



# PROCEEDINGS OF THE GIBRALTAR PARLIAMENT

**MORNING SESSION: 10.02 a.m. – 1.17 p.m.**

**Gibraltar, Monday, 23rd January 2017**

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# The Gibraltar Parliament

*The Parliament met at 10.02 a.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

### ENVIRONMENT, ENERGY, CLIMATE CHANGE AND EDUCATION

**Q20/2017**

#### **Climate and Clean Air Coalition – Benefits derived from participation**

**Clerk:** Monday, 23rd January, we continue with the meeting of Parliament and we continue with answers to Oral Questions.

We start with Question 20. The Hon. T N Hammond.

5

**Hon. T N Hammond:** Mr Speaker, can Government say to what extent has Gibraltar participated in the Climate and Clean Air Coalition in the last year and what benefits have been derived from that participation?

10

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

15

**Minister for the Environment, Energy, Climate Change and Education (Hon. Dr J E Cortes):** Yes, Mr Speaker, Gibraltar has had limited but continued participation with the CCAC. This is largely related to the fact that the coalition is initiative led. This said, the benefits include expanding Gibraltar's network of contacts, increasing technical knowledge, and assistance where needed.

20

**Hon. T N Hammond:** Can I just ask the Minister to expand on his comment reference increasing technical knowledge – what the nature of that might be?

25

**Hon. Dr J E Cortes:** Mr Speaker, as I said, it is initiative led, so if there is an initiative – for example, a campaign on anything in particular – then we can join in, and if it is relevant to Gibraltar then we will do so.

As far as technical knowledge, a lot of countries are represented there with their own technical expertise, so we are able to call upon it, should we need it, in order to advance any particular area that we may be interested in.

30

Some of the campaigns have not been related directly to Gibraltar. They have one, for example, which relates to the use of wood fires in African countries – for example, in small huts, where it has a negative effect on health and they are trying to introduce different systems so

that there will not be so many particles within such a confined space. Clearly, those are not relevant here, so that is not an initiative we would be involved in. Where there are other initiatives – and there have not been any in the last year or so – which are more directly related to Gibraltar, then we would be able to form part of that and draw on the expertise of the network.

**Hon. T N Hammond:** So, Mr Speaker, when the Minister said, back in February of last year, that it is a highly proactive organisation from which we can learn a great deal and to whose work we can contribute from our own progress, is it fair to say that we have not quite reached those expectations?

**Hon. Dr J E Cortes:** No, I do not think it is fair to say. As I say, when there is a particular campaign or a particular initiative, then all those things will kick in. But if they are talking about wood fires in huts in African countries, then that is not something in which we will participate or contribute. It really depends on the initiative that is current at the time.

**Q21/2017**  
**European flat oyster –**  
**Re-introduction programme**

**Clerk:** Question 21. The Hon. T N Hammond.

**Hon. T N Hammond:** Can the Government report on the progress of the programme to re-introduce the European flat oyster to our waters?

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

**Minister for the Environment, Energy, Climate Change and Education (Hon. Dr J E Cortes):** Mr Speaker, the population of the European flat oyster is progressing well, with additional restocking exercises planned for the near future. The Department's dive team continues to monitor selected sites where the oysters were transplanted.

**Q22/2017**  
**Junta de Andalucía –**  
**Technical meetings and topics discussed**

**Clerk:** Question 22. The Hon. T N Hammond.

**Hon. T N Hammond:** Mr Speaker, since the first meeting with the Head of the Environment for the Junta de Andalucía in May last year, how many technical meetings have subsequently taken place and what has been discussed at these meetings?

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

**Minister for the Environment, Energy, Climate Change and Education (Hon. Dr J E Cortes):** Mr Speaker, at the time of preparation of the answer, expecting to have delivered it in the

70 middle of last week, the answer was four technical meetings, but there was another one on  
Friday so five technical meetings have been held in Spain to discuss various initiatives of mutual  
interest. The difference from the prepared answer is clearly that we have had a day or two  
between and there was a fifth meeting on Friday last.

75 **Hon. T N Hammond:** And could the Minister give us a flavour of what has been discussed at  
those meetings?

80 **Hon. Dr J E Cortes:** Mr Speaker, there has been discussion on collaboration in dealing with  
stranded dolphins and turtles, there have been meetings discussing waste treatment and the  
different ways in which we deal with waste, there have been meetings discussing the re-  
introduction programmes of osprey and other species, and the last meeting was one on  
educational exchange to promote our nature reserve in the surrounding area and to bring some  
information about the richness of the area of the Straits of Gibraltar to schools and to the  
general public.

85 **Hon. T N Hammond:** When the Hon. the Minister says that waste treatment and how we  
manage it was discussed, and bearing in mind currently most of our waste goes to Spain, could  
he clarify whether that had anything to do with the current treatment works that are planned?

90 **Hon. Dr J E Cortes:** No, not at all, nothing to do with that; just discussing how different  
technologies are available. We, for example, have explained that we are looking at new low-  
polluting technologies for our treatment of waste and so on and they were quite interested in  
that kind of technology because there is no plant of such a type in the surrounding area. Purely  
technical meetings with no political implications whatsoever.

#### Q23/2017

#### Hospital solar panel project – Progress and expected completion date

95 **Clerk:** Question 23. The Hon. T N Hammond.

**Hon. T N Hammond:** Mr Speaker, what progress has been made on the solar panel project  
for the hospital and when might we expect it to be completed?

100 **Clerk:** Answer, the Hon. the Minister for the Environment, Energy, Climate Change and  
Education.

105 **Minister for the Environment, Energy, Climate Change and Education (Hon. Dr J E Cortes):**  
Mr Speaker, works have started on site. All materials have been ordered and have scheduled  
delivery dates within the next few weeks. It is expected that the system will be installed and  
operational by the end of March.

**Q24/2017**

**Bufadero –**

**Use as dog park and future intended use**

**Clerk:** Question 24, the Hon. E J Phillips.

110 **Hon. E J Phillips:** Can the Government provide details of the arrangements that are currently in place for the use of Bufadero at Lathbury Barracks as a dog park and the intention of the Government for the use of this site moving forward?

115 **Clerk:** Answer, the Hon. the Minister for the Environment, Energy, Climate Change and Education.

**Minister for the Environment, Energy, Climate Change and Education (Hon. Dr J E Cortes):** Mr Speaker, there are no arrangements.

120 **Hon. E J Phillips:** So is it the position that Bufadero is currently being used as a dog park by members of the public?

125 **Hon. Dr J E Cortes:** Mr Speaker, not as a dog park. I am aware from conversations with dog owners – of which I used to be one; I now dog-sit my son’s dog occasionally – that the area, like many other areas in Gibraltar, is an area where dogs are walked and exercised. But that is a totally informal arrangement, which I suppose is not an arrangement at all. It is almost like talking about ‘alternative facts’, Mr Speaker! *(Laughter)*

130 **Hon. E J Phillips:** Just to confirm then, the Minister has not been approached by members of the public in relation to formalising any arrangement for the use of that site.

**Hon. Dr J E Cortes:** Mr Speaker, that is not what I have said. I have had a discussion with a group of dog owners, who I am aware exercise their dogs in that area, about the possibility of formalising. I have been approached about it, no decision has been taken; that is the situation.

**Q25/2017**

**DNA sampling of dog faeces –**

**Cost to public purse**

135 **Clerk:** Question 25. The Hon. E J Phillips.

**Hon. E J Phillips:** Can the Government provide the projected cost to the public purse for the undertaking of DNA sampling of dog faeces?

140 **Clerk:** Answer, the Hon. the Minister for the Environment, Energy, Climate Change and Education.

145 **Minister for the Environment, Energy, Climate Change and Education (Hon. Dr J E Cortes):** Mr Speaker, there is no expense to the taxpayer for the DNA sampling of dogs and faeces. As I have already stated several times in this House, it is expected that the increase in licence fee from £5 to £30 and any fines will cover the costs.

**Hon. E J Phillips:** Just one further supplementary question in relation to that: has the Government commenced the sampling process?

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**Hon. Dr J E Cortes:** Mr Speaker, I believe so, but I could be wrong. The intention was to start in January. I know that in the first few days of January there were some software issues regarding the database that had to be sorted out, but I believe that the sampling has started. I would have to check in order to be 100% certain, but I am virtually certain. It did not start in the first couple of days in January because the database needed some tweaking, but I believe that it has started already. I would be happy to get the information for him during the course of the morning.

155

**Hon. E J Phillips:** Just insofar as the sampling and the process is concerned, is it envisaged that we will have a team that will effectively walk around Gibraltar's streets sampling faeces that have been left by owners who have not removed them? Is that how it is envisaged that this will work?

160

**Hon. Dr J E Cortes:** Mr Speaker, there are a number of different people who work at the Ministry who will be involved. This includes the environmental protection officers, it includes the Environmental Agency, it includes the litter wardens, who will be carrying out these duties and who will all be trained as to the proper way of getting samples and so on.

165

We are not going to start doing that for several months. We want the database to be set up. We have given until March for the whole process of licensing so that it gives more time for the DNA samples to be taken. Then, shortly after that we will start doing the sampling. The people are already in place and have related duties already and they will be trained in order to carry this out.

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**Hon. E J Phillips:** Just to be clear: there will be a process of training for those individuals who will be taking DNA samples?

175

**Hon. Dr J E Cortes:** Yes absolutely, Mr Speaker.

**Hon. E J Phillips:** So, in other words, Mr Speaker, this has not yet commenced, this process?

180

**Hon. Dr J E Cortes:** The process of collecting faeces has not commenced. The whole programme has. What I meant I was not sure whether they had started was the sampling of the dogs, the taking of the bloods or swabs or whatever, and the DNA profiling. That, I think, has started – that is what I said earlier – but the question of collecting faeces has not yet started and there will be a time lag of a couple of months before we do that.

185

**Hon. E J Phillips:** The reason why I asked about costs and resources in relation to this particular question, is if we are going to be using the environmental officers and indeed the litter wardens as agents for the Government to effectively test this and they are roaming our streets in order to obtain these samples, is this going to be a full time exercise of their duties? Are they going to be able to concentrate on litter warden duties and other environmental duties? It just seems that if these officers are going to be on our streets sampling faeces and testing them against samples that have been deposited by their owners, surely there must be a need for other people in the area of litter wardens to be introduced. It is just that I am struggling to understand the cost analysis here. *(Interjection)*

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195

**Hon. Dr J E Cortes:** Mr Speaker, yes. I do not know whether to take that, as my hon. Friend has suggested, as a suggestion we increase the size of the Civil Service. I think, on the other



200 hand, the Minister for Efficiency would be very proud of the fact that we are adding additional duties.

No, it is going to be people who are going round on the beat, so to speak, and they will be looking ... They are already looking out for people who dog foul and so on. Part of that work will now involve the collecting of samples for processing. Hopefully it will be very effective, so there will not be a lot to do after the first few months, but time will tell.

205

**Hon. E J Phillips:** Just to confirm ... one final question. There will be an expansion of those individual roles to encompass DNA sampling of dog faeces? Thank you.

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**Hon. Dr J E Cortes:** Yes, the current officers will be doing that as well as the other things that they do.

#### Q26/2017

#### Bayside and Westside Schools – Unauthorised entries

**Clerk:** Question 26. The Hon. E J Phillips.

215

**Hon. E J Phillips:** Mr Speaker, can the Government provide the number and nature of incidents relating to unauthorised entries by individuals at both Bayside and Westside Schools since December 2011?

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

220

**Minister for the Environment, Energy, Climate Change and Education (Hon. Dr J E Cortes):** Mr Speaker, let me start by reiterating the answer I gave at the last parliamentary session: the matter is a longstanding deficiency which is being addressed.

225

Most of the unauthorised entries concern parents wanting to see particular teachers without securing appointments. They are not normally logged. These parents are seen by the headteacher or deputy and advised accordingly. Past pupils have also wandered into school, smoking and behaving inappropriately. These incidents are dealt with by senior management and the Community Constable.

One unauthorised entry, however, has given us cause for concern – a person trespassing into Bayside, claiming to be lost – and the Police was called.

#### Q27/2017

#### Hardship funding for students in UK – Operation

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**Clerk:** Question 27. The Hon. E J Phillips.

**Hon. E J Phillips:** Can the Government explain how the hardship grant for students undertaking studies in the United Kingdom operates?

235

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

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

Mr Speaker, qualification for hardship funding is based on the full household income of the applicant and family residing in the property. Applicants earning less than £27,000 per calendar year are eligible to apply, although savings, assets and/or dividends or interest are also taken into account.

An application form must be completed and proof of income and bank statements in respect of the student must also be submitted so that expenditure can be assessed for spending patterns on non-essentials. Consideration is also given to applicants who have more than one dependent child studying abroad.

If the criteria are met, then an initial sum of £900 is afforded for the current academic year. The student will need to reapply for hardship funding if he or she wishes to be considered for any further years of study. If the criteria continue to be met, then hardship funding is afforded on a declining scale: £450 for year two and £300 for year three.

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**Clerk:** Question 28. The Hon. E J Phillips.

**Hon. D A Feetham:** Mr Speaker, may I? The Hon. the Minister has spoken about a declining scale. Can he explain the policy behind a declining scale? It does appear to me that if you are in need of extra assistance because there is hardship in your family, it should not necessarily decline in years two and in years three.

255

**Hon. Dr J E Cortes:** Yes, Mr Speaker. I must say that this is not a new system that we have imposed, it is one that has been inherited, but I can give the explanation, and that is that the student is expected to take certain steps themselves in order to better their financial situation. It is well known that students sometimes get jobs in the summer or in the evenings and so on. It is to encourage the student to become more self-sufficient and not to rely entirely on this.

260

Clearly, should, for any reason, the hardship be so dire that the sliding scale would not be appropriate, this is something that the appropriate board would consider.

265

**Hon. E J Phillips:** So, Mr Speaker, there is a discretion based on the board to allow for a further top-up to the full £900 in the event that hardship is demonstrated by the applicant?

**Hon. Dr J E Cortes:** It has never been necessary, but certainly this is something that would be available should the situation be dire, but the student is encouraged to take control of his own situation and is encouraged to take steps in order to become more self-sufficient. It is part of growing up, I suppose.

270

**Hon. D A Feetham:** I do not suppose the Hon. Minister has any statistics in relation to the applications of people for top-ups, because the Hon. Minister says it has never been necessary, but it may well be that people simply do not know that there is a discretion on the part of the board and therefore people do not apply.

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**Hon. Dr J E Cortes:** Mr Speaker, I do not have that information. I am happy to find it out, but I do not have it here.

280

**Hon. R M Clinton:** Mr Speaker, I would be grateful if the Hon. Minister could clarify: when he says it is assessed on household income, how would he define a household?

**Hon. Dr J E Cortes:** The answer explains – based on the full household income of the applicant and family residing in the property.

285

I do not have personal experience of this, because obviously there has not been a new academic year since I took over responsibility for Education. I remember that in assessing this

290 sort of income for sponsored patients it was, I think, a similar process in which the whole family  
income was included. At the time, it would normally be both parents. I do not think that if there  
was a sibling with an income that was taken into account, but again that is information that I  
would need to find out ... I was almost doing a Trump there, sorry! I would need to find out  
exactly whether, if there is a sibling or an uncle living in the same house ... I think the board  
would be able to weed that out and be sensible about it.

295

**Hon. R M Clinton:** Mr Speaker, I would be grateful if the Minister would look at this. Certainly  
I have come across an instance where there was a single mother with a child and happened to  
be living with the grandparents and extended family and they get penalised because they are  
living with the grandparents and they cannot afford a property of their own. So I would be  
300 grateful if you would consider those kind of circumstances.

### Q28/2017

#### Postgraduate degrees and professional vocational training – Monetary funding

**Clerk:** Question 28. The Hon. E J Phillips.

305

**Hon. E J Phillips:** Mr Speaker, can the Government explain its position with respect to  
monetary funding of postgraduate degrees and professional vocational training?

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

310

**Minister for the Environment, Energy, Climate Change and Education (Hon. Dr J E Cortes):**  
Mr Speaker, in implementation of our manifesto commitment, the Government is committed to  
mandatory funding for postgraduate degrees and professional vocational training. As such,  
students who complete their first degree can apply for continued mandatory funding to  
complete a higher degree or attain a professional or vocational qualification, as long as this is  
related to their initial area of study. If the pathway chosen represents a complete change, then  
315 the funding is deemed discretionary and is subject to an application and interview process.

320

**Hon. D A Feetham:** Mr Speaker, does the Minister have any numbers in terms of applications  
that have been successful and applications that have been unsuccessful in relation to this area of  
funding?

**Hon. Dr J E Cortes:** No, Mr Speaker, the question did not ask for numbers so I do not have  
that information here, but once again it is something that I would be very happy to provide.

325

I know I have committed today to providing a lot of things, so perhaps if I could get a letter  
asking me specifically what information is required of these several education questions, it  
would ease my Department's work and then we would reply in writing.

If specifically you want it stated in Parliament, then perhaps you can ask that in the next  
parliamentary session and I will very happily give the answer across the floor.

330

**Hon. D A Feetham:** Is this an area that the Government is currently reviewing, or does  
Government policy hold firm and it is not a matter that is likely to be reviewed in the near  
future?

**Chief Minister (Hon. F R Picardo):** Mr Speaker, I will not tire of telling him that the Government intends to comply with all of its manifesto commitments and sees no reason why we should not proceed, in particular in important areas such as this where the GSLP, and now the GSLP Liberals, have been consistently leading in respect of the nation's attitude to education. In particular of further education, between 1988 and 1996 we introduced compulsory scholarships for undergraduate degrees and after 2011 we introduced this policy in relation to second degrees, as the world of work has changed and we believe this continues to be an important policy enabling people to get the further qualifications they may now need in a more competitive economic environment.

**Hon. D A Feetham:** Mr Speaker, the reason why I asked the question, and perhaps the Hon. the Chief Minister can enlighten me in relation to this, is because the information that has come to my attention is that in a talk with students the Chief Minister is stated as saying – I was not there, so obviously I cannot confirm this – that if the economy took a downturn, this would be the first area that would go, this area of postgraduate funding.

**Hon. Chief Minister:** Mr Speaker, his information is not just wrong, it is absolutely and completely woefully and completely incorrect and untrue.

#### Q29/2017

#### Heritage Management Plan for Gibraltar working group – Membership and number of meetings

**Clerk:** Question 29. The Hon. R M Clinton.

**Hon. R M Clinton:** Mr Speaker, can the Government advise who are the members of the working group for the development of a Heritage Management Plan for Gibraltar and how often has it met since the announcement of its creation in November 2016?

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

**Minister for the Environment, Energy, Climate Change and Education (Hon. Dr J E Cortes):** Mr Speaker, the group has not yet been set up. A draft plan is being prepared internally, which will then be discussed once the group meets.

**Hon. R M Clinton:** Mr Speaker, I am grateful to the Minister for his answer. Does he have any idea in his mind as to who would form part of this working group?

**Hon. Dr J E Cortes:** Yes, certainly. The composition will probably be quite similar to the Heritage Advisory Committee that is going to be created with the new Heritage and Antiquities Act, again broadly similar to the Heritage Action Committee, which will include all stakeholders including the Heritage Trust for example.

I have tasked the preparation of a draft internally, and then, when that is ready, the group will start working on it. Rather than getting a group together and doing a draft after that I think it makes much more sense to have something concrete to work on, and that is the plan.

**Hon. R M Clinton:** Mr Speaker, you may or may not allow this kind of supplementary, but maybe the Minister will indulge me. Would the Minister envisage that the management plan would also make some kind of provision for properties that are currently owned by the MoD?

380 **Hon. Dr J E Cortes:** I think that the management plan should be as inclusive as possible, which I think it should include ... What we cannot get the MoD to do is not relevant to having a management plan that we would like to see as the way forward. But as I say, I cannot really say much more because I have not seen a draft, Mr Speaker.

**Q30/2017**  
**Archaeologists –**  
**Number of full-time professionals employed**

385 **Clerk:** Question 30. The Hon. R M Clinton.

**Hon. R M Clinton:** Mr Speaker, can the Government advise how many professional archaeologists are currently employed by it on a full-time basis?

390 **Clerk:** Answer, the Hon. the Minister for the Environment, Energy, Climate Change and Education.

**Minister for the Environment, Energy, Climate Change and Education (Hon. Dr J E Cortes):** Mr Speaker, one professional archaeologist who is currently on a sabbatical until August.

395

**Hon. R M Clinton:** Mr Speaker, I am grateful for the Minister's answer. Could he perhaps elaborate as to what is meant by a sabbatical; and how long has this sabbatical been for?

400 **Hon. Dr J E Cortes:** Mr Speaker, the sabbatical is until August; I have just said that. He is still providing advice remotely. He is also required to attend several times a year to Gibraltar – he will be here next week. Of course, the Government has access to additional archaeological advice – the Gibraltar Museum, for example, employs two archaeologists and also provides the Ministry with advice. So, if the hon. Member is concerned that we do not have archaeological advice, I can assure him that we do.

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**Hon. R M Clinton:** Again, Mr Speaker, I am grateful to the Minister. When he says 'until August', can he tell us when the period started; and is it his understanding that, once the sabbatical ends, the individual will return to full-time employment in Gibraltar?

410 **Hon. Dr J E Cortes:** Mr Speaker, it started a year before it is due to end. I think I actually said it was for a year. (*Interjection*) No, I did not, 'a sabbatical until August'. It is for a year.

Whether that particular individual decides to return or not is something for him to discuss with the Government and that discussion will take place at the appropriate time.

**Q31/2017**  
**Moorish Castle –**  
**Progress re excavation**

415 **Clerk:** Question 31. The Hon. R M Clinton.

**Hon. R M Clinton:** Mr Speaker, can the Government advise what progress has been made on the archaeological study or excavation of the Moorish Castle complex?

420 **Clerk:** Answer, the Hon. the Minister for the Environment, Energy, Climate Change and Education.

425 **Minister for the Environment, Energy, Climate Change and Education (Hon. Dr J E Cortes):** Mr Speaker, the Moorish Castle complex can be split into two parts: the Tower of Homage, which is open to the public; and the old prison complex. With regard to the former, there is no current plan for study or excavation. The old prison complex has been surveyed and its future use is being considered. The whole area has been made safe and rubbish removed.

430 **Hon. R M Clinton:** Mr Speaker, I would be grateful if the Minister could elaborate on what he meant by 'surveyed'? Was that an archaeological survey, architectural survey or structural survey?

435 **Minister for Culture, the Media, Youth and Sport (Hon. S E Linares):** Mr Speaker, if I could assist the hon. Member, the Minister said it was split into two, which is the actual Tower of Homage and the prison. When I was Minister for Heritage, what they did was, when it was looked at, it was not only archaeological but on the structure of the buildings and a survey of all the area in all its aspects – engineering, the lot. So it was not just looking for things of archaeological interest.

440 **Hon. R M Clinton:** Mr Speaker, perhaps the Minister could advise the House as to what the next steps would be in respect of the old prison complex in terms of opening up to the public or excavation?

445 **Hon. Dr J E Cortes:** Mr Speaker, as I have said, the future use is under consideration. We have no firm plans one way or the other. We are looking at the best use for the site.

450 **Hon. D A Feetham:** Mr Speaker, does he not agree with me that – in the light of the fact that this is a national monument, effectively – the best use is to attempt to open it up to the public so that it is enjoyed by the public and not any kind of commercial use, in the sense of commercial use as we see in Spain, for example, where these things are turned into hotels, for example. That is not something that the Government is considering ... or is the Government open minded across the board in terms of its use?

455 **Hon. Dr J E Cortes:** I do not know whether there might be some niche tourism which would enjoy spending the night in what used to be a prison cell! (*Laughter and interjection*)

I really cannot expand further, other than to say that clearly it will be consistent with the heritage value of the site, but it is too early for me to commit any further than that.

**Q32/2017**  
**Certificate in Gibraltar Law –**  
**Government satisfaction with operation**

**Clerk:** Question 32. The Hon. Ms M D Hassan Nahon.

460 **Hon. Ms M D Hassan Nahon:** Is Government satisfied that the Certificate in Gibraltar Law, which is in its second year and is a requirement in order to practise law in Gibraltar, is being run smoothly?

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

465 **Minister for the Environment, Energy, Climate Change and Education (Hon. Dr J E Cortes):**  
Mr Speaker, yes, sir.

**Hon. Ms M D Hassan Nahon:** Mr Speaker, as the Government well knows, this is a new Government policy that was legislated here in the last couple of years where law graduates are obliged to take this course, yet it still has not been organised to start and it has not taken off for this academic year, which means that in order for it to finish when it must, by the time that it starts there is no doubt that the lessons will have to be crammed in. Many of these students have lives and are training and have jobs and it is causing an inconvenience, given that it still has not started and there is no clear picture of when it will start.

475 Is the Government aware of the inconvenience that this is causing to the many trainees who are still waiting for dates of commencement?

**Hon. Dr J E Cortes:** Mr Speaker, yes. Not just law students but all students have lives, but I understand what the hon. Member is saying.

480 The course is due to start on 16th February. The requirement is 48 hours of training. The course is expected to take 24 weeks and, as I say, it is due to start on 16th February. Everything is in place and we are confident that it will be more than adequately catered for in this academic year.

485 **Clerk:** We now move to Question 73.

**Hon. Dr J E Cortes:** Mr Speaker, I have more questions but they are not being asked and nobody –

490 **A Member:** Mr Llamas is not here.

**Mr Speaker:** Perhaps I should explain at this stage that, owing to the absence of the Hon. Mr Llamas, the decision that he took was that he preferred to have Written Answers.

495 **Hon. Dr J E Cortes:** Thank you, Mr Speaker. I was not aware. I just wondered whether perhaps I had missed something or I had to make myself available at some other time.  
Thank you, Mr Speaker.

### Q73/2017

#### Housing waiting lists –

#### House size requirements of applicants awaiting allocation

500 **Clerk:** We now proceed with Question 73, and the questioner is the Hon. E J Reyes.

**Hon. E J Reyes:** Mr Speaker, can the Minister for Housing provide details pertaining to the house size requirements in respect of applicants who joined any category of housing waiting lists prior to 8th December 2011 and who have still not been handed keys to a new home, inclusive of dates of joining said lists?

505 **Clerk:** Answer, the Hon. the Minister for Housing and Equality.

**Minister for Housing and Equality (Hon. Miss S J Sacramento):** Mr Speaker, there are 266 applicants who have not yet physically received their keys.

510 The house size requirements range from 1RKB to 6RKB and these applicants joined the list as follows: between 1999 and 2004, 26; between 2005 and 2010, 144; and in 2011 up to 8th December 2011, 110.

515 **Hon. E J Reyes:** Mr Speaker, in respect of the house size requirements, the Minister obviously has given me the full range. Does she by chance happen to have any breakdown of how many from those would be just the 1RKB category and how many would be the larger-size houses?

520 **Hon. Miss S J Sacramento:** Yes, Mr Speaker, more than half relate to 1RKB: there are 167. As the hon. Member may recall, there was no commitment in respect of the 1RKB flats. For the 6RKB there is only one, and for the 5RKB there are five.

**Hon. E J Reyes:** And the date ranges? The Hon. Minister said from 1999 to 2004 – that is a five-year period. Does she have a little bit more of a breakdown of that?

525 **Hon. Miss S J Sacramento:** I do not have it, Mr Speaker, but I did ask why there were people on the list dating back to 1999 and there are only 26 people in this five-year period. It seems like there are people who, for some reason, have been on this list for a long time, are continuously offered houses and continuously reject them. So it may be that I have to look at the policy – which surprises me, because the policy has always been that you are offered three chances and if you do not accept it you are removed from the list. But these people, between 1999 and 2004 ... It was GSD policy. I am aware that that was the GSD policy at the time and I need to look at if there are special circumstances as to why they are not applied.

530 ... It was GSD policy. I am aware that that was the GSD policy at the time and I need to look at if there are special circumstances as to why they are not applied.  
I was surprised when I looked and saw that these was someone ... There was only one person on the list from 1999, the others are more recent, but I thought it strange so I need ... It is an internal thing I have to do to look and see why these people have been there for so long. Clearly, in respect of the person from 1999, when I looked at that particular file that person had been made a lot of offers and had rejected them because that person wants a particular flat in a particular area. Apparently, that is the case for quite a number of the historic applications, so it may be that those need to be reviewed and policy may need to be reviewed.

**Q74/2017**  
**Housing waiting lists –**  
**Updated details**

540 **Clerk:** Question 74. The Hon. E J Reyes.

545 **Hon. E J Reyes:** Can the Minister for Housing provide updated details in respect of the number of applicants on all Government housing waiting lists, inclusive of the pre-list and social and medical lists, as well as indicating the room composition entitlements and dates when these applicants joined the respective lists?

550 **Minister for Housing and Equality (Hon. Miss S J Sacramento):** Mr Speaker, by way of update, the following are applicants who joined the waiting lists, inclusive of the pre-list, social list and medical list, since the last answer to this question in September 2016: 76 have joined the 1RKB, 10 the 2RKB, 11 the 3RKB, 6 the 4RKB, and 1 the 6RKB.

**Hon. E J Reyes:** Mr Speaker, perhaps I did not quite get it –



555 **Hon. Miss S J Sacramento:** Sorry, Mr Speaker ... And since that date, 40 people have been allocated a flat and accordingly have been removed from the waiting list.

560 **Hon. E J Reyes:** Yes, Mr Speaker, a couple of things. Firstly, in the latter part the Minister just said that 40 have been allocated the flats. Does that mean that they are now already in possession of the keys to the property?

**Hon. Miss S J Sacramento:** Yes, Mr Speaker, and they have been removed from the waiting list.

565 **Hon. E J Reyes:** And the other part, Mr Speaker: at the very beginning the Minister started to answer questions referring to figures she had given me in the past. That has given me a bit of confusion. What I have asked for is updated details in respect of the number of applicants. Does that mean that, as we speak today, there are 76 applicants for the 1RKB or there are 76 plus some other figure? I am not entirely certain.

570 **Hon. Miss S J Sacramento:** No, Mr Speaker, in September the hon. Gentleman asked this question and now he has asked for that answer to be updated, so I have updated it since the last question. So I have told him who has come in and who has gone out.

575 **Hon. E J Reyes:** Yes, Mr Speaker, but the reason why I ask this question is because, since we have dealt with it before and have had figures, in trying to do my mathematics – and you know, as my past teacher, I am not the brightest of mathematicians – I wanted to get an accurate picture today. So it is 76 plus some figures, and although one can look it up in *Hansard* there is a human error in adding up and a misunderstanding. I did not refer to any other previous question. I just said I wanted updated details in respect of the number of applicants on the housing list, thinking I would get an answer as we speak today or as of last week, whenever the figures were provided to the Minister – how many people are actually in the category of 1RKB, 2RKB and so on, so that there is no confusion. Perhaps we can get to that stage, Mr Speaker.

580 **Hon. Miss S J Sacramento:** Yes, Mr Speaker, I also prefer English to Maths, if we are talking about it like that, so when I was asked for updated details what I did was I updated the last answer. If what the hon. Gentleman wants is an up-to-date list, then if that is how the question is phrased on the next occasion ... It is now my understanding that what he requires is an up-to-date list as opposed to an updated list, so if he asks me for an up-to-date list on the next occasion, then I will provide it in that format. What I have done is I have replied on the basis of  
590 the way that the question was formulated.

**Hon. E J Reyes:** Would Mr Speaker then give me leave to ask at the next session, using the wording 'up-to-date lists', and now that the Minister knows would I have it? Would we will be able to settle this?  
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**Mr Speaker:** Yes. The only thing is, draw my attention to the fact that it is the same question for this reason. Okay?

600 **Hon. Miss S J Sacramento:** In fact, Mr Speaker, if I could assist: if the hon. Gentleman just asks for the list, there is no need to use the words 'up-to-date' or 'updated' because automatically the information provided will be the current information, so it will always be up to date.

605 **Hon. E J Reyes:** Mr Speaker, the hon. Lady is not necessarily wrong, but I will let her know that part of the reason why the word 'updated' came in is because when one looks at the

Government website it is February 2016 when the figures were last updated, so therefore I do not think I am wrong in using the word 'updated', because it is now 11 months since the website provided any updated details.

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**Q75/2017**  
**Empty Government housing –**  
**Details of properties**

**Clerk:** Question 75. The Hon. E J Reyes.

615 **Hon. E J Reyes:** Can the Minister for Housing provide a list showing the total number of homes which are currently empty, providing a breakdown of pre-war and post-war properties, indicating the room composition, locations and dates as from when these homes have been empty?

620 **Clerk:** Answer, the Hon. the Minister for Housing and Equality.

**Minister for Housing and Equality (Hon. Miss S J Sacramento):** Mr Speaker, there are 11 pre-war flats and 47 post-war flats which are empty and currently undergoing the refurbishment process, of which there are 6 1RKB, 22 2RKB, 16 3RKB, 12 4RKB and 2 6RKB.

625 **Hon. E J Reyes:** Mr Speaker, in my question I put location. I do not want the actual particular address but location. One can accept a general nomenclature such as Laguna Estate or Upper Town, or something. Can I have some indication of the geographical location?

630 **Hon. Miss S J Sacramento:** Mr Speaker, I do not have the geographical information, other than, obviously, that these are in Gibraltar. What I can do is I can get the breakdown by zones, the south district and the north district, and that may be helpful for the hon. Gentleman. I will forward that to him.

Another part of the question which I forgot to answer is that these flats have been under refurbishment for different dates since February 2016.

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**Hon. E J Reyes:** I am grateful, Mr Speaker, that the Minister is going to try and get the location. Can I ask her, if possible, can she get her staff to be a bit more generous, not just north district or south district but more in keeping with the example I gave – whether we are talking of the Upper Town or which housing estate? Given that a very big number of flats are on a particular housing estate, it should not be that difficult to pull them in together as the example I gave – Laguna Estate or Varyl Begg Estate, or something like that.

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**Hon. Miss S J Sacramento:** Yes, Mr Speaker, other than people will then go hunting the 6RKB that is in, for example, Laguna Estate or the Upper Town. But I have realised that as part of my supplementary I do have the information; I just looked at the wrong page. There are 12 in the North District, 14 in the South, 24 in the Upper Town and 15 in the West District.

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**Hon. E J Reyes:** I know she is trying to be as helpful as possible, Mr Speaker, but given that we are talking about Government rental, by the West District as opposed to the North District where would one classify places like Glacis, which is really to the west of Gibraltar but most people perhaps call it north? Is there anymore accuracy in that respect?

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655 **Hon. Miss S J Sacramento:** Mr Speaker, I am happy to write to him and explain to him where these are. It is just that, as you know, there are only a few houses with these compositions. The last thing I want is people going on a treasure hunt looking for the empty house. He has been in Government – he knows what it is like when people want houses.

**Q76/2017**  
**Government rental homes –**  
**Outstanding repairs**

660 **Clerk:** Question 76. The Hon. E J Reyes.

665 **Hon. E J Reyes:** Can the Minister for Housing provide details of how many jobs in respect of repairs to rental homes are currently pending, that is still not fully completed, indicating the dates when these reports were first made by tenants?

**Clerk:** Answer, the Hon. the Minister for Housing and Equality.

670 **Minister for Housing and Equality (Hon. Miss S J Sacramento):** Mr Speaker, there are a total of 324 pending repairs and these were reported to us as follows ... remaining, and of course these are remaining because we provide these almost monthly: one in May 2016, nine in June, five in July, 11 in August, eight in September, three in October, 138 in November, 149 in December – and all these are 2016.

675 **Hon. E J Reyes:** I am grateful, Mr Speaker. May I, with your leave, ask the hon. Lady ... I know we have spoken in the past and she very generously agreed to look into issues because I said I had some constituents who said that they had pending jobs for a long time back, and I forwarded her that information. Is she now satisfied that those jobs have been completed and therefore those who were on the list that I had forwarded to her have now been fully settled?

680 **Hon. Miss S J Sacramento:** Mr Speaker, they are not here, so I am assuming that they have been. Certainly we spoke a couple of months ago and the hon. Gentleman gave me works which I passed on to the Department and asked that they be processed accordingly.

685 As I was telling the hon. Gentleman, some of the works did not appear in our system so it may be that people may have referred it and there may have been an error in the system; or, as of late, unfortunately people think that the appropriate way of reporting things is reporting it on a Facebook page and assuming that someone is going to check it, or maybe the fairy godmother of Facebook is going to come and undertake the works. Mr Speaker, I am not being flippant; it happens very, very regularly. People seem to think that it is normal, instead of reporting a problem to the Housing Department, to report it on Facebook and expect someone to see it.

690 There are, of course, circumstances where – of course, we are dealing with a huge volume of works – some works sometimes fall through the net, as happens and unfortunately does happen, but as soon as those are brought to our attention they are obviously expedited.

695 **Hon. E J Reyes:** Yes, I understand, Mr Speaker, what the Hon. Minister is trying to say. As a result of those exchanges that we had I know one tenant reported back that after months of nothing happening someone actually came round to their flat, looked at what works needed to be done and said, 'We will get back to you.' They waited for I think it was another two months and then I know the hon. Lady must have done some chasing up because someone eventually turned up again and said, 'The old measurements we took seem to have been lost,'  
700 and they say that the works were due to start before the end of January. Therefore, I am

grateful for the action that has been taken but I would still classify that as one of those I was requesting and is still not fully completed. That seems to be a rather long time outstanding job and it is still not fully completed.

705 May I, Mr Speaker, just say: would the hon. Lady please agree that she can ask someone in her Department to look it up, just to ensure that people keep to their word? I know she gives it out to Gibraltar General Construction and so on, and as far as the Housing Works Agency is concerned the job is well in hand, but it is not quite fully completed and these are where occasionally they slip through the net. So would the hon. Lady please agree with me that she will look into this and update this House if need be?

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**Hon. Miss S J Sacramento:** Yes, of course, because, as far as I am concerned, my understanding was that they had been done. So if they have not been done and they have not been provided to me in this question I will follow it up in more ways than one, Mr Speaker, and that goes beyond ensuring that the works are repaired.

**Q77-78/2017**

**Government rental homes –  
Urgent decanting of tenants**

715 **Clerk:** Question 77. The Hon. E J Reyes.

**Hon. E J Reyes:** Can the Minister for Housing provide details of how many tenants required urgent decanting from their homes since the answer to Question 884/2016, indicating the reason why, the date when said decanting became necessary and the dates when the tenants were able to return to their homes?

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**Clerk:** Answer, the Hon. the Minister for Housing and Equality.

**Minister for Housing and Equality (Hon. Miss S J Sacramento):** Mr Speaker, I will answer this question together with Question 78.

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**Clerk:** Question 78. The Hon. E J Reyes.

**Hon. E J Reyes:** Can the Minister for Housing provide details of how many tenants who required urgent decanting from their homes at any time in the past, are still waiting to be able to return to their homes?

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**Clerk:** Answer, the Hon. the Minister for Housing and Equality.

735 **Hon. Miss S J Sacramento:** Mr Speaker, none.

**Q79/2017**

**Government rental homes –  
Eviction of squatters**

**Clerk:** Question 79. The Hon. E J Reyes.

740 **Hon. E J Reyes:** Can the Minister for Housing say how much expenditure has been incurred in respect of legal costs relating to the eviction of squatters from Government rental homes since the answer to Question 885/2016, providing a breakdown showing the number of homes involved and to whom payments were made?

**Clerk:** Answer, the Hon. the Minister for Housing and Equality.

745 **Minister for Housing and Equality (Hon. Miss S J Sacramento):** Mr Speaker, none.

#### Q80/2017

#### Government rental homes – Works to make suitable for reallocation

750 **Clerk:** Question 80. The Hon. E J Reyes.

**Hon. E J Reyes:** Can the Minister for Housing provide details of all expenditure incurred since the answer to Question 887/2016 in respect of contracts awarded for making empty homes suitable for reallocation, stating to whom payments were made, how much has been paid, the number of residential homes pertaining to each payment, as well as indicating the type/nature of repair works or cleaning services undertaken?

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**Clerk:** Answer, the Hon. the Minister for Housing and Equality.

760 **Minister for Housing and Equality (Hon. Miss S J Sacramento):** Mr Speaker, since Question 887/2016, Prestige Builders was paid £12,200 for one property, Avanti was paid £12,434 for one property, Ceprano Ltd was paid £13,470 for one property, and Ace Plumbing was paid £16,360 for one property.

The works carried out by these companies were general refurbishment works, which included plastering walls and ceilings, painting, replacing floor tiles, doors, plumbing and electrical works.

#### Q81/2017

#### Government rental homes – Outstanding arrears

765 **Clerk:** Question 81. The Hon. E J Reyes.

**Hon. E J Reyes:** Can the Minister for Housing provide updated details of outstanding arrears in respect of Government rental homes?

770 **Clerk:** Answer, the Hon. the Minister for Housing and Equality.

**Minister for Housing and Equality (Hon. Miss S J Sacramento):** Mr Speaker, as of 1st January 2017 the level of outstanding arrears in respect of Government rental homes stood at £5,189,641.67.

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COMMERCE

Q42/2017

**Crypto-currency Working Group second report –  
Reason for recall**

**Clerk:** We now move to Question 42. The Questioner is the Hon. E J Phillips.

**Hon. E J Phillips:** Mr Speaker, can the Government explain why the Crypto-currency working group's second report of 22nd February 2016 was recalled?

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**Clerk:** Answer, the Hon. the Minister for Health, Care and Justice on behalf of the Hon. the Minister for Commerce.

**Minister for Health, Care and Justice (Hon. N F Costa):** Mr Speaker, the email dated 22nd February 2016 under the heading 'Working Group on Virtual Currencies proposal for a regulatory framework' was not recalled as has been suggested. Should the Member opposite furnish me with further details, I will happily look into the matter. It may be that the question arises as a small number of emails were returned undelivered. Where this occurred, we amended the email address and resent.

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HEALTH, CARE AND JUSTICE

Q45-47/2017

**HMP Windmill Hill –  
Mandatory drugs testing of prisoners**

**Clerk:** We now move to Question 45. The Hon. E J Phillips.

**Hon. E J Phillips:** Further to Question 524/2016, can the Government confirm that the Superintendent of Prisons has now issued the requisite notice for the mandatory drugs testing of prisoners at HMP Windmill Hill?

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I should add that it should read Question 525 from my record of *Hansard* – apologies.

**Clerk:** Answer, the Hon. the Minister for Health, Care and Justice.

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**Minister for Health, Care and Justice (Hon. N F Costa):** Mr Speaker, I will answer this question together with Questions 46 and 47.

**Clerk:** Question 46. The Hon. E J Phillips.

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**Hon. E J Phillips:** Further to Question 524/2016 – which should read 525/2016 – can the Government provide details pertaining to the number of mandatory drugs tests conducted on prisoners at HMP Windmill Hill?

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**Clerk:** Question 47. The Hon. E J Phillips.

**Hon. E J Phillips:** Further to Question 524 and 525/2016, can the Government confirm that it is the Prison Service itself that prefers voluntary drugs testing arrangements as opposed to the exercise of the power to conduct mandatory drugs testing of prisoners at HMP Windmill Hill?

815 **Clerk:** Answer, the Hon. the Minister for Health, Care and Justice.

**Minister for Health, Care and Justice (Hon. N F Costa):** Mr Speaker, the Prison Superintendent has not issued an authorisation under section 48 of the Prison Act.

No mandatory drug tests have been conducted at Her Majesty's Prison Windmill Hill to date.

820 The view held by the management of the Prison is that both voluntary and mandatory drug testing are necessary components of an overall drug strategy for the prison. Each of these programmes have different aims and objectives and it is by having them working in tandem that can achieve the most desirable impact on tackling the problems of drugs in prison and rehabilitate offenders.

825 To be clear, Mr Speaker, it is for the Prison Superintendent and for the Prison authorities to decide whether and when to exercise the statutory authorisation under section 48 of the Prison Act.

**Hon. E J Phillips:** Mr Speaker, can the Minister help me with a supplementary question relating to this matter? My understanding is that the delay in providing the mechanism for the section 61 mandatory testing of prisoners related to the calibration of the machinery available to the Prison Service so that they can conduct these tests, and there was an issue, I believe, with the GHA at the time relating to the calibration of that. My understanding from the answer to the question that I put to the former Minister for Justice related to the fact that he did confirm that

830 the arrangements are now in place for mandatory drugs testing.

835 The question that I have is that if we do have this power available to us, given the fact that drugs are a problem in society in any event and they are also a problem in the Prison, why can't we now engage the Prison Service to ensure that mandatory drugs testing does take place? Although there is a requirement in the law for that to happen – and I understand the Superintendent's view as to voluntary testing – surely we should move towards also mandatory testing to try and tackle drugs at both these levels.

840 As described by the learned and Hon. Leader of the Opposition in relation to that, there are three strands to this. One, obviously, is the voluntary testing, but also the mandatory testing. I would ask the Minister to clarify the position in relation to mandatory testing, so that we can have that strand running in tandem with the voluntary arrangements at the Prison Service.

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**Hon. N F Costa:** Mr Speaker, I agree with everything that the hon. Gentleman has said. In fact, I would go even further: I think that there should be a public-sectorwide policy in terms of drug testing and I have discussed that with the hon. Lady, the Minister for Drugs, in respect of introducing a public sector policy, indeed from the Minister down.

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In respect of the mandatory testing in prisons, I know, having spoken with the Superintendent, that it is his view that there has to be mandatory testing working in tandem with voluntary testing, and he is right in saying that my predecessor, Mr Gilbert Licudi, did mention the benefits of voluntary drug testing and the compact made between the Prison Authorities and the inmates and the benefits that has for the rehabilitation of the offender while in prison.

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Having calibrated the GHA machinery properly to be able to do that, it is certainly a matter for the Prison Superintendent to issue the notice under the statute. He has no direction from me other than that he should proceed to do so as he sees fit. So, whenever he sees fit he is certainly in a position to be able to do so.

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**Hon. E J Phillips:** Does the Minister also agree with me that it should be part of the Prison Service duties to make sure that these are conducted? Drugs are a problem everywhere in society, including in the Prison, and therefore would he agree that we should be encouraging at least the Prison Superintendent to engage that part of the law which provides for that notice to be issued so that he can engage in this tandem process? I believe we are *ad idem* in relation to

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that. Would he commit to approaching the Prison Superintendent in order to recommend that we pursue that tandem process of voluntary and mandatory drugs testing?

870 **Hon. N F Costa:** Mr Speaker, yes, and once again I would like to go further than the hon. Gentleman. He also raised in the last session of Parliament the fact that the Parole Board has not introduced a condition as to drug testing as part of the licence, and when I meet with the Superintendent of Prisons I will also raise with him the fact that section 61 has not seemed to have been activated either.

875 So, given that we all agree, in this House and outside, that there should be mandatory and voluntary drug testing at the same time, I will ask for the Superintendent's views on when he intends to engage section 61 in respect of mandatory drug testing, and I will be very happy to write to the hon. Gentleman in that respect after my meeting with him.

880 **Hon. E J Phillips:** I am grateful for the response, and if he could also commit to setting out the response from the Prison Superintendent in this House it would also be helpful. I am grateful.

**Hon. N F Costa:** Mr Speaker, I would be obliged to do so.

885 **Hon. D A Feetham:** Mr Speaker, just to place my question in context, the mandatory drugs testing is something that was introduced by the then GSD Government, both the mandatory drugs testing in prison and also the drugs testing as part of the parole process. I think everybody listening to the exchanges agrees that they are worthwhile measures.

I listened to the Hon. Minister's answer where he is effectively saying that both the Government and the Superintendent agree that mandatory and voluntary drugs testing ought to proceed in tandem, and yet I am curious as to why the notice has not been issued yet. What is the reason for the delay? I have never understood, I have to say, why voluntary drugs testing can take place but why mandatory drugs testing, as a matter of technology, cannot take place. It seems to me that it must be the same technology. But secondly, this issue with the recalibration – although I do not understand how it works, because as I say I think they must be the same – has been sorted out sometime ago. Why hasn't the Superintendent of Prisons issued the relevant notice under both sections?

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**Hon. N F Costa:** Mr Speaker, in a way, the issue of the calibration of the machine is outdated because, as the hon. Gentleman knows, the Royal Gibraltar Police have the ability to drug test people who are driving, so there is no need for that machine in any case. In any event, now you have the portable test that you can conduct on site.

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I think the key in understanding my answer is that it is a statutory power vested in the Superintendent of Prisons. It is not for me to tell him when and where. I have certainly communicated to the Superintendent of the Prison my view and it is also his view that there should be mandatory and voluntary drug testing in tandem.

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Given the exchanges we have had in this House, at my next meeting with him I will be specific as to my questions and say to him that if it is his policy that there should be mandatory drug testing along with voluntary drug testing, then he should feel free to exercise his statutory power whenever he thinks it is appropriate to do so. But I am not going to tell him how or when to do it; that is a matter for him to do so.

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**Hon. D A Feetham:** No, I understand that. I understand that the power vests in the Superintendent, but he is the Minister responsible for the prisons and having told this House that both the Government and the Superintendent of Prisons both believe that this is a policy that ought to operate in tandem, and bearing in mind that none of this has actually happened over the last five years, I would have thought that the Hon. Minister would have asked the Superintendent 'Why haven't you issued the notice yet?' It does not appear to be a dispute

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920 about the policy, and that is what I am asking: what are the reasons for the delay? But if he hasn't asked ask the Superintendent I would urge upon him that he should ask the Superintendent, because bearing in mind that we all agree that this is a very worthwhile policy it ought to be instigated as soon as possible.

**Q51/2017**  
**Dementia Daycare Centre –**  
**Contract details**

925 **Clerk:** As Mr Llamas is not in the Chamber today we move to Question 51. The questioner is the Hon. R M Clinton.

**Hon. R M Clinton:** Mr Speaker, is the Government in a position to advise to whom the contract has been awarded in respect of the Dementia Care Centre and for how much?

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**Clerk:** Answer, the Hon. the Minister for Health, Care and Justice.

**Minister for Health, Care and Justice (Hon. N F Costa):** Yes, Mr Speaker, the Government awarded the contract in respect of the Dementia Day Centre to Medoc for £712,779 per annum.

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**Hon. R M Clinton:** Mr Speaker, I am grateful to the Minister for his response. Perhaps he could advise what track record this company has in providing such services in Gibraltar?

**Mr Speaker:** I do not think it arises from the question.

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**Hon. D A Feetham:** Of course it arises!

**Mr Speaker:** The track record does not arise. What may arise is to ask is the Minister satisfied that this company is able to carry out the work for which they are contracted. Yes, that is a valid question, but to give details about their track record has got nothing to do with Government.

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The Government does not have, in this House, to provide details of the track record of any company established in Gibraltar. Given that they have awarded a contract to this company, it is perfectly acceptable to ask whether the Government is satisfied that they can carry out the necessary task.

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**Hon. R M Clinton:** Thank you, Mr Speaker, I will rephrase my question. Could the Government advise what due diligence they undertook on the successful tenderer in terms of their experience in providing such services?

955 **Hon. N F Costa:** Mr Speaker, the hon. Gentleman heard my answer to that last week in the *Viewpoint* programme. (*Interjection*) Then he was not listening to me.

At the time it was my formidable predecessor, Dr John Cortes, who headed the GHA. There was a competitive tender board set up. The GHA sought quotes from all the existing care providers in Gibraltar. If memory serves, I believe there were six. Of the six companies that were approached, only three submitted quotes. Of those three that submitted quotes, they were, of course, interviewed by this tender board, as a result of which there was a recommendation made to the Minister. As a result of that, the Minister came to this House to announce that Medoc, a private provider, had been made the preferred bidder. Following that, there were direct negotiations, as is usual, between the GHA and the preferred bidder to finalise the details of the contract.

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I am working entirely from memory, but I think that my recollection is correct (**Hon. Dr J E Cortes:** It is.) – but my hon. Friend will assist.

**Minister for the Environment, Energy, Climate Change and Education (Hon. Dr J E Cortes):**  
970 Yes, Mr Speaker. As soon as the board had considered ... I believe it was two proposals that were  
the favoured ones, there was a great deal of interchange with them, asking for all sorts of  
credentials, membership of ... who the people they were going to be engaging or had engaged  
were. So there was a great deal of toing and froing from the people running the selection board  
in order to ensure that this was the best available option.

975 I have very clear recollection of how incisive and how insistent the selection panel was in  
order to obtain all the necessary guarantees.

**Hon. R M Clinton:** Mr Speaker, I am very grateful to the Minister and the former Minister for  
Health for their answers in this respect.

980 Can I ask: in terms of their due diligence, do they also carry out any due diligence as to the  
ownership of Meddoc, and can the Minister advise who are the beneficial owners of Meddoc?

**Hon. N F Costa:** Mr Speaker, I am afraid that I do not have that information with me.

985 **Hon. R M Clinton:** Mr Speaker, would the Minister be willing to come back to this House and  
provide that?

**Hon. N F Costa:** Mr Speaker, unless I am mistaken, the beneficial ownership of the company  
would be reflected in the documents found at Companies House, so I would have no difficulty in  
990 relaying to this House what is available in a public document, none at all.

**Hon. R M Clinton:** Mr Speaker, I understand what the Minister is saying, but in fact a search  
of the company at Companies House will indicate that 50% of it is owned through a nominee  
company. So, if I file a specific question on that, would the Minister be comfortable in answering  
995 that question?

**Chief Minister (Hon. F R Picardo)** Mr Speaker, the Government always insists in knowing who  
the beneficial owners of a company are when they grant any agreement in relation ... or any  
contract. We do not accept that we should simply be told who are the registered shareholders of  
1000 a company. So, if a question is put then I am sure the information will be brought to this House.

#### Q52/2017

#### St Bernard's Hospital escalators – Cost of purchase and installation

**Clerk:** Question 52. The Hon. R M Clinton.

**Hon. R M Clinton:** Mr Speaker, can the Government advise how much the escalators to  
St Bernard's Hospital cost to purchase and install?  
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**Clerk:** Answer, the Hon. the Minister for Health, Care and Justice.

**Minister for Health, Care and Justice (Hon. N F Costa):** Mr Speaker, each escalator cost  
£54,110.16. The installation and design cost was £91,290.86.  
1010

**Hon. R M Clinton:** Sorry, Mr Speaker, I may have misheard the Minister: did he say that the design cost was £91,000?

**Hon. N F Costa:** Installation *and* design.

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**Hon. R M Clinton:** So £91,000 was the total cost of purchase, installation and design?

**Hon. N F Costa:** No, Mr Speaker, each escalator cost £54,110.16, so that amount times two. And then, in addition, the installation and design cost was £91,290.86.

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**Hon. R M Clinton:** Mr Speaker, I thank the Hon. Minister. Again, I presume ... it is a question of some more maths just to make sure I have got the right numbers: so the total cost of purchase, design and installation for both escalators would come to £195,000?

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**Hon. N F Costa:** It is £199,511.18.

**Hon. R M Clinton:** Mr Speaker, in the last meeting in December I brought to the Minister's attention that the escalator was not working, and in his answer he said that he was hoping that it would be operational by the end of the week. That was 21st December. Last week I went to have a look at them and they were not working. I would be grateful if the Minister could advise what the problem is with the escalators, given that they cost the taxpayer £200,000.

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**Mr Speaker:** No, you do not have to answer that question. It does not arise from the specific question about installation and cost. If the escalator is not working it should be the subject of a separate question.

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**Hon. R M Clinton:** Mr Speaker, £200,000 of taxpayers' money for a system that is not working ... Surely the supplementary must be relevant.

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**Mr Speaker:** No, it does not matter. The cost could be a million pounds. You have asked a specific question. You have wanted to know how much has the escalator cost and how much has it cost to install, okay? That is what you are asking for.

Obviously you expect to get value for money, but that is another matter. But to ask a specific question about the reason why on a particular date the escalator was not working ... That is a separate matter.

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**Hon. N F Costa:** Mr Speaker, would you like me to assist the House?

**Mr Speaker:** If you want to. I will allow the Minister to answer if he wants to, but he does not have to.

1050

**Hon. N F Costa:** Thank you, Mr Speaker.

Just to put the hon. Gentleman's mind at rest, I was also not impressed that the escalators were not working by the time that I indicated in this House that they should be working. But subsequent to the session in the House I was informed that a particular critical piece had been unfortunately destroyed because of the flooding; it was not at all operational. Because, of course, the piece is under warranty, we will be able to claim for the amount that it has cost to replace it, but I am assured that the escalators will be operational by the 27th of this month.

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**Hon. R M Clinton:** Mr Speaker, I am grateful to the Minister for his response. Thank you.

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**Mr Speaker:** And I would be grateful if the hon. Member takes note of the guidance that I am giving him. All right? He may have been in time: if the escalator was non-operational last week he could have asked a specific question on the matter.

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**Q53-56/2017**  
**Primary Care Centre –**  
**Waiting times**

**Clerk:** Question 53. The Hon. D A Feetham.

1070 **Hon. D A Feetham:** Mr Speaker, can the Government please provide details of average waiting times at the Primary Care Centre on a monthly basis for the last six months?

**Clerk:** Answer, the Hon. the Minister for Health, Care and Justice.

1075 **Minister for Health, Care and Justice (Hon. N F Costa):** Mr Speaker, I will answer this question together with Questions 54, 55 and 56.

**Clerk:** Question 54. The Hon. D A Feetham.

1080 **Hon. D A Feetham:** Can the Government please provide details of the longest a patient has had to wait to be treated at the Primary Care Centre in each of the last six months?

**Clerk:** Question 55. The Hon. D A Feetham.

1085 **Hon. D A Feetham:** Can the Government please provide details of average waiting times for non-urgent referrals from the Primary Care Centre to consultants or doctors at the hospital for each of the last six months?

**Clerk:** Question 56. The Hon. D A Feetham.

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**Hon. D A Feetham:** Can the Government please provide details of average waiting times for urgent cancer referrals from the Primary Care Centre to consultants or doctors at the hospital for each of the last six months?

1095 **Clerk:** Answer, the Hon. the Minister for Health, Care and Justice.

**Minister for Health, Care and Justice (Hon. N F Costa):** Mr Speaker, in respect of the last six months the information is as follows.

1100 The Primary Care Centre offers a range of services, and for ease of reference waiting times at the PCC have been broken down by service providers.

Dermatology: urgent cases, two to six weeks; routine cases, 10 to 12 weeks.

Dental department: varies depending on the treatment and clinician, nine to 21 weeks.

Audiology: no waiting time for initial appointment for hearing tests; for the issue of new hearing aids, 16 weeks.

1105 Physiotherapy: urgent cases, two to four weeks; routine cases, 10 months.

Physiotherapy paediatric: acute referrals, within a week; routine referrals within two months.

Children with developmental delay/neurological problems: within a month.

Occupational therapists: routine referrals, 20 weeks to nine months.

1110 Diabetes: annual review check-ups, four months; review, one to two weeks; newly diagnosed, five weeks.

Mr Speaker, service users have access to our GPs on a daily basis for appointments on the day, emergency care and to a 48-hour appointment system. Further, no service user has made a specific verbal or written complaint in respect of any of the waiting times over the last six months.

1115 In respect of the last six months the information of average waiting times for non-urgent referrals from the PCC to consultants or doctors at St Bernard's Hospital is in the schedule I now hand over to the hon. Gentleman.

1120 In respect of the last six months, from the moment a patient is referred as an urgent possible cancer case the patient will be seen by the relevant consultant or doctor within two weeks in accordance with NHS best practice. The National Institute for Health and Care Excellence Guidelines state that suspect cancer presentation at primary care are to be referred to the secondary care consultant within two weeks.

**Answer to Question 55/2017**

| MEDICAL INVESTIGATION UNIT    | URGENT REFERRALS | ROUTINE REFERRALS |
|-------------------------------|------------------|-------------------|
| Cardiologist – Dr Mejias      | 2 weeks          | 4 weeks           |
| Gastroenterologist – Dr Latin | 2 weeks          | 6 weeks           |
| Geriatrics – Dr Marin         | 1 week           | 2 weeks           |
| Respiratory – Dr Haider       | 1 week           | 2 weeks           |
| General – Dr Lorenc           | 1 week           | 8 weeks           |

| ORTHOPAEDICS DEPARTMENT | URGENT REFERRALS | ROUTINE REFERRALS |
|-------------------------|------------------|-------------------|
| Mr Malik                | 1 to 2 weeks     | 12 to 14 months   |
| Mr Boerger              | 1 to 2 weeks     | 12 to 14 months   |
| Mr P Kovacs             | 1 to 2 weeks     | 12 to 14 months   |

| EAR, NOSE & THROAT | URGENT REFERRALS | ROUTINE REFERRALS |
|--------------------|------------------|-------------------|
| Mr Kubik           | 1 to 2 days      | 2 weeks           |
| Mr Mueller         | 1 to 2 days      | 2 weeks           |

| ORAL & MAXILLOFACIAL SURGEON | URGENT REFERRALS                                       | ROUTINE REFERRALS |
|------------------------------|--|-------------------|
| Mr F Morillo                 | 1 to 2 days  | 4 months          |
|                              | NB Cancer patients seen within 4 weeks as per protocol |                   |

| GYNAECOLOGY       | URGENT REFERRALS | ROUTINE REFERRALS |
|-------------------|------------------|-------------------|
| Dr Van Der Borden | 1 to 2 days      | 6 months          |
| Dr Cerne          | 1 to 2 days      | 6 months          |
| Dr Yiga           | 1 to 2 days      | 6 months          |

| SURGICAL DEPARTMENT          | URGENT REFERRALS | ROUTINE REFERRALS |
|------------------------------|------------------|-------------------|
| Vascular Surgeon – Dr Aranda | 1 week           | 3 months          |
| Urologist – Dr Arocena       | 1 week           | 4 weeks           |
| General Surgeons - Mr Salman | 1 to 2 days      | 2 weeks           |
| General Surgeon – Mr Golda   | 1 to 2 days      | 3 months          |
| General Surgeon – Mr Kovacs  | 1 to 2 days      | 4 weeks           |

| PAEDIATRICS  | URGENT REFERRALS | ROUTINE REFERRALS |
|--------------|------------------|-------------------|
| Dr Molnar    | 1 to 2 days      | 1 to 2 weeks      |
| Dr Dai       | 1 to 2 days      | 1 to 2 weeks      |
| Dr Cassaglia | 1 to 2 days      | 1 to 2 weeks      |

1125 **Hon. D A Feetham:** Mr Speaker, these questions asked for details of each of the last six months on a monthly basis. Am I right in saying that therefore, from the answers, the Government does not have the statistics for each month, or is it that the average that he is giving me is a constant average in each month of the last six months?

1130 **Hon. N F Costa:** Yes, Mr Speaker, the information as explained to me represents an average in respect of each of the specialisms that I have mentioned to him. If he looks, for example, at the schedule that I provided to him, in respect of referrals to cardiologists, geriatrics and respiratory he will also see that there are urgent referrals and routine referrals.

1135 **Hon. D A Feetham:** Yes, I know. I understand that. It may well be that the statistics cannot be converted in the way that I have asked for them – I do not know. But let me give the hon. Gentleman an example and why I have asked it in this particular way.

When one looks at the report provided to the GHA board in terms of statistics of bed occupancy, very helpfully they are divided in months and for a period of six months it shows bed occupancy going up from 103%, then the next month there is 105%. Individually in each month it gives you the actual statistic, so it allows you to see a trend, which in that case was upwards for the period that was examined, and that is really what I want to see: whether there are trends in the last six months, whether the waiting lists are actually going up or whether they are going down. This just gives me an average over six months. Does the Government have the statistics in the format that I want them?

1145

**Hon. N F Costa:** No, Mr Speaker. In the first place, the hon. Gentleman is absolutely right – what he does have are averages. The system is not wired to be able to provide that statistical information that he requests.

1150 Of course, whether a person waits for two weeks or more, or less, will depend on a whole variety of factors, and the programme as currently configured does not provide that information. I am not at all certain whether the new programme will be able to – *(Interjection by Hon. Dr J E Cortes)* Yes, Dr John Cortes, my hon. Friend, is telling me that in fact the new electronic program will be able to provide those statistics, but as currently configured the programme that we have only provides average waiting times. So I will not be able to tell him, for example, that a particular individual on a particular date, awaiting for example a dental appointment, took three weeks.

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1160 **Hon. D A Feetham:** And I take it from that that the Hon. Minister – bearing in mind that he has come into his Ministry quite recently and one of the things that he would want to do is what I am doing as well, which is looking at these statistics and looking at trends; that is precisely why I am asking them – he has not been able to check these averages, or has he, these averages as against averages in the past, to see whether, for example, routine referral waiting times are actually going up, going down or whether they have been static. Is this something that the Hon. Minister has done?

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**Hon. N F Costa:** No, Mr Speaker, in preparing the information I asked my officials to answer the hon. Gentleman's question so that the information that I have provided to him relates only in respect of the last six months. We have not looked in respect of these six months and compared them to the previous six months.

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1175 **Hon. D A Feetham:** Is he therefore satisfied or not satisfied that actual waiting times are going up? This is precisely the type of exercise that I would have expected the Minister to have done in order to see whether waiting times are going up or are going down, and I would urge the Hon. Minister to conduct this kind of exercise to see whether the service is improving or whether it is static or whether it is not improving.

**Hon. N F Costa:** Mr Speaker, whereas I have not been able to conduct it in the time frame between the questions being asked and attending Parliament, I have of course instructed my officials to do exactly that kind of exercise.

1180 **Hon. D A Feetham:** I am very grateful. And can the Hon. Minister indicate to me – so that then I can come back to this House and perhaps ask further questions on it, because I do not want to bombard the Minister with statistical questions that really will not take it very much further from my point of view – when the exercise will be completed, so that I can then ask the Minister whether he sees any trends in the statistics?

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**Hon. N F Costa:** Mr Speaker, I envisage having discussed this issue with various staff members ... perhaps four weeks.

**Clerk:** Question 57. The Hon. D A Feetham.

1190

**Hon. E J Phillips:** I just have one question after looking at the answer to the question that the Minister has handed up. One thing that obviously shines out quite brightly in relation to routine referrals is the orthopaedic department's routine referrals of between 12 and 14 months. Can the Minister explain the duration? It seems to be a lot longer than other routine referrals in the GHA and I assume there is a good reason for that or there are reasons that the Government can explain for over a year for routine referrals in relation to orthopaedics.

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**Minister for the Environment, Energy, Climate Change and Education (Hon. Dr J E Cortes):** Mr Speaker, perhaps I can assist. Orthopaedics are a very special kind of medicine, and I am not aware of the detail of the current waiting list but certainly when it comes to surgery, because orthopaedic surgeons are the ones who are called in whenever there is a trauma case – something as serious as a traffic accident or somebody falls at home and breaks a hip or an ankle or whatever – they tend to interfere with routine clinics and surgeries more than other types of surgery. Therefore, without commenting on the particular situation now because my information is a few months old, normally you will find that orthopaedics have longer waiting lists or longer waiting times because the surgeons are often involved frontline, dealing with emergency cases, which deals to other operations and clinics having to be put off.

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1205

I just say that by way of assistance.

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**Hon. E J Phillips:** I thank the Minister for that answer and for clarifying the position, but would he agree with me that we should try to target this and bring this time down because it does appear to be a fairly long time, 12 to 14 months, to see an orthopaedic surgeon for routine referrals. It would be helpful to see if we can reduce and get a better target time for those that need that care and attention.

1215

I appreciate the fact that there are trauma clinics, and the Minister has tried to explain that, but it would seem like a long time to me, particularly when you are looking at other specialisations such as gastroenterology or surgical departments that have two weeks to three months on average for routine referrals.

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**Hon. N F Costa:** Yes, Mr Speaker, I do agree with the hon. Gentleman and, as no doubt he would have expected, I have in fact sought the reasons why the referrals are over a year and what we can do to make sure that we reduce that more consistently in line with other non-referrals, which in some specialisms are only one month and three months. But I agree with him, there is certainly work to be done in that respect.

1225

**Hon. D A Feetham:** I am very grateful to the Hon. Minister for the candour of his answer. What about gynaecology, where that also seems to be out of sync? Gynaecology in the middle of

1230 the schedule, that six months routine referrals to all three doctors seems to be higher than all  
the others. Obviously it is way below orthopaedics, but still six months is a long time to wait for  
a referral. Does he have any answer in relation to that, why that seems to be out of sync with  
the rest of the waiting times?

1235 **Hon. N F Costa:** Mr Speaker, as the hon. Gentleman will have seen, there are three specialists  
for gynaecology and he will also have seen that next to the routine referrals there are urgent  
referrals. Any patient who presents with an urgent case is seen by one of these three  
gynaecologists between one to two days. Then, of course, any other referral which is not  
deemed urgent is then referred within six months. Remember that this is an average; it does not  
necessarily take every patient to the six months.

1240 I think it is also fair, Mr Speaker, to make the point as well that in respect of the orthopaedics  
department, whereas routine operations I agree are too high at 12 months, if there are any  
urgent referrals we are looking at between one to two weeks. So, in other words, any matter  
that presents as urgent will be seen by a gynaecologist between one to two days.

1245 **Hon. Dr J E Cortes:** If I may assist, Mr Speaker, again using my own memory of that, we are  
looking at six months for gynaecologists. I do recall several years ago it was between 10 and 12  
months, so it is actually going down. It depends on what you compare it to, Mr Speaker.

**Mr Speaker:** Next question.

**Q57-59/2017**  
**Accident and Emergency –**  
**Waiting times**

1250 **Clerk:** Question 57. The Hon. D A Feetham.

**Hon. D A Feetham:** Mr Speaker, can the Government please provide details of monthly  
average waiting times for people waiting to be treated at the Accident and Emergency at the  
hospital during the last six months?

1255 **Clerk:** Answer, the Hon. the Minister for Health, Care and Justice.

**Minister for Health, Care and Justice (Hon. N F Costa):** Yes Mr Speaker, I will answer this  
question together with Questions 58 and 59.

1260 **Clerk:** Question 59. The Hon. D A Feetham.

**Hon. D A Feetham:** You mean 58?

1265 **Clerk:** Sorry, I beg your pardon, yes.

**Hon. D A Feetham:** Can the Government please provide details of the longest a patient has  
had to wait to be treated at the Accident and Emergency department in each of the last six  
months?

1270 **Clerk:** Question 59. The Hon. D A Feetham.



**Hon. D A Feetham:** I want to thank the Hon. the Minister as well for not bunching all 20-something questions together and breaking them into these very sensible segments.

1275 Can the Government please provide details of how many patients have been placed or been admitted to the Accident and Emergency department in each of the last six months and have had to wait for over an hour before their admission to a ward within the hospital?

**Clerk:** Answer, the Hon. the Minister for Health, Care and Justice.

1280 **Hon. N F Costa:** Mr Speaker, in respect of the last six months the information is as follows: 16th July, two hours and four minutes; 16th August, two hours and 10 minutes; 16th September, two hours and 28 minutes; 16th October, two hours and 34 minutes; 16th November, two hours and 31 minutes; 16th December, two hours and 28 minutes in respect of average waiting times.

1285 In respect of the longest waiting times: 16th July, 12 hours and 39 minutes; 16th August, 10 hours and 55 minutes; 16th September, 14 hours and 13 minutes, 16th October, 11 hours and six minutes; 16th November, 18 hours and 25 minutes; 16th December, 28 hours and six minutes.

1290 Mr Speaker, in respect of the longest a patient has had to wait to be treated at A&E it is critical to note that of the last six months the only patient who was not admitted sooner due to the lack of a bed was in December.

1295 As the House will know, the GHA experienced a surge of patients of over 75 years of age who presented with critical illnesses, and 83 out of 338 patients seen required admission. The surge in patient admissions with critical illnesses and over 75 years of age is the highest ever recorded. As a result, the very good work of the GHA to prepare for the seasonal influx faced unexpected and unforeseeable increase.

As the House will know, the Hon. and learned Chief Minister announced in his New Year message that the Dementia Residential Home will open its doors this quarter. This House will also remember that I announced an additional 24 beds for elderly residential stay. I am currently considering additional measures.

1300 Further, the Medical Director and clinical nurse managers have confirmed to me that the addition of a qualified social worker as an integral part of the bed management team, the increase of such meetings to weekly and the introduction of a rolling discharge process have vastly improved discharges and, just as importantly, the avoidance of unnecessary admissions.

1305 The preparation of individual care packages has been instrumental in achieving the highest number of bed availability in January, which is ordinarily the busiest time.

In respect of the other longest waiting time, i.e. July to November, the reasons related to other factors not connected to bed availability.

1310 In respect of patients having to wait for over an hour, the new electronic system is not currently configured to provide this report. In this respect I have asked one of the GHA's unit general managers to investigate with a system administrator the possibility of reconfiguring the current reporting system to provide the report.

1315 **Hon. D A Feetham:** Mr Speaker, just turning to Question 58, there are some very startling statistics that are emerging from the answer that the Hon. the Minister has very graciously provided: 28 hours, somebody waiting – the top waiting time, 28 hours – to be treated at Accident and Emergency. Obviously it is something that the Hon. Minister must have looked at. Does he have a reason why somebody waits 28 hours at Accident and Emergency? It is really way off the scale of what I would have thought was the highest waiting time.

1320 **Hon. N F Costa:** Mr Speaker, a few things. As I noted, and understandably, the Hon. the Leader of the Opposition has focused his supplementary on the last fact that I provided to him, which is the December statistic, but I did alight in my original answer that over the last six

months, the five months before December where there were higher waiting times, the wait was not due to any lack of bed availability, it related to individual –

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**Hon. D A Feetham:** I am not asking that.

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**Hon. N F Costa:** No, I know that he is not asking that. I appreciate that he is focusing his supplementary just on the December fact, but he needs to understand ... I hope that he did not misunderstand my answer to mean that the person was waiting outside of A&E. What happened was that the person was in A&E on a proper bed receiving adequate medication, doctors' rounds being carried out, food and drink being provided, open visiting for relatives, shower and toilet facilities provided and all adequate nursing, so that the person was in a proper bed with proper care awaiting for admission to a ward. I hope that he does not leave the House with the image of somebody waiting outside of A&E, sat without proper care. It was simply waiting in a bed whilst the bed management team made arrangements for the person to be admitted into the ward.

1335

**Hon. D A Feetham:** Yes, Mr Speaker, I focused on 28 hours because it is, as I said, way off the scale. But in November it is 18 hours, in October it is 14 hours and in August it is 12 hours. These are very, very high figures indeed.

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The Hon. the Minister said 28 hours, yes, but the person is on a stretcher or –

**Hon. N F Costa:** On a bed.

1345

**Hon. D A Feetham:** On a bed. I beg your pardon, on a bed. But if the Hon. the Minister is saying this has absolutely nothing to do with bed availability, which is the answer that he has given me, but then he is saying to me in the same breath that that person is on a bed waiting to be sent and admitted into a ward, well the system must be failing in some very, very material way if there are beds available and yet somebody has got to wait 28 hours in Accident and Emergency.

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**Hon. N F Costa:** Will he give way?

No, Mr Speaker, I think he misunderstood my answer to his first supplementary. I said that in respect of July to November the waiting times did not relate to a bed shortage, but that it did relate to a bed shortage in December. I hope that that is clear now.

1355

**Hon. D A Feetham:** I am grateful for that because I had not understood that to be the case. But what about the 18 hours that a person had to wait in November? Has the Minister enquired as to why that person had to wait 18 hours? I presume that if it is not related to admission to a ward, that is 18 hours outside waiting.

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**Hon. N F Costa:** No, Mr Speaker, I think it is important that I explain the situation properly because I do not want anyone listening in to Parliament to think that the statistics that I have given relate to people waiting outside of A&E. These are people who have been admitted to A&E, are on a bed and are receiving care: doctors' care, nursing care and so on. Right?

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**Hon. D A Feetham:** Will you give way?

**Hon. N F Costa:** Yes.

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**Hon. D A Feetham:** The original question – and if there is any confusion it arises out of the answer, but the original question is: can the Government please provide details of the longest a patient has had to wait to be treated at Accident and Emergency? To be *treated* – that is the question.

1375 **Hon. N F Costa:** No, I am sorry – No, Mr Speaker, the question was ‘had to wait to be treated’ at A&E. Then my answers to the House are incorrect. Those answers would not be correct. They would be receiving medical care and nursing care the moment they had been admitted into A&E and would be receiving treatment then. The waiting time is between being admitted into A&E and waiting for a ward.

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**Hon D A Feetham:** Mr Speaker, that is how I understood it just a moment ago, and the question therefore still stands. I will ask the question next time round because he has not understood the question.

1385 Let me take a step back. First of all, I want to know what is the longest time that a person has had to wait at Accident and Emergency before he is treated, because the complaint from people is that they are waiting four hours before they are treated. The hon. Gentleman has provided me with these statistics. Now he is saying – (*Interjection*) I understand. Now he is saying to me no, that is not waiting to be treated because they are already being treated waiting to be admitted to a ward. But if they are waiting to be admitted to a ward it must be because there is a bed shortage problem. (*Interjection*) Well, on what basis does somebody ...? Because if that is not the case, then the system is failing very badly because I could understand that there are no beds.

1390 **Hon. N F Costa:** No, Mr Speaker, this is why I said during the course of my original answer that from July to November the reasons did not relate to a bed and the information that has been provided to me in respect of July, August, September and October in respect of the longest waiting time relates to very individual circumstances and without making or revealing any details that may identify the person.

1395 For example, in July there was a person who was admitted into A&E and received nursing and medical care, as a result of which the person is not eventually admitted into the ward. So it is not that there are no beds, there were beds; it is just that the doctor decided that in fact there was no reason to admit the person into a ward.

1400 In August there was an elderly person who came in and was admitted eventually, not because there was any medical indication but because the hospital was concerned about the absence of support and proper care at home, but it was not because there was a lack of a bed. In September, once the doctor and A&E diagnosed the person they called in a psychiatrist and further to treatment at A&E again the person is not admitted. It had nothing to do with the absence of a bed.

1405 And it could continue. The only time that it related to an absence of a bed was in December. As I explained to the hon. Gentleman, there was the highest recorded number of persons over 75 years of age who presented with critical illnesses. There were around 330-odd, 83 of them were admitted and that caused an issue in December.

1410 But I can assure him that it is not due to the concerns that he has raised, that there is awful bed management or an awful management of the system. These were individual cases that because of medical indications there were no reasons to admit those persons initially and therefore that is why they were there at A&E.

1415 **Hon. D A Feetham:** Can the hon. Gentleman provide me or ask his staff to provide me with details of the maximum somebody has had to wait at Accident and Emergency before being treated? That was my question.

1420 We have been exchanging these exchanges across the floor of the House unnecessarily because this information is not the information that I wanted, helpful as the December one may be because there was a strong demand in December.

1425 I want to know what is the longest that somebody has had to wait before being treated at Accident and Emergency. In other words, sitting there waiting. That is the problem that is constantly coming back to me, the complaints from people, and that is what I want to know. If the hon. Gentleman does not have the statistics there, will he undertake to provide me with

those statistics during the next week, which should be available quite easily to the Hon. Minister?

1430 **Hon. N F Costa:** But, Mr Speaker, whereas I agree with him that I have misunderstood the nature of his second question and what we are talking about is people admitted to A&E to receive treatment, I have given him the answer in respect of average waiting time. The average waiting time for a person before being seen at A&E is an average of two hours.

1435 **Hon. D A Feetham:** Two and a half here.

**Hon. N F Costa:** No, it depends on the month. Two hours and four minutes. He always takes it to the edge of the worst. (**Hon. D A Feetham:** No.) Yes, he does! (*Interjection by Hon. D A Feetham*) Yes, he does! (*Interjection by Hon. Chief Minister*) Yes, two hours and four minutes, 1440 two hours and 10 minutes, two hours and 28 minutes, two hours and 34 minutes. It is – (*Interjection by Hon. D A Feetham*) Yes, but it is also close as well to two hours. So persons waiting to be seen at A&E will wait around two hours and I think it is fair to say that I think that A&E department should certainly be congratulated if Gibraltarians are able to attend A&E and are seen within two hours. (*Banging on desks*)

1445 **Hon. D A Feetham:** I certainly congratulate the staff at Accident and Emergency who work under very, very difficult circumstances, including under a system that is not fit for purpose, (*Interjections*) and I do wholeheartedly congratulate staff for that.

1450 But the question that I asked, Mr Speaker, was will the hon. Gentleman undertake, bearing in mind that he has not misunderstood this question that asks for –

**Mr Speaker:** Does the Hon. the Leader of the Opposition continue to have to repeat? Because I have understood what your question is –

1455 **Hon. D A Feetham:** But he hasn't.

**Mr Speaker:** – and I think the Minister, from the reply that he has given, has understood what you are after. It is established. I think we all understand what you are after. You cannot get the information today. You have asked whether you can get it within seven days. Surely you do 1460 not have to repeat the question.

**Hon. D A Feetham:** But he has not told me that I can get it within seven days – that is the point.

1465 **Mr Speaker:** But that is what you have asked.

**Hon. D A Feetham:** Of course I have, and that is why I am asking him again – because he has not told me, he has not committed himself to providing the information.

1470 **Chief Minister (Hon. F R Picardo):** Mr Speaker, the hon. Gentleman has said something during the course of what was clearly a speech and not actually a question, which the Government does not agree with and we will take issue with repeatedly if he decides that he wants to say it again. That is that the system of accident and emergency that is in place in Gibraltar is not fit for purpose. The Government believes that the system –

1475 **Mr Speaker:** I am not going to allow ... I will allow the Chief Minister to reply to that point but I am not going to allow here today a debate on whether it is fit for purpose or not. I will give the

Chief Minister the opportunity to reply to that, and that is it – we do not deal anymore with that issue.

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**Hon. D A Feetham:** But you will give him the opportunity?

**Mr Speaker:** Of course, because you have asked – you have made the point.

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**Hon. D A Feetham:** The Minister has –

**Mr Speaker:** You have made the point that it is not fit for purpose. The Chief Minister is going to answer that and I am not going to allow a debate on whether it is fit for purpose or not. That is my responsibility, surely, not to allow a debate.

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**Hon. Chief Minister:** I am grateful, Mr Speaker.

The Government stands by the professionals in the Gibraltar Health Authority, in particular those at the sharp end, the Accident and Emergency Department of St Bernard's, who do a job that is not just fit for purpose – using a system that is fit for purpose, which incidentally is not a system we introduced but is a system they introduced when they moved the hospital from old St Bernard's to new St Bernard's. It is a sterling job where there are some instances when people may have to wait longer than any of us might wish, where we have to assist them to be able to do better, but where they do a better job than most people in this room, myself included, do in the jobs that they do, with greater responsibilities because their responsibilities are life and death.

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To see a local politician get up in this House and say that what they do is not fit for purpose is utterly disgraceful, Mr Speaker, and if the hon. Gentleman –

**Hon. D A Feetham:** A point of order, Mr Speaker!

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**Hon. Chief Minister:** If the hon. Gentleman –

**Hon D A Feetham:** A point of order, Mr Speaker!

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**Hon. Chief Minister:** If the hon. Gentleman –

**Hon. D A Feetham:** A point of order, Mr Speaker!

**Hon. Chief Minister:** If the hon. Gentleman, Mr Speaker –

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**Hon. D A Feetham:** A point of order, Mr Speaker!

**Mr Speaker:** A point of order to you both!

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**Hon. D A Feetham:** A point of order!

**Mr Speaker:** Sit down and keep your tempers, and do not stand again like that, shouting at me 'Point of order!'

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**Hon. D A Feetham:** I have –

**Mr Speaker:** Do not shout at me again.

**Hon. D A Feetham:** Mr Speaker, a point of order.

1530 **Mr Speaker:** So keep your tempers, because otherwise I will suspend the sitting, and that is the end of the matter.

**Hon. D A Feetham:** A point of order, Mr Speaker.

1535 **Mr Speaker:** Let us see if we can carry on at the temperature that we had prior to you raising the question of whether it was fit for purpose or not, and I am not going to allow any further comments on that. I am only going to allow the Hon. Minister to reply on whether he can have the information available within seven days or what the period might be, and then we are going to move on.

1540 **Hon. Chief Minister:** Mr Speaker –

**Mr Speaker:** If hon. Members carry on in this way, if they carry on in the way that has been established in the last five minutes, I will suspend this sitting. So grow up and behave like what you are, representatives of the people of Gibraltar, and not like children in a playground!

1550 **Hon. Chief Minister:** Mr Speaker, this is a grown-up discussion about the most important thing affecting our community: the Health Services. I am going to finish the sentence I was embarked upon, which is to say that if the hon. Gentleman believes what he is saying, he should better inform himself by perhaps looking at what the criteria in the United Kingdom is for people to be treated at accident and emergency departments, where the time where people are expected to be seen, in keeping with the instructions of the British government, is four hours and in the United Kingdom they do not hit that average. Here in Gibraltar he has seen today that the excellent people who care for our community at Accident and Emergency manage to do that in half the time, Mr Speaker, in two hours, and he needs to put his comments in that context.

1555 **Hon. D A Feetham:** Is Mr Speaker going to hear my point of order, or is Mr Speaker just simply going to allow –?

1560 **Mr Speaker:** No. What is your point?

**Hon. D A Feetham:** My point of order is he has completely mischaracterised what I said and he is not entitled to do that, Mr Speaker. I did not say that the work that the staff did at Accident and Emergency was not fit for purpose; I said the system was not fit for purpose, and Mr Speaker, who was listening to the debate, must agree with that because it is in *Hansard*.

1565 **Mr Speaker:** I understood that perfectly well –

**Hon. Chief Minister:** Mr Speaker –

1570 **Mr Speaker:** – but the point that you were making was that the system was not fit for purpose. I allowed the Chief Minister an opportunity to reply because this is an issue of great public interest. Anyone who puts the news on in the UK knows that the NHS is the subject of daily comment and it is going to become like that in Gibraltar, as I can see.

1575 **Hon. Chief Minister:** Mr Speaker, the hon. Gentleman –

**Mr Speaker:** So I am giving the Chief Minister the opportunity to deal with whether the system is fit for purpose, to answer that, but then I am not allowing a debate.

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**Hon. Chief Minister:** Mr Speaker, the hon. Gentleman has made a point of order and I intend to reply to the point of order before you determine how to rule on it.

1585 The hon. Gentleman said the system is not fit for purpose. Well, Mr Speaker, *they* implemented the system and the people who run the system are the people who are subject to the criticism that he makes. He cannot get away with trying to divide the people who administer the system that they introduced and the effects of that system, because it would be politically hypocritical to say 'I am not criticising you, I am criticising what you are doing and the way that you do it.' Mr Speaker, anybody will see through that, and that is why he has got the response that he has got.

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**Mr Speaker:** Now the Hon. Neil Costa on the issue of the information that the Leader of the Opposition is asking for.

1595 **Hon. N F Costa:** Mr Speaker, the hon. Gentleman can ask me the question at the next session of the House and I will be happy to provide it to him.

**Mr Speaker:** Don't speak to yourself, speak to the ...

1600 **Hon. N F Costa:** Mr Speaker, I will be happy to provide the information to the hon. Gentleman when he asks.

**Mr Speaker:** Right, we move on to the next question.

#### Q60-61/2017

#### St Bernard's Hospital operations – Waiting times and number of cancellations

**Clerk:** Question 60. The Hon. D A Feetham.

1605 **Hon. D A Feetham:** Can the Government please provide details of average waiting times at St Bernard's Hospital for all operations during each of the last six months?

**Clerk:** Answer, the Hon. the Minister for Health, Care and Justice.

1610 **Minister for Health, Care and Justice (Hon. N F Costa):** Mr Speaker, I will answer this question together with Question 61.

**Clerk:** Question 61. The Hon. D A Feetham.

1615 **Hon. D A Feetham:** Can the Government please state how many cancellations of operations there have been at St Bernard's Hospital in each of the last six months?

**Clerk:** Answer, the Hon. the Minister for Health, Care and Justice.

1620 **Minister for Health, Care and Justice (Hon. N F Costa):** Mr Speaker, the information is available on the Gibraltar Government website.

**Mr Speaker:** Was it available at the time that the questions were ...? Very well.

**Q62/2017**  
**Xanit Hospital –**  
**Number of in-patients receiving treatment**

**Clerk:** Question 62. The Hon. D A Feetham.

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**Hon. D A Feetham:** Can the Government please provide details of the monthly number of in-patients being treated at Xanit Hospital in Spain for each of the last six months?

**Clerk:** Answer, the Hon. the Minister for Health, Care and Justice.

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**Minister for Health, Care and Justice (Hon. N F Costa):** Mr Speaker, in respect of the last six months, the information is as follows. Xanit in-patient admissions: July, 71; August, 74; September, 79; October, 79; November, 93; December, 83.

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**Hon. D A Feetham:** Mr Speaker, these are very, very high numbers. I cannot calculate on my feet the actual proportion in terms of the proportion of beds at St Bernard's Hospital, but it must be a very significant proportion when viewed in terms of overall beds at St Bernard's Hospital. Does the Government and the Minister have an explanation about why there are such high levels of in-patient admittance to Xanit Hospital?

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**Hon. N F Costa:** Mr Speaker, the explanation provided to me are that instead of sending patients to the UK, as they would have been sent, clinicians have decided to send these patients to Xanit instead, not just because of the specialisms that they offer but of course because they provide convenience to the patient and to the family members. As opposed to having to get on a plane and go to the UK they can just drive up to Xanit.

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**Hon. D A Feetham:** So is the Hon. Minister saying that these are all in respect of patients that would have otherwise been sent to the United Kingdom? So we are talking about, for example, cancer patients or patients who require very specialist operations, who would normally have been sent to the United Kingdom?

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**Chief Minister (Hon. F R Picardo):** Mr Speaker, it goes further than that. This is a decision that we all took together in Government and it is important that the community understand it.

At the time that the GSD were in government, Bernard Linares led on an issue where I think he was absolutely right, where he said that there were some in our community who would benefit from not having to go to the United Kingdom for care but being able to go to Spanish hospitals for care, in particular those who might have been more elderly and who wished to have their families around them whilst they receive care. This concept was introduced of people going into Spain if they wished to or if the clinician thought there was better care there. They were closer to Gibraltar and the whole family was able to visit while they were suffering their illnesses.

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As austerity started to bite in Spain the GHA found that the care that was afforded to Gibraltar patients in the Spanish public health system was suffering considerably. The matter was brought to the Cabinet's attention and the Cabinet made a decision that, if necessary and in certain disciplines in particular, we would ensure that we sent Gibraltar patients to Spanish hospitals only when we were satisfied that the care that they would have would be the care of the standard that we wished Gibraltarians to have.

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In those circumstances the numbers that hon. Members are seeing are the pooling of numbers first of those who are choosing not to go to the UK, those who are referred to Spain because that is the better clinical decision, and all of those who would have been all over Andalucía in different hospitals – in the hospital in Cádiz, in the hospital in Malaga, in all of those

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1675 other areas – except for specific disciplines where we would still send people to some public health hospitals in Spain ... are now at one particular private hospital in Spain. This is a private hospital within driving distance of Gibraltar where relatives are able to visit, because people choose to be treated in Spain or it is better to treat them in this hospital, and it is a Rolls Royce service, which we all agreed we should provide, given how austerity was biting in the public healthcare system in Spain.

1680 That is not to say that when we sent people to the public healthcare system in Spain we did not pay for it. Of course we did pay for it, but we paid for it in a different way. Xanit is a private hospital that invoices direct. The public health hospitals in Spain would invoice for Gibraltarian patients through the United Kingdom and the European Union on a reconciliation involving the E111 and those rights, and so the numbers would have been seen in a different way.

1685 But that is the way that these numbers are determined and it is something which I think our community can be justly proud of, that as austerity bit in the Spanish public health system we were able and right to send our people to the Spanish private system, where possible, in a further development or evolution of the policy introduced by Minister Linares – Minister Bernard Linares – when he was on this side of the House.

1690 **Hon. D A Feetham:** Mr Speaker, it follows from that answer that none of these numbers actually relate to services that were previously provided from St Bernard's Hospital that over recent times are now being effectively services rendered by Xanit Hospital. These are all services that have always been dealt with through UK hospitals or other hospitals and not from Gibraltar.

1695 **Minister for the Environment, Energy, Climate Change and Education (Hon. Dr J E Cortes):** Mr Speaker, if I might just comment, I have no recent information. In my time there were rare occasions in which there was an emergency where, for reasons of perhaps the theatre being in use and so on, in order not to delay it they may have been sent to Xanit, but those were exceptional and only in order to assist a patient who for some unique reason could not receive the treatment they would have otherwise received here. But as I say, those would have been very, very rare and I have no knowledge of the present situation, but if somebody came in with an urgent condition and for some reason or another it could not be done here, then rather than make them wait they would have been sent over. Pero, as I say ... Sorry. But, as I say, on the fingers of one –

1705 **A Member:** Bilingualism!

**Hon. Dr J E Cortes:** Bilingualism, yes.

1710 **Hon. N F Costa:** Mr Speaker, yes, in addition to what the Hon. Dr John Cortes said, in explanations with clinicians it was explained to me that Xanit provides a variety of specialised tertiary care services which *cannot* be provided in Gibraltar, which cannot be provided in Gibraltar. The main tertiary care provided by Xanit are cardiology, cardiovascular, neurosurgery, neurology, nephrology and oncology.

1715 **Hon. E J Phillips:** Just picking up on the last answer to the question in relation to tertiary care, is it not the case though that when we look at healthcare and developing our healthcare system and the facilities at the hospital that the Government would undertake a cost-benefit analysis of how we bring back those services or introduce those services within our health authority? I appreciate it is a very, very careful balance, given the fact that we are spending huge sums of money on the Health Service, but has the Government conducted that cost-benefit analysis in respect of bringing those services to Gibraltar and providing them here? Obviously we spend a lot of money, millions of pounds, sending patients to Xanit, and I appreciate that the Government's view is to have a Rolls Royce service, but has the Government at least conducted

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1725 that process to see whether we can offer those services within a particular budget? I am grateful.

**Hon. N F Costa:** Mr Speaker, the hon. Gentleman asks me a question on what is a *huge*, huge subject. I think the hon. Gentleman will recall that my hon. colleague Dr John Cortes did, in fact, during the course of his tenure repatriate many services to Gibraltar – chemotherapy, if I recall correctly, being the last one, (**Hon. Dr J E Cortes:** Yes.) but a dermatology service as well during 1730 the first few years, and other services. I myself have, very recently after being made Minister for Health, asked for certain specialisms that could be provided in Gibraltar and have asked for that cost-benefit analysis.

In respect of the patients we have sent to Xanit that we would have sent to the UK, my 1735 information and my explanations are that we are in fact saving money when we do send a patient, who would ordinarily be sent to the UK, to Xanit for, as I said tertiary care that is not provided in Gibraltar. But the hon. Gentleman asked me the right question. There certainly has to be a cost-benefit analysis on whether these specialisms could be carried out in Gibraltar and whether it is possible to have, for example ... The hon. Gentleman will know that neurosurgery is 1740 a very specialised field and in order for a neurosurgeon to be able to continue practising, his license must be kept up to date with skills. It may not be possible for a neurosurgeon to be based in Gibraltar, because he may have maybe one or two operations during the course of the year and that would, in effect, de-skill him and he would not be able to operate anymore. So the question arises as to whether we can have neurosurgeons visiting the GHA and whether having a 1745 visiting team of neurosurgeons would in fact mean more cost effective than sending every patient to Xanit, and that is an analysis that he is right to flag because it is being conducted.

**Hon. E J Phillips:** I am grateful for the response, and in fact I would have expected that process to be underway. But if you look at cardiology, for example, one could argue that if we 1750 had a team of two cardiologists here rather than spending the millions that we do spend on Xanit ... I am sure the Government is looking at this and I am grateful that the Government will obviously commit to informing us that that process is underway and there will be a conclusion as to whether bringing cardiologists here rather than sending patients to Xanit, but clearly I think, I respectfully ask for your view on this as to whether we should develop the Health Service in that 1755 way in the future.

**Hon. N F Costa:** Yes, Mr Speaker, without going into each individual specialism but to limit the discussion to the question that the hon. Gentleman has asked me, cardiology is in fact one of the specialisms that I have discussed, and the issue that arises is whether there would be able to 1760 be somebody based in Gibraltar, given the number of patients who would require that kind of surgery, and that whether it would even be feasible to have a visiting consultant, because of course the visiting consultant may not come at the most opportune time for the patient requiring the surgery. So even with the best will in the world in having a visiting consultant for cardiology, it may not be possible for that surgeon to operate because for medical/clinical 1765 reasons we may have had to have sent that patient to Xanit or the UK before the visiting consultant does visit. So it is not as straightforward as just a cost-benefit analysis, although I agree that a cost-benefit analysis is one of the strands that is being considered.

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**Q63-66/2017**  
**St Bernard's Hospital –**  
**Number of patients by ward; bed occupancy; additional beds**

**Clerk:** Question 63. The Hon. D A Feetham.

**Hon. D A Feetham:** Can the Government please provide details of the monthly number of patients in each ward at St Bernard's Hospital for each of the last six months?

1775 **Clerk:** Answer, the Hon. the Minister for Health, Care and Justice.

**Minister for Health, Care and Justice (Hon. N F Costa):** Mr Speaker, I will answer this question together with Questions 64, 65 and 66.

1780 **Clerk:** Question 64. The Hon. D A Feetham.

**Hon. D A Feetham:** Can the Government please provide details of monthly average bed occupancy levels at St Bernard's Hospital for each of the last six months?

1785 **Clerk:** Question 65. The Hon. D A Feetham.

**Hon. D A Feetham:** Can the Government confirm how many additional beds have been added to wards in the last two months in order to cater for patient admissions at the hospital?

1790 **Clerk:** Question 66. The Hon. D A Feetham.

**Hon. D A Feetham:** Can the Government confirm that the GHA has placed beds in the hospital gym in case it needs extra beds for admissions?

1795 **Clerk:** Answer, the Hon. the Minister for Health, Care and Justice.

1800 **Minister for Health, Care and Justice (Hon. N F Costa):** Mr Speaker, in respect of the last six months I hand over to the hon. Gentleman the schedule with the information he requested, detailing the monthly number of patients in each ward at St Bernard's Hospital. I would also like to note that at the time of drafting the answer to the question, we currently have the highest number of bed availability recorded for the month of January. *(Banging on desk)*

# GIBRALTAR PARLIAMENT, MONDAY, 23rd JANUARY 2017

**ANSWER TO QUESTION 66/2017**

Answer to question 63/2017

July 2016

| DAY | WARD NAME |      |               |                   |     |         |           |
|-----|-----------|------|---------------|-------------------|-----|---------|-----------|
|     | VICTORIA  | JOHN | DUDLEY TOOMEY | CAPTAIN MURCHISON | ITU | RAINBOW | MATERNITY |
| 1   | 34        | 32   | 30            | 34                | 10  | 0       | 14        |
| 2   | 34        | 29   | 24            | 34                | 10  | 0       | 4         |
| 3   | 34        | 29   | 30            | 34                | 9   | 1       | 9         |
| 4   | 34        | 33   | 29            | 34                | 8   | 1       | 8         |
| 5   | 34        | 32   | 25            | 34                | 7   | 1       | 6         |
| 6   | 34        | 31   | 26            | 34                | 9   | 1       | 9         |
| 7   | 34        | 32   | 28            | 34                | 10  | 4       | 12        |
| 8   | 34        | 30   | 25            | 34                | 7   | 3       | 6         |
| 9   | 34        | 29   | 23            | 34                | 8   | 2       | 2         |
| 10  | 34        | 30   | 24            | 34                | 9   | 2       | 0         |
| 11  | 34        | 31   | 28            | 34                | 7   | 3       | 1         |
| 12  | 34        | 31   | 26            | 34                | 9   | 3       | 5         |
| 13  | 34        | 31   | 30            | 34                | 10  | 1       | 7         |
| 14  | 34        | 33   | 32            | 34                | 11  | 1       | 5         |
| 15  | 34        | 30   | 29            | 34                | 9   | 3       | 3         |
| 16  | 34        | 29   | 30            | 34                | 11  | 1       | 4         |
| 17  | 34        | 31   | 31            | 34                | 11  | 0       | 4         |
| 18  | 34        | 31   | 31            | 34                | 9   | 0       | 2         |
| 19  | 34        | 30   | 32            | 34                | 9   | 1       | 0         |
| 20  | 34        | 31   | 31            | 34                | 11  | 3       | 5         |
| 21  | 34        | 32   | 29            | 34                | 9   | 2       | 6         |
| 22  | 34        | 32   | 29            | 34                | 9   | 2       | 6         |
| 23  | 34        | 31   | 32            | 34                | 11  | 2       | 2         |
| 24  | 34        | 31   | 32            | 34                | 11  | 2       | 2         |
| 25  | 34        | 33   | 29            | 34                | 9   | 2       | 2         |
| 26  | 34        | 33   | 30            | 34                | 8   | 1       | 2         |
| 27  | 34        | 33   | 30            | 34                | 8   | 1       | 2         |
| 28  | 34        | 34   | 31            | 34                | 9   | 2       | 5         |
| 29  | 34        | 33   | 33            | 34                | 11  | 1       | 15        |
| 30  | 34        | 32   | 30            | 34                | 9   | 1       | 9         |
| 31  | 34        | 31   | 30            | 34                | 8   | 1       | 6         |

**CONT ANSWER TO QUESTION 66/2017**

Continued answer to question 63/2017

August 2016

| DAY | WARD NAME |      |               |                   |     |         |           |
|-----|-----------|------|---------------|-------------------|-----|---------|-----------|
|     | VICTORIA  | JOHN | DUDLEY TOOMEY | CAPTAIN MURCHISON | ITU | RAINBOW | MATERNITY |
| 1   | 34        | 30   | 32            | 34                | 9   | 4       | 8         |
| 2   | 34        | 31   | 32            | 34                | 7   | 5       | 9         |
| 3   | 34        | 32   | 31            | 34                | 8   | 6       | 9         |
| 4   | 34        | 31   | 31            | 34                | 9   | 1       | 0         |
| 5   | 34        | 28   | 25            | 34                | 6   | 1       | 3         |
| 6   | 34        | 27   | 23            | 34                | 6   | 3       | 5         |
| 7   | 34        | 26   | 24            | 34                | 6   | 2       | 4         |
| 8   | 34        | 27   | 25            | 34                | 5   | 1       | 8         |
| 9   | 34        | 29   | 28            | 34                | 4   | 2       | 3         |
| 10  | 34        | 32   | 23            | 34                | 6   | 2       | 10        |
| 11  | 34        | 32   | 21            | 34                | 8   | 1       | 8         |
| 12  | 34        | 29   | 23            | 34                | 8   | 0       | 6         |
| 13  | 34        | 29   | 25            | 34                | 7   | 1       | 3         |
| 14  | 34        | 29   | 28            | 34                | 8   | 2       | 7         |
| 15  | 34        | 31   | 28            | 34                | 7   | 2       | 2         |
| 16  | 34        | 30   | 30            | 34                | 8   | 2       | 3         |
| 17  | 34        | 28   | 25            | 34                | 9   | 3       | 8         |
| 18  | 34        | 31   | 30            | 34                | 8   | 1       | 9         |
| 19  | 34        | 31   | 23            | 34                | 5   | 1       | 6         |
| 20  | 34        | 30   | 26            | 34                | 5   | 2       | 4         |
| 21  | 34        | 30   | 29            | 34                | 5   | 2       | 2         |
| 22  | 34        | 31   | 30            | 34                | 5   | 4       | 8         |
| 23  | 34        | 32   | 27            | 34                | 6   | 5       | 9         |
| 24  | 34        | 30   | 28            | 34                | 9   | 4       | 15        |
| 25  | 34        | 29   | 31            | 34                | 8   | 5       | 11        |
| 26  | 34        | 29   | 24            | 34                | 10  | 2       | 14        |
| 27  | 34        | 31   | 28            | 34                | 10  | 2       | 12        |
| 28  | 34        | 32   | 30            | 34                | 9   | 1       | 0         |
| 29  | 34        | 34   | 30            | 34                | 11  | 1       | 4         |
| 30  | 34        | 32   | 30            | 34                | 10  | 1       | 6         |
| 31  | 34        | 27   | 28            | 34                | 10  | 2       | 14        |

**CONT ANSWER TO QUESTION 66/2017**

Continued answer to question 63/2017

September 2016

| DAY | WARD NAME |      |               |                   |     |         |           |
|-----|-----------|------|---------------|-------------------|-----|---------|-----------|
|     | VICTORIA  | JOHN | DUDLEY TOOMEY | CAPTAIN MURCHISON | ITU | RAINBOW | MATERNITY |
| 1   | 34        | 29   | 25            | 34                | 10  | 4       | 12        |
| 2   | 34        | 29   | 25            | 34                | 10  | 4       | 12        |
| 3   | 34        | 30   | 21            | 34                | 7   | 8       | 3         |
| 4   | 34        | 29   | 21            | 34                | 8   | 5       | 2         |
| 5   | 34        | 29   | 23            | 34                | 9   | 1       | 3         |
| 6   | 34        | 30   | 26            | 34                | 9   | 1       | 2         |
| 7   | 34        | 32   | 30            | 34                | 10  | 1       | 5         |
| 8   | 34        | 31   | 31            | 34                | 9   | 0       | 7         |
| 9   | 34        | 31   | 28            | 34                | 9   | 2       | 5         |
| 10  | 34        | 33   | 28            | 34                | 6   | 1       | 6         |
| 11  | 34        | 31   | 29            | 34                | 6   | 0       | 4         |
| 12  | 34        | 32   | 25            | 34                | 7   | 3       | 11        |
| 13  | 34        | 32   | 25            | 34                | 7   | 3       | 11        |
| 14  | 34        | 31   | 24            | 34                | 8   | 1       | 11        |
| 15  | 34        | 32   | 30            | 34                | 7   | 3       | 9         |
| 16  | 34        | 28   | 28            | 34                | 7   | 6       | 6         |
| 17  | 34        | 30   | 25            | 34                | 6   | 3       | 8         |
| 18  | 34        | 30   | 26            | 34                | 7   | 3       | 5         |
| 19  | 34        | 30   | 30            | 34                | 7   | 4       | 2         |
| 20  | 34        | 32   | 33            | 34                | 10  | 3       | 5         |
| 21  | 34        | 32   | 30            | 34                | 9   | 1       | 9         |
| 22  | 34        | 31   | 32            | 34                | 11  | 3       | 11        |
| 23  | 34        | 32   | 30            | 34                | 9   | 3       | 8         |
| 24  | 34        | 31   | 31            | 34                | 10  | 3       | 4         |
| 25  | 34        | 33   | 30            | 34                | 8   | 4       | 10        |
| 26  | 34        | 31   | 29            | 34                | 8   | 6       | 10        |
| 27  | 34        | 30   | 28            | 34                | 10  | 3       | 2         |
| 28  | 34        | 33   | 31            | 34                | 10  | 5       | 6         |
| 29  | 34        | 32   | 32            | 34                | 9   | 3       | 2         |
| 30  | 34        | 32   | 31            | 34                | 8   | 3       | 1         |

**CONT ANSWER TO QUESTION 66/2017**

Continued answer to question 63/2017

October 2016

| DAY | WARD NAME |      |               |                   |     |         |           |
|-----|-----------|------|---------------|-------------------|-----|---------|-----------|
|     | VICTORIA  | JOHN | DUDLEY TOOMEY | CAPTAIN MURCHISON | ITU | RAINBOW | MATERNITY |
| 1   | 34        | 31   | 29            | 34                | 8   | 2       | 2         |
| 2   | 34        | 31   | 29            | 34                | 8   | 2       | 2         |
| 3   | 34        | 31   | 31            | 34                | 7   | 1       | 8         |
| 4   | 34        | 31   | 31            | 34                | 10  | 3       | 6         |
| 5   | 34        | 33   | 27            | 34                | 9   | 3       | 10        |
| 6   | 34        | 34   | 28            | 33                | 9   | 3       | 6         |
| 7   | 34        | 30   | 28            | 33                | 10  | 3       | 5         |
| 8   | 34        | 30   | 28            | 34                | 7   | 2       | 9         |
| 9   | 34        | 30   | 26            | 34                | 6   | 3       | 12        |
| 10  | 34        | 29   | 24            | 34                | 4   | 4       | 0         |
| 11  | 34        | 30   | 27            | 34                | 6   | 4       | 0         |
| 12  | 34        | 30   | 27            | 34                | 8   | 2       | 4         |
| 13  | 34        | 29   | 26            | 34                | 8   | 3       | 9         |
| 14  | 34        | 30   | 29            | 34                | 4   | 4       | 7         |
| 15  | 34        | 28   | 23            | 33                | 3   | 2       | 3         |
| 16  | 34        | 27   | 22            | 34                | 4   | 2       | 6         |
| 17  | 34        | 27   | 19            | 34                | 9   | 6       | 4         |
| 18  | 34        | 29   | 22            | 34                | 10  | 3       | 0         |
| 19  | 34        | 29   | 27            | 34                | 10  | 4       | 2         |
| 20  | 34        | 30   | 28            | 34                | 12  | 6       | 6         |
| 21  | 34        | 31   | 25            | 34                | 12  | 2       | 6         |
| 22  | 34        | 31   | 25            | 34                | 10  | 1       | 4         |
| 23  | 34        | 31   | 29            | 34                | 7   | 1       | 2         |
| 24  | 34        | 28   | 29            | 34                | 6   | 3       | 1         |
| 25  | 34        | 32   | 28            | 34                | 7   | 3       | 3         |
| 26  | 34        | 30   | 21            | 34                | 10  | 4       | 6         |
| 27  | 34        | 31   | 23            | 34                | 9   | 6       | 6         |
| 28  | 34        | 31   | 23            | 34                | 5   | 4       | 4         |
| 29  | 34        | 30   | 22            | 34                | 6   | 3       | 0         |
| 30  | 34        | 30   | 29            | 34                | 5   | 2       | 1         |
| 31  | 34        | 31   | 27            | 34                | 6   | 3       | 0         |

# GIBRALTAR PARLIAMENT, MONDAY, 23rd JANUARY 2017

**CONT ANSWER TO QUESTION 66/2017**

Continued answer to question 63/2017

November 2016

| DAY | WARD NAME |      |               |                   |     |         |           |
|-----|-----------|------|---------------|-------------------|-----|---------|-----------|
|     | VICTORIA  | JOHN | DUDLEY TOOMEY | CAPTAIN MURCHISON | ITU | RAINBOW | MATERNITY |
| 1   | 34        | 31   | 24            | 32                | 7   | 2       | 2         |
| 2   | 34        | 28   | 20            | 34                | 4   | 3       | 7         |
| 3   | 34        | 31   | 14            | 34                | 6   | 3       | 8         |
| 4   | 34        | 30   | 18            | 34                | 7   | 6       | 3         |
| 5   | 34        | 30   | 18            | 34                | 7   | 6       | 3         |
| 6   | 34        | 30   | 20            | 34                | 6   | 4       | 4         |
| 7   | 34        | 29   | 23            | 34                | 5   | 2       | 2         |
| 8   | 34        | 28   | 22            | 34                | 6   | 2       | 2         |
| 9   | 34        | 30   | 24            | 34                | 7   | 2       | 4         |
| 10  | 34        | 31   | 19            | 34                | 7   | 4       | 3         |
| 11  | 33        | 31   | 20            | 34                | 8   | 4       | 3         |
| 12  | 33        | 32   | 25            | 34                | 9   | 4       | 3         |
| 13  | 32        | 31   | 29            | 34                | 9   | 2       | 4         |
| 14  | 34        | 29   | 30            | 34                | 8   | 4       | 5         |
| 15  | 34        | 29   | 30            | 34                | 10  | 2       | 3         |
| 16  | 34        | 30   | 29            | 34                | 9   | 3       | 5         |
| 17  | 34        | 30   | 29            | 34                | 11  | 3       | 9         |
| 18  | 34        | 32   | 30            | 34                | 8   | 3       | 4         |
| 19  | 34        | 30   | 31            | 34                | 11  | 4       | 6         |
| 20  | 34        | 31   | 31            | 34                | 8   | 3       | 7         |
| 21  | 34        | 30   | 32            | 34                | 11  | 2       | 6         |
| 22  | 34        | 29   | 32            | 34                | 9   | 2       | 5         |
| 23  | 34        | 29   | 30            | 34                | 8   | 4       | 6         |
| 24  | 34        | 32   | 33            | 34                | 9   | 4       | 5         |
| 25  | 34        | 32   | 25            | 34                | 9   | 3       | 5         |
| 26  | 34        | 32   | 27            | 34                | 10  | 3       | 4         |
| 27  | 34        | 30   | 29            | 34                | 9   | 5       | 6         |
| 28  | 34        | 31   | 32            | 34                | 8   | 4       | 7         |
| 29  | 34        | 31   | 31            | 34                | 8   | 3       | 7         |
| 30  | 34        | 30   | 32            | 34                | 7   | 4       | 9         |

**CONT ANSWER TO QUESTION 66/2017**

Continued answer to question 63/2017

December 2016

| DAY | WARD NAME |      |               |                   |     |         |           |
|-----|-----------|------|---------------|-------------------|-----|---------|-----------|
|     | VICTORIA  | JOHN | DUDLEY TOOMEY | CAPTAIN MURCHISON | ITU | RAINBOW | MATERNITY |
| 1   | 34        | 33   | 30            | 34                | 7   | 3       | 7         |
| 2   | 34        | 31   | 28            | 34                | 10  | 2       | 8         |
| 3   | 34        | 32   | 26            | 34                | 8   | 2       | 10        |
| 4   | 34        | 32   | 26            | 34                | 8   | 2       | 10        |
| 5   | 34        | 32   | 30            | 34                | 8   | 2       | 12        |
| 6   | 34        | 32   | 29            | 34                | 9   | 2       | 6         |
| 7   | 34        | 34   | 30            | 34                | 10  | 3       | 10        |
| 8   | 34        | 33   | 28            | 34                | 10  | 3       | 10        |
| 9   | 34        | 31   | 28            | 34                | 8   | 2       | 12        |
| 10  | 34        | 33   | 32            | 34                | 11  | 4       | 10        |
| 11  | 34        | 34   | 31            | 34                | 9   | 3       | 7         |
| 12  | 34        | 34   | 31            | 34                | 9   | 3       | 7         |
| 13  | 34        | 32   | 30            | 34                | 9   | 2       | 5         |
| 14  | 34        | 32   | 27            | 34                | 7   | 2       | 9         |
| 15  | 34        | 32   | 26            | 34                | 8   | 2       | 9         |
| 16  | 34        | 32   | 28            | 34                | 8   | 1       | 15        |
| 17  | 34        | 33   | 32            | 34                | 8   | 0       | 6         |
| 18  | 34        | 33   | 32            | 34                | 8   | 0       | 6         |
| 19  | 34        | 33   | 33            | 34                | 9   | 3       | 9         |
| 20  | 34        | 33   | 33            | 34                | 9   | 3       | 7         |
| 21  | 34        | 32   | 32            | 34                | 8   | 2       | 8         |
| 22  | 34        | 32   | 31            | 34                | 8   | 3       | 5         |
| 23  | 34        | 32   | 25            | 34                | 9   | 2       | 7         |
| 24  | 34        | 33   | 29            | 34                | 8   | 1       | 5         |
| 25  | 34        | 33   | 29            | 34                | 10  | 2       | 5         |
| 26  | 34        | 34   | 34            | 34                | 10  | 1       | 3         |
| 27  | 34        | 33   | 30            | 34                | 9   | 1       | 6         |
| 28  | 34        | 33   | 34            | 34                | 10  | 1       | 6         |
| 29  | 34        | 34   | 34            | 34                | 10  | 1       | 3         |
| 30  | 34        | 33   | 31            | 34                | 7   | 3       | 8         |
| 31  | 34        | 33   | 27            | 34                | 9   | 3       | 9         |

1805 In respect of the last six months the average bed occupancy levels were as follows: July, 105.5%; August, 105%; September, 105.5%; October, 100.6%; November, 102%; December, 107%. However, it bears pointing out to the House that had the previous administration kept to the same level of beds as at 2004 when the old St Bernard's Hospital was moved to the new St Bernard's Hospital, the average bed occupancy would have been as follows: July, 98%; August, 95%; September, 99%; October, 96%; November, 98%; December, 98%. It is therefore incontrovertible and indisputable that as we on this side of the House noted from the Opposition benches on numerous occasions at that time, it was indeed a grave mistake to ignore  
1810 clinicians' advice to maintain the same number of beds.

Further, Mr Speaker, in total four additional beds have been added to two wards in the last two months.

1815 The Gibraltar Health Authority has temporarily refurbished and commissioned the cardiac rehabilitation gym into a seven-bed ward and this has been operational since Monday, 9th January. To date, seven patients have been transferred. Mr Speaker, it should have been added in the answer to the question that it relates to elderly residential care in the cardiac rehabilitation gym.

1820 **Hon. D A Feetham:** Mr Speaker, the hon. Gentleman provided the bed occupancy rates in answer to Question 64, and I will be corrected if I am wrong but the answer for December was 107%.

1825 Bearing in mind what the hon. Gentleman has been at pains to say, both publicly and indeed in our earlier exchanges to this House, has been that there was a surge in bed demand in December, this does not actually bear that out – perhaps there is an explanation – because when you look at these statistics, in July it is 105%, the next month it is 105%, then again 105%, then 106%, then 102% and then 107%. That is actually just 2% higher than in the first three months of those six months and only 1% higher than 106%. So how –

1830 **Mr Speaker:** It is not 106%; it 100.6%.

**Hon. D A Feetham:** Oh, sorry, I beg your pardon.

**Mr Speaker:** October, 100.6%.

1835 **Hon. D A Feetham:** Just so that I get this right, is it 105% or 100.5%? My understanding was it was 105%, 105%, 105%, then 100.6%, then 102%, and then 107%. That is correct. They do not appear to indicate that there is a huge surge in bed demand for December. Indeed, if you look at the six months prior to this period you are looking at a range between 103% to 111%, so it is actually even greater prior to these six months. Yes. You can have a look at it in the statistics  
1840 provided to the GHA report, which provided statistics right up to the month just before I have asked in this House. That is a range of 103% to 111%. It is in press release exchanges that I have had with the hon. Gentleman in recent weeks. That does not indicate that there has been a huge surge in demand in December, and I just wonder whether the hon. Gentleman can comment on that and explain those statistics.

1845 **Hon. N F Costa:** Yes, Mr Speaker, the hon. Gentleman is right in saying that I had noted that there was a surge in admissions. That is the information that has been provided to me by A&E and the clinicians, that they had the highest number of elderly patients of 75 years of age or older presenting for critical illnesses, which happened in December of this year.

1850 **Hon. D A Feetham:** But Mr Speaker, how does the hon. Gentleman reconcile that with the fact that earlier than these six months there was 111%. I think it was in June or May of 2016 that it was 111%, and that is actually higher than the 107%. It is just simply that the statistics do not

1855 appear to indicate that there has been a massive surge of beds in December, bearing in mind the  
bed occupancy levels of 107%, which is just barely over the other figures that he has provided  
me for these six months and lower than the ones for the six months before that.

1860 **Hon. N F Costa:** Mr Speaker, the hon. Gentleman I do not think is putting into his analysis the  
fact that I noted to him that over the past few weeks since I was made Minister for Health there  
has been an increase in the discharge process. We have included a qualified social worker as  
part of the bed management team. There used to be a meeting of the bed management every  
two weeks; now bed management meets much more frequently. There are now the possibility  
of care packages. So a person being admitted will not necessarily stay for as long as they would  
1865 have in the past, because there is now a qualified social worker who is able, with the bed  
management team, to be able to decide on a rolling basis whether a patient could be admitted  
with a care package. So that is what I think he is not factoring into the question that he is asking  
me.

1870 **Hon. D A Feetham:** I am afraid I still do not understand it, but I will move on because we are  
talking about bed occupancy rates and that is the question, and the bed occupancy rates appear  
to be fairly static over the last six months with just an increase of 2% in December.

But am I right to also say this – and I will ask the hon. Gentleman to comment on this – that  
not only have we had four extra beds in wards and seven beds that are being used in the  
physiotherapy gym that are now being used as an extra small ward, but also there have been  
1875 extra beds that have been created at Mount Alvernia, so presumably there have been people  
who have been decanted from the hospital to Mount Alvernia but still there has been a need for  
all these measures that have been introduced by the Government?

1880 **Hon. N F Costa:** Mr Speaker, to be clear, what I said in my answer to his question was that  
there has been a total of four additional beds, two in one ward and two in another –  
(*Interjection*) that is right – so it is four plus seven; and as I have also said, the refurbishment and  
the cardiac rehabilitation gym is a seven-bed ward for elderly residential services. (*Interjection*)  
Yes.

1885 **Hon. D A Feetham:** So we are talking about long-term elderly are being placed in the gym,  
thus releasing seven extra beds elsewhere in order to be able to treat patients.

But am I right as well that, in addition, the opening of the beds at Mount Alvernia has also  
been effective, it has started, so there have been patients who have been moved out of the  
hospital into Mount Alvernia? No?  
1890

**Hon. N F Costa:** No, Mr Speaker. I think that the hon. Gentleman – (*Interjection*) What I  
announced in the press release was that the Government will be adding 24 additional beds at  
Mount Alvernia.

1895 The whole idea, of course, as I noted to Mr Clinton during the course of the debate, was that  
we need to move to a position where we have 24-hour care for elderly persons at the  
appropriate elderly residential units, so that you have one entity that takes care of elderly  
persons, whether with dementia or not, and there is proper nursing care in that entity, and that  
we also need to move at the same time at making sure that the hospital in fact remains a  
hospital for pre and post-operative care.

1900 So the policy of the Government is to move in that direction. So, although the GHA and the  
Care Agency and ERS are now integrated under my Ministry and we are looking at efficiencies  
and better reallocation of resources in terms of nursing, skills mix and so on, the policy of the  
Government is to move towards having St Bernard's Hospital as an operating hospital, which of  
course is the very purpose of its existence, and also having dementia and elderly residential  
1905 separately.



**Hon. D A Feetham:** Mr Speaker, that makes absolute sense and that is something that ought to have been done, in my respectful view, far sooner than the hon. Gentleman has sought to get to grips with it.

1910 But am I also right in saying that there have been patients who have been moved to Ocean Views since December and there has been that extra effort that has gone into trying to move elderly care patients out of the hospital, because quite rightly it is a hospital that needs to treat patients, post-operative care and also medical patients, rather than long-term elderly?

1915 **Hon. N F Costa:** Mr Speaker, unless memory fails me I believe that having elderly residential within the hospital was a GSD (**Hon. Dr J E Cortes:** Absolutely.) (**A Member:** No, no, no.) present which the Hon. Dr John Cortes received.

**A Member:** It was an old people's home.

1920 **Hon. N F Costa:** Yes, so I think – (*Interjection*) Just to set the record straight.

As I explained to him in the course of a previous answer, I think that, having spoken with the clinical nurse managers and the clinicians, in their view the most important step that we have taken over the past few weeks is having the qualified social worker based 24 hours at the hospital, because not only is a social worker able to determine whether a medically discharged person could go back to their home with their family or not, with appropriate packages of care – so therefore it makes sense that that should be done as seamlessly as possible – but also having the care worker based at the hospital, as far as they are telling me, has in fact stopped unnecessary admissions. So you have a situation at A&E where a person is being treated and the question becomes, 'Well, this person should not really be admitted into a ward because there is nothing medically wrong with this person, but we are concerned about allowing this elderly person to go home without any care,' because perhaps that person is not supported or lives alone. Having the social worker there has meant that they are able to move back home as a result of the care packages that are being provided.

1935 **Hon. D A Feetham:** Quite rightly I am reminded that in fact Ocean Views is not the right place to also treat long-term elderly patients, but am I right in saying that there have been patients who have been decanted from the hospital and placed in Ocean Views in order to release beds at the hospital? Elderly patients?

1940 **Hon. N F Costa:** Mr Speaker, I sincerely, sincerely doubt it. I will certainly ask, but I sincerely doubt that would have happened because, as he rightly says, it would just not be appropriate unless, of course, it is medically indicated; but it would not be because ... What I can tell the hon. Gentleman is that I am not certain whether that has happened, but what I can assure him though is that if there has been any decanting from St Bernard's to Ocean Views it would be on a clinical decision and not because of bed management issues. That I can assure him.

1945 **Hon. D A Feetham:** Mr Speaker, just one final question. Does the Government intend to introduce any plans for domiciliary care, or greater domiciliary care, in relation to elderly patients? Part of the problem here is that of course the strategy cannot be one dimensional; it cannot just simply be Mount Alvernia when, for example, the more appropriate path for treatment or for taking care of an elderly person may actually be within somebody's home with the appropriate levels of care.

1950 In terms of cost, I do not know what the cost is but having long-term patients, elderly care patients, blocking beds at St Bernard's Hospital must come at a considerable cost to the taxpayer in any event.

**Hon. N F Costa:** Mr Speaker, perhaps I have not been entirely clear in my replies to the Hon. the Leader of the Opposition. The purpose of the qualified social worker being based all the time at St Bernard's Hospital is precisely to provide care packages. By care packages I meant domiciliary care, and in that respect it is important to note that the budget has gone from ... I believe we received £600,000 and we are now almost touching £3 million in terms of the domiciliary care that we provide to elderly members of our community to also include home support. So, to answer his question, yes, we are investing, I think rightly, in being able to allow medically discharged elderly people to go back home with the right care provided to them, of course at the expense of the Government.

But, Mr Speaker, if I may, we have gone beyond that. As the hon. Gentleman knows, we opened the Dementia Day Centre only last week. The Dementia Day Centre by the end of this quarter will see 90 persons who present with dementia being able to use that facility during the course of any given day. I think that the Dementia Day Centre will in fact alleviate some of the budget of the domiciliary care and home support because family members will, I think, feel very comfortable dropping off an elderly loved one during the course of the day because of the memory clinic and all the other therapeutic services that will be provided to make sure that persons who present with mild to moderate dementia are stimulated and there is as little loss as possible of cognitive function and there is as little progression as possible of the very different strands of dementia – because of course dementia is not just one disease, it covers many different diseases.

But apart from the Dementia Day Centre, in addition to the £3 million in care packages the hon. Gentleman also needs to remember that we have for the first time the John Mackintosh Wing. The John Mackintosh Wing was designed specifically and wholly with dementia patients in mind, so that you have a floor specifically designed for persons that present with dementia. And of course in addition I only recently announced the extension of Mount Alvernia to add 24 beds which would come onto stream over the next four months, and I will certainly be taking GAD's lead in that respect to make sure that the furniture that we buy, even at Mount Alvernia, should be dementia-friendly furniture, because of course an elderly person who may not initially present with dementia may, during the course of their stay in Mount Alvernia, eventually do so, and if they do then of course the right furniture and the right equipment should be available for them to make their life as pleasant and as comfortable as possible during that time.

#### Q67/2017

#### St Bernard's bed occupancy rates – Dementia and elderly long-stay patients

**Clerk:** Question 67. The Hon. D A Feetham.

**Hon. D A Feetham:** Can the Government please provide details of both the numerical and percentage bed occupancy rates at St Bernard's Hospital by sufferers of dementia and elderly long-stay patients in each of the last six months?

**Clerk:** Answer, the Hon. the Minister for Health, Care and Justice.

**Minister for Health, Care and Justice (Hon. N F Costa):** Mr Speaker, in respect of the last six months, the information the hon. Gentleman requests is as follows.

July of this year: dementia long stay 22, which represents 17%; elderly long stay 35, which represents 27%.

2000 August of this year: dementia long stay 24, which represents 18%; elderly long stay 32, which represents 25%.

September of this year: dementia long stay, 25, which represents 19%; elderly long stay 35, which represents 27%.

2005 October of this year: dementia long stay 23, which represents 18%; elderly long stay 34, which represents 26%.

November of this year: dementia long stay 26, which represents 20%; elderly long stay 33, which represents 25%.

December of this year: dementia long stay 31, which represents 24%; elderly long stay 29, which represents 22%.

2010

**Hon. D A Feetham:** Mr Speaker, looking at again these very significant statistics, when we take into account the very large percentage of bed occupancy for dementia and also for elderly long stay is the hon. Gentleman satisfied and confident that once the dementia unit opens, which will provide I think it is 54 beds, and also with the advent of more beds at Mount Alvernia, that this very significant statistic – which at times has been over 50% by my calculation, certainly very close to 50% anyway – will be a thing of the past, hopefully, so that we can all progress to having a hospital that basically treats patients who are ill?

2015

**Hon. N F Costa:** Mr Speaker, in respect of the dementia residential home, as the Hon. the Chief Minister announced during the course of his New Year Message, he has given his personal commitment that it will be open during the course of this quarter. That would represent 52 beds, and of course therefore the number of dementia long stay in the hospital will be catered for.

2020

But he will also remember that I said, during the course of my supplementary answer to his supplementary question, that the 24 additional beds at Mount Alvernia need to be equipped and calibrated in a way that also accounts for elderly persons who may then develop dementia or Alzheimer's, and it makes absolute sense to us that as we move forward and we add additional capacity at Mount Alvernia, or indeed official capacity for any additional dementia residential homes, that there should be equipment and furniture that caters for elderly persons by way of having furniture and equipment that is dementia friendly.

2025

2030

**Hon. D A Feetham:** Mr Speaker, bearing in mind again the statistics – 35, 32, 35, 34, 33, 29 – for the last six months, long-term elderly patients, can he explain why the decision, which appears to me to be a very sensible one, I have to say, to open a further 24 beds at Mount Alvernia has not been taken sooner in the five years that the hon. Gentleman has held office and has formed part of the Government?

2035

**Hon. N F Costa:** Mr Speaker, dementia as –

2040

**Hon. D A Feetham:** Long-term elderly.

**Hon. N F Costa:** Long-term elderly, okay. Well, in respect of long-term elderly, as the hon. Gentleman will know from reading any newspaper, that an ageing population is a fact of life in Western Europe and also in Gibraltar.

2045

As I have told the hon. Gentleman, we will be adding 24 beds and I want the hon. Gentleman to know that that is not the only thing that is presently under consideration. That is the one project I have been able to announce because it is moving forward, but we are also not staying still in that respect but are obviously looking at additional measures that we need to take.

2050

The numbers fluctuate between 30 to 35, so of course the capacity has to hit that level. I think it is a little bit unfair for the hon. Gentleman to suggest in his supplementary that my hon.

and formidable predecessor did not tackle the issue. (*Interjection*) The hon. Gentleman did *incredibly* good work at St Bernard's Hospital. One of the staggering statistics that I found when coming in to St Bernard's Hospital was that, for instance, in 2010 the GSD had a cancellation of elective surgeries of 20% and Minister Cortes in 2013 had elective surgery cancellations of 8%.  
2055 So an incredibly vast improvement to the number of operations being conducted, and of course it was the Hon. Dr Cortes who brought in the day surgery ward, which was not something that St Bernard's had catered for before.

I think, Mr Speaker, that the Government is moving swiftly in being able to deal with the issue of elderly long stay in the hospital, and, as I have told him during the course of various  
2060 answers to his various supplementaries, I am intent in making sure that the policy of the Government is moved forward so that the hospital is a hospital and that elderly residential units are just for elderly residential units.

**Hon. D A Feetham:** Mr Speaker, the reason why I asked this question is they have been in  
2065 power for the last five years and it only seems when this has become a political issue, in the sense that it has been raised by the Opposition, that there is a reaction by the Government to open extra beds at Mount Alvernia.

In relation to the Mount Alvernia initiative, is this something that has been in the pipeline  
2070 prior to the hon. Gentleman becoming a Minister for Health with responsibility for health, or is this something that the hon. Gentleman has himself come up with as an initiative – for which, of course, I commend him greatly because it does appear to me to be a very good initiative indeed.

**Chief Minister (Hon. F R Picardo):** Of course, Mr Speaker, one is left thinking, after those  
2075 remarks: if it was such a good initiative why didn't they do it in 2011, in 2010 or in all the many years that they were in Government?

Mr Speaker, what we are able to point to on behalf of the whole Government – on behalf of  
the current Minister for Health, on behalf of the former Minister for Health and on behalf of the  
former Minister for Social Services and Elderly Residential Care, Samantha Sacramento – is that  
we identified this issue as an issue that was one of concern upon our election and we started the  
2080 process of ensuring that we provided the additional care that was necessary.

And so, in the five years that the hon. Gentleman is referring to he will have seen the  
increase of domiciliary care from £600,000 to just shy of £3 million that the hon. Gentleman has  
referred to. He will have seen the development of the old John Mackintosh Wing at the old  
2085 St Bernard's Hospital, he will have seen the addition of a number of wards down at Europort  
Hospital which are elderly residential wards, and now he is seeing the addition of these 24 beds  
at Mount Alvernia. All of that incremental provision made in our time. He will have seen the bold  
steps that we took to ensure that the dementia residential facility was fit for purpose and which  
at that time – (*Interjection by Hon. Miss S J Sacramento*) I just said that – Minister Sacramento  
2090 led on and we soon expect to be opening, and of course the additional provision of the Bella  
Vista daycare facility which we recently opened and other daycare provision provided down at  
Waterport Terraces. So all of that is what has happened in the past five years, Mr Speaker.

Hon. Members need to realise that in the time that *they* were in office there was no increase  
in the provision and in these five years there has been all of that increase in the provision and  
perhaps a further increase in the provision, if necessary, in the future as we continue to look at  
2095 how we deal with this growing problem, which is a growing problem not just for Gibraltar but for  
all of Europe, but which in Gibraltar – given the numbers we have seen today, in particular the  
periods in which people are at our hospital etc. – is one which is probably better managed than  
it is in other parts of Europe. I am quite happy to commend the former Minister for Health, the  
current Minister for Health and in particular the former Minister for Elderly Residential Services  
2100 and Social Services, Samantha Sacramento, who had specific responsibility for that, for the  
sterling work that they have done in the past five years and the money that we have invested in

this particular area – although of course, Mr Speaker, they do like to say that we spend too much money and then urge us to spend more or ask us why we did not spend it earlier.

2105 **Hon. D A Feetham:** Mr Speaker, he still has not answered the question. Nonetheless, implicit  
in the answer and avoiding the question is that this is a new initiative. Therefore it begs the  
question: bearing in mind that nearly 50% of bed occupancy at the hospital is being occupied by  
either dementia or long-stay elderly patients, why hasn't the Government done something  
2110 about it earlier? (*Interjection*) It has not prioritised the dementia unit. Five years after it first got  
elected into office it still has not opened, and it is only now, as a consequence of the election ...  
or the appointment, I beg your pardon, of the Hon. Mr Costa as Minister for Health, that there is  
an initiative in order to open further beds at Mount Alvernia, which would have seemed, looking  
at the statistics, to have been an obvious alternative to have been done earlier, which would  
have helped to deal with what is a very difficult situation with bed occupancy at the hospital.

2115

**Mr Speaker:** I will allow one further answer to that question and then we are moving on.

**Hon. Chief Minister:** Mr Speaker, from a sedentary position I think the former Minister for  
Health has best expressed the answer to that, but I will develop it in this way.

2120 This is not avoiding answering a question, this is answering a question in a complex way  
because this is a sophisticated area and perhaps he is finding difficulty in understanding it. Let  
me take him through it again.

When we were elected there were closed wards at St Bernard's. Does he know that,  
Mr Speaker? (**Hon. Miss S J Sacramento:** One ward.) Because he was a Minister in the  
2125 Government that had the closed ward. We opened the ward at St Bernard's that was closed by  
them and we opened it for elderly residential services; it is called Calpe Ward.

We converted what they were doing up at John Mackintosh Wing, the old St Bernard's  
Hospital, and turned it into elderly residential care. He does not seem to remember that,  
Mr Speaker. He was a Member in the Government, a Minister in the Government that was doing  
2130 the opposite. We turned that into elderly residential care.

So, just before I carry on, let me just pause there so that he understands it and realises I am  
not avoiding his question but answering it in a complex and sophisticated way. Those are two  
facilities for elderly residential care that we added: the ward at St Bernard's and Old St Bernard's  
2135 Hospital, which they were going to use for another purpose. Then we went down the route also  
of doing the daycare facility. That is already open, which means people do not have to go to the  
hospital. In addition, instead of prison cells for people with dementia, which is what they were  
developing up at the Old Naval Hospital, we changed the way that that was done and developed  
it properly with advice – in particular with advice given to the hon. Lady, who was then  
2140 responsible for elderly residential care – for the new dementia residential facility, an additional  
thing that was done. And now we are converting also ... In addition to all of those things that had  
already been done to meet demand, which they had done nothing about until December 2011,  
we have now taken the decision to turn a wing of Mount Alvernia which they used only for  
administration also for these purposes in order to be the Government that has most delivered in  
2145 respect of this particular area of Government under the respective Ministers who have been  
doing the job.

Now, Mr Speaker, why didn't we do that earlier? Well, we did not do the Mount Alvernia  
thing earlier ... He now is going to get a direct answer in respect of the sophisticated and  
complex answer I have given him, so that he better understands it, Mr Speaker. Why didn't we  
do that thing that we are now doing in relation to Mount Alvernia and those 24 beds earlier?  
2150 Because we were doing the Calpe Ward thing earlier, because we were doing the daycare facility  
earlier, because we were doing the John Mackintosh facility earlier. If he looks, therefore, at the  
number of beds that we have added every year since we were elected, I think he will find that

2155 we have probably added in the region of 10 beds a year, if not more, since 2011. That is why we did not do it earlier: because we were doing those things. Now we are doing this and next year we might do something else, all of which it is much more than they did.

At least let us just look at that narrow bit of time when he was a Minister in the GSD Government – and, Mr Speaker, if things carry on as they are they will be the very narrow period of time in his life and the history of our community when he will ever have been a Minister.

**Q68-69/2017**

**Nurses –**

**Number directly employed by GHA**

**Clerk:** Question 68. The Hon. D A Feetham.

2160

**Hon. D A Feetham:** Can the Government say how many nurses are currently employed by the GHA directly?

**Clerk:** Answer, the Hon. the Minister for Health, Care and Justice.

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**Minister for Health, Care and Justice (Hon. N F Costa):** Mr Speaker, I will answer this question together with Question 69.

**Clerk:** Question 69. The Hon. D A Feetham.

2170

**Hon. D A Feetham:** Can the Government say how many nurses are placed within the GHA through the services of a recruitment consultant?

**Clerk:** Answer, the Hon. the Minister for Health, Care and Justice.

2175

**Minister for Health, Care and Justice (Hon. N F Costa):** Mr Speaker, the GHA currently employs 524 nurses directly. Seventeen registered nurses are sourced through Medoc. Two nursing auxiliaries are sourced through Grand Home Care.

2180

Mr Speaker, I am sure that the hon. Gentleman opposite will be happy to hear that 20 trainees completed their induction programme last week as nursing assistants. There will be 20 pupil nurses commencing on 27th February this year, who will undertake the 18-month course that leads to registration with the Gibraltar Nurses, Midwives and Health Visitors Registration Board, as well as a QCF Level 3 qualification. This group undertake work-based learning and are employed as nursing assistants.

2185

In addition, there are currently 14 nursing assistants undergoing the enrolled nurse training course who are due to qualify at the end of February 2017. At the end of the course the enrolled nurses will acquire two qualifications: enrolled nursing and registration with the Gibraltar Nurses, Midwives and Health Visitors Registration Board Qualification and Credit Framework Level 3, an internationally recognised qualification.

2190

In addition, the School of Health Studies has a pathway for enrolled nurses to become registered nurses. After successful completion of the programme an application can be made to St George's University of London at Kingston, University of London, to undertake a three-year registered nurses programme. Thus far we have two enrolled nurses doing this, who are due to qualify in September of this year.

**Q70/2017**  
**New dementia facility –**  
**Breakdown of costs**

2195 **Clerk:** Question 70. The Hon. Ms M D Hassan Nahon.

**Hon. Ms M D Hassan Nahon:** Can the Government say how much the new dementia facility has cost and can they provide a breakdown of the costs?

2200 **Clerk:** Answer, the Hon. the Minister for Health, Care and Justice.

**Minister for Health, Care and Justice (Hon. N F Costa):** Mr Speaker, I have read the hon. Lady's question as referring to the costs of the Dementia Day Centre. The day centre has cost £5,786,801.14. A breakdown of costs is in the schedule I now hand over to the hon. Lady.

Answer to Question 70/2017

**DEMENTIA FACILITY**

| <b>DEMENTIA DAY CENTRE – BLOCK E – JLC</b> |  | <b>Valuation</b> |
|--|--|------------------|
|  | <b>PRICED BQs</b>                        | <b>SUMMARY</b>   |
|  |  | <b>£</b>         |
| 1/A  | Bill 1 Block E Enabling Works            | 388,367.55       |
| 1/B  | Bill 2 Block E Demolition Works          | 73,020.96        |
| 1/C  | Bill 3 Block E Main Works                | 2,049,260.63     |
| 1/D  | Bill 4 Block E Mechanical and Electrical | 1,075,209.65     |
| 1/E  | Bill 5 Block E External Works            | 664,849.39       |
| 1/F  | Bill 6 Block E Provisional Sums          | 14,000.00        |
|  | Prelims                                  | 563,942.86       |
|  | Overheads & Profit                       | inc              |
|  | Variations                               | 958,150.10       |
|  |  |                  |

2205 **Mr Speaker:** Is there any supplementary arising from this schedule?

**Hon. Ms M D Hassan Nahon:** Mr Speaker, could I ask the Minister for Health whether he is satisfied that they stuck to budget in general?

2210 **Hon. N F Costa:** Mr Speaker, I am afraid I do not know the answer to the hon. Lady's question, but I will ask and I will write to her.

2215 **Hon. D A Feetham:** Mr Speaker, are these all the total costs of the dementia facility, both including the costs that were incurred when we were in Government and the cost post when they have been in Government? Is this the total cost of the dementia facility? That is the question?

**Hon. N F Costa:** No, Mr Speaker, the hon. Gentleman will know that the Dementia Day Centre was a GSLP Liberal administration commitment. It was not –

2220 **Hon. D A Feetham:** It is just the day centre?

**Hon. N F Costa:** It is just the day centre.

2225 **Hon D A Feetham:** It is just that the question said the 'new dementia facility'.

**Hon. N F Costa:** Yes, okay, my mistake.

**Hon. D A Feetham:** Oh, right, okay, 'new dementia' as in the day centre.

2230 **Hon. N F Costa:** No. I did say in my answer: 'I have read the hon. Lady's question as referring to the costs of the dementia day centre.'

2235 **Hon. Ms M D Hassan Nahon:** Mr Speaker, I am sorry, I do not want to sound nit-picking but I have added the amounts that have been provided in the schedule and it is £1.5 million out. Is there anything that the Minister could enlighten us regarding this, please? One million ... No, I am sorry, I stand to be corrected.

**Mr Speaker:** You pressed the correct keys?

2240 **Hon. Ms M D Hassan Nahon:** Yes.

**Mr Speaker:** Check again.

2245 **Hon. Ms M D Hassan Nahon:** No, I think it is actually okay. I forgot to add the bottom ... No, I think it is fine.

Can I ask what 'provisional sums' refers to?

2250 **Hon. N F Costa:** Mr Speaker, I am going to read her exactly what has been provided to me. The preliminaries provide a description of a project that allows the contractor to price costs which, whilst they do not form part of any of the package of works required by the contract, are required by the method and circumstances of delivering the works. In this project they comprise predominantly of the following: GJBS site management and supervision; temporary accommodation, site cabins and welfare; temporary power and electric for both the site accommodation and works; scaffolding, external and internal; plant and equipment such as tower crane and mobile crane; office equipment such as computers, phones and fax lines; security measures, hoarding and fencing.

2255



2260 **Hon. R M Clinton:** Mr Speaker, if I may. Studying the schedule myself, I notice the variations amount to about what would have been 18% of the original contract. Can the Minister advise the House: was there anything special in the variations that caused what seems to be a large variation number of about 18%?

2265 **Hon. N F Costa:** Mr Speaker, I did ask exactly that question but it has not been provided to me in my supplementary information, so I commit to writing to him when I go back to the office. I apologise for that.

**Mr Speaker:** Any other questions?

2270

**Q71/2017**  
**Mental health crisis line –**  
**Progress**

**Clerk:** Question 71. The Hon. Ms M D Hassan Nahon.

2275 **Hon. Ms M D Hassan Nahon:** Can the Minister for Health state whether there has been any progress for the setting up of a 24-hour crisis line to man and care for emergency mental health issues as per the mental health motion of the November sitting of Parliament?

**Clerk:** Answer, the Hon. the Minister for Health, Care and Justice.

2280 **Minister for Health, Care and Justice (Hon. N F Costa):** Mr Speaker, the GHA currently have an out-of-hours service. Mental welfare officers are available at any time to offer advice and support to persons over the phone when required. They will physically attend to a person in cases where they consider this necessary and are responsible to contact the on-call psychiatrist for any emergencies.

2285 In addition to this, as the hon. Lady knows, we are currently exploring a number of possible options in an endeavour to find a tailor-made solution fit for Gibraltar's needs. It is important to note that this is of course a serious undertaking, and as a consequence it is vital to take the necessary time to ensure that ultimately the proposed service is fit for purpose and staff are trained by suitably trained personnel.

2290 To date, the Community Mental Health team have met with one local charitable organisation and are making enquiries with established UK providers in order to be able to be in a position to make an informed decision.

2295 **Hon. Ms M D Hassan Nahon:** Thank you for that answer. I appreciate that there is an ongoing conversation about this and that they are trying to find ways, but can we have a deadline by which the Minister can commit to this motion, which we all agreed on and I think is very urgent in the sense that the sooner we can have this designated line the sooner we could potentially be saving lives. So I would like to commit the Minister to some sort of deadline for this to happen.

2300 **Hon. N F Costa:** Mr Speaker, as the House will recall, the hon. Lady and I agreed that this is a vitally important service. I cannot today give a commitment as to the date by which I expect this crisis line to be up and running because it is still not in a position where I can say with any reasonable certainty by when everything will be in place. But if the hon. Lady were to ask me in the next session of Parliament again, I will make sure that by then I will try my hardest to be able to give her a reasonably realistic estimate of by when the crisis line will be up and running.

**CHIEF MINISTER**

**Q90-91/2017**

**Chinese investors –  
Benefits for Gibraltar realised thus far**

2305 **Clerk:** We now move to questions to the Chief Minister. We commence with Question 90. The questioner is the Hon. T N Hammond.

**Hon. T N Hammond:** Mr Speaker, can the Government say what technology for local improvements to the environment have been brought to Gibraltar by the Hong Kong company Good Resources Holding Ltd since the Government's announcement on 21st January last year?  
2310

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

**Chief Minister (Hon. F R Picardo):** Mr Speaker, I will answer with Question 91.  
2315

**Clerk:** Question 91. The Hon. T N Hammond.

**Hon. T N Hammond:** Mr Speaker, has the partnership with Chinese investors claimed by the Chief Minister in a press release in January of last year been formalised in any way and what fruits has that partnership borne for Gibraltar?  
2320

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

**Chief Minister (Hon. F R Picardo):** Mr Speaker, the partnership is not claimed, it is actual. We are in the process of finalising various arrangements in myriad fields, including opportunities which can be environmentally beneficial. Announcements will be made when appropriate.  
2325

**Clerk:** Question 92. The Hon. R M Clinton.

2330 **Hon. T N Hammond:** Mr Speaker, I realise there may be commercial sensitivities here, but if the Chief Minister could perhaps give a little flavour of what these myriad deals are. Are we still talking about primarily LED, which was the initial purpose of the press release last year; or have we moved into other areas? Is LED still part of that deal?

2335 **Hon. Chief Minister:** Mr Speaker, it includes other areas too.

**Q92/2017**

**Leasing of Government vehicle fleet –  
Expressions of interest**

**Clerk:** Question 92. The Hon. R M Clinton.

**Hon. R M Clinton:** Mr Speaker, can the Government advise how many expressions of interest were received on the submission deadline of 22nd December 2016 in respect of leasing of its entire vehicle fleet, comprising over 400 vehicles, motorcycles and 90 specialist vehicles?  
2340

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

2345 **Chief Minister (Hon. F R Picardo):** Mr Speaker, one expression of interest was received and it is currently being technically assessed.

**Hon. R M Clinton:** Mr Speaker, I am grateful to the Chief Minister for his answer. Could he advise the House when he will be in a position to advise the name of the ... well, if he goes ahead with the tender, when he would expect to make a decision?

2350 **Hon. Chief Minister:** Mr Speaker, I am not able to give the House any indication which is binding, but I would have thought that we would have made up our minds in the next six months at most.

2355 **Hon. D A Feetham:** Mr Speaker, does the Hon. the Chief Minister have an explanation as to why there has been just simply one expression of interest?

**Hon. Chief Minister:** Yes, Mr Speaker: because only one was received.

2360 **Hon. D A Feetham:** Is this Bassadone Motors, by any chance?

**Hon. Chief Minister:** Mr Speaker, I cannot tell him exactly who it is because I have not been told, but I have been told that one has been received, which is what the question asks.

#### Q93/2017

#### Political election manifestos –

#### Removal from Government websites on calling of General or by-election

2365 **Clerk:** Question 93. The Hon. R M Clinton.

**Hon. R M Clinton:** Mr Speaker, would the Government agree that under the conventions of purdah any political election manifestos currently uploaded to any Government or Government authority or agency websites will have to be immediately removed upon the calling of a general or by-election?

2370 **Clerk:** Answer, the Hon. the Chief Minister.

**Chief Minister (Hon. F R Picardo):** Mr Speaker, no, sir.

#### Q94/2017

#### Public service vacancies –

#### Number and details

2375 **Clerk:** Question 94. The Hon. D A Feetham.

**Hon. D A Feetham:** Mr Speaker, further to answers provided to Questions 931 and 932/2016, is the Government now in a position to provide answers to those questions?

2380 **Clerk:** Answer, the Hon. the Chief Minister.

**Chief Minister (Hon. F R Picardo):** Mr Speaker, yes, sir. The information is attached as the schedule I am providing to the hon. Gentleman.

**ANSWER TO QUESTION 94**

As at the end of November 2016 there were 135 vacancies across the Civil Service.

Employees temporarily promoted within the Civil Service as at end of November 2016.

| GRADE                 | GRADE TEMPORARILY PROMOTED | DATE TEMPORARILY PROMOTED | DEPARTMENT                                       |
|-----------------------|----------------------------|---------------------------|--|
| Environmental Monitor | HEO                        | 01/05/2012                | Culture (Ministerial Office)                     |
| AO                    | EO                         | 09/12/14                  | Ministry for Housing and Equality                |
| AO                    | EO                         | 18/09/2015                | Ministry for Sports, Culture, Heritage and Youth |
| AO                    | EO                         | 01/10/2015                | Driver and Vehicle Licensing Department          |
| EO/HEO                | Training Officer           | 03/05/2008                | Economic Development                             |
| Works Supervisor      | PTO                        | 19/10/2012                | Environment                                      |
| Auditor               | Audit Manager              | 27/06/2016                | Audit Office                                     |
| Assistant Auditor     | Auditor                    | 15/01/2015                | Audit Office                                     |
| SEO                   | SO                         | 17/12/2012                | Housing  |
| HEO                   | SEO                        | 07/03/2016                | Housing  |
| EO                    | HEO                        | 28/02/2015                | Housing  |
| AO                    | EO                         | 20/10/2015                | Housing  |
| AA                    | AO                         | 04/01/2016                | Housing  |
| HEO                   | SEO                        | 17/03/2013                | Human Resources Department                       |
| EO                    | HEO                        | 13/10/2014                | Human Resources Department                       |
| AO                    | EO                         | 30/04/2016                | Human Resources Department                       |
| AO                    | EO                         | 09/05/2016                | Human Resources Department                       |
| AA                    | AO                         | 23/02/2016                | Human Resources Department                       |
| SEO                   | CIT                        | 04/01/2016                | Income Tax Office                                |
| HEO                   | SEO                        | 04/01/2016                | Income Tax Office                                |

| GRADE                    | GRADE TEMPORARILY PROMOTED                   | DATE TEMPORARILY PROMOTED | DEPARTMENT                    |
|--------------------------|--|---------------------------|-------------------------------|
| HEO                      | SEO  | 11/01/2016                | Income Tax Office             |
| AO                       | Personal Secretary                           | 27/03/2014                | Justice                       |
| Typist                   | AO   | 06/05/2013                | No.6 Convent Place            |
| SEO                      | Director of Social Security (Senior Officer) | 08/02/2016                | Department of Social Security |
| HEO                      | SEO  | 04/07/2016                | Department of Social Security |
| HPTO                     | SPTO   | 02/02/2015                | Technical Services            |
| HPTO                     | SPTO   | 30/01/2008                | TSD - Highways                |
| PTO                      | HPTO   | 14/09/2009                | TSD - Highways                |
| SEO                      | Accountant General                           | 20/06/2016                | Treasury                      |
| HEO                      | SEO  | 29/06/2016                | Treasury                      |
| EO                       | HEO  | 11/02/2016                | Treasury                      |
| EO                       | HEO  | 15/08/2016                | Treasury                      |
| AO                       | EO   | 01/06/2016                | Treasury                      |
| Senior Education Advisor | Director of Education                        | 05/09/2016                | Education                     |

2385 **Hon. D A Feetham:** Mr Speaker, this particular schedule just simply provides ... Well, in fact, at the first line it says at the end of November 2016 there were 135 vacancies across the Civil Service. I thought my original question also asked about the GDC, but I will be corrected if I am wrong. (*Interjection*) I have not brought it with me because I thought there was going to be no dispute in relation to the answers. I just took it at face value that he would be providing the answer to the question next time round.

2390 **Hon. Chief Minister:** Mr Speaker, the Government takes the view that the GDC is a provider of labour, not that there are vacancies necessarily within the GDC. He will know that from the way that we have answered questions in the past five years. The recognised manning level vacancies are in the Civil Service. That is why he has got that number and that is why he has got the breakdown that he has got in respect of acting within the temporary promotions in the Civil Service.

2395

2400 **Hon. D A Feetham:** Is the hon. Gentleman saying that the Government will not provide the number of vacancies in the public service as a whole, which I always understood to mean not only the Civil Service but also inclusive of the GDC? And if I am not mistaken, in fact, my question actually extended further than that, to authorities and Government owned companies. Is it the position of the Government that they will not provide that information in relation to vacancies across the public service?

2405 **Hon. Chief Minister:** No, Mr Speaker, the position of the Government is that the recognised manning level and the recognised posts are only in the Civil Service, not in the agencies or the authorities or indeed in the Gibraltar Development Corporation, which do not have a recognised manning level and do not have recognised posts. There is therefore no entitlement to see a vacancy as something that will be filled by the Government in that context, and it is only in the Civil Service that we provide that. This has been established in the past five years in the way that

2410

**Hon. D A Feetham:** Mr Speaker, there are vacancies within the GDC that come out and are filled. In public authorities there are vacancies that come out and are filled. In Government-owned companies there are vacancies that come out and are filled. All those areas are within

2415 the responsibility of the Government, so I do not understand on what basis the Government is not willing to provide that information.

**Hon. Chief Minister:** Mr Speaker, when there is a need for a job to be done in an agency, an authority or in the GDC and there is not somebody already available to do that post or that work, then a vacancy is advertised. Just because somebody leaves a post in one of those three types of labour providers for the Government, it does not mean that there is immediately a vacancy or that the Government intends to fill it. In the Civil Service it is different: we are committed to a manning level and therefore when somebody leaves the Civil Service there is definitely a vacancy, because there is a commitment in respect of the manning level.

2425  
**Hon. D A Feetham:** Mr Speaker, within the GDC – and we are talking about very often within the same department civil servants working side by side with GDC employees – GDC employees retire. Then the Government has traditionally advertised those posts. I still do not see the reason why the Government cannot tell me how many vacancies there are within the GDC or within Government-owned companies or within public authorities.

2430 Quite frankly, what he is telling me just does not stack up, unless of course he is saying now ‘the Government is not willing to provide you with that information’. Okay, fine, I cannot go behind that, because he has taken that position across a plethora of areas, not just, as he appears to, in this area.

2435  
**Hon. Chief Minister:** Mr Speaker, it is not true that we have taken that attitude in a plethora of areas; neither is that what I am telling him. I am answering the question that he has asked in respect of the thing that he has asked, which is vacancies.

2440 He needs to understand the things that he is saying about the GDC. When the GSLP left Government in 1996 there were seven employees of the GDC. When we took over again there were well over a hundred, if not more, employees of the GDC. So when he talks about people working side by side between the GDC and the Civil Service, that is the policy that they had when they were here, it was not the policy of the GSLP Liberals. The policy of the GSLP Liberals in relation to the GDC is that it is a workforce and labour provider now to the Government. It is a hugely important part of the labour that the Government has at its disposal and it is also flexible in the way that it provides that labour, and part of that flexibility is that when somebody retires from the GDC their post is not necessarily going to be filled or it is not necessarily going to be filled in a way that produces a vacancy in the context of the GDC.

2445  
2450 He has asked for vacancies. We have given him the area where there are vacancies. In other words, in the Civil Service when someone goes they will be replaced, and that is why there are 135 vacancies. If there are good reasons in relation to efficiency why they should not be replaced and that is agreeable to the unions and to the Government and to the administration, well then so be it.

2455 Mr Speaker, that is the information I am giving him. He is getting the information that he is asking for. Maybe he just does not realise that the way we have been giving him the information in the past five years and the things that we have repeatedly explained are as relevant to this question as they are to some others.

2460  
**Hon. D A Feetham:** No, Mr Speaker. The question ... I have got it in front of me: how many vacancies were there across the public service inclusive of Government-owned companies and public authorities as at the end of November 2016?

2465 Now in the past he has provided me – and I can demonstrate that and I will go back and demonstrate it that he has provided me with information in relation to the GDC which is an integral part of the public service. Now he does not want to provide it to me. Is it the case that he does not want to provide me with that information because he has spent so much money that he is now envisaging cuts within the public service, Mr Speaker?

**Mr Speaker:** No, that ... he does not have to answer that question.

2470 **Hon. Chief Minister:** Mr Speaker, it is a direct question. It is a direct question which he knows the answer to, Mr Speaker.

We have spent a lot of money investing in our community. We have spent a lot of money creating jobs. We have spent a lot of money doing the things that he now seems to be urging us to do more, like opening wards for the elderly at the John Mackintosh Wing, at the Calpe Ward, the new dementia residential facility which is going to open soon, the dementia day facility. We have opened schools, we have opened a university and we have employed more civil servants. We have done all of the things which it was absolutely right to do and invest in our community to do, and we are able to do more because the public finances of Gibraltar are strong, they are ready to face any challenge that we may come across, and if we feel that we need to employ more people we would employ more people.

2480 I am answering his question. His question has resulted in this answer because that is the way that the Government looks at vacancies. I can point him in the direction of other answers we have given in the past which direct him towards having to understand that the manning level that the Government is committed to is the manning level of the Civil Service. The GDC is a hugely important part of the way that the Government runs its administration. The people of the GDC are an important part of what we do. They know that their future is safe with this Government.

2485 There is no question of us having any issue whatsoever with spending money. The only people who have expressed any issue with spending money in the context of this House has been them. They are the ones who spent when they were in Government and now talk about not spending when they are in Opposition. The Government's position will be consistent, and that prudence will not affect anybody's livelihood or anybody's jobs being replaced where they need to be replaced.

2490 It is quite something that those who seem to be arguing only for one thing, and that is austerity, are the ones pushing us to do more in areas where spending is required, and the fact is, Mr Speaker, if you look at their track record, theirs is a track record of increasing spending when they were in Government.

2495 Finally, I would say this. I was not surprised to see what the hon. Gentleman said in his New Year's message in relation to spending, for a simple reason: it is exactly the same thing he has been saying for the past four years. He has not changed his message. He has been saying for four years we are about to be bankrupt. Every year, Gibraltar does better. Every year that he keeps crying wolf the only people he is helping are Gibraltar's enemies.

**Hon. E J Phillips:** Mr Speaker, just one supplementary question. Can the Chief Minister confirm, in relation to the Senior Education Advisor who has now temporarily been promoted – I assume that is Mr Grech who has been promoted to Director of Education – what has happened to Dr Britto?

2505 **Hon. Chief Minister:** Well, in terms of that nobody has heard from him, or something like that? He is himself temporarily promoted to Senior Administrator at No. 6 Convent Place.

2510 **Hon. D A Feetham:** Mr Speaker, I have gone back and, in actual fact, I asked the question of vacancies in September, and in September there were 177.5 vacancies: 101 vacancies in the Civil Service and 76.5 in the rest of the public service. That is the information he gave me in September.

2515 Is there a reason why he is now changing his position, and he provided me with that information in September and now he only provides me with information in relation to the Civil Service and not the rest of the public service?

2520 **Hon. Chief Minister:** Mr Speaker, I have given him my answer, I do not have the benefit of being able to go back, as he has, because I am on my feet providing the answer. If he wants to pursue this line of questioning at the next House I will look forward to having the discussion then in Questions and Answers, but the position is as I have set out.

**Mr Speaker:** That is the end of Question Time.

## Questions for Written Answer

2525 **Clerk:** Answers to Written Questions. The Hon. the Chief Minister.

**Chief Minister (Hon. F R Picardo):** Mr Speaker, I have the honour to table the answers to Written Questions W1 to W7/2017 inclusive.

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### ADJOURNMENT

**Chief Minister (Hon. F R Picardo):** Mr Speaker, I have the honour to move that the House do now adjourn *sine die*.

2535 **Mr Speaker:** I now put the question, which is that the House do now adjourn *sine die*. All in favour? (**Members:** Aye.) All against? The House will now adjourn *sine die*.

*The House adjourned sine die at 1.17 p.m.*