



PROCEEDINGS OF THE GIBRALTAR PARLIAMENT

AFTERNOON SESSION: 3.43 p.m. – 8.05 p.m.

Gibraltar, Wednesday, 18th May 2022

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The Gibraltar Parliament

The Parliament met at 3.43 p.m.

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

[ACTING CLERK TO THE PARLIAMENT: S Galliano Esq *in attendance*]

Questions for Oral Answer

Clerk: Meeting of Parliament, Wednesday, 18th May 2022.

We continue with Oral Answers to Questions. Question 101/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

DIGITAL, FINANCIAL SERVICES, HEALTH AUTHORITY AND PUBLIC UTILITIES

Q100/2022

Surgical and non-surgical backlogs – Details for all disciplines – Supplementary questions

5 **Hon. K Azopardi:** Mr Speaker, before I ask that question – with your leave – I think we left it at the Hon. Minister having handed a schedule to my colleague as Shadow Minister for Health.

Mr Speaker: That is correct and he wanted to ask a number of supplementaries relating to the handouts, yes. That can proceed.

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Hon. K Azopardi: So, if I may, can I just ask the Minister, on Question 100, which was about the backlog of surgical and non-surgical interventions ...? He handed us a schedule. May I just ask him a couple of questions?

15 First of all, I am not really sure what Maxfax is. Perhaps he can tell us what that is. It is on the schedule, on both the surgical and non-surgical. I could not understand it. The others are a bit more obvious. It may be a department or it may be a specific thing, but I cannot tell from the abbreviation. Perhaps he can tell us.

20 Secondly, from my calculation roughly, although I have not done the scientific calculation it seems to me that there are over 900 patients awaiting non-surgical interventions and over a thousand people awaiting surgical interventions. Can the Minister comment on what that translates into? Is that normal for the state of the Health Service at this time? Has it been impacted by other factors? Perhaps he can give us some idea of that. It seems like a very large number of people awaiting both things. There may be some cross-fertilisation, so there may be people awaiting surgical interventions and non-surgical interventions who might be the same people.

25 Does he have visibility as to why that is and whether it is normal for the GHA at the moment?

Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola):

Mr Speaker, I am afraid I cannot be much help or assistance to him in what Maxfax is, but I will certainly get that answer to him during the course of today's proceedings.

30 What I can tell him, and I am sure he can guess the reasoning for the extraordinarily long list of pending interventions is obviously COVID. The Hospital has been, in effect, shut for a very long period of time and I am told that the number of people on the waiting list equates to ... I will send the hon. Member the information ... is three times as long as you would normally expect it to be, and that is because the Hospital was obviously basically shut for a two-year period.

35 I can give the hon. Member some colour to that. A report in the *Sunday Times* mentioned that waiting lists in the UK are at over six million. One in nine people in the UK are awaiting some form of intervention with the United Kingdom NHS. I think that puts in perspective where we are: way too long, it needs to be tackled, and it is very much a work in progress to tackle it. We accept that it is very much longer than it normally is and should be but, based on the circumstances we have come through over the last two years, understandable. I hope that helps.

Hon. K Azopardi: Mr Speaker, yes, and it is understandable. I think we all accept that COVID has impacted on the provision of essential services in many different ways and the Hospital is one of them, but as we emerge – and indeed I think great strides have been taken to emerge from COVID; I think it is more under control, not least because of the vaccination programme and so on – can the Minister tell us how they envisage they will take steps towards cutting that backlog and how long he thinks, in his discussions with management, it will take for there to be a manageable waiting list for these important areas?

50 **Hon. A J Isola:** Mr Speaker, I cannot give him that sort of detail. What I can tell him is there are two things currently happening. The management is working with clinicians to expedite the reduction of the waiting times and, separate to that, there is another piece of work, which is the GHA strategy that we have worked on and which will be ready in a number of months, which will have a far more permanent approach to how we deal with interventions and waiting times.

55 So, at this moment in time I am afraid I cannot give him the kind of detail he is looking for, but I am sure I will be in a position to do that in future meetings.

Mr Speaker: Next question.

Q101 and Q144/2022

GHA medical practitioners in private practice – Government position

60 **Clerk:** Question 101/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

Hon. K Azopardi: Mr Speaker, can the Government state its position in relation to GHA medical practitioners pursuing parallel businesses in provision of private healthcare services?

65 **Clerk:** Answer, the Hon. the Minister for Health, Digital and Financial Services.

Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola):
Mr Speaker, I will answer this question together with Question 144.

70 **Clerk:** Question 144/2022. The Hon. Ms M D Hassan Nahon.

Hon. Ms M D Hassan Nahon: What is the policy on GHA orthopaedic surgeons in connection to their private practice work?

75 **Clerk:** Answer, the Hon. the Minister for Health, Digital and Financial Services.

Hon. A J Isola: Mr Speaker, at the moment, if a doctor wishes to commence private practice it is a GHA requirement to submit a formal application to the Office of the Director General via the Office of the Medical Director for their consideration. This is valid for a period of one year –
80 12 months – and needs to be renewed on an annual basis. This is currently under review.

Hon. K Azopardi: Mr Speaker, does the Minister have any statistic on how many practitioners of different levels or speciality have submitted such a form asking for consent from the GHA so that they can undertake parallel private medical care?
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Hon. A J Isola: Mr Speaker, no I do not, but I will have shortly as I was in a meeting this morning where we have been through the specific questions and specific information, and so I would hope to have that available not just in terms of clinicians but in others areas where this happens – for example, physiotherapists who are working in particular clinics around Gibraltar. There are other
90 disciplines, not just clinicians, to whom this applies, but I will be able to answer that question more fully when I have that information in future sessions of this House.

Hon. K Azopardi: Mr Speaker, am I right in understanding that this is a procedure that has been set up so that the GHA has a supervisory role in how clinicians need to seek consent? I understood the process that the hon. Member was talking about, but am I right in thinking that those services themselves are not provided from GHA premises, or is it that the GHA seeks consent and then allows the services to be provided from the GHA?
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Hon. A J Isola: Mr Speaker, the hon. Member is right, there is no service that can be provided from GHA premises; they have to be offsite. The process is to enable the GHA to ensure that none of those services being provided in a private capacity conflict with obligations to the GHA under their contracts of employment, and therefore the details required by the Director General are quite specific as to when, what and how; but none on GHA premises.
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Hon. K Azopardi: My final supplementary, if I may. Does the GHA, in terms of the process and in terms of reviewing how this operates either now or in the future, take into consideration whether this method of regulation of private services in some way affects patient decisions in deciding whether to go public or private?
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For example, is it that you are in the public track as a patient, seeing a particular doctor who you know will be running a private clinic from x clinic on Monday afternoons, you are faced with a long list of non-surgical or surgical interventions, for example, because of the reason that the hon. Member gave just a minute ago in relation to Question 100 – because of the backlog of COVID on the GHA – and the patient then, who is seeing that doctor under the guise of St Bernard's Hospital, decides 'I will go private because that doctor has a private clinic', and does that in some way operate a pressure on the patient? Does the GHA have an interest in that and will it consider those issues?
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Hon. A J Isola: Mr Speaker, the GHA of course has an issue with that, and that is why I said that the process and the practice are under review as to how we should move forward. As far as the GHA is concerned, if that sequence of events happens, in our view it would be an abuse and a breach of their contractual provisions and is totally unacceptable to Government and the GHA. And so when I say that the process is under review, that is one of the areas we specifically seek to
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tackle to ensure it does not happen. We will not have clinicians abusing the waiting lists for their personal benefit, absolutely not.

Mr Speaker: The Hon. Marlene Hassan Nahon.

Hon. Ms M D Hassan Nahon: Mr Speaker, similarly to but just a little further than the Leader of the Opposition's supplementaries, my understanding is that the doctors have their off days and private work is being done on those off days, which are supposed to be part of the rota, while some constituents are having appointments cancelled during these working hours. Shouldn't we use these off days, which are meant to be part of the rota, to shorten waiting lists in-house, because hip replacements, for example, have a waiting list of two years?

If the Minister is undergoing a review, can we know when we will have an outcome of this review and when we can understand if there is indeed such abuse and if doctors are going to be told that they have to practise in a different manner?

Hon. A J Isola: Mr Speaker, I will report on the review when the review is complete. I cannot put a timeline on that because it is being conducted by the Director General and his team.

In respect of the use of rooms, I think that is specifically not allowed under the terms of the contracts that each of the members of the GHA have.

In respect of what each clinician, doctor or surgeon does during the day, that is all the subject of a job plan, which again is being reviewed by the Director General's team to ensure we have a far more efficient and far more effectively policed system of operation. If there is abuse, and the hon. Lady appears to have referred to some, I would be grateful to have that information.

Mr Speaker: Next question.

Q102/2022

Private sector aesthetic medicine – Regulation

Clerk: Question 102/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

Hon. K Azopardi: Mr Speaker, can the Government state whether it intends to ensure that provision of all forms of aesthetic medicine in the private sector is regulated in Gibraltar?

Clerk: Answer, the Hon. the Minister for Health, Digital and Financial Services.

Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola): Mr Speaker, the Gibraltar Medical Registration Board (GMRB) regulates the following professional groups: doctors, dentists, pharmacists and allied health professionals. Outside of the scope and remit is regulation of services.

The Board works closely with responsible officers of all doctors practising medicine in Gibraltar to ensure that the doctors are registered, licensed if required, and operating within their scope of practice.

Hon. K Azopardi: Mr Speaker, can I perhaps extrapolate from the answer that the hon. Member has given, and see if he agrees with me, that...? From the answer he has given I take it that the Government takes the view that aesthetic medicine is, therefore, regulated because the persons who are delivering it must be regulated under the GMRB.

Hon. A J Isola: Mr Speaker, there is an overlap, if I can call it that. As you know, the OFT regulates any business, any service, which is not regulated. As I mentioned in my answer, services themselves are not regulated, so a business that seeks to offer that service will require to be licensed by the OFT, and as part of that licensing process the GMRB is involved in whether that permission should be granted or not.

In respect of the individuals, those within the groups that I have mentioned do require to be licensed and registered with the GMRB as individuals.

Mr Speaker: Next question.

Q103/2022
Hepatitis in children –
Number over last two years

Clerk: Question 103/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

Hon. K Azopardi: Mr Speaker, can the Government state the number of reported cases of hepatitis in children in Gibraltar over the last two years?

Clerk: Answer, the Hon. the Minister for Health, Digital and Financial Services.

Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola): Mr Speaker, there has been one case of hepatitis in a child over the last two years.

Q104/2022
Allergies in 2-18-year-olds –
Number receiving treatment

Clerk: Question 104/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

Hon. K Azopardi: Mr Speaker, from GHA data can the Government confirm how many children or young adults from two to 18 are suffering from and are being treated in relation to allergies?

Clerk: Answer, the Hon. the Minister for Health, Digital and Financial Services.

Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola): Mr Speaker, according to data held on GHA systems, there are currently 884 patients between the ages of two and 18 receiving treatment in relation to allergies. This data has been compiled from clinical primary care records and reflects the number of people receiving at least three prescriptions for antihistamines over the last 24 months.

Hon. K Azopardi: Mr Speaker, does the Minister have information about the breadth or the type of allergies?

205 **Hon. A J Isola:** No, Mr Speaker, I do not. I am assuming it is quite wide, but again if he would write to me I would be happy to find further information.

Hon. K Azopardi: Perhaps when he does that can he consider with his officials whether that would be normal in comparison with, I guess, the geographical ...? Some of it must be
210 environmental factors ... whether that would be normal for the area, for the zone, the Mediterranean, or whether specialist advice can be sought in terms of the numbers?

Hon. A J Isola: Mr Speaker, I would not know, but I am very happy to see if we have that information available to us and share it with the hon. Member.

Q105/2022
Respiratory disease –
Number of patients receiving treatment

215 **Clerk:** Question 105/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

Hon. K Azopardi: Mr Speaker, can the Government state the number of patients being treated for any form of respiratory disease in the last 24 months?
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Clerk: Answer, the Hon. the Minister for Health, Digital and Financial Services.

Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola):
Mr Speaker, the question is too broad to answer. There is a very wide range of respiratory
225 conditions, some of which are long-term diseases and some of which are transient and acute in nature. In order to answer this question, we would need to understand what the hon. Gentleman is trying to establish. If he can provide that clarification, we can look into the matter further.

Hon. K Azopardi: Mr Speaker, as this hon. Gentleman did not put the question, I am unable to
230 provide the clarification, but I am sure my hon. colleague will be happy to write to the Minister and then perhaps we can get to grips with the issues.

Q106/2022
Asthma in 2-18-year-olds –
Number of sufferers

Clerk: Question 106/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

235 **Hon. K Azopardi:** Mr Speaker, can the Government confirm how many children and young adults from age two to 18 are asthmatics?

Clerk: Answer, the Hon. the Minister for Health, Digital and Financial Services.

240 **Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola):**
Mr Speaker, according to GHA records, approximately 790 children are asthmatic.

245 **Hon. K Azopardi:** Again, Mr Speaker, I am not sure if the hon. Member will have this, but does he have an idea whether that would be normal for a population of this size? Is it normal for a population in this area, given the environmental factors that would affect people who have asthma and breathing issues? Are those issues under consideration? If not, does he agree with me that it would be important for the GHA to do a bit more work in that area to understand whether the prevalence of asthma can be in some way assisted by any local action that may help?

250 **Hon. A J Isola:** Mr Speaker, obviously if the number is extraordinarily high, or higher than it should be, then I would certainly have expected the GHA to carry out the exercise that the hon. Member is referring to. I do not have that information available to me, but again I am happy to make enquiries from the operational management team and come back to the hon. Member with an answer.

Q107/2022
COVID vaccine –
Whether to be offered beyond June 2022

255 **Clerk:** Question 107/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

Hon. K Azopardi: Mr Speaker, can the Government state whether it will continue to offer the COVID vaccine beyond June 2022?

260 **Clerk:** Answer, the Hon. the Minister for Health, Digital and Financial Services.

Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola): Mr Speaker, the Government will continue to offer COVID-19 vaccines beyond June 2022, providing we continue to have supplies that are within expiry date.

265 The UK Joint Committee for Vaccinations and Immunisations is currently reviewing the data and evidence regarding the benefits for future boosters in the autumn. Our Director of Public Health will review this and develop recommendations for our programme to offer further boosters in the autumn, if required.

270 **Hon. K Azopardi:** Do I take it from the hon. Member's answer that the jury is out on whether there will be further boosters in the future, firstly?

275 And secondly, I think the public information has been that the current batch expires at the end of June. To the extent that there may be returning students who want to have the COVID vaccine, is the Government, at least in the short term, arranging a small supply for anyone who might have been away from Gibraltar when the second booster was offered to people and had been unable to take it up?

280 **Hon. A J Isola:** Mr Speaker, first of all, the UK Joint Committee for Vaccinations is currently reviewing the position in respect of what the recommendations are going to be. That is in respect of the future and the use of boosters.

285 In respect of the current vaccines that we have, I mentioned that we will continue beyond June 2022. Why? Because the expiry dates in the UK have been extended, so the vaccines that we currently hold are now valid for longer than we were originally told they were, as a result of the UK reviewing the data in the first place with the work they have done. It is not June 2022, it is now actually September, so that would cover the period the hon. Member is asking about in respect

of students, and by that time obviously the UK will have reached a conclusion in terms of its thinking as to what it is going to recommend for future boosters and future vaccinations.

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Q108/2022
Long COVID –
Support for sufferers and future provision

Clerk: Question 108/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

295 **Hon. K Azopardi:** Mr Speaker, can the Government confirm what support is being offered to sufferers of long COVID and what future provision is being made beyond July 2022?

Clerk: Answer, the Hon. the Minister for Health, Digital and Financial Services.

300 **Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola):** Mr Speaker, patients referred with long COVID symptoms are currently being seen in a general medical clinic run by one of our consultant physicians.

 The additional clinical services provided by the GHA during the COVID-19 pandemic, including the long COVID clinic, are being regularly reviewed and scaled back as necessary and in line with
305 HMGOG's exit strategy. All long COVID patients will continue to receive the necessary clinical support and care.

Hon. K Azopardi: Mr Speaker, does the hon. Member have an idea of how many patients would classify as long COVID in Gibraltar, at least under GHA records?

310 I understand the motivation for the question put by my hon. colleague was because he has had discussions with some patients who feel that their needs are not properly understood. I can understand that if someone – just anecdotally reading the cases of long COVID that have been reported – who was fit and healthy is afflicted by this, they may not necessarily feel understood and will feel particularly frustrated, so does the Hon. Minister, in the consideration ...? When he
315 says that they are being scaled down in the context of the strategy, will he consider that there will be a group of patients here who will feel particularly frustrated and that indeed it is important to ensure their long-term needs are cared for?

Hon. A J Isola: Mr Speaker, as I said, all long COVID patients will continue to receive the
320 necessary clinical support and care. There is no time limit. The exit strategy will not conflict with the care that we provide to long COVID sufferers. That care is available and will continue to be available for as long as it is needed.

 I do not have the number which the hon. Member asked me for – if I was aware of how many – but again I am happy to have my office dig that out and provide it to the Hon. Mr Phillips and
325 himself, but there can be no question ...

 I think one of the issues with long COVID is, of course, that data is constantly under review. It is a new problem which we have all had to live with since COVID came across and therefore the data, the information, the research is ongoing. I know that the GHA are keeping a very close eye on what is coming out of the United Kingdom Health Service in order to ensure that we are at the
330 forefront of delivering that service to our patients in Gibraltar who suffer from long COVID.

Q109-10/2022

**GHA strategic objectives and Government Reset, Restart and Recover strategy –
Publication**

Clerk: Question 109/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

335 **Hon. K Azopardi:** Mr Speaker, can the Government confirm that it will publish the GHA's strategic objectives?

Clerk: Answer, the Hon. the Minister for Health, Digital and Financial Services.

340 **Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola):** Mr Speaker, I will answer this question together with Question 110.

Clerk: Question 110/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

345 **Hon. K Azopardi:** Mr Speaker, can the Government state whether it will publish its Reset, Restart and Recover Strategy?

Clerk: Answer, the Hon. the Minister for Health, Digital and Financial Services.

350 **Hon. A J Isola:** Mr Speaker, this matter falls under the remit of the newly established GHA Board as well as the Director General. It is something that I have discussed myself with the Director General separately in our regular meetings and, as published in Press Release 892/2021, the strategic objectives are something that are being considered holistically to improve the GHA. Once the exercise is complete and I am advised accordingly, the strategic objectives will be published.

355 The Reset, Restart and Recover strategy will be an integral part of the overall GHA strategy and will also be published in due course.

360 **Hon. K Azopardi:** Mr Speaker, does the Minister have an idea of the timescale for the publication of these documents? Clearly, when the GHA set strategic objectives for the improvement of the Health Service, which affects us all, there will be a big public interest in that programme to see how the GHA sees the roadmap for the future. I am sure that there will be interest out there on this issue, so will the Minister perhaps give us some idea of when precisely that will happen?

365 **Hon. A J Isola:** Mr Speaker, as the hon. Member has suggested, it is an incredibly important piece of work and the last thing I would like the Director General to do is rush it. I am told that the review will be available for Government's consideration and review within a period of four to five months, so I expect it fairly shortly and I would expect to be able to ensure that it is published very shortly thereafter.

370 It is a comprehensive work that is ongoing. I know the Director General is putting a lot of effort and time into the entire strategic review as to where we see the GHA going in future years. It will be an important document. It will, without question, raise a lot of interest within our community and it is right that it should, and I expect a period for there to be feedback before the strategy is actually implemented.

375 I would hope that it can be done before then and I have some confidence that it will, but I do not want the hon. Member asking me every month how it is coming along, so if I put a bit of a longer date then I hope I can bring it to this Parliament before.

Q111/2022
GHA appointment line –
Free calls

Clerk: Question 111/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

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Hon. K Azopardi: Mr Speaker, can the Government confirm that all calls to the GHA telephone line remain free of charge?

Clerk: Answer, the Hon. the Minister for Health, Digital and Financial Services.

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Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola): Mr Speaker, I am pleased to confirm that calls to the GHA appointment line – 200 52441 – remain free of charge.

Q112/2022
GHA appointment line –
Waiting times and termination of calls

Clerk: Question 112/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

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Hon. K Azopardi: Mr Speaker, in relation to the GHA's appointment telephone service, can the Government state over the last 12 months: (i) how long callers are being made to wait until their call is substantively dealt with; (ii) how many calls are terminated or cut off and for what reasons; and (iii) of those calls terminated, the percentage which are attributable to patients given excessive waiting times?

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Clerk: Answer, the Hon. the Minister for Health, Digital and Financial Services.

Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola): Mr Speaker, we discussed this same question yesterday and I think we agreed that the current system falls short of everyone's expectations and is actively being worked on.

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But in answer to the specific questions raised by the hon. Member, on average, the time taken for calls that are answered by a call handler in hours or the auto attendant out of hours is seven minutes. Post-pandemic at peak times, as the GHA have been catching up with backlog appointments, it can take a maximum of 53 minutes but this is very rare. Changes are currently being implemented with the telephone system, call handling and the option to book some types of appointments online to free up pressure on the system when there is a high volume of callers.

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The current telephone system does not allow the GHA to distinguish between terminated calls and out-of-hours callers where the system terminates the call after a message has been provided. However, the Authority is looking to upgrade the system in this coming year.

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Hon. K Azopardi: Mr Speaker, this is related to the question that was discussed yesterday and I am sure the hon. Member has the same data and feedback from the public that we get, which is that it is a mixed bag – sometimes you get through quickly, sometimes you are waiting and waiting on the line and then it is very difficult for people. It is a system which, as the hon. Member said quite candidly yesterday, just does not work – and is perhaps not fit for purpose, I would add.

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Those were not his words, but I add my words that the system is in need of overhaul, which I know he accepts.

420 Can he give us a bit more about when the GHA intends to roll out the new system at least on a pilot basis, on a trial basis? He should have information on that.

Hon. A J Isola: Mr Speaker, the problem is not the telephone system. I agree that the system that we have is not acceptable to the GHA in the delivery of services it would want to give to its
425 users, but the problem is not, by itself, the telephone system or any system. You can have the best system in the world, but if what is supplying it is not ready for what is coming – in other words, the queue of appointments [inaudible] – then no matter how good the system is, it ain't going to work. And so what we are doing is spending some time looking at how we can gradually introduce a new and improved system which will be partly online and partly with the telephone system,
430 ultimately moving to a fully online service with the telephone system being reserved for our senior citizens, which will be able to deal with the number of calls we get.

At the same time as we are doing that, we are also looking at how else we can service people without having to make appointments to go to the Primary Care Centre, and that is done by reaching out to the community, providing services around the community which we are currently
435 not doing today. So this is not as simple as a system. What we are looking at doing and delivering is a new way of dealing with appointments that people need to have, which they do and they continue to do, but also what else we can do to get out to people instead of asking them to come in.

So it is a combination of a number of factors. I am very hopeful that we will be able to begin
440 that process very shortly – and by that I mean weeks, not months – and I hope that when we do begin to do that, it will meet with your satisfaction and approval.

Hon. K Azopardi: My final supplementary, if I may. I understand what the hon. Member is doing and I think I agree with him part of the way in this sense, because I think I understand that what
445 he is trying to say is that it is about trying to shift some of the volume of the calls on to the online booking system so that there is less pressure on the telephone service, as I understood it. If I am wrong, perhaps he will clarify.

Where I do not think I share his view is that in some way public awareness might lessen the number of patient attendances or desire for appointments. Statistically, I imagine the patient
450 attendances at the Primary Care Centre must hover around 100,000 a year, and those are numbers that have been fairly level for many years, so it is about finding a system that works, and shifting the volume on to an online booking system might do part of the job. But whatever the GHA put in place, does he agree it has to be a system that is capable of dealing with customary volume that has been there for many years?

455 **Hon. A J Isola:** Mr Speaker, the problem is not just the system. What I am trying to explain is that whatever system you put in place, if you have all of the appointment seekers for a whole range of very different services coming through one telephone system, you are going to have a problem. So what I am suggesting is that if we look at it slightly differently and begin to offer a series of different services which people require and use very frequently and we take them off the
460 telephone booking system, then that would alleviate the telephone system to be able to deal with the volume of calls and appointments that are required for more specific issues.

I think as we begin to unroll and publish where we are going the hon. Member will have a much clearer idea of the issues we have today, because to put in an online booking system we can do it
465 tomorrow but it will have the same problem we have today and that is not dealing with the problem that we have. And so what we are seeking to do is see how can we reduce the number of people engaging through the funnel, provide them with the service in different ways and then leave ... for those who absolutely have to use it. I hope that is what we are going to get to within a relatively short period of time, and I know that if we do not he will be reminding me.

Q113/2022
GHA complaints –
Number received in last 12 months

470 **Clerk:** Question 113/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

Hon. K Azopardi: Mr Speaker, can the Government state the number of complaints the GHA has received in the last 12 months?

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Clerk: Answer, the Hon. the Minister for Health, Digital and Financial Services.

Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola): Mr Speaker, the GHA has received 40 complaints in the last 12 months.

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Hon. K Azopardi: Mr Speaker, may I just ask ...? I guess that spans a wide range of issues, because presumably it is all dependent on the unique circumstances of the patient, but is there any discernible pattern? For example, are patients generally complaining about a particular aspect of the service, or is it a mixed bag which covers all sorts of issues?

485

Hon. A J Isola: Mr Speaker, on the one occasion that I have the information on statistical numbers for previous years he does not ask me! In respect of the information he is seeking, I am afraid I do not have that information. I have the numbers in respect of what similar years' complaints have been for 2018, 2019, 2020 and 2021, which I am happy to share with the hon. Member if he wishes. I do not have a breakdown of what the nature of the complaints related to, I am afraid.

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Hon. K Azopardi: Mr Speaker, so that officials who are listening do not feel that their work is wasted, can the Minister give us an idea of how it compares with previous years?

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Hon. A J Isola: Mr Speaker, officials who are listening will ensure that I have the information that the hon. Member is seeking available to me next time, as I wish I had had this time.

In respect of 2018 the number is 81; 2019, 94; 2020, 95; and 2021, 59. So up to date 40.

Q114-16/2022
Private care providers –
Number and nature of complaints received; standards; regulation and monitoring

500 **Clerk:** Question 114/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

Hon. K Azopardi: Mr Speaker, can the Government state how many complaints it has received about the conduct of private care providers and the nature of those complaints?

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Clerk: Answer, the Hon. the Minister for Health, Digital and Financial Services.

Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola): Mr Speaker, I will answer this question together with Questions 115 and 116.

510 **Clerk:** Question 115/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

Hon. K Azopardi: Mr Speaker, can the Government state what standards private care providers in Gibraltar are bound by?

515 **Clerk:** Question 116/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

Hon. K Azopardi: Mr Speaker, can the Government state how it regulates or monitors private carer provisions in Gibraltar?

Clerk: Answer, the Hon. the Minister for Health, Digital and Financial Services.

525 **Hon. A J Isola:** Mr Speaker, in respect of Question 114, the Gibraltar Medical Registration Board (GMRB) regulates professionals and not service providers. Since the current Director of Public Health commenced as Chair of the GMRB in September 2021, two complaints have been received regarding private doctors working within a private sector provider. One related to issuing of exemption letters and one related to prescribing practice. No further action was required following engagement with respective responsible officers.

530 In respect of Question 115, the professional groups that work within the private sector are bound by and regulated by the GMRB. These providers need to meet the requirements as set by legislation and policies developed by the Board.

In respect of Question 116, as this question relates to regulation, the Ministry with responsibility for the Office of Fair Trading has advised that providers of private care services are required to obtain a business licence from the OFT as part of the application process. The OFT will carry out enhanced vetting of the applicants or its directors in line with the OFT's vetting policy. The OFT will also require applicants to produce a copy of their safeguarding policy. All licences granted have the following standard conditions: (1) an adequate vetting policy must be adopted and applied to all employees and all workers associated with the business; (2) an adequate safeguarding policy must be in place to protect the business's service users; and (3) all nurses working for the business are required to be registered with the Gibraltar Nurses Registration Board.

545 **Hon. K Azopardi:** Mr Speaker does the Hon. Member agree, in the same way as people can make complaints about service received in the GHA generally – they do not make complaints necessarily of a regulatory nature; regulatory issues are dealt with by the GMRB, but they can make a complaint about a particular aspect of a service in terms of its quality – does the hon. Member agree that that should also be the case in terms of private health services in Gibraltar, and if so, how does the Government think that would be achieved?

550 **Hon. A J Isola:** Mr Speaker, if any patient of any private clinic or private medical service is dissatisfied, they can always make a complaint to the appropriate regulatory authority, like they would in other instances. There is no ombudsman equivalent, if I can call it that, in terms of medical services.

555 I know from financial services and the gambling regulator that users make complaints to the regulators in respect of services they are not happy with or where they feel they have not been treated appropriately. I would see this as no different – complaints in respect of the individual as opposed to the clinic.

560 **Hon. K Azopardi:** And so – that is what I am asking – should there not be? Does he agree with me? Maybe he does not, but should there not be a wider ability of persons who are engaging with

private healthcare providers or carers in the private sector to report a lack of quality to a particular independent body – that is really what I am asking – which is not necessarily dealing solely with the registration of clinicians?

565

Hon. A J Isola: Mr Speaker, clinicians have to comply with the conditions of their registration and if there is a particular practitioner who is constantly having complaints through a lack of care or a lack of service, I would have thought it was highly relevant to the regulatory authority and the registration board that is responsible for it, and I believe that that would be the most appropriate place for such a complaint to vest. I do not see any gain or benefit in having a separate body that would receive these complaints. I believe that the appropriate place would be the regulatory authority in respect of service that is falling below the standard. It is a very good red flag to any regulator to know of repeated infractions of service levels or the quality of service being provided by any particular licensed individual firm.

575

Hon. K Azopardi: A final supplementary. But of course, Mr Speaker, if I may – if he permits me, the Hon. Minister – that is not what the GHA does. If I want to complain about something in the GHA I can go and see the complaints officer of the GHA. I may not necessarily be complaining about a specific doctor, I may be complaining about the communication in the Department or the quality of the service, but I can go. The GHA itself has set up an independent office – an office within it, not independent of the GHA, but still people you can complain to.

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What I am saying is in terms of the private healthcare service, which is growing and is getting larger, there is quite a lot of interface, not just in terms of primary care but also now secondary care services and indeed carers that are being provided to supplement what the state does in Gibraltar. Should there not be a body to which you can complain, not specifically about regulatory matters but about the quality of the service?

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Hon. A J Isola: Mr Speaker, no, I do not. I think it is actually right that the GHA should have its own complaints policy and complaints procedure in respect of the service that it provides, because it has over a thousand people working for it and therefore I think it is absolutely right and appropriate that the GHA should have its own system to deal with complaints. In the same way that I said before that I believe it is important for a regulator to know about individuals or firms that are not meeting the standards on a constant basis, it could be very interesting for the GHA to know of its own employees who may be repeatedly failing, so for that purpose I believe that we are doing it in the right way. Again, it is not dissimilar to how we deal in other areas outside the Health Service with regulated and Government ... Government has its own complaints process, quite rightly, through the ombudsman and other departments too. So I do not believe it is necessary or would benefit us to have a separate complaints process just for people working in the private sector.

600

Mr Speaker: Next question.

Q117-21/2022

Complaints and legal claims against GHA –

Number and value; clinical negligence/misdiagnosis; settlements and sums paid; legal fees

Clerk: Question 117/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

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Hon. K Azopardi: Mr Speaker, can the Government state how many legal claims have been issued against the GHA in the last three years?

Clerk: Answer, the Hon. the Minister for Health, Digital and Financial Services.

Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola):
610 Mr Speaker, I will answer this question together with Question 118 to 121.

Clerk: Question 118/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

615 **Hon. K Azopardi:** Mr Speaker, can the Government state: of the number and value of legal claims issued over the last three years, how many relate to clinical negligence and/or misdiagnosis?

Clerk: Question 119/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

Hon. K Azopardi: Mr Speaker, can the Government state how many complaints, as opposed to legal claims, have been received in relation to misdiagnosis?

625 **Clerk:** Question 120/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

Hon. K Azopardi: Mr Speaker, can the Government state how many GHA legal claims have been settled by payment of a sum to claimants in the last three years?

630 **Clerk:** Question 121/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

Hon. K Azopardi: Mr Speaker, can the Government state the total value of legal fees paid out to law firms on the GHA panel for legal services, broken down into law firms?

Clerk: Answer, the Hon. the Minister for Health, Digital and Financial Services.

640 **Hon. A J Isola:** Mr Speaker, in respect of Questions 117 and 118 there have been 22 claims issued against the GHA in the field of clinical negligence in the last three years. Eight of these claims relate to misdiagnosis. The total value of moneys paid by the GHA in the last three years in relation to the 22 claims that have been issued against the GHA is approximately £764,143.50. The total value of moneys paid by the GHA in the last three years in relation to eight of the claims that have been issued against the GHA that pertain to misdiagnosis is approximately £337,965.50.

645 In respect of Question 119, since January 2021 we have received a total of three complaints relating to misdiagnosis.

In respect of Question 120, in the last three years 15 cases have been settled by payments of a sum to claimants.

650 In respect of Question 121, the GHA panel that specifically deals with medical negligence claims consists of the following firms: (1) Hassans, (2) Attias & Levy, and (3) Triay Stagnetto Neish. The total paid out is: financial year 2021-22, £606,827.69; and financial year 2022/23 to date, £132,153.

Hon. K Azopardi: Mr Speaker, the hon. Member was going a bit fast, so I am going to ask him ...
655 He may have given me the answer, but I just want to make sure that there is no overlap and there are no gaps to the information that we are seeking.

He gave a couple of big sums – £764,000 and about £337,000 – that I understood to be in answer to Question 118. I think that is right. Perhaps he can confirm.

660 In terms of Question 120, when he said there have been 15 legal claims settled by a sum to claimants is that the same figure he has given us, or is that a separate figure? In other words, is the total of £764,000 and £337,000 the same total that would be the settlement figure for Question 120?

665 **Hon. A J Isola:** Mr Speaker, I appreciate this question is not the hon. Member's and he is asking it on behalf of another hon. Member, but I think it would be perhaps appropriate for him to register an interest before I carry on – in terms of one of the three firms – for the record.

670 **Hon. K Azopardi:** Mr Speaker, I am happy to do so in terms of Question 121 and I was not intending to ask any supplementaries on it as a result of that. I am asking in terms of the settlement sums that have been paid to claimants.

Hon. A J Isola: I am grateful, Mr Speaker.

675 The first sum I mentioned was in respect of Question 118, which was £764,143.50, which is the total value of moneys paid by the GHA in the last three years in relation to the 22 claims that have been issued against the GHA. The total value of moneys paid by the GHA in the last three years in relation to eight of the claims in respect of misdiagnosis is £337,965. Those are the two numbers in respect of Questions 117 and 118.

I cannot recall the second question that he asked.

680 **Hon. K Azopardi:** The second question that I asked is: is the sum total of those – £764,000 plus £337,000 – the sum that has been paid under Question 120, or is it a different sum and are we talking about something else? If I can explain –

685 **Hon. A J Isola:** I am just trying to read.

Hon. K Azopardi: Yes. Question 118 asks about the value of legal claims –

Hon. D A Feetham: In the last three years.

690 **Hon. K Azopardi:** – in the last three years, and he has given a couple of figures in relation to clinical negligence and misdiagnosis. I am asking, really, have other claims, not clinical negligence and misdiagnosis ...? I cannot think what they would fall under, but is there a different figure in Question 120, or is it the same figure?

695 **Hon. A J Isola:** The total value of moneys paid by the GHA in the last three years for the whole of the claims relating to the five matters of misdiagnosis that have been settled amounts to approximately £245,546, which is a different number.

Mr Speaker: Next question.

Q122/2022

Local MRI scanner – Plans re procurement

700 **Clerk:** Question 122/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

Hon. K Azopardi: Mr Speaker, can the Government state the plans for the procurement and provision of a local MRI scanner?

Clerk: Answer, the Hon. the Minister for Health, Digital and Financial Services.

Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola): Mr Speaker, the Director General is considering options in relation to the provision of a local MRI scanner. Once these options are explored further, hon. Members will be updated accordingly.

Hon. K Azopardi: Mr Speaker, the information reaching us is that perhaps a charity may have made an offer to contribute to an MRI scanner. Is that the situation? Is that being considered by the Government?

Hon. A J Isola: Not as far as I am aware, Mr Speaker. It may well have been, but I am not aware of that. *(Interjection by Hon. Chief Minister)* My hon. and learned Friend the Chief Minister is confirming that such an offer has been made but has not yet been finalised, hence I am not aware of it yet.

Hon. K Azopardi: Is that being considered as part of the mix?

Chief Minister (Hon. F R Picardo): Mr Speaker, I do not think that the GHA is able to consider that at this stage because the offer has been made to my office and I will be meeting with the group that is formulating the offer. In order to enable them to put an offer to the GHA for consideration they require certain assistance from my office – which we will be providing them – in formulating the offer, and then they can go and make that offer to the GHA and the GHA can consider it from their point of view. They have done a considerable amount of work outside of Gibraltar in respect of how they will propose to deal with the issues that arise, but they need some input from my office before they are able to actually formulate the thing called an offer to put to the GHA.

Mr Speaker: Next question.

Q123-24/2022

AC Ltd –

Relationship with Government; connection with any Minister

Clerk: Question 123/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

Hon. K Azopardi: Mr Speaker, can the Government state its relationship with AC Ltd, a company incorporated in Belize which has applied for consent to provide MRI services from premises within the Atlantic Suites complex?

Clerk: Answer, the Hon. the Minister for Health, Digital and Financial Services.

Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola): Mr Speaker, I will answer this question together with Question 124.

Clerk: Question 124/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

Hon. K Azopardi: Mr Speaker, can the Government state whether any Government Minister has any connection whatsoever with the Belize company AC Ltd?

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Clerk: Answer, the Hon. the Minister for Health, Digital and Financial Services.

Hon. A J Isola: Mr Speaker, as per the answer given to Question 43 on 19th May 2021 by my predecessor, the answer remains the same. We discussed this yesterday. The GHA can therefore confirm that they have not entered into any contractual arrangements with any company for the local provision of MRI services.

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In respect of Question 124, no, sir.

Q125/2022

Surgimed Healthcare Ltd – Relationship with Government

Clerk: Question 125/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

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Hon. K Azopardi: Mr Speaker, can the Government state what relationship the GHA or the Government have with a Surgimed Healthcare Ltd, a company incorporated under the laws of England?

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Clerk: Answer, the Hon. the Minister for Health, Digital and Financial Services.

Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola): Mr Speaker, the GHA has no relationship with Surgimed Healthcare Ltd.

Q126, Q138 and Q153/2022

Director General of the GHA – Remuneration; nature and term of appointment; extended leave

Clerk: Question 126/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

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Hon. K Azopardi: Mr Speaker, can the Government state how much the Director General of the GHA is remunerated?

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Clerk: Answer, the Hon. the Minister for Health, Digital and Financial Services.

Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola): Mr Speaker, I will answer this question together with Questions 138 and 153.

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Clerk: Question 138/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

Hon. K Azopardi: Mr Speaker, is the appointment of the Director General of the GHA a permanent appointment or a contractual appointment; and, if contractual, for how long?

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Clerk: Question 153/2022. The Hon. Ms M D Hassan Nahon.

Hon. Ms M D Hassan Nahon: Can the Health Minister explain the reasons for the extended leave of the new Director General given his short posting so far?

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Clerk: Answer, the Hon. the Minister for Health, Digital and Financial Services.

Hon. A J Isola: Mr Speaker, in respect of Question 126, the Director General of the GHA is remunerated £195,000 per annum.

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In respect of Question 138, his position is a contractual appointment. I cannot confirm the period because it is not here, but I know it was in the original press release when we appointed him, so it is in the public domain but I will confirm it to him later on today.

No extended leave has been granted.

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Mr Speaker: The Hon. Marlene Hassan Nahon.

Hon. Ms M D Hassan Nahon: Mr Speaker, I thank the Minister for his answer. When I referred to extended leave it seems that many constituents have tried to access the Director General to meet with him and he has been away quite often. Is this perhaps the best strategy to achieve the Restart, Reset and Recover programme? Was it known that the Director General would be entertaining seminars in Harvard and other such entities which may have little to do with the GHA? Is this something that the staff are okay with, given their own restrictions with the COVID pandemic that have been put in place?

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Hon. A J Isola: Mr Speaker, the Director General is a great catch for the GHA and for Gibraltar. I am not aware of any instance where he has not been available. He is available 24/7 to me and to the GHA. I do not know what ventures the hon. Lady is referring to, but from my experience in the last month since I have been here ... I have the dates he has been away, which is absolutely normal and I have absolutely no issue with it at all. I think you will find, when you allow him the time to deliver his vision for the GHA, which you will see in the strategy that he will prepare with us, you will be delighted with the work that he is doing.

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I very much hope the hon. Lady will welcome the excellent work that he is doing and will be doing in the future, rather than seek to find the first possible opportunity to have a go at an individual who is devoting his entire capacity, energy and skills to the improvement of the GHA and the services we provide to the people of Gibraltar.

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Hon. Ms M D Hassan Nahon: Mr Speaker, I am sure the Minister knows deep down that nobody would want a Director General to fail, because if he fails then strategies fail and all our health is at risk, but obviously it is my duty to ask and hold the GHA – the Minister in this case – to account when multiple people and even members of staff are complaining that somebody under such a short posting is already not present at his office quite often. I am glad that he seems available for the Minister, but there are many who have not had the same experience.

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I would ask the Minister to perhaps find out whether this gentleman has been away more than he is aware, given his only recent posting as Health Minister.

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Hon. A J Isola: Mr Speaker, the role of any CEO or Director General of the Hospital, as the GHA is, is not there to meet with people as and when they wish to see him; his role is to devise, implement and execute a strategy that will improve and safeguard the important critical care that the GHA provides to our community. So I do not agree with the premise of the question in that he has to be sitting at his desk meeting people. I want him to be doing the very opposite. I want him to be understanding what it is and where it is that we are failing and how we can improve it to improve the quality of care, improve the service it provides, reduce the waiting lists.

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840 There are so many more things he needs to be doing than meeting with people, so I do not accept the hon. Lady's question and I believe that the Director General is doing and will be doing a very good job for us and for our community and should be welcomed.

Mr Speaker: The Hon. the Leader of the Opposition.

845 **Hon. K Azopardi:** Mr Speaker, just a short supplementary, if I may, on the original question about the remuneration, which is tied up with my contractual term issue. He gave a figure of £195,000. Is that an all-in figure, or is that just salary? Does it include benefits? For example, does the GHA pay rent? Is there a rental arrangement? If there are other benefits, what is the all-inclusive value of the package?

850 **Hon. A J Isola:** Mr Speaker, I do not have that information available. I will certainly get it to him. I am not sure if there is rental support or any of that, but I will certainly get that information to the hon. Member today.

855 **Hon. K Azopardi:** Okay, so to be clear, the £195,000 is the salary?

Hon. A J Isola: To be clear, Mr Speaker, I do not know if there is anything else, but if there is I will tell him.

Q127/2022

LNG –

Purchases from 1st January to 31st March 2022

Clerk: Question 127/2022. The Hon. R M Clinton.

860 **Hon. R M Clinton:** Mr Speaker, can the Government provide a schedule of LNG purchases in the period from 1st January 2020 to 31st March 2022, including volume and price?

Clerk: Answer, the Hon. the Minister for Health, Digital and Financial Services.

865 **Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola):** Mr Speaker, I now hand over a schedule detailing LNG purchases, including volume and price, broken down by gas contract years, i.e. October to September, from October 2019 to date.

Answer to Q127/2020

Gas Contract Year 2019/2020

Delivery No.	Delivery Date	QTY Delivered	Total Amount Invoiced	£/MMBtu
#11/2019	13 October 2019	44,990.00	£ 454,610.45	10.10
#12/2019	28 October 2019	45,280.00	£ 457,540.82	10.10
#13/2019	05 November 2019	28,590.00	£ 269,603.70	9.43
#14/2019	20 November 2019	34,680.00	£ 327,032.40	9.43
#15/2019	29 November 2019	26,930.00	£ 253,949.90	9.43
#16/2019	14 December 2019	33,420.00	£ 321,804.53	9.43
#1/2020	03 January 2020	48,910.00	£ 467,305.71	9.55
#2/2020	18 January 2020	56,950.00	£ 544,123.08	9.55
#3/2020	24 January 2020	20,350.00	£ 194,432.04	9.55
#4/2020	02 March 2020	40,830.00	£ 394,466.80	9.66
#5/2020	15 March 2020	40,020.00	£ 386,641.23	9.66
#6/2020	18 February 2020	58,810.00	£ 573,350.46	9.75
#7/2020	27 March 2020	39,480.00	£ 381,424.18	9.66
#8/2020	16 April 2020	52,950.00	£ 458,907.06	8.67
#9/2020	25 April 2020	15,740.00	£ 136,415.44	8.67
#10/2020	11 May 2020	50,370.00	£ 342,767.85	6.81
#11/2020	30 May 2020	66,030.00	£ 449,334.15	6.81
#12/2020	31 May 2020	14,390.00	£ 97,923.95	6.81
#13/2020	20 June 2020	33,330.00	£ 194,783.83	5.84
#14/2020	29 June 2020	39,700.00	£ 232,010.77	5.84
#15/2020	11 July 2020	47,750.00	£ 296,718.50	6.21
#16/2020	01 August 2020	74,780.00	£ 502,327.18	6.72
#17/2020	19 August 2020	39,070.00	£ 262,448.82	6.72
#18/2020	26 August 2020	42,270.00	£ 283,944.50	6.72
#19/2020	06 September 2020	58,410.00	£ 421,317.20	7.21
#20/2020	22 September 2020	67,140.00	£ 484,287.55	7.21

Gas Contract Year 2020/2021

Delivery No.	Delivery Date	QTY Delivered	Total Amount Invoiced	£/MMBtu
#21/2020	11 October 2020	79,954.00	£ 600,328.29	7.55
#22/2020	19 October 2020	28,020.00	£ 211,534.19	7.55
#23/2020	31 October 2020	38,760.00	£ 292,614.75	7.55
#24/2020	13 November 2020	51,910.00	£ 381,548.90	7.35
#25/2020	21 November 2020	32,390.00	£ 238,072.98	7.35
#26/2020	02 December 2020	44,980.00	£ 317,972.62	7.07
#27/2020	09 December 2020	29,830.00	£ 210,874.24	7.07
#28/2020	22 December 2020	70,520.00	£ 498,520.00	7.07
#1/2021	05 January 2021	59,910.00	£ 433,143.31	7.23
#2/2021	09 January 2021	19,060.00	£ 137,801.90	7.23
#3/2021	19 January 2021	33,160.00	£ 239,743.50	7.23
#4/2021	01 February 2021	72,080.00	£ 555,679.14	7.71
#5/2021	18 February 2021	75,170.00	£ 579,500.60	7.71
#6/2021	09 March 2021	43,380.00	£ 359,555.13	8.29
#7/2021	15 March 2021	62,500.00	£ 518,031.25	8.29
#8/2021	22 March 2021	32,740.00	£ 271,365.49	8.29
#9/2021	27 March 2021	16,280.00	£ 134,936.80	8.29
#10/2021	12 April 2021	60,624.00	£ 538,931.14	8.95
#11/2021	20 April 2021	35,690.00	£ 319,297.02	8.95
#12/2021	01 May 2021	49,280.00	£ 453,203.52	9.20
#13/2021	14 May 2021	52,660.00	£ 484,287.69	9.20
#14/2021	25 May 2021	45,240.00	£ 416,049.66	9.20
#15/2021	09 June 2021	55,070.00	£ 508,973.47	9.24
#16/2021	23 June 2021	69,040.00	£ 638,088.40	9.24
#17/2021	27 June 2021	16,760.00	£ 154,900.95	9.24
#18/2021	02 July 2021	22,210.00	£ 216,043.43	9.73
#19/2021	15 July 2021	57,810.00	£ 562,335.22	9.73
#20/2021	27 July 2021	41,850.00	£ 406,698.42	9.73
#21/2021	11 August 2021	77,400.00	£ 774,588.24	10.01
#22/2021	19 August 2021	34,330.00	£ 343,560.91	10.01
#23/2021	02 September 2021	60,850.00	£ 621,631.43	10.22
#24/2021	08 September 2021	25,220.00	£ 257,642.48	10.22
#25/2021	16 September 2021	33,160.00	£ 338,755.93	10.22
#26/2021	23 September 2021	25,010.00	£ 255,497.16	10.22

Hon. R M Clinton: While I wait for the schedule, to have a glance through it, if I may ask the Minister: given the obvious pressures of international prices for energy, what, if any, measures have his Ministry been able to take to mitigate any price effects due to events in Russia and Ukraine affecting gas supplies?

Hon. A J Isola: Mr Speaker, as the hon. Member knows, the price of LNG gas has increased significantly as a result of the Ukraine crisis. I am pleased to report to this House that we have not been impacted by that increase because when the Financial Secretary negotiated the contract originally the price was, in a complicated way, linked to the cost of diesel as opposed to LNG and consequently, in the year 2021-22, if you were to look at the actual price and what we paid, the Government has enjoyed the benefit of a saving of over £8 million.

Q128/2022

**Patients subject to hospital orders –
Length of detention**

Clerk: Question 128/2022. The Hon. D A Feetham.

Hon. D A Feetham: Mr Speaker, 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 Health, Digital and Financial Services.

Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola): Mr Speaker, we have three patients subject to hospital orders, one for five years and five months, one for two years and 10 months, and one for five years and six months.

Mr Speaker: Next question.

Q129/2022

**Mental Health Act –
Measures to ensure safeguards**

Clerk: Question 129/2022. The Hon. D A Feetham.

Hon. D A Feetham: Mr Speaker, what is the Government doing in order to ensure that the Lasting Powers of Attorney and Capacity Act is not used to circumvent the safeguards contained in the Mental Health Act in relation to oversight by the Mental Health Tribunal and the provision of second opinions?

Clerk: Answer, the Hon. Minister for Health, Digital and Financial Services.

Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola): Mr Speaker, the Lasting Powers of Attorney and Mental Capacity Act (MCA) exists to provide care for patients who because of their cognitive impairment, usually due to dementia or intellectual disability, do not have capacity to consent to their treatment. For this group of patients we do not enforce treatment, we provide care.

The Mental Health Act provides for the compulsory detention and treatment of individuals with a serious mental illness. As these individuals receive compulsory treatment, there are additional safeguards – the tribunal system and a second opinion for treatment.

910 The MCA includes safeguards to ensure that the care delivered to patients is in their best interests, through a system of independent capacity assessments carried out by Independent Mental Capacity Advocates (IMCAs).

Hon. D A Feetham: Mr Speaker, the Hon. Minister, with respect, has given me an explanation, which I knew, of the differences between the Lasting Powers of Attorney and Capacity Act regime
915 and the Mental Health Act. The question I asked was what is the Government doing in order to ensure that the former is not used to circumvent the latter.

The Hon. Minister will appreciate that this is not a question I have just plucked out of the air. It is far too technical for that to be so. It is just not the type of political question that I would ask. This is based on information that I have received that this is actually happening. Therefore, can I
920 ask the Minister whether at least he made inquiries when he read this question, to ascertain whether in fact the sting underlying this question is true or not, that the former is being used to circumvent the safeguards in the latter?

Hon. A J Isola: Mr Speaker, the answer that I have provided is the safeguard of what provides
925 in both of these cases. If the hon. Member has information which suggests that something different than that is happening I would be very happy for him to share it with me on a confidential basis and I will certainly look into it. I am not aware of any information that suggests that we are not doing things in accordance with what both pieces of legislation require us to do, but if he shares it with me of course I will look into it.

930 **Hon. D A Feetham:** Mr Speaker, of course I will without divulging any sources. The point is that there are two separate regimes with their separate safeguards but one is intended to deal with a particular set of individuals and the other one is intended to deal with people with mental illness, essentially, and that contains its own safeguards. The information that I have is that one is being
935 used in order to circumvent the safeguards of the other because it is easier under the former than the latter.

I will talk to the Minister behind the Speaker's Chair. I apologise, Mr Speaker, that I have just given the Minister an explanation rather than ask a question, but it is an important issue and I will take the Minister up.

940 **Hon. A J Isola:** I would be grateful, Mr Speaker. I think it is not possible for me, however hard I try, to read the hon. Member's mind or try to ascertain the information that he has or guess what that information is. As he has kindly offered, I would be very happy to receive the specifics of the case. As he rightly says, they are very different Acts designed to deal with very different cases and
945 if these are not being met in any way I would be very happy to look into them for him.

Q130-31/2022

COVID boosters –

Number of first and second boosters

Clerk: Question 130/2022. The Hon. the Leader of the Opposition.

Hon. K Azopardi: Mr Speaker, of the 38,037 COVID boosters administered to 5th May 2022, how many were first COVID boosters, i.e. a third dose of the COVID vaccine, broken down by
950 residents and non-residents?

Clerk: Answer, the Hon. Minister for Health, Digital and Financial Services.

Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola):
Mr Speaker, I will answer this question together with Question 131.

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Clerk: Question 131/2022. The Hon. the Leader of the Opposition.

Hon. K Azopardi: Mr Speaker, of the 38,037 COVID boosters administered to 5th May 2022, how many were second COVID boosters, i.e. a fourth dose of the COVID vaccine, broken down by residents and non-residents?

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Clerk: Answer, the Hon. Minister for Health, Digital and Financial Services.

Hon. A J Isola: Mr Speaker, out of 38,037 COVID boosters, 30,352 doses were third doses administered to 23,127 residents and 7,225 non-residents. The remaining 7,685 COVID boosters were fourth doses administered to 7,244 residents and 441 non-residents.

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Hon. K Azopardi: Mr Speaker, the total would be under 8,000 for the second booster, is that right? Does the Minister have a view in discussion with the GHA and so on? There is quite a remarkable difference between the 30,000 people who took up the COVID booster the first time round and only 8,000 – I say ‘only’ 8,000 – people have chosen to take up the booster the second time round. Does he have a view on that? Does the GHA have a view? Does the GHA have a recommendation for people, given the disparity in numbers?

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Hon. A J Isola: Mr Speaker, yes, the GHA mostly certainly would like people to get their fourth boosters and has said so publicly, repeatedly, and in many of their communications. I believe that there is a relaxation in people’s minds as to COVID and its possible effects and impact. People are much more relaxed about it in being able to travel more freely without wearing masks. There is a far lower degree of alertness, and that obviously is a risk.

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I think also an interesting contributing factor is when people had their third boosters. Those who had third boosters late ... People normally like to wait six or seven months from their third time to their fourth, and so there is an element of that as well. We will continue to recommend to people that they should have their fourth boosters, we will continue to provide the fourth boosters for as long as we have them available, and yes, it is absolutely the policy of the GHA that we encourage all Gibraltarians and others to get their fourth boosters.

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Q132-33/2022
COVID repeat positives –
Numbers and vaccination status

Clerk: Question 132/2022. The Hon. the Leader of the Opposition.

Hon. K Azopardi: Mr Speaker, of the 17,996 confirmed COVID cases detected in Gibraltar to 5th May 2022, how many people have contracted COVID once and how many have contracted COVID more than once – repeat positives – with a breakdown of how many people have contracted it once, twice, three or more times?

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Clerk: Answer, the Hon. Minister for Health, Digital and Financial Services.

995 **Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola):**
Mr Speaker, I will answer this question together with Question 133.

Clerk: Question 133/2022. The Hon. the Leader of the Opposition.

1000 **Hon. K Azopardi:** Mr Speaker, to the extent that of the 17,996 confirmed COVID cases detected in Gibraltar to 5th May 2022 there have been repeat positives – in other words, cases of people contracting COVID more than once – can Government provide a breakdown of these by vaccination status, namely how many of the repeat positives have been vaccinated or were unvaccinated against COVID at the time of contracting COVID for a second time?

1005 **Hon. A J Isola:** Mr Speaker, of the 17,996 confirmed cases a total of 16,016 persons have contracted COVID once, a total of 987 persons have contracted COVID twice and a total of two persons have contracted COVID three times. The above totals 17,996, as confirmed by the hon. Member.

1010 Out of 989 persons confirmed COVID-19 positive more than twice – two or three times – 728 were vaccinated and 261 were unvaccinated at the time of testing positive.

Q134/2022
GHA COVID app –
Non-recognition of QR codes

Clerk: Question 134/2022. The Hon. the Leader of the Opposition.

1015 **Hon. K Azopardi:** Mr Speaker, can the Government update the House in relation to the resolution of the issues concerning the non-recognition of the GHA COVID app?

Clerk: Answer, the Hon. Minister for Health, Digital and Financial Services.

1020 **Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola):**
Mr Speaker, the EU recently approved the commencement of technical works to enable our access to the EU COVID Passport Gateway, which will allow the recognition of our GHA COVID app QR codes. The EU are preparing the final decision and we hope to see it adopted and operational shortly.

1025 **Hon. K Azopardi:** Mr Speaker, that is welcome news for anyone who wants to travel on the basis of the COVID app until such time as it is no longer necessary to prove vaccination status – and who knows when that will be; different countries have different views of entry requirements right now.

1030 Can the Government perhaps give us a better idea in terms of the welcome news that there was an approval: when did that happen? Secondly, in terms of the entry into the technical works, how long is it expected that the technical works will take for there to be a recognition of our COVID app around the EU?

1035 **Hon. A J Isola:** Mr Speaker, indeed it is welcome news. It is something we have been working on, quite frustratingly, for months. The technical work has now commenced. When I say ‘shortly’ I mean shortly and I would expect that we will be able to make a positive statement before the next sitting of Parliament, so it is shortly – the next session of Parliament.

Q135-36/2022

**Operating department practitioners –
Total number; number working elsewhere in GHA**

Clerk: Question 135/2022. The Hon. the Leader of the Opposition.

1040 **Hon. K Azopardi:** Mr Speaker, how many operating department practitioners exist in the complement of the GHA and are there any vacancies at 9th May 2022?

Clerk: Answer, the Hon. Minister for Health, Digital and Financial Services.

1045 **Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola):** Mr Speaker, I will answer this question together with Question 136.

Clerk: Question 136/2022. The Hon. the Leader of the Opposition.

1050 **Hon. K Azopardi:** Mr Speaker, how many persons currently in the employment of the GHA at 9th May 2022 are qualified operating department practitioners but work in other posts or capacities in the GHA?

Clerk: Answer, the Hon. Minister for Health, Digital and Financial Services.

1055 **Hon. A J Isola:** Mr Speaker, in respect of Question 135, there are 10 operating department practitioner (ODP) positions within the complement of the operating theatre department. Of these 10 ODPs, one position remains vacant.

1060 In respect of Question 136, all qualified operating department practitioners working for the GHA are working within the operating theatres department in the capacity of ODPs.

Hon. K Azopardi: Did I understand he said that all persons who are qualified work in the surgical team as ODPs? Is that what he said?

1065 **Hon. A J Isola:** I will read that answer again – my apologies. All qualified operating department practitioners working for the GHA are working within the operating theatres department in the capacity of ODPs. So they are all qualified.

1070 **Hon. K Azopardi:** Mr Speaker, I am not sure if we are talking about the same thing. First of all, he has given me the answer to how many there are in the complement and there is one vacancy, I understand that; but I also then asked how many are there who are qualified ODPs but work in other posts. My information is that there are some people who have been sent for training and are qualified ODPs but are not ODPs – in other words have not filled a vacancy because vacancies may not have arisen, so they are working in other capacities but may be called upon to be ODPs from time to time. Could he perhaps check on that information?

1080 **Hon. A J Isola:** Mr Speaker, I think the answer to the question is that all of the ones working in the theatre department are qualified ODPs. Two recently qualified ODPs are currently working within theatres backfilling pending vacancies. I think that is the information the hon. Member is referring to.

Q137/2022

**Operating department practitioners –
Amount spent on training**

Clerk: Question 137/2022. The Hon. the Leader of the Opposition.

Hon. K Azopardi: Mr Speaker, how much money has the GHA spent on training in respect of operating department practitioners in the financial years 2019-20, 2020-21 and 2021-22, broken down by year?

Clerk: Answer, the Hon. Minister for Health, Digital and Financial Services.

Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola): Mr Speaker, the information requested by the hon. Member is set out in the schedule that I now hand to him.

Answer to Q137/2022

2018-2019 Financial Year

OXFORD BROOKES UNIVERSITY (BSc Operating Department Practitioner programme)

Programme commenced 16/01/19

2018-2019 Financial year	
Flying Faculty Collaboration Set-up fee (03/01/19)	15,000.00
Flying Faculty Collaboration Year 1 January 2019 ODP Fee (16/01/19)	53,378.80
Association for Perioperative Practice AfPP Registration fee x 2 students	120.00
Bursary 1 student @ £650.00 per month x 3	1,635.48
2019-2021 Financial year - budget carried over due to Covid 19	
Association for Perioperative Practice AfPP Registration fee x 3 students	180.00
Flying Faculty Collaboration Year 1 June 2019 ODP Fee (04/06/19 sent 18/06/19)	26,689.40
Flying Faculty Collaboration Year 1 Dec 2019 ODP Fee (19/11/19)	26,689.40
Flying Faculty Collaboration Year 2 January 2020 ODP Fee (10/03/20)	55,711.69
Flying Faculty Collaboration Year 2 June 2020 ODP Fee (06/07/20)	27,855.55
Flying Faculty Collaboration Year 2 Dec 2020 ODP Fee (04/11/20)	27,855.85
Flying Faculty Collaboration Year 3 January 2021 ODP Fee (06/01/21)	53,513.51
Bursary 1 student @ £650.00 per month x 24	15,600.00
2021-2022 Financial year	
Flying Faculty Collaboration Year 3 June 2021 ODP Fee (10/05/21)	26,756.76
Flying Faculty Collaboration Year 3 Dec 2021 ODP Fee (25/11/21)	26,756.76
Bursary 1 student @ £650.00 per month x 12	7,674.19

Hon. K Azopardi: Mr Speaker, obviously there would need to be a calculation but this looks to me like a sum in excess of £250,000 – is that right, in total?

Hon. A J Isola: No, Mr Speaker. The number for 2019-21, which is two financial years rolled into one, is £234,000, the number in respect of 2018-19 is £70,000 and the number in the financial year 2021-22 is £61,000, so it is £316,000 total.

1100 **Hon. K Azopardi:** Mr Speaker, how many people qualified as a result of this process?

Hon. A J Isola: Mr Speaker, I do not have that information in respect of each of the years 2018-19, 2019-21 or 2021-22. I would need to refer back to my office to get that information.

1105 **Hon. K Azopardi:** The Hon. Minister just gave us the figures in relation to the other question ... that there are 10 ODP posts and there is one vacancy. (*Interjection by Hon. A J Isola*) I thought you said there is one vacancy.

Hon. A J Isola: I said in respect of his question ... [*Inaudible*]

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Hon. K Azopardi: Yes, but unless I am wrong, as part of the other question you said that there was one current vacancy. The hon. Member can check, perhaps, and see that we are not talking at cross-purposes, but as I understood his answer there are 10 people in the complement, there is currently one vacancy and there are also two people who are recently qualified, do not work as ODPs and presumably qualified as a result of this programme. (*Interjection*) Yes, correct. I am assuming also that not all of them have gone through this training programme, but it just seems like a very high figure for training if, in effect, as a result of that process you have had two or three people qualify. So can the Minister check how many people qualified as a result of this investment of training? That is what I am asking him to check.

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Hon. A J Isola: Yes, Mr Speaker, and that is the information I will provide to him once it is available to me.

Clerk: Question 139/2022 –

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Mr Speaker: Hold on a second. The Hon. Mr Reyes.

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

1130 Just a quick glance at the table the Minister has kindly provided, with an interest in education it struck my attention that under 2018-19 it says 'Bursary 1 student @ £650.00 per month x 3'. That should be £1,950 and we come up with a figure of £1,635.48. It does not tally. For 2019-21 £650 x 24 months is correct, £15,600. But again, for the financial year 2021-22, £650 for 12 months is £7,800. I do not quite understand how we get £7,674.19.

1135 I appreciate that the Minister can only provide us with information that he is provided with, but if he is going to review some further information, perhaps he would like to double check that. It does seem very basic mathematics ... that you end up with pence on something where you did not start with any pence but whole-pound figures.

1140 **Hon. A J Isola:** Mr Speaker, I am grateful to the hon. Member for his keen eye. I had not noticed that and I will certainly revert and make sure that it is correct. I am grateful.

1145 **Hon. K Azopardi:** May I ask just a final one, because staring at the schedule for the first time, as I do sitting here, I just wonder if perhaps part of the answer to what I was asking – which he is going to check, of course, because it may not be; we may not be making the right analysis ... I see from the breakdown by financial year that there is a payment of a professional association registration fee for students. There are two student registration fees paid for 2018-19 and there are three for 2019-21. I do not know how long this course is, so it is either five students or some of the students are registering in successive years because the course is longer than one or two years, but in any event, whether it is two or five students it seems like a relatively small number of people for whom there has been an outlay of training of £360,000, so perhaps the hon. Member

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can check that and revert to us with precisely how many people qualified as a result of this investment.

1155 **Hon. A J Isola:** Mr Speaker, I do not know whether it is two, three or five and I would not want to guess which one of those or other numbers it could be. It could also be that these training programmes relate to conditional and continuing professional development for the existing members of staff. I do not know, so before I respond I would like to get the full information and not mislead the hon. Member or the House.

Q139/2022

Social workers –

Numbers re current employees, departures at end of contract and resignations

1160 **Clerk:** Question 139/2022. The Hon. Ms M D Hassan Nahon.

Hon. K Azopardi: How many social workers are there currently working within the Social Services system, how many in the last three years have left at the end of an 11-month contract and how many have resigned in the last two years?

1165 **Clerk:** Answer, the Hon. Minister for Health, Digital and Financial Services.

Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola): Mr Speaker, at present there are 26 social workers working within the Social Services system. Seven social workers have left within the last three years at the end of an 11-month contract and
1170 in the last two years seven social workers have resigned.

Hon. Ms M D Hassan Nahon: Mr Speaker, I thank the Minister for that answer. My question is: given the number of social workers who have left, which represents a fair portion of the number of social workers employed, can the Minister enlighten us on whether the Social Services system
1175 is looking into itself in order to find out why it is that there is such a quick turnover, how that might affect the end user, children and the vulnerable, and whether this represents a lack of continuity that might result in overall dissatisfaction or poor standards?

Hon. A J Isola: I said that there were 26 social workers working within the system at present. Seven have resigned over two years – I do not think that is a particularly high number – and seven
1180 have left at the end of their 11-month contracts.

As you know, the Government policy is that wherever there is a vacancy and a local resident can do the job that we require them to do, that is the preferred option of this Government and obviously that will deliver far better continuity of care than having people who come in and leave
1185 from other jurisdictions.

Hon. Ms M D Hassan Nahon: Mr Speaker, is the Minister saying that nationality trumps longevity when you have a short contract among people who may be forging connections, trust and bonds with the end user? Is it more important to ensure that the nationality of that worker is
1190 Gibraltarian over the longevity and the service that that worker might be giving and fulfilling in terms of his or her role to the end user?

Hon. A J Isola: Mr Speaker, if the hon. Lady listened to the answers I give she would not have to get up and ask these questions. I said local residents, nothing to do with nationality. The only
1195 person who has mentioned nationality is the lady herself: local residents.

Clerk: Question 140/2022 –

Mr Speaker: The Hon. Daniel Feetham would like to ask a question.

1200 **Hon. D A Feetham:** Thank you very much, Mr Speaker.

The Hon. Minister said seven had essentially done their 11 months and therefore had left. Presumably their contracts were not renewed or they had themselves decided to leave. He then referenced that with the statement about the Government's policy to fill vacancies with local residents, but have these seven that have left been filled by people who are residing in Gibraltar?

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Hon. A J Isola: Mr Speaker, my understanding is that of the people we need we have them in place, so if somebody was no longer required because an 11-month contract terminated or somebody resigned, then that position would be filled in order to ensure that we have the complement that we need to provide the service that we give. I am not able to say to the hon. Member these four will be replaced. What I am saying is that I am not aware of any that have not.

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Hon. D A Feetham: I ask the question because of course when answering the question from the hon. Lady to my left the implication in the answer appeared to be, 'We have not renewed these seven but the Government has a policy of filling these vacancies with locals.' That appeared to be the reason why and that is the reason why I am asking.

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Mr Speaker, I will come back next time round – or somebody from this side of the House perhaps – to probe the Government further in relation to some of these. Apologies, Mr Speaker, I just wanted to explain that.

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Hon. Ms M D Hassan Nahon: Mr Speaker, can I just ask one more supplementary? I think if I did not make myself clear to the Minister, what my question was angling to was does the Government find it acceptable to have a revolving-door policy perhaps once you take a long term view over a few years of this 11-month contracting of staff in a sector where the users need the continuity?

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Hon. A J Isola: Mr Speaker, the policy and the process of having people covering for each other is probably best known in the medical services area. Locums are brought in every day of the week in every hospital across the entire world to continue to provide services to patients when there is not sufficient resource from within. What we are seeking to do, and I think the hon. Members opposite will agree but the Hon. Mr Feetham has indicated he will come back with further questions and we will answer those when they come ... but if we have local residents we are paying to train who we know are coming back, it does not seem to be sensible, having funded their training, to then say when they come back 'no jobs' because all the jobs have been taken by non-residents. That is the issue.

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If the hon. Lady is suggesting that by having locums we are not providing continuity of care, then I would not agree with the hon. Lady for the reasons I have already given.

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Hon. Ms M D Hassan Nahon: Mr Speaker, can I just pick up something that the Minister just raised? I would like to make him aware – or ask in the form of a question – that there is a cohort of graduates in social care work, which ex-Minister Costa funded and there was a lot of press about it at the time, who are currently sitting without jobs or any opportunities. I asked this question some time ago and was told that there simply are not any, so I would like to ask the Minister where this funding has gone to, considering that I have spoken to a few of them and they are very frustrated that they are not being called upon to the system.

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Hon. A J Isola: Mr Speaker, I am not sure if the hon. Lady is telling us that we should not give 11-month contracts so that we can provide continuity of care – with which we do not agree – and

on the other hand saying we have local cohorts looking for a job and they cannot get into the service. It is one or the other because they diametrically conflict with each other. Either you support the notion that we should have 11-month contracts for non-residents in order to enable the local residents to have those jobs as and when they are trained and ready for those jobs, or not. What you cannot do is in one supplementary ask in one direction and then ask in exactly the contradictory manner the same question.

Hon. Ms M D Hassan Nahon: Mr Speaker, it is exactly the opposite of what I have done. There is an issue where seven social workers have left the system after 11 months and you have a Minister telling me that it is because they want to have a different policy, have residents, and then you have residents who are sitting there without being called up for a job when they have been funded by the same system that is not employing them. The contradictions are not on my side; I am just here to ask questions on the contradictions coming from the Government side and the spending which apparently is not going anywhere in our system.

Hon. A J Isola: Mr Speaker, no, the hon. Lady's first supplementary question was complaining that the granting of 11-month contracts deprives the users of continuity of care, so she was saying that it is wrong to give 11-month contracts. The last question she has asked why aren't we employing the locals who we paid to train and are back.

If we do what she said in the first supplementary question, which is stop the 11-month contracts and employ everyone indefinitely, then there is no chance of them coming back. It has to be one or the other, and that is the answer I have given. As far as we are concerned, we prefer to have locally resident people providing continuity of care within the Health Service, but when we cannot we issue shorter-term contracts.

Hon. Ms M D Hassan Nahon: But, Mr Speaker, that is my question –

Mr Speaker: This is the final supplementary.

Hon. Ms M D Hassan Nahon: Yes. That is my question. How can the Minister say that we cannot when we have people sitting there who have been funded by the taxpayer, who can? It is simple and I do not understand what is not comprehensible about it.

Hon. A J Isola: Mr Speaker, if the people the hon. Lady is referring to are qualified for the vacancies we have, then of course they will be considered. That is exactly what we are trying to do.

Chief Minister (Hon. F R Picardo): Mr Speaker, may I make a point about this matter, because it has arisen on a number of occasions in different guises in this House? It is only a very short point that I think all hon. Members should consider and it is that in relation to these contracts that we sometimes talk about of different longevity or whether or not they become indefinite, the liability is always on the part of the Government. People always seem to ignore in the debate that the employee may decide to go at any time, and then they are not criticised because they may have decided to go to another job which might be in Gibraltar or elsewhere at higher pay or because they simply got fed up with the sector. It is always when the Government says 'you have reached the end of your term of employment period' etc. that there is criticism, but these are contracts which require two parties to them and very often it is the other party that decides not to continue, and that should also be borne in mind.

Q140-43/2022
Dementia sufferers –
Numbers, residence, domiciliary care

Clerk: Question 140/2022. The Hon. Ms M D Hassan Nahon.

Hon. Ms M D Hassan Nahon: How many people have been diagnosed with dementia, and of those diagnosed (a) how many are men and how many are women, and (b) how many men and how many women of those diagnosed with dementia are under 65 years of age?

Clerk: Answer, the Hon. Minister for Health, Digital and Financial Services.

Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola): Mr Speaker, I will answer this question together with Questions 141 to 143.

Clerk: Question 141/2022. The Hon. Ms M D Hassan Nahon.

Hon. Ms M D Hassan Nahon: How many of those individuals diagnosed with dementia are at ERS facilities and how many are in the community, living at home?

Clerk: Question 142/2022. The Hon. Ms M D Hassan Nahon.

Hon. Ms M D Hassan Nahon: Of those Individuals living with dementia in the community, how many are receiving domiciliary care?

Clerk: Question 143/2022. The Hon. Ms M D Hassan Nahon.

Hon. Ms M D Hassan Nahon: How many people with dementia waiting for a bed at ERS are there (a) living at home, (b) at St Bernard's Hospital and (c) at Ocean Views.

Clerk: Answer, the Hon. Minister for Health, Digital and Financial Services.

Hon. A J Isola: Mr Speaker, there are 180 people diagnosed with dementia, of whom 105 are female and 75 are male. Of those diagnosed, there are two females and two males under the age of 65.

There are 141 people diagnosed with dementia residing at ERS facilities. ERS also supports 39 people living with dementia in the community. There will be a number of people living with dementia in the community who are not necessarily receiving support through ERS, i.e. only receiving domiciliary care.

Of the individuals living with dementia in the community, 134 are receiving domiciliary care.

Out of the people living with dementia who are waiting for a bed at ERS, there are four living at home, 13 at St Bernard's Hospital and four at Ocean Views.

Hon. Ms M D Hassan Nahon: Mr Speaker, when we talk about domiciliary care, is the Minister looking to increase the possibilities of that bracket of domiciliary care for patients who are living at home? Does he consider it satisfactory? From my understanding and my experience of people living with dementia, they have concerns and reservations – their families – that the domiciliary care is just a little bit less than they would need, or maybe more than a little bit less. So I would like to know if the Government is reviewing any more domiciliary care for dementia sufferers.

Hon. A J Isola: Mr Speaker, in short, no, I am not aware of the instance that the hon. Lady refers to. I think that the services review each and every case individually and provide the care that they

believe is necessary to support that person with the care that they need. I am not aware of that issue.

Mr Speaker: The Hon. Daniel Feetham.

Hon. D A Feetham: Just in relation to the statistics that he has provided in answer to Question 140 – that is the 180 people who have been diagnosed with dementia – I have noticed that there is a considerable disparity here between female and male: 105 females and 75 males. Is that within international norms? Is that something that the Minister is in a position to answer, whether these statistics are within international norms? There just seems, to me, to be a considerable disparity between the number of females and the number of males suffering from dementia.

Hon. A J Isola: Mr Speaker, I would not be able to comment on that observation. I agree with the observation he has made. I am assuming there will be some reason for it – I will certainly ask – but I do not know the answer to that question.

Mr Speaker: The Hon. Damon Bossino.

Hon. D J Bossino: Mr Speaker, in terms of the numbers, I am not sure if the categorisation is correct, or I may be misunderstanding it. The total number is 180 in response to Question 140, and then the numbers in relation to Question 141 add up ... I think it is 141 – I may not have taken an accurate note – plus 39. But then, with Question 142, the answer for domiciliary care is 134. I am not sure how those numbers correlate. Do you add the 134 to the 141? I am not too sure, because it seems like a bigger ... if you add them all up. I may be misunderstanding how the categorisations work.

Mr Speaker: The Hon. Edwin Reyes.

Hon. E J Reyes: Perhaps if I put the question this way to the Minister: from Question 141 the Minister has told us that there are 39 individuals diagnosed with dementia who are living at home, and then for Question 142 – of those individuals living with dementia in the community how many are receiving domiciliary care – it is 134. If 134 with dementia are receiving domiciliary care, is it correct to assume that they are living at home? So then it does not tally with the answer to Question 141, where there were 39 living at home. That is where the confusion arises for non-mathematicians, like myself, Mr Speaker.

Hon. A J Isola: Mr Speaker, I will happily review the numbers. These are the numbers I have been provided with. I would just say that it also says at the end of the answer to Question 141: 'There will be a number of people living with dementia in the community who are not necessarily receiving support through ERS, i.e. only receiving domiciliary care.' I agree the 134 is larger than I would have expected to have seen and so I am happy to review that and come back.

Hon. D J Bossino: The issue here is that it may have an impact on the overall number. So it may be, indeed, higher than 180, or maybe not, but I think it is a justified question in the circumstances.

Mr Speaker: The Hon. Marlene Hassan Nahon.

Hon. Ms M D Hassan Nahon: Thank you, Mr Speaker.

I do not know if the Minister is aware that the latest figures in 2019 are that there were 449 people in Gibraltar with dementia. How on earth can we now assume that that figure has gone down by more than double? Does that sound about right, Mr Speaker?

Hon. A J Isola: Mr Speaker, I do not know if that sounds about right but I will go back and have a look at the 2019 numbers and see how they compare to what we have today and why there has been any change as suggested by the lady, or at all. It may or may not be right.

1400 **Mr Speaker:** Next question.

Q145/2022

Waiting lists –

Plans to improve waiting times and reduce backlogs

Clerk: Question 145/2022. The Hon. Ms M D Hassan Nahon.

1405 **Hon. Ms M D Hassan Nahon:** Has the new Health Minister got any waiting list incentives to improve waiting times and the general backlog stemming from the COVID pandemic; and, if so, can he expand on these?

Clerk: Answer, the Hon. Minister for Health, Digital and Financial Services.

1410 **Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola):** Mr Speaker, the Director General has launched a review of all waiting times post COVID and will work with clinical colleagues in taking appropriate action. We will continue to discuss these issues in our regular meetings with a view to improving waiting times and backlogs moving forward.

1415 **Hon. Ms M D Hassan Nahon:** Mr Speaker, will these initiatives revolve around the GHA, or will we be seeing more of an outsource strategy, paying extra in order to reduce these waiting lists?

1420 **Hon. A J Isola:** Mr Speaker, there is a review ongoing, as I have said. I would expect the review, once it is completed, to cover whatever is the most efficient way of dealing with the backlog as quickly as we possibly can.

There is, at the moment, for example in the area of dental care, a tender out to private practice to help us to reduce the dental waiting list as quickly as we possibly can and as efficiently as we possibly can, so I suspect that once the review is complete it will be a mixture of how we can reduce this number in the shortest time.

Q146/2022

Urology –

Number of specialists and on-call duties

1425 **Clerk:** Question 146/2022. The Hon. Ms M D Hassan Nahon.

Hon. Ms M D Hassan Nahon: How many specialist urologists are there in the Health Service and how often are they on call?

1430 **Clerk:** Answer, the Hon. Minister for Health, Digital and Financial Services.

Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola): Mr Speaker, there are two consultant urologists in the GHA. At present they are covering the service between them on a one-in-two on-call basis.

Hon. Ms M D Hassan Nahon: Mr Speaker, if we are being covered as a one in two, I believe that poses a risk. Would there not be a better strategy to ensure that urology – emergency urology and on-call urology – is covered all the time and not 50% of the time?

Hon. A J Isola: Mr Speaker, the professionals engaged with providing the quality of care that we require of them have advised that this is adequate and working. The urologists have agreed to continue covering on this basis until the job plan is agreed, which, as I mentioned earlier, is ongoing.

Hon. Ms M D Hassan Nahon: Mr Speaker, I genuinely do not understand. I know that the other side like to say that I do not understand things a lot of the time, but this is one of the times when I do not.

I would like the Minister to answer how a healthcare professional can state that the emergency cover is only ever needing to be available 50% of the time. How can they predict that the other 50% of the time there might not be a terrible emergency and that they know best, that the other 50% of the time it is not necessary to cover? Is the Minister saying that these urologists stare into a crystal ball and they know that on Monday, Wednesday and Friday there is going to be an emergency but on Thursday, Tuesday and Sunday they can be off? How exactly does that work?

Hon. A J Isola: Mr Speaker, I think the characterisation that the hon. Lady has made of the role that these professionals play is inaccurate. If somebody has an emergency, where do they go? They do not go looking for a urologist, they go to A&E, where they get seen by a doctor who deals with the emergency.

The person who is the specialist is on call. The on-call urologist will be much closer to the hospital here than in most parts of the world, so in terms of delivering the service that we believe we require, I think that the professionals advising us have come to the right decision. The hon. Lady is not right in her assessment of giving emergency service: we give it.

Hon. Ms M D Hassan Nahon: Mr Speaker, I really am trying to understand this. If there is a patient, for example, who turns up at A&E with testicular torsion and needs an emergency urologist and there is no emergency cover because it is one in two, and that night, when this patient is dying of testicular torsion, there is no specialist, is the Minister telling me that an A&E doctor will do, that they will scramble for the urologist who is not meant to be on call because, as he says, it is only one in two and that night it is not the one in two?

Hon. A J Isola: Mr Speaker, I do not believe the hon. Lady is qualified to make any assessment of what clinical needs the GHA may or may not have. The professionals have advised us that this works, it works for the community and provides the quality of care that we want for our people, which is the best available.

As I have already said to the hon. Lady, on-call urologists are available to the GHA and somebody who is in an emergency will be dealt with, as everyone else is dealt with, at A&E and a urologist will be made – on call – available for that patient to be dealt with quicker than most hospitals in the world are able to get them, because of the size and geography of our wonderful homeland.

Mr Speaker: Next question.

Mr Speaker: The Hon. Daniel Feetham.

Hon. D A Feetham: Thank you, may I ask ...? Perhaps he does not know the answer to this, but how does this two to one compare to, for example, the United Kingdom or other jurisdictions?

1485 Presumably, in making that decision you have looked at what they do in other jurisdictions and made the decision as to whether this is adequate or inadequate.

1490 **Hon. A J Isola:** Mr Speaker, I have not made any decision, as I have been at pains to stress to the hon. Lady in my answers. The professionals have made the decision. The professionals have given the advice and the professionals who are responsible for all operational aspects of the GHA have made that decision. I do not know, but I am sure they do, what the position is in other countries. I am sure that forms part of their assessment as to what they believe the GHA requires in order to provide the quality of care that we require of them.

1495 **Hon. D A Feetham:** Mr Speaker, bearing in mind that the hon. Lady has brought it to the House, there is obviously a concern about that. Ultimately I understand that he does not make the decisions personally, that of course it is the GHA that is making the decisions based on advice that is provided by the professionals, but I would have thought that if something has been brought to this House the Hon. Minister would be interested in at least ascertaining whether this is comparable favourably to other jurisdictions. Will he undertake to go back and ask that question of the professionals concerned?

1500 **Hon. A J Isola:** *[Inaudible]* ... that it is good enough and I think there is really nothing more to talk about. To have a urologist on call in Gibraltar for the provision of care to our patients I believe to be absolutely reasonable and I am very grateful to the professionals who have given us the advice to be able to do that.

Mr Speaker: I think we need to move on now.

Q147/2022
Tubal ligation –
Current policy re women under 30

1510 **Clerk:** Question 147/2022. The Hon. Ms M D Hassan Nahon.

Hon. Ms M D Hassan Nahon: What is the current policy on what is commonly known as ‘tube tying’ for women under 30 years of age at the GHA?

1515 **Clerk:** Answer, the Hon. Minister for Health, Digital and Financial Services.

Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola): Mr Speaker, the GHA provides access to sterilisation procedures where, in the opinion of the consultant, there is a clinical indication to do so and where tubal ligation is considered the best clinical option for sterilisation.

1520 **Hon. Ms M D Hassan Nahon:** Mr Speaker, can I ask the Minister, given that there are so many reviews going on since the community legalised abortion – and I think, whatever side of the argument one is on, we all want to keep them safe and rare – would the Minister be persuaded or is he at all having any discussions about making this more of a widely available option for women who want to be sterilised and not have to face the potential eventuality of going for an abortion instead?

1525 **Hon. A J Isola:** Mr Speaker, of course I am interested in anything that can deliver better care to our people. What I would say to the hon. Lady is that I have no doubt that this and everything

1530 else will form part of the review that is being carried out. Whether it is deemed to be okay or needs change or improvement in one way or another is yet to be seen, but I would tell the hon. Lady that there are three patients under the age of 30 in the last year who have had this, all for clinical reasons.

1535 **Mr Speaker:** Next question.

Q148/2022
Defibrillators –
Maintenance

Clerk: Question 148/2022. The Hon. Ms M D Hassan Nahon.

Hon. Ms M D Hassan Nahon: What is the GHA policy on maintenance of defibrillators around the city?

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Clerk: Answer, the Hon. Minister for Health, Digital and Financial Services.

Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola): Mr Speaker, by way of background the GHA has advised that defibrillators were very kindly fundraised and purchased by the Gibraltar Cardiac Association.

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The advice of the ambulance staff was obtained in connection to the placing of the defibrillators around Gibraltar. GHA ambulance staff do review defibrillators as and when required. However, this is being looked into with a view to having a more formal arrangement being implemented as to their maintenance.

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Hon. Ms M D Hassan Nahon: Mr Speaker, it is my understanding that several of them are not working properly. I would ask the Minister in good faith to perhaps find out whether this is indeed the case, to ensure that they might work better and potentially help to save a life.

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Hon. A J Isola: Mr Speaker, if the hon. Lady lets me have that information, I will ensure that they are checked and are working as they should be.

Q149/2022
Ambulances –
Supply and management

Clerk: Question 149/2022. The Hon. Ms M D Hassan Nahon.

Hon. Ms M D Hassan Nahon: Is Government satisfied with the supply and management of our emergency and transport ambulances?

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Clerk: Answer, the Hon. Minister for Health, Digital and Financial Services.

Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola): Mr Speaker, although the GHA has not had issues in the past with the sourcing and supply of emergency and transport ambulances, the GHA is not satisfied and is disappointed with the delays with the recent purchase. The GHA, however, recognises that the delays have been due to the

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conversion of the vehicles and the required microchips, of which there have been shortages due to the pandemic. These issues have not only affected Gibraltar but worldwide. Two new ambulances are expected to arrive in September of this year.

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

I have had several representations, which I would happily share with the Minister behind the Speaker's Chair just to show him the veracity of these representations; these have been life-or-death situations.

Given that he has generously explained that they are waiting for more vehicles in order to improve the service, I would like to ask him how are incidents documented, if at all? How are they reported and fed back to the service so that he can understand the data which is out there of failings that are affecting people in our community?

Hon. A J Isola: Mr Speaker, the Director General is very much on the case in respect of ambulances. They form an important part of his review and he has some interesting ideas as to the way forward for our community to get better care quicker when ambulances are needed.

I think that the data available is now being considered and reviewed, and the extent of the data available is improving, which will help him in that assessment to ensure that the kind of incidences that the hon. Lady refers to do not happen in the future. If she has examples, I would be happy to receive them. All I will do is pass them on to ensure that that data is already with them; if not, it will be helpful for them to have it.

Q150/2022
Mortuary –
Location and plans

Clerk: Question 150/2022. The Hon. Ms M D Hassan Nahon.

Hon. Ms M D Hassan Nahon: What is the current status of the location where the mortuary has always been, and what are the plans for the mortuary now that the pandemic has eased?

Clerk: Answer, the Hon. Minister for Health, Digital and Financial Services.

Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola): Mr Speaker, this is currently under review.

Hon. Ms M D Hassan Nahon: Mr Speaker, so many reviews going on. I would like to know a little bit more about perhaps how long this review in particular might take, because of course Gibraltar being such a close-knit community, I know from many people I speak to that they really miss having a location to grieve the recently passed when it does happen, and there are many in our community feeling quite aggrieved by the current practices which are perhaps what we see in other countries but not what we are used to in this community.

I would appreciate it if the Minister could give us some kind of timeline as to when this mortuary status of limbo will be illuminated upon the community, because this is a very sensitive issue that people want to understand what to do with when the inevitable happens.

Hon. A J Isola: Mr Speaker, I accept that and I think that it is important in our community to be able to grieve with families in the way that the hon. Lady has described.

As the hon. Lady will know, during COVID the whole place was just shut off, for obvious reasons, and as a result of that it has led to a rethink. This is a cross-department rethink as to what we should do and how we should do it.

I am afraid I am not able to give much more detail than I did in respect of the general review that is being carried out, which will be completed in the coming months. In terms of timetable I cannot be more specific than that because this service and many of the other services that we hope to bring back faster and better post COVID are all forming part of the one review of the global services the GHA provides, so I would ask the hon. Lady to be a little patient and give us some time to come back with some thinking on that.

Hon. Ms M D Hassan Nahon: Mr Speaker, I thank the Minister for his answer. I just want to ask if at all the Health Ministry is considering outsourcing this service to another location outside of the Hospital, as we see in nearby La Linea, for example, or if the system will stay within our GHA.

Hon. A J Isola: Mr Speaker, I would not wish to pre-empt the review, but I am sure the review will consider all options and report back to us.

Q151/2022

**GHA staff professional development –
Support re secondment**

Clerk: Question 151/2022. The Hon. Ms M D Hassan Nahon.

Hon. Ms M D Hassan Nahon: Is the Health Minister satisfied with his Ministry's level of support towards its staff with reference to professional development in the form of secondment for those within the organisation?

Clerk: Answer, the Hon. Minister for Health, Digital and Financial Services.

Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola): Mr Speaker, I am unsure as to what the hon. Lady is referring to in her question.

As from 10th January 2022 the Ministry of Health – my predecessor's team – was seconded to the offices of the Director General.

Hon. Ms M D Hassan Nahon: No, Mr Speaker, I do not think that the Minister has – Sorry, did you finish? I do not think he understood my question in terms of what I was getting at. If I can just explain, I have received some representations that the GHA is no longer supporting staff in expanding their professional development in the form of secondment.

In terms of the representations I have had from a few enrolled nurses who have reported that they were told that they could do their third-year top-up at Gibraltar University, they were told that they could apply after working for two years, which would then make them registered general nurses. They started this process and within a week they were cut off with the excuse of no funding available. Apparently there is only a two-year bracket in which to do this, so if they do not do it after the two years they have to start from scratch for the three years of university all over again, even though they have already banked two, as such. This cut means that none of these individuals can continue their development to further their careers and raise standards, effectively, for the GHA and for all of us. I know that this has led to a certain level of demotivation for these nurses who really want to expand their careers.

Would the Minister be willing for me to perhaps explain this to him in detail behind the Speaker's Chair and perhaps find out whether there is any possibility of allowing these nurses,

who want to continue their development, to find a place in which to do it in the correct timeframe?

1660 **Hon. A J Isola:** Mr Speaker, yes, and my apologies because we have completely misunderstood the question that the hon. Lady was asking. If the hon. Lady were to detail that to me I would be very happy to pass it on and get a response for her in terms of what the issues are, if there are any – because I am not familiar with the issue that the hon. Lady has raised – and then come back to her. So, yes, I would very much welcome that.

Q152/2022
GHA executive board –
Selection of members

1665 **Clerk:** Question 152/2022. The Hon. Ms M D Hassan Nahon.

Hon. Ms M D Hassan Nahon: How were the new GHA executive board members selected?

Clerk: Answer, the Hon. Minister for Health, Digital and Financial Services.

1670 **Minister for Digital, Financial Services, Health Authority and Public Utilities (Hon. A J Isola):** Mr Speaker, there are six executive directors on the GHA board. The appointments were made as follows: Director General appointed by the GHA Chairperson; Medical Director appointed by the GHA Chairperson; Director of Nursing appointed by the GHA Chairperson; Executive Head of ERS appointed by the GHA Chairperson; Executive Head of Workforce appointed by the GHA
1675 Chairperson; and Director of Finance, currently vacant, appointed by the Chairperson as and when that person is appointed.

Hon. Ms M D Hassan Nahon: Mr Speaker, can I just confirm that these are remunerated positions?
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Hon. A J Isola: Mr Speaker, these are all professionals within the GHA.

Mr Speaker: The Hon. Roy Clinton.

1685 **Hon. R M Clinton:** Mr Speaker, I do not know if I understood the Minister correctly. He just said they are all GHA personnel, yes?

Hon. A J Isola: Professionals.

1690 **Hon. R M Clinton:** I was looking through the press release and the non-executive directors of the board. Certainly there is an accountant who is not a health professional there.

Hon. A J Isola: Mr Speaker, the question was how were the new GHA *executive* board members selected, and that is the answer I have given. They are all executives within the GHA, the Director General, the Medical Director, the Director of Nursing, etc.
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Hon. R M Clinton: Sorry, I understand now.

Mr Speaker: There is a further supplementary coming from the Hon. Roy Clinton.
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Hon. R M Clinton: Thank you, Mr Speaker.

In terms of remuneration, are the non-executive directors receiving any fees?

Hon. A J Isola: No, Mr Speaker, it is entirely honorary.

Chief Minister (Hon. F R Picardo): Mr Speaker, would this be a convenient moment for the House to recess for 15 minutes before we continue with questions on the environment?

Mr Speaker: The House will recess for 15 minutes and we will return at 6.25.

The House recessed at 6.07 p.m. and resumed at 6.27 p.m.

Procedural

Mr Speaker: The Hon. Prof. John Cortes would like to say a few words before we start the session.

Minister for the Environment, Sustainability, Climate Change and Education (Hon. Prof. J E Cortes): Thank you. Mr Speaker, as I explained to you earlier, I have been suffering from a cough for a few days. I have been tested for COVID and I am negative – it is probably a bad cold or an allergy – so I am going to try to work my way through all the answers. It is possible that I will get a coughing fit and I will have to leave without being able to excuse myself, so I am excusing myself now. My hon. Friend Minister Linares will read any answers and I will come back after a few minutes and deal with the supplementaries.

The Opposition can, of course, withdraw all their questions and save me the trouble, but as I guess they are not going to, with your leave and the understanding of the House I will try to soldier through.

Thank you, Mr Speaker.

Clerk: Question 51/2022. The Hon. E J Reyes.

Mr Speaker: Before we continue, because some of these answers are quite lengthy why don't we allow Minister Linares to answer the questions and you can reserve yourself for the supplementaries? That might be the way forward, but it is entirely up to you.

Hon. Prof. J E Cortes: I am grateful to you, Mr Speaker, but I would like to give it a go. I am a little bit better than I have been over the last few days. If I find that I am struggling then I will take you up on your kind offer. Thank you.

ENVIRONMENT, SUSTAINABILITY, CLIMATE CHANGE AND EDUCATION

Q51/2022

Gibraltar Young Minds – Update

Clerk: Question 51/2022. The Hon. E J Reyes.

Hon. E J Reyes: Mr Speaker, can the Minister for Education provide an update in respect of the set-up known as Gibraltar Young Minds, which is, or was, run by a GHA employee seconded to the Department of Education?

1740 **Clerk:** Answer, the Hon. Minister for the Environment and Education.

Minister for the Environment, Sustainability, Climate Change and Education (Hon. Prof. J E Cortes): Mr Speaker, Gibraltar Young Minds is a specialist mental health service for children and young adults which was set up internally by the GHA on the arrival of new members to the clinical psychology team, with input from the consultant psychiatrist with responsibility for these service users. The Department of Education, which had conducted a comprehensive review of mental health, social and emotional needs in schools and the College in Gibraltar through a GHA employee seconded to Education, collaborated from an education perspective but was not leading or running this GHA service.

1750 The seconded individual together with the Educational Adviser for Child Welfare actively engaged with GHA and Care Agency colleagues to share outputs from the phased review and plan the development of referral pathways between organisations, and in particular those specific to school counsellors recently appointed. The Department of Education is a signatory to a memorandum of understanding with the GHA and the Care Agency which identifies priorities that all three agencies will work together to address in respect of children's mental health.

1755 The employee mentioned continues to work with the Director of Education, the Adviser for Child Welfare, Adviser for Special Educational Needs, educational psychologists and school counsellors along with staff across the service to continue to enhance and develop the education mental health strategy.

1760 I am informed that the GHA service is fully up and running.

Hon. E J Reyes: Thank you, Mr Speaker. Within all the information the Minister has given me, is he aware if the GHA employee is still seconded on a full-time basis at the Department of Education, or is it as and when he can be released from other GHA duties?

1765 **Hon. Prof. J E Cortes:** Mr Speaker, he is seconded on a full-time basis.

Q52-53/2022
Counsellors and educational psychologists –
Numbers available

Clerk: Question 52/2022. The Hon. E J Reyes.

1770 **Hon. E J Reyes:** Can the Minister for Education confirm that there are now six counsellors readily available in schools as per Government's election manifesto?

Clerk: Answer, the Hon. the Minister for the Environment and Education.

1775 **Minister for the Environment, Sustainability, Climate Change and Education (Hon. Prof. J E Cortes):** Mr Speaker, I will answer this question together with Question 53.

Clerk: Question 53/2022. The Hon. E J Reyes.

1780 **Hon. E J Reyes:** How many educational psychologists are currently employed at the Department of Education to serve all schools?

Clerk: Answer, the Hon. the Minister for the Environment and Education.

Hon. Prof. J E Cortes: Mr Speaker, there are currently four school counsellors employed. Recruitment will continue for additional counsellors during the lifetime of this Parliament.

1785 There are currently two educational psychologists employed at the Department of Education.

Hon. E J Reyes: Mr Speaker, since there are two questions, I have two minor supplementaries.

1790 The counsellors are still four in number, although I gather that it is the intention to aim to have six. Does the Minister have an indication by when he hopes the selection process will be complete?

1795 In respect of Question 53 the Minister has confirmed there are two educational psychologists, but it is my understanding that we used to have three, so is the other one a vacancy that they are in the process of filling or has it been decided to cut down the number of educational psychologists?

1800 **Hon. Prof. J E Cortes:** Mr Speaker, I cannot tell the hon. Member when the recruitment will be completed. Clearly recruitment has been stalled as a result of the pandemic, but obviously it is still an aim; they are important posts and the Government still believes that they are important posts.

1805 In the case of educational psychologists, that is not quite correct. The number has been two substantive ... There has been one trainee who has been able to deal with some sessions, but because one of the former educational psychologists was promoted to education adviser, the trainee then slotted into that post and we are now looking at the possibility of engaging another trainee to understudy. So there have not been three. The fact is there have been three people but one of them has been a trainee.

Hon. E J Reyes: Thank you for that clarification, Mr Speaker.

1810 Can I refer him back to the counsellors, the four that are available for schools? Is the Minister aware, because the secondary schools tend to be large in size, if these counsellors are in situ on a school-organised basis, or are they based elsewhere and have to be called in by the school and wait for them to be able to come down? I am pointing that question toward the advantage of having a counsellor readily available with immediate effect, if need be, in schools with a thousand pupils each.

1815 **Hon. Prof. J E Cortes:** It does not usually work like that. The counsellors do not normally deal with a critical case; they deal with referrals through educational psychologists or from the school teams.

1820 The counsellors were new. They were added by this administration around the time of the new comprehensives, the new secondary schools, and they are based there, but obviously they are available to all the schools.

Mr Speaker: Next question.

Q54/2022

Educational psychologists and the GHA – Evidence of multi-disciplinary approach

Clerk: Question 54/2022. The Hon. E J Reyes.

1825 **Hon. E J Reyes:** Can Government provide details of any multi-disciplinary approach currently in place for the benefit of pupils between the Department of Education's educational psychologists and the Gibraltar Health Authority?

Clerk: Answer, the Hon. the Minister for the Environment and Education.

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Minister for the Environment, Sustainability, Climate Change and Education (Hon. Prof. J E Cortes): Mr Speaker, the two educational psychologists currently employed at the Department of Education are involved in a number of multi-disciplinary workstreams with staff from the Gibraltar Health Authority and indeed other agencies.

1835 The educational psychologists attend paediatric multi-disciplinary reviews when invited to attend these by GHA staff. The educational psychologists liaise with relevant staff – primarily paediatric therapists and consultant paediatricians – from the GHA when they have shared cases of children and young people in common. They also attend educational multi-disciplinary reviews for pupils attending Government schools and other educational settings, and relevant GHA staff, primarily paediatric therapists and consultant paediatricians, are invited to attend when they are supporting the children and young people who are being reviewed. They form part of joint workstreams and work alongside relevant staff from the GHA and other agencies providing strategic liaison on pathways and policies pertinent to children and young people with additional needs – for example, the ASD pathway. The educational psychologists work closely with relevant staff from the GHA and other agencies to support pupils, particularly at times of transition across schools and across sectors, to ensure as smooth a transition as possible for the children and young people. They form part of the gazetted Special Educational Needs Assessment Panel, which also consists of GHA staff and Care Agency staff, to ensure children and young people's educational needs are met. They form part of the Disability Panel, which also consists of GHA staff and Care Agency staff, to discuss the needs of children and young people with disabilities in our community.

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Mr Speaker: Next question.

Q55/2022

Special needs learning support assistants – Number available in primary schools

Clerk: Question 55/2022. The Hon. E J Reyes.

1855 **Hon. E J Reyes:** Can the Minister for Education provide details of how many special needs learning support assistants are presently available in primary schools?

Clerk: Answer, the Hon. the Minister for the Environment and Education.

1860 **Minister for the Environment, Sustainability, Climate Change and Education (Hon. Prof. J E Cortes):** Mr Speaker, there are currently 122½ – clearly there is one part-timer – special needs learning support assistants (SNLSAs) assigned to support children in Government primary schools. In addition, there are currently a total of 51 such assistants assigned to support children in St Martin's School. Please note that St Martin's School caters for children and young people across the compulsory school years, which includes children of primary school age and children beyond primary or secondary school age.

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It is important to note that the assigning of SNLSAs to educational settings is entirely needs dependent. That is to say that the allocation of SNLSAs to educational settings is dependent on the particular needs of the children who attend those settings at that specific time. Each

1870 educational setting's requirements are subject to change as pupils' needs change, pupils develop, emerging needs are identified or pupils transition to a different educational setting. The number of SNLSAs assigned to each educational setting is dependent on the specific needs of each cohort of children each academic year.

1875 **Hon. E J Reyes:** Thank you, Mr Speaker. I think the Minister has clarified some things there for me. Am I correct in deducing that because it is demand led, the 122½ in the primary schools which is lower and upper primary ... you could have a case that comes in September, the numbers in the lower primary could be lowered because as a pupil moves into upper primary the individual pupil takes it with him, and then there will be the whole process of the new reception year kicking in, 1880 the cohort? Is that a correct assumption, so that I know for future reference?

Hon. Prof. J E Cortes: Yes, Mr Speaker, that is correct.

Q56/2022

Bayside and Westside Schools – Use of workshops designated for vocational courses

Clerk: Question 56/2022. The Hon. E J Reyes.

1885 **Hon. E J Reyes:** Can the Minister for Education provide details of what usage is being made of the workshops situated on the ground floors of both Bayside and Westside Schools which were purposely designated for vocational courses and trades such as mechanics and wet trades?

Clerk: Answer, the Hon. the Minister for the Environment and Education.

1890 **Minister for the Environment, Sustainability, Climate Change and Education (Hon. Prof. J E Cortes):** Mr Speaker, some of these areas are currently being used to support the learning and teaching of existing curriculum subjects. This is the case for the engineering workshop. The garage and wet trade areas are currently not in use.

1895 **Hon. E J Reyes:** Mr Speaker, if the garage and wet trades areas are currently not in use, is it that we are waiting for these particular courses to kick in, or is it that we have now abandoned, for example, the wet trade courses and therefore management would have to rethink their usage?

1900 **Hon. Prof. J E Cortes:** No, Mr Speaker, the courses have abandoned us. City and Guilds, quite unfortunately, discontinued a number of courses from 1st August 2021: Level 2 Technical Engineering vehicle, Technology, Design and Planning in the Built Environment, and Cookery and Service for the Hospitality Industry. They are carrying out a whole review and they were the courses that we were going to offer, so unfortunately they are not available. The Department of 1905 Education is, however, in contact with other authorities with a view to being accepted as a location for these courses, and obviously as soon as we are able to start those courses we have the facilities available. Unfortunately it was completely beyond our control and the courses that we were going to offer have ceased to be offered by City and Guilds.

Q57/2022

**Vocational training –
Details of courses delivered in secondary schools**

Clerk: Question 57/2022. The Hon. E J Reyes.

Hon. E J Reyes: Can Government provide details of vocational courses being delivered at our secondary schools for the academic year 2021-22 together with details of numbers of students following these courses, the educational establishment delivering the courses, the completion date of the courses and the qualifications obtainable upon successful completion of said courses?

Clerk: Answer, the Hon. the Minister for the Environment and Education.

Minister for the Environment, Sustainability, Climate Change and Education (Hon. Prof. J E Cortes): Mr Speaker, there are a total of 18 students who will complete their Level 2 Hair and Beauty course delivered at Westside and Bayside Schools in salons that were created. Unfortunately those courses were not discontinued and they will be completing this academic year. An additional nine from Bayside School and seven from Westside School are expected to complete the same Hair and Beauty course next year.

We have 78 students at Bayside and 23 students at Westside who will complete their Level 2 Digital Technologies qualification at the end of this academic year. A further 24 students from Bayside and 12 from Westside are expected to complete their Level 2 Digital Technologies qualification in 2023.

We must not forget that we also have 125 students at our secondary schools and 286 at the Gibraltar College who are following courses which are vocationally assessed. That is they are in subject areas not traditionally considered as vocational subjects but are being assessed in a vocational manner. This includes the four students who are now working towards the new Music Performance qualification which has been introduced this year. This number does not include the students who at some points in the journey complete ASDAN qualifications, which are vocationally assessed at Levels 1 and 2 at our secondary schools.

Hon. E J Reyes: I am very grateful for that information, Mr Speaker.

The Minister went on to save me the trouble of having to specifically go on to something ... He has given us the example of the music courses and so on. Can he confirm that these would end up leading to a Level 1 or Level 2 qualification and, the same as before, an estimated completion date when they are bound to finish this current examination period, or is there still another year to go?

Hon. Prof. J E Cortes: Mr Speaker, the Music Performance course is a two-year course, so it is due to finish next year and it is an A-level equivalent. *(Interjection)* Yes. The Music Performance course which is being offered by the College in association with the Academy of Music and Performing Arts is A-level equivalent.

Hon. E J Reyes: Thank you that's helpful Level 3, rather than a Level 3, Am I correct?

Hon. Prof. J E Cortes: Yes, Mr Speaker, but it has the same value for university purposes.

Hon. E J Reyes: I know there is a Minister on that side of the House as well with that sort of educational experience.

The Level 2 is considered more or less equivalent to a GCSE, or it should be accepted internationally as that, and therefore the Level 3 is an A-Level; and the Level 1 – which unfortunately in some private sector markets is not given as much credit but from an educational point of view is also worthwhile – is equivalent to a foundation and almost quasi-GCSE?

Hon. Prof. J E Cortes: Yes, absolutely, Mr Speaker, and this actually opens up an opportunity for young people who may not have wanted or may not have been able to follow a more strictly academic route, to gain qualifications which will serve them well in future life.

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Q58/2022
School leaving age –
Update re possible changes

Clerk: Question 58/2022. The Hon. E J Reyes.

Hon. E J Reyes: Can the Minister for Education provide updated details in respect of any possible changes it hopes to introduce in respect of the school leaving age, so as to bring this into line with the United Kingdom?

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Clerk: Answer, the Hon. the Minister for the Environment and Education.

Minister for the Environment, Sustainability, Climate Change and Education (Hon. Prof. J E Cortes): Mr Speaker, the Government is considering increasing the school leaving age to 16 in its current review of the Education Act.

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

We have spoken about this in the past, so it is still a work in progress, but looking further into the details of the United Kingdom, it is not as simple as saying the school leaving age is 16. The student may leave school at 16 if up to the age of 18 they are enrolled in a type of apprenticeship or employment programme that would teach them some skills and gain experience. Is the Minister inclined to hope that Gibraltar will follow a bit more that route? In other words, it is not a question of simply reaching a given birthday, like 16, and then saying the individual can stay at home and roam the streets, but rather that they be engaged in a recognised type of programme, as seems to be the case in the United Kingdom?

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Hon. Prof. J E Cortes: Mr Speaker, I personally would not be inclined to be so prescriptive. I am not sure that that may not be the outcome, but certainly that is not the way we are going at the moment. But as I said, this is currently under consideration in a wide review of the legislation and is something that clearly is under discussion. My personal view is that we should not be so prescriptive.

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Q59/2022
Scholarship contracts –
Total amount outstanding re courses not completed and action taken

Clerk: Question 59/2022. The Hon. E J Reyes.

Hon. E J Reyes: Mr Speaker, can Government provide updated details of the grand total debt outstanding from students who have not successfully completed any courses for which they were granted scholarships, together with details of what actions are being taken against debtors who are failing to make repayments as required by their scholarship contracts?

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Clerk: Answer, the Hon. the Minister for the Environment and Education.

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Minister for the Environment, Sustainability, Climate Change and Education (Hon. Prof. J E Cortes): Mr Speaker, the grand total debt outstanding as at 6th May 2022, when the answer was compiled, amounts to £1,107,436.20. Debtors who fail to honour repayments despite several written reminders are referred to the Central Arrears Unit.

Hon. E J Reyes: Mr Speaker, I am glad to know that the Minister has done a good job: he has reduced by £199,000 the debt as of when he answered my Question 544.

Just a small point of clarification. In the past the Minister has answered and given me a footnote saying that those students who have not been referred to the Central Arrears Unit have been chased up by the Department of Education, and in today's answer he has made, again, a reference to the Central Arrears Unit. Is it a question of the Department of Education having first tried to contact these people trying to deal with them and all the pending cases now pass fully to the Central Arrears Unit so that the Department of Education per se has done its job and it is now all centralised at the Central Arrears Unit?

Hon. Prof. J E Cortes: Yes, the Department of Education tries to assist, in a friendly manner, families who are facing the obligation to pay a debt which they would rather not pay. We are sensitive about it and the Department talks to the families and writes to them. On occasion, they reach a payment agreement, depending on means and so on, but clearly there are times when the Department is unsuccessful and it is those cases that are referred to the Central Arrears Unit. I believe that most of the older cases are now with them, but clearly these things happen all the time so it is quite dynamic. There will be new cases that maybe have happened a week or two ago and one or two that are coming in a week or two's time.

It is unfortunate. It has to be dealt with. The Department is as sensitive and understanding as possible, but the debt is there and they will try to recover it.

Hon. E J Reyes: Thank you, Mr Speaker. I tend to concur with the Minister that one has to approach sensitively those students who may have entered into difficulties and may not be able to complete their courses.

Given that we are now towards the end of an academic year, would the Minister accept ... 'advice' may be the wrong word ... a proposal from me that as some students now approach their final exams, if for medical or other genuine reasons they are unable to complete those studies, rather than become a debtor the Department of Education has an information leaflet giving them in bullet points what course of action the individual may take? For example, that individual could re-enrol next September at the university and sit any pending exams they have. Therefore, they comply with the requirement of having successfully completed their course, they do not become debtors to the Department of Education and all it requires is a small investment from their family for an extra term, or whatever the individual [inaudible] Would the Minister for Education take on board perhaps having a little information booklet or sheet with bullet points, or whatever, to assist students through these difficulties and thus enable them not to become debtors and eventually be referred to the Central Arrears Unit?

Hon. Prof. J E Cortes: Mr Speaker, the information is provided when young people and families come. Whether it is in the form of a booklet ... It is more likely in the form of a pdf or an email. There are meetings held.

Obviously there are situations where, for example, it is for medical reasons that can be confirmed as genuine medical reasons. Obviously these are situations that could be abused. I think that is relatively rare but it is possible, so we have to be absolutely certain that the reasons are legitimate and there is a sympathetic interchange.

Quite the format of the information I am not absolutely aware of, but I am sure that the Department shares and assists as much as possible.

Mr Speaker: Next question.

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Q60/2022

**Vaping within school precincts–
Confirmation of reports received**

Clerk: Question 60/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

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Hon. K Azopardi: Mr Speaker, can the Government state whether reports have been received by the Department of Education as to the prevalence of children vaping in and within the school precincts?

Clerk: Answer, the Hon. the Minister for the Environment and Education.

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Minister for the Environment, Sustainability, Climate Change and Education (Hon. Prof. J E Cortes): Mr Speaker, there have been some reports of vaping coming from parents, other pupils and external agencies such as Public Health, but the secondary schools had already identified the issue within their own institutions.

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The issue is being addressed in various ways including multi-agency collaboration, education on the dangers of vaping via sharing information on Google Classroom and school Twitter accounts, education on the dangers of vaping through the curriculum and sharing of resources via Public Health and PSHE working parties, identification of areas in school premises that are being used to vape and monitoring of these areas, liaison with parents/carers of pupils identified as vaping on school premises, liaison with RGP, parents/carers and students found vaping, and communication with RGP as regards concerns over illegal purchasing of vaping apparatus.

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In most cases the school has identified the specific vaping behaviour and contacted the parents. School staff have found that children who would prefer not to come to school have used vaping by other students as an excuse and have painted a more negative picture than what is happening in reality. For example, a child with friendship issues who did not want to come to school said he had not gone to school because this was happening.

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School staff have found that some of the reports of vaping have not resulted from first-hand observations of young people vaping. School staff feel that the vaping behaviour is one that only a small minority of young people engage in, and whilst they of course want to raise awareness as to the dangers, curb the behaviour and prevent others from following suit, they are not of the opinion that this is a widespread issue of significant concern.

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Hon. K Azopardi: Mr Speaker, can the Minister help us by telling us whether he has any information on the numbers of children who have been observed first hand and – because he made a distinction in his answer about the first hand observation and then the second-hand reports – the number of second-hand reports?

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Hon. Prof. J E Cortes: Mr Speaker, I have not been provided with those figures in the answer, but I am happy to chase them up and share them with the Hon. Leader of the Opposition and the Hon. Mr Phillips. I will do that very soon.

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Hon. K Azopardi: Finally on that, he has spoken about awareness and so on, but to the extent that there has been first-hand observation, what kind of action are teachers recommended to take?

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Hon. Prof. J E Cortes: I tried to summarise some of them, but they are spoken to, their parents are spoken to; if it is something that is getting out of hand then there might be police intervention, but normally, as the Hon. the Leader of the Opposition knows, the school will try to deal with it internally, try to give advice and try to stop the behaviour. It is challenging, of course. Smoking ...
2100 it is another version of that, but the school tries to control it as best it can.

Q61-62/2022

Used motor vehicles –

Intentions re banning non-hybrid/electric vehicles and promoting electric vehicles

Clerk: Question 61/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

Hon. K Azopardi: Mr Speaker, can the Government state its position on the importance of gas-guzzling used motor vehicles and confirm whether it intends to ban the importation of non-hybrid/electric motor vehicles?
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Clerk: Answer, the Hon. the Minister for the Environment and Education.

Minister for the Environment, Sustainability, Climate Change and Education (Hon. Prof. J E Cortes): Mr Speaker, I will answer this question with Question 62.
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Clerk: Question 62/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.
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Hon. K Azopardi: Mr Speaker, can the Government confirm what steps it is taking to encourage and promote electrification of motor vehicles in order to further the decarbonisation agenda?

Clerk: Answer, the Hon. the Minister for the Environment and Education.

Hon. Prof. J E Cortes: Mr Speaker, electrification of the vehicle fleet is one of the principal ways in which we will be decarbonising transport.
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Import duty for electric vehicles is zero and cashback incentives are available of £250 for a hybrid vehicle and £2,500 for a full electric vehicle.

For the past three years any individual tax payer installing an electric vehicle charging point has been able to deduct the first £2,000 of the costs against their tax liabilities and we are considering extending this scheme due to increased interest. A cashback incentive of £150 is available for fully electric motorbikes and £200 for electric bicycles.
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By 1st July 2030 every vehicle registered in Gibraltar will have to be at least a hybrid. This applies to new and second-hand vehicles being registered for the first time in Gibraltar as from the 1st July 2030.
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As from 1st July 2035 Gibraltar will only allow the registration of fully electric vehicles where the propulsion of the vehicle does not in any way rely on the internal combustion engine, whether fuelled by diesel or unleaded petrol.

The Ministry of Transport is also working on the rollout of further public electric vehicle charging points in addition to those already available at Midtown car park.
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Government has committed, within the Climate Change Strategy, to purchase only electric or at minimum hybrid vehicles as of next year. The Government's position on combustion engine motor vehicles is clearly and comprehensively laid out in the Gibraltar Climate Change Strategy, which includes a roadmap for the decarbonisation of the transport sector. A ban on the
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importation of petrol and diesel mopeds will be introduced as from 2023. In addition, and in order to prevent the market from continuing to be filled with older, more polluting vehicles, the Government will also ban the importation of used passenger cars and light commercial vehicles with combustion engines in 2023. As part of its medium-term roadmap to net zero, the Government will introduce an outright ban on the sale and importation of new conventional petrol and diesel cars, vans and motorbikes as from 2026. Moreover, no vehicles fuelled by petrol will be allowed to be registered by 2030.

Hon. K Azopardi: Mr Speaker, I welcome the hon. Member's answer on all those fronts.

It struck me, listening to him, that I guess the success of that agenda must presumably depend to some extent on the number of electric charging points there are around Gibraltar. Does he have an idea of how many there are now – I do not, but he might – and how many he thinks are needed for a successful strategy, given the clear schedule of timescales of the banning of certain vehicles that he has rolled out? Does he have an idea, in the strategy that has been carved out, how many charging points are required? And then thirdly – I will just ask the question so I do not have to get up again – the kind of investment that he thinks needs to be made in terms of providing charging points?

Hon. Prof. J E Cortes: Mr Speaker, I do not have the figures. I would say that at the moment we certainly do not have enough and there is pressure from vehicle purchasers for more.

I can say that we are in discussion with industry and they are working together with us to try and develop ... They themselves are having to respond to the move towards electric vehicles from manufacturers, so it is something that we are working together on because this is happening around the world. Again, this is something that we are working with industry on to determine how many we would need.

There are cities in other parts of the world that are developing electric vehicle charging hubs, very much like a petrol station but multi-layered for that purpose. It is a challenge that we will be facing like the rest of the world will be facing. I suppose it is not really more of a challenge than when people used to drive horse-driven carts and said, when they heard about petrol, 'How on earth are we ever going to have stations to fill up with petrol all around the country?'

So it is a challenge that is coming, but I am confident that, working within Government Departments and very closely with industry, we will be able to have a roadmap for that process which will be superimposed on the aims that I have described today.

Hon. K Azopardi: I hear what the hon. Member says, but given that the Government has quite clearly set out a roadmap of dates would it not be also sensible to have collated statistics on the number of charging points there are? From my own limited research on it, it is not the same as filling up a car with petrol, which may take three or four minutes. I understand the charging process is, in some cases, quite lengthy. To fully charge a car it could take a much more significant period of time.

It may be that there needs to be a better-planned roll-out in terms of things like ... For example, if a development is going to be done, for some decades we have had requirements for parking spaces per development ... those parking spaces should come with a certain number of electric charging points – things like that, which I am sure the hon. Member might have in mind in terms of new things, but of course that does not cater for existing developments or indeed the vast number of vehicles in Gibraltar and so on.

So, if they are going to take that brave decision of a clear roadmap on dates, I encourage the hon. Member ... Does he agree that there should be a collation of statistics and a well-planned-out strategy on charging points?

Hon. K Azopardi: Yes, Mr Speaker, absolutely, and not just on this point, on a whole range of issues that have been identified in the Climate Change Strategy. In fact, we are working

interdepartmentally on setting up net zero delivery bodies and working groups to focus on each individual aspect and to come up with exactly this kind of roadmap.

2195 Already, as the Hon. Leader of the Opposition has stated, there is a requirement in every new development. It used to be 20%. Now the Development and Planning Commission is asking usually for at least 40% and I suspect that in future developments they will be required to ask for 100%. That is future-retro-fitting, will clearly be an issue, and this is what these working groups will focus on because we have to have a roadmap in order to achieve it, but I can assure the Hon. Leader of the Opposition that work is in hand to produce exactly that.

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Chief Minister (F R Picardo): Mr Speaker, if it is helpful, because I think we need to also just bear in mind one thing, there is no such thing as an electrical charging point for a vehicle of one type, there are many different types, and so we have to be careful that we do not think that there is one way to charge an electric vehicle which works for every electric vehicle.

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You can set up a thousand electrical charging points and find that they only charge 20% of the electric vehicles that you have in Gibraltar. There is not, at the moment, a standard, and one of the things that we have been very keen to do is not to do more until there is a standard because the industry is expecting to come up with an industry standard that will charge all vehicles, existing electrical and future electrical vehicles, and it therefore would be a problem now to choose one type of electrical charger and roll it out across the board. That is one of the reasons we have not done more yet.

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As the owner, through HM Government of Gibraltar, of one of the first electric vehicles there was in Gibraltar – which we chose in place of the gas-guzzling Jaguar that hon. Members used to have their leader conveyed in, which used to cost between £85 and £120 to fill with petrol and which we have replaced with a Tesla that costs 85 pence to charge – we are very pleased to see the conversion to electric and hybrid on the other side.

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Hon. Prof. J E Cortes: I thank the Chief Minister for that very helpful contribution in support of this discussion.

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If I may add a couple of things, one is that there are faster chargers and slower chargers; that, I think, is covered by the Hon. Chief Minister's contribution. The other things is that I would not be true to the aims of my friend and colleague the Hon. Paul Balban, who also reminds us that we have to reduce the use of cars as part of achieving this decarbonisation, and also that other technologies are coming on board.

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There is a lot of movement now internationally – and I saw this in COP26 when I was in Glasgow at the end of last year – towards hydrogen as a fuel alternative, particularly for larger vehicles which might struggle ... the electric engine might struggle for heavier goods vehicles. The indication is that these will turn to hydrogen and that is something that we also have to be open to. When hydrogen is burnt in oxygen it produces water, so it is non-polluting.

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All these things have to be kept constantly under review and we have to wait for the industry to lead on this as well.

Q63/2022
No-idling legislation –
Update

Clerk: Question 63/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

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Hon. K Azopardi: Mr Speaker, can the Government confirm that, despite previous questions in this House, nothing is done to strengthen anti-idling laws or prevent further damage to young lungs and our air quality?

2240 **Clerk:** Answer, the Hon. the Minister for the Environment and Education.

Minister for the Environment, Sustainability, Climate Change and Education (Hon. Prof. J E Cortes): Mr Speaker, the no-idling legislation is in near-final draft form. We expect to publish it in coming months. The Environmental Agency will be enforcing this legislation with assistance from other relevant bodies such as the Royal Gibraltar Police, as needed.

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Q64-70/2022

Air quality –

Rational re location of mesh pods; monitor upgrades, periods offline, additional monitors to improve coverage; compliance with WHO recommendations; actions to improve

Clerk: Question 64/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

Hon. K Azopardi: Mr Speaker, can the Government state the rationale for the positioning of the current AQ mesh monitors?

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Clerk: Answer, the Hon. the Minister for the Environment and Education.

Minister for the Environment, Sustainability, Climate Change and Education (Hon. Prof. J E Cortes): Mr Speaker, I will answer this question together with Questions 65 to 70.

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Clerk: Question 65/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

Hon. K Azopardi: Mr Speaker, can the Government state what upgrades have been made to the current AQ monitors over the last two years?

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Clerk: Question 66/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

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Hon. K Azopardi: Mr Speaker, can the Government confirm how many occasions the AQ monitors have been offline over the last two years and for what duration?

Clerk: Question 67/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

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Hon. K Azopardi: Mr Speaker, can the Government state that it is in full compliance with WHO revised air quality recommendations?

Clerk: Question 68/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

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Hon. K Azopardi: Mr Speaker, can the Government state why it appears that levels of nitrogen dioxide at Harbour Views Road are 15 times greater than the level of the WHO annual mean limit of nitrogen dioxide?

Clerk: Question 69/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

Hon. K Azopardi: Mr Speaker, can the Government set out what it has done to better improve our air quality over the last two years?

Clerk: Question 70/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

Hon. K Azopardi: Mr Speaker, can the Government confirm that it will roll out further AQ monitors to cover more areas of Gibraltar?

Clerk: Answer, the Hon. the Minister for the Environment and Education.

Hon. Prof. J E Cortes: Mr Speaker, the Environmental Agency has three air quality (AQ) mesh pods currently positioned at Rosia Road by the clock tower, Devil's Tower Road and Harbour Views Road. These locations were identified in consultation with Ricardo, our consultants in the UK. The rationale for the positioning of these mesh pods at each location is as follows. Rosia Road is located specifically to investigate complaints of emissions from the dockyard. Devil's Tower Road is located to provide baseline data prior to the opening of the Airport tunnel road; it is anticipated that the increase in traffic will impact the concentrations measured on Devil's Tower Road. Harbour Views Road is located to investigate concentrations resulting from emissions from the cruise liner terminal and the Port.

The Government has placed an order for replacement of eight of the fixed real-time analysers used within the monitoring network. These will be installed in the near future. They were going to be installed last week but they were not able to come over in the end. There have been some breakdowns of the equipment. The length of time of these breakdowns ranges from a couple of days to several months. The Environmental Agency can solve some of the minor issues but not most of the major fixes, which must be done by the company that installed the equipment, Ricardo. The ones that stayed unfixed for a number of months coincided with COVID, so they had problems visiting Gibraltar during the pandemic, but now they are due to catch up and all the monitors will be upgraded, repaired and fully functional.

The World Health Organization revised their air quality recommendations in 2021 – they moved the goalposts – just as, for the first time ever, Gibraltar happened to have achieved compliance with the former PM2.5 levels. We are now not yet in full compliance with the revised WHO air quality recommendations. These are much more stringent than the legislative objectives that have governed air quality strategies both in Gibraltar and across Europe since 2000. For example, the annual mean World Health Organization guideline of 10ug/m3 is 25% of the corresponding EU limit value of 40 for nitrogen dioxide, and that sadly continues to be widely exceeded all across all of Europe. We continue to aspire to this but it is unrealistic to be immediately compliant with these revisions, which are focused, and rightly so, on health outcomes and not on achievability. The revised WHO PM2.5 guidelines, for example, could potentially be exceeded just by natural sources outside the control of governing bodies, such as Sahara dust or sea salt. Pollutants such as nitrogen dioxide are more controllable and we will continue to try to achieve the new standards.

A quick analysis, for the site referenced in Question 68, of provisional data for 2022 – there still have not been the quality assurance and quality control applications, which will then modify the data – shows an average of around 43 ug/m3, and I stress the word 'average', which is consistent

2330 with roadside concentrations across other parts of Gibraltar and across the UK. This is an exceedance of the World Health Organization guideline but it is about four times the revised guideline, not 15 times. It is possible that the Hon. Mr Phillips has confused hourly and annual data here and is comparing one peak hourly value with an annual mean guideline. You cannot do that. When you have a graph like I have here, Mr Speaker, you cannot compare the peak with the average, and this may be what Mr Phillips has done in preparing his question. It is worth mentioning that these data have yet to be ratified; I have just said that. There is currently no modelled evidence to suggest a source, and source apportionment at this location is difficult, but it is possible that contributions from port activities combined with road traffic are causing this.

2340 The Government has undertaken several projects to improve air quality in Gibraltar over the last few years. We have had the commissioning of the power station and LNG terminal, along with the decommissioning of the old power stations. The Environmental Agency has also increased its presence at all construction sites around Gibraltar with the aim of reducing dust being produced from these sites. Furthermore, as I previously stated, we now have new equipment on order which will allow us to capture better and more air quality data. In my answer to an earlier Question I also detailed measures in relation to traffic, to supplement those of my hon. Friend the Minister for Transport.

In answer to Question 70, the Environmental Agency has placed orders for two additional AQ mesh pod monitors, which will be located one in the Port and another in the City Centre.

2350 **Hon. K Azopardi:** Mr Speaker, quite a lot there, so I will just try to ask a couple of questions, if I may.

First of all, I am glad that they are going to purchase more monitors to do things, to use the Chief Minister's new slogan, better and faster – and hopefully also cheaper. He did not mention cheaper, but hopefully it will also be cheaper. *(Interjection by Hon. Chief Minister)* Well, it is your suggested slogan for us, but I thought you had adopted it quite successfully for yourself. *(Interjection by Hon. Chief Minister)*

2360 Mr Speaker, can I just ask, in terms of the upgrade, can he give us a bit more information? He has spoken about the three points where they have installed these air quality monitors. Is there a plan to install more of those types of monitors around Gibraltar? If so, why? If not, why not? He has explained the rationale of why those are there, but I guess you could construct a rationale for monitoring air quality in other parts of Gibraltar for different reasons. He is well versed in the area, so is there a plan to do that, given the desire to do more comprehensive air pollution monitoring?

2365 In terms of Question 68 on Harbour Views, he says that the average is four times higher than, I assume, the new level that he is talking about, and that the average is not 15, it is four. He showed us the graph, which viewers could not see, obviously, because it was facing us, but helpful in any event. The average may be four, but from the graph it did look like there were moments where it was significantly higher than four at moments of the day. Does he think that that is a worrying thing? Is there something that he thinks could be done to address issues like that, so that we all enjoy better air quality?

2370 **Hon. Prof. J E Cortes:** Mr Speaker, I am grateful to the Leader of the Opposition for giving me the opportunity to talk a little bit more about this.

2375 We already have more air monitoring equipment for a place our size than the EU requires. I know we are not in the EU, but we have said many a time that we wish to maintain EU standards. It is in Gibraltar's interests for many reasons that we should be seen to be environmentally up there with the EU, if not better.

2380 The additional mesh pods are less expensive, actually, than the large monitoring stations, and we have deployed, as I explained, in a number of areas. The two additional ones that are coming ... and of course you could put them everywhere. There are less accurate diffusion tubes all over the place, which are also published regularly, but these are a little bit more detailed. At the two places where these are going to go, one is in the Port area, where we realise there is industrial activity,

and the other one is in the city centre. We are moving the large monitoring point from Witham's Road, which has served its purpose. It was there to monitor how we could improve the poor air quality as a result of the temporary power stations that were there. That has now been totally resolved. That is now moving to Devil's Tower Road, where we will capture any changes as a result of the tunnel. The other one, therefore, is going in the city centre, where we also are aware that there is a lot of traffic and we want to capture that. So those are the two. If we could have more we would put more in, but there is also the possibility of overkill. We know we have to work on air quality; I do not have to see a graph to tell me.

On the graph in particular, the World Health Organization is stricter. The EU requires a reading of 40 ug/m³. This one is averaging at 43, so we are a little bit over. We would not like to be that much over. Perhaps this could be one of the first Parliaments to allow Ministers to put up power points on the screen, and then everybody would see it. Clearly, peaks are not things that we would like to see, but if you have a monitor and there is a vehicle passing by, then it is going to pick up more; but the average is what counts, particularly when these standards are set internationally by organisations such as the World Health Organization.

I think I have answered most of the points. If I have not, I am happy to do so now if my voice – which is holding up – permits, or subsequently in another question or behind the Speaker's Chair.

Q71/2022
Elliott Hotel –
Fumes from vents at rear

Clerk: Question 71/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

Hon. K Azopardi: Mr Speaker, can the Government state what measures the Government has taken in relation to the vents pouring fumes at the back of the Elliott Hotel on to Canon Lane?

Clerk: Answer, the Hon. the Minister for the Environment and Education.

Minister for the Environment, Sustainability, Climate Change and Education (Hon. Prof. J E Cortes): Mr Speaker, the Environmental Agency has had communication with the Elliott Hotel regarding smells starting in June 2020 and then again in June 2021. These smells have never been witnessed or verified from a complainant's home. The smells have been brought to the Environmental Agency's attention by pedestrians and passers-by. The Agency's involvement has been purely from a smells nuisance point of view. The complaints arose because the boilers were due to be serviced at the end of July. The complaints ceased on both occasions once the boilers had been serviced.

In 2021 a similar issue was brought to the Agency's attention, this time due to the lack of maintenance on the burners, which are components of the boilers. The UK company could not fly to Gibraltar to service the equipment, due to COVID restrictions. The burners were serviced by August 2021 and the Environmental Agency has not received any complaints since June 2021.

Q72/2022

**EcoWave Power energy project –
Government position**

2420 **Clerk:** Question 72/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

Hon. K Azopardi: Mr Speaker, can the Government state its position in relation to the wave energy project?

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Clerk: Answer, the Hon. the Minister for the Environment and Education.

Minister for the Environment, Sustainability, Climate Change and Education (Hon. Prof. J E Cortes): Mr Speaker, as we have informed this House in the past, the EcoWave energy project was undertaken as a pilot project by a private entity to demonstrate that the technology can be directly connected to an electricity grid.

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The pilot was built and originally supposed to operate for two years with the purpose of proving that wave energy can safely connect to the grid and withstand the Gibraltar storms using its storm-protection mechanism. However, the company decided to keep the pilot station operational for a longer time, as it was used as a real-conditions R&D facility for the company.

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After six years of successful testing operations in Gibraltar – three times the original period – the company, EcoWave Power, that owns and operated the floaters decided to remove them and relocate them to the Port of Los Angeles for testing in a different maritime environment. Government remains open to the possibility of installing further wave power in Gibraltar if suitable locations can be found.

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Hon. K Azopardi: Mr Speaker, this is my colleague's question so he might have been more sighted on the detail than I am, but may I just ask the Minister: given that there was a long testing period, presumably that data was shared with Government – is that right? – and, if so, did the Government reach any conclusions in terms of the possible use of wave energy as an alternative?

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Hon. Prof. J E Cortes: Mr Speaker, we have not specifically requested the information because this is information in developing a technology that we were not going to be carrying out ourselves. This was for them to develop their technology. If we were to feel that any of the information was useful to us, I am absolutely sure that it would be shared with us.

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The plant was not big enough to provide substantial amounts of energy, but the purpose was to prove that it did produce some energy and that it could be safely linked to a grid. The plants that they are installing elsewhere in the world are considerably larger. They have more space and more coastline, and therefore I am hoping, certainly, because this is good for the environment globally, that the lessons they have learnt in Gibraltar will serve them well, but at this point in time, as I said at the end of my answer, we will be happy to consider it if we can find suitable locations.

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Hon. K Azopardi: Mr Speaker, given that presumably it was at no cost to the Government that they were here and they tested for a longer period than they originally had envisaged, wouldn't it have made sense and wouldn't it make sense now to ask the company to share its data and its conclusions with the Government, so that you can then, as part of a wider strategy, decide whether or not that kind of project would be even useful to look at for consideration? It may be that the statistics do not justify even it, but if it does then at least you have a bank of information.

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Hon. Prof. J E Cortes: Mr Speaker, we have information from the point of view of the hours they operated, how much energy they produced and so on. The technical specification as to

perhaps the angle of the floater or how to connect the floater to land is something that is important if you are developing a wave energy product, which we are not. We would buy the energy or we would commission the product, but we are not in the business of building wave energy plants. If we were to be in that business, then I am absolutely sure that they would share the data, but that is not the businesses we are in; we are interested in the output.

Hon. K Azopardi: Mr Speaker, finally, I understood that we are interested in the output, but ultimately if we are interested in considering the alternative and a possible investment into the area, we would need to be satisfied that it works. There are waves all around us. It may or may not work – it may simply not work, but I just thought it would be a useful exchange of information given our location and our geographical reality. That is why I asked the hon. Member.

Hon. Prof. J E Cortes: Mr Speaker, if it would assist, I am very happy to ask them for the information and then I will judge whether I think it is useful and I will let the Hon. Leader of the Opposition know. I do not think there is anything there for us, but let's have a go.

Q73/2022
Dog fouling –
Number of fines imposed

Clerk: Question 73/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

Hon. K Azopardi: Mr Speaker, can the Government provide details as to the number of fines imposed by the pertinent authority in respect of dog fouling offences?

Clerk: Answer, the Hon. the Minister for the Environment and Education.

Minister for the Environment, Sustainability, Climate Change and Education (Hon. Prof. J E Cortes): Mr Speaker, the Environmental Agency has issued 21 fines in 2022.

Hon. K Azopardi: Mr Speaker, of those fines does he know how many were DNA-tested origin fines?

Hon. Prof. J E Cortes: Mr Speaker, I could not confirm exactly how many are of DNA origin. I will find out, but if I interpret the figures that I have as my supplementary I think that of those 21 at least 12 are from DNA, but I need to confirm that.

Hon. K Azopardi: Mr Speaker, does the Minister have any information as to the DNA testing methodology? The information reaching us is that DNA testing is only done on one day of the week and in certain areas only. Is that true? Does the Hon. Minister know whether DNA testing is, as a matter of course, done every day and in respect of all areas? And if it is a much more constrained methodology, why is that, and doesn't that really not deal with the issue?

Hon. Prof. J E Cortes: Mr Speaker, the testing itself, the analysing, is done in a laboratory outside Gibraltar. I believe it is in Germany – subject to confirmation, so if it is not please do not feel that I am misleading the House. I believe it is in Germany.

What I think the hon. Member is referring to is the collection of DNA samples. There is a weekly foray by Environmental Agency officers to collect samples of dog poop and they will go to different areas; if they have received reports of problems in particular areas then they will target those

areas. I think there are other things that the Environmental Agency officers also need to do, so having them full-time collecting samples I do not think is correct. I think the balance of one day a week is actually suitable and good, and I am satisfied that the operation is handled correctly.

There are other types of dog patrols, which are done partly by the Environmental Agency, sometimes with the support of the Royal Gibraltar Police and very often by the Environmental Protection and Research Unit, which approach dog owners and confirm that they have the proper licences and so on. There have been 12 fines on that specifically in 2022. In fact, only today, just outside here there was an event in which there was an educational initiative with representatives of the Environmental Agency, the Department of the Environment, the Environmental Protection Unit and the Royal Gibraltar Police, making people aware of these issues and going for responsible dog ownership.

I am satisfied there is a lot more being done now than there has been before. Some members of the public have approached us and have been very proactive in working together on this. I must mention one particular member of the public, Mrs Julie Gonzales, who is very committed to this and she has assisted us and has been part of a group working on a strategy.

I think that we are working well on this. Clearly there will always be people who allow their dogs to foul; it is the owner's fault, not the dog's fault, clearly.

Hon. K Azopardi: Thank you. Yes, absolutely – to the last comment.

Does it really need to go to Germany? Is there no better way of doing it, if it cannot be done locally, across the border somewhere closer?

Hon. Prof. J E Cortes: Mr Speaker, the first lab that was being used was in Spain; I think it was Seville. We were not satisfied with the timescale in getting results back and there was a time when we were struggling with getting satisfaction – this is now some years ago – so we identified another lab, which is much more efficient and much more effective.

Hon. K Azopardi: Mr Speaker, a final one. Does the Minister know how much these tests cost?

Hon. Prof. J E Cortes: The Minister knew. I am going into my memory now – I think it is about £12, something like that. It is not massive and it is certainly less than people out there say about Government spending masses on so-and-so. It is not expensive.

Hon. D A Feetham: Could I ask you to give way?

Hon. Prof. J E Cortes: Yes.

Hon. D A Feetham: I am grateful – so that I do not have to rise again. Per test presumably he means, and given that they do a weekly collection, does he know broadly how many tests are done a week?

Hon. Prof. J E Cortes: Mr Speaker, can I have notice of the detail? They are kept in fridges and sent over in batches in order to reduce transport costs, but if he wants more specific details I will have to have notice.

Q74/2022

**Cleanliness of streets –
Complaints and engagement with Britannia**

Clerk: Question 74/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

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Hon. K Azopardi: Mr Speaker, can the Government state how many complaints it has received in relation the cleanliness of our streets and on how many occasions it has had to engage with Britannia to voice those complaints?

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Clerk: Answer, the Hon. the Minister for the Environment and Education.

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Minister for the Environment, Sustainability, Climate Change and Education (Hon. Prof. J E Cortes): Mr Speaker, for the year 2021, 42 complaints were received, of which 14 were engaged with Britannia. Up to 10th May 2022, 11 complaints have been received, of which six have been passed on to Britannia. These include, apart from general cleanliness, reports on accumulations, dog fouling, indiscriminate placing of refuse by neighbours and contractors – and lack of weeding in some areas has just come into my mind. Environmental monitors and litter wardens investigate such complaints to identify the culprits, who, if found, are told to remove them.

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Other complaints come from private areas which do not come under the remit of Britannia to clean, hence the difference between the number of complaints received and those passed on to Britannia specifically to act upon.

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Hon. K Azopardi: Mr Speaker, is the Government satisfied with how its engagement with Britannia is working and their dealing with these complaints?

Hon. Prof. J E Cortes: Yes, Mr Speaker, the Government is satisfied that when complaints are received by Britannia they are acted upon.

Q75/2022

**Bin sheds –
Lack of maintenance**

Clerk: Question 75/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

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Hon. K Azopardi: Mr Speaker, can the Government state why bin sheds across Gibraltar have not been maintained?

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Clerk: Answer, the Hon. the Minister for the Environment and Education.

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Minister for the Environment, Sustainability, Climate Change and Education (Hon. Prof. J E Cortes): Mr Speaker, all Government refuse cubicles or bin holding areas are cleaned on a daily basis from Monday to Saturday. All litter bins within are sanitised once a week. All refuse cubicles across Gibraltar are maintained. Reports are sent in by refuse collectors, Britannia and the public in relation to any issues related to the bin holding areas such as broken doors, lighting, unblocking of gullies and vandalism, and these are tackled by the Environmental Monitoring Unit, who in themselves also regularly review and monitor the condition of all refuse cubicles across Gibraltar.

If the hon. Member or indeed the Hon. Mr Phillips have received complaints of a bin store not being maintained, we would be grateful to receive it in order to check and action as appropriate.

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Hon. K Azopardi: Mr Speaker, if my hon. colleague who placed the question has any specific information, then of course I will encourage him to pass it on to the Hon. Minister, but anecdotally, when you drive around you do sometimes see bin sheds that are not in as desirable a state as possible, so I would encourage – and would the Minister agree? – that whatever efforts are being made to maintain the bin sheds obviously need to be maintained throughout the year, especially during the summer periods.

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Hon. Prof. J E Cortes: Mr Speaker, there are one or two that are quite old and need considerable work, and we are planning on renovating some of these during the course of the next financial year.

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Q76-77/2022

Beaches –

Cleaning regime and ensuring standards are met

Clerk: Question 76/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

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Hon. K Azopardi: Mr Speaker, now that the weather has improved, can the Government state how it will ensure beach cleaning standards are met given the increased building activity at both Eastern Beach and Caleta?

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Clerk: Answer, the Hon. the Minister for the Environment and Education.

Minister for the Environment, Sustainability, Climate Change and Education (Hon. Prof. J E Cortes): Mr Speaker, I will answer this question together with Question 77.

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Clerk: Question 77/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

Hon. K Azopardi: Mr Speaker, can the Government set out the beach cleaning regime?

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Clerk: Answer, the Hon. the Minister for the Environment and Education.

Hon. Prof. J E Cortes: Yes, Mr Speaker. The environmental monitors, as well as lifeguard supervisors during the beach season, monitor the beaches to ensure that cleaning standards are met. This will continue.

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The information specifically on the cleaning regime is provided in the schedule that I now hand over.

Answer to Question 77/2022

All beaches (Camp Bay, Catalan Bay, Eastern Beach, Little Bay, Sandy Bay and Western Beach)

From June – September – General beach cleaning, Monday to Sunday (Late evening)

Major cleaning operation including use of mechanic beach cleaning machine and power hosing where applicable, Monday to Sunday (Early morning)

From October – March – Major cleaning operation including the use of mechanic and power hosing, where applicable, once a week.

April and May – General beach cleaning Saturdays and Sundays

Major cleaning operation including use of mechanical beach cleaning machine and power hosing Saturdays and Sundays.

All inclusive of bank/public holidays.

The servicing of litter and recycling bins at beaches

April to September – Emptying of bins Monday – Sunday three times daily or as required

Cleansing and sanitising once a week or any ad-hoc extra as required.

October to March – Camp Bay, Eastern Beach (North), Little Bay and Sandy Bay – as required.

Refuse Collection at Western Beach – Monday to Sunday, once a day all year round except 25th December and 1st January.

The Management of Public Toilets, Changing Rooms and other facilities

June to September – All facilities open daily from 09:30 to 21:00hrs with the exception of Catalan Bay (North), Catalan Bay (South), Sandy Bay and Western Beach, close at 20:30hrs.

Cleaning and sanitising as required throughout the day.

A major clean-up operation of all the toilets and other facilities are carried out at least once a week.

All the above, inclusive of bank/public holidays.

April and May Cleansing is done by Upper Rock and Beaches Maintenance Team and not Britannia.

Answer to Question 77/2022 cont.

All facilities except Eastern Beach (North) and Catalan Bay (South) are open from midday to 20:00hrs Monday to Friday

Weekends and Public Holidays from 10:00 to 20:00hrs

All toilets cleaned and sanitised as required throughout the day.

October to March cleansing is done by Upper Rock and Beaches Maintenance Team and not Britannia.

Eastern Beach (South), Catalan Bay (North), Little Bay and Camp Bay are open from midday to sundown daily.

These are opened during these months because of their proximity to recreational areas.

These are cleaned and sanitised as required throughout the day.

2640 **Hon. K Azopardi:** Mr Speaker, I am just glancing through the schedule, which has quite a bit of information, but can I ask the broad question ...? Am I right in thinking that the major cleaning happens after April? It looks like that from the schedule. It may be that it is accurate, but I just put it to the hon. Member – given that he is more familiar with the schedule than I am, he can answer it more quickly – that the information we were getting was that from recent times, and I cannot give you a specific moment as to when that happened, the beaches were not being cleaned in winter at all, whereas before they were, although on a light basis. Is that true or not true? It may be that the information we are getting is inaccurate.

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Hon. Prof. J E Cortes: Mr Speaker, this is not in recent times. The beaches have never had the regular cleaning schedule in the winter – there is relatively little use and often the weather does its own cleaning – but there is refuse collection. As you can see, from October to March there is collection of refuse and if there are any accumulations they will be picked up. When there is a

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storm that instead of cleaning the beach may have delivered litter – as often happens when we have material coming down rivers from up the coast – which often ends up in Eastern Beach, then clearly there will be a cleaning operation, but there does not have to be and it would be wasteful of manpower and financial resources to have a regular beach cleaning process on all our beaches throughout the winter. It just would not make sense.

Hon. K Azopardi: So as I understand, the hon. Member is saying that this practice of doing lighter cleaning in winter goes back a long way – that is not a recent thing?

Hon. Prof. J E Cortes: Mr Speaker, it certainly goes back for as long as I have been responsible for the beaches, which is now probably six, seven or eight years – probably six or seven – and I suspect it predates certainly our administration.

A Member: Yes, it does.

Q78/2022
Sewage plant –
Update re timing

Clerk: Question 78/2022. The Hon. the Leader of the Opposition on behalf of the Hon. E J Phillips.

Hon. K Azopardi: Mr Speaker, can the Government update the House of the timing for the sewage plant?

Clerk: Answer, the Hon. the Minister for the Environment and Education.

Minister for the Environment, Sustainability, Climate Change and Education (Hon. Prof. J E Cortes): Mr Speaker, the Government is in the process of closing the old sewage treatment plant tender which saw the appointment of a preferred bidder, being the joint venture between Northumbrian Water and Modern Water. This process is being initiated as a direct result of Modern Water going into liquidation; I have said this here before. The Government is already engaged in providing technical information to a number of new potential bidders.

Hon. K Azopardi: Mr Speaker, on that process can I just get a bit more information? When he says that they are engaged with new potential bidders, is the Government envisaging a new application process or is it that these are bidders that came through the old process and they are still expressing an interest?

Secondly, if it is a new process, do you have a view on timescale? If it is not a new process, do you have a view on timescale? Can you give the House and the public out there more information on that?

Hon. Prof. J E Cortes: Mr Speaker, this has been an unfortunate and legally complex situation already. The House is aware that there had been a pre-works contract given to that entity and works had started – the design had been taken all the way to planning and then one of the partners went bankrupt – so there has been a whole legal process, which is now culminating in a formal closure of that tender.

We are still in the process of legal advice on how to take this further, but in order not to waste time we have been approached by a number of credible entities who have sought technical information, which is critical in this project. Fortunately, because a lot of the technical information

had already been garnered and put together for the previous project, it is readily available, so we are now providing this technical information for a small number of serious potential bidders, and when we have legal clarity on the next steps following this removal of cancellation of the old sewage plant then we will announce how we are going to take it forward.

I am very confident that we are coming up with a number of very viable potential solutions.

Hon. K Azopardi: It was two entities and one went bankrupt, as the hon. Member says: is it a question of finding a new partner for the one that did not go bankrupt, or are you looking at a new process, a new invitation, a new opportunity to see whether there is a replacement entity or parties that want to do this?

Hon. Prof. J E Cortes: While we are awaiting the final legal advice, I would rather not go into any detail, other than to say that the situation is not as he described. It is not a question of looking for another partner to the other entity.

Q79-83/2022

Upper Rock –

Thinning/clearance of vegetation; feral cats; diversification and protection of trees

Clerk: Question 79/2022. The Hon. D A Feetham.

Hon. D A Feetham: Mr Speaker, can I declare that I of course live in the Upper Rock? These are questions about the Upper Rock. It is a matter of formality – everybody knows, but I just set it out for the record.

Is there any programme designed to thin out vegetation in the Upper Rock, allowing better habitats for birds and animals?

Clerk: Answer, the Hon. the Minister for the Environment and Education.

Minister for the Environment, Sustainability, Climate Change and Education (Hon. Prof. J E Cortes): Mr Speaker, I will answer this question together with Questions 80 to 83.

Clerk: Question 80/2022. The Hon. D A Feetham.

Hon. D A Feetham: Mr Speaker, what is the Government doing in order to limit the damage caused by feral cats to wildlife in the Upper Rock?

Clerk: Question 81/2022. The Hon. D A Feetham.

Hon. D A Feetham: Mr Speaker, what programmes are in place in order to introduce different species of trees in the Upper Rock?

Clerk: Question 82/2022. The Hon. D A Feetham.

Hon. D A Feetham: Mr Speaker, what programmes are in place in order to ensure trees are not choked by overgrown vegetation in the Upper Rock?

Clerk: Question 83/2022. The Hon. the Hon. D A Feetham.

Hon. D A Feetham: Mr Speaker, is it the intention of the Government to create more firebreaks in the Upper Rock by clearing areas of some of its vegetation?

Clerk: Answer, the Hon. the Minister for the Environment and Education.

Hon. Prof. J E Cortes: Mr Speaker, while I do not have the good fortune of living in the Upper Rock, I declare the interest that I absolutely love it. It is looking beautiful this year. The flowering is ... Sadly, for those of us who seem to be suffering from allergies that is not so good, but it is looking absolutely beautiful and the wildlife appreciates it. Apologies for digressing, Mr Speaker, but I could not resist because it really is beautiful up there at the moment.

The Gibraltar Nature Reserve maintenance team have a regular programme whereby dense low-lying vegetation is cleared in dense woodland areas precisely to create better habitats for birds and other animals. This has been ongoing for 10 years and will continue. Similarly, this work ensures that trees are not choked, as the hon. Member suggests, by overgrown vegetation.

The Department regularly assesses the impacts of feral cats in the reserve. When cats are identified and located, they are trapped when possible and taken to the veterinarian. If the animal is identified as having an owner, it is returned and the owner is spoken to, to ensure that cat owners are informed that cats should not be allowed to wander into the reserve. If the animal is identified as a stray, the animal is kept until it can be rehomed. If it cannot be rehomed, it is passed on to one of the cat charities for them to attempt to rehome the animal or look after it on a permanent basis.

The trees in the nature reserve are those which are representative of vegetation in the region and will survive naturally without human assistance in our climate. There is an argument for the reintroduction of tree species formerly part of the vegetation of the Upper Rock, such as the round-leaved oak, and this is being considered.

In relation to fire breaks, the Department also assesses these regularly and ensures they are maintained on a yearly basis. That said, we are indeed looking at creating further fire breaks in specific areas of the reserve or increasing the size of some of the existing ones.

Hon. D A Feetham: Mr Speaker, just dealing with the question of cats first, and then we will move on to some of the other questions that the Hon. Minister has answered, is part of the problem with feral cats that the charities that the hon. Gentleman has mentioned are in fact ...? One of them, at least, that feeds cats is very near the Upper Rock Nature Reserve – in fact, it is on the boundary of the Upper Rock Nature Reserve – and therefore it is very difficult in those circumstances to prevent those feral cats from actually going into the nature reserve and then causing damage to wildlife birds in particular.

Hon. Prof. J E Cortes: I am not aware of that. I have visited those premises and they are enclosed; the cats are kept enclosed. I know that the cat charities actually do great work in neutering cats in built-up areas, so much so – and I have this directly from the vet and from them – that the population of feral cats in urban areas is decreasing humanely because they are not producing kittens. I do not think they are the problem. There are feral cats on the Upper Rock. They do not really belong there and the cat welfare societies understand the pressures that feral cats put on wildlife and migrating birds as well, and that is being tackled in the way that I have explained. I do not think that those premises are an actual problem. I may be wrong, but I have no evidence to suggest they are.

Hon. D A Feetham: And in relation to neutering of cats – because at the end of the day, short of euthanising cats, and nobody is suggesting that that ought to happen, that is the only way really to control the population of cats – does he have any figures in terms of how many feral cats have been neutered and how perhaps the neutering of feral cats is having an effect on the overall population of feral cats?

Hon. Prof. J E Cortes: Mr Speaker, let me repeat that if a cat as identified in the Upper Rock, the exercise is not to neuter and release, it is to remove, as I have explained.

2795 In urban areas, the cat welfare societies do their work with the support and assistance of the Department of the Environment. I do not have statistics – I am sure my Department has and I am happy to ask for it – but I do have anecdotal evidence from the vet particularly, with whom I meet on a regular basis, that the number of stray kittens being brought in has decreased tremendously. He feels, and I agree, that it is directly thanks to the success of the work of the cat welfare societies, who want cats to be well looked after; they do not want them to increase, but they have a view as to how to deal with that.

Hon. D A Feetham: Thank you, Mr Speaker, and, in fact, as somebody who owns two cats myself, it is not that I am anti-cat or anything like that, it is that feral cats do cause damage to wildlife. I have to say that I accept, as I live up there, that the problem has been more acute in the past – they nearly wiped out the Barbary partridge – than perhaps at present, although I am told, and I do see them, that it is still a problem.

2805 Just turning to the question of the thinning-out of vegetation and the choking of trees, one of the things that strikes me – and I am talking here from my own personal experience but also from talking to other residents in the area, because of course there is a small community there – is that it is just a shame to see so many trees that are being choked by, in particular, the vines with the spines; I think they are called *smilax*, or something like that. This is not a criticism of the Government. We all want the Upper Rock to look at its best. It is a jewel in the crown and we want it to improve – that is why I am asking these questions – but it just seems that perhaps more could be done in order to thin out that that vegetation. It was not when he was a Government Minister, but it was in another incarnation that the hon. Gentleman had prior to becoming involved in politics ... there was talk of the introduction of the Iberian ibex, for example, which of course would have allowed the thinning-out of that vegetation because it would be beaten by the Iberian ibex. Aren't there any imaginative ways of basically thinning out that vegetation and allowing those trees greater space to grow?

Hon. Prof. J E Cortes: Mr Speaker, once again I welcome the opportunity to talk about an area in which I am very comfortable. Thinning of vegetation is continuous, it is labour intensive, so we have to be specific on when we do it. If you do it, you have to do it again probably in five or six years' time, but it does happen. *Smilax* is interesting. It does choke trees but it provides great cover for small birds and it also provides fruiting berries on which they feed, so you do not want to wipe it all out, but those are the plants that we would target in those areas that we are clearing up. One of the areas cleared, for example, is on the way down from the City under Siege exhibition above the Moorish Castle. That is much clearer than it used to be, and that is one of the areas. Certainly there is more to be done, and we will do as time and resources allow.

2830 The Iberian ibex is a project that I was very keen on, but in looking at it further and on seeking advice, because of the proximity of our cliffs to roads and living areas, these animals would go up and down the cliffs like they were completely at home and that could destabilise and cause rock falls. This is why a decision was taken by my Department, with my support, not to progress.

2835 There are other herbivores, but they would have to be semi-domestic. We could have a herd of goats if we had a goatherd looking after the fire breaks. That is actually a genuine possibility, and if anyone wants to offer that it is something that could certainly be looked at. There is one plan which may come to fruition, and we are talking about it, which is to introduce the roe deer – which is a little deer – into Gibraltar. The habitat is right. They would not have a big effect on reducing vegetation but they would have some effect on reducing vegetation. So these are things that are being discussed and I am happy to discuss them further, either here or outside the House.

Hon. D A Feetham: I know it is getting late and this is now a conversation between my friend and I in relation to the Upper Rock, but –

2845 **Chief Minister (Hon. F R Picardo):** [inaudible] an adviser and you can [inaudible] (*Laughter*)

Hon. D A Feetham: Yes. But what we do see a lot of in the Upper Rock, and of course it is going to be native, because ... Wild olive trees – which I have to say I am extremely allergic to; that is why I have also had the same problem that the hon. Gentleman has – whilst native to the Upper Rock, appear to have taken over completely in the Upper Rock, hence my question about the introducing of other trees. He knows that I myself have introduced Holm oaks and cork oaks. Cork oaks do not survive in the Upper Rock; in fact, I have lost four or five. He did mention that there was a species of oak that he was looking to introduce. Where are these going to be introduced, because of course it is very difficult, bearing in mind that the whole area has been taken over by these wild olive trees?

Hon. Prof. J E Cortes: Mr Speaker, I am going to be brief – I could speak on this for hours, and give me the opportunity and I am going to, absolutely. So, very briefly, round-leaf oak is a variety of the Holm oak. It is a new name, probably, for the species you have. The problem is that you need to water them through the first summer – maybe you will offer to do so and we can do it – so we have to find an area where watering is not a problem, but it is certainly something that we are contemplating.

Mr Speaker: Next question.

Chief Minister: Mr Speaker, perhaps that actually might be a convenient moment, given that we have talked about the jewel in the crown which is the Upper Rock in the jewel in the crown which is Gibraltar, which is the pearl of the Mediterranean, to such an extent and determined that we are not going to have ibex on the Upper Rock that might fall into the hon. Gentleman's pool, (*Laughter*) and with an assurance from me, as an early-morning Upper Rock cyclist, that there are plenty of partridge in the Upper Rock and they are often almost run over by me, can I move that the House should now adjourn until tomorrow at 3.30 in the afternoon, when we shall start with questions to the incumbent Chief Minister?

Mr Speaker: I now propose the question, which is that this House do now adjourn to Thursday, 19th May at 3.30.

I now put the question, which is that this House do now adjourn to Thursday, 19th May at 3.30. Those in favour? (**Members:** Aye.) Those against? Passed.

The House will now adjourn to Thursday, 19th May at 3.30.

The House adjourned at 8.05 p.m.