure that Malta and Gozo are perceived as one health service with equitable standards of care throughout.

Cardiology services have been significantly strengthened, thanks to the dedication and commitment of the Cardiology Team at Mater Dei. ECG services are now offered 24/7 following an increase in the number of ECG technicians at GGH, the waiting list for echocardiograms has
been reduced to nil and new protocols have been introduced to maximise patient safety. The Imaging Department at Gozo General Hospital has also continued to offer a wider range of services, including mammography, CT colonography and CT angiography. Waiting lists for imaging at GGH are practically nil. Phlebotomists were introduced for the first time and services have been expanded in outpatients, orthopaedics, ophthalmic, dermatology, rheumatology and in the range and number of interventions offered. Besides ensuring that GGH patients can now be followed up locally and reducing the burden of travel for these patients, this increase in capacity also enables GGH to reduce waiting times for other entities in Malta.

The hospital is in the process of replacing obsolete medical equipment and procuring new and sophisticated equipment for wards, operating theatres and ITU. This was largely made possible by an ERDF grant worth circa 5 million euro in total. This new equipment and the training provided will help ensure that clinical practices are upgraded to modern quality and safety standards. Works have also been progressing with regards to another ERDF grant worth approximately 6 million euro that aims to reduce the hospital’s carbon footprint, by changing boilers, introducing PV panels and replacing all heating and cooling systems. It is envisaged that this project will be completed in 2015.

2014 continued with the refurbishment exercise embarked upon in the previous year, addressing much needed electrical, mechanical and related finishing works in the hospital corridors, chapels, administration and clinical areas. A new electrical distribution board for the entire hospital was procured to replace the old one, which was 40 years old and obsolete. The Central Sterilisation and Supplies Department (CSSD) was unfit for purpose and was gutted completely to be refurbished in line with modern ISO standards. It will house new disinfecting and washing equipment that was also funded under the ERDF grant and will enable GGH to cater for increased throughput and surgical interventions in its operating theatres. The CSSD is planned to be complete in April 2015. Reengineering of existing ward space has also yielded a 12-bedded unit that is being refurbished as a new Orthopaedic Unit – this will enable GGH to increase its hip and knee replacements and aid the Ministry to reduce waiting times for these interventions.

The nursing complement was further increased, in line with expansion of services offered and will by end 2014 have been increased by 50 nurses within the space of 20 months. The significant number of vacancies in nurses and careworkers is being addressed in an incremental manner in line with service demand and to ensure adequate staff to patient ratios. New consultants in orthopaedics and urology have been recruited, and more specialities are to follow to ensure that access to and equity of clinical services are the same across the Islands. For the first time in many years, the Gozo hospital is again included in training rotations for our young doctors and more HSTs are offering their services from GGH. Management will continue to address identified gaps in human resources and training and development to ensure an optimised clinical service of the highest quality.

2014 was an exciting year for GGH as Queen Mary University London expressed interest in setting up an international medical school on GGH Campus. Negotiations are at an advanced stage and should be concluded early in 2015. This initiative will enable GGH to be firmly established as a teaching hospital and will be a critical step towards government’s objective to transform GGH into an international centre of excellence as a medical and healthcare hub for the region.
General Statistical Information

Gozo General Hospital has a total bed complement of 291 distributed as follows:

- Acute Care beds 89 beds
- Geriatric 121 beds
- Psychiatric Wards 54 beds
- Day Care 15 beds
- Nursery Cots 12 cots

Total staff complement at the end of year consisted of 775 workers - 772 full-time workers and 3 part-time workers.

Surgical Operations carried out in the Operating Theatres at GGH

<table>
<thead>
<tr>
<th></th>
<th>ENT</th>
<th>Dental</th>
<th>Ophthalmic</th>
<th>Orthopaedic</th>
<th>Surgical</th>
<th>Maternity /Gynae</th>
<th>Endos</th>
<th>Pace Maker</th>
<th>Colon Screening</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>99</td>
<td>17</td>
<td>190</td>
<td>245</td>
<td>804</td>
<td>461</td>
<td>975</td>
<td>26</td>
<td>292</td>
<td>3109</td>
</tr>
</tbody>
</table>

Attendance of Patients

Outpatients Department

A total of 44,330 outpatients made use of the outpatient department during 2014, of these 18,845 were new cases and 25,485 were follow-ups.

A new service of colon screening was launched. Clients assessed were 292.

Outpatients Psychiatry

- A total of 1856 patients made use of the psychiatry outpatient department. 85 were new cases and 1771 were follow-ups;
- A total of 373 appointments for psychotherapy service were given to 84 clients;
- A total of 97 appointments for psychology service were given to 97 clients.

Dental Outpatients

A total of 5774 patients have attended this department. 2271 were new cases while 3503 were follow ups.
**Dental Laboratory**

A total of 126 new dentures and 63 orthodontic appliances were done during this year.

**Oncology department**

- 8 patients were given chemo/monoclonal treatment;
- 193 patients were given chemo-related treatment;
- 234 port-a-cath flushes were performed on 17 patients;
- 2 patients are being treated for Rheumatology.

**Day Care Unit** (started on 16th July)

141 patients were admitted at this unit. Apart from this, there were also 1002 surgical/medical interventions carried out at the operating theatres which were followed at the day care unit.

**Physiotherapy**

The number of outpatients referred to Physiotherapy is 1,263 and these patients received 13,964 sessions. The number of inpatients seen is 1,723 and they received 18,660 sessions. Total number of physiotherapy sessions carried out is 32,624

**Speech Therapy**

5,052 treatment sessions were carried out during the year which included 3,137 at outpatients, 1,020 at the wards, 49 at Sannat Special Unit, 30 at Santa Martha Day Centre and 816 at Primary Schools.

**Occupational Therapy**

**Psychiatry**  A total of 6,352 patient sessions were carried out on 209 patients at this department. 48 visits were also carried out in the community.

**Physical**  A total of 7,879 patients sessions were carried out on 596 patients at this department. 141 visits carried out in the community.

**Social Work**

41 New Cases were referred to the Psychiatric Social Work Services as follows:

- Psychiatric: 08
- Psycho-Social: 18
- Child Guidance Clinic: 10
- Police/Court Cases: 04
- Learning Disability: 01

29 Reactivated cases:

- Psychiatric: 10
- Psycho Social: 14
- Child Guidance Clinic: 05
**Obstetrics**

The total number of registered deliveries was 274 with a total number of 276 infants (2 sets of twins) being born. 147 were boys while 129 were girls.

**CCU/Renal Unit**

A total of 560 patients were admitted to the CCU.

The number of patients receiving Haemodialysis was 13 and the total number of Haemodialysis sessions was 1175.

**Blood Donation**

A total of 2070 donors called at the Blood Donation Unit. 1684 donated blood. Out of these 1,149 were males and 535 females.

**Detox Unit**

The number of visitors making use of this unit was 3659. Out of these 3201 were Gozitans, 194 were Maltese, 157 foreigners and 107 clients took methadone at home.

**Hyperbaric Unit**

154 HBO treatment sessions were carried out on 18 divers (12 NC and 6 FU) and 10 non-divers.

**Tissue Viability Clinic**

126 inpatients were reviewed in 832 distinctive visits.
100 outpatients were reviewed 1570 times.

**Pharmacy**

Total number of outpatients was 7860;
Total number of prescriptions amounted to 8950;
Total number of green prescriptions dispensed to outpatients was 453;
Total number of items dispensed to outpatients was 10,060;
Total number of psychotropics dispensed to wards was 1789;
Total number of narcotics dispensed to wards was 1354.

**Major Projects and New Services**

**Capital projects for year 2014**

<table>
<thead>
<tr>
<th>Project</th>
<th>Total €</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Orthopaedic Unit</td>
<td>134,288</td>
</tr>
<tr>
<td>Electrical Distribution panel</td>
<td>128,425</td>
</tr>
<tr>
<td>Electrical Distribution panel extension</td>
<td>87,320</td>
</tr>
<tr>
<td>Outpatients project - Dental</td>
<td>9,642</td>
</tr>
<tr>
<td>Completion of hospital corridors</td>
<td>123,272</td>
</tr>
</tbody>
</table>
Overview

One of the key elements that contributed to achieve the aims of the department was planning service reforms around people's needs and expectations. The services provided by Primary Health Care Department rely on physicians, nurses, allied health care professionals and all the other employees, which for another year worked together as a health workforce team to meet the main health problems of the general public. The Primary Health Care services are delivered to the general public through eight Health Centres in Malta and one in Gozo; forty two peripheral clinics (Bereg) in Malta and twelve others in Gozo, School Medical Services and various speciality clinics.

Infrastructure

In the face of constant advancements in medical technology the department is keeping abreast by investing in new equipment that will enable health care professionals to provide improved effective health care. After the successful refurbishment and renovation works at Mosta in 2013 and Rabat Health Centre in 2014, further works are being carried out at the Floriana and Qormi Health Centres so as to expand the service provided.
Peripheral Clinics

_Bereġ_ use by the public was further encouraged so as to reduce overcrowding and waiting time at health centres. Part of this strategy involved agreements to devolve the peripheral clinics to the Local Councils. To date six peripheral clinics have been devolved to their respective localities’ local council.

New equipment & IT Systems

An investment in infrastructure has continued throughout 2014 with the purchasing of a new ultrasound unit and trolley and an automated defibrillator for Birkirkara Health Centre. Furthermore, a Pharmacy of Your Choice IT system was introduced at Floriana and Paola Health Centres to enable a better service to clients as well as to enable better stock monitoring and control.

Digital X-Ray Imaging

Following the introduction of a _Digital Imaging_ service at Mosta Health Centre, two other Digital X-Ray machines were installed: one at the Floriana and one at the Paola Health Centre. The provision of this new service started in November 2014.

Physiotherapy Service

Redistribution of patients from Mosta and Floriana Health Centres was the main purpose for the enlargement of the physiotherapy service at the B’Kara Health Centre. This started in 2014 and is expected to be finished during 2015. It is also intended to cater for patients being referred from Mater Dei Hospital and therefore offload clients from the main hospital. This would serve as a one stop shop for patients and be nearer to the community.

Services

Chronic Kidney Disease Protection Clinic

The present Chronic Kidney Disease Protection Clinic (CKDPC) is a nurse-led clinic which was launched in 2013 at Qormi Health Centre and at Paola Health Centre. This new service is presently for patients with Chronic Kidney Disease and Renal Failure who are presently attending the Medical outpatients and the Renal Unit at Mater Dei Hospital. The aim of the CKDPC is to offer care to service users between the appointments at medical outpatients at Mater Dei Hospital. The CKDPC is also a main source for health promotion and education for the referred patients. During 2014, the CKDPC has expanded its services to involve referrals from all General Practitioners. New referral criteria were also drawn up.

Natural Procreative Technology & Outpatient Outreach Clinics

Throughout the year, the department embarked on various initiatives to expand and further enhance the services in the community. The _NaProTECHNOLOGY_ (Natural Procreative Technology) clinic introduced at the end of 2013 is now working smoothly and increasing its performance. This is a new women’s health science that monitors and maintains a woman’s reproductive and gynaecological health. The Orthopaedic Outpatient Outreach Clinics in the
Mosta, Paola and Qormi Health centres have increased their services during the year 2014 by 8 sessions (morning and afternoon) to a total of 14 sessions per week. These clinics have shown a steady rise in the provision of services since their inception in 2011. A Minor Operations Theatre has been developed at Mosta Health Centre and started to operate in January 2014. Since then more than 180 minor operations have been conducted in this theatre.

**Anticoagulant Clinic**

A major project that took off in 2014 concerned the devolution of the Anticoagulant Clinic from Malta’s acute general hospital to the primary health care centres. The provision of this new service has enhanced convenience and patient accessibility. This new service reflects the devolution of secondary care services to primary care. This service is delivered through a point of care device using a sample of whole blood obtained from a finger prick. The Anticoagulant clinic is a nurse led clinic done in liaison with a General Practitioner (GP). Presently this service is running smoothly in five health care centres namely, Rabat, Qormi, B'Kara, Paola and Floriana.

**Chronic Disease Management Clinic**

A Chronic Disease Management Clinic (CDMC) was set up in July 2014 at Qormi Health Centre. To date, this clinic has provided its services to more than 328 patients. This clinic seeks to provide holistic patient centred care to patients with chronic diseases including, hypertension, ischemic heart disease, chronic respiratory disease and other non communicable diseases. The main aim is to provide multidisciplinary care. This includes the process of planning, coordinating, managing and reviewing the case of the individual in order to improve the quality of life and reduce hospitalization. This clinic is run by a team of family doctors with the support of nursing staff. The CDMC endeavours to provide consistency and continuity of care and thus paves the way to a more customer friendly approach. It incorporates the prescription clinic, the results review clinic and part of the daily walk-in clinic in one holistic encounter. It is run on a mini registration system where patients are registered to be seen by the same team of doctors. The CDMC is expected to reduce the amount of patients that are seen in the Accident and Emergency department and the outpatients department at the acute general hospital. In the long term, hospital admissions will also be decreased due to better patient care.

**Dermatology Clinic**

In November 2014, the Dermatology Clinic at Mosta Health Centre was set up. The Dermatology Clinic makes it possible for general practitioners to deal with skin tags and minor skin conditions. It is expected that this clinic will further assist in reducing the waiting lists from the dermatology clinics located within the acute health care settings.

**Wound Care Clinics**

With the continuing expansion of tissue viability services within the health centres it was seen as a necessity to expand these services in all Health Centres through dedicated Wound Care Clinics and the dedicated nursing staff who would be required to have the appropriate skilled expertise to man such clinics. The role of the tissue viability nurse would be to oversee wound care clinics and ensure standardisation of care whilst offering expertise in client care across the health centres. The provision of wound clinics was thus extended to all health centres. This has made it possible to further increase accessibility of health care provision for patients suffering from chronic leg ulcers. This service provides a more convenient service for patients making it possible for them to receive their care within the community.
Extension of B’Kara Health Centre Opening hours

The opening hours of B’Kara Health Centre were extended by 20 hours per week for the provision of general practitioner services and by 43 hours per week for the provision of nursing services during 2014. This extension, coupled with the advantage of its location in close vicinity to Mater Dei Hospital, encouraged patients to attend this health centre instead of going to the Accident and Emergency Department.

Ophthalmology Services

The employment of a new ophthalmologist in June 2014 in the primary care set up tackled the problem of the long waiting lists for patients with ophthalmic conditions. The provision of Ophthalmology services not only assists in relieving waiting times and improve accessibility of care but also makes it possible for patients with complications from chronic diseases such as diabetes and hypertension to be screened at an early phase of the disease. This will exert an impact on the prevention of co-morbidities.

In its holistic strategy for the prevention and treatment of diabetes, the department reviewed and updated its Diabetes Shared Care Programme Protocol to include developments in the ophthalmic and vascular screening programmes. The Primary Health Care Department invested in two fundus cameras for the ophthalmology department which were installed in August 2014 at Mosta and Floriana Health Centres as part of the upgrade of services offered to our clients. The main aim of the fundus camera is to screen for retinopathy inpatients suffering from diabetes to prevent complications that lead to visual impairment or blindness. The digital imagery fundus camera equipment further enhances the modernisation of health centres.

Immunisation Services

The opening hours of the immunisation services were extended during 2014 resulting in a better accessibility for the general public. Clients benefitted since there was the introduction of evening sessions with the services being extended till 19:00 hrs. Thanks to the commitment of the staff, an added 97 hrs per month of patient contact are now being provided to our clients.

Lifestyle Clinics

The necessary shift from the curative method of care delivery to a proactive method of identifying those members of the community who are most in need of health services was the aim in the introduction of the Lifestyle Clinics. Clinics at Żabbar, Msida, San Gwann, Gżira and Gudja have opened and are proving to be of benefit to patients needing these health services.

Training and Human Resources

The department further invested in the necessary training to provide its healthcare professionals with the necessary skills in using new equipment. To name some developments, a practice development nurse for ophthalmology in primary care was appointed and another two nurses working the diabetes clinics are currently reading for a certificate in diabetes care at the University of Warwick. Furthermore, podiatrists have been specifically trained in vascular screening and have also pursued a short course in the administration of local anaesthesia. Finally a group of general practitioners are also pursuing a course that will refine their skills in managing diabetes mellitus.
The department believes that continued professional development of staff and patient education are the main pillars for good primary health care and the Practice Development Unit continued in its mission to expand the department’s information and educational campaigns through various activities. In fact, various educational activities and courses were organised and these were addressed to both clients, employees, as well as to members of the community. The Infection Control Unit also continued with educational lectures and talks on infection control and drew up a contingency plan in collaboration with the Infection Control Team at Mater Dei Hospital to cater for any eventual Ebola cases.

Several employees have been identified and sent for training courses organized by the Centre for Development, Research and Training (CDRT). Employees manning the reception desks of the health centres were all invited to attend a course that ran between October 2013 and November 2014. The course was organized by the Primary Health Care Department with the help of the CDRT, with the aim of ameliorating customer care skills. Middle and senior management were also invited to attend training via a short course organised by MISCO in Managing with Leadership throughout the months of June to September 2014.

**Budgetary Allocation**

The aim of the Accounts Section was to reduce the outstanding balances which had accumulated over the years due to insufficient allocation of funds especially with regards to Contractual Services such as cleaning and support services.

**Personal Emoluments**

PHC was allocated €21.6 million for this category of expenditure which represents over 87% of the entity’s budget. Increases in salaries were mainly attributed to COLA and salary increments as per collective agreements.

**Operational & Maintenance Expenses**

One of the targets during the current year was to decrease the shortfalls which had accumulated in previous years. The increase in expenditure was attributed to the settlement of outstanding amounts at the beginning of the financial year. The outstanding balances decreased from €351k to €131k, i.e. by €220k. Hence, the net increase for the year amounted to €77k which resulted from increases in contractual rates for services rendered especially in the cleaning contract.

**Programmes & Initiatives**

€900,000 was allocated to the National Screening Programme which falls under the responsibility of Primary Health Care. This vote covers all the expenditure pertaining to the programme including salaries (41%), capital (17%) and recurrent (42%) expenditure. This latter includes costs related to clinical supplies, maintenance agreements of the specialised equipment, and software and information services expenditure.

**Capital Expenditure**

During the year Primary Health Care continued its refurbishment and innovation programme. The amount of €561,829 was allocated for Capital Expenditure during 2014.

*Health Centres Refurbishment:* The refurbishment of Rabat Health Centre was completed in the first quarter of 2014 with certification of completed works amounting to €300k. Furthermore,
retentions on the Mosta Health Centre refurbishment were disbursed during the year amounting to €20k.

**Works related to the installation of Digital X-Ray machines:** Works and ancillaries were undertaken before the Digital X-Ray machines, financed through ERDF funds, were installed. Total cost of these works amounted to €116k. During the last quarter of the year, both Floriana and Paola Health Centres were equipped with the Digital X-Ray machines.

**Equipment:** Procurement of new equipment was needed across all Health Centres due to ageing items and expansion of services. The investment amounted to €40k.

**Devolution of clinics (bereġ):** Devolution agreements with 6 Local Councils were signed during the year. The agreement included upgrading the Bereġ with new and modern equipment to be able to provide a better service to patients at their locality. The cost of this new initiative amounted to €17k.

**CUSTOMER CARE**

During 2014, 87 complaints were received by this section. All cases were investigated, of which 39 cases (45%) were found to be justified and corrective action was taken, 23 cases (26%) were found to be completely unjustified, while 25 cases (29%) were classified as undetermined but were given the benefit of the doubt in favour of the complainant even though it was not clear whether the complaint was justified. In order to improve the service and reduce the number of complaints, corrective action, including discipline when appropriate, was taken. The table below is a breakdown of the nature of these complaints.

**Nature of complaints reaching the Primary Health Care Department**

<table>
<thead>
<tr>
<th>Nature of Complaint</th>
<th>Totals</th>
<th>Percentage of total complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitude of employee</td>
<td>21</td>
<td>24%</td>
</tr>
<tr>
<td>Prolonged waiting time</td>
<td>21</td>
<td>24%</td>
</tr>
<tr>
<td>Undelivered service</td>
<td>25</td>
<td>30%</td>
</tr>
<tr>
<td>Mistakes by employee</td>
<td>10</td>
<td>11%</td>
</tr>
<tr>
<td>Miscellaneous (other than the above)</td>
<td>10</td>
<td>11%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>87</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Every effort was done to improve customer care including that of training receptionists in health centres on how to deal with customers on the phone and when they present in person.

**SUMMARY AND REVIEW OF PERFORMANCE OF CLINICAL SERVICES IN THE PRIMARY HEALTH CARE DEPARTMENT**

The GP activity continued to show an increase over the previous year by 12.4%. This increase may be attributed to several factors including an ageing population, a better GP service, and more media promotion regarding the use of the service of general practitioners rather than attending the emergency department. The prescription clinic showed a mild decrease from the previous year, this can be explained by the fact that around mid 2014 a Chronic Disease Management Clinic was set up at Qormi Health Centre which is gradually taking over the
prescription clinic. This clinic will expand to other health centres in the near future. In addition, prescriptions are also being done for patients in afternoon sessions in all health centres.

CLINICAL SERVICES OFFERED IN THE PRIMARY HEALTH CARE DEPARTMENT
The following services are offered:

General medical practitioner

<table>
<thead>
<tr>
<th>Service</th>
<th>2013</th>
<th>2014</th>
<th>Percentage</th>
<th>Variation</th>
</tr>
</thead>
<tbody>
<tr>
<td>G.P. episodes seen in Health Centres</td>
<td>460,310</td>
<td>525,330</td>
<td></td>
<td>12.4%</td>
</tr>
<tr>
<td>Prescription Clinic by appointment</td>
<td>78,523</td>
<td>71,793</td>
<td></td>
<td>-9.4%</td>
</tr>
<tr>
<td>G.P. episodes in District Clinics</td>
<td>97,716</td>
<td>100,897</td>
<td></td>
<td>3.2%</td>
</tr>
<tr>
<td>G.P. Home Visits by day and night</td>
<td>15,544</td>
<td>18,286</td>
<td></td>
<td>15%</td>
</tr>
<tr>
<td>Total</td>
<td>652,093</td>
<td>716,306</td>
<td></td>
<td>9%</td>
</tr>
</tbody>
</table>

Activities held in 2014:

Commission for Children: Drafting of a policy and strategy for Separated and Unaccompanied Children:
The Migrant Health Liaison Office was invited to join one of 12 working groups which the Commission for Children set up to develop a Child Policy and Strategy for separated and unaccompanied children. Meetings were held once a week and in April 2014 the president of Malta launched the report which emerged from the twelve working groups: ‘The Voice of the Child in Care’.

Outreach services for migrants
Migrants who were referred by health professionals, agencies, NGOs and other migrants were assisted and empowered to address their own health issues within the Maltese health care services. Some migrants who suffer from chronic conditions and who seek healthcare services may feel lost within the system due to linguistic and cultural barriers. Other individuals were in need of an interdisciplinary meeting for a holistic approach due to multiple problems. Following the outreach service, patients were referred to the various entities according to the identified needs.

Cultural Mediators Training Programme
The training programme ‘Cultural Mediators in Health Care’ was delivered to two groups of migrants who are fluent in the English language and who had an interest in working as cultural
mediators within health care services. This brought the number of trained cultural mediators to sixty-seven since the first training programme which was delivered in 2009.

Allocation of Cultural Mediators in PHCD

Arrangements were made to extend the hours of the Somali cultural mediator allocated at Mater Dei hospital to provide a 5 hrs per week service at Floriana Health Centre. The cultural mediator pursued the training programme delivered by MHLO.

Moreover, a Senegalese cultural mediator who is pursuing a course with the Certification Commission for Healthcare Interpreters (CCHI) in the US has been given a placement at PHCD as part of the requirement of the course. Arrangements were also made for the cultural mediator to assist in the clinics at the detention centres.

Another three cultural mediators were allocated to Primary Health Care as part of the LEAP Project where PHCD is a partner with SOS Malta. The LEAP project provides unemployed participants with a skills passport at the end of the project. The three cultural mediators pursued the training programme ‘Cultural Mediators in Health Care’.

EU Projects

- COST Action: COST Action Project (2010-2014) Childbirth Cultures, Concerns, and Consequences: Creating a dynamic EU framework for optimal maternity care; Working Group 3_Migrant Women;
- EQUIHealth Project (IOM) (2013-2016) - Participation in the Training of Trainers as part of the project which was then rolled-out to stakeholders in the field: Social work agencies, health professionals, etc. IOM has also issued an official field assessment report on Malta as part of the project;
- LEAP Project (Oct 2014–Sept 2015) - In collaboration with SOS Malta this project involves the allocation of three cultural mediator trainees to undergo a learning/working experience. The trainees are currently allocated at Floriana Health Centre. Other trainees are expected to join the project in the coming months;
- KOPIN: (Sept 2014 -Sept 2015) - Sexual and Reproductive Health Programme. This project aims to improve and develop the sexual and reproductive services for migrant women and their families. This involves focus groups with migrants.

ICT PROJECTS CARRIED OUT DURING 2014

Access to POYC Database:

- Paola and Floriana Pharmacies were amalgamated into the POYC service. This entailed the addition of IT equipment at both locations and the introduction of the WPDS;
- Discussions were concluded with the POYC administration, MITA and IMU for access by General Practitioners to the POYC database. Phase 1 (read only access to entitlement) is planned to go live in January 2015. Phase 2 (modification of existing entitlement) will be developed further. Towards the end of 2015, it is envisaged that this system may form the basis for the introduction of the e-Prescription platform in the future.

Anticoagulation Point-of-Care IT systems
• Anticoagulation Point-of-Care (POC) Clinics were introduced this year in B’Kara, Floriana, Paola, Qormi and Rabat Health Centres;
• In collaboration with the Pathology Department at Mater Dei Hospital, the POC machines were interfaced with both CPAS and iCM, such that results taken through these machines would be available to all health care providers through iCM;
• The Department was involved in the adjudication of the anticoagulation dosing software for the same clinics. The software will be introduced to these clinics in 2015.

Switch to CPAS

• On 2/01/2014, all health care institutions, including health centres, switched over to using CPAS from the old PAS. Due to the urgency of the introduction, the Department adopted a “train the trainers” approach with a number of staff from each health centre undergoing training to this effect. Current usage of the CPAS is in line with its use at Mater Dei Hospital.

INFECTION CONTROL

The year 2014, similar to previous years, has involved important duties which included amongst others, management of blood and body fluid exposures among staff and the general public, auditing of clinical healthcare settings in primary and private clinics, provision of advice and support in line with infection control recommendations for clinical premises, stocking and provision of infection control items, provision of advice to clinicians regarding patient results, provision of educational sessions to different staff grades, and creating new or reviewing existent guidelines and policies.

Needless to say, the Ebola outbreak dominated the healthcare scenario during this year and particular emphasis was made to ascertain Ebola preparedness also in health centres. Training was geared to identify and isolate any suspected cases. An Ebola committee was set up by the CEO PHCD, various memos were issued and educational sessions were provided to all the staff. Education and training in each health centre focused on ensuring awareness and familiarization with the contingency plan. Individual competencies were also assessed, particularly regarding the proper type and use of personal protective equipment, aimed at ensuring its safe use.

Other important duties included management of clinical waste, and coordinating the provision and servicing of fire fighting equipment within the PHCD.

Specialist Training Programme in Family Medicine

The year 2014 was marked by the soft launch of the ePortfolio with the aim of finalising the User Acceptance Testing, together with an emphasis on quality control, management and quality assurance of the STPFM. Ten GP Trainees completed their specialist training in Family Medicine during 2014.

Practice Development Unit

The Practice Development Unit is currently also undertaking the responsibilities of a public relations unit for the primary health care department whilst continuing to implement the practice development responsibilities.
Policies /Guidelines issued

- Venepuncture reviewed guidelines;
- Administration of nebuliser treatment guidelines;
- Urinary catheterisation guidelines;
- Ear Irrigation guidelines;
- Pin Site Care Guidelines;
- Blood Glucose Monitoring guidelines;
- Adult Temperature Taking.

HOPE Delegation 2014

The Practice Development Unit was asked to coordinate the two-day programme for the HOPE delegation visit to the Primary Health Care Department with the theme this year focusing on ‘Quality First – Challenges in the Changing Hospital and Healthcare Environment’. A programme that included 8 speakers from various disciplines within our department was formulated and delivered in May 2014.

Conclusion

The year 2014 was another successful year for the Primary Health Care Department. Throughout the year the services provided were enhanced and extended to meet the patients’ needs. Special emphasis was made for the prevention of health with the aim of educating patients and creating awareness about healthy living. During the year, the department invested in refurbishments of the health centres, in the human resource and in purchasing of new equipment. This allowed the primary health care workforce team meet the expectations and needs of the patients that visit our centres during the year.

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 its responsibility to ensure that public health legislation is being adhered to by all concerned and in this regard is responsible for the inspection and licensing of the various entities that provide health care as well as food establishments.

The superintendent 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 as well as pharmacies.

**Collaboration with the World Health Organisation (WHO)**

In terms of collaboration with WHO, 2014 was a very active year. There was close co-operation with the regional Office in a number of technical fields as part of the Biennial Collaborative Agreement for the period 2014 - 2015 which was signed with the Regional Director by the Parliamentary Secretary for Health during his official visit to the Regional Office in August. Proposals for collaboration to be included in the Strategic Budgetary Allocation exercise carried out as part of the preparatory work of the WHP programme budget 2016-2017 were also submitted. Technical support was received in the field of health systems with input from WHO on financing and sustainability and the health system performance review currently being carried out. There was also technical support in the fields of Nutrition (Food and Nutrition Action Plan, Breast Feeding Strategy, Food Consumption Survey) and Emergency Preparedness (Influx of migrants).

Malta continued with its participation in the Environment and Health process, the WHO reform and attended a number of conferences organised by WHO such as the meeting for small member states hosted by San Marino in July and the Second International Conference on Nutrition held in Rome in December. Work has also started on the possibility of having the Islands and Small States Institute at the University of Malta recognised as a WHO collaborating centre as well as on the possibility of Malta hosting a training programme for European high level government officials in Health Diplomacy to be run by the Graduate Institute of International and Diplomatic Studies in Geneva.

As in previous years, Malta actively participated and was represented in the meetings of the WHO Governing bodies. The same representative was also elected Executive President of the 64th Session of the Regional Committee for the WHO European Region which was held in Copenhagen in September. During the meeting of the same Committee, Malta was also elected by consensus to serve on the Executive Board of WHO for a period of three years starting in May 2015.

**General Services Board**

During 2014, the General Services Board met 13 times whereby 114 applications were discussed out of which 88 were new cases.

**Merit Award Scheme**

During 2014 the Committee met 9 times whereby:

- 257 initiatives were received from 207 doctors;
- 143 doctors had a second initiative approved for recommendation;
- 51 doctors failed to send in their final report for 75 initiatives;
- 2 proposals were withdrawn;
- 2 proposals were rejected.

**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.

Temporary Registration is granted for a period of one year, renewable annually, on the condition that such practice is carried out only under supervision in a Government hospital/clinic or any other branch of the health service provided by the Government. Temporary Registration is not equivalent to Full Registration in terms of the HCPA 2003, Cap. 464, and the EU Directive 2005/06/EC.

**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 required by the International Narcotics Control Board (INCB) were compiled - namely Forms A/P (four reports), Forms A (four reports), Form B, Form C, Form D and Form P, as well as other INCB and United Nations Office on Drugs and Crime (UNODC) questionnaires. Other authorisations were issued as follows:

- Import Permits for narcotic drugs - 72
- Import Permits for psychotropic substances - 122
- Withdrawal Permits - 194
- New Methylphenidate approvals - 213
- Renewal of Methylphenidate approvals - 510

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**Health Care Standards Directorate**

**The licensing of Public and Private Clinics and Hospitals**

For the first time, the Health Care Standards Directorate inspected Gozo General Hospital including its Psychiatric service. The Psychiatric Unit at MDH, Mount Carmel Hospital and SVPR have also been re inspected. Licences were issued for 2015.

**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 have been inspected during 2014. 2 new homes have also been licensed for the first time.

There are also other 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 grounds and the Male Geriatric Ward and St. Anna within Gozo General Hospital.

The Rehabilitation hospital, Karen Grech and a private rehabilitation Centre in Sliema are licensed. For the first time a rehabilitation centre known as Dar Kenn Għal Sahhekk was inspected and subsequently licensed.
Expansion of the Licensing Remit of the Health Care Standards Directorate

For the first time the Department for Health Care Standards carried out inspections to determine the quality of the services being provided by Richmond Foundation. Inspected premises included Paola Hostel, Villa Chelsea and KIDs (Kids in Development).

During 2014, 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. All these premises were inspected during 2014 and were recommended for licensing. The current number of licensed establishments are as follows:

<table>
<thead>
<tr>
<th>Category of Establishment or Service Provider</th>
<th>Number of Licensed Establishments or Service Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental clinics</td>
<td>104</td>
</tr>
<tr>
<td>Podology clinics</td>
<td>5</td>
</tr>
<tr>
<td>Medical diagnostic laboratories</td>
<td>8</td>
</tr>
<tr>
<td>Acupuncture clinics</td>
<td>3</td>
</tr>
<tr>
<td>Physiotherapy clinics</td>
<td>18</td>
</tr>
<tr>
<td>Radiology clinics</td>
<td>12</td>
</tr>
<tr>
<td>Tattooists</td>
<td>99</td>
</tr>
<tr>
<td>Body Piercing</td>
<td>21</td>
</tr>
<tr>
<td>Semi-permanent make up tattooists</td>
<td>33</td>
</tr>
</tbody>
</table>

The Formulation, monitoring and introduction of standards for health care

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. The Directorate continued working on the standards on Practices of Mild/moderate sedation in Dental Practices drafted in the previous year in order to widen the scope and applicability of these standards not only to dental practice but to all other ambulatory, non-operating theatre settings.

As part of a Working Group we finalised national standards for the use of medicines and also finalised the drafting of National Minimum Standards for Care Homes for Older People. These standards are being presented for future launching.

Other Activities/Initiatives

Involvement in Malta Environment and Planning Authority’s consultation processes

During 2014, 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 31.
**Assistance to entrepreneurs interested in opening Homes for the elderly and Private Clinics/Hospitals**

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

**Preventive measures for hypothermia and the mitigation of the ill effects of high temperature on residents in the homes for the elderly**

During 2014, the Health Care Standards Directorate carried out a number of surprise inspections to ensure departmental recommendations were being followed and that the management in all homes for older persons took measures to guarantee that residents did not suffer from any ill effects, such as those due to hypothermia and the heat wave effects.

**Data on Homes for the elderly**

The Health Care Standards Directorate 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. In 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 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. Vaccination uptake data is also collected.

<table>
<thead>
<tr>
<th>Homes for Older Persons</th>
<th>Number of Homes</th>
<th>Number of Licensed Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Church Homes</td>
<td>16</td>
<td>763</td>
</tr>
<tr>
<td>Private Homes</td>
<td>15</td>
<td>1460</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>31</strong></td>
<td><strong>2223</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Homes for Older Persons</th>
<th>Number of Homes</th>
<th>Number of Licensed Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Homes</td>
<td>8</td>
<td>949</td>
</tr>
<tr>
<td>Government Long Term Care facilities including St Vincent de Paule Residence</td>
<td>6</td>
<td>1718</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>14</strong></td>
<td><strong>2667</strong></td>
</tr>
</tbody>
</table>

**Regulatory Aspects related to Substances of Human Origin**

One of the functions of the Health Care Standards Directorate 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 Health Care Standards Directorate 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 are satisfied.

The year 2014 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 the previous years. The collection of reports on Adverse Reactions and Events related to blood transfusion by the haemovigilance Unit within the Directorate continued throughout 2014. The number of reports received by the haemovigilance Unit during 2014 has stabilised to a level of approximately 57 reports per annum.

In a similar fashion, the directorate also continued refining the system for reporting of Adverse Reactions and Events related to Tissue/Cell Transplantation. The report on Adverse Reactions and Events related to Tissue/Cell Transplantation was submitted to the European Commission.

During 2014, 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.

During 2014, the Directorate has finalized the setting up of the mechanisms and structures to have the IVF service providers at MDH assessed with an intention to regulate and license according to national legislation. Licensing was finalized and IVF operation was initiated.

The Directorate also attended various EU level meetings on behalf of the Competent Authority on Blood, Tissues and Cells and Organs. The Health Care Standards Directorate continued 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.

The Directorate is also assisting in setting up the appropriate regulatory mechanisms related to organ transplantation. A white paper has been drafted for a future consultation process.

ENVIRONMENTAL HEALTH DIRECTORATE

HEALTH INSPECTORATE SERVICES

Citations Unit

During the year 2014, the number of Health Sittings appointed to be heard before Magt. Carol Peralta LLD. were 3. The number of cases heard by the presiding Magistrate, were 18, of which 1 was decided. (Food related).

12 Magisterial on-site enquires were performed.
The number of health sittings appointed to be heard before Magt. Dr. Claire Stafrace Zammit LL.D. were 14. The number of cases heard by the presiding Magistrate, were 487, of which 121 were decided. (74 Food related and 47 Environmental related).

23 Magisterial on-site enquiries were performed.

The number of health sittings appointed to be heard before Magt. Dr. A. Micallef Trigona LL.D. were 4. The total number of cases heard by the presiding Magistrate, were, 11 of which 1 was decided. (Environment related)

The number of health sittings in Gozo appointed to be heard before Magt. Dr. N. Camilleri LL.D. were 11. The total number of cases heard by the presiding Magistrate, were, 20 of which 5 were decided. (4 Food related and 1 Environment related).

- During 2014 a total number of 213 charges were issued;
- Undertakings issued in terms of Article 39 of the Food Safety Act amounted to 95;
- Undertaking issued in terms of Article 13 of the Public Health Act of 2003 amounted to 13;
- During the year 2014, 2 Public Health Emergencies were issued in terms of Article 14(1) of the Public Health Act – 2003 for the current year;
- 15 Emergency Control Orders were issued whereas no Emergency Prohibition Orders in terms of Art. 36 of the Food Safety Act were issued;
- 1 Enforcement Notices was issued in terms of the Control of Legionella Regulations during 2014.

**MEPA applications**

During the year 2014, the Administration Unit has received through the MEPA e-applications system 420 new consultation requests and pre-applications. Not included in the number of 420 are 5 applications that were sent twice when the tracking applications were changed to full development applications and thirty one applications were received twice due to any amendments to the application. These were all referred to the respective Senior Environmental Health Practitioner for the necessary processing. After the necessary processing from the Health Inspectorate Services, feedback is received at this office from our regional offices and units. All documents with feedback are uploaded on the e-application system.

**Regional Units**

Environmental Health Officers have been deployed to work within six Regional Units around Malta and one in Gozo.

The Health Inspectorate functions within a Quality Service Charter (QSC) with respect to the service offered to the public. Furthermore the Directorate has acquired MSA EN ISO 9001:2008 accreditation for the quality management system of EHD for the handling of complaints.

11 Internal audits were performed during year 2014 to ascertain that the QSC is being adhered to, also a requirement for ISO 9001:2008 and to ensure compliance with EU Regulation 882/2004.

In 2014 the EHD recruited 5 new EHOs who finalized there studies during 2013.
The services offered by the Health Inspectorate Services included:

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspections in connection with Licensing</td>
<td>2,662</td>
</tr>
<tr>
<td>Undertakings (re Article 39 of the Food Safety Act of 2002)</td>
<td>95</td>
</tr>
<tr>
<td>Undertakings under Public health Act</td>
<td>13</td>
</tr>
<tr>
<td>Public Health Emergencies</td>
<td>2</td>
</tr>
<tr>
<td>Inspections for Risk Assessment Grading purposes</td>
<td>5,536</td>
</tr>
<tr>
<td>Inspections of food premises (other than Risk Assessment)</td>
<td>408</td>
</tr>
<tr>
<td>Samples taken with respect to food</td>
<td>2,380</td>
</tr>
<tr>
<td>Samples of Potable water (Service water &amp; other sources)</td>
<td>788</td>
</tr>
<tr>
<td>Other Samples (non-potable water, sea water &amp; swabs)</td>
<td>3,887</td>
</tr>
<tr>
<td>Nuisance reports/Abatement notices</td>
<td>622</td>
</tr>
<tr>
<td>Inspections re-food poisoning</td>
<td>84</td>
</tr>
<tr>
<td>Inspections to verify immunization of children</td>
<td>0</td>
</tr>
<tr>
<td>Complaints</td>
<td>5,254*</td>
</tr>
</tbody>
</table>

- Food related                                           607
- Environment related                                    4,322
- Pests                                                  288

* 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.

6 new Private Water Suppliers have been registered with the Health Authorities during the Year 2014. (As per L.N. 357 of 2004)

23 new swimming pools were registered during 2014 (in accordance with L.N. 129 of 2005).

10 new cooling towers were registered during 2014 (in accordance with LN 6 of 2006).

154 swimming pools were inspected during 65 pool audits during the year 2014.

106 Legionella audits were performed during 2014.

124 schools were inspected during 2014.

92 Abatement notices under the Public Health Act were issued vis-a-vis Legionella and swimming pools audits.

**Training of Environmental Health Practitioners**

Kindly find below a list of training programmes held abroad within the BTSF Initiative of the European Union with the respective number of participants from EHD.
### Training Abroad

<table>
<thead>
<tr>
<th>Training Abroad</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controls on contaminants in feed and food</td>
<td>3</td>
</tr>
<tr>
<td>Import Controls on Certain Feed &amp; Food of non-Animal origin</td>
<td>10</td>
</tr>
<tr>
<td>Food-borne Outbreaks Investigation</td>
<td>6</td>
</tr>
<tr>
<td>Food Hygiene and Flexibility</td>
<td>1</td>
</tr>
<tr>
<td>Food Hygiene at Primary Production – Plants for Food</td>
<td>2</td>
</tr>
<tr>
<td>Improving Risk Assessments and Controls In primary production of food of non-animal origin</td>
<td>1</td>
</tr>
<tr>
<td>Microbiological Criteria in Foodstuffs</td>
<td>1</td>
</tr>
<tr>
<td>Food Composition and Information</td>
<td>7</td>
</tr>
<tr>
<td>Audit System &amp; Internal Auditing mainly for EU Member States under the BTSF Initiative</td>
<td>5</td>
</tr>
<tr>
<td>Food Additives, Enzymes and Flavourings</td>
<td>4</td>
</tr>
<tr>
<td>Food Investigations Techniques: E-Commerce</td>
<td>3</td>
</tr>
<tr>
<td>Food Investigations Techniques: Food Fraud</td>
<td>1</td>
</tr>
<tr>
<td>HACCP Principles and Audit Techniques</td>
<td>7</td>
</tr>
<tr>
<td>Rapid Alert System For Food and Feed</td>
<td>5</td>
</tr>
</tbody>
</table>

24 officials followed 27 online training courses.

<table>
<thead>
<tr>
<th>Elearning Training</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Contact Material</td>
<td>18</td>
</tr>
<tr>
<td>Rapid Alert System For Food and Feed</td>
<td>9</td>
</tr>
</tbody>
</table>

### Rapid Alerts & Sampling Unit

During 2014, 17 Microbiology related sampling programmes and 31 chemical sampling programmes were carried out throughout which, over 1700 samples were elevated from the new unit set up in Malta. As a result of these sampling programmes:

- Two batches of a brand of anchovies has been recalled from the market involving other eight countries. One RASFF notification was published;
- One Old People’s Home has been partially closed down due to hygiene issues;
- One product had to be withdrawn and relabelled due to the presence of undeclared peanuts. A RASFF notification was also issued;
- One operator was taken to court due to the production of a product with undeclared pork.

As from 1st May 2004, Malta became a member of the Rapid Alert System for Food and Feed (RASFF) of the European Union. This Unit is entrusted with the daily checking of all notifications received by e-mail from the RASFF network. Whenever a notification was relevant to Malta, this Unit maintained contact with the office of the Director until a reply was formulated and forwarded to the RASFF Network office in Brussels. This unit dealt with 28 RASFF Notification, 7 which were created by Malta and 21 in which Malta was involved.
Port Health Services

Activities of Port Health Office, Health Inspectorate Services, Floriana:

Inspections of marine crafts requested by Malta Maritime Authority 30
Inspection of refrigerated vehicles requested by Malta transport Authority 73
Repatriation of human remains 126
Burial at sea 4
Processing of requests in respect of import declaration of foodstuffs 24,783

(EU – 22,619 and EEA – 48) notifications and 2,116 import declarations from third countries were processed.

Processing of requests for importation of pharmaceuticals 3965
Ship Sanitation Control Certificate/Extentions and Exemptions 284
Number of Inspections of Catering Establishments and Warehouses 19
Samples taken of imported items of food 51
Health/Radiation free Certificates issued 1,172
Undertakings 47
Inspections of incoming consignments 657
Destruction Certificates for unfit food 8
Registration of trader’s application 74
VAT inspections (in conjunction with other departments) 44
Contravention reports issued on nonconformities on Food Safety Act 1

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

The Port Health Medical Services (PHMS) of the Environmental Health Directorate has continued to contribute to the mandate of the directorate to ensure health security and safeguarding the well-being of the public through the enforcement of national legislation and international public health obligations.

Activities Port Health Office in 2014:

Medicinal and Food Supplements products inspected:

Food supplements for personal use 13,393
Medicine for personal use 1,239
Other items for personal use 2,670
Wholesalers medicine importation 3,965
Wholesalers Reagents importation 84
Wholesalers veterinary products 253

Conveyances requested approved 1481
Public health events notified on conveyances 1
Infectious disease/public health events on ships 8
Medical health control/evacuation on ships 4
Medicinal Advice to travellers 12
Death reported on sea-craft on arrival 4
Activities in Airport Health Office 2014

Number of cases of infectious diseases reported 3
Number of travellers form Ebola affected countries under entry screen 14
Number of migrants (non-Ebola countries) entry screen 1
Death reported on arriving conveyance (Aircraft) 0

Activities of International Health Regulation National Focal Point (IHR-NFP)

IHR Committee held meetings as the need dictated and consulted via internet communications. The activities carried out in 2014 included:

- Meetings to discuss the current Public Health Emergency of International Concern due to Ebola outbreak in West Africa and advised on preparedness and response in Malta;
- Meetings to respond to WHO IHR Core Capacity Monitoring Framework: questionnaire for monitoring progress in the implementation of IHR core capacities in State parties;
- Participated in several meetings of Generic Preparedness and Response planning committee.

Monitoring & Notification of International Public Health Threats:

- Monitored WHO Event Information Site on a daily basis and ECDC Communicable disease threats report on a weekly basis;
- Based on above, the IHR committee held consultation and advised on event monitoring of Ebola outbreak, MERS CoV, Polio virus, and other threats;
- Received and responded to IHR notification and contact tracing of Maltese citizens or residence exposed to events of public health concern on or during international travel.

ECDC Risk Assessment Guidance for Disease transmitted on Aircraft (RAGIDA) survey

Participated in the EU Decision No 1082/2013/EU on serious cross-border threats meeting held in Rome, Italy.

Irregular Migration

Screening of Boat Migrant:

Boat Arrivals in 2014 7

- Immigrants screened
  Males 322
  Female 59
  Male minors 152
  Female minors 36

Food Safety Unit

The following are the number of inspection performed by this unit during 2014.

Inspection of food premises prior to licensing/refurbishing.
### Issuing of approvals in connection with:

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade Licences (TLU)</td>
<td>562</td>
</tr>
<tr>
<td>Planning Authority (MEPA) applications</td>
<td>232</td>
</tr>
<tr>
<td>Malta Tourism Authority (MTA) applications</td>
<td>194</td>
</tr>
<tr>
<td>Police Department, (Temporary Licences)</td>
<td>1</td>
</tr>
<tr>
<td>Other Temporary Licences</td>
<td>12</td>
</tr>
<tr>
<td>Health Department (SPH Licences)</td>
<td>10</td>
</tr>
<tr>
<td>Agriculture Department</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total number of applications for 2014</strong></td>
<td><strong>1,018</strong></td>
</tr>
<tr>
<td><strong>Total number of inspections performed during 2014</strong></td>
<td><strong>1,611</strong></td>
</tr>
</tbody>
</table>

### Pest Control Services

The Pest Control Section deployed three teams of operatives covering North, Central and Southern Regions in Malta. 256,600 bait points and 1,574 sewers were baited. While 98 insect disinfestations/disinfections were effected during 2014.

858 Complaints were lodged with the Directorate, regarding Pest Control issues and seen to by this unit.

One team is available in Gozo. 285 complaints were lodged regarding Gozo. 18,685 bait points and 8495 sewers were baited. While 6 insect disinfestations/disinfections where effected during 2014.

During 2014, 25,692 rat poison packets were distributed to the public in Malta & Gozo.

### Burials Administration Unit

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

Responsibilities of the Burials Administration Unit:
### Drug Control Unit was dissolved in 2014 however the following function was retained

98 illegal tobacco adverts and 16 illegal tattoo adverts where removed during 2014.

### Food Safety Commission Secretariat (FSCS)

The Food Safety Commission is chaired by the Superintendent of Public Health.

During 2014, the Food Safety Commission (FSC) met 12 times. Total number of meetings since FSC set up since 2004 is 251.

During 2014, the Food Safety Commission Secretariat continued with the registration of new premises and updates on existing premises. By the end of 2014, there were a total of 15,261 registrations entered on the official Food Premises Register as required by LN 180 of 2001. 728 of these are still temporary.

Of these registrations 332 registrations have been marked as temporary closed, 1352 as permanently closed and 3676 as definitely closed thus leaving a total of 9173 premises open.

During 2014 there were a total of 980 new registrations of which 78 are still temporary. From the 980 registrations inserted 39 were definitely closed 0 (none) of which were still temporary registered) and 0 (none) were temporary closed. This means that a total of 902 new premises have been added to the premises register during 2014.

16 food premises certificates were issued during 2014 therefore amounting to total revenue of €186.40. These certificates were issued at the request of the licensees of the premises concerned.

8750 food handler cards were issued in 2014. 440 food handlers were issued with a Category A card whilst 8310 food handlers were issued with a Category B card. 35 lost cards were re issued during 2014.

There are 38,774 valid food handler cards of which 1269 are of Category A and 37,505 Cards are of Category B.
PUBLIC HEALTH LABORATORY (PHL)

During the calendar year 2014 a total of 8,935 samples were examined for various test parameters at the Public Health Laboratory.

The Quality Management System and Accreditation of the PHL

To date, PHL has thirty five test methods in its scope of accreditation as awarded by the local accreditation body, NAB-Malta.

In 2014, the Public Health Laboratory again made written agreements with its customers, the Health Inspectorate Services (HIS) and the Infectious Diseases Prevention and Control Unit (IDCU), regarding the terms and conditions of services to be performed for them.

In 2014, PHL sent customer satisfaction questionnaires to its customers with overall positive feedback being received from the HIS. NVL and IDCU have not submitted their feedback to date. No complaints were received during 2014.

During this year a total of nine internal audits were performed. From the results obtained, the quality system implemented is in general functioning satisfactorily. The management review meeting of 2014 will be performed in early 2015.

Calibration of equipment was mainly subcontracted to the National Metrology Services whereas performance monitoring activities were performed in-house.

Microbiology—Public Health Laboratory (MPHL)

This section is responsible for the investigation of samples for microbiological parameters using mainly classical culture techniques. Testing services are provided on a seven day week basis. Human resources in this section consist of eleven technical elements (two scientific officers and eight medical laboratory scientists and one senior pharmacist. A request for the recruitment of suitably qualified technical staff was forwarded to the relevant authorities. New recruits will be deployed in order to consolidate and extend the accreditation process and to comply more fully with E.U. requirements.

National Reference Laboratory (NRL) Activities

This section performs National Reference Laboratory activities (food and products intended for animal feed) concerned with:

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

The MPHL does not have the necessary resources to honour all NRL commitments. Consequently a memorandum of understanding was signed with the Public Health England (PHE), previously known as Health Protection Agency (HPA) - (UK) to assist the PHL in its role
of NRL as defined in Regulation 882/2004. Participation to EURL – NRL activities is mandatory and this laboratory was represented in several such activities.

**Testing Activities in 2014**

During the calendar year 2014, MPHL investigated a total of 6066 samples. A breakdown of the sample types tested is detailed in the following table:

**Table showing main categories of samples examined at MPHL (2014)**

<table>
<thead>
<tr>
<th>Sample Type</th>
<th>No. of Samples Investigated</th>
<th>% of Total Samples Investigated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food *</td>
<td>1047</td>
<td>17.3%</td>
</tr>
<tr>
<td>Environmental:</td>
<td>632</td>
<td>10.4%</td>
</tr>
<tr>
<td>▪ Surface swabs</td>
<td>543</td>
<td>9%</td>
</tr>
<tr>
<td>▪ Faecal (human)</td>
<td>62</td>
<td>1.0%</td>
</tr>
<tr>
<td>Waters</td>
<td>3447</td>
<td>56.8%</td>
</tr>
<tr>
<td>Cultures</td>
<td>335</td>
<td>5.5%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>6066</td>
<td></td>
</tr>
</tbody>
</table>

*A large number of food samples tested in 2014 consisted of five sub-samples (N=5).

**Table showing types of water samples examined at MPHL (2014)**

<table>
<thead>
<tr>
<th>Type of Water Samples submitted</th>
<th>No. of Samples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Water</td>
<td>740</td>
</tr>
<tr>
<td>Bottled Water *</td>
<td>50</td>
</tr>
<tr>
<td>Sea Water</td>
<td>2216</td>
</tr>
<tr>
<td>Swimming Pool Water</td>
<td>99</td>
</tr>
<tr>
<td>Well Water</td>
<td>42</td>
</tr>
<tr>
<td>Infiltration/Effluent</td>
<td>185</td>
</tr>
<tr>
<td>Reservoir</td>
<td>34</td>
</tr>
<tr>
<td>Borehole</td>
<td>24</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>57</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td><strong>3447</strong></td>
</tr>
</tbody>
</table>
* Some samples consisted of five sub-sample units (N=5).

**Isolation of Food Borne Pathogens**

The main food borne pathogen isolated from food and environmental samples were Salmonella and Campylobacter.

**Training of Personnel**

Staff attended an internal training programme and a number of individuals attended relevant workshops, meetings and seminars as indicated in the following table:

**Table of Training and Mission Activities for MPHL**

<table>
<thead>
<tr>
<th>External Activity</th>
<th>Organiser</th>
<th>Duration</th>
<th>No. of PHL participants</th>
<th>Financing Body</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPS – NRL Workshop</td>
<td>CPS – EURL held in Malta</td>
<td>2 Days</td>
<td>1</td>
<td>Commission</td>
</tr>
<tr>
<td>CMP – CRL Workshop</td>
<td>CMP – EURL</td>
<td>2 Days</td>
<td>1</td>
<td>Commission</td>
</tr>
<tr>
<td>LM – NRL Workshop</td>
<td>LM – EURL</td>
<td>2 Days</td>
<td>1</td>
<td>Commission</td>
</tr>
<tr>
<td>SLM – NRL Workshop</td>
<td>SLM – EURL</td>
<td>1 Day</td>
<td>1</td>
<td>Commission</td>
</tr>
<tr>
<td>VTEC – NRL Workshop</td>
<td>VTEC – EURL</td>
<td>1 Day</td>
<td>1</td>
<td>Commission</td>
</tr>
<tr>
<td>AR – NRL Workshop</td>
<td>AR – EURL</td>
<td>2 Days</td>
<td>1</td>
<td>Commission</td>
</tr>
</tbody>
</table>

Training courses on the use of IT software and seminars organized by the CPD – Pathology section of Mater Dei Hospital and CPD – Management were attended by selected individuals.

**National Reference Laboratory (NRL) Activities**

**Testing Activities**

During the calendar year 2014 the CPHL received 2869 requests for investigation out of which 1508 samples were in connection with complaints and requests to check compliance with specific legislations, while 1361 samples were requested by sampling programmes. The 33 sampling programmes were agreed to by the Health Inspectorate Services. The tables below give a breakdown of the samples tested. Analysis of about 5.0% of the samples received was subcontracted to accredited laboratories in other Member States mainly due to the fact that this section is not yet in a position to perform trace analysis for the reasons already mentioned. Details of sampling programmes and of testing activities requested are given in appendix II.

**Table showing main categories of samples examined at CPHL (2014)**

<table>
<thead>
<tr>
<th>Type of Sample</th>
<th>Number of samples</th>
<th>% of Total Samples Investigated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>1261</td>
<td>43.6 %</td>
</tr>
<tr>
<td>Water</td>
<td>1521</td>
<td>53.0 %</td>
</tr>
<tr>
<td>Environmental</td>
<td>87</td>
<td>3.0 %</td>
</tr>
<tr>
<td>Total</td>
<td>2869</td>
<td></td>
</tr>
</tbody>
</table>
ENVIRONMENTAL HEALTH POLICY CO-ORDINATION UNIT

Consultations

The Environmental Health Policy Co-ordination Unit collaborated with different sectors from both within and outside the health sector in various consultations on environment, health and other policies, proposals and queries related impacts/potential effects of these on health. These included formulation of terms of reference, completion of questionnaires and specific meetings with the aim of enhancing environmental health in the Maltese population, preventing and/or mitigating potential health impacts arising from policies, projects and programmes at national and international level. All feedback given was based on thorough literature reviews and research to consolidate the evidence-based opinions and recommendations.

Consultations on national and EU strategies, policies, programmes, and reports arising in 2014 included:

Consultations and requests for information from public entities

- Draft national framework for radioactive waste management;
- Kick-starting the National Strategy for Sustainable Development Review Process and consultation;
- Transposition of Directive 2014/89/EU establishing a framework for maritime spatial planning;
- Fireworks Factory Complexes Policy - SEA screening;
- Draft Climate Action Bill;
- ‘It-Tkabbir Sostenibbli’ - Laqgħa Pubblika mal-Ministru Leo Brincat;
- New Policy and Design Guidance (DC 2014) under the Environment and Development Planning Act;
- Consultation on the SEA for OPI 2014-2020 (Scoping Report)/ Programming Unit within the Ministry for European Affairs and Implementation of the Electoral Manifesto to undertake the Strategic Environmental Assessment (SEA) on Malta’s Operational Programme I for the period 2014-2020;
- Policy framework to provide a general guidance and establish planning parameters for new fuel service stations or existing ones which are seeking relocation;
- Commonwealth of Learning (COL) Malta Country Action Plan (CAP) 2012-2015 (PROGRESS REPORT);
- Road Safety Strategy Malta 2014-2024;
- Strategic Environmental Assessment (SEA) Environmental Report for the Strategic Plan for the Environment and Development (SPED);
- Country report – environment and health (MEPA);
- Food and Nutrition Policy and Action Plan 2014 -2020;
- Scoping report and Strategic environmental assessment on Malta’s national rural development programme for the programming period 2014-2020 environment report);
- Consultation on the Outcome Document Prepared by the Ministry for Foreign Affairs for the Third International Conference on Small Island Developing States;
- Development Control Design Policy, Guidance and Standards 2014;
Requests from international entities:

**WHO**

- Environment and Health Policy Questionnaire for the European Environment and Health Process (requiring extensive external consultations to compile information);
- Malta submission for the 2016-2017 programme budget (Biennial Collaborative Agreement);
- Description of key EH national initiatives for “Country stories for the WHO/Europe MTR Report”. National report on Inequalities in Environmental Health in Malta in line with the recommendations of the European Report on Inequalities submitted for consideration;
- THE PEP update on progress on the developments in achieving the goals of the Amsterdam Declaration from 2009 and the Paris Declaration since 2014 to be used for a regional overview on progress at the 12th Session of the Steering Committee of THE PEP in November 2014;
- IAEA Self-Assessment of Regulatory Infrastructure for Safety (SARIS).

**EU through DPDEUIA (Ministry for Health) Ministry for European Affairs, MEUSAC and others**

- Consultation by the Working Party on Enlargement and Countries Negotiating Accession to the EU - Screening report, Montenegro on Chapter 28 – Chapter Consumer and health protection;
- Proposal for a COUNCIL DECISION for the acceptance of the Amendment to the 1999 Protocol to the 1979 Convention on Long-Range Transboundary Air Pollution to Abate Acidification, Eutrophication and Ground-level Ozone;
- European Commission Communication: A clean air programme for Europe (COM (2013) 918);
- Memorandum on the limitation of emissions of certain pollutants into the air from medium combustion plants COM (2013) 919;
- Draft Manual of Procedures outlining the permit granting process applicable to PCIS specifically the connection of Malta to the European Gas network;
- The revision of the Commission's Impact Assessment guidelines Commission's Stakeholder Consultation guidelines;
- EU and EEA Member States' capacities and preparedness for addressing new health threats due to climate change (CELESTE globalisation study);
- Proposal for a directive of the European parliament and of the council relating to a reduction in the sulphur content of certain liquid fuels (Codification);

Consultations by MEPA on major projects included:

- Delimara gas and power – combined cycle gas turbine power plant and liquefied natural gas receiving, storage and regasification facilities including meetings with Enemalta officials and EIA consultants;
- IPPC permit for the Storage and Processing of oily waste mixtures by Ricasoli Port Facility Ltd;
- Public health impact assessment of Cement silo including follow up meetings with stakeholders and representation in parliamentary committee;
- Installation of manufacturing plant and obtaining an operations permit for the production of active pharmaceutical ingredients (API), and the installation of LPG storage tanks in a facility/factory already covered by permit PA 04236/08. (MEPA)

Information requests and complaints from public directly or through other public entities included:

- Radiation (mobile phone base station and antennas, satellite dish, Wi-Fi in public areas and schools, indoor radon levels and monitoring);
- Regulations/guidelines regarding the burning of wood or substitutes;
- Investigation into a reported suspected cancer cluster;
- Asbestos investigation in collaboration with inspectorate services;
- Contrail query from public;
- Health effects from strong odours (specific complaints in 2 schools, nursing home for elderly and residential locality, in collaboration with health inspectorate);
- Lead pellets in wild duck product for human consumption;
- Phthalates in toy products.

Meetings and seminars

The conference “Addressing Health Inequalities – 2014 and beyond” was held on 23rd January 2014 in Brussels. This conference showcased the results of a Joint Action Programme on health inequalities by assessing progress on addressing health inequalities and considering opportunities and priorities for action in the EU. Attendance to the conference was made possible through an ESF co-financed sponsorship (ESF 4.100) – Developing Core Skills in the Public service, managed by the CDRT.

EHPCU Public Health Consultant accompanied the Parliamentary Secretary for Health to the WHO Conference on Health and Climate, Geneva between the 27th - 29th August 2014 who chaired the session on ‘Promoting health while mitigating climate change: Leading by example in the health sector.’ The overall objective of the conference was to empower the health and sustainable development communities with the most up-to-date and authoritative evidence, tools, and knowledge to enhance resilience and protect health from climate change, identify the health benefits associated with reducing emissions of greenhouse gases and other climate pollutants and support health-promoting climate change policies.
Following the conference, discussions were held with Mater Dei Hospital (MDH) administration and engineering heads regarding the institution of such further measures and policies within MDH.

National Environment Policy

An update on Malta’s National Environment Policy (NEP), 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, was requested by the National Environment Policy Implementation Unit. This was compiled for use in NEP Status Update March 2014 report collated by MSDEC National Environment Policy Implementation unit.

Exposure Assessment Survey in Maltese Schools (2014-2015)

Equipment for the Exposure Assessment Survey in Maltese schools (CO$_2$ monitors, diffusion tubes for NO$_2$, formaldehyde and benzene, moisture meters) has been procured through a competitive procurement process. Data collection started in November 2014 and will continue till April 2015. The following parameters are being investigated in 15 Maltese primary and secondary schools:

- ventilation and air exchange rates;
- the levels of NO$_2$, formaldehyde and benzene in classrooms and adjacent outdoor sites;
- inspection for general hygiene, mould and dampness;
- access to proper sanitary facilities;
- hygiene practices in pupils;
- smoking in schools and on school grounds; and
- modes of transportation to and from school.

Data analysis and reporting will be carried out in early 2015.

TACTICS project

Tools to Address Childhood Trauma, Injury and Children’s Safety (TACTICS) project, an initiative to provide better information, practical tools and resources to support evidence-based good practices for the prevention of injury to children and youth in Europe, was concluded in 2014. Final financial reconciliation was carried out in collaboration with the Programme Implementation Department (Health).

MCCAA technical committee

National standard on combat sports – boxing (minors)

The Environmental Health Directorate is represented on the technical committee developing a National standard on combat sports – boxing (minors). This standard was proposed by the Commissioner for Children.

Indoor Radon Levels
A number of schools with high recorded radon levels were retested using AlphaGuard Radon Progeny Meter which measures radon in a continuous method, a method which is suitable for short term (48 hour) monitoring. A recommendation for reassessing radon levels in these schools using passive detectors was made and quotes for the procurement of such made.

**THE PEP (WHO)**

The EHPCU submitted a proposal for inclusion documenting intersectoral work in environment and health as a case-study box for the WHO/Europe National Transport, Health, Environment action plan (NTHEAP) manual being developed as part of the Transport, Health and Environment Pan-European Programme.

**European Environment and Health Process (WHO)**

The EHPCU submitted 3 proposals for their inclusion in the report on achievements at the Mid-Term Review (MTR) high level meeting. These include:
- Exposure Assessment Survey in Maltese schools (2014-2015);
- Blood Lead Levels in Maltese Children and Adults;
- National mapping survey of indoor radon levels in the Maltese Islands (2010-2011).

A draft country story on income and environmental conditions in Malta was also submitted to WHO for inclusion in the 2014 EH Mid-Term Review report.

**Environment and Health Education Campaign**

An article, Focus on Environment health Inequalities in Malta was put up on the EHD website as part of the Focus reports.

As part of an environmental health campaign, a series of information articles on various environment health issues (including indoor and outdoor air quality, noise, radiation, chemicals, water) were prepared.

**Environmental Health Information System**

The EHPCU is collaborating with the Directorate for Health Information and Research in the setting up of a linked Environmental Health Information System. Information will include parameters to be utilised in the monitoring of the implementation of the Parma Commitments within the WHO Environment and Health process. This action is a Health Ministry commitment for the National Environment Policy (measure 2.2.3).

**Specialist Training**

During 2014, 3 Public Health Medicine trainees were attached to the EHPCU for 3 month periods, during which they contributed to the work of the Unit under the supervision of the public health medicine specialists.

**Implementation of Framework Convention on Tobacco Control**
**WHO FCTC reporting**

The EHPCU was responsible for the compilation of Malta’s Report to the WHO Framework Convention on Tobacco Control. The report was submitted in April and is available online.

**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.

**EMTOC**

During 2014, the EHPCU continued to work on 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.

**Radiation Protection**

The Medical Physicist at the EHPCU continued his involvement in day to day matters pertaining to radiation protection, as well as involvement with the Radiation Protection Board (RPB) pertaining to radiation regulations and keeping updated on current trends on dosimeters, radiation equipment and treatments.

These included consultations and meetings together with the RPB with various governmental and non-governmental organisations regarding radiation protection for complaints, new dental, radiological or radiotherapy/oncology centres, or any amendments to existing centres to be compliant with the current Medical Exposure (Ionising Radiation) Regulations especially prior to licensing new operations.

Regulatory compliance inspections were also undertaken together with the RPB to make sure that all institutes/centers using ionizing equipment for medical examinations or for various treatments comply with the Medical Exposure (Ionizing Radiation) Regulations. Follow-up inspections were carried out as per degree of compliance of institute/centre. Inspection of all dental and radiological clinic/centers on the Maltese islands for new and/or annual license renewals approvals were carried out. Acceptance reports provided by operators for each piece of ionizing producing equipment were reviewed in collaboration with the RPB as per requirements by regulations.

**SARIS**

The EHPCU was involved in the compilation of the IAEA Self-Assessment of Regulatory Infrastructure for Safety (SARIS) which supports the States’ routine and regular self-evaluation of the national infrastructure for nuclear and radiation safety in terms of compatibility with IAEA safety standards. The Integrated Regulatory Review Service (IRRS) is designed to strengthen and enhance the effectiveness of the national regulatory infrastructure of States for nuclear,
radiation, radioactive waste and transport safety and security of radioactive sources whilst recognizing the ultimate responsibility of each State to ensure safety in the above areas.

**Other**

EHPCU staff continued to carry out work related to the roles of National Focal Point for:
- UNECE/WHO Transport, Health and Environment Pan-European Programme (THE-PEP)
- WHO Framework Convention on Tobacco Control (FCTC) (alternate national focal point) and
- WHO Environmental Health Task Force (EHTF) (alternate national focal point)

EHPCU staff were also involved in representation on interviewing boards, boards of investigation/inquiry, General Services Board; lecturing, lead location and location trainer duties, educational supervision and involvement in the Public Health Specialist Training Committee.

**Destruction Totals**

<table>
<thead>
<tr>
<th>Food Category</th>
<th>TOTAL kg/l</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcoholic beverages (other than wine)</td>
<td>0.00</td>
</tr>
<tr>
<td>Bivalve molluscs and products thereof</td>
<td>0.00</td>
</tr>
<tr>
<td>Cephalopods and products thereof</td>
<td>0.00</td>
</tr>
<tr>
<td>Cereals and bakery products</td>
<td>11553.27</td>
</tr>
<tr>
<td>Cocoa and cocoa preparations</td>
<td>0.00</td>
</tr>
<tr>
<td>Coffee and tea</td>
<td>29.00</td>
</tr>
<tr>
<td>Confectionery</td>
<td>177.40</td>
</tr>
<tr>
<td>Crustaceans and products thereof</td>
<td>0.00</td>
</tr>
<tr>
<td>Dietetic foods, food supplements, fortified foods</td>
<td>4.50</td>
</tr>
<tr>
<td>Fats and oils</td>
<td>40.00</td>
</tr>
<tr>
<td>Fish and products thereof</td>
<td>37.64</td>
</tr>
<tr>
<td>Food contact materials</td>
<td>0.00</td>
</tr>
<tr>
<td>Fruits and vegetables</td>
<td>6243.95</td>
</tr>
<tr>
<td>Herbs and spices</td>
<td>8872.20</td>
</tr>
<tr>
<td>Honey and royal jelly</td>
<td>3.80</td>
</tr>
<tr>
<td>Meat and meat products (other than poultry)</td>
<td>1930.19</td>
</tr>
<tr>
<td>Milk and milk products</td>
<td>695.90</td>
</tr>
<tr>
<td>Non-alcoholic beverages</td>
<td>10.50</td>
</tr>
<tr>
<td>Nuts, nuts products and seeds</td>
<td>0.00</td>
</tr>
<tr>
<td>Poultry meat and poultry meat products</td>
<td>4184.30</td>
</tr>
<tr>
<td>Prepared dishes and snacks</td>
<td>64.87</td>
</tr>
<tr>
<td>Soups, broths and sauces</td>
<td>1.00</td>
</tr>
<tr>
<td>Wine</td>
<td>5.04</td>
</tr>
<tr>
<td>Others</td>
<td>14.50</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>33,868.06</strong></td>
</tr>
</tbody>
</table>
The Health Promotion and Disease Prevention Directorate within the Department for Health Regulation has the main aim 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.

Activities are categorized under three units:

- Infectious Disease Prevention and Control Unit;
- Health Promotion and Chronic Diseases Unit;
- Administration unit.

**INFECTIOUS DISEASE PREVENTION AND CONTROL UNIT (IDCU)**

IDCU is responsible for surveillance of infectious diseases. Notified case are investigated in accordance with evidence based protocols.

Food borne Diseases: 439 sporadic cases, 57 food borne outbreaks affecting 402 persons and four Norovirus outbreaks affecting 104 persons

Sexually transmitted Diseases: 256 cases
Vaccine Preventable Diseases: 69 cases
Tuberculosis: 43 cases (involving 139 persons in contact screening)
Legionnaires: 7 cases
Meningitis: 27 cases
Vector borne Diseases: 6 cases
Childhood infections: 75 cases
Scabies: 45 sporadic cases and 33 outbreaks involving 113 persons cases

Screening for Tuberculosis for:
139 persons contacts of cases
1505 foreigners applying for an employment licence
568 irregular migrants arriving by boats
230 maltese employees working in high risk environments
799 foreign students
Delivery of 865 BCG vaccinations
1565 Tuberculin skin tests.

Various initiatives were carried out by the Infectious Disease Prevention and Control Unit

- Preparation of material for the drafting of the Generic preparedness plan for health threats;
Annual Report 2014
Ministry for Energy and Health (Health)
obstructive pulmonary disease, diabetes and cancer are mainly caused by preventable risk factors such as unhealthy diet, physical inactivity, tobacco use and alcohol misuse. By investing in the prevention and better control of chronic diseases, there is an improvement in the quality of life of people with a concomitant improvement in socio-economic factors. The National Noncommunicable Disease Strategy (2010) sets strategic objectives aimed at reducing both population and individual risk factors and improving the management and outcome of chronic diseases. Its aim is to make the healthier choice the easier choice. During 2014 the NCD action plan was updated and actions within the area of cancers, diabetes and cardiovascular diseases were undertaken by staff at HPCU.

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 noncommunicable diseases. The health consequences of overweight and obesity are also important in children. Actions identified as within the competence of MEH are being implemented. These include activities related to nutrition, physical activity and childhood obesity.

PROJECTS AND INITIATIVES

National Food Consumption Survey

Preparation for this large study went on throughout the year. This will consist of 24 hour dietary recall of three thousand people living in the community by interviewers on two separate occasions, a food frequency questionnaire and an assessment of physical activity levels. Preparation included training by RIVM and IARC, recruitment and training of interviewers, preparation of food list, translating the food list into the Maltese language, taking food photos, taking weight and volume measurements, food branding, translating the food list into Maltese language. The survey will take place in 2015.

Alcohol

A campaign highlighting the dangers of drink driving was held in December to once again remind the public to avoid consuming alcohol if driving and the alternatives available. This campaign was organised through a working group set up by the unit and included representatives of the Police, Mater Dei Emergency Department, CPD, Malta Transport, SEDQA and Touring Club Malta. It included new television, radio and social media advertisements.

Cancer Week

The Unit focused on cancer prevention on World Cancer Day in February and Cancer Prevention Week in May. The focus of the campaign was to promote the fact that certain cancers are preventable through the adoption of a healthy lifestyle. A number of outreach activities were held, including at B’Kara Health Centre and Valletta.

Euro melanoma Day
An initiative promoting awareness of the harmful effects of the sun was carried out in collaboration with the Department for Dermatology and the association of dermatology and venerology. The message promoted the precautions that need to be taken to avoid exposure and utilised mainly billboards. Screening was offered at Boffa Hospital.

**National Breastfeeding Week**

The aim for this year’s National Breastfeeding Week in November was to raise awareness on the importance of breastfeeding to the general public. The campaign organised by a multidisciplinary group consisted of: a series of radio adverts; as well as the annual seminar to educate the public, particularly mothers on issues relating to successful breastfeeding and new mothers on breastfeeding and weaning.

**Child Weight Management Pilot Project**

Selected children (100) and their families from four schools were invited to undergo medical screening, three sessions with the nutritionists and participation in exercise sessions. The aim was to assess the feasibility of a weight management programme for overweight and obese children.

**World Hypertension Day**

World Hypertension Day (17th May) had the theme Know Your Blood Pressure. Activities were held in Paola Health Centre and Valletta during which the general public was invited to check their blood pressure and speak to a nutritionist, encouraged to gradually reduce salt in their foods, and to monitor their blood pressure on a regular basis. Local and social media were also used extensively.

**World Heart Day**

The theme was “Protect your heart and that of those you Love” in order to increase awareness of lifestyle choice. An outreach at Valletta was held (28th September) and a new leaflet and TV and radio promos were launched. Local and social media were used.

**Salt Awareness Week**

This year’s Salt Awareness Week (March 10th –16th) focused on Food Labelling. The aim of this initiative was to raise awareness on reducing salt intake and the prevention of hypertension and stroke. The Institute of Tourism Studies held a Healthy Banquet, offering food prepared without salt but using herbs and spices only.

**Obesity Campaign**

Obesity Week was celebrated in June and focused on a social media campaign targeting weight loss.

**World Diabetes Day**

World Diabetes Day (14th November) saw the launch at a seminar of the draft Diabetes Plan for consultation including a chapter on prevention. Outreach activities were held in three health centres focusing on a Healthy Breakfast, together with media information on radio, television and Facebook and a new publication.
Cooking on a Budget – Appoġġ Qawra

A series of hands on sessions were held to residents on producing health meals at a cost of less than 10 euro. A series of healthy recipes were disseminated to the participants.

Weaning Seminars – Childcare Centres

A series of seminars on better nutrition for toddlers were held for managers and carers of nurseries across Malta. This was followed by seminars for parents.

Tobacco

This year saw the passage of the new EU Tobacco Directive through the European Parlament. A campaign to address secondhand smoke took place in state and church school for Year 6 children (aged 10-11 years) in ten Colleges and reaching 2,280 children. Personal, Social and Career Development Teachers (PSCD) delivered a PSD lesson on smoking and the impact smoking has on both the smoker and those around them. Campaign material included smoke free car stickers, door hangers and card. A competition was held with prizes by Maltapost, with the award ceremony being held on 2rd December.

World No Tobacco day was celebrated with an outreach and press conference in Valletta on 29th May. Other services related to tobacco cessation included a Pre Operative Admission Clinic at Mater Dei Hospital, participation in the EU-wide 'Ex-smokers are unstoppable' campaign, the provision of a Smoking Cessation Service to staff at MDH, various outreaches within educational and community settings.

Physical activity

Physical activity events included Summer adventure for teenagers (a combination of different sports activity and nutrition and cooking sessions) held in Dingli and as well as a charity event with Zumba and nutrition sessions for Dar il-Providenza, Move for Health events in May included 3 different interest walks, a maratona tar-rotta event over 3 days, several events for people with special needs, a Walking Pilot Project with Żurrieq Local Council, healthy nutrition sessions with various football clubs as well as preperation of new leaflets related to physical activity.

Workplace Health Promotion

The Unit this year continued its work within the workplace setting, by collaborating and offering its services to a number of new entities as well as continuing its collaboration with companies from previous years. These included MCCAA, MEPA, Go, BOV, Central Bank and Actavis as well as the Public Service.

Outreach Activities

78 outreach activities were carried out throughout 2014 to reach out to the general public to enhance wellbeing and prevent illness. These activities provided an opportunity to reach different sections of the public and address questions relating to issues such as nutrition, physical activity, sexual health, tobacco use, weight management and cancer prevention and early detection of diseases and risk factors.
SERVICES

Weight Management Programme
- One to one counselling service for weight management was given to clients where the weight management programme was deemed inappropriate;
- Weight management programmes in various community settings were held.

Tobacco Dependence Support Services
- The Quitline and the Freephone are available for the general public wanting to seek support related to smoking cessation or to apply for smoking cessation classes. On average the Quitline answers to about two calls each working day;
- One to One Counselling on Tobacco Cessation;
- Smoking Cessation Classes in various settings were held.

Community Aerobics Services
- 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 2014.

<table>
<thead>
<tr>
<th>Service</th>
<th>No of classes</th>
<th>No of participants</th>
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<tr>
<td>Smoking Cessation</td>
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</table>

AWARENESS

Officers from the Unit gave talks covering all areas of Health Promotion and Disease Prevention in a wide variety of settings, with the following aims:

- The right nutrients, the importance of breakfast, portion sizes, obesity prevention, salt and fat reduction in our food intake, diabetes management and prevention, reading food labels, the promotion of fruit and vegetables, the importance of water, nutrition in pregnancy, breastfeeding and weaning.

Target groups included health and non-health professionals, parents/mothers, women, schoolchildren, adolescents, older people and employees.

HEALTH BEHAVIOUR STUDY IN SCHOOL CHILDREN STUDY

The directorate was responsible for the organisation of the Health Behaviour Study in school children study whereby the tool developed was distributed in 20 schools. A total of 2430 questionnaires were completed; after cleaning 2265 were valid.
SEXUAL HEALTH INITIATIVES

A train the trainers’ course in SRE was organised for Educational officers and Head of Departments such as those of Religion, Biology, PSCD and Science so that they are updated with current knowledge about sexuality and health and act as catalyst of change. Training for school nurses and doctors was organised on sexual health issues in relation to their roles in schools with children of various age groups and socio-cultural differences. One full day was organized at Mount Carmel Hospital.

STIF course at a local sexual health conference for doctors and nurses. The e-module was offered to 120 persons whilst the intensive course by BASSH experts was given to 48 persons over 2 days.

Training for single or economically and socially disadvantaged mothers was held and will be continued on sexual health in collaboration with AĊĊESS in the Kottonera area under the Patronage of the President. Two sessions of two hours each were carried out. Training of individuals with physical and intellectual disabilities was held regarding sexual health in collaboration with ETC. Two sessions were carried out at their ETC premises of two hours each. Training of parents who have children with Down Syndrome is being held in collaboration with Primary Health care. Four sessions were carried out on 4 consecutive Saturdays at Birkirkara Health centre.

Schools with similar cohort of children are also working in collaboration with HPDP and the Education department so that children and parents are taught concurrently knowledge and skills related to sexuality and relationships. Four sessions are again planned for this cohort.

A Sexual Health Awareness Service (SHAS) is also being organised on campus. This service will offer confidential support and information regarding sexual health. Activity is to be launched later on this year. Various sexual health lectures are being carried out at University and at MCAST. The sexual health issues were addressed in mental health institutions such as Villa Chelsea. One session of two hours was carried out.

Training of peer leaders was carried out in collaboration with Agenzija Žgħażagħ both in Malta and Gozo. Sexual health themes are tackled constantly through the media i.e. radio and TV programmes.

Commemoration of International days such as World Hepatitis Day. One Outreach was carried out at The Point. Leaflets were updated and reprinted and new posters were devised and distributed. World Aids day initiatives were held in collaboration with MMSA on 1st December with candle vigil supported by the President of Malta. A buscade was held targeting the public in the northern, central and southern regions of Malta depending on the number of participants.
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.

<table>
<thead>
<tr>
<th>Notifiable Diseases</th>
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<th>F</th>
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<th>Q2</th>
<th>Q3</th>
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### Notifiable Disease Total M F Unk Q1 Q2 Q3 Q4 Remarks

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<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
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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.
During 2014 there were 3 deaths from notifiable diseases.

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During 2014 there were 3 deaths from notifiable diseases.