



PROCEEDINGS OF THE GIBRALTAR PARLIAMENT

AFTERNOON SESSION: 2.41 p.m. – 5.58 p.m.

Gibraltar, Friday, 21st October 2016

Contents

Questions for Oral Answer	3
Sports, Culture, Heritage and Youth.....	3
Q613-614/2016 Heritage – Heritage and Antiquities Act; Heritage Trust trustees	3
Q615/2016 Victoria Stadium – Lighting.....	4
Q616/2016 Football, cricket and rugby – Facilities	5
Q617/2016 Sports and Leisure Authority – Advertising of vacancies	9
Q618/2016 Sports-related grants – Payments during current financial year	10
Q619/2016 Cultural grants – Awards during current financial year	11
Q620-623/2016 Youth clubs – Names; youth workers; attendees; programmes.....	12
Health, the Environment, Energy and Climate Change.....	15
Q624/2016 Gibraltar Nature Reserve mobile application – Upper Rock interactive map.....	15
Q625/2016 Barbary Macaques – Prosecutions for feeding	16
Q626-628/2016 Litter – Number of wardens employed and powers; prosecutions; fines ...	16
Q629/2016 Bluefin tuna – Tonnage caught and registered	17
Q630/2016 Waste treatment plant – Awarding of contract	17
Q631/2016 Temporary power turbines – Total cost since January 2012	19
Q632/2016 Electronic health record – Cycling-related accidents.....	19
Q633/2016 Residential Dementia and Day Care Centre – Update re opening	19
Q634/2016 Dementia Day Care Centre – Contractor.....	20
Q635 and 646/2016 Primary Care Centre – Update on new appointments system.....	20

Q636/2016 Accident and Emergency – Patient access.....	26
Q637/2016 Gibraltar Health Authority – Formal complaints	27
Q638/2016 St Bernard’s Hospital – Nurses.....	29
Q639 and 648/2016 St Bernard’s Hospital – Doctors’ contracts	31
Q640/2016 St Bernard’s Hospital – Attracting consultants	44
Q641/2016 DHA stores – Stock control security and frontline management	44
Q642/2016 GHA Director of Finance – Submission of monthly finance report.....	46
Q643/2016 Gibraltar Health Authority – Date of next public board meeting	47
Q644/2016 Gibraltar Health Authority – Amounts paid out in claims	47
Q645/2016 Primary Care Centre – Sampling patients for drugs	49
Q647/2016 Accident and Emergency – Testing patients for drugs	50
Q649/2016 Fibromyalgia – Classification.....	52
Q650/2016 Mental health issues in young people – Investigation of increased numbers ...	53
Q651/2016 Government cleaning contracts – Changes in the last year	57
Q688/2016 ‘Last shop in Europe’ site – Plans for development.....	61
Q689/2016 Northern Defences regeneration – Progress	63
ADJOURNMENT.....	63
<i>The House adjourned at 5.58 p.m.</i>	<i>63</i>
Q635 and 646/2016 Primary Care Centre – Update on new appointments system	20
Q636/2016 Accident and Emergency – Patient access.....	26
Q637/2016 Gibraltar Health Authority – Formal complaints	27
Q638/2016 St Bernard’s Hospital – Nurses.....	29
Q639 and 648/2016 St Bernard’s Hospital – Doctors’ contracts	31
Q640/2016 St Bernard’s Hospital – Attracting consultants	44
Q641/2016 DHA stores – Stock control security and frontline management	44
Q642/2016 GHA Director of Finance – Submission of monthly finance report.....	45
Q643/2016 Gibraltar Health Authority – Date of next public board meeting	46
Q644/2016 Gibraltar Health Authority – Amounts paid out in claims	47
Q645/2016 Primary Care Centre – Sampling patients for drugs	49
Q647/2016 Accident and Emergency – Testing patients for drugs	50
Q649/2016 Fibromyalgia – Classification.....	52
Q650/2016 Mental health issues in young people – Investigation of increased numbers ...	53
Q651/2016 Government cleaning contracts – Changes in the last year	57
Q688/2016 ‘Last shop in Europe’ site – Plans for development.....	61
Q689/2016 Northern Defences regeneration – Progress	62
Adjournment	63
The House adjourned at 5.58 p.m.....	63

The Gibraltar Parliament

The Parliament met at 2.41 p.m.

[MR SPEAKER: Hon. A J Canepa GMH OBE *in the Chair*]

[CLERK TO THE PARLIAMENT: P E Martinez Esq *in attendance*]

Questions for Oral Answer

SPORTS, CULTURE, HERITAGE AND YOUTH

Q613-614/2016

Heritage –

Heritage and Antiquities Act; Heritage Trust trustees

Clerk: Friday, 21st October 2016. We continue with answers to questions and we commence with Question 613. The Hon. R M Clinton.

5 **Hon. R M Clinton:** Mr Speaker, can the Government provide an update in respect of the implementation of the new Heritage and Antiquities Act?

Clerk: Answer, the Hon. the Minister for Sports, Culture, Heritage and Youth.

10 **Minister for Sports, Culture, Heritage and Youth (Hon. S E Linares):** Mr Speaker, I will answer this question together with Question 614.

Clerk: Question 614. The Hon. R M Clinton.

15 **Hon. R M Clinton:** Mr Speaker, on what basis does the Government select trustees to be appointed to the Heritage Trust and when will it reduce the number of appointees?

Clerk: Answer, the Hon. the Minister for Sports, Culture, Heritage and Youth.

20 **Hon. S E Linares:** Mr Speaker, I can confirm that the new Heritage and Antiquities Act is on track. I had a final revision meeting with members from my Ministry and the Government Legal Office very recently to iron out the latest draft. Pending certain clarifications and amendments, we should be in a position to present the Bill to Parliament very shortly.

25 Within the Bill mentioned above the appointment of trustees will be amended to fulfil our manifesto commitment.

Hon. R M Clinton: I thank the Minister for his response.

30 If he could clarify two things for me: how many appointees does he now envisage in the new Act; and again, in my question I asked on what basis does the Government select trustees, or is it that the new Act will totally abolish the appointment of any trustees by Government?

Hon. S E Linares: Mr Speaker, the trustees are appointed as they have been appointed for many years, exactly in the same manner. That means that the Government decide who are the trustees. In our case we select people who are very interested in heritage. The last one we appointed was the archivist, who was very interested in heritage himself so we decided to appoint him as one of the Government trustees.

What I have done as a Minister is consulted the Heritage Trust to see how we can fulfil the manifesto commitment, which says that the Trust will have a majority of trustees that they can pick, and we will be doing that and amending the law as in the Bill and that will be reflected in the Bill.

Hon. R M Clinton: I thank the Minister for his answer.

No doubt he will be attending the Heritage Trust AGM on 17th November and no doubt the Trust and the trustees will welcome the update on the passage of the legislation.

Thank you, Mr Speaker.

Q615/2016
Victoria Stadium –
Lighting

Clerk: Question 615. The Hon. E J Reyes.

Hon. E J Reyes: Mr Speaker, can the Minister for Sport provide details as to why it has been necessary to cancel evening allocations at Victoria Stadium Pitch No.2, as it seems the floodlights serving this pitch cannot be switched on if the floodlights at Pitch No.1 are also in use at the same time?

Clerk: Answer, the Hon. the Minister for Sport, Culture, Heritage and Youth.

Minister for Sports, Culture, Heritage and Youth (Hon. S E Linares): Mr Speaker, there was only a need to cancel one evening allocation whilst the issue of the floodlight mechanism was resolved. Once this was addressed, training allocations have continued as normal.

Hon. E J Reyes: Mr Speaker, as a regular visitor to the stadium in the evenings, is the Minister able to confirm that the existing lighting of floodlights to pitch 2 – is that how it is staying, or is that being reviewed with the possibility of intensifying a bit more light? Although one can carry out certain training with the lights as it is at the moment, it is certainly not good enough for any type of competitive game going on.

Hon. S E Linares: Mr Speaker, basically there were no lights before, and therefore we have been able to put in lights despite the fact that we were told when we came into Government that the lights were not even allowed to be lit at that place. We worked together with the RAF and the air traffic control to see how we could mitigate the fact that we could put lights in Pitch No.2.

Having said that, what we always strive for is to try and upgrade the lights, and at the moment there do not seem to have been any requests to upgrade the lights, but if there is any request – which there is on the main pitch, for example, because, as the hon. Member knows, when he was the Minister ... again, the terminology can be ascertained by the people who are experts, but you had 200 lux, which is how light the stadium was at the time that he was there, and then we had UEFA and FIFA coming in and asking us to upgrade it. We upgraded it to 1,200 lux, to which people were saying, 'Oh, we will have to wear sunglasses to play football and

to be there!’ Now, apparently, we have to upgrade it again, so it is a constant thing that we are looking at, and it is exactly the same with Pitch No.2. We did not have lights, we have put in some temporary lights because some of them, as the hon. Member knows, are put up temporarily, and if we need to upgrade it, then again these are issues where we always have to consult a third party, which could well be the Airport and how it affects that. As the hon. Member also knows, we have put lights in the hockey pitch and those are collapsible lights, again because we had to mitigate the issues of the air traffic control. So we will be working as much as we can to have exactly the highest light and of the highest quality.

Hon. E J Reyes: Mr Speaker, I must say I am really pleased on behalf of sports lovers to see that this Minister managed to succeed at least by dotting the I's and crossing the t's of work that I had started I think about three or four station commanders ago. It is certainly much better than what it was, but it still lacks, like I said, the intensity to be able to carry on some competitive type of games.

The Minister did mention that if there was a request to increase the light to Pitch No.2, he would look into it. Can he please accept my word for it, given that I spend so many hours there at the stadium, that there is, believe me, quite a substantial number of requests for improved or at least a greater amount of light on Pitch No.2 and I would like him to consider it over the next few months.

Hon. S E Linares: I will do, Mr Speaker.

Q616/2016

Football, cricket and rugby – Facilities

Clerk: Question 616. The Hon. E J Reyes.

Hon. E J Reyes: Can the Minister for Sports update this House if he has now identified and agreed upon or is in the process of discussions with respective sports governing associations regarding any additional or alternative facilities for the playing, teaching and development of football, cricket or rugby?

Clerk: Answer, the Hon. the Minister for Sports, Culture, Heritage and Youth.

Minister for Sports, Culture, Heritage and Youth (Hon. S E Linares): Mr Speaker, the Government is in close and continuous discussion with both the Rugby and Cricket Association in order to develop the Europa playing fields to provide adequate facilities for the playing, teaching and development of all sports mentioned and others.

Hon. E J Phillips: Mr Speaker, just one supplementary in relation to that. As a father who goes every Saturday to watch his son play football in the resources that we have currently available, one question in relation to alternatives and I think one thing that the Minister should be looking at is how we make more efficient the process of allocation of pitches. My understanding of the position is that many of the clubs' coaches and their assistant coaches, within that alternative facilities question point that my hon. Friend has made ... that people have to go at eight or 8.30 in the morning to get that allocation. Is the Government looking at ways of making that more efficient, rather than have 20 coaches turn up to the GFA, or at least the point at which they get allocations to the GFA, and make it a lot more easier for people using those

120 facilities to get allocations, i.e. using other forms of allocation – online applications or some
database that they could use to get allocations for football? It just seems to me to be inefficient
to have 20 members of our community rocking up to the GSLA headquarters asking for an
allocation for the specific week in advance. I just thought the Government may be looking at
more efficient ways of dealing with this problem.

125 **Hon. S E Linares:** Mr Speaker, as the father also of a child who plays football and goes there
constantly and understands the problem, the hon. Member is actually wrong because the
allocations of football, for example, are given to the GFA in block and then it is the GFA who
distributes it. As the hon. Member might concur with me, then the GFA distributes it to different
130 clubs and it is up to them to have the system that the hon. Member is saying. If they want to
have an online basis with their clubs, then they can do that, but the GSLA does have a system of
online applications and all that but it is done through the governing body. Therefore, what the
GSLA will not do is, for example, give my son's club, Europa Football Club, specific training
sessions, because it is up to the GFA to try and distribute it amongst the clubs. So whatever the
135 hon. Member is saying I understand, but I think it is more a system that needs to be done by the
GFA itself rather than the GSLA, because again, like I say, it is done in block. Basketball is the
same, and volleyball – anybody who uses the Bayside complex goes under the governing body of
that sport, which is given block allocations and then that sport distributes it specially for training.
When there are matches, they will have allocations and everybody knows when the matches are
140 played, but when it is for training sessions it is up to the GFA to do that.

Hon. E J Phillips: One further point in relation to the Europa Point allocations that you were
talking about before. There have been a number of occasions where a number of people have
raised this with me in relation to Europa Point. You have mentioned the development of that
145 area for the playing of football, for example. There have been a number of occasions, and I have
actually experienced one of them myself, where the gates are locked and no one is able then to
open them and you have children climbing right behind, quite dangerously so, to get on to the
Europa Point football pitch. I am not too sure if the Minister is aware of those circumstances,
they have certainly been made aware to me, but what is the Government doing about it? I know
150 they have laid astroturf in certain sections of Europa Point. What further developments does the
Government have in mind in relation to that specific area and access and egress?

Hon. S E Linares: As I have answered in the question, what we are doing is working with the
rugby and the cricket in order to develop the area further than what it is today. That was an idea
155 that I had because we had leftover turf from when we ripped up the old turf. We had turf left
over and basically it is recycling turf, and that is why you can see that the laying out was done on
a temporary basis. At the beginning, I can also tell the hon. Member, there was no one who
wanted to use that space – it was too far away, it was not adequate, there were health and
safety issues. As soon as people understand that, yes, of course we try and mitigate health and
160 safety issues, we try and play in grounds that are safer ... because this turf was a 10-year old turf,
but it is adequate for training sessions.

I am aware, because I actually see it from my balcony. I live up there and I see this constantly
and I know what the hon. Member is saying, but I can tell you that the GSLA is all the time trying
to fence off so that children do not jump, but children will be children. My son is one who goes
165 down there and sometimes jumps over the fence to play with his friends, which is wrong, of
course it is wrong, and I tell him off. *(Interjection)* Yes, of course, and that is why I do take the
responsibility seriously, and that is why we try and mitigate and make it as safe as possible. So
what I am saying is ... Why isn't it open? Well, it is not open because it would be open for people
to take their dogs and do what they do with dogs there, and that is even more dangerous
170 because of health and safety. *(Interjection)* Well, what I am saying is health and safety generally

of using the space. The GSLA gives the GFA allocations now, and they then distribute it to the clubs, even in that space.

175 **Hon. E J Phillips:** I think, with respect, the Hon. Minister is getting rather confused about what I mean about the access to those particular pitches – recycled pitches, if you want to call them that. There have been occasions – I have experienced one of those in particular as well – that when an allocation is provided to a club, for example, there is no access available because the GSLA representative has not been there to open that gate for precisely the reasons that you have identified in terms of health and safety. That was the point I was trying to make, if the
180 Minister could give us any information or clarification as to how that operates.

Hon. S E Linares: It operates as I have just told you. If there was not, on that occasion, somebody to open the gate from the GSLA, we will find out why they were not there, but I can tell him that the system is that, if you have an allocation, somebody should go there and open
185 the door for you and the children to go in and play. If that was not the case, then something down there has failed and somebody has not gone to open the gate. But I will find out why that has happened and see that it does not happen again.

Hon. E J Phillips: I just make the point that these are concerned parents who have come to
190 me and ask me to put that question, and I have had a number of them and that is why it has been raised in this House.

Hon. D A Feetham: Mr Speaker, as a father who has constantly attempted to indoctrinate his children to play and watch football, and in particular support Manchester United, and who has
195 abysmally failed on both counts because none of my children have turned out to be sporty – *(Interjection by Mr Speaker) (Laughter)* No, it is not the Manchester United side of the equation that has turned them off, I can tell you; it is sport in general.

The hon. Gentleman must be aware of the importance of proper and adequate training facilities to the development of football in particular in Gibraltar. We have a situation where
200 most of our clubs are having to travel to Spain in order to train their players in Spain because they cannot obtain allocation here in Gibraltar. That is really stifling the development of the game here in Gibraltar. Therefore, does he not agree with me that if we really want to develop football here in Gibraltar the Government has to prioritise the finding of extra training facilities so that people do not have to travel to Spain in order to train on Spanish pitches?

205 **Hon. S E Linares:** Mr Speaker, again as a father – and, proudly, my son actually supports my team, which is Spurs, and I am sure that Mr Speaker would not like to hear that, because he is from Arsenal – what I am saying is that of course we are looking for as many spaces ... every single space. I go round travelling on my motorbike to see if I can identify spaces and areas in
210 which children can not only play football but any other sports that we can find. It is an issue that Gibraltar is limited in space; we cannot get over that. We try and find, and positively, all the time to see if we can get areas where we can convert into a playing area for futsal, for netball, for basketball and all that. We are striving all the time.

I can assure the hon. Member that I do see the importance, not only as a father but a
215 professional PE teacher, that it is very, very important for children to do sports and that we will strive and do as much as we can to find areas in which sports can be practised.

Chief Minister (Hon. F R Picardo): Mr Speaker, if I may just assist in that respect, because –

220 **Mr Speaker:** Are there any other fathers who wish to inform the House about their – *(Laughter and banging on desks)*

Hon. Chief Minister: Yes, Mr Speaker, as the proud father of a young Gibraltarian footballer, and, given that everybody is naming their team, I happen to be lucky enough to have received, from a friend who went to watch the match earlier this week, the programme of the Liverpool v Manchester United match the other day from Anfield, (**A Member:** Boring!) and wishing to see a Gibraltarian play at that level for any of the top teams in any league ...

The hon. Members have to recall that we fought a General Election campaign maintaining the Victoria Stadium, adding playing fields and pitches at Europa. Also, alongside the Victoria Stadium when we finish the hon. Gentlemen's project, which they did not finish in their time, of the 'tunnel under the runway', as it is colloquially called, we will add training pitches in the area of Victoria Stadium alongside the pitches that we are going to add at Europa, alongside assisting the GFA to have their own separate stadium.

So, in the context of stifling the development of football in Gibraltar, I think hon. Members need to look at themselves and look at their pamphlet and see that they were the ones who carried less training pitches in the context of the proposal that they put before the public. They were the ones who stopped the development of the tunnel because they ended the contract which then led us to litigation, which we won, and we are the team that stands for more training facilities.

So I am sure, Mr Speaker, we will score the goal, there will be more places to train and I hope when the time comes when we do deliver on all of that, they stand up – not in this House, outside of this House – in front of the electorate and say, 'Vote GSLP Liberal because they do what they say.'

Several Members: Hear, hear. (*Banging on desks*)

Mr Speaker: I am going to curtail these exchanges on sporting facilities by all these proud parents, given that I am only a grandfather and all I do with my son is to go fishing and therefore I do not need any of the sporting facilities. I am going to curtail the exchanges and move on to the next question. (*Banging on desks*)

Mr Speaker: I will allow you one supplementary and no more.

Hon. E J Reyes: Thank you, Mr Speaker, it is on the original answer.

Mr Speaker: Yes.

Hon. E J Reyes: In the original answer, Mr Speaker, the Minister said that, looking at the Europa playing fields, he was looking into the development for the playing, teaching and development of cricket and rugby, and he mentioned others. Is it possible to have an indication of what sports fall under the category of 'others'?

Hon. S E Linares: Yes, Mr Speaker. I am pleased to announce that it is football, for training of football as well. (*Interjection*) Pardon? No, 'others' is football, rugby, cricket or any other outdoor sports that can be done. You can play American football or whatever. (*Interjection by Hon. Chief Minister*)

Mr Speaker: Petanca, for instance?

Hon. S E Linares: Petanca, yes. It is an open area in which we will concentrate rugby and cricket, but there will be a lot of time as well that can be used for other training facilities for any other sports, and that is what 'other' means.

Hon. E J Reyes: Yes, I understand the Minister.

275 **Mr Speaker:** I said one supplementary, I will allow you only one more.

Hon. E J Reyes: No, Mr Speaker, I am just trying to –

280 **Mr Speaker:** We really have to make progress, otherwise hon. Members will not have any spare time to spend with their children. *(Laughter)*

No, I am serious. We have over a hundred questions to deal with and I think there is a limit to the amount of time that we should spend here unnecessarily. **(A Member:** Hear, hear.) When it is necessary we spend as much time as possible. So let's see if we can make progress.

285 The Hon. the Member who supports Arsenal, I will allow him one final supplementary. *(Laughter)*

Hon. E J Reyes: Thank you, Mr Speaker.

290 What I was really trying to find out was, when he mentioned the word 'others' – and I know that others could be petanca right down to anything else – I was trying to home in ... Is there any particular sport that perhaps he can mention that he has already started to give very serious consideration to? I take it that the Minister will probably have even spoken with some associations, so perhaps he can enlighten this House by saying, 'Although not cast in stone, the others could possibly be ...' and perhaps list one or two.

295 **Hon. S E Linares:** I have already mentioned football is an extra one and I would suggest that some training sessions from other sports that might want to – for example netball or basketball or hockey might want some allocations there. *(Interjection by Hon. Chief Minister)*

Q617/2016
Sports and Leisure Authority –
Advertising of vacancies

Clerk: Question 617. The Hon. E J Reyes.

300 **Hon. E J Reyes:** Mr Speaker, can the Minister for Sports provide details of any current vacancies at the Sports and Leisure Authority, together with details of when these vacancies, if there are any, will be advertised?

305 **Clerk:** Answer, the Hon. the Minister for Sports, Culture, Heritage and Youth.

Minister for Sports, Culture, Heritage and Youth (Hon. S E Linares): Mr Speaker, the GSLA currently has the following three vacancies: Centre Manager, grade 5; Assistant Sports Development and Training Manager, grade 4; Assistant Admin Manager, grade 4.

310 These vacancies have been advertised and interviews are scheduled to take place in the very near future. Mr Speaker, I can announce that whilst this question has been submitted to date I think already interviews have already happened.

Q618/2016
Sports-related grants –
Payments during current financial year

Mr Speaker: Next question.

315 **Clerk:** Question 618. The Hon. E J Reyes.

Hon. E J Reyes: Can the Minister for Sport provide updated details of all payments made during this current financial year in respect of any sports-related grants?

320 **Clerk:** Answer, the Hon. the Minister for Sports, Culture, Heritage and Youth.

Minister for Sports, Culture, Heritage and Youth (Hon. S E Linares): Mr Speaker, I now hand over to the hon. Member opposite a schedule in respect of all payments made during this financial year in respect of the sports-related grants.

Answer to Question No 618/2016

Grants Awarded for sports development projects

Athletics	4,427.71
Badminton	2,148.67
Chess	14,737.00
Hockey	2,986.50
Netball	514.48
Rhythmic Gymnastics	5,664.00
Rowing	832.53
Shooting	13,119.62
Triathlon	290.00

Grants Awarded for International Competitions

Island Games	81,896.48
Straits Games	10,147.55

Grants Awarded to Sporting Societies

Athletics	7,718.84
Basketball	60,790.20
Darts	6,904.64
Hockey	20,254.61
Netball	5,409.87
Pool	14,713.95
Rowing	4,615.23
Sea Angling	8,465.50
Shooting	11,090.67
Tenpin Bowling	2,028.59

Q619/2016
Cultural grants –
Awards during current financial year

325 **Clerk** Question 619. The Hon. E J Reyes.

Hon. E J Reyes: Mr Speaker, can the Minister for Culture provide updated details of any cultural grants awarded so far pertaining to this current financial year.

330 **Clerk:** Answer, the Hon. the Minister for Sports, Culture, Heritage and Youth.

Minister for Sports, Culture, Heritage and Youth (Hon. S E Linares): Mr Speaker, I now hand over to the hon. Member opposite a schedule in respect of cultural grants awarded in this financial year.

Answer to Question No. 619/2016

Cultural Grants for financial year 2016 - 2017	£
Being payment for sponsorship of the Gibraltar World Music Festival	50,000.00
Gibraltar National Dance Organisation - IDO conference held in Gibraltar	10,000.00
Art in Movement - Costs of instructors to lead workshop exhibitions, gradings & equipment	980.00
Julian Felice - Bayside & Westside Drama Group for promotional material and clothing	1,500.00
Macap (Face Frames Gallery) Ltd - Face Frames Gallery application for visiting artist - Agustin Incicco	657.00
Guy Valarino - Part funding of promotion and marketing pack	1,850.00
Ideal Productions - Assistance for the Mrs Gibraltar 2016 Pageant	1,880.00
Shane Dalmedo - Assistance for the Gorham's Family of Neanderthals project	2,000.00
Stylos Dance Studio for participation in Destination Dance UK	2,777.00
Gibraltar Philharmonic Society – Assistance for concerts to promote classical music	10,000.00
Gibraltar Face & Body Paint Association Attending the World Body Painting Festival	1,570.00
S A McLaren - Assistance for fees at Northern Ballet School	3,648.00
Gibraltar Academy of Music & the Performing Arts Gibraltar Youth Choir competition in Barcelona	4,868.00
Gibraltar Academy of Music & the Performing Arts Gibraltar Festival of Young Musicians - sounds and lights	1,245.00
Fine Arts Association Props for life and portrait sessions, chairs and easels & painting of gallery vault	3,404.20
Giorann Henshaw for Gibraltar Artisans Market - ten expandable tables	2,250.00
Jensan Callejon - Performance by DJ and local artist at Great Wall of China	1,000.00
Gibraltar Cultural Services - Berlin Artist Exchange Residency Project 16	6,000.00

Continued Answer to Question No. 619/2016

MO Productions	5,000.00
Production of the 15th Gibraltar International Dance Festival & participation at 2017 Sussex Festival	
Richard Garcia - Services for Evaluating a book	50.00
The Gibraltar Photographic Society	1,800.00
Replacement of furniture in the Photographic Society premises	

Q620-623/2016

Youth clubs –

Names; youth workers; attendees; programmes

335 **Clerk:** Question 620. The Hon. E J Phillips.

Hon. E J Phillips: Mr Speaker, can the Government confirm the names of the current youth clubs operating within our community?

340 **Clerk:** Answer, the Hon. the Minister for Sports, Culture, Heritage and Youth.

Minister for Sports, Culture, Heritage and Youth (Hon. S E Linares): Mr Speaker, I will answer this question together with Questions 621 to 623.

345 **Clerk:** Question 621. The Hon. E J Phillips.

Hon. E J Phillips: Can the Government confirm the numbers of qualified youth workers employed at each youth club?

350 **Clerk:** Question 622. The Hon. E J Phillips.

Hon. E J Phillips: Can the Government confirm the number of children and/or young people who regularly attend each club?

355 **Clerk:** Question 623. The Hon. E J Phillips.

Hon. E J Phillips: Can the Government confirm what programmes are being run from each youth club.

360 **Clerk:** Answer, the Hon. the Minister for Sports, Culture, Heritage and Youth.

Minister for Sports, Culture, Heritage and Youth (Hon. S E Linares): Mr Speaker, the following youth clubs operate within our community: Youth Centre, Laguna Youth Club, Plater Youth Club and Dolphins Youth Club.

365 There are no youth workers employed in youth clubs. All youth workers are employed by the Youth Service.

It is very difficult, if not impossible, to ascertain exactly how many young people attend regularly each club. This is due to the fact that it depends on the programmes and projects that are offered at any given time.

370 All clubs and projects deliver informal educational programmes which reflect the needs of young people attending. These programmes include raising self-esteem, drug and alcohol

awareness, bullying workshops, developing team work, managing emotions, exploring coping strategies to manage their anger, personal hygiene, etc. The sessions are delivered through a variety of visual aids and interactive games, encouraging positive participation and attitude at all times. The aims of the programmes are to enable young people to develop their life skills so that they can contribute positively to their community. This is carried out during weekdays and weekends throughout the whole of the year.

For further information on our Youth Service I would advise the hon. Member to access their magnificent website, on which activities and programmes are posted together with the posts of every single member of staff within the Youth Service. The website also includes policy procedures, contacts, training and news, which are updated on a regular basis.

Hon. E J Phillips: Mr Speaker, thank you to the Minister for explaining the magnificent website that is available.

I just want to know how the Government, or the Youth Service, attempts to judge how successful they are being at communicating and working with young people in relation to these life skills. You talk about certain areas such as personal development, drugs and alcohol awareness. Clearly, some serious issues are being dealt with, with young people using that particular youth club in that service. How does the Government satisfy itself, if it does not really know what numbers are visiting the youth clubs on a regular basis, that ... How does it monitor success of that and judge whether they need to make improvements, for example, in one particular area. How does it work? Is it on a piecemeal basis, or on a youth worker particularly referring to the Youth Service saying, 'We need to do more of this, or less of that'? How does it work?

Hon. S E Linares: Mr Speaker, it is very simple. The youth workers get together nearly every week, they consult each other, they co-ordinate between youth clubs, they identify where the needs are, and therefore, for example, that is why I said that there is no youth worker employed in a youth club – they are all the Youth Service. They are all basically working under one roof and then they go to the youth clubs to deliver the programmes as and when required. For example, there might be a programme or a specific need within the south area of Gibraltar, like in the Dolphin Club, and therefore the youth worker goes there. They also have part-time youth workers who help, volunteers who help, but the one who leads is obviously the professional. The professional is the youth worker and, like I said, if the hon. Member looks at the website they are there. Everybody who is qualified, their names, their photographs, everything is there and also a rundown of all the programmes. But when it comes to say how many, numbers, well, if there is a programme there might be eight children or young people. There might be another programme that has more interest or is more amenable to young people and there are 20 in a group. So it all depends on the programme and the project that they are doing.

So it is not a question of me telling the hon. Member that in each youth club 10 people come every day. It does not work like that. It depends on the programme and what they are doing.

Hon. E J Phillips: The only difficulty I have, Mr Speaker, with the answer is that clearly children depend on regularity and frequency. You are dealing with very serious issues with children, in terms of drugs and alcohol awareness/abuse. It almost appears, from the description of the activities and the programmes that are being performed at these youth clubs, that it reflects almost a counselling service, and I think there must be an element of that to all of this anyway, but what I would say is that given the fact that children require regularity and frequency, if you are having what appears to be a floating youth service around our youth clubs, don't you think it would be better served having at least a regularity with one particular individual at each club?

Hon. S E Linares: Mr Speaker, I go back again that they are not employed by youth clubs, but yes, of course there is within the staff, I believe, continuity as well, and it is a very serious area. The Youth Service, I can tell you, and the youth workers are very professional and very dedicated people who work even weekends, Saturdays and Sundays, and they do get involved in many things which we then have to pass to Social Services, for example, and children who are bullied and children who have mental health problems, and it is dealt with, with the GHA, which we are working with very closely to see how we can deal with young people who have mental health issues.

Yes, the first port of call usually is the youth club. Children have social problems – they go to the youth club and they do have people ... There is continuity in the sense that there is usually a professional youth worker in each youth club and there is a lot of continuity. Maybe after four or five years there might be changes, but when I said ‘floating’ it is not floating in that a youth worker goes one day to one youth club and then moves to the other. There are enough staff that have continuity and they stay. In the Dolphin Youth Club, for example, there is a youth worker there who has been there for about three years. There is a lot of continuity. It could well be that there is a need to move that person from one ... It is like a school teacher, basically, where you are in a school, you stay the whole year in a school and then maybe the Department of Education wants to move you to another school. That is how it works, so there is continuity.

I accept that it is a very important role that they do play because they are always the first port of call for young people directly. That is why we work very closely with the GHA, with the Social Services, with everything, because ultimately it is to do with child protection issues.

Hon. E J Phillips: Mr Speaker, I just have one more question, and I would invite the Minister to take this up as I am just trying to make a positive contribution to this question, and that is that don’t you think, Minister, we should be moving more towards an active citizenship programme at that youth level so that we can encourage civil responsibility, pride and respect?

I think one of the comments when people talk to me about our children and where they have to go in terms of sports activities and other activities, is don’t you think, given the Government’s commitment to educating our children about Gibraltar’s history and the pride that all our children should have for our history, that we should encourage active citizenship within our youth clubs?

Hon. S E Linares: I completely agree, Mr Speaker, and I can tell you that the Youth Service is very, very actively looking at doing those life skill programmes. They have got programmes to do with Mental Health Awareness Day, they get involved in that; the Easter community events which they do with the RGP; the Care Agency; and then they have Clean up the World, which is something to do with the conscience of the young people. I can tell you that they are very actively all the time looking, and youth workers are all the time. Citizenship is another issue which they teach in a different way to the school environment. They teach how to become citizens: they should know their rights, but they should also know their responsibilities.

I can tell the hon. Member that I am very satisfied in the way in which currently the Youth Service is delivering all this and always strives to improve.

Mr Speaker: The Hon. Edwin Reyes has a supplementary arising from Question 618.

Hon. E J Reyes: Thank you, Mr Speaker. I am really grateful for that.

Very short and sweet: on the schedule provided to Question 618, like you just said, under the sub-paragraph ‘Grants awarded to Sporting Societies’, the penultimate one is shooting, £11,090. I know shooting has disciplines within the association, like the clay target, the pistol shooting and the air rifles, which we traditionally used to call small bore, those type. Can the Minister, if he does have it to hand – if not, he can sort of search it out for us in respect of which of the

disciplines, because there is a huge difference between clay target and pistol shooting. The shooter in one discipline does not necessarily take part in the other.

Hon. S E Linares: Mr Speaker, I will clear it up with him, but from memory I think it is either one or the other or both. I remember that the target shooting bought equipment that they needed and they asked for a grant, which was given. But it could also be the new venue, which is the pistol shooting up in the retrenchment block where the new equipment would not be needed for the new premises. I will find out because it is a big amount, but I think it is split into the two. That means that the two clubs, target shooting and pistol, who are separate but all under one umbrella of shooting, both asked for grants. Therefore, I would suspect that if they are split it should have been notified here as split, but if they are not it might be one or the other and we can put the name of the association that it is.

Hon. E J Reyes: Thank you.

And finally, Mr Speaker, on the page of hosting of special sports and leisure events, there is £6,100 expenditure in sports day sound system. Am I correct in assuming ... I did see a vast improvement in the school sports this year, in the PA system. Am I correct in assuming that that is an expenditure in respect of use by all the schools and would therefore ... I would perhaps dare say the equipment might even now be registered in the inventory of the Gibraltar Sports & Leisure Authority, or is it a one-off hire charge for one particular school, or, for example, the other sports day, the GibSports Day? It could be that. The Minister may have it, but if not, Mr Speaker, I am willing to wait until he finds out.

Hon. S E Linares: Yes, Mr Speaker, again I will try and ascertain why the sports day has been placed there as the sound system. The hon. Member is correct, it should be all the sound systems for the sports days of schools and GibSports. But again I think the hon. Member is right, it might not have been put here but placed somewhere else. But I will find out for him.

Hon. E J Reyes: I am really grateful. That concludes my supplementaries on 618, Mr Speaker.

HEALTH, THE ENVIRONMENT, ENERGY AND CLIMATE CHANGE

Q624/2016

Gibraltar Nature Reserve mobile application – Upper Rock interactive map

Clerk: Question 624. The Hon. L F Llamas.

Hon. L F Llamas: Mr Speaker, can the Government explain why the Upper Rock app interactive map does not work?

Clerk: Answer, the Hon. the Minister for Health, the Environment, Energy and Climate Change.

Minister for Health, the Environment, Energy and Climate Change (Hon. Dr J E Cortes): Mr Speaker, the Gibraltar Nature Reserve mobile application requires a software update and this is currently being actioned. A new version of the application will be published this year and will include additional material on the Nature Reserve and all its components.

Hon. L F Llamas: Mr Speaker, can I ask if the new app is being designed by the same company that did the current app, or is it a new company?

520 **Hon. Dr J E Cortes:** Mr Speaker, I do not have the information, but I do know is that it is one aspect of the application, the so-called 'free tracking' function that is not working properly; all the rest of it works. I suspect it probably is the same people, but I will have to confirm that.

Q625/2016
Barbary Macaques –
Prosecutions for feeding

Clerk: Question 625. The Hon. E J Phillips.

525 **Hon. E J Phillips:** Mr Speaker, can the Government confirm how many people have been prosecuted for the offence of feeding Barbary Macaques in the Upper Nature Reserve?

Clerk: Answer, the Hon. the Minister for Health, the Environment, Energy and Climate Change.

530 **Minister for Health, the Environment, Energy and Climate Change (Hon. Dr J E Cortes):** Mr Speaker, no people have been fined.

535 **Hon. E J Phillips:** Mr Speaker, just to clarify, no people have been fined was the answer to that question. Does it mean that it is not necessarily accurate how many people have been prosecuted? So no people have been prosecuted – is that correct?

Dr J E Cortes: Fined or prosecuted.

Hon. E J Phillips: Thank you.

Q626-628/2016
Litter –
Number of wardens employed and powers; prosecutions; fines

540 **Clerk:** Question 626. The Hon. E J Phillips.

Hon. E J Phillips: Can the Government confirm the number of litter wardens currently employed by the Government and explain what powers are currently available to litter wardens?

545 **Clerk:** Answer, the Hon. the Minister for Health, the Environment, Energy and Climate Change.

550 **Minister for Health, the Environment, Energy and Climate Change (Hon. Dr J E Cortes):** Mr Speaker, I will answer this question together with 627 and 628.

Clerk: Question 627. The Hon. E J Phillips.

Hon. E J Phillips: Can the Government confirm how many successful prosecutions have been conducted in relation to litter offences?

555

Clerk: Question 628. The Hon. E J Phillips.

Hon. E J Phillips: Can the Government confirm the number of fines imposed by the courts or other authorities, law enforcement or otherwise, in respect to litter offences over the last five years?

560

Clerk: Answer, the Hon. the Minister for Health, the Environment, Energy and Climate Change.

Minister for Health, the Environment, Energy and Climate Change (Hon. Dr J E Cortes): Mr Speaker, there are currently two litter wardens employed by the Department of the Environment and Climate Change. The powers include the ability to issue fines under the Litter Act and the Animals and Birds Act. They are also empowered to report for process in relation to offences against the Nature Protection Act. This includes stopping and searching, examining anything or vehicles which that person may have in his or her possession, and seizing and detaining anything for the purposes of processing under the Act.

565

570

There have been no prosecutions in relation to litter offences, but rather fines paid in court. In 2016, 31 tickets have been paid. Out of these, 12 were for dangerous litter at £250 and the remaining 19 were for litter at £70.

575

In the past five years 101 litter tickets have been issued.

Q629/2016

Bluefin tuna –

Tonnage caught and registered

Clerk: Question 629. The Hon. T N Hammond.

Hon. T N Hammond: Mr Speaker, further to Question 293/2016, can the Minister for the Environment state what has been the tonnage of Bluefin tuna caught and registered in Gibraltar during the 2016 season?

580

Clerk: Answer, the Hon. the Minister for Health, the Environment, Energy and Climate Change.

Minister for Health, the Environment, Energy and Climate Change (Hon. Dr J E Cortes): Mr Speaker, the tonnage of tuna caught this season is 13.894.

585

Q630/2016

Waste treatment plant –

Awarding of contract

Clerk: Question 630. The Hon. T N Hammond.

Hon. T N Hammond: Further to the answers provided to Questions 449/2015, 8/2016 and 332/2016, can the Minister now state when the contract for the waste treatment plant will be awarded?

Clerk: Answer, the Hon. the Minister for Health, the Environment, Energy and Climate Change.

Minister for Health, the Environment, Energy and Climate Change (Hon. Dr J E Cortes): Mr Speaker, we are still not in a position to award the tender.

Hon. T N Hammond: Mr Speaker, is the Minister in a position to explain why we have had such a substantial delay in this project when it was originally stated by the Minister that there would be an announcement prior to August 2015 as to who would have this contract? We are now obviously well over a year beyond that point and there is still no announcement.

Hon. Dr J E Cortes: Yes, Mr Speaker. It is as a result of the success of the recycling programme that we have in treating our urban waste. We are increasing recycling streams tremendously. The amount of non-recyclable waste is decreasing and we have to reassess what type of treatment a decreasing amount of waste is going to have, and that is the reason why we have not taken an ultimate decision.

We are having the matter studied, but it is a very different amount of urban waste that we are producing now because there is so much more recycling and so much more being removed, so some of the original plans are non-viable because there is less waste to be treated.

Hon. T N Hammond: Mr Speaker, I might accept that we have made inroads into recycling, and that is a success undoubtedly. However, the fact is – and I need to be careful not to use unparliamentary language here, but we continue to pump human waste out directly into the sea and that is the issue that concerns me here and the issue that I am addressing.

Hon. Dr J E Cortes: Mr Speaker, we are obviously talking at cross purposes. From the waste treatment plant we normally used to refer to solid waste, the rubbish that is collected. From the hon. Member's supplementary it appears to me that he is talking about sewage, so we are talking about two separate things. My initial answer was in relation to waste treatment; now he is talking in relation to sewage.

In relation to sewage, we are still in detailed discussions with our preferred provider. We are making progress, but we are not in a position to declare the situation just yet.

Hon. T N Hammond: Mr Speaker, is the Minister able to give an indication of when he might be in a position to provide that information?

Hon. Dr J E Cortes: No, Mr Speaker.

Hon. D A Feetham: But is the Government still committed to a sewage waste treatment plant?

Hon. Dr J E Cortes: Mr Speaker, I think that asking that question to me can only have one answer: of course I am committed to that plant.

Q631/2016

**Temporary power turbines –
Total cost since January 2012**

Clerk: Question 631. The Hon. T N Hammond.

640 **Hon. T N Hammond:** Mr Speaker, can the Minister say what the total cost of the temporary power turbines has been since January 2012?

Clerk: Answer, the Hon. the Minister for Health, the Environment, Energy and Climate Change.

645

Minister for Health, the Environment, Energy and Climate Change (Hon. Dr J E Cortes): Mr Speaker, the total rental cost of the power turbines since January 2012 has been £12,499,251.42.

Q632/2016

**Electronic health record –
Cycling-related accidents**

Clerk: Question 632. The Hon. T N Hammond.

650

Hon. T N Hammond: Further to Question 99/2015, has the electronic health record been upgraded to allow for the recording of cycling-related accidents?

Clerk: Answer, the Hon. the Minister for Health, the Environment, Energy and Climate Change.

655

Minister for Health, the Environment, Energy and Climate Change (Hon. Dr J E Cortes): Mr Speaker, no, but let me just qualify that. The electronic health record system has not needed to be upgraded, but we are now entering the data in a different way so that we are now able to identify it. So we have not had to upgrade it but we do now have a record of cycling accidents.

660

Q633/2016

**Residential Dementia and Day Care Centre –
Update re opening**

Clerk: Question 633. The Hon. R M Clinton.

Hon. R M Clinton: Mr Speaker, can the Government please provide an update in respect of the opening of the Residential Dementia and Day Care Centre?

665

Clerk: Answer, the Hon. the Minister for Health, the Environment, Energy and Climate Change.

Minister for Health, the Environment, Energy and Climate Change (Hon. Dr J E Cortes): Mr Speaker, the residential unit is expected to open within the next two months. The day centre

670

is due to open next week – I believe Monday – for relocated services, and in about five to six weeks for new services.

675

Q634/2016
Dementia Day Care Centre –
Contractor

Clerk: Question 634. The Hon. R M Clinton.

Hon. R M Clinton: Mr Speaker, can the Government advise to whom the contract has been awarded in respect of the Dementia Day Care Centre?

680

Clerk: Answer, the Hon. the Minister for Health, the Environment, Energy and Climate Change.

Minister for Health, the Environment, Energy and Climate Change (Hon. Dr J E Cortes):
Mr Speaker, a preferred bidder has been identified with whom discussions will be held, but I am not yet in a position to disclose this publicly.

685

Hon. R M Clinton: Mr Speaker, am I correct in understanding the Hon. Minister in that he will be opening the Day Care Centre next week and fully operational within the next five weeks, but he has not actually awarded the contract yet?

690

Hon. Dr J E Cortes: Yes, Mr Speaker. I am sure that the hon. Member is about to ask me how I am going to do it, but I will let him ask me before I answer it.

Hon. R M Clinton: Mr Speaker, yes, I would be grateful if the Hon. Minister would enlighten me!

695

Hon. Dr J E Cortes: I love getting Mr Clinton to do things I ask him to do!
Mr Speaker, the services opening this week are relocated services which are currently held elsewhere within Health Authority premises. In the choosing of the preferred bidder we have ensured that they have the resources available to kick in very quickly within the time period that I have stated, so that is part of the arrangement. So the Hon. Mr Costa will shortly be talking details through with the team that is already handling that, and they will be ready to start to provide the service within the timeframe I have said.

700

705

Q635 and 646/2016
Primary Care Centre –
Update on new appointments system

Clerk: Question 635. The Hon. D A Feetham.

Hon. D A Feetham: Mr Speaker, does the Minister envisage making any further changes to the appointments system at the Primary Care Centre?

710

Clerk: Answer, the Hon. the Minister for Health, the Environment, Energy and Climate Change.

715 **Minister for Health, the Environment, Energy and Climate Change (Hon. Dr J E Cortes):**
Mr Speaker, I will answer this question together with Question 646.

Clerk: Question 646. The Hon. Ms M D Hassan Nahon.

720 **Hon. Ms M D Hassan Nahon:** Can the Minister for Health give us an update on how the
Primary Care Centre's new system is working?

Clerk: Answer, the Hon. the Minister for Health, the Environment, Energy and Climate
Change.

725

Hon. Dr J E Cortes: Mr Speaker, in answer to Question 635, the Primary Care Team is
constantly testing the system in table-top exercise to see whether any changes to the
distribution of appointments would reap benefits. For example, repeat prescriptions and the
manner in which sick notes are dispensed are areas which are being looked at – and if I may add
730 one which is not in the prepared answer, another thing that is being considered is allowing
doctors the occasional slot during the day to deal with patients over the phone, for example
reporting test results and so on over the phone, where they would be able to do perhaps a
number of patients in one slot and not require the patients to come in. That is some extra
information I have gained since the prepared answer.

735 In answer to Question 646, certainly in terms of availability of appointments it is ensuring
that patients have access to a greater number of appointments on a daily basis than before. At
present, patients have access to between 100 and 120 advance appointments and between 140
and 160 on-the-day appointments. Prior to the changes there would only have been on-the-day
appointments, as the advance appointments would have all been exhausted by the first day of
740 the month. Typically there would have been between 70 and 85 appointments available only,
instead of the number available now.

Hon. Ms M D Hassan Nahon: Mr Speaker, I am grateful for that information and I am sure
that the statistics are favourable, and I am happy to hear that, but I hear a lot of complaints that
745 people simply cannot get through. I myself have tried, I have had my kids ... Two or three of
them have been sick in the last month and I have literally given up calling. I am giving this
information in good faith because I have given up and ended up going privately because I just
simply cannot get through; and a lot of people tell me the same thing, so something is still not
working right.

750

Hon. Dr J E Cortes: Mr Speaker, I will give them the information. I appreciate that. I am
assuming that the hon. Lady is referring to phone appointments, phoning in and cannot get on
the phone. At the appropriate time there are up to seven operators constantly manning the
phones. There are hundreds of calls coming in. We took a sample month and there were in fact
755 55,000 calls into the PCC in one month. As you can understand, it is absolutely impossible,
without employing a lot more people for a short period of time, to cope with that number of
phone calls; it is virtually an impossibility and certainly the staff there are doing the best that
they can, but dealing with 55,000 calls in a month – it is unbelievable, and I could not believe it
when I was told – is very, very difficult. At least most times the message gets through in the
760 system that there are people on line and how much time they have to wait, but it is very, very
difficult and I do apologise to people who phone. It is just that there is such a number of people
calling in at the same time.

Hon. Ms M D Hassan Nahon: Mr Speaker, is there any way to gauge how many of these calls
765 do not get through? That would give us an indication of whether we need more manpower to
answer the phones, and perhaps even more doctors. I am sure the hon. Member will agree this

is a matter of absolute priority, so if more manpower is needed as a result of finding out how many more of these calls are not getting answered, it would be good to know in order to take action.

770

Hon. Dr J E Cortes: I do not think, Mr Speaker, that the number of doctors, whether or not we need more – and we have a lot more than when we came into office – but whether we need more is related to the number of calls, because those 55,000 will be calls. It will not be 55,000 people – if somebody calls three times, that will register as three calls, and most of those people will be seen; the only thing is that they have to wait a long time. I can get the information. I can ask the GHA's IT team to extract that information. I will make it available to my colleague and I am sure that if you ask him later on he will be able to supply it.

775

It is a complex matter and we are trying very hard. I think we are making a great deal of progress, but clearly there is always more to do.

780

Hon. D A Feetham: Mr Speaker, does the hon. Gentleman accept that this is one of the areas where there appears to be a significant amount of grievances from members of the public?

Hon. Dr J E Cortes: Mr Speaker, of course, but many fewer than there used to be. The progress that we have made in the Primary Care Centre over the last few years – and there is written testimony from users and from doctors about the progress we have made – is tremendous, but you would expect that the greatest number of complaints would come from the frontline, when people are anxious, when people are not feeling well and when there is a lot of demand on the service. So absolutely, it is one area which will continue always to attract attention and people will continue wanting improvements, but that is actually almost by definition when you are accessing the service and that is where there is the highest volume of interaction, and therefore that is where you would expect most areas of concern.

785

790

Hon. D A Feetham: Mr Speaker, but this has been a topic on which successive shadow Ministers for Health have indeed been questioning, particularly the Hon. Minister, almost on a four-monthly basis. I have gone back to all the questions and I have questions about this going back to 2012, and the Hon. Minister keeps on coming back and saying it is a developing situation. At some point members of the public are going to want some concrete answers from the hon. Gentleman and not 'well, it's developing and we are looking at it'.

795

Isn't it not the reality that five years on from him taking over the reins as Minister for Health, we are nowhere near having a solution to this particular problem than we were five years ago?

800

Chief Minister (Hon. F R Picardo): Well, Mr Speaker –

805

Hon. D A Feetham: Ah, to the rescue!

Hon. Dr J E Cortes: No, no, no... as I...

Hon. Chief Minister: Mr Speaker, I hear the trembling fear in the Hon. Leader of the Opposition's voice at the fact that I have got up and his attempt at a feeble joke to deflect from the fact that he has fallen into an almighty trap. He has given me the opportunity to actually reflect on the fact that actually in the five years that John Cortes has been Minister for Health, he has improved that situation tremendously in relation to the Primary Care Centre.

810

Are there complaints today? Of course there *might* be, and it is very likely, Mr Speaker, that it is impossible to devise a system which will not lead to a complaint, because I daresay to the hon. Gentleman, and indeed to the hon. Lady, in the context of the substance of what we are debating, that it is impossible to say that somebody might not call up one day and the line might

815

be engaged because there is a huge demand for the service and we are continually seeking to improve it.

820 Mr Speaker, this is Question Time. It is not a time for political speeches from the hon. Gentleman in the guise of questions; it is time for short, sharp questions. But, I am not going to respond in kind by dealing with the litany of advances that John Cortes has brought to all areas of the Health Service in Gibraltar, *(Banging on desks)* in particular the Primary Care Centre.

825 Mr Speaker, the hon. Lady has moved on and does not defend the three initials that the hon. Gentleman now leads, but he is fixed with the abysmal service that we inherited five years ago and that we have improved tremendously, and that we are continuing to improve tremendously and that we will never rest from improving. That is why they will always hear from us that we are developing the service further, because when we have improved it we will improve it again. That is what John Cortes has done for each one of the five magnificent years that he has led for
830 Health in Gibraltar and that is what Neil Costa will now do for the many magnificent years that he will lead for health for my Government too. *(Banging on desks)*

Hon. D A Feetham: Mr Speaker, it is an indictment on the Minister for Health that the Chief Minister has to stand up to defend him. **(A Member:** Oh!) Yes, because he cannot do it for
835 himself! *(Interjections)*

Mr Speaker, does the Hon. the Minister for Health – *(Interjection and laughter)* Yes, I hope he does not throw that at me. No. Shall I sit down? Shall I hide underneath the – ? *(Interjection)*

840 Mr Speaker, doesn't he recognise – doesn't the entire Government recognise – it is not a question of a complaint, as the Hon. the Chief Minister has described it, or some complaints, as the Hon. Chief Minister has described it? There is a litany of complaints about the operation of the Primary Care Centre, and what I want to know is what the Government is going to do about it, Mr Speaker.

Hon. Chief Minister: Mr Speaker, it is not that John Cortes cannot defend himself. John
845 Cortes can more than just defend himself. John Cortes has demonstrated that the hon. Gentleman is no match for him – even in advocacy, where he was recently professionally recognised – when it comes to politics and in particular in relation to the Health Service. But, it is that John Cortes does not need to defend himself, because the whole Government, and indeed the whole community, recognises the job that John Cortes has done in relation to Health. Or
850 doesn't he know that he had only a distance of a mere, I think, 300 votes from John Cortes in the 2011 General Election and almost 5,000 at the last General Election? *(Banging on desks)* That is the judgement of the community in respect of how John Cortes has improved the Primary Care Centre, *that* is the judgement of the community in respect of how this Government has delivered in respect of the Health Services, and *that*, Mr Speaker, is nothing compared to what
855 the professionals will tell you has been the improvement that John Cortes has brought to the services that they provide to this community.

Mr Speaker, if you care to talk to patients and you care to analyse what sort of reaction there is from them in respect of the service that we provide, it is very easy to talk to the few who have had a problem. My job and his job has been and Neil Costa's job now is to improve on those who
860 have had a problem so that they never have a problem again. But the number of people who do not have a problem, who enjoy their passage through the Health Service, who have access to the Primary Care Centre without a problem I am sorry to say to him is much greater now than it ever was under them. The difference is that we will not rest until we improve it as much as we can.

865 Mr Speaker, John Cortes will get up to defend himself when a serious point is made which needs defending, not when a cheap political point is shot by a man who reshuffled his Cabinet before he knew what the Departments to shadow were to be.

Mr Speaker: May I point out to hon. Members that they are now of course debating the Primary Care Centre and it is not just a case of asking a simple supplementary and receiving an answer.

The Primary Care Centre is a very important item of great public interest – I use it myself regularly – and therefore I would welcome that hon. Members should debate the Primary Care Centre under a substantive motion, but I am not going to allow many further exchanges on this issue now. Information has been sought, two questions have been answered giving information; I am not going to allow a debate on the Primary Care Centre.

The Hon. the Leader of the Opposition.

Hon. D A Feetham: Mr Speaker, very grateful for the guidance. I just have one more supplementary question and it is for the former and sacked Minister for Health. (*Interjection*) Can he please Mr Speaker –

Hon. Chief Minister: Point of order.

Mr Speaker: I would like the Hon. Leader of the Opposition, in order to maintain an equitable temperament this afternoon, to withdraw the word ‘sacked’. I do not think that any objective person would consider that any Minister in Gibraltar has been sacked. There were 10 Ministers at the beginning of the week; there are 10 Ministers at the end of this week. Would he please withdraw the word, even though he may have said it in a joking fashion without any malice, but I really do not want exchanges to descend this afternoon into idle comments.

Hon. D A Feetham: Mr Speaker ... may I ...

Hon. Chief Minister: If I can assist the House, Mr Speaker, can I just tell the hon. Gentleman, on the basis of –

Hon. D A Feetham: Mr Speaker has asked me.

Mr Speaker: [inaudible] the Hon. the Leader of the Opposition has [inaudible].

Hon. Chief Minister: But can I assist the House for a moment? (*Interjection by Mr Speaker*) All right.

Hon. D A Feetham: Mr Speaker, of course. Mr Speaker asked me to withdraw the term ‘sacked’ and I will happily withdraw the term ‘sacked’: the *former* Minister for Health, and after the Hon the Chief Minister or...

I will ask my question, and my question is very simple. What people want to know is what is the Government doing in order to improve the service in the Primary Care Centre.

Hon. Chief Minister: Mr Speaker, just dealing with the point of order that I was going to make, which I think you very usefully dealt with, it is very easy to descend into name-calling, but I would hasten upon the hon. Gentleman to recognise that although I thought he did it untimeously because it was clear that there was going to be a Government reshuffle – I had advertised it on a number of occasions and it actually came, I think, within a week of him having done his – when a Government is going to reshuffle, it does not sack anyone, promote or demote, unless people are sent to the back benches, but if anyone, having been reshuffled, is going to be described as having been sacked, I implore him to look at his own list of shadow responsibilities, because he has just sacked himself from Education, (*Laughter*) if you apply that standard, and sacked somebody else from Health and taking it on – although I do recognise, of course, he was in much greater difficulty than I was because he cannot keep his party together

920 and one of his people has gone, to no longer be one of his people, into an independent chair. But in those circumstances, given that he has been sacked as party leader by her, I implore him not to use that sort of language, which is so easy to then lead to a debate.

Hon. Dr J E Cortes: Mr Speaker, I will now answer on the factual content.

925 As the hon. Member clearly has not heard my answer and I made it very clear that whereas before there could be as few as 70 to 85 appointments on the day, now there are between 240 and 280 on-the-day appointments. Appointments no longer run out. We now have 22 doctors instead of 16, we now have a fully electronic health record in the Primary Care Centre, and elderly people no longer have to queue up at 6 a.m. in order to get their appointments. If that is
930 not improvement, clearly the hon. Member opposite is totally out of touch and my hon. and learned Friend Mr Costa will have a very easy time in answering his totally uninformed questions in the future. (*Banging on desks*)

As to my own situation, I think that the Hon. the Leader of the Opposition might care to walk around St Bernard's Hospital on Monday morning and gauge the reaction about my departure
935 for himself. He may not be so well received after the comments that he has made today.

Mr Speaker, a little press release reported in one corner of *the Gibraltar Chronicle* criticising my performance will not go down in history, but today, just before coming here, I walked into the chemotherapy suite and I saw two Gibraltarian patients having their treatment there – and I need say no more.

940

Several Members: Hear, hear. (*Banging on desks*)

Hon. Ms M D Hassan Nahon: Mr Speaker, can I just say to the Minister for Health, or the ex-Minister for Health, considering that I have called a few times on different occasions with three
945 different children sick in the space of a month and a half and never have I been able to get through, can he take that as a sort of case study that if people ... It is very difficult to explain, but I understand what he means by you cannot always get through, but one person here has tried on various occasions and has not got through. So, please, if he could look into it, because the system does not seem to be working from over the phone. I know there are a lot of disabled
950 people as well who say the same thing and I think it should be looked at with a priority.

Thank you.

Hon. J E Cortes: Certainly Mr Speaker, that is one thing that will certainly be looked into.

955 **Hon. R M Clinton:** Mr Speaker, if I may make a hopefully constructive comment or question perhaps for the new Minister for Health: is given the difficulties that people obviously have in making telephone appointments, that he perhaps would like to consider looking into some kind of ... I know you already have a queuing system, but whether by having separate phone numbers for children's appointments or different types of appointments, or even within the same
960 queuing system. I know everybody hates trying to contact their bank, but a way you can perhaps say, 'Press 3 for children's appointments'. I know parents do find it distressing when their kids are ill. Obviously every illness is distressing, but it may be a form of triaging so that of those 50,000 calls there might be some which are more urgent than others, or parents feel more distressed than others may be. Just a suggestion: would the Minister consider it?

965

Hon. Dr J E Cortes: Mr Speaker, some of these things have been looked at and also the making of appointments online, and that should be able to happen soon with the electronic system.

970 There is a problem: people do not like calling the bank and being passed from one to the other and people could get the idea that if they, say, press 1 for children, they are going to press

1 anyway and it might not be a child, and then they hear 'Sorry, I cannot deal with it.' So it is not as simple as that, but certainly these are all things that are constantly under review.

975

Q636/2016
Accident and Emergency –
Patient access

Clerk: Question 636. The Hon. D A Feetham.

Hon. D A Feetham: Mr Speaker, is the Minister satisfied that patient access to the Accident and Emergency Department works well?

980

Clerk: Answer, the Hon. the Minister for Health, the Environment, Energy and Climate Change.

Minister for Health, the Environment, Energy and Climate Change (Hon. Dr J E Cortes):
Mr Speaker, yes Sir.

985

Hon. D A Feetham: Mr Speaker, this is another area where there are a host of complaints in relation to the system. Anybody who goes to the Accident and Emergency will see that there are significant delays in the access to the department. My question is: is the Minister looking to improve the situation there, so that the very significant waiting times can be reduced?

990

Let me tell him this, just by way of an example: only last week I was told by an elderly lady that she had gone to the Accident and Emergency at 10 o'clock in the evening and was only seen at four o'clock in the morning – that is an elderly lady. You can understand why people feel very strongly about this, and you can understand why there are significant grievances.

995

Hon. Dr J E Cortes: Mr Speaker, my answer was very clear. I believe that access works well because everybody has access to it.

Once you have arrived there are several considerations. I am not aware of this particular situation, although obviously we would need to look at the details as to what happened. There are fast-track systems for children, for example; we are now changing the system for ladies who are pregnant who have threatening miscarriages and we are taking them elsewhere so they do not have to wait in the waiting room; and lots of things.

1000

One never knows what might be going on behind the scenes and whether there are emergencies that are being dealt with. Certainly there are more A&E doctors now than there were five years ago and the Department is currently going through a phase of construction to expand and have more facilities inside so more people will be taken care of inside without having to wait outside.

1005

What I can say is that, because fortunately we now have an electronic system there as well, I am now able to call up statistics. I can say, for example, that in the year up to 18th October, which is just a day or two ago, there had been 29,548 attendances at A&E; that the average waiting time for arrival to discharge is four hours 20 minutes, which is just higher than the UK standard and much better than the actual case in the UK, where they are hitting averages of up to six or seven hours; and that the average waiting time from arrival to seeing a clinician is one hour and nine minutes, which is very good indeed. So the average is now much better than it was. We have occasions when the system seems not to work as well, but we are now able to pinpoint exactly which these instances are and investigate them further. I think that, again, is huge progress, and now we have this information readily available at the press of a button.

1010

1015

Hon. D A Feetham: Mr Speaker, thank you very much.

1020 I was surprised by the original answer that the hon. Gentleman gave, that access works well, because there is a corridor that leads you to the Accident and Emergency – that is the reality of the situation.

1025 In relation to the construction that the hon. Gentleman mentioned of an extension to the Accident and Emergency, the information that is coming to me is that there has been a considerable scaling down of the equipment and features that were going to be made available at that extension. Is that something that the hon. Gentleman is aware of? If he is not aware of that, can he look into it? The concern expressed in relation to that is that of course the extension with those features was something that was going to improve the service considerably, whereas now the scaling back might have an impact on the improvement in the service.

1030 **Hon. Dr J E Cortes:** Mr Speaker, I am not aware of the detail. I am surprised, because I would have thought that I would have been made aware. I will certainly look into it, and if it is something I believe unreasonable I will ask the new Minister for Health to look into it and to rectify it if it is something that has been done for some reason. But I am not aware and I cannot confirm that that is the case.

1035

Q637/2016
Gibraltar Health Authority –
Formal complaints

Clerk: Question 637. The Hon. D A Feetham.

Hon. D A Feetham: Mr Speaker, can the Minister for Health state how many formal complaints have been made in relation to services within or associated with the GHA within the last two years, broken down by year and brief nature of the complaint?

1040

Clerk: Answer, the Hon. the Minister for Health, the Environment, Energy and Climate Change.

1045 **Minister for Health, the Environment, Energy and Climate Change (Hon. Dr J E Cortes):** Mr Speaker, the information requested is on the GHA website.

Hon. D A Feetham: Mr Speaker, just to clarify the answer the hon. Gentleman has provided, my understanding is that there are effectively three types of complaint, and I would ask the hon. Gentleman to confirm or correct me if I am wrong: there are complaints to the GHA Complaints Board, and then there are formal complaints to the GHA and informal complaints to the GHA. My question relates to formal complaints to the GHA. First of all, is my understanding of the various layers of complaints procedures correct; and secondly, does the answer relate to those formal complaints made to the GHA?

1050
1055

Hon. Dr J E Cortes: Mr Speaker, his information is incorrect and out of date. I will not make any comment on that. It is incorrect and out of date because, as of April or May last year, the whole complaints system was taken over by the Ombudsman's Complaint Handling Scheme and is now all dealt with through that, and the Complaints Board no longer exists. Complaints now go through different levels to the Ombudsman. If there are any issues which need independent clinical investigation, the Ombudsman will then access somebody from outside Gibraltar through his own good offices. So there are not those different levels; they are all detailed by the Ombudsman.

1060

1065 In the GHA website, in the quarterly reports of the complaints officer – or, now, the Complaints Handling Scheme Officer – it gives full details of complaints by discipline and by area. It is quite a comprehensive report.

1070 As I said last time, Mr Speaker, in answer to another question, because all the complaints are now registered and treated in a more formal way, except for the very, very minor ones – why is my water not here and why is it by the next bed – and because all these complaints now go formally through the Ombudsman’s handling scheme, there are in fact more recorded complaints. That is an artefact of an improved system and is not necessarily a reflection of an increased number of complaints. This is why we have to look at statistics with wisdom and insight and we cannot just look at numbers on their own. I think I have answered the question that I have been asked in supplementary.

1075 **Hon. D A Feetham:** Mr Speaker, I would have thought that there were more complaints because there are more people complaining. That is the simple analysis that I would make (*Interjection*) – Mr Speaker, may I – in my simple non-scientific mind, I suppose.

1080 Mr Speaker, I have asked him the question because I did go to the GHA website. I went to the GHA website, and if the hon. Gentleman goes to it himself – and it appears he has not for some considerable amount of time, but if he goes and he looks at complaints – (*Interjection*) Yes. If he goes and looks at complaints, it says ‘GHA Complaints Procedures’. I have got it here, Mr Speaker, this leaflet, and this is the information that I downloaded only this week from the GHA website. It is a leaflet. This leaflet explains:

How you can let us know if you are dissatisfied as a result of a direct experience with our service.

Who can I complain to?

A verbal informal complaint to a member of staff in the Department where the complaint originated in the Primary Care Centre, then to the relevant manager at the centre.

A written formal complaint addressed to the Chief Executive of the GHA or the Complaints Co-ordinator.

1085 That is why I have asked the question, because it is on the GHA website.

So are we saying, therefore, that the information that the public is being given in the GHA website is out of date, is incorrect and therefore needs to be corrected by the GHA, by the Department that the Hon. Minister obviously runs so well?

1090 **Hon. Dr J E Cortes:** Mr Speaker, there are a couple of things that have been raised. I accessed the GHA website yesterday, so maybe even more recently than he did. He is looking at a different place, and I will go into that now. It appears that that bit of information may be out of date. There was some information which was referred to by the Hon. Mr Clinton on mental health when we went on *Viewpoint* last week which was also out of date and which is now
1095 correct and updated. I will have to look into whether the right page has not been linked to on this occasion; I will have to check that. It is a massive website and is in the process of being renewed, so that might stand correction. But the information, the data and the statistics are included in the Quarterly Report section and all the information that I have said is available there.

1100 Oh, and one more thing: there are not necessarily more complaints recorded because more people are complaining, because if people in the past had an informal complaint which did not go into the statistics and now they have a formal complaint that goes into the statistics, even if there are fewer complaints the numbers in the statistics might be greater.

1105 But there is another thing: even if there were more complaints, considering that now we are doing 2,000 more operations than three or four years ago and we have 10,000 more patient-doctor contacts in St Bernard’s alone than we had three or four years ago, there are going to be more interactions and therefore there could be more occasions when things do not go according to what the patient would like to see. I can tell you though that if you divide the number of complaints by the number of interactions, the rate, which is very important, is in fact down.

1110 **Mr Speaker:** Next question.

Hon. D A Feetham: Mr Speaker, can I pass this over to the hon. Gentleman?

Mr Speaker: Yes.

1115

Hon. D A Feetham: This is a leaflet downloaded from the actual website. It did not appear to me to be unreasonable, because you could have a complaint to the Ombudsman but you could also have a complaint to the GHA itself, and that is what I was directing my question to.

1120 You could have an informal complaint to the GHA, which is all set out in that leaflet, a formal complaint to the Chief Executive of the GHA, and separately a complaint to the Ombudsman by somebody who perhaps, for example, is not satisfied with the response given by the Chief Executive of the GHA in a formal complaint. The hon. Gentleman is saying that that does no longer exist, and obviously I am taking that answer at face value.

1125 **Hon. Dr J E Cortes:** Mr Speaker, the new complaints board – sorry, the new complaints procedure – was actually passed here in Parliament in time for its enactment earlier on last year. This seems to have a couple of things out of date, including the e-mail address and the reference to an independent review panel, and obviously I will make sure – even if it is the last thing I do as Minister for Health – that this is corrected and updated.

1130

Mr Speaker: Next question.

Q638/2016
St Bernard's Hospital –
Nurses

Clerk: Question 638. The Hon. D A Feetham.

1135 **Hon. D A Feetham:** Mr Speaker, can the Minister please provide a schedule setting out the number of nurses employed in each department of St Bernard's Hospital, also stating whether those nurses are permanent and pensionable or on a fixed term contract, together with their nationality?

1140 **Clerk:** Answer, the Hon. the Minister for Health, the Environment, Energy and Climate Change.

Minister for Health, the Environment, Energy and Climate Change (Hon. Dr J E Cortes): Mr Speaker, the information is in the schedule I now hand over.

1145 I have been uncharacteristically helpful maybe, Mr Speaker, although I think not even the Leader of the Opposition who seems to have it in for me today would consider me unhelpful, in that the information does include other areas of the Health Authority and not exclusively St Bernard's Hospital.

Answer to Question 638/2016

DEPT NAME	NUMBER	P&P	P&P nationality	Contract	Contract nationality
MATERNITY	5	5	1 BRI	0	0
			4 GIB		
MENTAL HEALTH	86	70	46 GIB	16	2 SPA
			22 BRI		14 BRI
			1 PORT		
			1 MALAY		
TSSU/CSSD	9	9	GIB	0	0
PCC	26	26	1 GERMANY	0	0
			1 SPA		
			18 GIB		
			6 BRI		
ITU	30	21	2 BRI	9	3 BRI
			9 GIB		5 SPA
			1 FRE		1 ROM
			9 SPA		
DUDLEY TOOMEY WARD	28	26	BRI 3	2	2 SPA
			SPA 4		
			GIB 19		
OPERATING DEPT	33	19	5 bri	14	5 bri
			8 gib		8 spa
			4 spa		1 POL
			1 polish		
			1 irish		
CAPT MURCHISON	32	30	23 GIB	2	2 SPA
			1 SPA		
			5 BRI		
			1 PORT		
A&E	23	19	1 BRI	4	3 SPA
			4 SPA		1 BRI
			14 GIB		
OPHTHALMOLOGY	6	6	2 SPA	0	0
			4 GIB		
JOHN WARD	33	24	BRI 3	9	3 BRI
			SPA 5		6 SPA
			GIB 16		
INFECTION CONTROL	2	2	1 GIB	0	0
			1 BRI		
CLINICS	19	19	14 GIB	0	0
			2 SPA		
			3 BRI		
VICTORIA WARD	30	28	17 GIB	2	2 SPA
			4 SPA		
			7 BRI		
DIALYSIS & HAEMOFILTRATION	6	0		6	SPA
RAINBOW	19	14	8 BRI	5	4 BRI
			5 GIB		1 SPA
			1 SPA		
NIGHT ROTATION	22	18	17 GIB	4	SPA
			1 SWE		
CARDIAC REHAB	1	1	GIB		
BREAST SCREENING	1	1	BRI		
DIABETES	1	1	GIB	0	0
DERMATOLOGY	1	1	GIB	0	0
PALLIATIVE	2	2	GIB	0	0
PHLEBOTOMY	3	3	GIB	0	0
MEDICAL INVESTIGATION UNIT	2	2	GIB	0	0
DENTAL	6	4	GIB	2	1 PORT
					1 GERMANY
DISTRICT	15	15	11 GIB	4	BRI

1150 **Mr Speaker:** The Clerk will call the next question and then we can come back to this one if the Hon. the Leader of the Opposition has any supplementaries.

Q639 and 648/2016
St Bernard's Hospital –
Doctors' contracts

Clerk: Question 639. The Hon. D A Feetham.

1155 **Hon. D A Feetham:** Mr Speaker, can the Minister provide a schedule showing the length of contracts of all doctors employed at St Bernard's Hospital, showing the areas in which they practise, their nationality and the date they started?

Clerk: Answer, the Hon. the Minister for Health, the Environment, Energy and Climate Change.

1160

Minister for Health, the Environment, Energy and Climate Change (Hon. Dr J E Cortes): Mr Speaker, I will answer this question together with Question 648.

Clerk: Question 648. The Hon. Ms M D Hassan Nahon.

1165

Hon. Ms M D Hassan Nahon: Can the Minister for Health explain why it is that most of the doctors and surgeons in St Bernard's Hospital are not on a fixed contract or pension scheme?

1170 **Clerk:** Answer, the Hon. the Minister for Health, the Environment, Energy and Climate Change.

Hon. Dr J E Cortes: Mr Speaker, the information is in the schedule I now hand over in relation to Question 639.

ANSWER TO QUESTION 648

Answer to question 639

Post	Sub-Category	Location	Status	Nationality	Date Entry	Termination
Associate Specialist						
Consultant	Orthopaedic Surgeon	SBH	GHA Non-Permanent	Ger	02/10/2006	04/01/2018
Consultant	Ophthalmologist	SBH	GHA Non-Permanent	Ger	01/07/2006	28/02/2017
Consultant	Physician	SBH	GHA Non-Permanent	Bri	19/03/2012	31/01/2017
Consultant	Paediatrician	SBH	GHA Non-Permanent	Bri/Gib	10/08/2015	09/08/2018
Consultant	Haematology Services	SBH	GHA Non-Permanent	Bri	01/10/2008	31/12/2016
Consultant	Physician	SBH	GHA Non-Permanent	Spa	08/01/2012	08/05/2019
Consultant	Ophthalmologist	SBH	GHA Non-Permanent	Iri	07/08/2006	28/02/2017
Consultant	Orthopaedic Surgeon	SBH	GHA Non-Permanent	Bri	08/06/1995	23/12/2016
Consultant	ENT	SBH	GHA Non-Permanent	Bri/Hungarian	11/09/2014	10/09/2017
Consultant	Physician	SBH	GHA Non-Permanent	Polish	13/10/2014	12/10/2017
Consultant	Physician	SBH	GHA Non-Permanent	Pol	02/06/2008	28/02/2017
Consultant	Paediatrician	SBH	GHA Non-Permanent	Spa	01/02/2005	28/02/2017
Consultant	ENT	SBH	GHA Non-Permanent	Hung	20/10/2014	19/10/2017
Consultant	Radiologist	SBH	GHA Non-Permanent	Ger	01/12/2010	28/02/2017
Consultant	Anaesthetist	SBH	GHA Non-Permanent	Czech	01/11/2010	31/01/2017
Consultant	Radiologist	SBH	GHA Non-Permanent	Bri	27/05/2003	28/02/2017
Consultant	Gynaecologist	SBH	GHA Non-Permanent	Bri	03/09/2012	02/12/2016
Consultant	Gynaecologist	SBH	GHA Non-Permanent	Bri	01/06/2011	30/11/2016
Consultant	Radiologist	SBH	GHA Non-Permanent	Dutch	14/09/2015	13/09/2018
Consultant	Paediatrician	SBH	GHA Non-Permanent	Czech	01/02/2012	31/01/2017
Consultant	Anaesthetist	SBH	GHA Non-Permanent	Bri/Gib	05/09/2005	04/12/2016
Medical Intern						
Non-Consultant Hospital Doctor	Ortho & Trauma	SBH	GHA Non-Permanent	Bri	09/11/2009	20/01/2017
Non-Consultant Hospital Doctor	Surgery	SBH	GHA Non-Permanent	Bri	10/03/2015	09/03/2017
Non-Consultant Hospital Doctor	Medicine	SBH	GHA Non-Permanent	Bri	05/09/2016	04/08/2017
Non-Consultant Hospital Doctor	A&E	SBH	GHA Non-Permanent	Hung	29/08/2016	28/07/2017
Non-Consultant Hospital Doctor	A&E	SBH	GHA Non-Permanent	Pak	05/02/1997	31/07/2017
Non-Consultant Hospital Doctor	Surgery	SBH	GHA Non-Permanent	Ger	01/06/2010	31/07/2017
Non-Consultant Hospital Doctor	A&E	SBH	GHA Non-Permanent	Pak	25/02/1997	31/07/2017
Non-Consultant Hospital Doctor	A&E	SBH	GHA Non-Permanent	Can	06/08/2003	31/07/2017
Non-Consultant Hospital Doctor	A&E	SBH	GHA Non-Permanent	Bri	09/01/2014	08/12/2016
Non-Consultant Hospital Doctor	A&E	SBH	GHA Non-Permanent	Bri	12/01/2015	11/12/2016
Non-Consultant Hospital Doctor	Medicine	SBH	GHA Non-Permanent	Spa	01/07/2015	31/05/2017
Non-Consultant Hospital Doctor	A&E	SBH	GHA Non-Permanent	Hung/Bri	03/11/2014	02/10/2017
Non-Consultant Hospital Doctor	Medicine	SBH	GHA Non-Permanent	Bri	05/02/2003	31/07/2017
Non-Consultant Hospital Doctor	Medicine	SBH	GHA Non-Permanent	Cyp	11/08/2015	10/07/2017
Non-Consultant Hospital Doctor	Medicine	SBH	GHA Non-Permanent	Bri	05/09/2011	31/07/2017
Non-Consultant Hospital Doctor	A&E	SBH	GHA Non-Permanent	Spa	02/07/2015	31/05/2017
Non-Consultant Hospital Doctor	Surgery	SBH	GHA Non-Permanent	Spa	05/02/2001	31/07/2017
Non-Consultant Hospital Doctor	Medicine	SBH	GHA Non-Permanent	Spa	01/09/2006	31/07/2017
Non-Consultant Hospital Doctor	Surgery	SBH	GHA Non-Permanent	Bri	28/01/2002	31/07/2017
Non-Consultant Hospital Doctor	Medicine	SBH	GHA Non-Permanent	Spa	04/02/2004	31/07/2017
Non-Consultant Hospital Doctor	A&E	SBH	GHA Non-Permanent	Spa	06/06/2012	31/07/2016

1175 In relation to Question 648, doctors recruited since 2012 are on a fixed-term contract or pension scheme, depending on circumstances. I may just explain, for example, we have a doctor recruited since then on a short-term contract because there is a Gibraltarian who is due to return with those qualifications who will replace him.

Those in post before that are on various different arrangements entered into with the previous administration. However, the situation will shortly be rectified with the introduction of the new consultant contract and contract for non-consultant hospital doctors.

1185 **Hon. Ms M D Hassan Nahon:** Is the Minister aware that this is sadly one of the principal reasons why we have been losing very good doctors? They are simply not happy, or have not been happy, with their working conditions.

Hon. Dr J E Cortes: Mr Speaker, that is not the case. I do not accept that being a true reflection of the facts.

1190 **Hon. Ms M D Hassan Nahon:** Mr Speaker, I have an e-mail that was sent around by a few of the doctors who left recently, one I am happy to lend the Minister. In the e-mail they are warning Ministers, managers and politicians. They say that they have warned them about the arrogance; the lack of respect for doctors; the fact that they consider that the GHA do not take advice from doctors and that they only take advice from the, I quote, 'corrupted incompetent professionals with their own agendas'; warning that the system will fail; that Gibraltar is going to lose a second surgeon; as well as warning about the GHA's lack of interest in their discontent; not interested in recognising the value of properly trained staff; do not respond to obvious red flags; saying there is little hope for the improvement of the system.

1200 This is something that I consider very, very concerning, especially when we have lost three doctors and we are now relying on locums, which is affecting quality and continuity of care, and of course the fact that it is costing a hell of a lot more money.

1205 **Mr Speaker:** This supplementary may not come strictly within the ambit of the two questions. I think I should allow an opportunity to the Hon. Minister because these are very serious allegations which are being made and which I am sure he will want to deal with.

Hon. D A Feetham: Mr Speaker, may I ask as well, for the benefit of *Hansard*, that whatever e-mail the hon. Lady has should in fact form part of the record, because if we are going to be discussing an e-mail it should form part of the record so that we can then refer back.

1210 **Mr Speaker:** You are quite right, yes. The Hon. Leader is quite correct. If it is going to be made available to the Hon. the Minister, it should be made generally available.

1215 **Hon. Dr J E Cortes:** Mr Speaker, the question of when a person decides to leave a place of employment is always a very delicate one. I have to be careful what information I give and I am glad I do not know the name of the individual who wrote that e-mail, because it maybe that that person left for reasons that he may not have been happy with, but for all we know the GHA may not have been happy with the service that he or she provided, and there is always the ability to leave, send an e-mail which is not substantiated, and make spurious accusations which would need to be investigated. Therefore, that is something that one has to look at very carefully.

1220 In the case of the three surgeons who have left recently, one of them on retirement, one for family reasons and one for other private reasons, that is for them and is not for me to discuss in this House.

I am satisfied that those allegations are spurious and incorrect. I could bring a host of other e-mails from a host of other professionals who say the very opposite.

1225 So we must be careful. Did that doctor go because there was a certain grievance and therefore he is trying to get his own back because he did not agree with the action which may have led to that? We have got to be very, very careful. These are serious allegations and they would have to be thoroughly investigated.

In relation to locums –

1230

Minister for Business & Employment (Hon. N F Costa): Do you mind?

Hon. Dr J E Cortes: No, I will give way.

1235

Hon. N F Costa: Mr Speaker, on a point of order, this is a matter that we have spoken about previously when the hon. Lady decided to bring to this House – for the first time, I may add – questions on the basis of rumours that she had heard.

1240

I did refer Mr Speaker to the Standing Orders and I will refer him to Rule 17(1), and there are three Standing Orders which are relevant and which ... I think we have got to be extremely careful not to allow Members opposite to put questions which would be, in my view, a grave violation of the following Standing Orders.

The first is 17(1)(iii) and says:

if a question contains a statement, the Member asking it shall make himself responsible for the accuracy of the statement;

1245

In my submission, Mr Speaker, it is nigh impossible for the hon. Lady, without having the resources to make an investigation, to be able to tell this House whether or not the statements that she reads out in an e-mail are accurate, for the very good reasons that my hon. colleague Mr John Cortes has just said.

Secondly, 17(1)(vii):

a question shall not ask for an expression of opinion, or for the solution of ... hypothetical propositions;

1250

In essence, Mr Speaker, when an e-mail is brought or any other statement is read which the Minister has not had an opportunity to consider and to investigate, what he is asking is essentially to opine on matters, on hypotheticals, which he is not allowed to do.

And thirdly, and certainly directly on point on this matter – and forgive me if I get the Roman numeral incorrectly – is 17(1)(xv):

a question shall not be asked seeking for information set forth in ... ordinary works of reference.

Sorry, 17(1)(iv):

a question shall not be asked as to whether statements in the Press or of private individuals ... are accurate;

1255

Mr Speaker, for all of those reasons and for all of those submissions it is not right that any Member of this House once again comes asking about questions based on innuendo, rumour and statements on which the hon. Gentleman has been ambushed without notice and is totally incorrect.

1260

Mr Speaker: The Hon. the Minister is perfectly correct and I should not have been as liberal as I have been.

1265

He is particularly correct in respect of 17(1)(iii). A Member asking a question has got to make themselves responsible for the accuracy of the statement. Perhaps I have erred in being over liberal because Members of the Opposition, most of them, are still new and perhaps I err on their side ... Though some people may not think so, I do err on the side of giving them an opportunity. But having realised how serious the matter was, I thought I should not rule it out,

because an allegation has been made and obviously the Minister must have an opportunity to deal with that matter.

1270 **Hon. N F Costa:** Yes, but, Mr Speaker, the reason why I rose to address the Chair on a point of order is because the moment that the House allows it on *Hansard* after having followed the Hon. the Leader of the Opposition's request that it should be placed on the record because the question has been asked, we are literally opening a floodgate that literally no one wants to allow.

1275 Mr Speaker, it is *impossible* for a Minister to come to this House being able to answer questions on statements, made by third parties, which the Minister has not had the opportunity to investigate. If it were to be allowed, we could be here ad infinitum every day of the week and twice on Sundays talking about rumours.

1280 **Mr Speaker:** The Hon. Minister is perfectly correct. One of the things that I have learned in the four years – the other day, four years – since I have been Speaker, is that the Rules are not well known by hon. Members.

I would invite ... in fact, I would instruct hon. Members that they should be familiar with the Rules. There is a need for them to know what the Rules are. Sometimes there may be a fine distinction, but we need to be very, very careful.

1285 Here we have had, this afternoon, certain statements made from some party – whom, we do not know. The hon. Member has to make herself responsible, and before she does come to the House making such statements she needs to ensure that they are accurate. If they are 100% accurate, then she is responsible and not whoever has made the allegations. (*Interjection*)

1290 **Hon. Ms M D Hassan Nahon:** Please... Can I, if you do not mind?

Mr Speaker: But what it comes down to is ... and I would particularly ask the Members of the Opposition, because they are the ones who ask questions. Some of them are experienced, they have been here a number of years. There are definite Rules governing the right to ask questions – Rule 17 in particular. They need to be familiar with Rule 17.

Does the Leader of the Opposition wish to ...?

Hon. D A Feetham: Well, the hon. Lady wants to.

1300 **Hon. Ms M D Hassan Nahon:** Thank you.

Mr Speaker, with the utmost respect to you I was here the other day, four days ago, and I showed you the e-mail and I asked you if it was appropriate for me to ask. (*Interjection by Mr Speaker*) I know, because I am not a lawyer and I have not been here for a long time, I purposely came to you to ask if it was appropriate (*Interjection by Mr Speaker*) to bring up the e-mail.

1305 Can I just say a couple of other things. I accept the legal point, I would not like to start getting into that debate, but I would not call them rumours, because rumours are what people say without names. Whether they are spurious or not maybe can be debated, even though I do not agree because they are from two different doctors saying very similar things, so I would not use the word 'spurious'; but certainly not rumours, because they are not anonymous or hearsay.

1310 Above all, I think that there is a tendency here ... we are missing the point. What really should be coming out here ... the concern is that I have an e-mail and that I have given information that a few of our doctors – very, very good doctors – have left with very serious accusations, and I would have liked to have seen the Minister, or any of the Government Ministers opposite, showing more concern, rather than defensiveness that the situation ... about the things that I have been bringing up.

I am very sorry, but this is affecting an entire population that three doctors have left, and to say that they were personal reasons and retirement ... Clearly not, when I have an e-mail saying the opposite from two of them.

1320

Hon. N F Costa: Mr Speaker –

Mr Speaker: No, I have the floor.

1325

Clearly, I am to blame because I have misled the hon. Lady and, had I not done so, had I guided her correctly, the matter would not have arisen. I have to apologise to her and to hon. Members because this has happened.

1330

The procedure should have been that the matter could have been raised in a general way: has the Minister received any complaints; is he aware of any complaints? Blah, blah, blah. That is the manner in which it should have been raised and not in the specific manner in which it has been.

I apologise to hon. Members. We all make mistakes. I have stated before in the House that I am not infallible, otherwise I would not be here – I might be in the Vatican instead. *(Laughter)* So I do apologise.

1335

Hon. N F Costa: Mr Speaker, if I may – just by way of assistance, I can assure the hon. Lady that I only arose because we want to be able to provide to this House the information that she requests. But it is not possible to be able to provide any information to the hon. Lady if she does not tell us of such allegations and accusations before the House, to be able to investigate it. And with the greatest of respect to the hon. Lady, because she knows that I have a lot of time and respect for her, just because two people say something does not make it right, and for us to be able to determine and ascertain – for the benefit, as she rightly says, of our community – allow us the opportunity to investigate those complaints.

1340

1345

Hon. Ms M D Hasson Nahon: Fair enough, but can I just say: now am I entitled to ask had the Minister for Health heard all these accusations? They are saying they have put them forward to the Minister. Am I allowed to ask whether these complaints ...? Or is the Minister saying that he has never heard any of these complaints?

1350

Mr Speaker: You are able to. The Minister may not give you the –

Hon. Ms M D Hasson Nahon: Are these complaints new? They are alleging that these complaints are not new: are they new?

1355

Hon. D A Feetham: Well, I was going to add. I have to say on the point of order I understand the elevation of rumours, I understand the question of making yourself responsible for statements, and I also understand the hon. Gentleman's point about asking the Minister a question without actually the Minister having seen the e-mail for himself so that he can then objectively look at the e-mail and then comment on it, because at the end of the day he cannot comment on something he has not seen. But the reality of the situation, Mr Speaker, has to be that on something as serious as this, that if there is an e-mail from two doctors – I have not seen it – that make serious allegations, surely the hon. Lady is entitled to ask about those allegations. The hon. Gentleman can then deny, accept or comment or whatever, but otherwise the scrutiny of this House, in terms of the ability of the hon. Lady to ask questions about this, would be severely curtailed. It is the process.

1360

1365

I understand it is the process, it is the affording of the opportunity, and I also understand it is the adoption by a Member of Parliament of something that is said in an e-mail. What a Member of Parliament cannot do is adopt something that is in an e-mail when that person does not have first-hand knowledge of what is contained in the e-mail. But the Member of Parliament must be

entitled to basically ask the Minister to comment, provided he or she gives the Minister an opportunity to basically see the allegations that he is supposed to meet.

Mr Speaker: Yes, but on the other hand, care has to be taken that under the guise of a question that may appear perfectly harmless – why is it that doctors are not on a fixed contract or pension scheme – a supplementary is then asked which puts the Minister in an impossible position. It is for me to be the ultimate judge as to whether I should allow that supplementary or not. On this occasion I did, and I am wrong.

Hon. N F Costa: Mr Speaker, if an hon. Gentleman or an hon. Lady wishes to have specific information on specific instances, the only way that the hon. Gentlemen opposite or the hon. Lady is going to receive it is by asking us, before the House, to investigate. Or, if they come to this House ready with a question, surely it would have to be on the Order Paper, with notice, and not – and I do not mean this word disrespectfully – ‘ambushed’ under the guise of a question that is only, if anything, tangentially related to the question on the Order Paper.

But if, say, the hon. Lady only found out or only received the e-mail today or the day before and did not have the opportunity to put it on the Order Paper, but she felt that it was urgent and needed to be ventilated in this House, if she did not feel comfortable or did not wish to make the enquiry of Dr John Cortes before the House, respectfully then the question would have had to be couched on ‘Is the Hon. Gentleman aware that ...?’ or couched in general ways for the hon. Minister to be able to say ‘I have not heard’ or ‘I have heard’ or ‘I will investigate’, but to say in this House categorically that there are accusations and there are allegations which have been put forward by a doctor ... And in this society a doctor is taken as a person of absolute trust. When a doctor tells you to take a medicine, you do not go back home and check it so see whether or not you should take it. A doctor is in a position of absolute trust, and when doctors say something people tend to take that advice, really, as biblical, as gospel.

As I say Mr Speaker, the Hon. Mr Cortes in particular, of all Ministers, would be the first one to dive head-in to be able to obtain the information that he is requested to do. I just rose because I thought it was unfair that under the guise of a question that was at most tangentially related to the question on the Order Paper, he should then have been put accusations by an e-mail which he has never sighted.

Mr Speaker: The upshot of it all is that I myself need to brush up on my rules, musn’t I!

Hon. Dr J E Cortes: If I may, this is hugely complex. I can say that we have well over 30 doctors now and the vast majority are very happy, but we have got to be careful because just because somebody is a doctor ... they are also human.

Let us take an example of a member of any other profession who for some reason may leave. For all the hon. Lady knows – and it was not the case in this case – somebody may have gone through a disciplinary process or may have had some other problems and they were forced in one way or another to leave and they may have grievances. Then they can write *whatever they like*, whether or not it is true, and hand it to a Member of the Opposition, and then it is raised in Parliament and one has to defend something which is potentially totally unjustified, unfounded and spurious. Therefore we have to be very, very careful.

On this particular occasion I have not seen the e-mail. I think from what the hon. Member says it is now not possible to put that in *Hansard*, but I would be very happy to see it and to share my comments.

I think we are talking about three general surgeons who left. I have got to be very careful again, because I may know aspects of what led to their departure that I cannot share. *(Interjection)* Absolutely. I can say that at least one of them gave me a hug and thanked me for all I had done for him before he left. Another one thanked me for trying to resolve a question of registration which it has not been possible to resolve, and I will leave it at that. So there was no

breakdown in my relationship with them. But you never know what is behind ... and you do not know – not you, Mr Speaker; I was not referring to this Lady, I was talking in general terms. So when we are talking about the departure of a person who then writes an e-mail, we have got to be very careful how much credence we give to it.

1425 Of course I am concerned, but I think that one thing is clear: it is not as easy to be a doctor in the GHA now as it was before, because we insist now on a certain standard of registration and we are now working on job plans. The majority of them embrace this, but some may feel less comfortable than they were when management and the Minister were not more on top of the fact that they are here, getting paid to provide a service to the people during the hours that they
1430 are paid – and perhaps it is not as easy now to be a doctor. The majority have embraced them. One or two may have decided to go away for other reasons – not these in particular, but I think that when you try and improve standards and demand certain standards, then some people accept it and some people do not.

On the specific matter of locums, locums tend to be more expensive, but on some occasions
1435 locums are actually better than the people who left. On this occasion we are very lucky, for example, with one particular general surgeon locum who has certain skills which the other ones did not have, and even though he costs us slightly more we are now able to do some operations or some investigations in Gibraltar that we used to have to refer abroad or we had to bring in a visiting consultant. So in fact in some areas the cost has actually increased. So you cannot say
1440 that a locum in particular is necessarily something negative.

On one other subject, since we are on the subject of locums, I think that the main Opposition party raised the issue of the fact that we do not have a pathologist. We do. We have a locum pathologist. Sadly, we do not have a substantive pathologist because the pathologist died, passed away under tragic circumstances after a short but very serious illness. We then had to
1445 bring in a locum. We advertised and interviewed, we selected somebody who told us that he would only come if he got twice the pay we were giving him, if he got extra time, if he had an extra-special flat, and we told him no. (*Interjection*) So we are now through the process with a locum who is doing an excellent job of replacing him.

So it is very easy to hear rumours in the street, or pick things off Facebook and then make a
1450 press release about it, or even worse bring them to Parliament, but we must be very, very careful and not lose the respect of the people by bringing such things here. Mr Speaker, of course everybody is free to bring things here, but I think that the hon. Members opposite will probably find the Hon. Mr Costa as approachable as I, and if they have genuine concerns let's try and resolve them without trying to make unnecessary political capital out of individual
1455 circumstances about which facts we are not certain.

Hon. Ms M D Hassan Nahon: Mr Speaker, thank you, I am grateful for that. I think that the Hon. Minister knows that whenever I can I try to speak to him privately and I am not one to try to make political capital but to help people, above all. But this case for me was of very grave
1460 public concern, because to see three doctors leaving Gibraltar in a space of three or four months was something that worried me for the sake of our community in general.

I do not know any more how to put it across, because I feel like I am not really getting much by way of answer, confirming or not whether the Ministers as alleged have been hearing about it, but I accept the answer.

1465 I just want to ask one more thing, which is not exactly about that. Back to the original question really, a supplementary. The Minister for Health tells me that the doctors who are now getting pensions and contracts as from 2012. Where does the Government stand on the fact that doctors who were working here for 10, 15 years did not have contracts or pensions? I am sure we will get back that it was before your administration, but perhaps did you try to right a
1470 wrong there? I know particularly, and I am sure that the Minister knows who I am talking about, that there is one terminally ill doctor who has cried to me and told me that he has got nothing to leave to his family – and that is not a rumour; that is from the horse's mouth.

Hon. Dr J E Cortes: Mr Speaker, once again, this is very difficult because in Gibraltar it is a small place, we all know each other and we know who the people concerned are. It is a tragic situation of that particular individual, but it is not as it appears. I cannot give personal details in this House, so I will have to explain to the hon. Member outside this House, and even if *Hansard* will not reflect the answer I owe it to that individual not to provide the answer, but I have given certain assurances to his colleagues about his status.

Mr Speaker, the situation regarding contracts is as follows. The consultants in 2004 were given a pay deal subject to a contract which never transpired. In 2012 we started negotiations on the contracts. For a number of reasons these negotiations were quite extended, they were very complex. Sometimes it was the doctors' representatives, Unite the Union, who took a little bit longer to respond to some queries; sometimes it was the GHA's management. We are now in a situation that we have agreed on all the main details of the contract and we are now just working out minor adjustments. I am sure that Mr Costa will be able to announce the full acceptance of the consultants' contract now within months.

With the junior doctors and non-consultant hospital doctors, we have been meeting with them regularly, we have been improving their terms and conditions, changing some of the shifts so that they do not do, particularly in some areas, as many hours. We have more now in place, we have given them safeguards regarding their security of tenure, and again we are developing that contract and working very closely together.

I think that covers most of the areas.

Hon. D A Feetham: Mr Speaker, may I? It was one of my questions too.

What we have here is three consultant surgeons leaving within a short period of time in a particular area. We are talking about surgery. It must be more than mere coincidence that that has taken place. And let me tell you that one of those doctors is very close to my own heart – he saved my life – and I know exactly why he left, because he also told me, and it is *not* coincidence. *(Interjection)* I mean low morale was the reason that he expressed to me as the reason for going. Does the hon. Member accept that it cannot just simply be coincidence that three consultant surgeons have left during a short period of time?

Hon. Dr J E Cortes: Mr Speaker, I do not know who the doctor he is talking about is, but it is not relevant. Low morale can come from a whole lot of reasons, including one's own personal position, one's own personal perception of improvement and that perhaps you are resisting the change. So low morale is not necessarily due to the organisation; or, if it is due to the organisation, it may be a negative response to a positive development.

And yes, Mr Speaker, there is such a thing as coincidence.

Chief Minister (Hon. F R Picardo) Maybe I can be of assistance, because I have had discussions with the relevant doctor in question in respect of –

Hon. D A Feetham: Mr Speaker, are we actually speaking under the Rules? If we are going to stick to the Rules ... A point of order, Mr Speaker.

Hon. Chief Minister: No, Mr Speaker, I am giving more information to the House. Doesn't the hon. Gentleman want more information? This is Question Time.

Mr Speaker: First of all, I need to judge whether in fact the Chief Minister is providing additional information in his intervention to what the Minister has provided.

Hon. Chief Minister: Mr Speaker, I hope I will be able to assist the House because I have had discussions with the surgeon that the hon. Gentleman has discussed, on a number of occasions about the issues that related to him in particular. We will not be disclosing who that is, although

1525 the hon. Gentleman has thanked this person in public before and named them, and therefore
people may be able to identify who it is. I understand anyway that that person reached
retirement age, Mr Speaker, and that should give us an indication of how he reached the
1530 decision that he should retire – because he reached retirement age. But the issue affecting that
person repeatedly was that he wanted to be able to buy a larger home, and he came to see me
in respect of that on a number of occasions and asked to be able to access Government tenders
without having to go through the tender system and asked to be able to purchase property from
the Government without having to go through a public competition system.

Mr Speaker, with the best will in the world the Government is not able to allow people to
jump the queue simply because they happen to be in a particular profession. If that affected
1535 morale – because the hon. Gentleman might like to know that this particular surgeon said
repeatedly to me that this was affecting his morale – I am afraid that following the rules is
something that the Government is always going to have to do, because people are not able to
jump the rules in respect of property purchase in Gibraltar because of the profession they may
be exercising.

1540 I hope, Mr Speaker, that that assists to inform the House – nay, the community, because all
the community is getting is what the hon. Members opposite are saying – but we are not able to
give more information unless they put us in the position where we have no alternative but to do
so.

But the last time I checked, Mr Speaker, retirement age was retirement age.

1545

Hon. D A Feetham: Well, Mr Speaker, I am sorry but I cannot accept the accuracy of the
answer the hon. Gentleman has given and I feel duty bound and morally bound to actually stand
up and to – (*Interjection*) No, Mr Speaker, he has given a statement which is not accurate. This
particular surgeon is in Sweden practising.

1550

Hon. Chief Minister: Mr Speaker –

Hon. D A Feetham: He is in Sweden practising.

1555 **Hon. Chief Minister:** He may be in Sweden practising, Mr Speaker, because they may have a
different retirement age or he may have gone into private practice, but he may not be in the
public sector in Sweden practising. Here, he was in the public sector, in the GHA, and he reached
retirement age. Or is it that the hon. Gentleman thinks that he can just get up and say things in
order to try and create an impression of something else? Is the hon. Gentleman saying that the
1560 surgeon is in Sweden practising on the public purse, employed by the Swedish public health
authorities? And if he is, can he tell us what the retirement age is there and can he tell us
whether he is just contracted as a consultant outside the retirement age, because here he
reached retirement age.

When somebody reaches retirement age, Mr Speaker, what they tend to do is retire, whether
1565 their morale is high or their morale is low. If they then are able to obtain consultancy work
somewhere else, well very good, but it does not affect that they have reached retirement age
and it does not affect that whilst they have been here the thing that they have said has affected
their morale is that they are not able to purchase a bigger home outside of the tender system.

1570 **Hon. Ms M D Hassan Nahon:** Mr Speaker, if I may, I happen to know the history of this
doctor and the housing issue, and I think that I need to clarify that the doctor was not asking for
anything that he was not promised. This doctor came to Gibraltar in the – (*Interjection*) Please,
Mr Speaker, I believe that –

1575 **Mr Speaker:** The hon. Lady is making a statement.

Hon. Ms M D Hassan Nahon: No Okay, I will stand by that. I will stand by the statement I am about to make. Please, let me just ... I think I am entitled to ... If I know something that perhaps the Chief Minister is not correct about, I think I should be entitled to say it.

1580

Mr Speaker: Please put it in the form of a question. *(Laughter)*

1585

1590

1595

Hon. Ms M D Hassan Nahon: The doctor was contracted before this GSLP Government came to office and it was the GSD who gave him a promise of a property and for his child to have school care in Gibraltar. That was a promise that unfortunately the GSD did not honour on this doctor. So the doctor was initially cheated off, to say the least, because this promise and this part of his job contract, as he saw it, was not honoured and he had difficulty finding a place, based on the fact that they told him they would accommodate him. The Chief Minister knows this, because I came to see the Chief Minister before I joined the GSD, before the by-election, to explain to him that this doctor was not being given what he had been promised. However, let me just assure the House that he moved on from there and that his issues – take the e-mail, do not take the email, whatever you want – are not based on the house. I do not think it is fair and I think I am being fair enough to explain that this was a promise by an administration that was not honoured and it is not fair to say that he was trying to jump the queue or ask for something that he did not deserve, because it was part of what he was told before he came to Gibraltar.

1600

Hon. Chief Minister: Well, Mr Speaker, I am grateful to the hon. Lady in respect of that information about what it is that he was allegedly promised, and I hope I get my grammar right in answering her now, but let's be very clear –

Mr Speaker: Let me make one thing clear now. I am going to allow the Chief Minister now to intervene. Then I think the Leader of the Opposition has a supplementary and I will allow a supplementary. Then I am bringing the exchange ... We are then moving on, from then on.

1605

Hon. D A Feetham: I have no more supplementaries.

Mr Speaker: You don't? Then we are moving on.

1610

1615

1620

Hon. Chief Minister: So, Mr Speaker, let's be very clear. The hon. Lady is right: she told me those things in the context of setting up a meeting between me and this person, this doctor. I then had the meeting with the doctor, who did not mention any of those things. He said, 'Look, the thing I need is this ...' *(Interjection by Hon. Ms M D Hassan Nahon)* But she was not at the meeting. What she has told the House is what she told me, which led to my having the meeting with the doctor. At the meeting with the doctor he says to me, 'Look, what I need is this: I need a property and I cannot afford to pay Gibraltar prices, and so therefore can I please buy a property from the Government without having to go through the tender process?' And my answer was, 'Look, you have to go through the tender process and you have to be in touch with the Deputy Chief Minister. There are things coming out in the Upper Town you may wish to buy there during the course of making a bid, and we give good deals in the context of those bids. People put in their sealed bids, the top bid gets it and you can get it – but we cannot do it otherwise.' But none of the things that she had said to me and she has referred to the House now were the things that the doctor was saying to me.

1625

Frankly, she is absolutely right. If somebody is given a job on the basis that they are going to be provided with (a) or (b), then that is the job offer and it should be made good, but he did not put those things to me as the things that were relevant to him. *(Interjection by Hon. Ms M D Hassan Nahon)* Right, absolutely, but those were not the things that he then put to me. Your meeting with me led to my meeting with him, and we were not able to resolve it in a way that he was very satisfied with but he went away saying that he would make a bid in the context of

the then tender process. I do not know whether the man then made a bid or did not make a bid, but one has different pressures in one's life and if one then decides that it is not resolved and you want to take a particular course of action it has got nothing to do ... and I think the important thing here, Mr Speaker, is it has got nothing to do with what was happening in the Health Service. I know that what the hon. Lady has said does relate to the Health Service, but it is very surprising that those things which the hon. Gentleman was not aware of as Minister of Health were not the basis of the man's going. The man left because he retired, because he reached retirement age.

I do not know how we can have a disagreement about that, Mr Speaker. It is simple: retirement age tends to affect morale in different people in different ways, because you reach an age where you do not feel as young as you used to.

Minister for Economic Development, Telecommunications & the GSB (Hon. J J Bossano): That is why I don't retire! *(Laughter)*

Hon. Chief Minister: But it is not the wider malaise that hon. Members are referring to. The hon. John Cortes has a record, I think, of inspiring most people who work with him. I have yet to hear somebody who works in a Department run by John Cortes saying that they are low on morale. If anything, and until they work with Neil Costa, who has a particularly uplifting effect on me and everybody else he works with also, *(Laughter)* the people in the Health Authority are slightly in mourning because they are losing a man that they love, **(A Member: Yes.)** a Minister who is well loved in his Departments, **(A Member: Yes.)** and I am sure that they will also grow to love Neil Costa. People in the Department of Education are looking forward to him starting his stint there, because he is a man who is also known for his ability in respect of education. He has got more PhDs than most of us have hot dinners or than I answer questions in this House, *(Laughter)* but he does not have an effect of ruining people's morale – whoever they have operated on, Mr Speaker.

Hon. Ms M D Hassan Nahon: I have never suggested that the Minister has ruined anybody's morale. What I have brought up is issues in the Health Service and I am sorry to see that we have digressed onto matters of housing and other sorts of things that really have nothing to do with this. I am actually glad that I was privy to a lot of this history, because I was able to put it right. *(Interjection)*

But we still have not dealt with the bottom line, which is that two doctors have alleged that things are very, very bad in the Health Service, and we are still on the defensive and we still have not got to the crux of the issue. I am very sorry about that, for the community – not only for the doctors, let me say but for the community. It worries me deeply that a few really, really good doctors have left Gibraltar, because it will have a domino effect in the quality and care of our people. I am really sorry about that, because now we are going to be having locums – the usual Xanit situation – and there is not going to be quality and continuity of care. I hope to God I am wrong.

Hon. Chief Minister: Mr Speaker, the hon. Lady has to understand that it is not all just politics. It is not all just politics. It is politics here. This is politics: we are having a debate which is political.

She would have my full and entire agreement if I thought for one moment that the Minister for Health had supervised the mechanism where doctors are going, out of desperation for issues related to the Health Service, and we were being left with locums who could not deal with matters. That is not the case, but sometimes when somebody goes you have to have a locum because that is the way that you get the best person for the job. There are other questions on the Order Paper that will disclose the excellent job that is being done in finding the right people for the job, in many instances locals who are away – locals, not locums. Locals who are away.

What she *surmises* is going to happen, which is hell and brimstone, is that we are only going to have locums, we are not going to have doctors to operate on our people, our community. Woe is us! That is not happening. We have had a coincidence of people leaving at a particular time for issues that are unrelated. Issues that are unrelated. I can tell her that the issues which affected the morale of this particular individual – which is what the Hon. the Leader of the Opposition raised, not her – when they came to me were unrelated to the Health Service. Right. Unrelated to the Health Service.

The hon. Lady needs to understand you had a situation where the hon. Gentleman has got up and explained very candidly what happened in relation to the pathologist. The pathologist did not leave because of low morale. It is clear that the pathologist (*Interjection by Hon. D A Feetham*) passed away. (*Interjection by Hon. Ms Hassan Nahon*) I know you are not talking about the pathologist; I am. Perhaps if you listen you will understand what I am trying to say. The pathologist passed away. It is not that we do not know why the pathologist passed away because we have not got a pathologist to do a pathology on the pathologist. We had a locum quickly and we will have a locum pathologist until we have a full-time pathologist.

Is it that Members are saying, ‘You should move even more quickly, because what we think is right’ – and this is where the balance has to be struck in terms of professionalism – ‘is to be able to choose the best person for the job long term, and when people leave you can either replace them quickly or you can replace them with reasonable pause so that you find the right person in the long term.’

It is not as if we are being told nobody wants to work in the Gibraltar Health Authority because morale there is so low; the opposite is true. We have a lot of applications and that is why we need locums, whilst we sift them to get the right people for the jobs; and where possible, where we have invested – coming back to some of the questions we were dealing with yesterday – in educating Gibraltarians who are away, who are experts in those disciplines who apply, to see whether they can be the ones to take them if they are the best person for the job, because this is the Health Service, this is not just a place where you get in because of your passport. (*Interjection by Mr Speaker*) Coming on later. I hope that deals with the issues that the hon. Lady is raising. She does not have to think, ‘Woe is us – we haven’t got any doctors in the Health Authority!’ We have more doctors and more consultants now than we had when we were in Opposition and after we took over in 2011, so I think we are moving in the right direction.

Hon. D A Feetham: Mr Speaker, may I? (*Interjection by Hon. Dr J E Cortes*) I will give you a chance to round up with this question; no doubt you will use it to round up.

How many surgeons are there now working at the hospital?

Hon. Dr J E Cortes: Mr Speaker, I am not sure whether I answered that as a question in a recent meeting of Parliament or whether I provided that to the media in relation to a press question. Off the top of my head, and this is recollection, we have four general surgeons at consultant or associate specialist level, four orthopaedic surgeons, three obstetrician-gynaecologists, six junior doctors –

Hon. D A Feetham: Locums?

Hon. Dr J E Cortes: No, locums? We have surgeons. Surgeon locums, we have the three covering the general surgeons, although the recruitment process is already well underway, and we have one, possibly two, covering long-term sickness, as far as locums are concerned.

But if I may round off the question, locums are necessary because of the recruitment process, and remember that doctors, particularly good doctors with good jobs, need to give considerable notice to their own employers before they can leave and take up another job such as in Gibraltar.

1735 The surgical department in St Bernard's Hospital is an excellent department which has made huge progress. We now have, instead of one operating theatre, four or five operating theatres, including day surgery; we have more surgeons, we have more nurses. So anybody who, in those circumstances, had low morale is probably better off somewhere else.

1740 Just to round up completely on this, I can confirm, now that I know who the doctor in question is, that he did embrace me and thank me from the bottom of his heart for the way that he had been treated by me during his time under my Ministry.

Several Members: Hear, hear. (*Banging on desks*)

Q640/2016
St Bernard's Hospital –
Attracting consultants

Clerk: Question 640. The Hon. D A Feetham.

1745 **Hon. D A Feetham:** Mr Speaker, can the Minister for Health explain what he is doing to attract local consultants who are working in UK hospitals and further afield to come and work at St Bernard's Hospital?

1750 **Clerk:** Answer, the Hon. the Minister for Health, the Environment, Energy and Climate Change.

Minister for Health, the Environment, Energy and Climate Change (Hon. Dr J E Cortes): Mr Speaker, a great deal. Doctors who are consultants, or training to be consultants, who contact the GHA or are known to the GHA are always engaged with.

1755 Consultant posts which are due to become vacant are tracked and matched with the availability of local doctors. One example is the replacement of Dr Mike Maskill, whose retirement was planned and whose post was advertised on a designate basis and filled by Dr Gareth Latin, who eventually took over from him.

1760 Similar processes are envisaged in at least three other cases, and any new cases about which we may become aware, either through approaches by individuals or through information sought from the Department of Education, are also followed up.

Q641/2016
DHA stores –
Stock control security and frontline management

Clerk: Question 641. The Hon. D A Feetham.

1765 **Hon. D A Feetham:** Mr Speaker, what steps has the Government taken to permanently address the concerns raised by the GHA's Director of Finance and Procurement in his report to the GHA Board dated 31st May 2012 regarding serious concerns about stock control security and the frontline management in stores?

1770 **Clerk:** Answer, the Hon. the Minister for Health, the Environment, Energy and Climate Change.

Minister for Health, the Environment, Energy and Climate Change (Hon. Dr J E Cortes):

Mr Speaker, in April 2014, after long negotiations with Unite, amended elements of the stores restructure proposal of 2011, held up due to longstanding stores staff claims, were finally given the green light and implemented.

1775 In January 2015 the Stores Supervisor position was finally made permanent after it had been filled on a temporary basis since the retirement of the previous supervisory grade D officer back in August 2011.

1780 In April 2015 an approved second HEO position within GHA Finance and Procurement was finally recruited and was assigned higher management responsibility for procurement and stores.

1785 In May 2015 the new HEO, the procurement and stores front line managers, together with GHA IT commenced working on the development of an in-house bespoke electronic inventory management solution. The software development has now been completed and was recently successfully piloted with some elements of pantry supplies. We will shortly carry out all major preparatory groundwork needed for the software to be uploaded with the relevant stores inventory data for the stock items to be barcoded before the software can become sustainable and operational within what will be a first phase of development and improvement in inventory management and control in this area.

1790 **Hon. D A Feetham:** Mr Speaker, thank you very much to the Minister for the answer.

Let me just read from the actual report, because it did strike me as quite a striking analysis from the Director of Finance and Procurement. What he said was, and I quote:

Stock control, security and the frontline management in stores continue to be a very serious concern and a risk that, if not addressed permanently, could have serious financial and patient care implications.

1795 That was on 31st May 2012. Why has it taken the Minister two years to get to his first step, which was in 2014, and then three years, to 2015, in order to introduce all the items that the hon. Gentleman has listed in his answer, given what are very serious concerns expressed by the Director for Finance and Procurement about, apparently, lack of control?

1800 **Hon. Dr J E Cortes:** Mr Speaker, perhaps the Hon. the Leader of the Opposition ... I am so sorry that I am being moved from Health, if only because I will not have the pleasure of answering his questions. *(Interjection by Hon. Chief Minister)* But anyway, Mr Speaker, *(Interjection by Hon. D A Feetham)* I am grateful to the Hon. the Leader of the Opposition. Perhaps he should be able to answer me, if I were allowed to ask him questions, why in the 16 years up to 31st May 2012 nothing had even been identified. **(A Member: Hear, hear.)** *(Banging on desks)*

1805 Mr Speaker, the matter started improving at that time. There was a complex need to restructure the stores department, which had implications which Unite the Union was concerned about, and it took very long and hard negotiations to finally resolve them.

1810 The process of preparing bespoke software is complicated, but I am now very glad to say that we are beginning the implementation – not a moment too soon, I will agree, but there was a process to follow and the process at least was started in 2012 after nothing had been done about it for many, many years. *(Banging on desks)*

Q642/2016
GHA Director of Finance –
Submission of monthly finance report

Clerk: Question 642. The Hon. D A Feetham.

1815 **Hon. D A Feetham:** Mr Speaker, can the Minister for Health advise if the GHA Director of Finance continues to submit to the GHA board a monthly finance report?

Clerk: Answer, the Hon. the Minister for Health, the Environment, Energy and Climate Change.

1820

Minister for Health, the Environment, Energy and Climate Change (Hon. Dr J E Cortes): Mr Speaker, no, sir, he has never submitted a monthly report. Shall I assist, Mr Speaker, before he asks, that he has submitted a quarterly report?

1825 **Hon. D A Feetham:** And is that a document that the hon. Gentleman is prepared to make available to the Opposition?

Hon. Dr J E Cortes: Mr Speaker, I suspect that the reason for this question may be related to the last board meeting, where the ... There is a finance report which is an internal document, and there is a finance report which is a public document, which is tabled at the public meetings of the Health Authority. So there is an element which he can access on the website and there is an element which obviously is an internal report.

1830

Hon. D A Feetham: So, Mr Speaker, just to be clear in my mind about that answer, the quarterly finance report – is that a public document? Is it available to the public? Is he willing to make it available to the public? Or is he saying that parts of that report have been made public through the board's report, which is what he is saying?

1835

Hon. Dr J E Cortes: Mr Speaker, there is an internal working document for the organisation, which is the quarterly report. There are internal reports that have a shorter timeframe, once a month some of them and so on. But the ones I am referring to are the quarterly reports which are submitted to the board. There is a summary of those reports which is part of the open agenda, which is a public document.

1840

Hon. D A Feetham: Mr Speaker, we all welcome reasonable expenditure and proper expenditure on health. I cannot think of anything else that I would wish the public finances of this community to be spent on, apart from possibly education, Social Services, health. Those are the areas where any fair society would invest a vast bulk of the income generated by that society. But there is no doubt that over recent years there has been a huge increase in expenditure on health. It is projected in the books to increase to about £8.2 million a month by the end of this financial year. I suspect that it might even increase more than that.

1845

1850

In the light of that, does he not accept that transparency in the way that the finances of the GHA are managed and handled is just as important as transparency in the areas of public finance? Therefore, I would invite the Hon. the Minister to perhaps at the very least provide a public summary of these reports on a monthly basis, if not the entirety of the report, so that there can be greater scrutiny of the finances of the GHA.

1855

Hon. Dr J E Cortes: Mr Speaker, there is clearly a Budget session of Parliament where the question of expenditure in the Health Service, as elsewhere, is openly discussed at length. I have

1860 already said that a summary of the report is published in the quarterly board reports and therefore it is already happening.

Q643/2016
Gibraltar Health Authority –
Date of next public board meeting

Clerk: Question 643. The Hon. D A Feetham.

1865 **Hon. D A Feetham:** Mr Speaker, can the Minister for Health advise when the next GHA board meeting will take place in public

Clerk: Answer, the Hon. the Minister for Health, the Environment, Energy and Climate Change.

1870 **Minister for Health, the Environment, Energy and Climate Change (Hon. Dr J E Cortes):** Mr Speaker, subject, obviously, to the new Minister possibly changing the date for other commitments, the intention and the booking is that the next GHA board meeting in public will take place on 23rd November this year. Mr Clinton will no doubt be there.

1875 **Mr Speaker:** Next question.

Q644/2016
Gibraltar Health Authority –
Amounts paid out in claims

Clerk: Question 644. The Hon. D A Feetham.

1880 **Hon. D A Feetham:** Mr Speaker, how much has the GHA, or the Government on its behalf, paid out in respect of claims made against the GHA in respect of the last four years, providing a breakdown on a case by case basis?

Just to clarify, I am not asking the hon. Gentleman to provide the actual names of the cases, but if he can provide the breakdown I would appreciate it.

1885 **Clerk:** Answer, the Hon. the Minister for Health, the Environment, Energy and Climate Change.

Minister for Health, the Environment, Energy and Climate Change (Hon. Dr J E Cortes): Mr Speaker, the information is in the schedule I hand over.

1890 Let me just explain, Mr Speaker, that it is presented by total cases by month rather than individual cases and it is divided into two parts. The first part is those sums which are paid for directly by the GHA and the second part are those parts of claims that are paid for by our insurers. So there are two tables there.

1895 **Mr Speaker:** Perhaps it ought to be made clear for the benefit of the general public that the Minister, in the schedule, has not revealed any names.

Hon. Dr J E Cortes: Absolutely, Mr Speaker, no names are provided whatsoever.

Mr Speaker: No names are revealed in the schedule.

1900

Mr Speaker: Next question. We can come back to it.

Answer to Question 644/2016

**Amount paid out to claimants against the GHA for the settlement of
complaints/disputes out of court, 2012**

Month Paid	New Claim	Brought forward from previous years	Amount
Jan-12	1		£2,968.12
Feb-12	1		£3,034.00
Mar-12	3		£21,926.43
Apr-12	0	1	£112.58
May-12	3		£6,809.00
Jun-12	0		£0.00
Jul-12	0		£0.00
Aug-12	1		£650.80
Sep-12	0		£0.00
Oct-12	1		£4,501.98
Nov-12	2		£8,647.52
Dec-12	0		£0.00

PLEASE NOTE

Breakdown by case is not available for this year

**Amount paid out to claimants against the GHA for the settlement of complaints/disputes
out of court, 2013**

Insurance & Claims - Claims

Month Paid	Case	New Claim	Brought forward from	Amount
Jan-13	1	1		£48,238.40
Feb-13	2	1		£32,837.00
Feb-13	3	1		£15,000.00
Feb-13	4	1		£475.00
Apr-13	5	0	1	£135.00
May-13	6	1		£37,696.50
Aug-13	7	1		£10,000.00
Aug-13	8	1		£42,838.30
Sep-13	9	1		£10,000.00
Oct-13	10	1		£10,766.00
Oct-13	11	1		£34,000.00
Dec-13	12	0	1	£7,287.90

Cont...

Answer to Question 644/2016 continued

**Amount paid out to claimants against the GHA for the settlement of complaints/disputes
out of court, 2014**

Insurance & Claims - Claims

Month Paid	Case	New Claim	Brought forward from previous years	Amount
Jan-14	1	1		£29,111.00
Mar-14	2	0	1	£9,500.00
May-14	3	1		£12,500.00
May-14	4	1		£47,720.97
Jun-14	5	0	1	£12,000.00
Oct-14	6	0	1	£36,604.00
Nov-14	7	0	1	£0.00
Dec-14	8	1		£25,000.00
Dec-14	9	1		£50,000.00

**Amount paid out to claimants against the GHA for the settlement of complaints/disputes
out of court, 2015**

Insurance & Claims - Claims

Month Paid	Case	New Claim	Brought forward from previous years	Amount
Jan-15		0	0	£0.00
Feb-15	1	1	0	£22,500.00
Mar-15		0	0	£0.00
Apr-15		0	0	£0.00
May-15	2	1	0	£17,500.00
Jun-15		0	0	£0.00
Jul-15		0	0	£0.00
Aug-15	3	1	0	£10,000.00
Sep-15	4	1	0	£4,250.00
Oct-15		0	0	£0.00
Nov-15	5	1	0	£75,000.00
Dec-15		0	0	£0.00

**Q645/2016
Primary Care Centre –
Sampling patients for drugs**

Clerk: Question 645. The Hon. Ms M D Hassan Nahon.

1905

Hon. Ms M D Hassan Nahon: Can the Government confirm whether the Primary Care Centre is sampling people with depression for drugs?

Clerk: Answer, the Hon. the Minister for Health, the Environment, Energy and Climate Change.

1910 **Minister for Health, the Environment, Energy and Climate Change (Hon. Dr J E Cortes):** Mr Speaker, it is unclear what is meant by 'sampling'. If it is meant to refer to whether patients are tested routinely without the full consent and awareness of the patient of what exactly they are being tested for, the answer is no, sir.

1915 **Hon. Ms M D Hassan Nahon:** Mr Speaker, I think this relates to another question, which is Question 647. I do not know if I am entitled to –

Mr Speaker: You can come back to it.

1920 **Hon. Ms M D Hassan Nahon:** If I can come back to it, but I think what I am trying to say is that my intention with this question was to suggest whether there should be a first stop to establish the root causes for depression primarily in youngsters and start treating the symptoms early on by trying to establish whether depression is coming from drugs.

1925 I read with a lot of concern the Connected Health document produced by Felix Alvarez and Damian Broton, who were suggesting a one-stop shop where everything would be treated in one go and therefore disorders for addictive personality and so on could be dealt with early on – this is why I am asking – as a prime tac to deal with people who are showing signs of depression at the Primary Care Centre as a first stop.

1930 I do not know whether legalities come into it, but I do not see why they would not have to be aware of it.

Mr Speaker: Could I suggest to the Minister that, given that Question 647 is of a similar nature – the only thing is that it is dealing with A&E, but it is of a similar nature – you deal with it. *(Interjection by Hon. Dr J E Cortes)* Yes. Question 646 we have done, so we will deal with Question 647.

1935

Q647/2016
Accident and Emergency –
Testing patients for drugs

Clerk: Question 647. The Hon. Ms M D Hassan Nahon.

1940 **Hon. Ms M D Hassan Nahon:** Can the Government inform whether youngsters or anyone who ends up blacked out in A&E gets drug tested?

Clerk: Answer, the Hon. the Minister for Health, the Environment, Energy and Climate Change.

1945 **Minister for Health, the Environment, Energy and Climate Change (Hon. Dr J E Cortes):** Mr Speaker, yes. I am happy to answer the supplementary to explain the difference.

Mr Speaker: Yes, enlarge on it now.

1950 **Hon. Dr J E Cortes:** Mr Speaker, the critical difference between a person going to a GP with depression and somebody attending blacked out in A&E is as follows.

A person who goes to a GP with depression cannot be tested for drugs without their consent, because clearly that would be an invasion of their privacy and would affect the patient-doctor relationship. A doctor cannot just secretly ask for tests and take a blood sample without the patient knowing. The patient can discuss it with the doctor and the doctor can arrange for those tests to be done, but it has to be with their consent. It *cannot* be done without their consent.

The situation in A&E when somebody arrives blacked out, where there is no knowledge of what the situation would be – there is no chance of a conversation, like a GP can have with somebody with depression – is very different, because then the doctor has to rule out all the different potential causes of the blackout.

Therefore I can confirm that in all cases, depending on the doctor's assessment, intoxicated youngsters will have blood-alcohol levels tested and urine toxicology for cannabinoids, opiates, amphetamines and other drugs, where there is an index of suspicion and this appears to be a feasible cause for the blackout.

Hon. Ms M D Hassan Nahon: On a supplementary to Question 647 particularly, can I ask: do families get told or made aware of the findings of these tests, particularly for youngsters, so that they can be aware of it and try and deal with the problems of their children?

Hon. Dr J E Cortes: In Gibraltar we all are very possessive of our children up to a fairly advanced stage, and it will not be the first time that I have had people coming to see me '*porque el niño*' or '*porque la niña*' and then you ask how old they are and they are something like 38 or 40! What can one say? Clearly, in those circumstances it would be given to the person, the patient. Anybody over 18 would have to have the ability to determine who else he tells. Anybody under 18 – and sometimes there is flexibility and the age can be 16, but anybody who is younger than that – clearly there is involvement of the parents.

Hon. Ms M D Hassan Nahon: Thank you.

As a supplementary on Question 645 particularly, can the Minister tell me whether doctors have a mandate or whether he would consider giving a mandate to doctors to recommend to patients that they see with depression to talk about the possibility ... whether they believe that they are on drugs, or take it from there and advise them to get tested for drugs or deal with what may seem like a drug problem in the patient?

Hon. Dr J E Cortes: Mr Speaker, I do not think doctors need a mandate, because doctors are trained in this, and obviously if they detect a possibility of a drug connection to a state of depression they are going to broach the subject.

What I can say is that just a few days ago I met with Felix and Damian and in fact they told me that they had given you some information that they thought you were going to put into questions, and I said, 'Absolutely, it is her perfect right to do that,' and I have agreed – and I am sure that the Hon. Mr Costa will support me in what I have agreed – that I will meet them quite shortly with the GP leads in order to discuss how they could improve the service for people who are suffering from the influence of drugs.

I think that is a better way of informing them, rather than giving a directive, because then the doctors will be able to express what their concerns may be, what the ethical issues may be, and they are going to be meeting with this group led by Felix and Damian in order to develop a *modus operandi*. I am sure that the Hon. Mr Costa will enjoy chairing that meeting, as I would have had I chaired it.

Hon. Ms M D Hassan Nahon: Thank you. I am very happy to hear of this development and I would welcome any opportunity for Minister Costa to involve me if he thinks I can be of any value to this new incentive. Thank you.

Q649/2016
Fibromyalgia –
Classification

Clerk: Question 649. The Hon. Ms M D Hassan Nahon.

2005 **Hon. Ms M D Hassan Nahon:** Can the Government explain why fibromyalgia is not considered a disability?

Clerk: Answer, the Hon. the Minister for Health, the Environment, Energy and Climate Change.

2010 **Minister for Health, the Environment, Energy and Climate Change (Hon. Dr J E Cortes):** Mr Speaker, fibromyalgia is a medical condition; it is not a disability.

2015 **Hon. Ms M D Hassan Nahon:** Mr Speaker, I accept that the Hon. Minister must know a lot more than me about medicine, and so I have been doing some research on Google – as we all end up in that place – and it is, I believe, open to interpretation in that, for example, the US accepts that it is a disability and offers benefits as a result.

2020 I have spoken to a few sufferers here in Gibraltar – it actually affects women more than men – and that is why I know that they suffer deeply and it does cause a lot of hindrance and suffering. Because I see that in different countries it is treated as a disability, I ask the Minister if Government would be willing to look into it because of the fact that there is a lot of suffering going on and it does debilitate the sufferer.

2025 **Hon. Dr J E Cortes:** Yes, Mr Speaker, I think I need to explain this – and I have lots of friends who suffer from this condition.

The thing is that in defining a disability it is the effect that the medical condition has on your ability to perform in life. Therefore, you may have any particular condition at a certain minor level which is not enough to make you disabled, and yet that condition may progress and then you are disabled. So the definition of disability is not the medical condition but how it affects you in life.

2030 Therefore, I believe that, for example, when the Disability Panel meets to assess whether a patient is disabled or not, it is not the condition but how it is affecting them, so it is not necessarily that fibromyalgia is excluded as a cause for disability. That is the subtle difference that I should point out.

2035 **Hon. Ms M D Hassan Nahon:** I appreciate that. So can I just ask the Minister: what would he say to a fibromyalgia sufferer who is severely debilitated by this and feels that he or she should be entitled to benefits and what goes with the disability of such a debilitating condition?

2040 **Minister for Business & Employment (Hon. N F Costa):** Mr Speaker, this used to be my area when I was responsible for Social Security; now it is the Hon. Minister Licudi who will be taking over that portfolio.

Hon. Ms M D Hassan Nahon: I look forward to him taking over.

2045 **Chief Minister (Hon. F R Picardo):** You'd better do your homework! *(Laughter)*

Hon. Ms M D Hassan Nahon: I'm fine with Google!

Hon. N F Costa: A Google scholar!

2050 As I explained to I think it was the Hon. Mr Llamas and the Hon. Mr Hammond in a series of questions and supplementaries, the Disability Allowance is awarded to persons by an interdisciplinary panel. There are two panels, one for adults and the other for children, depending on the application and then depending, of course, on the specialists who sit on the panel, and the assessment is made on the influence of the disability of that person. So, if a
2055 person's disability is such that it affects that person's ability to do the things that the hon. Lady and I would take for granted – such as dressing, showering, preparing for a day – then Disability Allowance is provided.

Mr Speaker: Next question.

Q650/2016

**Mental health issues in young people –
Investigation of increased numbers**

2060 **Clerk:** Question 650. The Hon. Ms M D Hassan Nahon.

Hon. Ms M D Hassan Nahon: Does Government have an opinion on the growing concern in Gibraltar about an apparent increase in mental health issues with young people, and are there plans afoot to look into the matter?

2065

Clerk: Answer, the Hon. the Minister for Health, the Environment, Energy and Climate Change.

Minister for Health, the Environment, Energy and Climate Change (Hon. Dr J E Cortes):
2070 Mr Speaker, Government takes very seriously all issues related to child and adolescent mental health, as is reflected in our 2015 manifesto commitments. Greater awareness, improved assessments and screening programmes can account for apparent increases in current cases in Gibraltar.

2075 A multi-agency committee chaired by the Minister for Health has been meeting regularly with the aim of consolidating and advancing the work that is currently undertaken, improve inter-agency collaboration and communication, and explore ways of developing child and adolescent mental health services suitable for the needs of Gibraltar.

2080 This is over and above the current arrangements, which include courses for staff and parents on autism and the monthly meetings of the multi-agency Child and Adolescent Review Group and other work by the GHA, Social Services, the Youth Service and the Education Department.

Hon. Ms M D Hassan Nahon: Mr Speaker, I was personally, as I know that other Members in this House have been, very saddened by the amount of suicides that have taken place this year. It made me think about the situation with mental health and the fact that, as far as I can count,
2085 we have had four suicides this year and a few attempted suicides. I find this quite a big rate of suicides in Gibraltar and it genuinely worries me as to whether our Mental Health department is failing us. Is there follow-up care, I ask, for patients who have perhaps left Ocean Views or patients who have gone back home? Where is Mental Health when these are the types of figures that we have been looking at so far?

2090

Hon. Dr J E Cortes: Mr Speaker, this is not a direct supplementary but I am very happy to answer it.

Very shortly after the latest of the very, very sad suicides – and these things touch us all in Gibraltar much more closely than in less close-knit communities – I called a meeting of the

2095 Mental Health team and we had wide discussions. This is not something that can be conclusive, because there are many different causes for suicide and not all the persons who have committed suicide were known to the Mental Health Service or had made any contact with the Mental Health Service. They can be people who have problems and they do not make contact and maybe are unrecognised. So I asked the Mental Health team to look critically at what we
2100 may or may not be doing and I am expecting that a report will be presented to my successor on this.

There is follow-up by the Community Mental Health team, who do an excellent job, but sadly we cannot control what happens in every person's life and it is possible that suicide in a small community can almost have a copycat effect and people who are thinking of it may almost be
2105 encouraged to take that step when they have heard of other people doing it. This is something that is very, very sad, but I can assure the House that the team is looking very critically at whether there is anything at all that can be done in order to approach and to be able to prevent this sort of situation – but it is very difficult.

2110 **Hon. Ms M D Hassan Nahon:** Thank you for that.

I accept what the Minister is trying to say, but I would like to make him aware that only yesterday I had to deal with an attempted suicide. And this is not rumour, this is not spurious – I saw it for myself: there is no follow-up care. I say this in good faith. Please note that there are people who are left alone and there is no follow-up care at the moment, or perhaps a very low
2115 level of follow-up care, and I urge the Minister to please look into this more carefully. The assumption is that psychiatric medicine is given and patients are left to their own devices and there is not enough follow-up.

In a supplementary, if I may ask: what provisions are given in schools to our young students, in terms of mental health?

2120 **Mr Speaker:** Is the Minister able to answer that?

Hon. Dr J E Cortes: Mr Speaker, I will be in a couple of weeks' time as the Minister for Education, or maybe just a couple of hours' time – because I pick things up very quickly! (**A Member:** Hear, hear.) (*Banging on desks and laughter*)

Seriously, Mr Speaker, I do know a little bit about it because I prepared for the *Viewpoint* discussion last week. The schools have their own special needs co-ordinators. They have a person in the school – it is often the deputy head – who is detailed to look after pastoral care, and there are also two educational psychologists, which is one more than when we took office;
2130 we had a manifesto commitment then. And there is a considerable amount of support and cross working with the Youth Service and so on. For more detail than that it would have to be either the Hon. Gilbert Licudi, who is not with us today, or me after I have been able to inform myself better. There is support there. Certainly it is an area which, because of the work I have done in the GHA on mental health, particularly interests me and I hope to look at how we can improve services for children in the Department of Education in the future.
2135

In relation to the sad incident that the hon. Member tells us she witnessed yesterday, without knowing the details I cannot comment, but if there are any particular concerns she wants to share with me later I would be happy to talk to the Mental Health team and see what may or may not have happened and what support maybe would be necessary in the future.

2140 **Hon. Ms M D Hassan Nahon:** Thank you for that. I will indeed speak to you about that later, but again I was not trying to use that point to make a political point but mainly to make you aware of what is actually happening.

In terms of the schools and a psychologist, luckily on this occasion I did do my homework and from what I understand there is no clinical psychologist in schools. Would the Government be
2145 interested in introducing a clinical psychologist – because I believe that the educational

psychologists do not necessarily know how to deal with mental health like a clinical psychologist – which would be greatly appreciated there?

2150 **Hon. Dr J E Cortes:** Mr Speaker, there is a clinical psychology service provided by the GHA, which employs three clinical psychologists and they do work with the schools when young children are referred to them either through the school, through the Youth Service or through a GP. I could not tell you what volume of work they have, but I do know that there is access to clinical psychologists. Even though they are not working for the Department of Education, they
2155 are working for the GHA.

Hon. Ms M D Hassan Nahon: This was my question, Mr Speaker: whether the Government would be interested in having an on-site Department of Education clinical psychologist. I would urge them to look at this.

2160 I hear the Minister saying no. Why would you not agree with me if it means helping our young students?

Hon. Dr J E Cortes: Mr Speaker, I am not able to comment on that; I do not know enough about what the educational demands would be for a clinical psychologist.

2165 We must be careful here, because very often we say, 'Why don't we have such and such in Gibraltar? Why don't we have a specialist in this and that?' We must be very careful that, because of Gibraltar's small size, in some specialities we would not have enough cases to keep that specialist skilled, and therefore in the UK sometimes for particular conditions you have to have maybe 200 or 300 patients a year in order to keep your accreditation and for an order for
2170 your college to allow you to practise. We cannot bring people to Gibraltar to be employed here within our schools or elsewhere if there are not enough cases. What we would have to do is bring a specialist over for a period of time – like we bring child psychiatrists over, for example – but we would not have enough work for them. It is not just that they would be sitting down doing nothing; it is that they would de-skill, which means that they would not be of any practical
2175 use, or limited practical use.

But I do not know what the workload would be and so on, so at this point in time I cannot comment further.

Hon. Ms M D Hassan Nahon: I do not think that one clinical psychologist working for the
2180 Department of Education, shared by all the schools that we have in Gibraltar, would stay stagnant, but again that is just a comment.

Hon. Dr J E Cortes: I didn't say that.

2185 **Hon. Ms M D Hassan Nahon:** No, I am not saying you said that, but I would more or less guess that their workload would be taken up, and therefore it was just a constructive suggestion.

Hon. R M Clinton: Mr Speaker, would the Minister be able to advise the House whether in his
2190 meeting with the Mental Health team there is an intention to include any NGOs in the general discussion about the recent spate of suicides? I appreciate it was not mentioned in the *Viewpoint* programme, probably precisely because we do not want to encourage any copy cats, but it is obviously very concerning to the community – and we are a small community.

2195 **Hon. Dr J E Cortes:** Mr Speaker, again the Hon. Mr Costa may have a different approach, or not, to the one that I was planning, but certainly my policy has always been to involve the relevant NGOs. I come from an NGO background, after all, and I must, for example, say that I have discussed the suicide issue already with a group of counsellors who are not officially yet

structured as an organisation but who came to see me collectively to talk to me about issues in relation to counselling. So I have already done that and it is something that I ... What I normally do in these circumstances is I talk to the internal team first to see exactly what the issues are and so on and then invite NGOs for a more general discussion, and then meet again – internally, for example – to see whether we need to change anything or develop anything further.

Hon. R M Clinton: Mr Speaker, I thank the Minister.

Perhaps a question addressed to the new Minister – to perhaps consider organisational frameworks and models such as the Samaritans, which obviously is a well-established model worldwide. Obviously, we have Childline in Gibraltar, but it is catering for a completely different age range. A lot of people who may be driven to suicide could fall completely out of the net in terms of mental health care, not necessarily displaying any symptoms or perhaps not even wanting to get help, which perhaps leads them to this – and this is particularly more prevalent amongst males because we tend not to share our problems with other people, as perhaps the other gender does more readily. Again, just a suggestion that the Minister would consider that when he takes over his Ministry.

Hon. Dr J E Cortes: I must say that my hon. and learned Friend's diary is already pretty full and he does not know it yet! I have already scheduled a meeting with Childline. They have, in fact, announced publicly that they are going to extend their activity to include adults. I think that civil society has a huge role to play in developing our medical services and I am sure that my colleague does so. Already in his diary – although, as I say, he does not know it yet – there is a scheduled meeting with them to explore just that line.

Hon. D A Feetham: Mr Speaker, coming back to the original Question 650 – and the question by the hon. Lady was does the Government have an opinion on the growing concern in Gibraltar about an apparent increase in mental health issues with young people – is the Government agreeing that there is a growing problem of mental health issues with young people? And if there is, how does the Government actually come to that conclusion? Is it because it has statistics of these things and therefore the hon. Gentleman can make that assessment?

I am just interested because there have been many, many supplementary questions in relation to this, but I am just not clear whether, from the answers that have been provided, the Government actually accepts that there is an apparent increase in mental health issues with young people; and if it does, on what basis does it make that assessment?

Hon. Dr J E Cortes: What is an 'apparent increase'? I certainly have no data to corroborate that, but 'apparent' ... What is 'apparent'? If you hear of several cases in the street or in the newspapers, or talking to people, or when particular issues come up on one of the social media, it is very difficult to pinpoint. I think that whether there is an increase or not, real or apparent, mental health issues have to be tackled and we are doing quite a bit to improve provision.

There has been a spate of suicides, not all in young people, but that maybe unusual, a coincidence perhaps, possibly copycat – it is a very delicate matter, so I am being very careful in how I express this view. Perhaps given over a period of 20 years the incidents in Gibraltar may be lower. I do not think that is related necessarily to youth mental health issues.

It is a fact, not just in Gibraltar but throughout the western world – if that definition is still valid – that cases of particular conditions, such as autism for example, are increasing. But then, as I said in my answer, our ability to detect this is also improving. There is better training, more vigilance, more screening programmes. So it may be apparent. Is it real? I cannot judge one way or the other. What we have to do is tackle the problem regardless of that.

Mr Speaker: Next question.

Q651/2016

**Government cleaning contracts –
Changes in the last year**

2250

Clerk: Question 651. The Hon. Ms M D Hassan Nahon.

Hon. Ms M D Hassan Nahon: Can the Government confirm whether there have been any changes in Government cleaning contracts in the last year?

2255

Clerk: Answer, the Hon. the Minister for Health, the Environment, Energy and Climate Change.

Minister for Health, the Environment, Energy and Climate Change (Hon. Dr J E Cortes):
Mr Speaker, no, sir.

2260

Hon. Ms M D Hassan Nahon: Mr Speaker, I ask because I have witnessed for myself and also heard a lot of complaints about Gibraltar looking rather filthy, in particular and I want to let the Government know that in the lighthouse the toilets are pretty disgusting and I think it is a bad image that we are giving to our tourists in our main area of pride, where everything should be in tiptop condition.

2265

I was wondering if it may have had something to do with cleaning contracts or workload, salaries, cuts in manpower. I also suggest ... I do not know why rubbish is not collected on a Saturday. You have people here for the weekend, and Gibraltar has tons of bin liners all over Gibraltar on a weekend. I do not know, but it is just looking rather shabby. This was the root of my question.

2270

Minister for Sports, Culture, Heritage and Youth (Hon. S E Linares): Mr Speaker, if I may be able to assist, because the hon. Lady mentioned Europa Point and how ... I did see the post of one individual who had actually gone there, and I thought it was pretty disgusting the way the toilets were. I was concerned about it and I stand up to answer that because the GSLA has, in a way, the parks, and we try and do all the parks and all the toilets and have everything as clean as is possible. We have already got a maintenance team, of which we have a hotline of things that might be going wrong in the parks.

2275

Yes, it was on a Sunday, somebody was supposed to have cleaned that toilet on that day, but I can assure the hon. Lady that there are not any cuts or anything that has happened to the cleaning contracts that at least I am aware of, or that we have cut down on anything. It was just that day, and I agree with the person who posted it that it was rather disgusting. I can assure the hon. Lady that it is constantly being cleaned. What you cannot avoid is that it is cleaned one minute and then 10 minutes later somebody comes in and leaves it in a disgusting manner, and then you have to wait for another hour until somebody comes and cleans it again. But it was specifically on the Europa Point one.

2280

Hon. Ms M D Hassan Nahon: Mr Speaker, thank you to the Minister for the answer, but I have to say in all honesty this had nothing to do with the Facebook post. I am really on none of the groups. I do not think I am on any of the groups, because I decided it was better for my health not to be, even though it might remove me a little bit from society, but it works out better for me.

2290

I take my children there very often to play, so I see it, so I very much doubt, anyway, the coincidence of me having found this complaint on the day that he talks about. I also have very dear friends who actually have to make time every morning during the school run to go and take their kids to play at about eight or 8.30 in the morning and they stay there for a little while before they go and do the school run, and they have also been rather shocked by the condition

2295

of the toilets. So it really has nothing to do with that one event that he talks about, and I think it is an ongoing problem. So I hope that with his connections and Departments he can maybe have a closer eye on it, so that Gibraltar's image is not affected by this.

Hon. E J Phillips: Mr Speaker, I think, with respect, my learned Friend raises an interesting point about not only rubbish in our streets but litter as well. Obviously the Minister confirmed that there had been zero prosecutions in respect of litter offences and 101 tickets issued in the last five years, which amounts to one and a half a month in five years, which I think ... Clearly it is a question of education enforcement, isn't it?

Hon. Dr J E Cortes: Mr Speaker, again, if you average out over five years, when in the first few years there was not a single litter warden in the former administration, there were no litter tickets ... *(Interjection)* What I am saying is that you cannot average it over five years, because we implemented the programme a couple of years later, so you have got to average it over maybe two or three years. You cannot say – **(Mr Speaker: Sixteen!)** Well, over 16 years: what is zero over 16? Infinity, no? *(Laughter)* The Hon. Speaker was my mathematics teacher, so he will correct me if I am wrong.

But I cannot really say. We are actually fining a lot more people recently – if you made a graph, it is increasing – and we are doing a lot. In fact, now one of the reasons why people ask to see me is to see whether I can waive their litter tickets, which I cannot and I will not. This is a new dimension, so I think it is having an effect.

But as my hon. Friend says, if you happen to go into a toilet after somebody has been in it, or there have been three coaches coming in and made it a bit of a mess, that is regrettable. What I can say is that whenever we have reports of toilets and so on being in a bad condition we immediately take action and get it rectified.

Hon. D A Feetham: Mr Speaker, may I?

Mr Speaker: Yes you may, but I hope that you are not going to ask a supplementary which is going to contribute to a debate on the general cleanliness or otherwise of Gibraltar. Let's be fair. I will allow the Hon. the Leader ... We have the original question: can the Government confirm whether there have been any changes in Government cleaning contracts in the last year? The answer could have been, 'Yes, we cancelled this particular contract but we gave a new one to somebody else', or, 'We have introduced new requirements in our contracts in respect of this and that.' That is the kind of answer that I would have thought was really relevant to the original question. And what happens instead? We are beginning to get into a debate about the general state of cleanliness or otherwise in Gibraltar.

The Hon. the Leader of the Opposition.

Hon. D A Feetham: Mr Speaker has obviously read my mind in terms of the question that I was going to ask, and I will tell you why I was going to ask it: it is because the hon. Lady in her own supplementary – Mr Speaker has not picked her up on that, and allowed it – asked about the toilet and asked about the general cleanliness of Gibraltar. The Hon. Minister Linares answered about the toilet but not about the general cleanliness of Gibraltar, and I just wondered whether that aspect of the question that the hon. Lady has asked would be answered, which I understand is: does the Government accept that there has been a recent deterioration in the cleanliness of Gibraltar? I think that was the question that was asked by the hon. Lady, and it is an important issue because I certainly am getting an increasing number of complaints in this regard and therefore it is right that the Government, which has received a question, should be afforded the opportunity of answering it.

2350 **Mr Speaker:** I will, of course, allow the Government Minister to answer, and then we are going to move on. But I look forward at the next meeting of the House to a motion in which there will be a general discussion about the cleanliness or otherwise of Gibraltar.

2355 **Hon. Dr J E Cortes:** Mr Speaker, again, it is hard to tell because all the information that the hon. Member will have got by way of complaints will be anecdotal, it will not have been a systematic study of rate of cleanliness and so on.

I know that the litter wardens work very hard, we are now fining more than ever. I chair a litter committee, which includes NGOs, which meet regularly and we have made a lot of progress in a lot of areas from sorting out problems like the long-standing problems of bins in Chatham Counterguard, which are no longer there, and other areas we are tackling. So I think there are areas which are better; there may be some areas which are worse, and these are things that we have to carry on working on.

2365 **Mr Speaker:** Yes, Mr Clinton.

Hon. R M Clinton: Thank you, Mr Speaker.

Going back to the original question on cleaning contracts and the subject of procurement, I notice it was the Minister for Sports and Leisure who stood up and answered the question in respect of his area or Department taking care of those particular facilities. My question to the Government is: what is the Government policy on cleaning contracts? Is there an omnibus contract for the whole of Gibraltar? Do you split it down by the schools, by the sports authorities, by main streets? What is the general policy on cleaning contracts? Are they centralised? Is this something perhaps that Minister Bossano will be looking at in terms of procurement, whether to look at the award of these particular types of contracts? I guess what I am saying, Mr Speaker, is: does each Department award their own cleaning contracts?

2370 **Chief Minister (Hon. F R Picardo):** Mr Speaker, the answer is that the position at the moment remains exactly as it was under the former administration, because they gave a 20-year contract –

2380 **Minister for Economic Development, Telecommunications & the GSB (Hon. J J Bossano):** Which has not finished.

2385 **Hon. Chief Minister:** – for cleaning services, which covers the whole of Gibraltar, and given the comments that we have heard today, that 20-year contract that they gave does not seem to be fit for purpose. But we will take under advisement all the things that we have heard today in the context of reviewing the cleaning contract that the GSD gave for 20 years for the whole of Gibraltar.

2390 Frankly, Mr Speaker, I also do not think that this question arises from the original question, but anyway ...

2395 **Hon. R M Clinton:** Mr Speaker, I thought it was particularly pertinent to the original question. *(Interjection)* It is, but the question was have there been any changes in the Government cleaning contract. I am asking how are these contracts awarded. That is particular pertinent to the question.

2400 **Mr Speaker:** That in itself can be an original question: on what terms does the Government award a contract? That can be a substantive original question and not a supplementary. But I am being liberal because it is Friday afternoon. *Pero la siguiente vez se vai a enterar. (Laughter)*

Hon. Dr J E Cortes: All I can say on that is that the Department of the –

Mr Speaker: I do not need to apologise for that aside do I? (*Laughter*)

A Member: Nobody heard it!

2405

Dr J E Cortes: Just to finish this one, the Department of the Environment manages one general contract, which is the one that the Hon. Chief Minister has explained was inherited, and that is the one that I am responsible for.

2410

There may be minor cleaning contracts here and there for little areas or office areas and so on. I am not aware of the detail and it would have to be a substantive question where all my colleagues would have to feed in to provide a substantive answer.

2415

Hon. Chief Minister: Let me be clear, because I think it is important that the House has the right information. The GSD gave, in Government, a 20-year contract for the cleaning of Gibraltar. There are office contracts, so different offices may have different contracts for Government offices, but for Gibraltar there is one contract for 20 years, granted in 1997 by the party opposite when they were in Government.

2420

Mr Speaker: Right, I am now going to give my former pupil, the Hon. Dr Cortes, a respite after the very busy afternoon that he has had. So we will move on to Question –

Hon. Ms M D Hassan Nahon: Excuse me.

2425

Mr Speaker: My patience is being stretched. Okay.

Hon. Ms M D Hassan Nahon: Sorry. I appreciate that the contract is being run by the same people as before, so does it mean that the GSD is to blame? I do not see it like that. If Gibraltar is getting smelly –

2430

Mr Speaker: No –

Hon. Ms M D Hassan Nahon: – and if Gibraltar –

2435

Mr Speaker: No!

Hon. Ms M D Hassan Nahon: – how can the Government –

Mr Speaker: I am going to ask you one more time –

2440

Hon. Ms M D Hassan Nahon: – not take responsibility for these –

Mr Speaker: If Gibraltar is getting smelly, you bring a motion –

2445

Hon. Ms M D Hassan Nahon: I am sorry –

Mr Speaker: – to the next meeting of Parliament and we will debate it then.

2450

Hon. Ms M D Hassan Nahon: – but how can you say that the cleaning contract was given by the GSD so eso es *lo que hay*?

Mr Speaker: Order! (*Mr Speaker bangs on the desk*) Order! Please! Order. Do not make me have to stand up and suspend the session. I expect hon. Members who have got the floor to let

me have the floor when I ask for it. That is fundamental to the respect which the office of Speaker is entitled to.

2455 If I am not doing my job properly, if I do make a mistake ... and I have apologised already, but I do expect fundamental basic respect. When I ask for the floor hon. Members must concede the floor to me and not carry on arguing the toss with me. That they must do.

2460 **Hon. Chief Minister:** Mr Speaker, if I can clarify, I have not for one moment said anything to do with that. I have been asked a separate question about how we procure services and I have said we have procured the service 20 years ago, or 19 years ago, in 1997. I did not answer the hon. Lady's question; those questions were answered by somebody else. She has jumped to the conclusion that I am blaming today's problems, as they have put them, in respect of cleanliness on that contract.

2465 I was asked a defined question – how does the Government procure those contracts – and I have answered saying that we procured them under the former administration 19 years ago. They gave a contract for 20 years. She has then said, 'Is the Government saying the GSD are to blame?' We have not said that, because it is obviously not the GSD who are supposed to be cleaning our roads and it is not the GSLP who are supposed to be cleaning our roads; it is supposed to be the people who the GSD gave the contract to. So, if our roads are not as clean as they should be, it is obviously a company that is responsible.

2470

Hon. Ms M D Hassan Nahon: Mr Speaker, I apologise on my part if I got you hot tempered, and I apologise to the Chief Minister if I seem to have misunderstood. I did not mean it like that. I just got the impression that perhaps it was a bit like 'this is a contract, these are the people from the GSD who came in under the GSD, they have a 20-year contract and this is what we have'. It came to me as an implication to the fact that perhaps if they are not working to the best of their ability or Gibraltar is smelling a bit, it is a contract that we cannot get rid of. I am sorry.

2475

Q688/2016
'Last shop in Europe' site –
Plans for development

2480 **Mr Speaker:** Question 688, please.

Clerk: Question 688. The Hon. L F Llamas.

2485 **Hon. L F Llamas:** Mr Speaker, what plans does Government have to deal with the plot of land next to the lighthouse where the last shop in Europe once stood? *(Laughter)*

Clerk: Answer, the Hon. the Deputy Chief Minister.

2490 **Deputy Chief Minister (Hon. Dr J J Garcia):** Mr Speaker, Government is shortly to advertise the plot of land for expressions of interest. Government is open to ideas for its development that are in keeping and sensitive to the area. A condition will be imposed on the successful tenderer to include a Neanderthal interpretation and visitor centre within the development to complement the world heritage site at Gorham's Cave.

2495 **Hon. L F Llamas:** That is very interesting and is something which I think will be quite well received.

Can I just ask why nothing has been done, in terms of leaving it abandoned in that state, in the same context as my Friend has just said, the image it portrays of Gibraltar, having a tourist spot where loads of tourists go up in coaches and taxis and they see a derelict area day in and day out?

Hon. Deputy Chief Minister: Mr Speaker, I fear the answer may be rather similar to the answer the hon. Lady was given. It is a long story and I will try to explain it as succinctly as possible.

The site was put out for expressions of interest by the hon. Members themselves when they were in office and a preferred bidder was identified. They started discussions with that preferred bidder. We continued the discussions with the preferred bidder. There were a number of issues which stalled those discussions when both sides of the House have been in Government.

One of them was the possibility of locating a sewage treatment plant in the area, which the preferred bidder was not very keen to see and wanted certain guarantees and assurances which I think neither they nor we were prepared to give.

Secondly, if you recall the issue with the stadium which was going to be located in that area and which may have had a restaurant in the area, again that also delayed the project considerably.

Finally, the third delay was caused by Brexit, where the preferred bidder wanted some kind of assurance or guarantee, or at least wanted to wait until the Referendum had taken place and to know what was going to happen before taking a decision. The Referendum took place, the results in Gibraltar we all know and the results in the UK we all know, and then, as a result of that, we have now terminated discussions with that preferred bidder and that is why the plot is going out to tender again.

Hon. R M Clinton: Mr Speaker, I am sure we all remember the old shop that used to be there, but what remains of the original shop I think is a heritage piece which I think, and I am happy to be corrected, are either a bomb-proof shelter or an ammunition store. Would the Minister be able to confirm to the House that that will not be allowed to be demolished?

Hon. Deputy Chief Minister: Mr Speaker, can I say I am not aware exactly of the heritage value of what he is referring to, although I am aware of what it is that he is referring to. My understanding is that that is where they want to locate the Neanderthal visitors interpretation centre, so there is some intention to preserve it at the moment but we need to wait and see when the expressions of interest come in and then determine the area that is going to be required and also determine the heritage value of that particular area that he is referring to. I myself am not clear on that question at the moment.

Mr Speaker: Before we move on to the next question, I cannot help but comment that whoever called that 'the last shop in Europe' of course had no knowledge of geography whatsoever – unless there are no shops in Tarifa, that is. *(Interjection)*

A Member: Or for language. Much cheapness.

Q689/2016
Northern Defences regeneration –
Progress

Clerk: Question 689. The Hon. T N Hammond.

2545

Hon. T N Hammond: Mr Speaker, can the Government say what progress has been made in the project to regenerate the Northern Defences, and when does Government expect the project to be complete?

2550

Clerk: Answer, the Hon. the Deputy Chief Minister.

Deputy Chief Minister (Hon. Dr J J Garcia): Yes, Mr Speaker. Following the completion of cleaning-up works in the area of the Puerta de Granada site and Princess Lines last year, works this year at the Northern Defences have focused on the King's and Queen's Lines.

2555

The progress to date is as follows. Access from the Princess Lines via Lower Forbes Battery to the Queen's Lines is now possible. All tunnels (King's and Queen's Gallery) have been cleared of debris and asbestos. Musketry loop holes along Queen's Gallery have been unblocked and provide a new attraction to this unique military site. Tons of debris and rubble are currently being removed from the Queen's Lines. These operations are expected to be completed by the end of this year.

2560

Cleaning-up operations will then focus on the area of King's Lines in January 2017. Completion of such cleaning-up operations is expected by March 2017.

I would like to add that it gives me great pleasure that tours along these newly exposed areas are now available and are being organised by the Heritage Trust and the Government.

2565

Hon. T N Hammond: Just for complete clarity then, the entirety of the project is expected to be completed in March 2017 – is that correct?

2570

Hon. Deputy Chief Minister: No, Mr Speaker, this only refers to that particular area. I think when the project was originally announced and we started to get involved in the Northern Defences I made it very clear that this was going to be a long-term project, it was something that was going to take very many years. So I am talking about this particular area, the Queen's Lines, King's Lines, King's Gallery, Queen's Gallery. That is the area which will be completed by March 2017 in terms of the clearing-out operation.

ADJOURNMENT

2575

Mr Speaker: The Hon. the Chief Minister.

Chief Minister (Hon. F R Picardo): Mr Speaker, I move that the House do now adjourn to Wednesday, 26th October at 11 a.m.

2580

Mr Speaker: The House will now adjourn to Wednesday, 26th October at eleven in the morning.

The House adjourned at 5.58 p.m.