PROCEEDINGS OF THE

GIBRALTAR PARLIAMENT

AFTERNOON SESSION: 3.35 p.m. – 8.00 p.m.

Gibraltar, Thursday, 18th March 2021

Contents

The Gibraltar Parliament

The Parliament met at 3.30 p.m.

[MR SPEAKER: Hon. M L Farrell BEM GMD RD JP *in the Chair*]

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

Questions for Oral Answer

DEPUTY CHIEF MINISTER

Q651/2020
Commercial and heavy goods vehicles –
Number crossing land frontier

Clerk: Thursday, 18th March 2021. Meeting of Parliament.

Order of Proceedings: we continue with Answers to Oral Questions, and we commence with Question 651. The questioner is the Hon. E J Phillips.

Hon. E J Philips: Mr Speaker, can the Government state the number of commercial vehicles and/or heavy goods vehicles crossing the land frontier each month in the years 2019 and 2020?

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

Deputy Chief Minister (Hon. Dr J J Garcia): Mr Speaker, yes, the information requested is in the schedule that I now pass to the hon. Member.

Answer to Q651/2020

EASTGATE	VEHICLES	
DATE	G - PLATES	OTHERS
Jan-19	410	3,243
Feb-19	337	3,743
Mar-19	468	4,346
Apr-19	341	3,572
May-19	411	4,349
Jun-19	424	4,884
Jul-19	544	4,266
Aug-19	594	4,114
Sep-19	526	3,688

Oct-19	544	4,578
Nov-19	540	4,165
Dec-19	392	2,966

EASTGATE	VEHICLES	
DATE	G - PLATES	OTHERS
Jan-20	491	2,973
Feb-20	481	3,294
Mar-20	486	3,278
Apr-20	303	2,368
May-20	445	3,118
Jun-20	586	4,348
Jul-20	549	3,967
Aug-20	507	3,903
Sep-20	662	4,000
Oct-20	573	4,097
Nov-20	574	3,909
Dec-20	543	3,560

Hon E J Philips: Mr Speaker, it may be helpful if I review that whilst my hon. and learned Friends next to me carry on with Questions 652 and 653.

Q652/2020
Parliament building –
Plans for lift installation

Clerk: Question number 652. The Hon. D J Bossino.

Hon. D J Bossino: Can the Government provide details of the plans it has for the installation of a lift at the Parliament building?

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

Deputy Chief Minister (Hon. Dr J J Garcia): Mr Speaker, yes, the Government intends to submit a new planning application to the Development and Planning Commission, this time for an internal lift. The details of this will be made available to the general public on the website of the DPC once the application has been made. The Government has offered the Opposition and the hon. Lady the opportunity to review and discuss those draft plans beforehand, next week.

Hon. D J Bossino: Mr Speaker, the hon. Member will have had sight of what he intends to do, I imagine. Is he able to advise this House that he is satisfied that those people who need it will be able to enjoy disability access to this place, whilst at the same time not having the architectural and potentially heritage-sensitive impact that the original plans were going to have? Is he satisfied that these plans will be able to achieve these dual aims?

Hon. Deputy Chief Minister: Mr Speaker, hopefully the hon. Member will be able to have an opportunity to meet with me and review the plans – and I will also ask the Leader of the Opposition, who also has a question on this subject, and the hon. Lady.

This is an internal lift. It means the external impact that the previous design was going to have on the building will no longer be there, because the lift is inside, but it is subject to a number of consents: first of all, planning consent, and this now will require approval and permission from the Development and Planning Commission; the consent of the Government as the landlord; and, thirdly, a heritage licence, because this is a listed building. The licence is normally issued by the Minister for Heritage, my colleague Prof. Cortes.

The Government is satisfied that this will have less visual impact than the previous design, if that is his question, and he will be able to have an opportunity to view it for himself.

Mr Speaker: Next question.

Q653/2021
Freedom of Information Act –
Commencement date

Clerk: Question 653. The Hon. K Azopardi.

Hon. K Azopardi: Mr Speaker, when will the Freedom of Information Act be commenced?

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

Deputy Chief Minister (Hon. Dr J J Garcia): Mr Speaker, the aim of the Government is to commence the Act on 1st June 2021.

Hon. K Azopardi: Can I invite the Minister to perhaps comment on the delay since the passage of the Act? I appreciate that presumably some preparatory work needed to be done in relation to all the Departments, but perhaps he can explain, first of all, the delay, and secondly, the kind of public awareness perhaps that might be put out to people, so that people understand what rights will be bestowed on the citizen as a result of the Freedom of Information Act.

Hon. Deputy Chief Minister: Yes, Mr Speaker, he is right, this is not an easy piece of legislation, first of all to produce, then to take to the House – we had issues with the UK and with the Convent at that time; the hon. Member, I think, was not in the House but was probably aware of the issues we had then – and also then to administer.

We are very conscious throughout that we should not repeat the mistakes that occurred in the United Kingdom which led the then Prime Minister, Tony Blair, to describe this as one of the biggest mistakes in his political career in government, so we are conscious of the need to do things slowly, cautiously and well.

Also, I think I made it clear at the time when the Bill was introduced that it is normal practice to have a period of years between the passing of the legislation and the implementation of the legislation because the public service, and indeed the general public, as he himself has said, need to be prepared for it. In the UK, I understand it took five years from when the law was passed to when the law actually came into force, and in Malta, for example, it took three, so I think we are not that far off, in terms of the international comparisons.

The public sector was being prepared for this and the Information Commissioner had delivered a number of courses towards the end of 2019, which were part of that preparation and part of that introduction to this, which would be completely new to many public servants. Sadly, as you

know, at the beginning of 2020 the Government had to deal with other, perhaps more pressing issues relating to our departure from the European Union and also the consequences of the pandemic. The pandemic itself led to the redeployment of officers to other parts of the public service, some working in contact tracing, others working in different places and others working from home, so it became impossible, really, to pursue it at that particular time. Now, as the pandemic has subsided, the Government has thought it is the right time to commence the legislation and to do that in June.

There are also, I am told, a number of changes that need to be made to the Act, which can be done by secondary legislation – our intention is to have it done before or on 1st June – in relation to our departure from the European Union. There are aspects of the Act as drafted that are now not consistent with the reality of our situation today, and also comments received from the Chief Justice in relation to the application to the courts and to disclosing information in relation to the courts are also something the Government will need to look at, but it is certainly my intention to address all that before 1st June, so that we can keep to that date.

Just by way of further information, the training of relevant staff is expected to take place in May, so the Act will then commence in June.

Mr Speaker: The Hon. Elliott Phillips.

Q651/2020
Commercial and heavy goods vehicles –
Number crossing land frontier –
Supplementary questions

Hon. E J Phillips: Mr Speaker, just going back to Question 651, quite significantly, the column 'Others', referring to, no doubt, foreign-registered plated vehicles, most likely to be Spanish-registered vehicles, amounts to a very significant proportion of those commercial vehicles entering the land frontier. Approximately 125 other vehicles a day cross our border. I have included weekends in relation to that as well, but it is likely to be, as it says, from January 2019, 3,243, right through to 2020, and it seems to have continued to be unabated in terms of the volume of traffic across the land frontier for all commercial vehicles.

The Deputy Chief Minister yesterday commented on the fact that there may well be a form of congestion charge being imposed on vehicles. No? He did not comment on it, but I think it was in the context of questions that were asked yesterday. There was a reference to – *(Interjection by Hon. Deputy Chief Minister)* on the licences. That said, though, has any consideration been given to any commercial interest in charging large volumes of commercial vehicles coming through our border in relation to a congestion charge? It seems to me that these are either commercial vehicles and/or heavy-duty vehicles crossing our borders, which obviously impact on the surfaces of our roads continually, and with the pollution that some of these vehicles cause I wonder whether the Government has given any consideration to an additional congestion charge in respect of those vehicles.

Deputy Chief Minister (Hon. Dr J J Garcia): Mr Speaker, I understand what the hon. Member is saying. This question has come to me because it is to do with the border and figures and numbers of people or trucks, or what have you, crossing the border. It is not something which I am aware of. If there is any initiative in that regard, it would be my colleague the Minister for the Environment or my colleague the Minister for Traffic and Transport who would be leading on it.

In terms of the numbers, he is correct to say that most of the commercial vehicles coming in are not Gibraltar registered, and that has always been the case; that is not new. What happens generally is when people place orders for goods, these are delivered generally from within the

European Union, largely from Spain, and that would explain why the number plates on the vehicles are not local plates.

But on the other issue that he raised, I am afraid he would have to ask one of my colleagues. It is not an issue that I am aware of, or which has crossed my desk as I stand here this afternoon.

Hon. E J Phillips: The only reason I mention it now, of course, is because whilst it is quite clear that the Government's policy and the whole framework of its manifesto was about green Gibraltar, creating green lungs within the community, faced with many thousands of vehicles a month crossing the land frontier one would have thought that some consideration … I understand what he means, in that this question is probably more appropriately put to the Environment Minister, but quite clearly there are three to four thousand vehicles, not Gibraltar registered, crossing our land frontier, where we do not have the ability to inspect these vehicles – they may be aged vehicles that are pumping out fumes into our community – and I would have thought that the Government may have some view on how that could be controlled to minimise the impact of pollution on our community and our residents, given the very large numbers of commercial vehicles and heavy-duty vehicles coming across the land frontier.

Hon. Deputy Chief Minister: Mr Speaker, the hon. Member will have seen that the numbers for 2020 obviously relate to the pandemic, perhaps 4,000 down on what they were in 2019, so numbers have gone down. Sometimes we have larger trucks delivering multiple consignments, which may explain that. These vehicles do not come into Gibraltar for no reason. They come in bringing the food to our supermarkets and our restaurants for people to be able to eat in their homes, bringing medicines and bringing supplies. They come in out of necessity because we need the supplies that they transport in this form of transport. At the moment, this is carried out by land. There are opportunities for people to also import goods by sea. I am aware that as part of the planning in relation to Brexit that has gone on, that is happening. There is more container traffic now, for example, than there was when we were in the European Union. I am not sure whether that is necessarily a more environmentally friendly form of transport, but it may be if you can consolidate the volume in one particular vessel. And the third way in which we bring goods in is by air. Sadly, that capacity has been reduced, again because of the pandemic, because the number of airlines serving Gibraltar today, as we come out of the pandemic, and the fact that some of them do not carry air freight at all means that all our supplies, including things like food, medical supplies and all the rest of it, have to come in through the border by land, and it does so by truck.

Hon. D J Bossino: And –

Mr Speaker: Next question. Sorry, no, we must move on. Next question.

HEALTH AUTHORITY, JUSTICE, MULTICULTURALISM, EQUALITY AND COMMUNITY AFFAIRS

Q654/2020
Driving against flow of traffic – Reports received

Clerk: Question 654. The Hon. E J Phillips.

Hon. E J Philips: Can the Government state how many reports have been received in relation to driving against the flow of traffic?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs (Hon. Miss S J Sacramento): Mr Speaker, during 2020, the Royal Gibraltar Police have received zero reports.

Mr Speaker: Next question.

Q655/2021
Driving offences–
Numbers stopped for certain activities

Clerk: Question 655. The Hon. E J Phillips.

Hon. E J Philips: Mr Speaker, can the Government confirm the numbers of people being stopped by our law enforcement for the following actions over the last 12 months: (i) mobile telephone use whilst driving; (ii) video calls when driving; (iii) smoking in cars occupied by minors; and (iv) use of e-scooters on pavements and other pedestrianised areas?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs:

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs (Hon. Miss S J Sacramento): Mr Speaker, questions (i) and (ii) fall under the same offence category, and the number of people reported for that was 213.

In respect of the third question, there have been zero reports of smoking in cars occupied by minors.

There have been 21 reports of the offence of the use of e-scooters on pavements and other pedestrianised areas.

Hon. E J Philips: Mr Speaker, I am slightly taken aback by the volume of people being stopped for use of mobile telephone or *video* calls whilst driving, although I did see one yesterday and it is quite the most remarkable thing. A young woman, whilst driving a motorcycle on the other side of the road, overtaking the car that I was in, driving whilst looking at the phone – quite an incredible sight, I must say. What is the Government going to do just to show how ridiculous that is, in terms of not only a traffic offence but how dangerous it is to the rider and pillion, and indeed members of the public who use pedestrianised areas, and traffic? I agree, it is a shocking number, isn't it, Mr Speaker? But what is the Government doing insofar as awareness campaigns to prevent this from happening?

Hon. Miss S J Sacramento: First of all, Mr Speaker, I would like to thank the Royal Gibraltar Police for being able to process these numbers, because of course the importance of infringement of these matters is the enforcement, and this is what brings us to where we are, the fact that there has been a high volume of enforcement in this respect.

Insofar as the other question that the hon. Gentleman asked, it is something that I will consult the Royal Gibraltar Police on.

Mr Speaker: Next question.

Q656/2020
Paternity leave –
Legislation for provision

Clerk: Question 656. The Hon. E J Phillips.

Hon. E J Phillips: Mr Speaker, can the Government state when it will legislate for the provision of paternity leave in Gibraltar?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs (Hon. Miss S J Sacramento): Mr Speaker, a consultation paper was finalised and further internal consultation continued at the beginning of this year. In the public sector we already provide 10 working days of paternity leave. The consultation process that we embarked on was with stakeholders, including the private sector.

Unfortunately, all of this had to be put on hold because of lockdown procedures put in place as a result of COVID. As you may appreciate, Mr Speaker, our main priority has been to deal with the COVID pandemic, and indeed because COVID-19 is changing the way both public and private entities are interacting internally and externally, we hope to be able to recommence the consultation process now that the demands of COVID are easing off.

Hon. E J Phillips: Mr Speaker, just two questions. The first one is can the Minister confirm …? I got the impression from the first part of her answer that she said the Government is in the process of finalising the process of consultation, and then in the second part of her answer she also referred to further consultation. Can the Minister clarify what she meant by that and how they can be reconciled, those two points?

Hon. Miss S J Sacramento: Mr Speaker, yes, the first process of consultation happened a while ago, and that was stalled because of COVID. As a result of the first process of consultation, we have to go back and look at further detail of issues that have arisen from that consultation. So, we need to look at those issues, and once we have improved upon the working document that we have, then we will put it out for consultation again. Unfortunately, a lot of the work that was done a year ago has been stalled. Work has been done during the course of the pandemic and now we can go back to finish that work at better speed, now that we can release our commitments from COVID.

Hon. E J Phillips: Mr Speaker, one final question. I quite understand that COVID has presented many difficulties for the consultation process in relation to this particular area, but I have a sense of déjà vu because on 19th September 2019 the Hon. the Minister confirmed that the consultation process was in the final stages – a similar story to what we are hearing now, in 2020 – and indeed she clearly said that she would be publishing plans in relation to paternity leave in the legislation that would flow from that. I am not too sure how COVID impacts on her previous statement, on 19th September, where she said the consultation was being finalised, and the position she repeats today. It is almost a repetition of exactly what the Minister said on 19th September 2019, and therefore I ask the Minister why this is being delayed.

Minister for Digital and Financial Services (Hon. A J Isola): Mr Speaker, having just come in to hear this exchange, as an observation I think the hon. Member characterises the position rightly in saying in September it was almost complete, but of course you can remove the 12 months intervening where nothing has happened, as the hon. Lady has, I think, in an exemplary manner

driven our effort in respect of our defence and attack on COVID, leading to the wonderful work that she has done on Operation Freedom. I would not have expected her to have any time to do anything else, and certainly not care too much about the consultation the Member refers to at a time when she has been dealing with what I, and I think we all, consider are far more important things at this moment in time. So, I understand that he is right, September last year would have been almost there, *(Interjection by Hon. E J Phillips)* but let's not forget what has happened in the intervening period.

Hon. E J Phillips: I think, with respect to the hon. Gentleman, Mr Speaker, paternity leave has been far outstanding in this community for a very significant time. It is a matter of public interest that we do not have an explanation for the delay. It is not 2020, with the greatest respect to Mr Isola. It is 2019 when the Minister made a statement, not 2020. I can quite understand the year, but in 2019 the Minister confirmed that the consultation process was being finalised. It was also being finalised in 2020, and now we hear, in 2021, that it is being finalised again, so I am asking the Hon. Minister what is the reason for the delay – it cannot be just purely a question of COVID intervening within that period.

Hon. Miss S J Sacramento: Mr Speaker, I answered that question precisely with my initial answer, where I very clearly said that there had been a first process of consultation, which is the one that the hon. Gentleman is referring to, that we discussed in Parliament in 2019. As a result of that, issues arose, as I said earlier, which have led us to improve it and make changes, and there then has been the gap as a result of COVID, and now we would like to finalise it.

I am very glad, Mr Speaker, to be able to now devote my efforts to other things not related to the COVID pandemic, not related to Operation Freedom, and go back to other things which unfortunately have had to be delayed as a result of the pandemic that has hit not only Gibraltar but also the world.

The Speaker: Next question.

Q657/2021
National Drug Strategy –
Date for publication

Clerk: Question 657. The Hon. E J Phillips.

Hon. E J Phillips: Mr Speaker, can the Government state when it will publish its National Drug Strategy?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, I will answer this question together with Questions 659 and 660.

Mr Speaker: The Hon. Minister may need to have a look at that answer again, because it is different to what I have here.

Hon. Miss S J Sacramento: Mr Speaker, apologies, yes, I was looking at the wrong paper. Work on that strategy has been unavoidably delayed due to the COVID pandemic.

Hon. E J Phillips: Mr Speaker, this House will recall that, before the last election, the Hon. the Chief Minister took it upon himself to cover the portfolio on drugs, given the very significant impact that drug misuse was having on our community, and I think the Chief Minister grappled with the issue and said that he would head up the fight and the war against drugs within our community. The difficulty we have with that, of course, is that the drug strategy has bounced around a number of Ministers since this Government was elected in 2011, and it is clear that no serious effort is being made by this Government to pursue a national strategy in respect of drug misuse within our community.

Whilst I quite understand COVID is going to be the excuse for not getting things done, Mr Speaker –

Mr Speaker: No, that is unfair. That is very unfair. COVID has been a huge issue and there have been delays generally because of COVID, so do not –

Hon. E J Phillips: There is nothing negative about the word 'excuse'. It is an excuse, and a reasonable one at that, Mr Speaker.

Mr Speaker: I do not agree.
Next question.

Q658-660/2021
Drugs at work policy –
Random tests conducted and rollout to entire Civil Service;
number of positive tests and support offered; advance notice to individuals tested

Clerk: Question 658. The Hon. E J Phillips.

Hon. E J Phillips: Further to the former Minister for Justice, former Commissioner of Police and the RGP senior command being the first volunteers for drug and alcohol testing as part of the new drugs at work policy on 3rd August 2018, can the Government state how many random tests have thus far been conducted and whether this is now being rolled out to the entire Civil Service?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, I will answer this question together with Questions 659 and 660.

Clerk: Question 659. The Hon. E J Phillips.

Hon. E J Phillips: Further to the Government's drug testing policy, can the Government state how many individuals tested positive for drugs and/or alcohol since 3rd August 2018 and what support was offered to those testing positive?

Clerk: Question 660. The Hon. E J Phillips.

Hon. E J Phillips: Further to the Government's drug testing policy, can the Government state whether individuals submitting to a drugs and alcohol test are given advance notice of the request?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, the Government's drug testing policy has not been rolled out to the entire Civil Service. The Royal Gibraltar Police have their own policy and the following answers reflect the position within the Royal Gibraltar Police.

The RGP have conducted a total of 175 tests.

No RGP officers or members of staff have tested positive.

No RGP officers or members of staff were given advance warning of the test being conducted.

Hon. E J Phillips: Mr Speaker, the Government, in August 2018, to much fanfare, ensured that the then Minister for Justice, Mr Neil Costa, and the former Commissioner of Police, Mr McGrail, were tested in order to demonstrate the efficacy of testing across the RGP and those frontline workers – which is supported, of course, by Members of this House. When this question was put to the Hon. Minister, we questioned when this would be extended to the wider Civil Service, and I think in the last Parliament it was confirmed that this would be extended, in the article in the *Chronicle*, which I will read now:

> In a statement the Government said the programme aims to maintain the integrity of all its departments, agencies, authorities and companies by preventing any alcohol and substance misuse among its employees … The policy will be introduced, initially, for RGP officers and civilian staff, but will ultimately be extended to all public services.

So, I will ask the Minister: when will drugs testing be extended to the public service, Civil Service, since this statement was made in August 2018?

Hon. Miss S J Sacramento: Mr Speaker, the drug testing policy and strategy has obviously commenced because it is undertaken in the Royal Gibraltar Police, and, as the hon. Gentleman has just read out, the intention when the matter was announced was that it be commenced at the Royal Gibraltar Police, which it has, and then it will be extended to the rest of the public sector.

I imagine, given the juncture that we are at, it is a question of looking at the policy, refining the policy and, of course, commencing the policy. It is something that I have to say I have not had any involvement with. As Mr Speaker is aware, I became the Minister for Justice at the last election. A couple of months after I was appointed Minister for Justice we commenced with the pandemic. We all know what has happened in the last year, and this is not something that I can say I have devoted my attention to in the last year, but as I said in the previous question and quite likely will say in subsequent questions, all efforts have been prioritised to fighting the COVID pandemic. Now that things are slowing down, we will be able to go back to normal business.

Hon. E J Phillips: I can understand that, and I understand what the Minister is saying about COVID. I am not going to use any words that might cause offence, but what I would say is that this statement was issued in August 2018, well before the onset of the COVID pandemic, and therefore we are looking at two and a half years of, effectively, inactivity, in my submission. So, I ask the Minister: why is there a delay insofar as rolling this important strategy out to the Civil Service?

Hon. Miss S J Sacramento: Mr Speaker, the hon. Gentleman clearly wants to go round in circles on this issue. He confuses the fact that the policy has not been rolled out and tries to imply that there has been inactivity. They are not one and the same thing. I am sure that clearly there has been a lot of work done on this policy. I will check to see where we are at, to see that we can roll it out as soon as possible.

In ordinary circumstances, it would have been something that I would have done before, but we find ourselves at this juncture. We are where we are, and now we can go back to normal business and resume things that unfortunately have been parked for a considerable period.

Mr Speaker: One final question from the hon. Member? Fine.

Q661/2020
Minister for Health –
Reason for not being based at St Bernard's Hospital

Clerk: Question 661. The Hon. E J Phillips.

Hon. E J Phillips: Can the Government confirm why the new Minister for Health – which I believe was her at the time I wrote this question – will not be based at St Bernard's Hospital?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, this question baffles me. Where I work from is irrelevant. What matters is that the work gets done, and if the past year has shown us anything, it is the ability to work remotely, which means that we can work anywhere. But, if it helps the hon. Gentleman, my office at St Bernard's Hospital has a red wall, so in case he is wondering where I am when he sees photos in press releases, this is where people tend to find me.

Hon. E J Phillips: I thank the Minister for that colourful analysis of where the Minister works, but I understand that new premises have been located for the Minister for Health, and the Minister for Health will be located in other premises not within the Hospital itself. Can the Minister confirm or deny whether that is an accurate description of the current position, or indeed the intended position moving forward?

Hon. Miss S J Sacramento: Mr Speaker, I am going to read out to the hon. Gentleman the responsibilities and portfolios that the Minister for Health also has. As gazetted in the latest Gazette of 25th August, I am the Minister with responsibility for equality and minorities, disabilities, civic rights, Citizen's Advice, the Ombudsman, Civil Contingencies, Justice, the Gibraltar Health Authority, the promotion of healthy lifestyles, elderly residential services, the Care Agency, families, children and social development, the control of drugs misuse, the Gibraltar Fire and Rescue Services and the Airport Fire and Rescue Services.

I do not have an office at the Care Agency, at St Bernadette's, at Dr Giraldi Home or at the Children's Home. I do not have an office at the Royal Gibraltar Police or at the courts. I do not have an office at Mount Alvernia. But I do have an office in St Bernard's Hospital. I do also have an office where the other members of staff from the Ministry of Justice and the Ministry of Equality sit. In fact, I have various offices, but quite frankly I pretty much permanently live in my office at the Hospital, if that answers the hon. Gentleman's question.

And one more thing, Mr Speaker. The reason the question baffles me is … I want to refer the hon. Gentleman to the GSD's manifesto of 2019, where the GSD stated that the Minister's office would be relocated out of the Hospital.

So, I have an office in the Hospital where I mostly am, but I have other offices too. In fact, yesterday I was at my office in Governor's Parade.

Hon. E J Phillips: Mr Speaker, one final question, if I may. Can the Minister confirm that in relation to the responsibilities that she holds as Health Minister, the physical office that she occupies at St Bernard's Hospital is the same one that was occupied by her predecessor? And if it

is not, and it is a new premises within the same geographical footprint of St Bernard's Hospital, has there been a new lease granted, and what are the terms of that lease?

Hon. Miss S J Sacramento: Mr Speaker, I sit in the same office that Minister Paul Balban sat in before the reshuffle, where Neil Costa sat before him and where John Cortes sat before him. It is the same office. It looks different because I have painted the wall red, but it is the same office.

Mr Speaker, I will invite the hon. Gentleman to visit me in my office, if he wishes, if he does not believe that the Ministry for Health is on the seventh floor of St Bernard's Hospital, where previous Ministers for Health have had their office and where indeed previous Ministers for Health from the GSD had their office. It is the same office. It looks different, I have moved the furniture around, but I am inviting the hon. Gentleman to visit me in my office if he does not believe me.

Mr Speaker: Next Question.

Q662 and Q749/2020
Blindness –
Number of people affected

Clerk: Question 662. The Hon. E J Phillips.

Hon. E J Phillips: Can the Government state the number of people affected by blindness, broken down into avoidable and permanent blindness?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, I will answer this question together with Question 749.

Clerk: Question 749. The Hon. Ms M D Hassan Nahon.

Hon. Ms M D Hassan Nahon: Can Government provide this House with the public health figures on blindness, both avoidable and permanent, over the past 10 years?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, the GHA does not distinguish statistics on blindness in the terms that are being asked.

Most hereditary types of blindness may be unavoidable. However, not all types of non-hereditary sight loss may necessarily be avoidable. During the past 10 years, 137 individuals have been registered as visually impaired. Of these, 106 cases were non-hereditary.

Mr Speaker: Does the hon. Member have a question?
Does the other hon. Member have a –? Yes.

Hon. Ms M D Hassan Nahon: Mr Speaker, I thank the Minister for that answer.

Given that 106 of these 137 are not hereditary, is there anything that the Government is pursuing in terms of awareness campaigns or public health campaigns that aim to make the public

aware of how different conditions can lead to blindness? I can just, offhand, think of, for example, the consumption of sugar, diabetes and issues like that. Are they invested in such campaigns?

Hon. Miss S J Sacramento: Mr Speaker, these kinds of campaigns are led by Public Health Gibraltar. There is a specific campaign in relation to diabetes, and one of the effects of diabetes can be consequences to vision and loss of sight. Not all visual impairments that are non-hereditary are necessarily preventable, but where they are preventable, such as in the case of diabetes, then they will have their own campaigns.

I hope that is clear. I see that the hon. Member is trying to … These are questions that I asked myself when I got the answers. It is just that I think that our starting point is … Whereas I see where the hon. Gentleman is trying to get to, and the hon. Lady, obviously because we are not clinicians the question has been asked in a different way, so what I have tried to do is explain it and marry it to the kind of data that I have been provided with, so that there is, as logical as possible for us non-clinicians, an answer to the questions that have been posed. I hope that that satisfies the question from the hon. Lady.

So, yes, anything that may result in a disability will obviously have an awareness campaign attached to it. Usually, these are driven by Public Health, but not exclusively.

Hon. E J Phillips: Mr Speaker, COVID, for many of the questions that are being asked of the Health Minister today, presented a very good opportunity for us to review where we are with individual healthcare and how people's diets and nutrition affect their daily lives.

One of the questions I would like to ask is whether the Minister had a further breakdown of the age groups in relation to permanent and avoidable blindness. That is part one of my supplementary.

The second part is that the reason why these are divided into avoidable and permanent blindness is to, obviously, elicit a response from the Government as to what the Government is doing to avoid this in the first place. For example, conditions like glaucoma, age-related macular degeneration or diabetic retinopathy are just three examples of avoidable blindness. I would ask, in relation to those three, does the Minister have anything more, on the crib sheet that has been prepared for her, in relation to how we can avoid that and what measures are currently in place within the Health Service to inform people as to what steps they may need to take in terms of not only their diet but activity levels, and indeed any other adaptations they need to make to their lifestyles to prevent blindness?

Hon. Miss S J Sacramento: Mr Speaker, the hon. Gentleman is right in the example that he suggests. There are, of course, other examples as well.

When it comes to avoidable visual impairment, there are numerous factors, and awareness is, of course, a fundamental and very important one. From the GHA's point of view, a lot of the health promotion side of what they do goes into patients' awareness of the problem, so that problems are identified at an early stage, they have timely access to eye care and they are in good health – and there is a further question later on in relation to health and well-being generally – and also, importantly, compliance with treatment and generally a good understanding of the condition, so that in cases where it may not be avoidable it at least may not deteriorate, and we always look to make sure that we have availability of treatment. So, it is a combination of many factors, but awareness, of course, being a pivotal one.

Mr Speaker: One final question.

Hon. K Azopardi: Mr Speaker, speaking as someone whose grandmother unfortunately went blind in her old age – and I was actually quite struck by the number of non-hereditary blindness cases – does the Minister have an awareness of the kind of age group we are talking about? Is this elderly people? In any event, can I urge her perhaps …? In the preparation for this, she might have

struck already, but can I urge her to perhaps ask questions internally, within her staff, to try to get a better factual handle on this grouping, to understand perhaps how they can be subcategorised? It may simply be people who have gone blind for reasons that … perhaps they are too elderly to operate, but nowadays there are operating techniques that can be done. They operate on cataracts in a way that they did not before.

I am quite struck by the number, and I just wonder why it is relatively … It sounds high to me, nearly 140 people with non-hereditary blindness, when nowadays you can pretty much operate on most things.

Miss S J Sacramento: Mr Speaker, I apologise to the hon. Member, Mr Phillips, because he did ask me if I had a breakdown of the ages, and I am sorry I do not. That point has been taken up by the Leader of the Opposition – I do not have it.

In relative terms, given the size of our population, the number of people who are registered with the GHA does not mean that everybody is blind. There are different categories of blindness, and on the scale of visually impaired … Some people may be slightly visually impaired, and these are included in these statistics. Roughly, when we talk about people being visually impaired or blind, someone who is blind generally does not have any sight, whereas you may have people who are visually impaired, and then there are different graduations of visual impairment. If we look at that in the round, I do not think that the numbers are particularly high because they include other people.

I know that there have been a lot of developments in the GHA in this respect. I am not quite sure when the hon. Gentleman's grandmother unfortunately became blind, but there have been a lot of developments and advancements that perhaps would not be an issue nowadays. In any event, these are things where generally the treatment will be led by the GHA, but it is one of the things that I have asked the Director of Public Health to look at. The Director of Public Health obviously has been extremely busy of late, but since I became the Minister for Health there are particular things that I would like to look at from a Public Health point of view within the GHA, so that the GHA can then formulate any particular strategies that we need to deliver.

Mr Speaker: Next question.

Q663/2020
Childhood obesity, diabetes and respiratory conditions – Data collected

Clerk: Question 663. The Hon. E J Phillips.

Hon. E J Phillips: Mr Speaker, can the Government state whether it collects data on levels of (i) childhood obesity, (ii) childhood diabetes and (iii) childhood respiratory disease/conditions such as asthma; and, if so, can the Government state the levels for the last three years?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, yes, the Child Health Nurses annually collect data on Reception and Year 6 children in schools as part of their health programme.

The percentage of children aged 0 to 16 who are obese is: 2017, 14.49% (approx. 15%); 2018, 13.02% (approx. 13%); 2019, 7.55% (approx. 8%).

Childhood diabetes aged 0-16: 2017, 0.17%; 2018, 0.22%; 2019, 0.22%.

Childhood respiratory conditions aged 0-16: 2017, 2.21%; 2018, 1.64%; 2019, 1.35%.

Hon. E J Phillips: I thank the Minister for those statistics, and I am sure she agrees with me that clearly these are aspects that we continually need to tackle in our community. Very significant numbers, in my view, and although it has been pitched at 15%, it is a significant number of children, I think, who suffer with obesity in our community.

I quite understand that most of these figures are usually included in a health report that we will come on to in another question on the Order Paper, but what is the Government doing on the ground to inform parents and other individuals, parents and guardians as to the effects that bad nutrition and a lack of exercise have on the health of children, particularly given the very significant sums that our community expends on healthcare – and quite rightly, of course?

Health must come first for our population, but in order to drive down the financial commitment that we place on healthcare, we need to change the chip insofar as nutrition and exercise among the younger members of our community, so that they do not learn difficult habits that they carry through most of their lives and then create the same pattern of behaviour for their children, creating an even bigger financial commitment by our community in relation to healthcare.

I know that this is a matter that is close to the heart of many people our community, and particularly the Director of Public Health, who is very keen on dealing with this question of healthcare and the wider sense of it in terms of one's own individual responsibility, so can the Minister explain in detail what measures are in place to inform parents and guardians as to better nutrition and greater exercise amongst our young people?

Hon. Miss S J Sacramento: Mr Speaker, the hon. Gentleman is right, and these things are, of course, very important, but the hon. Gentleman has answered his own question because he knows that this is an important matter to the Director of Public Health.

Public Health Gibraltar has a strategy in this respect. A lot of the delivery of that strategy is aimed at children in schools, but because we have had a strange year this year and there has not been a lot of school for the last year, this is the kind of thing that we have not been able to develop.

I know that the GHA commenced work on a new programme with the Director of Public Health when Paul Balban was Minister for Health because it is something that he felt very strongly about, so there was one that was existing already, and I know that a lot of work was done to develop that – and this will be relevant to a few other questions that I have on the Order Paper.

These are policy matters and public health matters and things that I have discussed with the Director of Public Health. Indeed, I did with him this morning in the context of another meeting, and my words to Dr Bhatti literally were, 'Please can we go back to all the other things that we discussed when we had a break from COVID, so that we can go back and continue to develop them?'

Anything that relates to public health policy of the GHA arising from public health strategies has also been on the back burner while the Director of Public Health has been concentrating his efforts on other things – we all know what that is.

Hon. E J Phillips: Just a short one. I think it is right saying, though, that the COVID pandemic itself has presented … I do not want to trespass on any other questions, because this may come into other points, but it has given the ideal opportunity, since every single one of our citizens, save for the younger generation, at this stage anyway, has interacted with a member of the Health Service in getting a jab in the arm … In a sense, there has been an ideal opportunity to review where every one of our citizens is, in terms of healthcare. I know that we cannot have every single one of our citizens assessed in terms of body weight and categorised every time they see the nurse for the jab, but it presents an ideal opportunity for us to actually make an assessment of general healthcare of our community and the health of our citizens.

Has the Government used that as an opportunity to gather a bit more detail about the health of citizens in our community?

Hon. Miss S J Sacramento: Mr Speaker, I am not quite sure I understand what is being suggested. The vaccination programme has been delivered with military precision in a way that people have attended either at St Bernard's Hospital or the ICC to get a COVID vaccine, which has been delivered impeccably at top speed, and it has made us become one of the most successful countries in completing our population vaccination. So, the answer is no. When people attended for their vaccine, and we have not been able to have a general check-up for the 30,000 people to whom we have delivered the vaccine – in fact, even more.

I think the progress we have made on the vaccination programme is remarkable. People in the Hospital have been working 12-hour shifts seven days a week to be able to deliver these vaccines to every individual, not only Gibraltar residents but also frontier workers. So, no, Mr Speaker, that was not the time to ask people any other questions.

Mr Speaker: Next question.

Q664-66/2020
Plans to promote healthy living and anti-smoking among young people – Health Matters report

Clerk: Question 664. The Hon. E J Phillips.

Hon. E J Phillips: Can the Government state how it intends to promote healthy living amongst young people?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, I will answer this question together with Questions 665 and 666.

Clerk: Question 665. The Hon. E J Phillips.

Hon. E J Phillips: Can the Government confirm whether or not it intends to roll out an anti-smoking campaign targeted at young people?

Clerk: Question 666. The Hon. E J Phillips.

Hon. E J Phillips: Can the Government state why the GHA has not issued its annual Health Matters report since 2015?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, the GHA's Public Health department will be developing and launching a new health promotion strategy as soon as resources can be diverted away from the COVID response.

The GHA currently has a campaign called COVIDFit, which has smoking cessation as an integral component. Details can be found on the Public Health website 'Healthy Gib', and the GHA's Public Health department regularly posts on social media to reach the younger generation.

The last report, relating to the years 2014 and 2015, was published in 2016. The material is usually collated by the Director of Public Health. A new project was going to be initiated by the new Director of Public Health when he commenced work and began preparing a report in January last year, but dealing with the COVID pandemic took precedence. Nevertheless, a lot of the information contained in the report is communicated by press release, and a lot of GHA statistics are available online.

Hon. E J Phillips: Just in relation to the health report, the Minister is, of course, right that the data that was collected for publication in 2016 related to data that was collected in 2014 and 2015. Whilst I quite understand that the more recent year has been problematic, what was the reason why this data was not published in the form that it always has been in terms of the Health Matters report, in relation to 2016-17, 2017-18 and 2018-19? There are a number of years where this would have provided our community with a bit more information. In fact, this report talks about obesity and diabetes and key issues of healthcare, so I would just ask the Minister for an explanation why these reports for those missing years have not been published.

Hon. Miss S J Sacramento: Mr Speaker, I answered that question in my substantive answer. First of all, the report is always a year behind, published a year after the data that it refers to. The stage when the next report was going to be published I think coincided with when the new Director of Public Health was appointed, and as I said in my substantive answer, he wanted to do it in a different way and commenced a new project. When he was working on that, COVID took precedence. But the hon. Gentleman can rest assured that the Director of Public Health will go back and review these things.

Another thing, Mr Speaker: because a report is not published does not mean that the GHA does not hold the data and does not continue to undertake its policy work nevertheless.

Hon. E J Phillips: Mr Speaker, the purpose of this type of report is to provide information to members of the public about the general state of the nation's health. There are a number of years that are missing, and all the Minister can do is explain the delay by reference to the appointment of a new Director of Public Health, who has been very busy indeed, extremely busy in the context of COVID. She has not answered, with the greatest of respect to her, the question that I have asked, which is why this data has not been put in a tabulated form, as it always has been, for those missing years. If that is her answer, that is her answer and I respect it, but it is simply not good enough, in my view.

Just coming back to Question 664, the Minister has now said that the policy that is currently in place is COVIDFit. The Minister therefore has suggested that they will now promote policy for healthy living amongst young people moving forward. That is to say, then, of course, that there was no policy before COVIDFit – is that correct?

Hon. Miss S J Sacramento: No, Mr Speaker. Because of the impact of COVID on smokers, one of the strategies that was developed very much at the beginning was a specific COVIDFit strategy awareness campaign for smokers. So, the COVIDFit campaign is the general campaign that was revamped for COVID because of the risks that COVID exposed smokers to, but the GHA has always had a no-smoking campaign, and in fact, in addition to the campaign, the GHA has a very good smoking cessation programme. I have spoken to people who have engaged in the GHA's smoking programme – and that is delivered at the PCC – and it is extremely successful. So, there has always been a generic no-smoking strategy. That strategy was heightened during COVID because it posed a greater risk. We are now looking at targeting it specifically towards younger people, so that is new, but the COVIDFit campaign, which is a generic no-smoking campaign and applies to everyone, not just young people, is very much ongoing and has been ongoing for almost a year. In fact, I was listening to GBC radio the other day and the COVIDFit advert was on the radio – I heard it when I was in my car – so it is very much still being played. And Public Health and COVIDFit have

a social media presence, so changing the way that Public Health communicates and having a lot of posting on social media by its very nature will better reach younger people than other campaigns in the past.

Hon. E J Phillips: Mr Speaker, just one further question in relation to this. Would the Minister commit to, or at least confirm that the Government is committed to publishing a combined or consolidated report covering those missing years in terms of data analysis? It seems to me that whilst I do not really have an answer for the missing years … Will the Government now have a consolidated version covering those years, and obviously, post the pandemic, include further information about that?

Hon. Miss S J Sacramento: Mr Speaker, that was, of course, very much planned. What we need to do is provide an annual snapshot. There are things that I need to discuss with the Director of Public Health and indeed the Minister for Public Health in relation to generally all the strategies, but this one in particular.

If I can go back to the question the hon. Gentleman asked me earlier about smoking and youth, he will of course be aware that we also have introduced regulations banning smoking outside schools and banning smoking in parks. This is done not only for health reasons but also for awareness, so that children are not as readily exposed to people smoking as a normal thing. This is very much part of the awareness. As the hon. Gentleman knows, this is already in place and this is something that the Minister with responsibility for Public Health led on in the past.

Mr Speaker: Next question.

Q667-68/2020
Nitrous oxide/hippy crack –
Use among young people

Clerk: Question 667. The Hon. E J Phillips.

Hon. E J Phillips: Is the Government aware of the recent popularity and increased use of nitrous oxide, also known as hippy crack, amongst the younger members of our community?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, I will answer this question together with Question 668.

Clerk: Question 668. The Hon. E J Phillips.

Hon. E J Phillips: Mr Speaker, what is the Government doing to counter the increased use of nitrous oxide, otherwise known as hippy crack?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, the Government is aware of the use of nitrous oxide (NOS).

As with other substances of this type, and which are known to be used by young people, the Government's Drug and Alcohol Service works with a whole host of agencies and authorities as part of the inter-agency approach to tackle the issue of drugs. The service is working closely with the Department of Education to provide schools with tailor-made drug-awareness presentations ranging from Year 4 up to Year 13, delivered in a way that is age appropriate, and also engaging with other key stakeholders such as the Royal Gibraltar Police. This will form part of the schools' yearly curriculum. Presentations to schools already commenced in January 2020. However, due to further lockdown and school closures, the programme was interrupted during this period.

Hon. E J Phillips: Mr Speaker, I am grateful for the answer.

The genesis of this question relates to an exchange that I have had with the Hon. the Chief Minister, given a number of instances that I have encountered on my walks around Gibraltar when we have found numerous cylinders disposed of, together with plastic balloons. As the Minister will be aware, nitrous oxide is used in baking, creating a whipping cream for cakes. I know that the Government has introduced certain legislation around the import of this particular gas, but the Minister will understand, of course, that the use of this gas by predominantly young people … The canisters themselves are secreted with a balloon and the individuals concerned inhale these noxious fumes. It goes into their lungs and affects their ability. It is often described as a 'legal high' in other jurisdictions.

When I engaged the public on social media about this question, because many people were approaching me about it, the response was actually fairly mixed. One was, 'Oh, Mr Phillips, stop being a killjoy,' and the other was saying this is absolutely something that the Government needs to deal with. Although there were mixed responses to it, I was given to understand that the Government may be looking at ways of potentially criminalising what has been described as a legal high, and I just wondered what the Government's attitude towards that is, given that this particular nitrous oxide has an impact on young people and developing children, on their brains and other parts of their body. So, I was wondering whether the Government is going to legislate in this area to protect young people from this very innocuous substance, because it is used for whipping, but clearly young people are getting hold of it and using it as part of their entertainment. There are split views on these types of subjects, but I would invite the Minister to comment on the Government's policy in relation to nitrous oxide and its use.

Hon. Miss S J Sacramento: Mr Speaker, so much for your ruling two days ago on supplementary questions being concise.

The question is, essentially, will the Government look into further steps in relation to this, and this is something that I have already discussed with the Commissioner of Police and with the Drugs Service professionals, so in answer to his question, yes, this has already been done. It is something that we are working on, and we are considering what the best solution is, because, as with all legal highs … Legal highs is a very complex area of law because it shifts, and this is a legal high because it has another use, so we have to balance the risk of the necessity of its proper use with the risk to abuse. So, the answer to his question is yes and it has already commenced.

Hon. E J Phillips: Just a small point of order about supplementary questions. I think, in relation to this type of question, a particular context must be provided to this House because there may have been other questions in relation to this point. Not many people are aware of what hippy crack is, and I think it is important that the Parliament be aware of the overall context of this particular substance. I was trying to be helpful, that is all. I appreciate the direction that we need to keep them short, and I will try to do so.

Mr Speaker: That is fine.

Q669-70/2020
Health cards –
Renewals and waiting times

Clerk: Question 669. The Hon. E J Phillips.

Hon. E J Phillips: Mr Speaker, can the Government state how many applications for renewal of health cards it has received since January 2020 to date?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, I will answer this question together with Question 670.

Clerk: Question 670. The Hon. E J Phillips.

Hon. E J Phillips: Mr Speaker, can the Government state how many health cards have been renewed and issued between January 2020 and the date of this question, and confirm the average renewal waiting time?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, the number of applications for renewals received from January 2020 to February 2021 was 11,654.

A total of 12,803 cards were renewed during this period. The average waiting time for a renewal is currently two weeks.

Hon. E J Phillips: Mr Speaker, that does seem like a very significant number of renewal cards, particularly given the lifetime of these cards – as I understand it, three years. I will have to check the one I have in my wallet, but I think they are three years, the renewal periods, so it seems like a very significant number. I am not sure of the total number of people registered to receive medical care – I assume it is around the population size. *(Interjection)* It is more, okay, so it is around the 40,000-45,000 mark. I am shocked to see it is even more – maybe 50,000 or 60,000 people due to benefit from having a GHA card. It does seem like a very significant number for one year, and whilst I understand that there may have been a particular rush in this year to renew cards, because most people keep them in their wallets thinking, 'Well, I can access healthcare and I do not really need to renew,' – I know there have been numerous examples of that. Is that the reason for the very high numbers during the particularly awful year that we have all experienced?

Hon. Miss S J Sacramento: Indeed, Mr Speaker, this year has been an exceptional year, and one of the main drivers for people wanting to renew their cards has been Brexit.

A lot of people who, as the hon. Gentleman says, have had expired cards and really not been that worried about them have rushed the GHA to renew them. People may not have been aware that they had expired cards, and they may have needed them for their COVID swabbing or for their COVID vaccination. So, in an exercise, I think, for personal housekeeping, everyone has pretty much inundated the GHA's registration office for the renewal of their cards, to the extent that we had a bit of a difficult period in processing all these renewals. But things were restructured and more resources were added, and I am glad to say that the turnaround now is much quicker.

There is now a target for renewals, and it is two weeks. I know that is being kept to, and I would like to take this opportunity to thank all the people who are processing all of these thousands of GHA cards. The demands placed on them have been considerable in the last few months, but they have been able to clear all the backlog and are now up to date.

Mr Speaker: Next question.

Q671-73/2020
GHA facilities –
Cleaning and maintenance services

Clerk: Question 671. The Hon. E J Phillips.

Hon. E J Phillips: Mr Speaker, can the Government state why Europort staff can be seen cleaning the Children's Health Centre?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, I will answer this question together with Questions 672 and 673.

Clerk: Question 672. The Hon. E J Phillips.

Hon. E J Phillips: Can the Government state what contractual arrangements are in place between Europort and the GHA/Government for the provision of cleaning or any other services, including maintenance, for the GHA?

Clerk: Question 673. The Hon. E J Phillips.

Hon. E J Phillips: Can the Government state the name of the company which has contracted with the GHA for the provision of cleaning/maintenance services for the GHA and the costs of that contract?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, Europort staff can be seen cleaning the Children's Health Centre because it is important that it is clean.

In addition, Europort is currently engaged in providing cleaning services to offices of the GHA's IT department and maintenance to the Children's Health Centre.

Other than this, the GHA holds contracts for the provision of facilities management and maintenance services with Cardus Ltd in respect of St Bernard's Hospital catering facility, at a monthly cost of £3,500 and with EMM Ltd in respect of Ocean Views at a monthly cost of £15,000.

Hon. E J Phillips: Can the Minister clarify the evidence that I have in relation to Europort, that a Europort employee with the name emboldened on the back, or embroidered on the back – I am not sure which Europort company it is – was seen cleaning, at a pertinent period, the Children's

Health Centre? It is great that it is kept clean – of course, we all want it to be – but my question is that there is clearly an attempt by the Government to move the maintenance and cleaning of its facilities outside the scope of the cleaning staff that are engaged by the GHA or the Government: is this an attempt to privatise cleaning services in the GHA?

Hon. Miss S J Sacramento: Mr Speaker, I am afraid that the hon. Gentleman's conspiracy theory is misconceived. The GHA cleaners, as I am sure he knows, clean the St Bernard's building. We recently opened the Children's Health Centre in another part of Europort, outside St Bernard's Hospital, so the Children's Health Centre is maintained by Europort because they own the building. At the time, it was agreed with the previous Minister and past management that this was the most viable option, as they have an in-house maintenance team and maintain the complex themselves, and they do not – this as the most important part – let outside contractors work on their systems. However, the GHA team maintain the dental equipment and the specialist drug fridges.

The bottom line is that this is a new facility in a different place, outside of St Bernard's Hospital, in a Europort building and subject to the Europort rules.

Hon. E J Phillips: Whilst I can understand that the Government is utilising the services of Europort employees to clean a particular facility which is run by the GHA, I just ask this question. There are certain standards in healthcare, in terms of cleaning, that have to be adhered to, and of course many of the GHA cleaning staff, whom we should take an opportunity, actually, to congratulate for the sterling work that they have done through the pandemic … There are certain standards that they keep to for cleaning St Bernard's Hospital. How is the Government monitoring the standards of an external third party cleaning the children's clinic? How are they ensuring that those standards are met by this third party, who is clearly paid a fee for those services?

Hon. Miss S J Sacramento: Of course, Mr Speaker, in the same way that we pay a fee for anything that we engage, including the staff at the GHA, because we pay for them via their salaries. The way we check is, because the Children's Health Centre is used on a daily basis there will be GHA staff and GHA management attending the Children's Health Centre, so if something that a provider has been engaged to do is not done, they will automatically report it.

If level of service delivery does not meet the standard required, then the service provider will be held to account. It is very simple. They are engaged to clean, and if they do not clean, then it may have to be followed up. It is clearly monitored by the people who are there. The Children's Health Centre will have a management team on site and at work every day. If there is an issue, they will raise it.

Hon. E J Phillips: Can I just ask the Minister …? I am not sure I picked it up properly, but insofar as the particular facility we are talking about, the Children's Health Centre, what are the specific costs of that process of cleaning it? That is what I asked, I think, in my question. The Hon. Minister referred to Cardus and EMM in respect of other facilities, £3,500 and £15,000 respectively, but not in relation to the Children's Health Centre. Perhaps the Minister could clarify that point.

Hon. Miss S J Sacramento: Mr Speaker, the hon. Gentleman is right, I did not give him that figure. I apologise. I will find out what the figure is, and I will give it to him. I apologise. It is not in the answer. I think that those preparing the answer have got confused and just given the figures for the last question and not included the Children's Health Centre in the answer to that question, so I need to check that for the hon. Gentleman, and I will let him know as soon as I have the answer. I apologise to the hon. Gentleman. I did not spot that.

Hon. E J Phillips: Just to be absolutely clear, there is no policy of the Government to privatise cleaning services in relation to St Bernard's Hospital or any other GHA facility, for the ones that

have been identified as being the proper resource of GHA funds to deal with cleaning of other facilities?

Hon. Miss S J Sacramento: Mr Speaker, this is a new facility. There is no question of anything being privatised, because we cannot privatise something that did not exist before. I think the hon. Gentleman is confusing two different issues, but there is no question of privatising the cleaning in St Bernard's Hospital.

The Children's Health Centre is not St Bernard's Hospital and it is not something that has been privatised, it is something that has been outsourced because those are the requirements of the landlord of the building where the Health Centre finds itself.

Mr Speaker: Next question.

Q674/2020
Primary Care and Children's Health Centres –
Position re pending defects

Clerk: Question 674. The Hon. E J Phillips.

Hon. E J Phillips: Can the Government state the position in respect of pending defects in the works completed at the PCC and the Children's Health Centre?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, there are no pending works in respect of the Children's Health Centre. Any defects that arose were referred to the contractor and repairs were made under the warranty.

The current defects in respect of the Primary Care Centre are already being addressed by the contractor, also under warranty.

Hon. E J Phillips: Does the Minister have any information about the exact nature of the defects in the PCC that are being remedied? The second point I would like to ask is when those defects will be completed by the contractor.

Hon. Miss S J Sacramento: Mr Speaker, the main defects being addressed at the PCC include LED lighting replacement, toilet door locks, toilet drainage on the ground floor and rain water ingress from the glass atrium.

Any defects are reported to Europort International Ltd and they are addressed by the main contractor, Casais. I know from a recent meeting that of course we want to ensure that these defects are all remedied as soon as possible.

Mr Speaker: Next question.

Q675-77/2020
Medicines, pharmaceuticals and vaccines –
Procurement process; quality and safety controls re inspection

Clerk: Question 675. The Hon. E J Phillips.

Hon. E J Phillips: Mr Speaker, can the Government state the process for the procurement by the GHA of medicines, pharmaceuticals and vaccines?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, I will answer this question together with Questions 676 and 677.

Clerk: Question 676. The Hon. E J Phillips.

Hon. E J Phillips: Mr Speaker, can the Government state whether it uses the services of intermediaries to procure medicines, pharmaceuticals and vaccines for the GHA; and, if so, who?

Clerk: Question 677. The Hon. E J Phillips.

Hon. E J Phillips: Can the Government state what quality and safety controls are in place for the inspection of medicines, pharmaceuticals and vaccines for the GHA?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, all medicines, pharmaceuticals and vaccines are procured for the GHA by its Pharmacy department using the GHA's procurement programme.

The GHA's Pharmacy department occasionally uses intermediaries – approved distributors and wholesalers – both in the UK and locally, to procure medicines and pharmaceuticals. These are Miller & Miller, Knox Pharmaceuticals, Celgene Ltd, Totty Pharmacy, Alexion UK, Grifols UK, Rovi Biotech Ltd, Giblon Ltd, Alfrend Swantex, Geratt Holdings, Meadow Laboratories Ltd and Clarity Pharma Ltd.

The GHA Pharmacy department adheres to the Medicines and Healthcare Products Regulatory Agency (MHRA) guidance on Good Distribution Practice, which ensures safety and quality of medicines at point of receipt. The GHA also has a policy in place for the safe handling and storage of the medicines on wards and departments.

Mr Speaker: Next question.

Q678/2020
Vaccination uptake –
Statistical data held

Clerk: Question 678. The Hon. E J Phillips.

Hon. E J Phillips: Can the Government confirm what statistical data is held in relation to vaccination uptake in Gibraltar?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, the GHA holds a record of all immunisations administered and those who have received them, for clinical safety reasons. The GHA also keeps a record of individually prescribed batch numbers.

Mr Speaker: Next question.

Q679/2020
St Bernard's Hospital canteen and kitchen –
Overall costs

Clerk: Question 679. The Hon. E J Phillips.

Hon. E J Phillips: Can the Government state the overall costs of the hospital canteen and kitchen based at St Bernard's Hospital?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, there is no cost to the GHA in respect of the canteen. In fact, because the running of it is outsourced, the GHA receives a rent.

In relation to the Hospital's catering department, which provides food to patients and other service users throughout Government, the average monthly cost is £174,000.

Hon. E J Phillips: Therefore, insofar as the canteen itself is concerned, the Government has contracted with a third party to run the cafeteria, effectively – the Minister can confirm that that is right?

Hon. Miss S J Sacramento: Yes, Mr Speaker. This was before my time, but I recall that it was a tender that was issued a while back, and the successful tenderer is running the canteen.

Hon. E J Phillips: Will the Minister disclose the name of that third party and the price of the contract?

Hon. Miss S J Sacramento: Mr Speaker, I am afraid I have checked my supplementary notes and it is not information that I have, but it is information that I can get to the hon. Gentleman. I am sorry, I do not know because it is before my time. Had it been something I had been involved with, I would probably know the information, but I do not know the information. I will find out for the hon. Gentleman.

Hon. E J Phillips: The reason why I ask that question is because it has been brought to my attention that the staff of the GHA go to the cafeteria, to obviously acquire the products that are being produced there – coffee, toast, or whatever it is; it is generally breakfast – and a very large

book is placed in the cafeteria, where it is just signed off by a Government Department, and I understand that other Departments within the Europort facility are also using that cafeteria, but it is always signed off. That is why I am trying to understand how the contractual relationship works, because my understanding is that various individuals within the service simply order something and then sign a book with their name and the Department, and that is it, so there is no exchange of cash to the cafeteria by the individual concerned. Does the Minister know how this operates generally?

Hon. Miss S J Sacramento: No, Mr Speaker, I do not recognise what the hon. Gentleman is saying. I have been to the cafeteria, not often but I have … In fact, it is closed. It may have reopened now, but it was closed for a long period because of COVID, so you could only go and get a takeaway; it could not be a cafeteria. But on the number of occasions that I have been to the cafeteria for lunch myself, I have ordered food in the same way as you do in any other cafeteria, and paid for it myself – with my own money, for the avoidance of doubt – and sat there and had lunch as you would in a normal lunch place.

I have not noticed a book, so I honestly do not know what the hon. Gentleman is referring to. I have not seen a book. I was not looking for a book, so I may have missed it, but the cafeteria is not very big. You walk in, you order your food, you pay for it and you sit down or take away, as the case may be. *(Interjection)* I have not been there long, but I think there is only one canteen. Maybe the hon. Gentleman and I can have a separate conversation about this. As far as I am aware, it is a normal canteen: you go in, you order your food and you pay for it.

Mr Speaker: Next question.

Q680/2020
MRI scanning services –
Update re provider

Clerk: Question 680. The Hon. E J Phillips.

Hon. E J Phillips: Mr Speaker, further to Question 224/2020, can the Government now update this House on who has been contracted to provide the MRI scanning services to the GHA?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, as per the answer given to Question 224 on 19th May 2020, the answer remains the same.

Hon. E J Phillips: Mr Speaker, as the Minister will be aware, the issue of the MRI scanning services to the GHA has evolved over time. Initially, there was announcement about 'bringing MRI services back home', I think was the description by the former Minister, the Minister's predecessor. That evolved into a different position where the Government was looking at a service provider in relation to the MRI scanner, rather than buying this quite expensive bit of kit to be installed within the Hospital. Then we learnt that the MRI scanner may well be located off site from the particular venue in the Hospital, and then we learnt that it may be incorporated within the Hospital with a team that would be outsourced.

I still remain unclear as to what the Government's view is in relation to the MRI scanner. Is a third party going to be contracted; and, if so, how much are they going to charge for that service?

Quite clearly, as far as I understand the position, many thousands of MRI scanners go off to the hinterland in Spain, for which services are used from tertiary providers. I can understand the rationale for bringing home those services. It was originally the position that the Government would buy this piece of kit, as I said, but that has now somewhat changed to a different position whereby the Government now intends to contract with a third party for those specific services.

If the Government could give the House a bit more of an update as to what the current position is and where this machine is going to be geographically located, and if the Minister can now actually confirm the name of the company it will be contracting, it would be helpful.

Hon. Miss S J Sacramento: Mr Speaker, the issue of repatriating the MRI service is an incredibly complex one. The hon. Gentleman is right, there was talk initially of purchasing an MRI scanner, but if a service for an MRI scanner is provided, it provides better value for money and reduces the liability for the upkeep and maintenance of the machine. So, the starting point is that we want to repatriate the MRI services but in the most cost-efficient, cost-effective way to the taxpayer, obviously maintaining standards.

The latest progress in this respect is, I understand, that there are various companies that have given presentations to the GHA as part of the procurement process, so the procurement process kicks in and we will analyse which of these companies will provide the best value for money. But I can confirm to the hon. Gentleman that, as it stands at the moment, the GHA is going down the route of looking at a service level agreement with a provider of the technology, because that is felt to be the best, most effective, cost-efficient way forward for the GHA.

Hon. E J Phillips: Just one supplementary. I am grateful for the answer. The Minister has clearly identified that there are potentially various in the running. Can the Government confirm whether these are local enterprises or external companies pitching for this procurement job? I understand it is a very expensive bit of kit. It is something like £150,000, as far as I understand the position, for one of these machines – very expensive – if not more.

Mr Isola seems to know more about it. I wonder if he might want to help with the costings.

Hon. Miss S J Sacramento: He does not want to.

Hon. E J Phillips: Okay, he does not want to help; it was an invitation.

Are these local enterprises or international companies that are pitching for it?

Hon. Miss S J Sacramento: Mr Speaker, I have not been involved in the detail, but I do not think that they are local companies; I think they are international established companies in this field. I am not sure, but I know that there was a meeting recently, only a few weeks ago, and I am waiting to be briefed on the update of that meeting. I stand to be corrected, but to the best of my knowledge, I do not think it is local companies.

Mr Speaker: Next question.

Q681/2020
Health Service –
Plans for full restoration

Clerk: Question 681. The Hon. E J Phillips.

Hon. E J Phillips: Can the Government confirm that they will publish the current plans for the full restoration of the Health Service?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, the situation is currently reviewed on a weekly basis, and more often if required, by the GHA's Gold Command. Some services never ceased, despite the Hospital's alert status, cancer treatment being an example. Most services have already been restored, subject to conditions. Full services will be restored as soon as it is clinically safe to do so, with patients informed accordingly and public announcements made.

Hon. E J Phillips: Mr Speaker, I am grateful for the answer.

The Minister is also referring to the road map that was set out in the Unlock the Rock document, which set out the stages in which our Health Service would eventually return to normal, and of course we went back into lockdown, so that framework, or that roadmap, effectively was put to one side in order to focus all of our efforts on the lockdown, the pandemic and the very sad loss of life during that period of time.

I would ask whether the Minister does have a replacement roadmap that can focus the mind on how we restore our Health Services moving forward. As the Minister will appreciate, COVID has presented significant difficulties for the delivery of care outside the COVID context, and genuinely people are concerned about missed appointments or delayed appointments and the natural impact that that will have on healthcare within our community. I think it is right that the Minister expand on her answer so that she can give assurance to members of our community that the delivery of care will now hopefully restore to the normal levels that we experienced pre COVID, so that regular appointments and check-ups to identify serious ailments and patient concerns can be tackled.

Clearly, throughout the world, many Governments have experienced –

Mr Speaker: You are extending the patience of everybody. A preamble has to be shortish.

Hon. E J Phillips: I apologise for extending that. I am not too sure Mr Speaker can speak for everyone else, but obviously I understand I might be delving into your patience a little bit, Mr Speaker. But I will ask the question. I think the question has been asked as to the restoration of Health Services.

Hon. Miss S J Sacramento: Mr Speaker, I have in excess of 120 questions on today's Order Paper. If every supplementary question is going to take five minutes, we are going to be here until way past midnight.

In terms of what the hon. Gentleman has asked, of course the Hospital is mindful of the effect that COVID has had on the general public, and everyone is keen to restart the running of the Hospital as soon as possible.

Mr Speaker will know that we are continuously making announcements as and when we trigger. We had announcements last week in relation to the opening up to visitors. We had announcements the week before in relation to our cancer services and encouraging people to come back to the GHA for their screening appointments, etc.

What I have done on this occasion is, at the senior management meeting last week I started a process and have put together a working group within the GHA to come up with a plan, which we have called Reset, Restart and Recover the GHA. The objective of this group is to look to see what we have learnt from COVID. Obviously, COVID has had a tremendous impact on the GHA and our clinical services, but we have also learnt some very good things from our adapted working practices. So, the objective of this group is to look at the good things that we can take out from our working practices in COVID and look to see how we can deliver our Health Services in Gibraltar

better in future, with a particular focus to use this as an opportunity to clearly restart and refocus our services and drive them in a more focused way for our community.

Mr Speaker: Next question.

Q682/2020
GHA telephone service –
Redeployment of public servants

Clerk: Question 682. The Hon. E J Phillips.

Hon. E J Phillips: Can the Government state why the GHA decided to return deployed public servants away from the telephone service?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, during lockdown, some public servants were deployed to the GHA to assist with the additional pressures as a result of COVID, including manning telephone services. As lockdown eased and they were needed in their departments, they were recalled accordingly. In some cases, the COVID demands had also eased, so they were no longer required. In other areas, those who were recalled because they were needed in their department of origin have been replaced by public servants.

Hon. E J Phillips: Mr Speaker, whilst I can understand that it is a difficult issue managing the telephone lines because of the volume of calls that the Government is getting during this period, it is a complaint that keeps coming up on the radar, not only insofar as 111 but also vaccines as well. It is a regular occurrence. Has the Government investigated how it can make that process more efficient and looked at ways of doing things differently?

Hon. Miss S J Sacramento: Mr Speaker, indeed, but the volume of calls that the GHA has received, in particular services … The hon. Gentleman does not specify which telephone line he is referring to, but the GHA has multiple telephone services, the 111 and the vaccination centre being just two of many services. What we have done temporarily … In fact, what happened was that the GHA, in order to set up these new additional services, used up all the phone lines that had been allocated to the GHA, so, to that extent, we had to procure mobile phones. The mobile phones were used to call out, so that it did not clog the lines and stop them from being able to … for calls to be received because, they were used for outgoing calls. That was one of the things we did.

In relation to the vaccination centre, I think there was a press release issued about three weeks ago to announce that we had added, I think, an additional six telephone lines, because of the traffic that we were experiencing, for people calling the 66966 number. But a lot of these procedures are also offered online, the vaccination being a perfect example. Everybody has the option of registering for an appointment for the vaccine online. These forms are regularly updated and regularly announced. We remind people to use that as a preferable option, because it is much easier for the GHA to receive an e-mail as soon as someone completes the form, and they will call them out. People prefer to use the telephone instead of taking advantage of the e-Government procedures that we are introducing, but we nevertheless have introduced them because the more people who rely on e-Government the fewer people rely on the phone lines, so the phone lines

are there for the people who cannot use e-Government. I think that is a mind change and a mindset that we still need to work on promoting, because people are still used to using the traditional ways.

Mr Speaker: Next question.

Q683/2020
GHA telephone service –
Complaints

Clerk: Question 683. The Hon. E J Phillips.

Hon. E J Phillips: Can the Government state what it is doing to reduce the significant level of complaints about the GHA telephone service?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, the Government has not received a significant level of complaints about the GHA telephone service. Some complaints have been received and they relate to the PCC.

Assuming that this question relates to the PCC telephone service, the GHA introduced a second call centre on 10th July 2020, increasing the number of telephone lines at the PCC with an additional six officers answering calls. The GHA has also reintroduced the MyGHA automated appointments booking system for telephone consultations, to alleviate the pressure on the telephone lines.

Mr Speaker: Next question.

Q684-87/2020
GHA appointments –
Face to face; open-ended; cancellations

Clerk: Question 684. The Hon. E J Phillips.

Hon. E J Phillips: Can the Government state when it anticipates seeing the return of face-to-face appointments and the return of the established booking system?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, I will answer this question together with Questions 685, 686 and 687.

Clerk: Question 685. The Hon. E J Phillips.

Hon. E J Phillips: Can the Government confirm whether it has considered moving to an open-ended appointment scheme for PCC appointments?

Clerk: Question 686. The Hon. E J Phillips.

Hon. E J Phillips: Can the Government state how many PCC appointments have been cancelled over the last two months?

Clerk: Question 687. The Hon. E J Phillips.

Hon. E J Phillips: Mr Speaker, can the Government state how many medical appointments with the GHA primary, secondary and tertiary care have been cancelled since January 2020 to present?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, face-to-face appointments with GPs have never stopped, even during the peak of lock down. If, after a telephone consultation with a GP, it was felt that the patient needed to be seen face to face, this option was offered and the patient asked to attend the Primary Care Centre for an appointment.

Face-to-face appointments that could be booked by patients themselves were reintroduced on 20th July 2020. Patients are able to book these directly by calling the PCC on 200-52441. Furthermore, if a patient has booked a telephone consultation, and the GP feels that they need to be seen, this will be arranged directly by the GP.

An open-ended appointment scheme is not a sustainable long-term operating model, and neither is it safe to have no limit on numbers of appointments available, as an open-ended appointment scheme increases risks to patients.

No PCC appointments have been cancelled. For various reasons, some appointments have had to be rescheduled for a different day.

Hon. E J Phillips: Mr Speaker, I am not too sure I got an answer for Question 687 on primary, secondary or tertiary care for medical appointments. I think the Hon. Minister answered the PCC appointments, but not –

Mr Speaker: It is on the reverse of the prepared answer.

Hon. Miss S J Sacramento: Thank you, Mr Speaker, yes, the hon. Gentleman is indeed right.

In answer to Question 687, during the period from January 2020 to February 2021, the number of rescheduled appointments in GHA primary care is 42,505, the number of cancelled appointments in secondary care for the same period is 39,137, and there have been no cancellations for tertiary appointments in Spain or in the UK. All appointments have either been rescheduled or carried out as telephone consultations, where clinically appropriate.

Mr Speaker: Next question.

Q688/2020
Cancelled surgeries –
Numbers since January 2020

Clerk: Question 688. The Hon. E J Phillips.

Hon. E J Phillips: Can the Government state how many elective and non-elective surgeries across the GHA have been cancelled each month from January 2020 to present?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, the total number of elective and non-elective surgery cancellations per month, since January 2020, are as follows: January 2020, 12 elective, one non-elective; February, 31 elective, zero non-elective; March, 78 elective, zero non-elective; April, 27 elective, one non-elective; May, six elective, zero non-elective; June, four elective, zero non-elective; July, 14 elective and two non-elective; August, nine elective, zero non-elective; September, four elective operations and zero non-elective; October, 14 elective and zero non-elective; November, 18 elective and one non-elective; December, 15 elective, one non-elective. For January 2021, there were 72 elective cancelled and no non-elective, and the same figure for February.

Mr Speaker, I have to say that those numbers also include cancellations by patients.

Hon. K Azopardi: Mr Speaker, does the Minister have any sort of information on the …? They have been cancelled. Are there projected dates when these operations will be carried out?

Hon. Miss S J Sacramento: Yes, of course, Mr Speaker. There is currently an exercise that we commenced some three weeks ago in relation to surgery. Everybody is being contacted, re-assessed and evaluated for their surgical needs, and prioritised so that we can restart all pending surgeries as soon as possible – in fact, we have already started.

Hon. K Azopardi: I mean on non-elective, in particular. At the end of the day, elective is what it is, so I guess there is less urgency, but in terms of non-elective can the Minister confirm that they are prioritising those non-electives and when those would commence? Or is the Minister saying the non-elective surgery has commenced?

Hon. Miss S J Sacramento: Mr Speaker, in relation to the figures I have just given, since January 2020 there have been six non-elective surgeries that have been cancelled, so it is a very small number and we have already commenced the surgical waiting lists. If these people have not been contacted in the last couple of weeks already, they are about to be contacted.

Mr Speaker: Next question.

Q689/2020
Trained CCU nurses –
Number currently available within Health Service

Clerk: Question 689. The Hon. E J Phillips.

Hon. E J Phillips: Can the Government state the number of trained CCU nurses currently available within the Health Service?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, there are currently 42 trained CCU nurses in St Bernard's Hospital.

Mr Speaker: Next question.

Q690 and 726-32/2020
Elderly Residential Services –
Respirators and ventilators, members of staff testing positive, frequency of testing, location of residents testing positive;
Mount Alvernia waiting list, number of residents, containment of outbreak to fourth floor, number of resident deaths

Clerk: Question 690. The Hon. E J Phillips.

Hon. E J Phillips: Can the Government state whether any of the respirators or ventilators are permanently based at ERS locations in Gibraltar?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, I will answer this question together with Questions 726 to 732.

Clerk: Question 726. The Hon. K Azopardi.

Hon. K Azopardi: Mr Speaker, how many people were on the Care Agency waiting list for Mount Alvernia at 31st December 2020, broken down by location of applicant?

Can I say I tabled that question because that information was not available, but I think I noticed recently that the Government website was updated?

Clerk: Question 727. The Hon. K Azopardi.

Hon. K Azopardi: Mr Speaker, how many residents were there at Mount Alvernia on 1st December 2020, 1st January 2021 and 1st February 2021?

Clerk: Question 728. The Hon. K Azopardi.

Hon. K Azopardi: How many members of staff at ERS tested positive for COVID after 1st December 2020?

Clerk: Question 729. The Hon. K Azopardi.

Hon. K Azopardi: Mr Speaker, were staff working at ERS tested for COVID on a daily basis from 1st December 2020 to 17th February 2021; and, if not, how frequently were they tested?

Clerk: Question 730. The Hon. K Azopardi.

Hon. K Azopardi: What was the breakdown by ERS facility of location of the 131 residents who were COVID positive on 15th January 2021?

Clerk: Question 731. The Hon. K Azopardi.

Hon. K Azopardi: Did the ERS initially seek to contain the December 2020/January 2021 COVID outbreak at Mount Alvernia to the fourth floor, and when did it spread to other floors at Mount Alvernia?

Clerk: Question 732. The Hon. K Azopardi.

Hon. K Azopardi: Mr Speaker, how many residents of ERS died during the period January 2017 up to and including January 2021, with figures broken down by calendar month?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, there are no mechanical ventilators at any of the ERS facilities. However, the ERS does have non-invasive ventilators, namely four CPAPs and five Optiflows. Other than this, respirators such as oxygen, 100% oxygen masks and Venturi masks are permanently based at ERS sites.

There were 336 applicants on the ERS waiting list on 31st December 2020. The breakdown by location of these applicants is as follows: 310 were at home, 12 were in hospital and 14 were in Ocean Views.

There were 119 residents at Mount Alvernia on 1st December, 124 on 1st January 2021, and 90 on 1st February 2021.

One hundred and forty eight ERS staff tested positive for COVID after 1st December.

Between 1st December 2020 and 17th December 2020, ERS staff were PCR swabbed twice a week, staff on shift patterns either three or four days weekly. Between 18th December 2020 and 28th December 2020, staff were tested on alternate days. As from 29th December 2020, staff are swabbed daily.

Of the 131 ERS residents who were COVID positive on 15th January 2021, 105 were at Mount Alvernia, seven at the Jewish Home, 11 at Bella Vista and eight at the John Mackintosh Home.

Initially, 16 isolation beds in the annex area of the 4th floor of Mount Alvernia were used to accommodate the COVID-positive cases. On 29th December 2020, positive COVID cases were identified among residents of the second and third floors. Those residents were then transferred to the fourth floor, which became a COVID ward on 31st December. Once all the beds on the fourth floor were occupied, the second floor was also converted to a COVID ward, on 4th January 2021. All residents deemed close contacts were transferred to the ground floor of Mount Alvernia. Positive cases were then identified amongst the residents of the first floor on 1st January 2021 and these were relocated to the COVID wards. This was the strategy agreed within the ERS contingency plans, the standard operational procedures with Public Health, Civil Contingency and the GHA.

The numbers of ERS patients who sadly passed away between January 2017 and January 2021 are as follows. Mr Speaker, I apologise to the hon. Gentleman, I do not have a table, but perhaps I can pass him a copy of my answer so I do not have to read out all of these numbers.

Answer to Q732/2020

Month Year	2017	2018	2019	2020	2021	Total
January	6	21	11	17	50	105
February	7	11	8	5	-	31
March	2	10	7	6	-	25
April	5	11	10	6	-	32
May	8	16	9	5	-	38
June	7	7	5	6	-	25
July	3	12	6	12	-	33
August	5	6	8	5	-	24
September	4	10	4	5	-	23
October	7	9	9	10	-	35
November	6	6	4	10	-	26
December	11	10	9	5	-	35
Total	71	129	90	92	50	432

Hon. K Azopardi: Mr Speaker, we have rolled up together quite a number of issues, but if I may, I will just ask a few questions.

The Minister talks about the change in the COVID testing of staff at ERS. It goes from twice a week … She gave a period between 1st December 2020 and 17th December 2020, so twice a week. Then, between 18th December 2020 and 28th December, alternate days, and then swabbed daily from 29th December. Can she explain the rationale for that, because of course 20th December was, I think, the day that the Government took the decision to close restaurants. It may have been the 18th. It was the Friday. I cannot remember if it was the 18th or the 20th, but on that Friday. By then, it had become obvious that the COVID cases were exponential enough for the Government to take the decision that it needed to close restaurants in a bid to shut down the virus or minimise it as much as possible. At that stage, at ERS you were still swabbing twice a week, and then it only changes to alternate days. So, why not, at that stage, a system of daily testing of staff?

Hon. Miss S J Sacramento: Mr Speaker, this was the strategy that was directed on Public Health advice. It is a combination because we have to read them together in relation to the swabbing and the testing, but what is clear is that the plan was very fluid, and as soon as the numbers of positive cases in the community and in Mount Alvernia escalated, the frequency of the testing and the swabbing was also increased accordingly, to the extent that it rose to happening on a daily basis, and in fact continues to happen on a daily basis, for now, on a precautionary basis. No, sorry, Mr Speaker, they are swabbed on alternate days at the moment.

Hon. K Azopardi: Mr Speaker, can the Minister remind us …? I am sure it may have been out in the public domain with all the statistics that came out, but the first ERS case – and this was second wave – was when?

Hon. Miss S J Sacramento: Mr Speaker, I am afraid I cannot give the hon. Gentleman the exact date. I have so much COVID data in my mind that it gets very confusing and I am loth to give the wrong answer.

Hon. K Azopardi: Mr Speaker, in any event, we are talking about Mount Alvernia, which I think the Minister said had 119 residents on 1st December and 124 on 1st January, so we are talking about 120-odd people based on different floors, and there was an attempt initially to contain it to the fourth floor. Can she illuminate us a bit on what kind of precautions were taken when there

was a management decision to contain it to the fourth floor, the COVID outbreak? What precautions were taken in relation to spread? She indicated in her answer that there was then a subsequent spread to the second and third floors by around 29th December, then they tried to put them back on to the fourth floor, as the COVID ward, but what kind of precautions had been taken before the spread?

Hon. Miss S J Sacramento: Mr Speaker, all possible precautions were taken, from the very frequent swabbing and COVID testing to always the use of PPE.

The hon. Gentleman will recall that there was a lockdown at Mount Alvernia, so there were no visitors and no personnel who was not an employee of Mount Alvernia. Throughout the lockdown, Mount Alvernia has also been segregated into bubbles to try and minimise cross-infection. The bubbles extended to everyone, the residents and the staff, and that was not only contained within the floors of Mount Alvernia but also within sections of Mount Alvernia. The hon. Gentleman will recall that Mount Alvernia is a sort of an L-shape on some floors, but the floors themselves were sectioned off into bubbles, so that residents and staff were not mixed.

As you see, I think every single possible precaution to contain the spread of the virus in Mount Alvernia was taken, but the prevalence of the virus in Mount Alvernia was reflective of the prevalence of the virus in the community, and that is essentially why we had such a high number of positive cases in Mount Alvernia. I recall Mount Alvernia management were in contact and taking Public Health advice, as well as advice from the Contact Tracing Bureau specifically, as to how to configure Mount Alvernia and its staff as and when more positive cases were identified. Initially the one floor was allocated to become the positive ward, so everyone who was positive was on that ward, but it got to the stage where there were so many positive cases that an area was allocated for those who were not positive, because it was easier to contain them that way, but always assuming that they were close contacts and that it was very likely that they would become positive at some point. So, it was kind of contact tracing in reverse. As soon as everything started to escalate, Mount Alvernia immediately went into lockdown, and the hon. Gentleman will recall that this was at the time when the GSD were saying that visitors should be able to visit Mount Alvernia. It all happened very quickly. Mount Alvernia just triggered its civil contingency plans and they were reviewed on a daily basis, always in consultation with Public Health advice.

Hon. K Azopardi: I am loth to correct the hon. Lady, but I think she is wrong that this was at the time when the GSD was saying that … I think the hon. Lady is wrong about that. What I had discussed with the Chief Minister was representations that had been made to me before the renewed opening of Mount Alvernia – it must have been around November, the representations that it should reopen for visits then it opened for a short period, but we were certainly not saying in December that there should be an opening at the time of the prevalence of cases.

Can I ask the Minister: given that there was an attempt at containment of the cases at Mount Alvernia for a period, why was there not an attempt to decant cases to, say, the Nightingale facility, to maximise the chances of segregation of people who were not COVID positive?

Chief Minister (Hon. F R Picardo): Mr Speaker, I answered exactly that question from him at the time when I made one of the statements on COVID in the House. He asked me for clarification on exactly that point. I said that the advice we had was also that moving people from Mount Alvernia, in particular those with Alzheimer's or dementia, is not in the interests of their long-term care and a balance was being done, by those who are responsible for the care of our elderly loved ones at Mount Alvernia and in the other facilities, as to whether it was safer to move them out with all of the consequences that that might have for somebody who is suffering from Alzheimer's or dementia, or to keep them in the segregated way they were being kept in Mount Alvernia. The advice was – or the view was, because it was not advice for Ministers to take a decision; this was a medical decision that was made by medical professionals and it was made with the support of Ministers – that the safest course was for people to stay in Mount Alvernia or in the other ERS

facilities. If the hon. Member looks back, that is what I said at the time when he asked me that question.

Hon. K Azopardi: Mr Speaker, I cannot not recall asking the question, but I am grateful for the answer.

The hon. Lady says that 148 ERS staff tested positive for COVID after 1st December. That is from a total of what?

Hon. Miss S J Sacramento: Mr Speaker, I am afraid I do not have that figure.

Hon. K Azopardi: It looks like quite a big figure. That is a lot of people testing positive.

Can she perhaps explain to us in a bit more detail the swabbing procedure that was followed, as she explained, twice a week, alternate days and then daily? How does it work? The staff were swabbed where? At ERS in an external facility? If they were swabbed, did they have to wait somewhere until the results of the swab? Presumably they did not get on with their duties while they were doing stuff.

Hon. Miss S J Sacramento: Mr Speaker, swabbing at Mount Alvernia and all ERS sites is undertaken on site because ERS has its own dedicated swabbing team for infection control purposes.

We have to be mindful as well that the frequency of the swabbing was extremely high. Swabbing goes hand in hand with the wearing of PPE. There is a schedule for how staff are swabbed. Staff are swabbed at work on their shift, and staff are also swabbed when they are not at work, because of the rota that you have in Mount Alvernia.

We have to remember that this is screening swabbing; it is not swabbing because people have symptoms. There are two types of people who have the COVID virus, symptomatic people and people who are not symptomatic. If you are symptomatic, we go down the 111 route, you do not go to work and you are swabbed to see if you are positive. The other swabbing is for asymptomatic people, and that is done on a daily basis, pretty much, but it is almost the same procedure that we have in the GHA. For example, in the GHA, if you work in a non-clinical-facing department you are required to be screened, so you are swabbed as part of the screening programme – notwithstanding that you have had your vaccines – on a weekly basis. For example, yesterday was my turn, so I went to the swabbing thing, I was swabbed, I went to my office and eventually I got a negative result, but I carried on at work because this is asymptomatic screening swabbing.

Hon. K Azopardi: That is interesting. Is the Minister saying that the asymptomatic swabbing was that you tested the staff member but they then got on with their role, so they would then have interaction with the ERS residents and later in the day they would get the result, and some of them would be positive? Is that what was happening?

Hon. Miss S J Sacramento: In some circumstances yes, and in some circumstances no, depending on the shift pattern, but the staff were always working with PPE and were mindful of that. In most cases, because the swabbing is undertaken in house, the result comes very quickly.

There are two types of swabbing at ERS. There is the PCR test, which is the one that most of us have had. It is the high-sensitivity swab. It is taken to the Public Health lab and the turnaround for that … ERS swabbing is expedited, so, essentially, the minute the swabs are collected … The swabs are done first thing in the morning, they are taken by a messenger to the lab, and as soon as the ERS swabs arrive at the lab they are put through the machine, and, very shortly after, the tests arrive.

In addition to that, there are also the daily lateral flow tests that are undertaken before you go in. That is the one where you get your test within half an hour. So, there are three barriers for the

surveillance. Remember that this is surveillance. This is the screening that is undertaken as a precaution, and in an abundance of caution, in case staff are positive but not showing symptoms.

When you reach Mount Alvernia, you do your lateral flow test, and that is the pregnancy-test style of test where you do not need to send it to a lab and where you will have your result within 30 minutes. In addition to that, you have the screening process and the high-sensitivity PCR test that is done on a less frequent basis. And then, all the time, anyway, you are wearing your PPE.

Hon. K Azopardi: I understand all those layers of control, but isn't it quite extraordinary, at the height of this virulent explosion of cases in December-January …? The Minister put it in terms of all those controls in case they get it, but the reality is that a high proportion of staff members were getting it. My hon. colleague has kindly pointed out that in the Budget Book there is a figure of 260 ERS, so we are talking about more than maybe 55% of people, if that is the sort of complement that we are talking about.

Isn't that a fairly extraordinary kind of practice, given that, at the time, the public health message given by the Government was let's try to bringing this virus down? The virus was everywhere. ERS staff were obviously leaving to go home and would have interaction with the public in a way that residents would not, and there was a greater likelihood that they would bring the virus in. Wasn't that the time to have greater controls in terms of daily swabbing, plus also telling staff that perhaps they needed to wait until the result before they got on with their duties?

Hon. Miss S J Sacramento: Mr Speaker, this was the Public Health advice at the time, and this was what was deemed to be safe at the time.

In terms of the staff – and I am grateful to the hon. Gentleman for checking the number in the establishment, but throughout the COVID period we have also supplemented the staff at ERS, and indeed the Hospital, and there have been a lot of supernumerary staff in this period to be able to cover all the sickness absences. Otherwise, if we were down by such a huge amount of staff, it would have been impossible to run the home and run the facility.

Hon. K Azopardi: I certainly appreciate the difficulties. I do not underestimate the difficulties of the management of the whole situation. I think the hon. Lady said, in answer to a previous question, that what happened at ERS was in accordance with the prevailing situation of the virus, but I would put it more highly than that, because actually it was an environment where there were simply vulnerable and elderly people. It is a backdrop that is much more absorbent of the worst effects of the virus and therefore the precautions need to be higher.

I think a lot of the precautions that the hon. Member has highlighted today were well taken, but I am questioning that, on reflection, on looking at the analysis that the hon. Member has made and explained to us, against the backdrop that several measures were being taken in the wider public out there, it seems to me that the swabbing part of it may have been a deficiency, and is that not something that the public health authorities need to look at?

Hon. Miss S J Sacramento: Mr Speaker, I cannot agree with the hon. Gentleman because ERS and the ERS facilities demonstrated the strictest regimes in relation to swabbing, testing and all of the possible precautions that were undertaken. I dare say that we would be hard pressed to find this kind of situation in other counties, because we went, I think, at this time, over and above in relation to the safety precautions that had to be undertaken at Mount Alvernia.

The hon. Gentleman also has to remember that when we look back … He is asking us to look back and look at it with hindsight, and I want to remind the hon. Gentleman that he is the one who always says that we never read history backwards. Of course, hindsight is a wonderful thing, but putting it into context, we have to remember that the escalation of the positive cases back in December happened very quickly. Within a couple of days we had the positive cases increasing at a very rapid rate, so we were keeping up with monitoring the cases and keeping up with

developments as and when they were happening, to make sure that we had the safest and most stringent possible precautions in place in Mount Alvernia.

Hon. K Azopardi: Mr Speaker –

Mr Speaker: This is the eighth question.

Hon. K Azopardi: Is it? I have not been tallying. I am glad Mr Speaker is taking a count. *(Interjection and laughter)* I only have two questions, Mr Speaker, if I may.

Hon. A J Isola: Yes, you repeat them many times.

Hon. K Azopardi: Well, only so that you are listening well.

Mr Speaker, some of the residents' families who have spoken to me about this … I think one of the things they feel aggrieved about is that at the height of when all of this was happening, apart from the communication issues that some of them were having, they felt that the families were almost being marked as … the virus was brought in by family members. But hearing the Minister, does the Minister accept that the virus, at that time, was likely brought in by ERS staff?

Hon. Miss S J Sacramento: Mr Speaker, I do not know which of the parts of that to start with. He says that there were aggrieved family members because there was a lack of communication. What I can tell the hon. Gentleman is that, at that time, all of the staff, the management staff and the staff on the shop floor at Mount Alvernia, were doing everything possible to care for the residents and to keep the virus out.

At times when you are down on staff, there sometimes are not enough hours in the day to have the live video calls between the residents and their families, however much the staff would have wanted to have done that, but the staff were more engaged in prioritising the clinical side of keeping as many people as safe as possible within Mount Alvernia. I cannot praise enough the dedication of the staff at Mount Alvernia, particularly in December, when this was happening and everybody was doing their best to keep it out.

As I recall, when it came to the contact tracing of the initial positive cases in Mount Alvernia, at the time … Mr Speaker, I deal with a lot of data in relation to COVID, so I may easily have been mistaken, but, as I recall, the first two positive cases from Mount Alvernia were attributed to a family member who was visiting, and another one was attributed to a member of staff.

But I have to remind the hon. Gentleman of the extra layer of precaution that was introduced in December. I said earlier that we introduced the lateral flow tests. I get confused because we have different types of tests, but in December we introduced the antigen test as an additional barrier to the virus entering, and that was done on a daily basis before they went in, so that was the first barrier that we had, and that is, I think, a very important precaution that we introduced then.

Hon. K Azopardi: Mr Speaker, on this side of the House we entirely appreciate the difficulty and how appalling it must have been for staff in managing a situation which was never encountered before, and certainly staff members have our support, appreciation and gratitude too. But I think the last 12 months have at least shown us that the unforeseeable, or what we thought was unforeseeable, can happen. So, what lessons does the Government think it has learnt as a result of that experience, were something like that to happen again?

Hon. Chief Minister: Mr Speaker, many and myriad, like governments around the world and like people around the world. I do not think it is only governments that have been surprised by the effects of the pandemic; I think the whole planetary population has been affected by the pandemic. These are the lessons that it is hugely important that we learn, so that … I think it is

more likely *when* rather than *if* a pandemic hits again. I hope many decades, if not centuries from now, those lessons are properly recorded and the same mistakes are not made again.

I think the inquiry that is going to be on foot is the place to record those lessons. I hope that all Members will co-operate with that inquiry and that the inquiry will be able to call for evidence widely, not just in the ministerial team and the people most involved in advising the respective Ministers for Health and Public Health, but in the community generally. I think this will be an important learning exercise and an exercise in leaving behind those lessons for the future, and also the things that have been done right.

I think one of the things to also realise is that we learnt lessons from the last pandemic. There was a good record of what happened during the first and second waves of the Spanish flu in late 1918 and 1919, but there just needs to be a better record now, preserved for posterity. Those will be key issues in the future.

The way the vaccination programme has been rolled out in such a short period probably will be something that will be looked at as very long period, and as we have learnt more about non-viral messenger DNA and all the rest of it, it may be possible to develop vaccines even more quickly and to control pandemics even more quickly.

But the lessons cannot be written down – as I put it to the Hon. the Leader of the Opposition he is suggesting that we do – on the back of a fag packet. These are things that need to be looked at very carefully and in the context of that inquiry, so that we do not make mistakes, even in the context of what we think the lessons that we have learnt might be.

Mr Speaker: The Hon. Marlene Hassan Nahon. *(Interjection by Hon. E J Phillips)* I beg your pardon. You may rise and ask the supplementary.

Hon. E J Phillips: Mr Speaker, in relation to Question 690, I wonder whether the Hon. the Minister for Health would have the answer to this question: as a result of the lack of mechanical ventilation that she alluded to in the answer to the question, does the Government know the numbers of people in ERS facilities that were transferred to St Bernard's Hospital for mechanical ventilation, given the lack of support available at those facilities?

Hon. Miss S J Sacramento: Mr Speaker, if I can just clarify, it is not a lack of mechanical ventilation at ERS; it is that this type of ventilation is offered at a CCU because people need to be, obviously, intubated and sedated. It is not that the ERS is short of these kinds of ventilators; it is that it is not the kind of staff or place where these kind of ventilators are found, nor is that treatment delivered.

There were a number of ERS residents who were transferred to the CCU, but off the top of my head I cannot give the hon. Member the figure.

Mr Speaker: The Hon. Marlene Hassan Nahon.

Hon. Ms M D Hassan Nahon: Mr Speaker, I just wanted to pick up on something that the Chief Minister said, and ask a question based on his comment that moving people, especially frail and elderly people, was not in their interests, but we also have been arguing for the last year that the cognitive decline as a result of the measures needed to be taken to keep them safe … One could argue, and families argue that they are not in the interests of their well-being, but what we want to do is keep them alive. So, given the high death toll – because it is a high death toll – in the ERS, and when we reflect on the reality that we did turn a care home into a hospital to try and serve both purposes, is it not fair to assume, considering the death toll, that it did not serve its purpose on either front, especially when we spent so much money on a facility like the Nightingale, which remained empty?

Hon. Chief Minister: Mr Speaker, I think the hon. Lady is enquiring, not accusing, and I am going to take her question in that way.

The Nightingale facility is what you might call a bare-bones bed, oxygen and food facility. It is no more than that. Nightingale facilities are usually just places where nurses would be ensuring that individuals who are there, in their care, have the hydration that they need and are properly fed, and doing little more than that – and checking vital signs in case they then need to be moved to hospital care. So, although 'Nightingale' carries the word 'ward' after its name', it is not a hospital ward.

We were advised from the beginning that we would put people in the Nightingale hospital who were what you might call the walking wounded. In other words, people who were mobile, people who needed to be under observation if we had huge numbers of people who were on the cusp of needing hospital care and we needed to move them from home because there might be issues in the home where they might infect others, etc. That is what Nightingale was for.

Having seen the magnificent work that is done by our people in the elderly residential facilities of the Government, the ERS facilities are much more than a place where hydration is assured of what you might call the walking wounded. This is a facility where, as the hon. Lady will have seen, we have people who are really looking after the residents, who need much more than just hydration. They really do need care. They need care with their personal hygiene, they need care with their cognitive skills and they need physiotherapy, all of the things that we know are done so effectively in ERS.

Those gerontologists who advise the Government took the view – rightly, in the view of the Government, but it was their view – that it was safer and better for those geriatric cases to remain in those facilities where they were able to get exactly that care, which is in addition to the care that they would have needed as COVID patients, and so segregation was the key element.

I recall the hon. Lady spending many a sleepless night in the early days of the pandemic, when she was not Minister for Health, delivering for us, as Minister for Housing in those days, a move of individuals who held residential facilities in Mount Alvernia, so that the Cottage – if I remember what it is called – could be turned into an isolation facility in the Mount Alvernia grounds, so that people who were suffering from Alzheimer's or dementia, or were residents otherwise of ERS at Mount Alvernia, could be taken into the isolation facility at the Cottage and stay within their environment and with the nurses they knew, etc.

The advice we have is that it would be very traumatic to move patients with Alzheimer's and dementia in particular, and in fact it was put very starkly to me by one of the doctors, who said to me, 'If we move them, we may as well kill them.' That is the sort of stark advice that we were receiving about why decisions were being made. Remember that, here, a Minister is not a decision maker; a Minister as a facilitator. You are facilitating that the doctors can have what they need, and if they tell you that they need an isolation facility in the infrastructure of the ERS, that is what you move to provide because they tell you things that stark, and that is what you act upon.

And so the hon. Lady can rest assured that these decisions were made in good faith, on the basis of the advice that we had, and that advice was designed to reduce the number of casualties that we might have, cognisant of the fact that COVID could get into the rest of the facilities, as they did, despite the very best efforts of all of the professionals involved in providing care at ERS.

I must say the care that the carers have for their charges, the way that they ensured that they were in maximum PPE all of the time – not to protect themselves from their charges but to protect their charges from them – was really quite remarkable. The hon. Lady may recall seeing a photograph of one of them and how they carried the wounds about their bodies and faces – and they still do, because this is not over in those facilities – so that the maximum protection was afforded to those who were still in their care.

But the Nightingale facility was entirely outside of where it was advisable that we should move residents of ERS.

Hon. Ms M D Hassan Nahon: Just one more, Mr Speaker?

Mr Speaker: One very short question.

Hon. Ms M D Hassan Nahon: Mr Speaker, following on from the Chief Minister's logic – I appreciate his report – there were patients/residents moved from … I do not know if it was just the Jewish Home or the John Mackintosh Wing in general to Mount Alvernia. They were moved, and some of them did die. So, following on from his logic, why were some ERS residents moved from one location to another following subsequent deaths?

Hon. Chief Minister: Mr Speaker, I follow on the hon. Lady's logic: they were not moved to a field hospital, they were moved to an ERS facility where they had all those facilities.

I am not able to answer her question in the context of whether those who were moved from the Jewish Home were people who had dementia or Alzheimer's, or whether they were simply people who were elderly residential services residents who did not suffer from Alzheimer's or dementia. That is something on which I would have to take specific advice if she asked the question, and at what stage the Alzheimer's and dementia might be. All of those are the issues that the doctors would have taken into consideration when making those decisions.

As I understand it, those sad deaths that we did have had arisen from COVID, they did not arise from other reasons, and if they did arise from other reasons they may be reasons that might have manifest anyway. They may not have been deaths which might have arisen in the context of the advice that we were given by the doctors, which was that moving them could give rise to the death that might come for reasons related to what the doctors tell us are the events that might afflict an Alzheimer's or dementia patient who is moved in the way that we were advised should not be the case.

I just want to be clear, Mr Speaker, that what is being questioned here … I say 'questioned' not in an aggressive term. What we are inquiring into in the context of these questions are not ministerial decisions, they are medical decisions because what Ministers did in this context was facilitate what the clinicians were telling us they needed.

Mr Speaker: Next question.

Hon. Miss S J Sacramento: To clarify a supplementary question that Mr Phillips asked earlier in relation to any ERS resident sent to CCU for mechanical ventilation, the answer is none, on the advice of the doctors that they were not suitable candidates for this type of invasive ventilation.

Of course, when doctors take these decisions they have to follow the NICE guidelines. I recall that residents were sent to CCU, but they were sent to CCU for CPAP ventilation, not for the intubated mechanical ventilation, on the basis of the clinical advice. I hope that clarifies the question.

Mr Speaker: Next question.

Q691/2020
COVID vaccinations by age group –
Question withdrawn

Clerk: Question 691. The Hon. E J Phillips.

Hon. E J Phillips: Mr Speaker, I appreciate that this question is now redundant, largely for very good reasons, namely that in our community the adult population has been vaccinated against COVID, and of course remarks in another place, in the United Kingdom, by the Secretary of State,

no less, confirming what we all know to be true and gladly welcome, the vaccination of our community. But I will read the question for –

Mr Speaker: Do you want to withdraw the question?

Hon. E J Phillips: I am quite happy to. Based on the fact that, quite clearly, we have achieved a huge milestone, and in the face of being congratulated by another place, by the Secretary of State for Health in that jurisdiction, Mr Speaker, there is no real reason to ask that particular question now.

Mr Speaker: Question 691 is withdrawn.

Chief Minister (Hon. F R Picardo): Can I just clarify that what I said in this House was that Gibraltar will be the first country to have a fully vaccinated population? I think we are hours away now – not that we had, but we are hours away.

Mr Speaker: Next question.

Q692/2020
COVID vaccinations by priority group –
Question withdrawn

Clerk: Question 692. The Hon. E J Phillips.

Hon. E J Phillips: Mr Speaker, we will withdraw that question as well.

Mr Speaker: Next question.

Q693-95 and Q743-45/2020
COVID vaccinations –
First dose for frontline food workers, private dental practice workers and returning students; training for vaccinators; plans to use vaccines other than Pfizer; sourcing of vaccines

Clerk: Question 693. The Hon. E J Phillips.

Hon. E J Phillips: Mr Speaker, can the Government state when supermarket workers and others in the food industry in a front line public role will receive the first dose of the Pfizer vaccine?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, I will answer this question together with Questions 694 and 695, and 743 to 745.

Clerk: Question 694. The Hon. E J Phillips.

Hon. E J Phillips: Mr Speaker, can the Government state why a number of people working in dental private practice who are currently carrying out or involved in supporting dental procedures have not been offered vaccines as of the date of this question, despite falling into category 3 of the GHA published priority list?

Clerk: Question 695. The Hon. E J Phillips.

Hon. E J Phillips: Mr Speaker, can the Government state what training programme was made available to those involved in the administration of the vaccine?

Clerk: Question 743. The Hon. K Azopardi.

Hon. K Azopardi: Mr Speaker, does the Government expect to use any licensed COVID-19 vaccine that becomes available?

Clerk: Question 744. The Hon. K Azopardi.

Hon. K Azopardi: Mr Speaker, is the Government sourcing the COVID-19 vaccine only from or via the UK government?

Clerk: Question 745. The Hon. K Azopardi.

Hon. K Azopardi: Mr Speaker, given the limited shelf life of the COVID Pfizer vaccine, how and when will the GHA offer the COVID vaccine to university students who return to Gibraltar at Easter or in the summer?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, in answer to Question 693, over 90% of supermarket and other food industry workers have already received their first dose of the vaccine.

In answer to Question 694, clinicians working in frontline dental services have been offered the vaccine. A small number of appointments for people in this group had to be delayed, as individuals cannot be vaccinated until at least 28 days after a positive COVID test, and also cannot be vaccinated while isolating as a result of being a close contact. If any frontline healthcare professionals who are in active clinical practice have not yet been vaccinated or received a date for the vaccination, they should contact the vaccination team at the GHA, who will expedite this.

A variety of training was undertaken by those involved in the administering of the vaccine. The amount of training given depended on the existing skills and experience of the vaccinators. Training delivered has included assessment against the e-learning for health, COVID vaccination competencies, and specific training sessions for vaccinators at the two vaccination centres before opening, including dry runs. For the final-year student nurses, bespoke training directly supervised by clinical tutors was provided until their competency had been signed off. The practice development nurse also provided training sessions in anaphylaxis awareness and response for vaccinators. Clinical supervision of all vaccinators is in place on all sides by senior nurses.

In answer to Question 743, this is a rapidly moving area. The UK government has provided stocks of its Pfizer vaccine supply, together with support materials needed to administer them. These began arriving on 9th January 2021 and the first doses were administered on 10th January, as has been widely publicised. The Pfizer supplied vaccine requires an ultra-cold chain, and we believe that Gibraltar, and the GHA, has demonstrated that it is able to work within these arrangements. The UK government, through Public Health England, sent the next batch of the

same vaccine in the last week of January, and then every two weeks thereafter. The other vaccine that is currently available is the one produced by AstraZeneca and is likely to go to those Overseas Territories that are not able to maintain the ultra-cold chain due to the logistical challenges – for example, extreme distance or poor transport links. It is unlikely that the UK government will provide supplies of any other type of vaccine any time soon.

In answer to Question 744, the UK government has kindly offered to extend its supply of vaccines to cover the Crown Dependencies and the UK Overseas Territories. These are being provided free of charge, along with support materials such as syringes and needles.

In answer to Question 745, university students in Gibraltar have now received their first dose of vaccine, and those students currently away from home will be offered the vaccine when they return home for Easter.

Hon. K Azopardi: Just on the last one, if I may, they will be offered the Pfizer vaccine at Easter, so there is a presupposition … Given that the Pfizer vaccine has a short shelf life, the Minister is confident, therefore, that we will have Pfizer vaccine in Gibraltar at Easter time to allow the delivery of vaccines to students returning, the first vaccine? For those students who have not had the vaccine at all and are returning and getting it for the first time, I think there needs to be a maximum of 12 weeks between vaccines. Again asking the same question, so that I do not have to get up again, is the Minister confident that 12 weeks later, in June or July, there will be Pfizer vaccine available in Gibraltar; and, assuming that a student is receiving the vaccine for the first time in the summer, that there will be COVID vaccine later in the summer, in September, for them to receive the second one?

Hon. Miss S J Sacramento: Yes, Mr Speaker, all of these eventualities have been factored in by the Vaccination Committee and we have already earmarked a batch of the current vaccine that we have, in expectation of the students who are returning. We are also mindful that not all will be able to have the second vaccine during that period, so we already have the vaccine that we have in place here. I am not sure what the expiry date is. I asked when we received the last consignment, but I did not ask when we received the current consignment, but in any event, because it is planned for, the arrangements have already been made.

I think the plan is that we will always have a stock of the Pfizer vaccine. Obviously, because we are reaching the end of our programme, we do not need to receive the Pfizer vaccine in the huge doses that we are receiving, but we do know that there are people who may wish to avail themselves of the offer of the Pfizer vaccine who are not in Gibraltar at the moment. All of these things are in hand and we are very much in control of future planning as well.

Thank you.

Mr Speaker: Next question.

Q696/2020
Prof. Derek Burke –
Receipt of letter from a number of doctors re loss of confidence

Clerk: Question 696. The Hon. E J Phillips.

Hon. E J Phillips: Mr Speaker, can the Government confirm that it has received a letter from a large number of doctors stating that they have lost confidence in Prof. Derek Burke?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, yes.

Hon. E J Phillips: Can the Minister disclose the nature of the loss of confidence that the large number of doctors had in this very senior position within the structure?

Hon. Miss S J Sacramento: Mr Speaker, we have never discussed any particular case or the details of a particular case across the floor of the House. I am happy to have a conversation with the hon. Gentleman behind the Speaker's Chair.

Hon. E J Phillips: I am grateful for that offer, but I would just ask this question before we engage in that conversation: does the Government share the concerns made by large numbers of doctors?

Hon. Miss S J Sacramento: Mr Speaker, given what I have just said, I find that supplementary question quite incredible. I will be making no further comment on any particular matter of this nature.

Mr Speaker: Next question.

Q697/2020
Director of Public Health's tweet re donation of travel certificates – Background

Clerk: Question 697. The Hon. E J Phillips.

Hon. E J Phillips: Now for another incredible question: can the Government state the background for the Director of Public Health's tweet in which he appears to donate travel certificates in the value of £40,000 from his 'office' to the GHA?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, this question refers to a tweet that Dr Bhatti made from his personal Twitter account, and as such was not an official communication.

The information contained in the tweet was not correct. All official communications from the Government are generated through press releases or any other announcements made through the Press Office.

Hon. E J Phillips: Mr Speaker, this is obviously one of a number of tweets that individuals have put out on social media, but there is a clear reference by the Director of Public Health to travel certificates in the value of £40,000 that he considers to be from his office, which I assume means the public's money, effectively the taxpayers' money. Does the Government agree with the tweet that he has made?

Chief Minister (Hon. F R Picardo): Mr Speaker, as Ministers are at pains to ensure that everyone understands, the spending of public money can only be done in keeping with the Estimates Book which is brought to this House and in the approved heads and the approved manner that this House determines at an Appropriation Bill debate. Any movement of money from one head to another is subject to a virement and has to be properly approved. That is not to

say that somebody might think, in a moment of exuberance, that a particular Department has generated an element of income and that it could be used for a particular purpose. I do not think we should read much more into it. Certainly, as the hon. Lady has already made clear, it would be incorrect, and as Minister for Public Finance I am happy to confirm that that would be an incorrect understanding of the way that public finance can be spent, employed or in any way or committed.

I think it would be remarkable, frankly, if we spent the afternoon discussing tweets. I am quite happy to pull up my own feed and see some of the things that others have put in tweets which we might not necessarily agree and which we could have a lively debate on, but in the same way as the spending of public money can only be done in keeping with the rules set out by this House in an Appropriation Act, we have to stick to the rules of this House at Question Time, and this is not the time to debate tweets, it is the time to ask questions of the Government.

Hon. E J Phillips: Mr Speaker, just one very quick one. I am grateful, Mr Speaker.

So, the Government can confirm that the Director of Public Health has not donated this amount, or the Government?

Hon. Miss S M Sacramento: Mr Speaker, in case the hon. Gentleman did not hear what I said in my first answer, the information contained in the tweet is not correct.

Mr Speaker: Next question.

Q698/2020
Question withdrawn

Clerk: Question 698. The Hon. E J Phillips.

Hon. E J Phillips: I will withdraw this question, since it has been published and we have had a long debate on it, Mr Speaker.

Mr Speaker: Next question.

Q699 and Q761-64/2020
Residential mental health facilities –
Properties used as halfway houses

Clerk: Question 699. The Hon. E J Phillips.

Hon. E J Phillips: Can the Government update this House on the use by Meddoc of No. 5 Sandpits as a residential mental health facility?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, I will answer this question together with Questions 761 to 764.

Clerk: Question 761. The Hon. Ms M D Hassan Nahon.

Hon. Ms M D Hassan Nahon: Mr Speaker, can I just say that the wording might sound a little out of date, but I think the Minister will know the information we are trying to ask, because it is retrospective.

Is Government aware that a privately owned house, with no change of use, not fit for purpose and with no certificate of fitness is being used as a halfway home for mentally ill patients?

Clerk: Question 762. The Hon. Ms M D Hassan Nahon.

Hon. Ms M D Hassan Nahon: How much has Government paid to sustain the old Raquets house on Sandpits Road as a halfway house for mentally ill patients, in (1) staff costs and (2) general maintenance costs, (3) since it commenced housing these patients some nine months ago – now over a year ago – to date?

Clerk: Question 763. The Hon. Ms M D Hassan Nahon.

Hon. Ms M D Hassan Nahon: Can Government provide the Opposition with a list of any private properties that it has either purchased or entered into a contract with, in the last five years, to use as a halfway house for mentally ill or vulnerable patients?

Clerk: Question 764. The Hon. Ms M D Hassan Nahon.

Hon. Ms M D Hassan Nahon: Has Government gone into any similar arrangement, like it did with the Racquets Sandpits property, with any other private buyer of any other private home, to eventually or imminently house mental health or generally vulnerable patients needing a halfway house?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, in answer to Question 699, this is a property purchased by Meddoc and currently used to provide a sheltered accommodation service.

In answer to Question 761, no, I am not aware of this.

In answer to Question 762, the GHA pays Meddoc for a sheltered accommodation for former Ocean Views patients who are transitioning back into the community.

The answer to Question 763 is none.

In answer to Question 764, the Government has not paid to sustain the old Raquets house on Sandpits Road, nor does it pay for its staff or maintenance. The GHA pays for the provision of a service, which includes sheltered accommodation and life skills for former patients transitioning back into the community. Other than this, I am not aware of any private properties that the GHA has purchased or entered into a contract with.

Hon. E J Phillips: Mr Speaker, just two supplementaries in relation to No. 5 Sandpits. This arose in the context of information that the Opposition received about No. 5 Sandpits. We understand that retrospective permission was granted by the DPC in relation to the use of this particular residential property. Whilst I can understand that the Government wishes to roll out services in relation to those transitioning, as the hon. Lady describes in her answer, is the Government satisfied that all the work that needed to be done to this property, to bring it to a standard where it could be utilised for that purpose, had actually been done?

Quite clearly, from what we understand the position to be, it followed a highly irregular pathway to DPC without this going through the proper channels in the first place. So, if the Minister might be able to explain in a bit more detail when it was identified, how it was identified

in the first place, and what modifications were made to make sure it was fit for purpose for the residents who were required to use it, who were in transition back into society from Ocean Views.

Hon. Miss S J Sacramento: Mr Speaker, I am unable to go into the detail of the genesis of this arrangement because it pre-dates my time as Minister for Health, but this is … First of all, it is [inaudible] and it is, as I said in my substantive reply, a temporary arrangement.

Everybody cares about mental health until we do something to change the system in relation to mental health. This is a new facility, or a new offer for people who are discharged from Ocean Views. They are clinically discharged but may not be ready to live alone in the community, so this is, as the hon. Lady mentioned, a halfway house because it is a transitionary period for people who are already medically clinically discharged.

In relation to the other part of the supplementary, where the hon. Gentleman refers to any works as such, this is not a facility for people who have disabilities; this is their home. This is a big house shared by individuals who, more likely than not, were living at Ocean Views together. When someone has been living in an institution, particularly if you have been in an institution for a long time, you cannot automatically be discharged into the community because it can be very overwhelming, so this is a stepping stone for people who are clinically better, to help them develop and further enhance their life skills with a view to them moving on to living independently in the community. This is a transition and this is a new model that was piloted … It is in its pilot phase and in fact is very successful for those individuals.

The alternative is that these individuals live in the community by themselves, in which case … they may not be ready. Although clinically better, they may not be emotionally equipped to live alone. Obviously what we want to do is, at the right opportunity, bring these individuals out of an institution. If someone does not need to be in an institution such as Ocean Views, we do not want to keep them there for any longer than they need, but by the same token we are not going to rush them out into a home in the community if they are not ready. So, this is a transition period, so that people can get more familiar with living in the community, yet not being alone, gain their confidence and gain life skills. When they are in this accommodation, they are not in care, because they have been clinically discharged, but they are supported so that they are not alone.

Hon. Ms M D Hassan Nahon: Mr Speaker, in answer to … Sorry, Mr Speaker, you did not … I just stood there without your address.

Mr Speaker: Thank you for asking.

Hon. Ms M D Hassan Nahon: Mr Speaker, in answer to a supplementary to Question 761, the Minister answered no, and I do not know whether she is saying no because technically, like I said, now they do have the permissions and they did not before; or if she genuinely is not or was not aware that a privately owned house with no change of use, not fit for purpose and with no certificate of fitness was being used for almost a year to house mentally ill patients.

I would like to ask: how did the GHA allow these private healthcare providers to put mentally ill, vulnerable patients in a property which was not fit for purpose and did not have the right certificates? What safety did that afford the residents in the house? How would that have affected the insurance and other such issues?

There are questions about the DPC as well, rolling the supplementary into one of many questions I would have. Doesn't this make a mockery of the DPC? So much for the new way of managing the DPC. At the end of the day, what are we saying? What example are we setting? Can I make all the changes I want to my house and then apply for it retrospectively? What example and what care did the GHA effectively have over these patients and responsibility over the way that things are done here?

Hon. Miss S J Sacramento: Mr Speaker, I invite the hon. Lady to re-read the question that was asked. The question – unlike the question posed by the hon. Gentleman, which is specific – is vague. But yes, if we are talking about the property at Sandpits, then I am aware, because it has been reported and it is in the public domain, that what this property did not have was a change of use.

It is not about someone asking … I am not familiar with the detail, but my understanding is that the application that went to the DPC was for permission to change the use because of the terms of its underlease, I imagine. Thinking logically, it was a private dwelling where those who purchased the private dwelling wanted permission to use it as a commercial enterprise. It is not about premises – which is the premise of the supplementary question – not being fit for purpose for people. People live in a home. It was a home to begin with, and it was then purchased by somebody as a home and then offered by this entity as a home for people, as a stepping stone out of a mental institution.

While the hon. Lady is right and the DPC requirements exist for a reason, those who breached the DPC protocol were this private enterprise, so it is not the liability of the Government that the DPC protocols were not followed. This is the responsibility of the private entity that purchased the property and offered the service to the service providers.

Hon. Ms M D Hassan Nahon: Mr Speaker, there are enough lawyers in this room to probably know deeper what the implications of the answer are than me, but is the Minister disassociating herself with the irregular use and procedure of its own healthcare providers, who are engaged to care for the patients or residents that she basically has care of as the GHA Minister? Is that what we are saying, that she is disassociating herself from these irregular practices?

Minister for Digital and Financial Services (Hon. A J Isola): Mr Speaker, if I may be of some assistance as I look after town planning and building control, the issue before the DPC was not about a certificate of fitness, was not about any works being done, was not about anything other than a legal technical change of use. So, the clients in the property were not impacted at all in respect of any delay in that process that had not been followed. It was, in fact, the Town Planning department that approached them and said, 'You have not got this.' They were not aware of it. They were told to rectify, they made the application, and sometime later it was taken to the DPC, considered and approved.

So, the hon. Lady should not worry herself that there is any shape or form of anybody being at risk by failure of a certificate of fitness or otherwise. There was no such certificate of fitness granted or necessary. It was simply a matter of a change of use. That is what was before the DPC and that is what was finally approved.

Hon. Ms M D Hassan Nahon: Mr Speaker, I appreciate the Hon. Minister's answer, but he himself said that there was a legal technical need for a change of use, and that came retrospectively. So, is the Government effectively saying they can override requirements for legal and technical changes of use, however small or procedural? Are we all allowed to take the same liberties from now on, or just the GHA? *(Interjections)*

Chief Minister (Hon. F R Picardo): Mr Speaker, the hon. Lady is right. The Government has been able to do what it wants in respect of planning until some months ago, when this Government subjected itself to the planning application procedure.

What was being dealt with here actually was not the Government. She has asked a question about whether the Government thinks it can act without the DPC's consent. The answer has been yes until a few months ago. Successive administrations of Gibraltar, since it has had a Government, have acted without having to go to the DPC.

The GSD told us, when we proposed the change, that we were wrong to subject the Government to the consent of the DPC. I was implored by the former Chief Minister not to subject

the Government to the control of the DPC – implored; he used that sort of language – but we said, 'Look, it is our policy. We think we should be subject to the DPC.' Then we were attacked for not having subjected the Government to the control of the DPC soon enough. Some months ago, one of my colleagues gazetted the change which subjected us to the control of the DPC, so she is right – the Government had not been subject to the control of the DPC until we made ourselves subject to it.

This is probably in the cusp of that period, but this is not what we are dealing with. The consent to a change of use arises in two respects here: first, because the Government, as landlord, has to grant – give; it is in our gift – the change of use, the consent, and that was given; and then, additionally, there is a requirement for that to be approved by the DPC. It is a two-pronged thing, and now, even if the facility were owned by the Government, which it is not, that second limb has to be complied with. It would always have had to be complied with, in the context of this case, because it is not the Government that would be dealing with it; it is a private entity.

That is all that happened, that whoever was advising this entity did not realise that there was a second limb to be gone through, which was the DPC, which is the consent that something that was used for residential purposes should be used now for what is deemed to be another purpose. That is it. We could make a mountain out of a molehill and pretend that there is some danger to the people there, because the words 'the DPC consent is granted' had not been written on a page in their meeting in respect of something which the Government had already consented to, but that is not what was happening here.

Mr Speaker, if I may say so, we all want to talk about mental health, we all want to talk about looking after mental health. The hon. Lady is supporting a motion on the Order Paper by the Leader of the Opposition in respect of mental health. When we do something to help people with mental health, all there is is concern and, if I may say so, with respect, Nimbyism. *(Interjection by Hon. Ms M D Hassan Nahon)*

Mr Speaker: Right, two more questions and then we finish. Okay? Right, fine.

Hon. Ms M D Hassan Nahon: Mr Speaker, in response to the Chief Minister, it is all about the protection of vulnerable people. This is what led me to this line of questioning.

Hon. [*inaudible*]

Hon. Ms M D Hassan Nahon: Well, no, it is a – *(Interjection)* Okay.

Mr Speaker, I would like to ask my supplementary question now. On Question 762, can I ask if any of the apartments in Ocean Views are being used similarly as a halfway House?

Hon. Miss S J Sacramento: Mr Speaker, there are also flats at Ocean Views which also provide this kind of halfway house facility, but each patient at Ocean Views – and they are patients, the ones who are at Ocean Views – is assessed, and they all have their own individual care plans. Their care plans, as well as their discharge plans, will be assessed by a multi-agency group of specialists, so that the outcome is person centred and the best outcome for that individual.

If there are individuals who are living independently or sharing a flat within the Ocean Views estate, it will be because they are at the higher end of the needs spectrum and therefore need the support and the oversight of the Ocean Views staff. Mental health patients who have been successfully discharged but need that additional element of support are referred to this other facility as a stepping stone out of being in an institution, and that will, by its very nature, mean that these individuals, because they have been clinically discharged, are better able to fare in this property which gives them a higher element of independence, because they do not need such a high level of support.

Mr Speaker: Final question.

Hon. Ms M D Hassan Nahon: Mr Speaker – thank you for that – as a supplementary to Question 764, can the Minister confirm whether there is a house in Flat Bastion Road similarly used by a private buyer to eventually or imminently house mental health or generally vulnerable patients needing a halfway house?

Hon. Miss S J Sacramento: Mr Speaker, I have absolutely no knowledge of that situation or any flat in Flat Bastion Road owned by a private provider. If the hon. Lady does know, then I would be grateful if, behind the Speaker's Chair, she could give me any details of what she is aware of, but if I do not know, then it would not be something that would be engaged by the GHA, I would think.

Mr Speaker: Next question.

Q700/2020
Parental alienation –
Progress of Government consultation

Clerk: Question 700. The Hon. D A Feetham.

Hon. D A Feetham: Mr Speaker, at what stage is the Government's consultation process on parental alienation?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, the consultation is progressing well. At this stage, the consultation process with members of the general public has been completed after having spoken to a considerable number of people myself, with members of my team in person and later virtually. There is now a need to consider the points raised as we move to the next phases.

Hon. D A Feetham: Mr Speaker, can the Minister indicate what the next phases are, please?

Hon. Miss S J Sacramento: Yes, Mr Speaker, where I left it literally on the cusp of the lockdown, where I had met with, I think, in excess of 50 individuals in person as part of the consultation process, and then, when we went into lockdown, I had further virtual consultations as and when time permitted. It has been, I have to say, an incredibly helpful and insightful process, having spoken to so many members of the community who have raised so many issues.

Following that, we have prepared a huge matrix of all the issues that have been raised, both legal issues and issues in relation to understanding or misunderstanding of procedures and how Departments work. This was something that had progressed incredibly, but unfortunately again something that had to be paused temporarily because of the pandemic and the lockdown situation, but we have prepared a list of the issues for each Department, and I know that my office has been engaging with those Departments to be able to report back to me on the progress that they have been able to make.

The next step that we are going to launch, quite soon, is an information booklet for all the people who find themselves in this situation. It is a guidance and advice booklet, because a lot of what came from the consultation process actually was a misunderstanding of the procedures and a misunderstanding of how the court procedures work and how Social Services work. The hon. Gentleman will remember from his time as Minister for Justice that he produced some booklets as guidance. We have brought those out – I actually had my own personal copies from when they

were published – and it is a kind of guidance obviously updated from that. It is not going to be an update from that, because the way that we are doing it is going to be different, but it is that kind of information and that kind of booklet. We want to be able to empower people who find themselves in these situations and empower them with knowledge, empower them with the proper procedures and a guide on timeframes, timelines and what to expect from the process. I am very hopeful to be able to take that to the next level as well.

I am going to be spending the next few months pretty much catching up with what I have not been able to do for the last year, so I am going to be, clearly, incredibly busy.

Hon. D A Feetham: I wish her all the best in that endeavour, because this is obviously something that is extremely important.

Does the Minister envisage that there might be some legislative changes that might be introduced in order to strengthen the provisions that there may be to help combat parental alienation?

Does she also envisage that there is going to be cross-departmental work in relation to this? I refer, in particular, to housing, and of course the way that normally it is men – not always, but normally it is men – because they have to leave the matrimonial home.

Hon. Miss S M Sacramento: Mr Speaker, cross-departmental work for sure – that has already commenced and changes have been made to operating practices; legislative changes, possibly, and that is something that we are looking at very carefully and consulting very carefully on with all stakeholders, including the judiciary.

Mr Speaker: Next question.

Q701/2020
Anti-Corruption Authority –
Government intention to establish

Clerk: Question 701. The Hon. D A Feetham.

Hon. D A Feetham: Mr Speaker, does the Government intend to continue with its manifesto pledge to create a Corruption Authority?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): No, sir, we will create an *Anti*-Corruption Authority.

Hon. D A Feetham: Thank you very much for the syntax/semantic distinction.

Mr Speaker, the parties opposite included this in their manifesto commitment in 2011 and they effectively changed their minds during those four years. She is now saying that it is going to go ahead. Can she give a timeframe in terms of how long it will take, and also just give a flavour to the House of the resources that are going to be put at the disposal of the Anti-Corruption Authority? It is not just about creating the legislative framework, for example; it has to be staffed, and that is going to obviously mean financial expenditure and human resources, all of that. So, can she give a flavour in terms of timescale and also the resources that she envisages will be put at the disposal of the Anti-Corruption Authority?

Hon. Miss S J Sacramento: Mr Speaker, in terms of the timeframe, I have an advance copy of the framework legislation which I am looking at with Minister Isola, as Minister with responsibility for financial services, as well as with our key stakeholder advisers. That is at quite an advanced stage but we have still got work to do on that, because obviously it is something that needs careful thought and careful planning. I wish we could have progressed more, earlier, but at the risk of repeating myself once again, we all know what we have been held up with in the last year, unfortunately.

In terms of the structure, that will all be contained in the legislation, so it will be clear once it is published and is something that again is one of the important things that we are considering and giving thought to.

Mr Speaker: Next question.

Q702/2020
Leave of absence for mental health patients –
Number granted by Minister for Justice

Clerk: Question 702. The Hon. D A Feetham.

Hon. D A Feetham: Mr Speaker, how many leaves of absence have been granted by the Minister for Justice to patients under section 16 of the Mental Health Act 2016?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, two.

Hon. D A Feetham: Mr Speaker, if I may, in a preamble, just place this into context, because of course people will not understand what section 16 is about – with your indulgence?

Essentially, if a patient has been sectioned, the consultant has no power to grant that person a leave of absence, for example to see their family, even if the consultant believes that that is part of that person's reintegration into the community, so part of that person's health plan. There is no power unless the consultant produces a report and essentially asks for that patient to be granted leave of absence.

Given that she said two, can the Minister indicate how many of these reports and requests for leave of absence have been received since 2016, when this Act came into operation?

Hon. Miss S J Sacramento: Thank you, Mr Speaker.

The Act did not come into operation in 2016, it came into force in April 2018, and I am afraid I do not have that detail.

Hon. D A Feetham: Mr Speaker, I have been briefed – and he will see from the nature of the questions, when Mr Speaker hears them, from people who are phenomenally in tune with this area and some very good sources – and we are being told that in fact there have been a number of these, certainly many more than two.

Does she not agree that for there to be these reports and for those reports not to be responded to in a timely way, it potentially interferes with the patient's healthcare plan – reintegration into the community, for example – and that that cannot possibly be justified?

May I ask that if the Minister is not aware of this – and I am surprised if she is not aware of it, because she must have gone back to the public servants who would have briefed her in relation to these questions, but if she is not aware, can she undertake to this House to go back and ask how many of these are pending, and in fact get them dealt with?

Hon. Miss S J Sacramento: Mr Speaker, I would agree with the hon. Gentleman if what he is saying were true, but I have to say that, as Minister for Justice … and obviously there is an overlap as I am the Minister for Health, but in this context, as Minister for Justice I have not received any requests for leave of absence in my tenure.

I have gone back and I have asked the public servants who provided me with this information to take me back to the circumstances where it was, and these were granted by the former Minister for Justice. So I have gone back, as the hon. Gentleman suggests. I did ask, Mr Speaker. That is the information that I have, as Minister for Justice. These are not requests that have come to me. I have asked, because these questions came in quite a considerable time ago, and while I have only been Minister for Health for about six months I have been the Minister for Justice for a little bit longer than that, and it is something that I am obviously very keen to make sure is correct. But I will go back again, given his suggestion, because he may have more detail.

I would also invite the hon. Gentleman that, if he has details and names that I can look into, he tell me behind the Speaker's Chair, or indeed tell me before he poses a parliamentary question, because if this is an issue about helping patients or people who are detained, then it is not a matter that should wait for a parliamentary question. If the hon. Gentleman or anyone on the other side of the House has concerns about a mental health patient or anyone who is vulnerable, then I invite them to contact me directly, as soon as possible. This is the practice that the hon. Lady and I have had in place for a long time. If it is about helping the person, then come to the source as soon as you can, and we will help them as soon as we can.

Hon. D A Feetham: Mr Speaker, just in relation to that, my understanding is that in fact this has been raised by the Mental Health Board. I will come to questions in relation to that in due course.

So, the answer to my supplementary is that, in fact, as far as she is aware, only two reports have been made and those have both been answered. That is really the answer to the supplementary, isn't it?

Mr Speaker: Next question.

Q703 and Q705-06/2020
Mental health patients subject to hospital orders –
Number since introduction of Mental Health Act; leaves of absence granted;
Responsible Clinician reports

Clerk: Question 703. The Hon. D A Feetham.

Hon. D A Feetham: Mr Speaker, how many leaves of absence have been given by a Responsible Clinician to patients who are subject to a hospital order, when and for what period?

Mr Speaker, hospital orders are the equivalent of the previous question but in the context of the Criminal Evidence and Procedure Act, so it is in a criminal context – just so that Mr Speaker can follow.

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, I will answer this question together with Questions 705 and 706.

Clerk: Question 705. The Hon. D A Feetham.

Hon. D A Feetham: Mr Speaker, how many patients in Gibraltar have been subject to a hospital order since the Mental Health Act was introduced, providing particulars of when they were admitted and the length of time they have been detained?

Clerk: Question 706. The Hon. D A Feetham.

Hon. D A Feetham: Mr Speaker, section 117(8) of the Mental Health Act requires that while a person is subject to a hospital order, the Responsible Clinician shall, at such intervals, not exceeding one year, as the Minister with responsibility for justice may direct, examine and report to the Minister with responsibility for justice on that person, and every report shall contain such particulars as the Minister with responsibility for justice may require.

How many such reports have been produced since the Mental Health Act was introduced?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, in relation to Question 703, in relation to a hospital order, no leaves of absence have been given by a Responsible Clinician. A hospital order is issued under section 657 of the Criminal Procedure and Evidence Act 2011, and any leave of absence made under this order would require the approval of the Minister for Justice.

Since the Mental Health Act was introduced in April 2018, one person has been subject to a hospital order. This was in December 2018, and the length of stay was two years and three months.

In relation to section 117(8) of the Mental Health Act, there have been four reports by the Responsible Clinician to the Minister for Justice in respect of patients on hospital orders.

Mr Speaker: Next question.

Q704/2020
Hospital orders –
Number of patients

Clerk: Question 704. The Hon. D A Feetham.

Hon. D A Feetham: How many patients in Gibraltar are currently subject to hospital orders, providing particulars of when they were admitted and the length of time they have been detained?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, as at 16th March 2021 there are four patients subject to hospital orders.

Patient 1 was admitted on 24th November 2016, so the total time in hospital is four years and four months.

Patient 2 was admitted on 5th October 2016; total time in hospital, four years and five months.

Patient 3 was admitted on 20th November 2017; total time in hospital, three years and four months.

Patient 4 was admitted on 10th December 2018; total time in hospital, two years and three months.

Hon. D A Feetham: Mr Speaker, my information in relation to this question is that in fact one of those patients had not been adequately treated – that is the information that I have – for several years before the tribunal intervened, and then the position was corrected. Is she aware of this?

Hon. Miss S J Sacramento: Mr Speaker, I have reports on each of these four individuals.

What I am very concerned about is that the hon. Gentleman tells me that he is told that someone is in hospital and not given the proper treatment, and instead of calling me immediately and alerting my attention to it, just to check that I know, he posed a parliamentary question months ago.

Hon. D A Feetham: Is she saying that she does not know and has received no complaints by anybody, including the tribunal, no information at all that one of those patients was not adequately treated for several years before receiving proper treatment?

Hon. Miss S J Sacramento: Yes, Mr Speaker, this has not been formally brought to my attention, but I have asked for reports on these individuals, these patients, and on the basis of those reports I have asked for further reports. This arises out of questions that I have asked of the Mental Health Services, as opposed to anyone bringing it to my attention. It would have been very helpful, if the hon. Member was aware of this, if he could have brought it to my attention sooner.

Mr Speaker: Next question.

Q707/2020
Mental Health Board –
Adverse comments re detention of mental health patients in Gibraltar

Clerk: Question 707. The Hon. D A Feetham.

Hon. D A Feetham: Mr Speaker, in *HL v United Kingdom* in 2004, the European Court of Human Rights found that the informal admission to a psychiatric hospital of a compliant but incapacitated adult was in contravention of Article 5 of the European Convention on Human Rights. It therefore forbids the de facto detention of a person without a legal basis, so that no one can be held in a hospital because of mental disorder unless meeting the requirements of mental health legislation and being detained under a section of such legislation.

Is it true that members of the Mental Health Board in Gibraltar have commented adversely on the fact that there are patients being detained in Gibraltar without the protection of the Mental Health Act 2016?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, yes, the Mental Health Board has raised this concern. However, an 'informal patient' is neither detained formally under the Mental Health Act, nor has a deprivation of liberty in place. An informal patient, therefore, is one who is admitted to hospital on a voluntary basis.

Whilst it is true that patients detained under the Mental Health Act may have increased formal legal protection and legislative protocols, the mental health professionals have a responsibility to advocate for all patients, capacitated or otherwise, to ensure care and treatment is in the least restrictive environment possible.

I can confirm that as part of the concerns raised by the Mental Health Board, the Mental Health team have now completed capacity assessments on all patients admitted to Ocean Views, irrespective of formal or informal status. These capacity assessments are periodically repeated throughout an individual's stay in hospital, depending on needs such as financial, housing and treatment.

Hon. D A Feetham: Mr Speaker, again, the information that we have is that there is a ward of these patients without section and in respect of whom the Mental Health Board has repeatedly voiced concerns to the Government. *(Interjection)* Who is responsible for this, Mr Speaker? The Mental Health Board is raising concerns. I would presume that it goes to the relevant authorities for which the Government is responsible, unless the Minister is saying that it has not come to her attention – which I do not understand, but that is what the Minister has in fact said.

What is being put in place in order to ensure that this does not continue to happen and that there are no patients in wards in respect of which there is a question mark about capacity and therefore consent, and that the concerns of the Mental Health Board, which is ultimately there as a watchdog – they are people, some of whom are volunteers that their concerns – are taken on board?

Hon. Miss S J Sacramento: Mr Speaker, everyone on the Mental Health Board is a volunteer. It is a Statutory Board and they are appointed to a Statutory Board in the same way that all people to Statutory Boards are appointed: voluntarily.

I have answered the hon. Gentleman's question in my first answer. These individuals he is referring to are not detained, so it means they are not captured by that relevant section of the Mental Health Act, and they are there voluntarily. Having looked into the matter and looked into the individuals concerned, unfortunately sometimes they present as people who have been institutionalised for so long that they volunteer to be there because they feel safe and they feel more comfortable there. So, the practice that is being employed is that whereas they are not sectioned and they are not subject to a deprivation of liberty order and therefore that particular regime of the Mental Health Act does not kick in – and that is why they are there voluntarily – in order to safeguard them, essentially what is happening is that those protocols are being applied.

As I said the first time I answered, they are being subject as a matter of practice, as opposed to a matter of law, to assessments periodically and they are repeated throughout the individual's stay in hospital. So, they are being assessed and they are being considered, and the treatment, whether they stay there or not – remembering that they are there voluntarily – will depend on their situation and any other needs that they have.

Hon. D A Feetham: And is she satisfied, in relation to these individuals, bearing in mind the concerns expressed by the Mental Health Board, that in fact they have capacity to consent? The question is about compliant but incapacitated adults. That is in relation to this European Court of

Human Rights case. Has she investigated the matter and is she satisfied that these individuals are capable of providing consent?

Unless she has satisfied herself about that, then I am afraid that the hon. Lady has a problem, because potentially these are people who are being kept in detention illegally. That is the reality of the situation. Forget about the legalities. There is also the question of the failure of all the other provisions in the Mental Health Act kicking in, because they kick in in order to protect people who have been detained.

Hon. Miss S J Sacramento: Precisely, Mr Speaker. The Mental Health Act does not kick in, but again he does not seem to have heard my first response. There is a capacity assessment being undertaken on these individuals periodically, so the capacity assessment will indicate whether they have capacity or not. I cannot assess a mental health patient or a resident at Ocean Views to see whether they have capacity or not. That is a clinical decision and the assessment is taken by the clinical professionals at Ocean Views.

My answer is very clear. There are clinical assessments of these individuals being periodically undertaken and repeated. It is in that assessment that the professionals undertaking the assessment will determine whether they have capacity or whether they do not have capacity. I cannot second guess an assessment undertaken by a mental health clinical professional.

Hon. D A Feetham: Well, Mr Speaker, we are coming to second opinions –

Mr Speaker: Final question.

Hon. D A Feetham: Yes, we are coming to the issue of second opinions in a moment, *(Interjection by Hon. Miss S M Sacramento)* which is a statutory requirement.

Mr Speaker, I am told that in fact the Mental Health Board has issued a second report. There is another question on the Order Paper, but there is a statutory obligation for there to be annual reports. They have issued a second report, which has not been filed with Parliament. Can she explain why that is so?

Hon. Miss S J Sacramento: Mr Speaker, the answer to that is very simple. It is because up until recently Parliament has not been meeting, but I am ready to lay the report before Parliament.

Mr Speaker: Next question.

Q708/2020
Mental Health Review Tribunal –
Successful appeals by patients resulting in detention

Clerk: Question 708. The Hon. D A Feetham.

Hon. D A Feetham: Mr Speaker, may I just simply say I do not want to make life difficult for you at this late hour, but these are 18 questions and I am not asking supplementaries on all of them. I just hope that Mr Speaker will –

Mr Speaker: I am grateful for that recognition.

Hon. D A Feetham: Thank you very much.

Mr Speaker, since the Mental Health Act was introduced, how many patients have succeeded in an appeal to the Mental Health Review Tribunal but (a) have then found themselves de facto detained, and (b) on what legal authority have they been so detained?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, since the introduction of the Mental Health Act, four patients have successfully appealed to the Mental Health Review Tribunal, of whom only one subsequently remains at Ocean Views, on a voluntary basis.

Mr Speaker: Next question.

Q709-12/2020
Second Opinion Appointed Doctor Certificate of Consent to Treatment –
Number issued; number of referrals; avoidance of treatment review by Responsible Clinicians

Clerk: Question 709. The Hon. D A Feetham.

Hon. D A Feetham: This question is relevant to some of the issues we have discussed, Mr Speaker.

The Mental Health Act, Part 3, sections 44 to 54, inter alia, details the law for consent to treatment. Since the Act was introduced, how many detained patients have had a Second Opinion Appointed Doctor Certificate of Consent to Treatment issued, and when?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, I will answer this question together with Questions 710 to 712.

Clerk: Question 710. The Hon. D A Feetham.

Hon. D A Feetham: Mr Speaker, since the Mental Health Act was introduced, how many referrals to the Second Opinion Appointed Doctor have been made?

Clerk: Question 711. The Hon. D A Feetham.

Hon. D A Feetham: Is the Minister aware that the Mental Health Board has examined many of the patients where referrals to the Second Opinion Appointed Doctor have been made and concluded that Responsible Clinicians are issuing certificates inappropriately, thus avoiding subjecting their treatment plans to a Second Opinion Appointed Doctor review?

Clerk: Question 712. The Hon. D A Feetham.

Hon. D A Feetham: Would the Minister agree with us that by bypassing the Second Opinion Appointed Doctor service, Responsible Clinicians avoid the scrutiny of inappropriate prescribing

and deprive patients of the safeguards legislated by Parliament? I think that is the point that I was making earlier.

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, the Second Opinion Appointed Doctor has issued a total of 50 Consent to Treatment Certificates. In 2018 there were 26, in 2019 there were 21, in 2020 there were four, and in 2021 there were none.

There have been 52 referrals made to the Second Opinion Appointed Doctor.

In answer to Question 711, the question suggests a contradiction in terms. If referrals are made to the Second Opinion Appointed Doctor, then Responsible Clinicians cannot therefore be avoiding subjecting their treatment plans to the Second Opinion Appointed Doctor. If, however, what the hon. Member is asking is whether there may be instances where patients have not been referred to the Second Opinion Appointed Doctor, thus avoiding scrutiny of their patients' treatment plans, then the answer is that I am not aware of any such cases.

In answer to Question 712, if Responsible Clinicians were to bypass referring patients to the Second Opinion Appointed Doctor in order to avoid the scrutiny of inappropriate prescribing, I would agree that this could lead to depriving patients of the safeguards legislated by Parliament.

Hon. D A Feetham: Mr Speaker, in relation to that last one, is she aware that the Mental Health Board have in fact suggested that there are false certifications of consent, and that therefore there is a concern that some patients are not getting the scrutiny of Second Opinion Appointed Doctors?

Hon. Miss S J Sacramento: No, Mr Speaker, I am not aware that there is an allegation of a false certification of consent. I will speak to the hon. Gentleman so he can give me more details, and I will look into it.

Hon. D A Feetham: Mr Speaker, just in relation to that same question, is she not aware as well that in fact I am told that the Mental Health Tribunal has raised similar concerns?

Hon. Miss S J Sacramento: Mr Speaker, on this point in particular I do not think so, but I will go back and check, and if there is a concern, then needless to say I will follow it up and I will look into it.

Hon. D A Feetham: Mr Speaker, has she read the second report that I am told has already been filed by the Mental Health Board, the statutory report? I see she is ready to answer, so I will … [Inaudible]

Hon. Miss S J Sacramento: Mr Speaker, I wonder whether I should ask the hon. Gentleman if *he* has read the Report before it has been tabled in Parliament.

Yes, I have read the report and I have read the previous report, Mr Speaker. We have to bear in mind as well that I have been the Minister for Health for six months and I have read countless reports, but there are only 24 hours in the day.

Hon. D A Feetham: Mr Speaker, in relation to Question 709, patients have to have the capacity to consent, or it then goes to the Second Opinion Appointed Doctor. So, if there is a question mark about capacity, then it goes to a second opinion doctor. I am being told that even where there is perhaps a proper certification by a doctor first time round, the patient can consent – and consent is necessary, of course, because of consent to the medicine that is being administered to the patient, just reducing it to a very basic level – and that in fact there are no regular assessments of

capacity and therefore consent. What can she tell us about that? This is something that has come to our attention in a complaint that has been made to us.

Hon. Miss S J Sacramento: Mr Speaker, as the hon. Gentleman may be aware – I am sure he is – I commissioned a review into the Mental Health Services and a study and a road map for a review that was commenced in January, so there have been a lot of changes in relation to mental health in the last three months and there will be big changes coming on in the near future.

I am, of course, needless to say, very keen to ensure that all formalities when it comes to all healthcare, but in particular mental health, are dealt with. So, as part of that review, if there are gaps in the system or if there are issues that need to be enhanced and improved, they will of course be improved by the external review that is being undertaken.

The hon. Gentleman is right to raise issues, because if there are issues of concern in relation to mental health then we need to look at them, we need to review them and we need to fix them, but if they are particular issues that the hon. Gentleman is aware of, and I may not be aware of them, then the hon. Gentleman has my phone number and he can call me at any time if there is an issue concerning a patient in relation to mental health.

Everybody can rest assured that there will be an in-depth review into the mental health services that we provide in Gibraltar, in the GHA and wider in Gibraltar, with a view to radically changing the way we do things in the future for improvement of the service.

Hon. D A Feetham: I have a few more supplementaries. There were four questions that were bunched – I have two more.

Mr Speaker, just on Question 710, in 2018 I think she said there were 26 referrals for second opinion, and in 2019, 21, so more or less the same numbers, but then there is a significant drop in 2020 and 2021. There are none in 2021 and four 2020. That must be COVID related, but I just ask the Minister whether that is the answer.

Hon. Miss S J Sacramento: Possibly, but not necessarily, because COVID has not impacted whether people are in-patients in Ocean Views or not. Ocean Views is a medical facility, and that has carried on notwithstanding COVID, but clearly, in relation to 2021, we are not even at the end of the third month of the year.

I also noticed that we were quite low in 2020, and it is something that I need to check but I have not had the time to check.

Hon. D A Feetham: It may well be that some of the concerns relate to the drop in 2020, but I had assumed that that might have been COVID related.

Mr Speaker, turning to Question 711, just to bring some context to this question, I am not a doctor but I am told that there are effectively three people who are involved in prescriptions when a patient is prescribed a medicine. There is the doctor who prescribes, the pharmacist who provides the medicine, and the nurse who provides the treatment. In relation to these patients, when a prescription goes to the pharmacist, and in fact to the nurse, attached to it there will be a consent – in other words, that the patient has consented to that medicine – or, alternatively, some form of document that essentially demonstrates that that person has capacity. I am being told again that in fact when this was going to a pharmacist and also when nurses were administering the medicine, that sheet of paper demonstrating consent was not attached. Is she aware of this?

I perhaps should add that we are not talking about just simply a one-off, we are talking about a number of cases, and again this comes from somebody who is involved in the system. I would not be raising it in Parliament if I felt that there was not a basis for this.

Hon. Miss S J Sacramento: Mr Speaker, I repeat what I said earlier. If he feels that there is a basis for it, he can always raise it with me directly and does not have to wait until it is raised in Parliament. I will check that point.

Mr Speaker: Next question.

Q713/2020
Anti-psychotics –
Inappropriate prescribing

Clerk: Question 713. The Hon. D A Feetham.

Hon. D A Feetham: Mr Speaker, the UK government has very recently issued new guidelines for the use of anti-psychotics following the death of several patients. Is it true that two consultants ceased being employed by the GHA since the Mental Health Act 2016 came into force because of the inappropriate prescribing of anti-psychotics?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, I am not aware of any consultants ceasing their employment at the GHA in connection with any inappropriate prescribing of anti-psychotics.

Hon. D A Feetham: Perhaps she can go back to the public servants about this supplementary, Mr Speaker, as well, which is that I am being told that the Board and the Tribunal have also complained – or raise concerns, I should say – about a third consultant and that he is still in post. Is she aware of this; and, if she is not aware of it, could she please undertake to go back to public servants and perhaps investigate this further?

Hon. Miss S J Sacramento: Mr Speaker, this is a question in relation to the prescription of anti-psychotics, not about the people who work there, so I will deal with the two issues that the hon. Gentleman raises.

It is one thing for someone to make an allegation, but another one is if an allegation of the seriousness of this nature is believed to exist then I would invite people to report it immediately, not only to the GHA but also to the individual's professional governing body, because this is an extremely serious offence.

The question is am I aware whether people have left the employment of the GHA because of allegations of wrongly prescribed anti-psychotic drugs. The answer is no. People join and leave the GHA all the time. That is not a reason for leaving, as far as I am aware. But if there is an issue of misconduct by a medical professional in the exercise of their duty, I would ask that this be brought to my attention immediately.

The hon. Gentleman refers to someone in the employment of the GHA where the Tribunal has raised issues in relation to this individual. Mr Speaker, I am not going to comment on any individual doctor in the GHA or allegations made about them, and I am not even sure if the hon. Gentleman is referring to this individual on the basis of the question that he has asked or it is just a throwaway remark – and I am not inviting the hon. Gentleman to answer, but if the hon. Gentleman has a concern, then he can raise it with me directly behind the Speaker's Chair.

Hon. D A Feetham: Mr Speaker, how many times has the hon. Lady met with the Mental Health Board and with the Tribunal?

Hon. Miss S J Sacramento: Mr Speaker, I have not formally met with the Mental Health Board or the Tribunal, because in the last six months I have not had the opportunity to speak to every

single board or stakeholder that I am responsible for. Indeed, Mr Speaker, it is also difficult to be meeting groups, because we have, up until recently, been in lockdown, but of course they are on my list of people to meet. However, I have had contact from people who sit on these boards because when they have had serious issues of concern they have contacted either me or my office, or the GHA directly. But the hon. Gentleman's question as to whether I have met the Board … In fact, Mr Speaker, I do not think I have met anybody in the last three months because it has been impossible to do so.

Mr Speaker: Next question.

Q714/2020
Mental health patient records –
Assessment of capacity information

Clerk: Question 714. The Hon. D A Feetham.

Hon. D A Feetham: Mr Speaker, is it true that a review of the medical records has failed to detect any – in fact, I am being told it is not any, it is very few – records of the required assessment of capacity information given to patients regarding the treatment under consideration or justifying informed consent?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, I am not entirely sure which review the hon. Member is referring to. However, upon a recent check of patient notes at Ocean Views, it has been confirmed that they all contained documentation relating to each individual's capacity, which is recorded on admission.

Hon. D A Feetham: Does she have a number in relation to these reviews? And are there any that are pending at all? Or, as far as she is aware, have all the reviews in relation to this been undertaken?

Hon. Miss S J Sacramento: Mr Speaker, I am not entirely sure what the supplementary question is, or what review we are referring to. Reviews are continuous when you want to progress and improve a service, so if the question is do I have a particular detail in relation to a particular aspect of the operational side of Ocean Views, then the answer is no, but I will most certainly check.

Hon. D A Feetham: No, Mr Speaker, let me make myself clear. I thought that it was clear from the question, but I am being told that in fact there are reviews that are undertaken in relation to the records required for an assessment of capacity. These questions, most of them, are about capacity for a patient to consent to treatment. That is really what a lot of these questions are about. I am being told that there are a number of these reviews that should be taking place, and in fact there are a number pending. Originally when I drafted my question, I understood that in fact there had been a failure to detect any records of required assessment of capacity. So, the reviews had been undertaken but no records had actually been found to exist in relation to the patient having the capacity to consent. In fact, today I asked my source again and I was told very few have been found now.

So, the question is: does she have the information on how many of these reviews have taken place and how many are pending?

Hon. Miss S J Sacramento: No, Mr Speaker, I just said in the answer to the previous supplementary I do not have that detail.

Mr Speaker: Next question.

Q715/2020
Mental Health Act 2016 –
Code of Practice and list of section 12 approved doctors

Clerk: Question 715. The Hon. D A Feetham.

Hon. D A Feetham: Mr Speaker, why has the Code of Practice – see section 106 of the Mental Health Act – still not been published in a definitive form, and no list of section 12 approved doctors – see section 107 of the Mental Health Act – been gazetted of otherwise published?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, a draft Code of Practice is nearing completion. This is a substantial document which has taken some time to prepare. Once the document is completed and reviewed, and subject to any amendments, the Code of Practice will be published soon after.

There is a list of approved section 12 doctors and this does not require publication under the legislation.

Hon. D A Feetham: Mr Speaker, in relation to the Code of Practice, does she accept that the Code of Practice is, in actual fact, a manual on how the provisions in the Act would work and how they are to be used, and therefore phenomenally important to the workings of this Act? And if she agrees with that, how can she justify that the code has still not be published, bearing in mind that this legislation came into operation in 2018?

Hon. Miss S J Sacramento: Mr Speaker, the legal framework of the Mental Health Act was introduced in April 2018 and a considerable amount of training was offered on the implementation of the Act at the time.

While the Code of Practice, which is the practical implementation of the plan and how it applies to the services, has been drafted, the staff at Ocean Views and elsewhere in the GHA have been applying the previous Code of Practice that existed and following the model in the UK, so the absence of this Code of Practice under the Act does not mean that there is not an existing modus operandi to give effect to the Act properly. The Act, as the hon. Gentleman will know, is very closely modelled on the UK legislation and the staff at Ocean Views are using the UK code of practice and operational practical procedures as a guidance while the document, the Code of Practice, is being finalised. The absence of a published document does not mean that there is the absence of proper procedures being followed.

Hon. D A Feetham: Mr Speaker, there is a statutory obligation. It is a matter of law that the Code has to be published. I hear what the hon. Lady has to say about them using the English code. The Act in Gibraltar does not follow the English legislation word for word. It is a different Act with

different provisions, and what we have is a situation where, unfortunately, the law requires a code to be published and that code has not been published.

Mr Speaker, can she inform the House as to when she intends – because it is *her* statutory obligation – to comply with her obligations under the Act?

Hon. Miss S J Sacramento: Mr Speaker, as I said in my original answer, there is a document in existence and there is work being done on the document.

I go back to what I have been saying in practically every question where it is relevant: obviously a lot of work at policy level has been delayed for a year because of COVID. Pretty much, had the world not stopped for a year then we would have progressed a lot on policy matters, but resources for the last year have been completely diverted to COVID as a priority, to save lives.

Whereas the Gibraltar Mental Health Act may not be exactly the same as the UK Mental Health Act, word for word – of course it is not going to be, because it is going to be adapted to our needs and it has to satisfy our local community – the principles are the same. Our nurses, as everybody knows, are trained in this way, and for everything else, pretty much, we follow UK practice and NHS models, so it is not as if we have been operating in a vacuum since the introduction of the Mental Health Act, since 2018.

This as a considerable document. It is a document that I have been reviewing when I have had the opportunity to do so, during slower times during the pandemic. It is a document that is with the legal drafters and with the stakeholders who are giving instructions, and with all the professionals who need to give the necessary input.

So, the answer to the obvious question is that we are trying to progress this document as much as possible because we are aware of its importance, and I am very keen that we have a written framework as a point of reference for everyone who works in the service.

Mr Speaker: Next question.

Hon. D A Feetham: Mr Speaker, now I have the second part of the question. These are two questions rolled into one. I could have split them up, but I have chosen to deal with it like this. This is about section 107. These are important issues. Mr Speaker can see that we are dealing with important issues about legal obligations of Ministers.

In relation to section 107, the list that we are talking about is a list of doctors, effectively, who can certify competence. In England, there is a UK independent panel that effectively advises the Secretary of State, I think it is – I could be wrong, but certainly advises whether a doctor is competent, and that certificate will then last for five years. If the doctor is retired – because there are some doctors who continue to do this but they are retired – the certificate will last every year. How are we assured that this list of competence is in fact a true reflection of the competence of the doctor? How is it assessed? As I have told the Minister, in England there is a panel. In Gibraltar, how are these doctors essentially certified as being competent?

Hon. Miss S J Sacramento: Mr Speaker, I am looking at the law and I am looking at section107 of the Mental Health Act, and the statute does not require that a panel appoint or that a panel advise. The question is a practical one, as opposed to a legal one, but I just wanted to start with the premise that it is not a legal obligation to do so.

I also have to start from the premise that a clinical professional is deemed to be a competent legal clinical professional until proved otherwise, because otherwise they would be struck off. In Gibraltar we have a regime for clinical professionals, for doctors, and they need to be registered with their professional body. That comes with certain requirements of professional accountability for the professional body.

In terms of the mechanics, I am not aware of what the practical mechanics are because I have not appointed anybody under section 107 of the Mental Health Act myself in the last six months, and therefore it is not something that I have practical experience of.

Hon. D A Feetham: Mr Speaker, the question of competence, just so that the Minister is not … Maybe it is my fault, in the way that I have phrased the supplementary. When we talk about competence, we are not talking about somebody being compos mentis, we are talking about competence in relation … or just simply because somebody is a doctor; they have to be competent in relation to the Mental Health Act. We are talking about competence in relation to the provisions of the Mental Health Act and what needs to be done, familiarity with the Code of Conduct – when it is published – and the Act, and therefore there has to be a filtering process to make sure that the people who are appointed are in fact competent to administer this regime. Otherwise, what you have is a fantastic piece of legislation but administered by people who simply do not know, unfortunately, as much about the regime as they ought to.

I have told her there is a panel. Will she, at the very least, consider perhaps the UK route – I know there is no legal obligation – of appointing a panel to make sure that doctors who are appointed are in fact competent in relation to the Act and the Code of Conduct, etc? I am being told and I can tell the Minister that subsequent to this question being asked – (**A Member:** Your source?) Well, yes, my source, Mr Speaker – that there has been some certification and the signing of an e-mail coming from up there in relation to this list, and she should know. All I am interested in is ensuring by raising these issues that the system can be improved and that the system can be run properly – that is all.

Hon. Miss S J Sacramento: Thank you, Mr Speaker. I am not sure what the supplementary question is, but anyway, I think we are all agreed that if things can be improved they will be improved, and certainly that is my commitment.

But in relation to the last supplementary question … Maybe it is because it was so long but I have missed the question, Mr Speaker. But in any event –

Mr Speaker: What he wanted to know is whether you were prepared to appoint a board which could oversee the appointment of –

Hon. Miss S J Sacramento: I suppose, Mr Speaker, then I need to look at the competence of the board that looks at the competence of the board, but in a place like Gibraltar we are very limited in the number of doctors we have. Unlike in the UK, where you have a vast array of doctors, in Gibraltar the majority of the doctors will work for the GHA. In any event, it is something that I will consider if it does not already exist – it may well do and I just do not know.

Hon. D A Feetham: But, Mr Speaker, how does she –?

Mr Speaker: No, I am afraid not. We need to continue.
Next question.

Q716/2020
Mental Health Act 2016 –
Referral of patient cases to Mental Health Review Tribunal after six months since applicable day

Clerk: Question 716. The Hon. D A Feetham.

Hon. D A Feetham: Mr Speaker, the Mental Health Act 2016, section 93(2), requires that on expiry of the period of six months beginning with the applicable day, the Authority shall refer the patient's case to the Tribunal. The Opposition has been told that no such reference has ever been made since the Act came into force, though some 30 to 45 patients are detained, on average, each

year. Is this true? If not, how many patients have been detained per year and how many referred to the Tribunal since the Act was introduced?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, the number of patients who have been detained under the section order is as follows: in 2018 there were 71, in 2019 there were 89, in 2020 there were 77, and so far in 2021 there are 15.

Since the Act was introduced in 2018, 106 patients have been referred to the Mental Health Review Tribunal, of whom 14 were long-term patients and the referrals were made on their behalf.

Hon. D A Feetham: Mr Speaker, in relation to the referrals, the 106, does she know when those patients were referred?

Hon. Miss S J Sacramento: No, Mr Speaker, I do not have that data.

Hon. D A Feetham: Can she confirm that the bulk of these referrals have not taken place after I posed my question?

Hon. Miss S J Sacramento: Mr Speaker, I do not subscribe to that conspiracy theory, but the answer is I do not know. I am taking the answers that I have on this paper at face value.

Mr Speaker: Next question.

Q717/2020
Mental Health Act 2016 –
Referral of patient cases to Mental Health Review Tribunal
after three years since last referral

Clerk: Question 717. The Hon. D A Feetham.

Hon. D A Feetham: Mr Speaker, the Mental Health Act 2016, section 93 (6), requires that the Authority shall also refer the patient's case to the Tribunal if a period of more than three years has elapsed since his case was last considered by the Tribunal. The Opposition is told that some nine patients currently detained have never been referred to the Tribunal. Is this true? If not, how many such patients have been referred to the Tribunal?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, since the introduction of the Mental Health Act, 14 long-term patient referrals have been made to the Mental Health Review Tribunal up to and including 16th March.

Hon. D A Feetham: How many of these 14 up to 16th March are included within the nine when I posed the question in September of last year?

Hon. Miss S J Sacramento: Mr Speaker, I am afraid I do not have that information. Because I am not given the names of the patients, it is not something that I can cross-refer, but it is something that I can check and get back to the hon. Gentleman on later.

Mr Speaker: Next question.

Q718/2020
Mental Health Board annual report –
Amendment of Mental Health Act 2016 to lay directly before Parliament

Clerk: Question 718. The Hon. D A Feetham.

Hon. D A Feetham: Mr Speaker, the Mental Health Act 2016, section 116, requires that the Mental Health Board shall make an annual report to the Minister and every such report shall be laid before Parliament. Will the Minister consider amending the Act so that the report is made and laid directly before Parliament?

Clerk: Answer, the Hon. the Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs.

Minister for the Health Authority, Justice, Multiculturalism, Equality and Community Affairs: (Hon. Miss S J Sacramento): Mr Speaker, the mechanism exists in statute.

Hon. D A Feetham: Mr Speaker, perhaps she can enlighten me in relation to that. Is she referring to section 116, which basically says the Board shall make an annual report to the Minister at the end of each year concerning its activities and every such report shall be laid before the Parliament?

I was going to ask another supplementary, just to ensure that we move along. How many of these reports have in fact been made to the Minister since the Act came into operation, and how many have been laid before Parliament? I think she said two.

Hon. Miss S J Sacramento: Mr Speaker, I may be wrong, but I am aware that there are two. Obviously, as Minister, only one has been given to me because I have not been the Minister for Health for very long at all.

I understand that the hon. Gentleman raises the issue, and the question obviously surrounds the issue of the delay in the laying of the report, but I think that is attributable to this year being an exceptional year, and the report is in fact ready and will be laid before Parliament. I do not envisage that the kind of delays that we have experienced in this exceptional year will be an issue going forward, subject to us not being subjected to another pandemic, so I do not see that there is a need to change the legislation in that respect because I do not think that this will be an issue going forward.

From memory, I have only seen the current report and one report before that, which is the … The report that needs to be laid before Parliament now is the 2020 report, and the only other one that I have seen is the 2019 report, which makes sense as the Act only came into force in 2018. I think I am sure that there are two reports, Mr Speaker.

Hon. D A Feetham: Mr Speaker, am I right that the second report was in fact provided by the Board to the Government? Whether she has been Minister or not, it is a report that was provided to the Government – correct me if I am wrong, but I think over a year ago?

Hon. Miss S J Sacramento: Mr Speaker, I do not know when the report was provided, but I have it, and I am able to lay it before Parliament. I do not know when it arrived, but I know that I have had it, I have seen it and I have read a copy.

ADJOURNMENT

Mr Speaker: The Hon. the Chief Minister.

Chief Minister (Hon. F R Picardo): Mr Speaker, with, once again, amazement at your ability to control your bladder for so many hours, I would move that the House should now adjourn to tomorrow at three o'clock in the afternoon.

Mr Speaker: I now propose a question, which is that this House do now adjourn to Friday, 19th March at 3 p.m.

I now put the question, which is that this House do now adjourn to Friday, 19th March at 3 p.m. Those in favour? (**Members:** Aye.) Those against? Passed.

The House will now adjourn to Friday, 19th March at 3 p.m.

The House adjourned at 8.00 p.m.