



Performance Audit: A Follow-Up on the 2018
Strategic Overview of Mount Carmel Hospital

October 2022



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Mount Carmel Hospital

Report by the Auditor General
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List of Abbreviations

CRHT	Crises Resolution Home Treatment
CYPS	Child and Young People's Services
HR	Human Resource
MCH	Mount Carmel Hospital
MDH	Mater Dei Hospital
MFH	Ministry for Health
MHS	Mental Health Services
NAO	National Audit Office

Executive Summary

Why this study?

The 2018 study titled “Performance Audit: A Strategic Overview of Mount Carmel Hospital” highlighted a number of concerns and issues being faced by the Hospital and by the mental health sector in general.

This follow-up study was commissioned to assess Government’s progress in implementing this Office’s related recommendations.

What NAO Recommends

While acknowledging the progress registered on the recommendations cited in NAO’s original 2018 report, this Office believes that more work and effort need to be invested, particularly with respect to MCH’s ongoing refurbishments, the securing of a new acute mental health hospital and increasing the human resource complement to a level considered as ideal. Moreover, shortcomings in the security arrangements of the hospital need to be addressed, particularly through the installation and monitoring of an adequate CCTV system, better management of the movement of master keys and the refurbishing of outdoor areas to make them safe for therapeutic use by in-patients. The securing of better premises for those community clinics which are deemed as inadequate or too small should also be on MHS’s agenda so that the quality of their services is further improved.

NAO’s Key Observations

This review positively noted that all recommendations put forward in the National Audit Office’s (NAO) original 2018 report were accepted by Mental Health Services (MHS). More importantly, implementation, albeit to different extents, has been registered on more than half of them, including those considered by this Office as being the more critical.

NAO notes that there is clear intent by MHS to implement the former’s recommendations regarding improvements to Mount Carmel Hospital’s (MCH) structural design, safety, and ambience, with refurbishments and structural works being already undertaken on more than half of the hospital’s wards. Notwithstanding, NAO remains concerned with the state of the remaining wards which, since its 2018 report, have largely remained in similar condition. This Office considers that such an environment undoubtedly still impinges on the patients’ and staff’s overall wellbeing. NAO also remains concerned about the unsuccessful attempt to secure a temporary acute hospital to relocate patients from MCH but recognises efforts undertaken so that MCH itself is rendered safer and better suited for mental health patients.

While this review has shown an improved situation regarding MCH’s security personnel, it however highlighted its concern about the insignificant progress registered on the recommended improvements of MCH’s CCTV systems and the management of master keys.

Improvements were also reported on the hospital’s resources with NAO noting an increase in both recurrent and capital financial allocations towards the MHS and MCH between 2018 and 2022, as well as a reduction in staff shortages. While these improvements are undoubtedly commendable, the audit however found that these still did not reach what MHS considers as optimal as the hospital faces significant external challenges to recruit the total required complement and did not manage to fully absorb funds allocated for capital projects in the past years.

The launching of a mental health strategy, and MHS’s evident accomplishment to drastically reduce the number of in-patients at MCH who do not strictly require hospitalisation in a mental health institution, was also positively noted in this review. This ties in with the significant effort which has been invested in the strengthening of MHS community services, most notably insofar as human resources (even if the ideal complements still must be reached) as well as communication between community clinics/centres and central MCH are concerned. Notwithstanding, this Office remains concerned about the evident challenges being posed on those community services which are housed in premises which are either inadequate or too small to suitably cater for mental health out-patients.

Chapter 1 | Introduction

This introductory chapter contextualises the audited area and presents the audit’s scope, objectives and methodology utilised to complete this follow up study. These are followed by a synopsis of the report’s chapters.

1.1. Why this follow-up study?

1.1.1. The National Audit Office’s (NAO) report titled *“Performance Audit: A Strategic Overview of Mount Carmel Hospital”* (issued in July 2018) primarily concluded that Mount Carmel Hospital (MCH), and by implication mental health in Malta, was still considered as a secondary priority when compared to the rest of the local public health sector. A number of concerns were raised, particularly on MCH’s inadequate structural design, safety and ambience; the inadequacy of MCH’s security arrangements; the hospital’s dire need of resources and an overall strategic plan; the institutionalisation of persons who did not require hospitalisation in a mental health institution; and on the fact that the community services being offered at the time of writing of the report were still far from ideal.

1.1.2. The 2018 study proposed a number of recommendations intended to address the highlighted issues and concerns. This follow-up audit is therefore intended to assess the Government’s progress in implementing this Office’s related recommendations.

1.2. Mount Carmel Hospital - Background Information

1.2.1. The Mental Health Services (MHS) runs MCH and is the national hub specifically tasked with promoting good mental health and providing treatment to persons suffering from mental health illnesses. The MHS falls under the responsibility of the Ministry for Health (MFH) and was allocated €66.2 million from the Maltese Government’s estimated expenditure for the year 2022.

1.2.2. As at the time of writing of this report, MCH provided in-patient services to 212 clients within its 20 wards. It further provided services on an out-patient basis to over 10,000 individuals living within the community through its community mental health clinics and rehabilitation centres . The provision of these services is made possible through the engagement of over 700 MHS employees, who are bolstered through the procurement of the services of over 550 additional outsourced personnel.

1.3. Audit Scope and Objectives

- 1.3.1. This publication is a direct follow-up of NAO's 2018 review, and its scope therefore focuses on the issues tackled in the recommendations presented in the original study. Consequently, findings and observations made in this follow-up are only concerned with any related developments which occurred between 2018 and June 2022.
- 1.3.2. The objective of this follow-up audit is to determine progress, and the extent thereof, registered by the MHS in implementing the recommendations set out in the original report.
- 1.3.3. Unless otherwise stated, the findings presented in this report are as at June 2022.

1.4. Methodology

- 1.4.1. As a first step to tackle this follow-up review, NAO compiled the recommendations made in the 2018 study in a list which was then forwarded to the auditee so that the latter could report on any progress of their implementation accordingly. NAO subsequently analysed the feedback received and determined the way forward for further verification.
- 1.4.2. Following the review of the feedback received, the audit team proceeded to set up a series of semi-structured interviews with the hospital's management as well as to perform site visits to all MCH's wards, external community clinics and rehabilitation centres. Supporting documentation was correspondingly requested and analysed as required.
- 1.4.3. The draft follow-up report presenting NAO's findings and conclusions was forwarded to the respective auditees for their feedback prior to the publication of this report.
- 1.4.4. The NAO conducted this performance follow-up audit in line with the Standard for Performance Auditing, ISSAI 3000.

1.5. Report Structure

- 1.5.1. **Chapter 1** – This introductory chapter contextualises the audited area and presents the audit's scope, objectives and methodology utilised to complete this follow-up study. These are followed by a synopsis of the report's chapters.
- 1.5.2. **Chapter 2** - This chapter highlights progress, or lack thereof, registered by the MHS in implementing the recommendations presented in NAO's original 2018 audit report. Specifically, each section lays out the respective 2018 recommendation, identifies progress and presents additional observations and further recommendations, where applicable.
- 1.5.3. **Concluding Remark and Further Recommendations** - This presents the key overall conclusions and further recommendations based on the findings of the report.

Chapter 2 | Follow-Up Report

This chapter highlights progress, or lack thereof, registered by MHS in implementing the recommendations presented in the 2018 NAO audit report. Specifically, each section lays out the respective 2018 recommendation, identifies progress and presents additional observations and further recommendations, where applicable.

2.1. MCH's Structural Design, Safety and Ambience

2.1.1. *NAO is concerned with the situation in which most mental health in-patients currently find themselves. The structural degeneration of MCH throughout the years is not justifiable and this Office strongly feels that MCH in-patients deserve an immediate solution to these concerns. NAO here acknowledges that there is no easy solution to the challenges presented by MCH's outdated design, particularly due to cost and the historic value of the building itself. The most obvious solution to this problem would therefore be for Government to relocate the national mental health hub to a new building constructed according to modern standards and specifications. This, NAO opines, could also significantly dilute the mental health stigma which is partly associated with the MCH legacy. NAO also strongly recommends that adequate effort and resources should be invested in the current hospital even if as a stopgap measure so that all mental health in-patients currently at MCH are afforded a decent level of comfort and dignity. This Office here, therefore, asserts that, while it recognises the significant capital injection required to undergo such an initiative, this would be the most ideal solution.*

Developments: Significant Progress

2.1.1.1. During its review of the mental health strategy published in 2019, this Office noted that the above recommendation was acknowledged and that Government, through this strategy, was committed to building a new acute psychiatric hospital. This hospital, the strategy pledges, will *"provide care and treatment within a facility that is designed and developed in an architecturally sensitive manner to meet the needs of persons with an acute mental health condition"*. As for MCH itself, the strategy states that the current hospital is to be refurbished and re-purposed to a *"care complex consisting of assisted/supported living quarters that can provide medium and long-term care for identified needs within the broader health system."* Developments on this latter recommendation are discussed in further detail in section 2.1.2.1.

2.1.1.2. The intention to follow the above-mentioned strategy objectives was confirmed during meetings between NAO and MHS management and through the review of forwarded documentation. The audit team was in fact informed that the land on which the new acute hospital will be

built was identified and acquired by the MHS. NAO was furnished with a copy of the allocation deed to this effect. This deed (which cites the 1st of June 2021 as its effective commencement date), binds the Lands Authority to allocate a plot of land (situated in the vicinity of Mater Dei Hospital) to the MFH for the purpose of building an acute psychiatric hospital against an annual administrative payment of €87,300. MHS additionally highlighted that, in August 2022, a tender for consultancy services for the provision of the design of the new building was awarded. MHS management forwarded to this Office a copy of the related formal commencement notice as communicated to the selected provider. Acknowledging that this process will take considerable time and effort to complete, MHS management further stated that, in the interim, it had initiated the process to lease premises to be used as an acute temporary psychiatric hospital. Documentation reviewed by this Office showed that the tender for the leasing of the premises was published on the 13th of March 2022 with the submission deadline being 12th of April 2022. This tender called for an intended operational span of four years, with the possibility of being extended by a further two one-year periods. When queried on the status of this project, however, MHS management stated that, as at the time of writing of this report, this tender had resulted in an unsuccessful conclusion as submitted offers were all found to be unsatisfactory. MHS further informed NAO that this tender will not be re-issued, as premises which would be adequate for this purpose are not currently available in the private sector. MHS however highlighted that internal discussions to find alternative solutions to this need have commenced.

- 2.1.1.3. Given that the building of a new acute hospital will not materialise in the short-term, and that issues prevail in the securing of a temporary acute hospital, MCH will inevitably still retain a central role in accommodating mental health in-patients for the foreseeable future. To this end, the audit team was additionally informed that extensive work is being carried out at this hospital to address, as much as possible, the concerns identified by NAO in the former's structure and ambience. This issue and verifications made by the audit team in this respect will be discussed in further detail in the section 2.1.2.

NAO Observation

- 2.1.1.4. Though the full and successful implementation of this recommendation will not be achieved in the short term, NAO positively notes that there is clear intent by MHS for this recommendation to be implemented, as evidenced by the initiatives taken so far. While inevitable concern arises from the unsuccessful attempt to secure a temporary acute hospital to relocate patients from MCH, this Office acknowledges efforts undertaken so that MCH itself is rendered safer and better suited for mental health patients.

2.1.2. *If the above recommendation is deemed unfeasible, NAO strongly urges the relevant authorities and MCH management to invest the necessary resources as soon as possible towards making the hospital structurally secure so that mental health patients can receive their treatment safely. NAO also highly recommends that MCH management sets a minimum standard across all wards insofar as the hospital's ambience and accessibility are concerned, thereby ascertaining that all mental health in-patients are afforded with a decent and dignified environment. This, NAO further asserts, is to be done in a timely manner, which least affects mental health in-patients and which, in particular, avoids the phenomenon of overcrowding. Once this matter is tackled, NAO encourages MCH management to create, implement, and maintain a continuous maintenance programme so that the hospital would not revert to its current unacceptable state.*

Developments: Partly Implemented

2.1.2.1. As already mentioned, the audit team was informed that a number of major refurbishment and structural works had been carried out at MCH and are still ongoing as at the time of writing of this report. These projects, NAO was further informed, were made possible through an exercise by which a considerable number of in-patients were relocated from MCH to other institutions, such as homes for the elderly and hostels within the community (discussed further in 2.4). Specifically, documentation forwarded to this Office shows that, between 2020 and 2021, 377 in-patients were relocated to such institutions, bringing MCH's total in-patient population down to 212 as at June 2022. MCH further explained that as the in-patient population declined, it became possible to relocate patients to wards which are considered structurally safe, thereby completely vacating those wards which structural integrity was compromised.

2.1.2.2. To verify these assertions, NAO conducted site visits to all MCH wards so that it could compare (prima facie) the wards' structural condition, as well as their overall ambience, against what was observed in 2018. Based on the observations of these site visits, the audit team proceeded to classify any progress in the condition of the hospital's wards into four broad categories. Table 1 presents these categories together with the number of wards which the audit team allocated to each.

Table 1: Categories of Wards' Structural Condition and Ambience

Category	Description	No. of Wards
A	Wards that have been completely refurbished and are finished and equipped to a very high standard.	3
B	Wards that underwent partial refurbishment work, such as the re-painting of walls and doors. Through this effort, the environment within which mental health patients receive treatment was improved and can be considered acceptable.	5
C	Wards that have been closed down and were undergoing major reconstruction and/or refurbishment works during NAO's site visits	4
D	Wards that have not been refurbished or received very minor attention since NAO's original report. The ambience of such wards has therefore not improved when compared to 2018 and, as a result, the audit team feels that their adequacy to accommodate mental health patients is questionable	9

- 2.1.2.3. Table 1 clearly indicates that slightly more than half of MCH's wards have received much-required attention (to different extents) or have been vacated pending major refurbishment and structural works. On the other hand, NAO notes that nine of the hospital's wards are still in a questionable state (also to different extents), which condition does not materially differ from what was observed in 2018. It must however be stated that two of these wards are the forensic wards, which house inmates who would require mental health treatment on an in-patient basis. Though these two wards are located within the MCH complex with MHS providing mental health services to these wards' patients as required, they are managed by the Corradino Correctional Facility and their maintenance also falls under the responsibility of the latter institution.
- 2.1.2.4. Seeing the evident progress registered so far, as well as the areas which still need attention, NAO enquired with MHS whether the overall plan being implemented in this respect is documented into a single compilation. In reply to this query, MHS informed this Office that multiple projects throughout MCH are either being undertaken or still in their planning stage, with the intention of refurbishing and making the hospital structurally safe as required. It was however confirmed by MHS that one single document collating all these projects' plans was not put together.
- 2.1.2.5. Apart from the above, NAO also queried MHS management if there is any preventive maintenance plan in place for the hospital. In reply, the audit team was informed that MCH had entered into an agreement with a third-party supplier for maintenance services across its grounds. When reviewing the relevant documentation, this Office positively noted that the contract binds the service provider to, among other duties and at regular time intervals, perform preventive maintenance on the buildings themselves, as well as other ancillary equipment (such as maintenance of lighting, air-conditioning units and more). NAO however further noted that the service agreement in question expired at the start of September 2022. When highlighting this issue to MHS management, the latter indicated that, as at the time of writing, efforts were underway for two tenders to be issued to cover these works for the foreseeable future. Specifically, NAO reviewed documentation which showed that, as at time of writing of this report, a tender for building works was at the evaluation stage, while a second tender for mechanical and electrical maintenance services was due to be issued.

NAO Observation

- 2.1.2.6. This Office commends MHS's evident refurbishment and structural works on more than half of MCH's wards, particularly when one considers the inherent difficulties brought about by the building's old age and outdated layout. This notwithstanding, NAO remains concerned with the state of the remaining wards which, since its 2018 report, have largely remained in similar condition. While this Office acknowledges that the required additional refurbishment and structural works at MCH are no small endeavour, and that these may be hindered by external challenges, it still considers that such an environment undoubtedly impinges on the patients' and staff's overall wellbeing.

2.2. MCH's Security Arrangements

2.2.1. *In view of the limitations prevalent in the MCH security staff complement, NAO recommends that a needs analysis is carried out to identify all the security requirements of the hospital, which among others include: tighter security at the main gate; relevant training; clearer and more comprehensive job descriptions; and outsourcing contracts which reflect the actual security needs of the hospital. Once these are seen to, NAO strongly urges the hospital's management to ascertain the deployment of a complement which is able and willing to satisfy all identified security requirements, including those which merit the physical element. It is important to stress that this recommendation applies to both the outsourced individuals as well as those directly engaged with the hospital.*

Developments: Partly Implemented

2.2.1.1. While conducting its site visits to MCH premises, the audit team also sought to observe any changes or developments with respect to shortcomings identified in 2018 in the hospital's security arrangements. During these visits, NAO observed that the main entrance to the hospital was more controlled when compared to observations made in 2018. This Office specifically noted that the electronically operated gate which gives access to vehicles was always found to be closed and was only opened as needed. NAO additionally observed that all pedestrian visitors (including the audit team) who were accessing the hospital at the time of the visits, had to do so through a guard room next to the main gate, and only after registering their entry with the security guard stationed at that location, who would in turn provide them with a visitors' tag. The same procedure was observed to be followed (in reverse) when pedestrian visitors left the hospital.

2.2.1.2. A major concern identified by NAO in 2018 was the fact that outsourced security personnel deployed at that time were irregularly governed through a contract which procured services of telephone operators, receptionists, office assistants, general clerks as well as accounting and senior clerks rather than security services. In assessing whether any progress was registered in the regularisation of these personnel, the audit team requested the contract which governs security guards as at the time of writing. In reply, MHS forwarded NAO a copy of an extension of a contract for the provision of security services at MCH. A review of this contract showed that it included detailed descriptions of the duties of such engaged personnel. NAO was additionally informed that this extension covered the procurement of all outsourced security guards' services required at MCH, and therefore outsourced officers performing security duties were now all regularly deployed and not engaged under any other contract as was the case in 2018.

- 2.2.1.3. This notwithstanding, the audit team however noted that the extension in question had expired in March 2022. This issue was raised with MHS management, with the latter stating that a new tender for security services for all entities within MFH (including MCH) had been issued but was still not awarded. Specifically, MHS management asserted that the extension of the security services contract was intended as a stop-gap measure until a new tender for such services is awarded. In fact, MHS management informed NAO that an internal exercise was conducted to establish the total weekly hours of security services required by MCH to serve as specifications for the tender document. A copy of this exercise was forwarded to NAO for verification purposes. When queried on the status of this procurement process, MHS management stated that, as at the time of writing of this report, the tender had been issued and a preferred bidder was successfully identified. NAO was however informed that further progress has been hindered as this decision was appealed by one of the unsuccessful bidders and that this appeals process had not yet been resolved till the time of writing.
- 2.2.1.4. In addition to the above, NAO was informed that the MHS has also strengthened the management aspect of the security complement. Specifically, this Office notes that a security manager, tasked with overseeing all security at MCH, and a principal security officer, tasked with supporting the security manager in the daily coverage of managerial and administrative duties, were employed at MCH in 2021.

NAO Observation

- 2.2.1.5. NAO acknowledges improvements made to MCH's security, particularly at the main gate. This Office further positively notes that an internal exercise was carried out to determine the required number of security guard hours and that the deployment of outsourced security personnel at the hospital is now regularised through a dedicated contract which specifically governs security rather than other duties. NAO however remains concerned with the fact that the contract extension as forwarded to NAO is expired, which implies that this service was, as at the time of writing, being provided without adequate contractual coverage. Such a situation obviously brings about risks, particularly in the eventuality of disputes relating to potential poor quality and/or quantity of service provision.

2.2.2. *The utilisation of a proper CCTV system contributes to increased efficiency and effectiveness in any security function. To this end, NAO recommends that MCH gives due attention to this area and adequately invests in this tool. This Office opines that more extensive use of CCTV can be adopted throughout the hospital, particularly in high-risk areas, so that security gaps are tightened and possibly reduce the need for a labour-intensive approach. It is also imperative that MCH management ascertains that all the installed cameras are operational and ideally able to interact through a central hub. In so doing, these could be easily and actively monitored by a member of the hospital's security staff complement rather than used only reactively.*

Developments: Insignificant Progress

2.2.2.1. During this review NAO was informed that the situation with respect to CCTV cameras installed at MCH is not dissimilar to that observed in 2018. Specifically, as at the time of writing, CCTV coverage at MCH was limited to the outdoor areas surrounding the Human Resource (HR) office, stores, accounts section, and two wards. MCH management informed this Office that four cameras which covered four additional areas had since stopped functioning. When queried on any plans to improve the situation in line with NAO's original recommendation, MCH management stated that, in view of plans to vacate and/or reconstruct a considerable part of MCH, it was not considered financially sensible to invest in the installation of CCTV cameras within areas that are earmarked for refurbishments in the future. Upon further enquiry, the audit team was also informed that the CCTV cameras currently installed are still unable to interact through a homogenous system. The audit team also queried MCH management if any of the available CCTV footage is actively monitored by security personnel. In reply, MCH informed NAO that this was not the case and that footage is only retrieved and analysed should a security incident occur, and such footage is therefore requested.

2.2.2.2. This notwithstanding, MCH management further asserted that MCH's network infrastructure is earmarked to be revamped, which upgrade will also consider the need for a new CCTV system which would be procured and installed in due course. Asked about the status of this procurement process, MCH management asserted that as at the time of this review, the specifications of CCTV cameras were being drafted.

NAO Observation

2.2.2.3. While NAO acknowledges MCH's stated intention to revamp MCH's CCTV system in due course, it remains concerned with the fact that several more years have passed with the hospital not being afforded adequate and comprehensive CCTV coverage. As highlighted in the original report, this Office believes that this tool needs to be used more widely by MCH, with the installation of additional cameras that can report to a centralised hub through a homogenous system and not operate individually. In addition, the fact that the available footage is not actively monitored leads NAO to conclude that the potential of this security system is not being fully availed of by MCH.

2.2.3. NAO feels that the management and distribution of master keys, especially given that these provide access to what this Office considers as very sensitive areas (particularly certain high-risk wards), is a security function which should be shouldered by a security department rather than the nursing staff. This Office also suggests that a system is introduced whereby master keys do not leave MCH premises. Specifically, it is recommended that any staff eligible to carry such keys collect these from a central station upon the start of his/her working day, returning them accordingly at the end. Notwithstanding this, NAO opines that, ideally, this system is completely revamped and an electronic access control solution across all MCH is introduced. In so doing, a record of who accessed which area is retained, while giving management a means of how to assign or restrict access to particular areas to each member of staff.

Developments: Insignificant Progress

2.2.3.1. As highlighted in the original report, this Office once again feels it is important to highlight that, during its site visits, the audit team noted that at no point were any ward security doors found open unnecessarily. In fact, NAO observed how, during these visits, the accompanying officers, and all other staff on duty, adhered to the protocol of keeping ward doors locked at all times. Nonetheless, during meetings with MHS management, NAO was informed that the distribution of ward master keys and their monitoring still does not fall under the responsibility of the security department, with this function still being assigned to the nursing department. In addition, the audit team was informed that, similarly to what was observed in 2018, some of these master keys remain untraced with the probability of retired officials not returning them to their respective heads of section on their last day of work.

2.2.3.2. As for NAO's recommendation on the implementation of an access control system across the wards of MCH, the audit team noted that such a system was installed in one of the newly refurbished wards¹. Despite this, however, NAO was informed that there are no plans to install an access control system within the remaining wards unless these would be earmarked to undergo major refurbishment works.

NAO Observation

2.2.3.3. This Office is concerned with the lack of progress registered in resolving the issues identified by NAO which related to master keys within MCH. This issue is particularly concerning especially when considering MCH's very sensitive operational environment and that each of these keys gives access to all the hospital's areas and wards.

¹ An access control system was not installed in the other newly inaugurated ward (Half-Way House) since part of the philosophy of this same ward is to have an open-door policy.

2.2.4. *In view of the apparent risks presented by the security deficiencies in the hospital's perimeter, NAO urges MCH management to invest the necessary effort and resources so that security gaps in this regard are addressed at the earliest. In so doing, MCH management would be minimising the possibility of in-patients attempting to leave the premises without the necessary authorisation, particularly through precarious means.*

Developments: Insignificant Progress

2.2.4.1. During the site visits carried out at MCH, the audit team could observe that, similar to what was identified in 2018, the outdoor areas of a number of wards were closed off to patients as they were considered to pose safety and containment risks. When discussing this issue with MHS management, the latter acknowledged that progress in this regard was once again only registered in wards that have undergone major refurbishing works. MHS contended that fixing such issues on a temporary basis would not make financial sense within wards that were earmarked for such major refurbishments.

NAO Observation

2.2.4.2. While acknowledging MHS' efforts to preserve its clients' safety, this Office remains significantly concerned about those instances in which outdoor areas are not made available to the hospital's in-patients due to safety and containment risks. Outdoor areas are undoubtedly pivotal for MCH patients' therapeutic process and being denied such an outlet surely impinges on the quality of service being provided at this hospital.

2.3. MCH's Resources and Overall Strategic Plan

2.3.1. *The very dire financial situation at MCH, both on the recurrent as well as the capital expenditure side, calls for Government to put Mental Health higher on its agenda and commit the necessary financial investment to this area. Keeping in view Government's recent stated pledge on the capital front, NAO still strongly recommends that a detailed study is commissioned, involving technical professionals and front-line personnel, so that any funds invested are done so in the most efficient and cost-effective manner. Specifically, this Office strongly feels that a complete review of priorities is required so that any injected funds, apart from the clear need of making the hospital structurally safe, would contribute towards tackling internal operational issues and consequently improving the provision of mental health services. This, NAO opines, would limit the need of mental health patients being admitted to the hospital or, if admitted, reduce as much as possible the time required as an in-patient. Such an outcome would in turn further relieve financial stresses exerted on the national health budget.*

Developments: Partly Implemented

2.3.1.1. To determine the progress registered by MCH on this recommendation, the audit team reviewed Government's financial estimates for the years 2018 up to 2022. Through these, NAO extracted the funds allocated specifically for MHS's recurrent expenditure, as well as those assigned to the same entity's capital expenditure. Table 2 below presents these figures.

Table 2: Recurrent and Capital Financial Allocations between 2018 and 2022

	Approved Estimates	2018 (€)	2019 (€)	2020 (€)	2021 (€)	2022 (€)
Recurrent Expenditure	MCH - Sectorisation Project	408,000	410,000	420,000	420,000	420,000
	MCH - Crisis Intervention Team	75,000	75,000	75,000	75,000	75,000
	Mental Health Services	33,900,000	37,000,000	47,000,000	55,275,000	61,275,000
	Acute Psychiatric Hospital	-	-	-	-	2,500,000
Capital Expenditure	MCH - Upgrading works and equipment	300,000	6,500,000	6,000,000	4,000,000	2,000,000
TOTALS		34,683,000	43,985,000	53,495,000	59,770,000	66,270,000

2.3.1.2. As can be seen in Table 2, MHS's recurrent financial allocation has been on a steady increase since 2018 (when comparing the 2022 estimated recurrent expenditure with that of 2018, an increase of around 80% can be noted), while annual capital allocations have been significantly higher than those noted in the original report. NAO however observed that, notwithstanding these higher amounts, the total capital allocation for the past four years (€18.5 million) is still far from Government's pledge (made in 2018) to invest €30 million over the following five years.

2.3.1.3 During meetings with MCH management, the audit team discussed the above financial allocations. This Office was informed that, in MHS's opinion, the allocation for recurrent expenditure would need to be substantially increased to enable the latter to deliver its current level of service provision while expanding its services. As for the allocation for capital expenditure, this Office was informed that this was significantly reduced in 2021 and 2022 as MHS was not in a position to make full use of the allocated capital funds for these years due to what the latter referred to as intricacies in tender and procurement procedures. As a result, NAO was further informed that the allocation for capital expenditure would need to be increased for 2023 as a number of projects were still at different stages of planning.

NAO Observation

- 2.3.1.4. NAO welcomes the overall increase in both recurrent and capital financial allocation toward MHS and MCH between 2018 and 2022. As evidenced in the 2018 report, such an increase was well warranted for any real change to occur in MCH's situation. Notwithstanding, NAO is concerned with the fact that the MHS found difficulties in fully utilising the much needed and substantial capital funds which were allocated by the central Government in the past few years, seeing this as a missed opportunity for further material improvement within MCH.
- 2.3.2. *In view of the significant repercussions that staff shortage may have in an institution such as MCH, NAO urges the hospital's management to relentlessly present its case and exert continuous pressure through the appropriate channels so that this situation is rectified at the earliest. Should this not prove successful, this Office recommends that the hospital's management explores other alternatives, such as extending outsourcing agreements as necessary to address the most pressing staff shortages.*

Developments: Partly Implemented

- 2.3.2.1. To determine the progress registered with respect to this recommendation, the audit team compared the complement at MCH as at May 2022 with that of 2018. In doing so, this Office observed that the overall complement had seen a notable increase of 54 employees. During its review, the audit team also noted that, as of May 2022, the number of vacant positions at MCH stood at 254. When compared to the overall number of staff employed with MHS as at the time of writing (733), this meant that the hospital's number of employees amounted to 74% of the total ideal complement. Considering that this same figure stood at 63% back in 2018, the overall increase in employees can be considered as positive progress in this respect.
- 2.3.2.2. As shortages in certain grades were cited as the most pressing in the original report, the audit team broke down the above analysis by profession. Through this, it was identified that, with the current nursing complement of 386 and the number of vacancies for this profession standing at 105, MHS has achieved 79% of the targeted nursing staff. Given that this figure stood at 64% in 2018, an evident improvement is noted in this respect. The same trend prevailed when the audit team performed a similar analysis on other grades identified as pressing in the original report, with the complement of doctors increasing by 15 (now covering 71% of the ideal complement for this grade as opposed to the 69% registered in 2018); occupational therapists increasing by eight (now covering 82% of the ideal complement for this grade against 61% in 2018); and that of social workers increasing by three (now covering 71% of the ideal complement for this grade rather than 36% as registered in 2018).

2.3.2.3. While the above shows an improvement in MHS's HR situation, this Office notes that each of the mentioned grades still features significant shortages. During meetings with MHS on this issue, the audit team was informed that the hospital was still facing significant struggles to recruit what it considers the ideal complement, particularly within the medical field (such as nurses). MHS asserted that this was partly due to the nationwide limited supply of such professionals and due to the method through which such professionals are recruited. By way of an example, regarding the recruitment of nurses at MCH, MHS management stated that its only involvement in the process is that of forwarding a request, with the number of nurses it requires, to the Ministry. It is then the latter that engages and allocates such personnel to the different entities under its portfolio, including MHS, according to its high-level priorities. When queried if the MHS is involved in the selection process of newly recruited nurses, management asserted that this was not the case as this recruitment is carried out centrally at Ministry level.

NAO Observation

2.3.2.4. This Office acknowledges that MHS has registered progress in reducing staff shortages, particularly within the grades as highlighted in NAO's original 2018 report. Despite this, however, this Office is still concerned with the external challenges being faced by MHS which impedes it from recruiting the optimal complement.

2.3.3. *While recognising that the causes for the breakdown of communication between MCH management and its staff may be bi-directional, this Office puts the onus on MCH's management to invest the necessary effort and attention in rectifying this situation, particularly by stimulating inter-departmental communication and consequently eliminating the prevailing silo mentality. NAO also opines that, in so doing, MCH management would start paving the way to dilute the militant approach adopted by a significant segment of its personnel. This Office feels that if a healthier relationship between the hospital's management and its staff is achieved, more client-oriented decisions could be taken, and a smoother operational environment achieved. This Office also points out that, because of this, better collaboration between MCH staff and management towards the attainment of common objectives would be incentivised while the general heavy disposition within the MCH staff complement would also be mitigated. This would result in a healthier working environment both for the hospital's employees and the patients alike.*

Developments: Partly Implemented

2.3.3.1. As already mentioned in previous parts of this report, part of the audit team's fieldwork for this review included numerous site visits to MCH's wards, its community clinics and rehabilitation centres. Through these visits, the audit team also endeavoured to make observations with respect to the general relationship between MHS's employees and management. Discussions

with personnel at community clinics and rehabilitation centres yielded an overall positive result in this respect, with most indicating that communication with central MHS management has improved considerably since 2018 (this issue will be discussed further in section 2.5) .

- 2.3.3.2. Similarly positive feedback was received by MHS employees deployed in MCH wards. It must however be stated that, unlike when visiting MHS's community clinics and rehabilitation centres, the audit team was accompanied by MHS's top management when visiting MCH wards. While acknowledging that it is only natural that such a setting would somewhat bias feedback towards the more positive side, the audit team still took note of the general disposition and overall bearing being exhibited by MCH personnel during its visits and felt that this did not in any way, contradict or put into question the abovementioned generally positive feedback.
- 2.3.3.3. To further substantiate its observations, the audit team made enquires in this respect with MHS's HR management. Feedback from these officials largely tallied with NAO's related observations, with the audit team being informed that communication between staff and management had seen significant progress since this Office's original report. HR management referred to numerous internal memos that are being circulated among MHS personnel and to the fact that, unlike the situation in 2018, employees wishing to resolve industrial relation issues are now reaching out to management directly rather than opting to contest such issues through workers' unions as a first resort. NAO was additionally informed that MHS has introduced the role of communications manager within its organisational structure, who would be responsible, inter alia, to help bridge any gaps in communication which might materialise between management and employees, particularly those who work in satellite buildings (such as community clinics and centres) and those whose work-shifts do not correspond with normal office hours. This role, though recognised, was however still vacant at the time of writing this report.

NAO Observation

- 2.3.3.4. Given that good internal communication is pivotal in any organisation, not least one with a remit as sensitive as that of MCH, NAO commends MHS in investing evident effort to address a concern which was made very apparent in the original report.
- 2.3.4. *The need for a concrete and all-encompassing formal written strategic plan of action for MCH is manifestly clear. This Office therefore urges Government to invest the necessary time and resources so that this is designed with the involvement of technical and qualified personnel at the earliest. Once this is achieved, it is of paramount importance that the final product is implemented as seamlessly as possible, causing the least disruption possible to the hospital's operations. NAO also strongly feels that a stable top management within this institution is pivotal so that any plans for the betterment of MCH could be seen through to their successful conclusion.*

Developments: Partly Implemented

2.3.4.1 NAO positively notes that, since the publishing of its original report, the Government has launched a mental health strategy dated July 2019, entitled “A Mental Health Strategy for Malta 2020 – 2030”. Given this Office’s coverage of MCH at the time, it was asked by the Ministry to provide feedback on a public consultation document which was issued prior to the formal launch of the abovementioned strategy. NAO’s feedback on the former is being reproduced hereunder to serve as an account of the audit team’s assessment of the published strategy.

2.3.4.2 **NAO’s Feedback on Consultation Document on Mental Health Strategy 2020-2030**

On the basis of its recent audit assignment regarding Mount Carmel Hospital, the National Audit Office considers the launching of the consultation document on the proposed mental health strategy 2020-2030 as a step in the right direction. Indeed, it notes, with satisfaction, that the general spirit of the 2018 NAO report was taken into consideration, particularly but not only the recommendation that ‘a focused and clear vision needs to be set for mental health in Malta’. Moreover, this Office positively notes the emphasis that this strategy is putting on the general significant improvement of community-based services as well as on the building of a new facility within the Mater Dei Hospital campus. These thrusts are pivotal for the further normalisation of the perception of mental health in Malta.

In practical terms, NAO considers the adequacy of human resources (both in their quantity and quality) as the basis unto which all services could be built. Acknowledging the challenges involved, not least in financial terms, the way forward on this element however seems to be slightly less developed than others in this consultation document. This Office therefore strongly suggests that more definite courses of action are determined at the earliest and included in the final strategy for implementation.

In an institution as sensitive as a hospital, more so one specialising in mental health, this Office reiterates that the issue of security is of paramount importance and essential for the overall wellbeing of patients, visitors, and employees. In its 2018 report, the NAO made significant emphasis on what it considered as lacking security arrangements currently in place at Mt. Carmel Hospital, yet it is noted that no mention of this is made in the forwarded strategy document. It is NAO’s strong opinion that this critical issue should be included and given its due importance in the final document.

Notwithstanding, NAO considers this initiative as highly laudable and encourages the parties involved to invest all necessary efforts and resources for this strategy to be implemented successfully. The active collaboration of the various major stakeholders involved in such a sensitive area is considered a sine qua non-condition for the eventual success of the strategy. This Office hopes that the findings, conclusions, and recommendations presented in its 2018 report, could continue to serve as a source of guidance throughout the implementation of this mental health strategy.

2.3.4.3 A full account of the implementation of the mental health strategy falls out of this follow-up audit's scope and was consequently not conducted. This notwithstanding, given that the general spirit of the 2018 NAO report was taken into consideration in the mental health strategy, NAO considers progress registered in the implementation of its original report's recommendations as indicative that MHS management is endeavouring to implement this strategy accordingly.

NAO Observation

2.3.4.4 NAO considers the launch of the mental health strategy as the fulfilment of the first part of this recommendation, and a key guiding point to the future direction of this important aspect of the national health system. Given that the strategy implementation timeframe spans till the year 2030, however, the full extent of its realisation cannot be assessed at the time of writing.

2.4. MCH's in-patients who do not require hospitalisation

2.4.1. *NAO recommends that an extensive clinical review is carried out so that individuals currently residing within MCH are assessed and categorised between those who strictly require hospitalisation in a mental health institution and those who do not. Following the identification of the latter, NAO strongly urges MCH management to spearhead an initiative in which a comprehensive action plan is devised in collaboration with other entities (both governmental and non-governmental), so that those individuals determined as not requiring hospitalisation within MCH are provided with better-targeted care, assistance and support out of the hospital. NAO acknowledges the magnitude of this initiative and notes that it can only materialise through a strong commitment from central Government to address prevailing gaps in the country's support structure. If successful, however, NAO notes that such an initiative would relieve significant stress from MCH's strained resources, allowing management to focus and be better directed towards the hospital's pressing requirements.*

Developments: Fully Implemented

2.4.1.1. During meetings with MHS management, the audit team was informed that the number of in-patients at MCH as of June 2022 stood at 212. Noting that this is a marked decrease when compared to the 530 patients being treated at the hospital during NAO's original study, this Office queried MHS management on the main drivers behind such a significant reduction in the hospital's population. In reply, the audit team was informed that this was made possible mainly due to a series of exercises that had been carried out between 2018 and 2022. MHS management further asserted that in these exercises patients were individually reviewed by multi-disciplinary teams² with the aim of establishing whether each of these patients would benefit more from being treated in a long-term care setting such as a home for the elderly (in

² A team of professionals which includes a consultant, medical doctor, psychologist, social worker, and all other staff that are involved in the care of the respective patient.

the case of geriatric patients) or community hostels. MHS Management further stated that, following this extensive review, agreements were signed with a number of care homes for the latter to accommodate geriatric patients who were seen to benefit from such a transfer. The audit team was additionally informed that a number of properties were secured with the intention to accommodate patients who, through the mentioned review, were deemed as fit to be cared for within the community.

2.4.1.2. Information received by this Office shows that, between 2018 and 2022, more than 370 MCH in-patients have been transferred from the central hospital to these accommodations. This notwithstanding, MHS outlined that some of these patients may have had to be re-admitted to MCH either due to a relapse in their condition or because they presented a more challenging behaviour than that which could be safely handled by the respective home or hostel.

2.4.1.3. Further substantiating the claim of a reduced MCH population are the site visits conducted by the audit team. Having visited all wards at the hospital, it became apparent that the in-patient population is much less than that which was observed in 2018. In addition, the audit team positively observed that wards which are operational do not find themselves in a situation of overcrowding as was reported in the original publication. Feedback from nurses working with in-patients at MCH on the hospital's population size was also largely positive, indicating that the situation at the time of writing is much more manageable than it was in past years.

NAO Observation

2.4.1.4. This Office positively notes that MHS has taken on board this recommendation and is striving to address NAO's expressed concerns on the number of MCH's institutionalised patients.

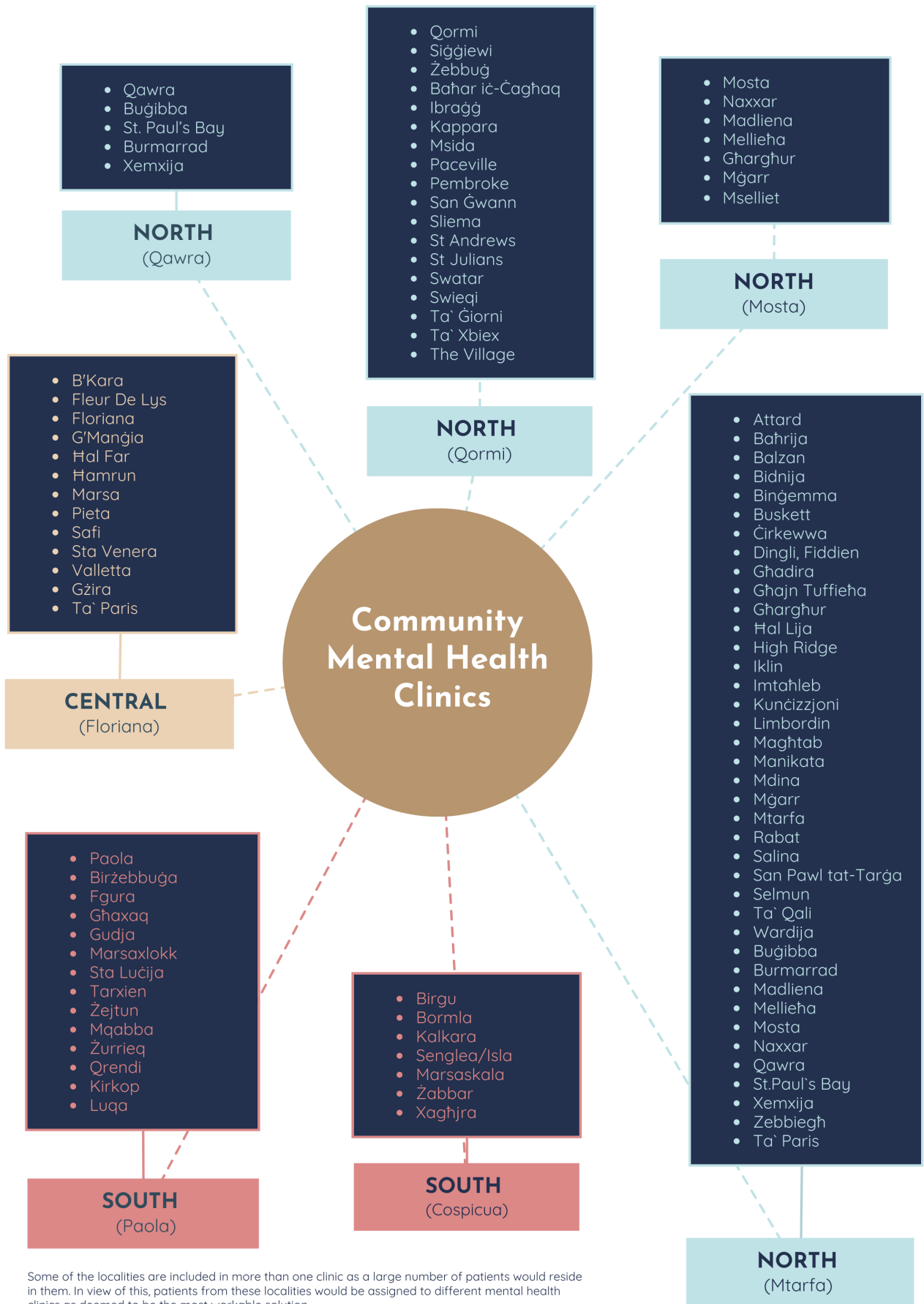
2.5. MCH's Community Services

2.5.1. *NAO opines that highly efficient and effective community services are the key for a substantial positive change in the mental health landscape in Malta. Being located within the community throughout the country and generally not falling under the long shadow of MCH's stigma, these satellites are best positioned to keep close contact with existing outpatients and serve as prompt first responders to new cases. NAO opines that this practice is essential so that mental health patients are treated and supported within the community, thereby decreasing the incidence of admissions into MCH, thus relieving financial, human resource and capacity stresses from the hospital. In view of this pivotal role, NAO strongly recommends that MCH management puts the strengthening of these community sites high on its agenda, primarily by adequately resourcing them (mainly through increased human resources, operating space and additional sites where needed) and using community services to spearhead Mental Health Malta's plans for the future.*

Developments: Partly Implemented

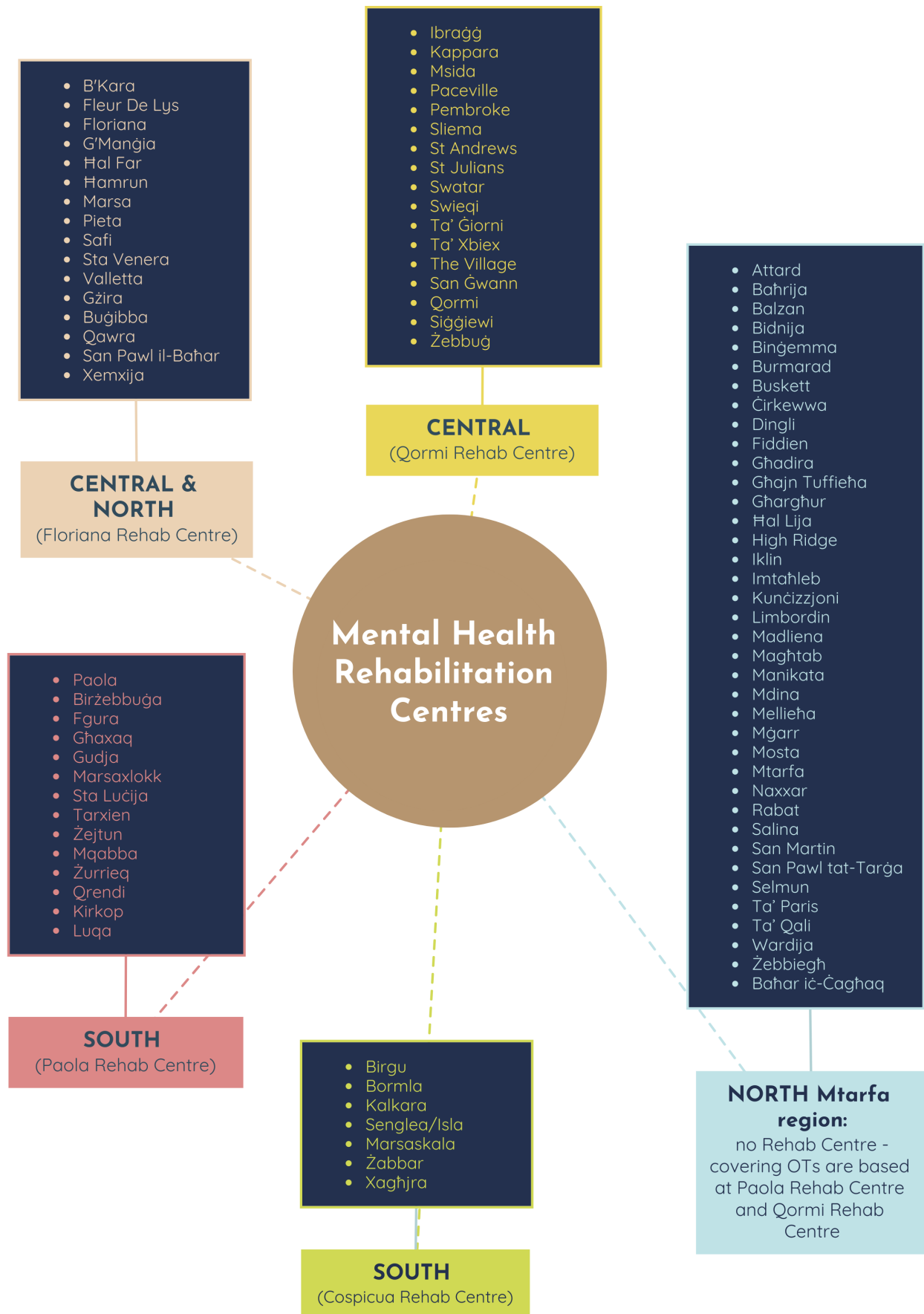
- 2.5.1.1. During meetings with MHS management, NAO was informed that initiatives have already been taken and efforts are still underway to further strengthen the community aspect of mental health services. This is done with the aim of limiting, as much as reasonably possible, admissions and lengthy stays at central MCH.
- 2.5.1.2. New to what was observed in 2018, a Crises Resolution Home Treatment (CRHT) service was established in late 2021 and is housed at MCH central itself, with the purpose of seeing incoming cases referred from MDH. While incoming cases who merit hospitalisation are obviously admitted to MCH, this team aims to, as much as possible, stabilise the incoming cases through a series of sessions on an outpatient basis and then proceed to coordinate and communicate with community clinics so that any patients who do not strictly require hospitalisation are followed and treated within the community.
- 2.5.1.3. During its visit, the audit team noted that this team is housed in an adequately sized, two-storey building which includes a waiting area and basic amenities as well as session rooms. MHS highlighted that sessions by this team are conducted either in person or online as the particular case and situation would require.
- 2.5.1.4. Apart from this new initiative, NAO followed up on any changes made to the community mental health clinics and centres which were assessed in 2018. As a start, the audit team reviewed whether any changes were made in the number of such clinics and centres and their respective location. Through this exercise, NAO noted that the number of community mental health clinics as at the time of writing amounted to seven (excluding the CRHT), with these being situated in Mtarfa, Qormi, Floriana, Paola, Cospicua, Mosta and the Child and Young People's Services (CYPS) located within the St Luke's Hospital site. On the other hand, mental health rehabilitation centres amounted to five and were located in Qormi, Cospicua, Floriana, Paola and Zejtun. As was the case in 2018, each of these clinics and centres has a catchment area which it services. Figures 1 and 2 below present these catchment areas for every clinic and rehabilitation centre, respectively.

Figure 1: Mental Health Community Clinics' Catchment Areas



Some of the localities are included in more than one clinic as a large number of patients would reside in them. In view of this, patients from these localities would be assigned to different mental health clinics as deemed to be the most workable solution.

Figure 2: Mental Health Community Rehabilitation Centres' Catchment Areas



Community Mental Health Clinics

- 2.5.1.5. When compared to the number of clinics which were operational in 2018, NAO noted that these amount to two less, with the Gzira roaming clinic and the MDH psychiatric outpatients now being no longer operational. During meetings with MHS management and personnel at the mental health clinics, this Office was informed that individuals who used to be treated by these two clinics, have now been re-assigned and distributed among the other clinics.
- 2.5.1.6. Nursing personnel from the current operational clinics have all indicated that, especially since the closure of MDH's psychiatric out-patients, their respective caseloads have seen a marked increase, with some doubling their active cases. In view of this, the audit team enquired whether these clinics feel they are sufficiently resourced to deal with this increased workload. Throughout the interviewed clinics, the audit team noted that there has been an increase in the staff both in terms of nurses and hour allocation of doctors and psychiatric consultants. The nursing staff itself increased by 30 since the 2018 report (an increase of 65%) across all the clinics and this complement is reported to be managing to handle the workload, even if slight increases are still required in most clinics to achieve ideal complements.
- 2.5.1.7. A more prevailing pressing concern in most of these community clinics resulted to be the premises themselves. In fact, while the Qormi, Paola and CYPs clinics do have sizeable premises which were not cited as being a limitation to these clinics' operations, personnel from the remaining four clinics have expressed concern about the size of the physical property from which they operate. Specifically, the audit team observed how the Floriana clinic operates from a multi-storey house with a small footprint which has no lift access, rendering the provision of services very challenging, especially where patients with reduced mobility are concerned. NAO further observed that the Mtarfa, Cospicua and Mosta clinics operate from premises which are too small, with an average of two rooms each. Personnel at these clinics have highlighted multiple challenges which are posed by such a situation, particularly the lack of privacy during sessions and the implications the small size may have on safety, especially in the event of an escalation.

Community Rehabilitation Centres

- 2.5.1.8. As at the time of NAO's original study, mental health patients within the community were offered the services of day centres which were intended to assist these clients in their rehabilitation, so that they may live safely within the community while serving as a place of socialisation. As at time of writing of this follow-up report, the purpose of these centres has narrowed its focus to the rehabilitation aspect, while assisting the centres' to find socialisation outlets in more mainstream methods.
- 2.5.1.9. During its fieldwork, this Office noted that the number of rehabilitation centres has remained the same (that is five – Figure 2 above refers) as that in 2018. While visiting these centres and holding meetings with their personnel, the latter indicated that they have no particular concerns to report on the premises themselves, even if since the narrowing of the focus of rehabilitation centres, sessions with clients at these premises have decreased significantly,

with home visits becoming more prevalent. As far as human resources are concerned, NAO was informed that occupational therapists have increased by seven full-time equivalents across all centres (an increase of 100%) since the 2018 study. Similar to the situation in the mental health clinics, this increase in deployed personnel at rehabilitation centres has brought up the total complement to a level at which it can manage the workload, though slight increases are still required to reach the required complement.

Communication between Community Clinics/Centres and MHS

2.5.1.10. A prevailing concern in the 2018 report highlighted by community clinics and centres was that these felt detached from central MCH and that communication with management was not as strong as one would expect. The audit team followed up on this issue with personnel from these locations and positively noted that this sentiment has largely changed. Specifically, personnel from both clinics and centres now feel that a much better line of communication has been established between them and management, particularly through the appointment of a community leadership team. NAO was informed that this team is comprised of senior officials emanating from the different fields which render services through the community clinics and centres (including, allied health care, social work, nursing, and psychiatry) and is intended to monitor community services while tackling any issues which may emerge in the provision of such services.

Waiting Lists at Community Clinics/Rehabilitation Centres

2.5.1.11. In the 2018 report NAO observed that, on average, community clinics and rehabilitation centres had a waiting list which saw new patients having to wait five months for an initial appointment. Of pressing concern, however, was the situation at CYPS, where waiting periods extended to two years for non-urgent therapy and six months for urgent cases.

2.5.1.12. During its fieldwork for this follow-up report, the audit team enquired about the waiting list situation at the time of writing. Feedback received from community clinics and centres in this respect was largely more positive than that obtained for the original report, even if waiting lists still prevailed. Specifically, community clinics and rehabilitation centres now feature waiting lists of approximately 3 months, with the CYPS reducing its waiting time to around four and a half months for non-urgent cases, and two to four weeks for new patients who urgently need its services.

NAO Observation

2.5.1.13. Through the above findings NAO concludes that evident effort has been invested in strengthening mental health community services, most notably insofar as human resources (even if the ideal complements still must be reached) and communication with central MCH are concerned. Notwithstanding, this Office remains concerned about the evident challenges being posed on those community services which are housed in premises which are either inadequate or too small to suitably cater for mental health out-patients. Such a situation undoubtedly negatively impinges on the quality of service being delivered in these MCH satellites.

Concluding Remark and Further Recommendations

This follow-up study positively noted that all the recommendations put forward in NAO's original 2018 report were accepted by the MHS and, more importantly, implementation, to different extents, had been registered on more than half of them. The audit team in fact observed how some of the more critical recommendations it had put forward in the original report, particularly those relating to the hospital's structural condition and ambience, the drawing up and implementation of a strategic plan as well as the strengthening of community-based services, were taken on board with MHS Management registering significant progress in their implementation.

While acknowledging the above, this Office however notes that much more work and effort need to be invested by MHS for the original report's recommendations to be fully implemented. This is particularly so with respect to MCH's ongoing refurbishments, the securing of a new acute mental health hospital and its efforts to bring its human resource complement up to what it considers as ideal. This Office also urges MHS to see to shortcomings identified in its security arrangements, most notably by ascertaining that an adequate CCTV system is installed at the earliest and actively monitored, that the movement of master keys giving access to the hospital's wards is better managed, and that the outdoor areas which are currently unused due to security concerns are rendered safe at the earliest so that in-patients can make therapeutic use of them. The securing of better premises for those community clinics which are deemed as inadequate or too small, should also be on MHS's agenda so that the quality of their services is further improved.

Notwithstanding, NAO however also acknowledges that the full completion of these initiatives requires a long-term approach which will not be without its externally imposed challenges. In this regard, the MHS is encouraged to persevere in its efforts and always be on the lookout for ways to expedite and streamline progress in these projects so that, ultimately, all mental health patients are provided with a more focused, efficient, and effective mental health service.

2021-2022 (to date) Reports issued by NAO

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