



PROCEEDINGS OF THE GIBRALTAR PARLIAMENT

MORNING SESSION: 10.02 a.m. – 1.45 p.m.

Gibraltar, Thursday, 27th February 2025

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The Gibraltar Parliament

The Parliament met at 10.02 a.m.

[MADAM SPEAKER: Hon. Judge K Ramagge GMH *in the Chair*]

[CLERK TO THE PARLIAMENT: J B Reyes Esq *in attendance*]

Questions for Oral Answer

INWARD INVESTMENT AND THE GIBRALTAR SAVINGS BANK

Q265/2025 Laguna Youth Club – Development

Clerk: Meeting of Parliament, Thursday 27th of February 2025. Answers to Oral Questions continued.

Questions to the Hon. Minister for Inward Investment and the Gibraltar Savings Bank.
5 Question 265, the Hon. G Origo.

Hon. G Origo: Madam Speaker, does the Government have an update on the development of the new Laguna Youth Club?

10 **Clerk:** Answer, the Hon. Minister for Inward Investment and the Gibraltar Savings Bank.

Minister for Inward Investment and the Gibraltar Savings Bank (Hon. Sir J J Bossano): Madam Speaker, I am informed that planning permission was granted on the 15th of January 2025. The design team is currently working on refining the technical drawings to ensure they meet all regulatory standards before submitting them to building control approval. Once the building control approval is obtained the project then will be ready to move forward to the next stage which is a tendering process and the construction phase.

20 **Madam Speaker:** Next Question.

Hon. D J Bossino: If I may, sorry.

Madam Speaker: In the speed that the hon. Member rises to ask a supplementary or?

25 **Hon. D J Bossino:** I was looking at my hon. Friend here and just to judge whether he was going to ask a supplementary and in that nanosecond.

Madam Speaker: My estimation of time is obviously different to the hon. Member's. It was a little more than a nanosecond but I will allow the hon. Member to ask a supplementary.

Hon. D J Bossino: I am very grateful to Madam Speaker. Can I ask this question of the Hon. Minister? When he says I am informed, is that because this is not a Government led project but a project led under the National Economic Plan? If that is the case, may I ask him which company is... I am making an assumption. I am premising my question and this is the question.

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Madam Speaker: I have not interrupted the hon. Member so get to the question and let us...

Hon. D J Bossino: Yes, yes, absolutely... The Chief Minister thinks he is the Speaker and everything else.

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Madam Speaker: Is there a question?

Hon. D J Bossino: Yes, there absolutely is a question Madam Speaker. Madam Speaker, can I ask the Hon. Minister for Economic Development which company is responsible for this project?

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Hon. Sir J J Bossano: I do not understand what he means about which company is responsible for the project. The project is being funded, if that is what he means, by the company that is doing the Laguna building which was the company that would have funded it had it been in the same place. So the only responsibility is the funding.

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The requirements are being provided by the people who are going to be using the thing. The only thing that has happened with this is the location. The location originally meant that the use of the ground floor limited the possibility of the property in Laguna being delivered at a price consistent with its objectives.

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Therefore that is why it never took off because it was impossible to finance. The fact that at a later stage the people in the youth club were able to find an alternative it meant it released the space that would have been occupied but that the commitment on the cost continues to be there so it will be at no cost to the Government or the youth club.

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Hon. D J Bossino: Is the Hon. Minister able to answer the question that I posed which is which company is responsible for this development? From my understanding and I think the Hon. Minister has alluded to it in his reply, the youth club was going to form part of the same project that was going to be the pensioners flat by Laguna which was as I understand it from recollection going to be sponsored by one of the companies which form part of the national economic plan, one of the charities. Therefore, this is what I'm driving at.

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The specific question is, is the Hon. Minister able to answer the question as to which company is now responsible for the construction of the Laguna Youth Club?

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Hon. Sir J J Bossano: I have already answered the question that he started with but not the last answer because he says responsible for the construction. I do not know who will be responsible for the construction because as I have told him there is a lot of stages still before they go to tender and I am not able to know how many people will tender and I am not able to know who will be selected. Other than that the only thing that has changed is the location.

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The responsibility for the finance is at the present location from the same source that it was originally going to be when it was at the Laguna. That is the answer.

Madam Speaker: Yes, the Hon. Mr Origo.

Hon. R M Clinton: Thank you Madam Speaker, if I may ask...

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Madam Speaker: I thought I had called the Hon. G Origo. I'll come to the Hon. Mr Clinton after that, go on.

Hon. G Origo: Apologies Madam Speaker, I was just happy to give way but on this occasion I am happy to take the supplementary. May I ask the Hon. Minister in answer to the question when this was posed last year the Hon. Minister Santos, I believe, gave an answer that a meeting was held on the 8th of February in which plans were being discussed and finalising drafts before review. It is now 12 months on since these plans were being finalised and reviewed. Can I ask the Hon. Minister what the reasons for this delay have been?

Hon. Sir J J Bossano: Madam Speaker, the only information I can provide to the hon. Member is the information that I get when I ask what he is asking me. The answer that I have given him is the answer I have been provided with by the people in the youth section.

Hon. G Origo: Can I ask the Hon. Minister and perhaps he may take some advice from the Hon. Minister Santos who I believe this is his shadow portfolio. When the construction of the Laguna Youth Club is taking place; do we have any plans or alternatives for the youth members who are using these youth clubs on a frequent basis? Do we have some alternative? Are they going to be allowed to attend other youth clubs or what is the idea there?

Hon. D J Bossino: Madam Speaker, young people can attend any youth club. They do not need to be going to the one within their catchment. So you can go to any youth club around any area of Gibraltar but because it is a two phased approach they will be able to be using one of the areas within the youth club and once that is completed then they will be able to use the other area. As I said, they can go to the one in Line Wall Road or they can go to any of the youth clubs around Gibraltar.

Madam Speaker: Does the Hon. R M Clinton have a question?

Hon. R M Clinton: Thank you Madam Speaker. My apologies for before. If I may ask the Minister. He mentioned that there has been an alternative site identified for the youth club. Can you enlighten the House as to where that location is and how has the developer acquired this site?

Hon. Sir J J Bossano: Well, I think the location is in the Glacis area and the previous one was in the ground floor of the building at the Laguna car park and the change of location is that the location is one that was already in use and the facilities are going to be an expansion of something that was already there.

Madam Speaker: Next question.

Q266/2025
Abstract of Statistics –
Policy change

Clerk: Question 266, the Hon. C Sacarello.

Hon. C Sacarello: Will the Government consider changing its policy on not publishing the Abstract of Statistics which was last released in 2016?

Clerk: Answer, the Hon. Minister for Inward Investment and the Gibraltar Savings Bank.

Minister for Inward Investment and the Gibraltar Savings Bank (Hon. Sir J J Bossano): Madam Speaker, there is no such policy.

Hon. C Sacarello: Madam Speaker, I thank the Hon. Minister for his reply. In which case would he be able to elucidate on that and inform the House as to if it is the Government's intention to produce it at some point in the future being such a useful document as it is?

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Hon. Sir J J Bossano: The production was discontinued by the department. I do not know when the Act of 2016 was actually put together because they were given a lot of additional work when they were tasked with putting up information online that previously was not there. The resources that they had, and still have because that hasn't changed, they claimed that they would not be able to deliver what was needed in terms of putting things online unless they stopped producing the abstract which in fact is not anything that contains new information. It just contains the information that is in other places all in one place. They said they could not deliver those things and that since the priority was to get current information online, they discontinued it. They did not discontinue it because there was a policy decision that it should not be done.

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Hon. C Sacarello: Madam Speaker, would the Government consider redressing the issue given that at the end of the day, as the Hon. Minister said, the information is already there. It is just simply a question of collating and putting it together in one document. Technology and the use of it would save a lot of time and it facilitates everyone else's searches.

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Hon. Sir J J Bossano: I will ask the department to revisit the position.

Madam Speaker: Next question.

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Q267/2025
General Sinking Fund –
Balance as at 1 January 2025

Q268/2025
Public debt –
Figures as at 1 January 2025

Clerk: Question 267, the Hon. R M Clinton

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Hon. R M Clinton: Can the Government advise the balance on the General Sinking Fund on the following date being: 1 January 2025?

Clerk: Answer, the Hon. Minister for Inward Investment and the Gibraltar Savings Bank.

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Minister for Inward Investment and the Gibraltar Savings Bank (Hon. Sir J J Bossano): Madam Speaker, I will answer this question with Question 268.

Clerk: Question 268, the Hon. R M Clinton

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Hon. R M Clinton: Can the Government please provide the total gross debt, aggregate debt after application of the Sinking Fund to gross debt, cash reserves and net debt figures for public debt for the following dates being: 1 January 2025?

Clerk: Answer, the Hon. Minister for Inward Investment and the Gibraltar Savings Bank.

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Minister for Inward Investment and the Gibraltar Savings Bank (Hon. Sir J J Bossano): Madam Speaker, the gross public debt, aggregate debt after the application of the Sinking Fund to gross debt, cash reserves and net debt figures were on 1 January 2025: Gross public debt, 872.7 million pounds; Aggregate debt, 854; Cash reserves, 61.4; Net debt, 792.6. The balance of the General Sinking Fund on the requested date continues to be the same as previously stated.

Madam Speaker: Next question.

**Q269/2025
2022 Census –
Publication**

Clerk: Question 269, the Hon. D J Bossino on behalf of the Hon. Leader of the Opposition.

Hon. D J Bossino: What are the latest expectations on the publication of the 2022 Census?

Clerk: Answer, the Hon. Minister for Investment and the Gibraltar Savings Bank.

Minister for Inward Investment and the Gibraltar Savings Bank (Hon. Sir J J Bossano): Madam Speaker, the latest expectation for the publication of the 2022 Census is April.

Hon. D J Bossino: In order to ensure that there is absolute accuracy and there is no misunderstanding, I would ask the Hon. Minister to confirm that we are talking about April 2025.

Hon. Sir J J Bossano: This year.

Madam Speaker: Next question.

HEALTH, CARE AND BUSINESS

**Q191/2025
Lifecome Care Gibraltar Ltd –
Standard of services**

Clerk: Questions to the Hon. Minister for Health, Care and Business. Question 191, the Hon. A Sanchez.

Hon. A Sanchez: Is the Government still satisfied with the standard of services provided by Lifecome Care Gibraltar limited in relation to home support and domiciliary care, under the current contract with the Government?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, no ma'am. HMGOG is not satisfied with the standard of services provided by LifeCome Care Gibraltar, limited.

Hon. A Sanchez: Madam Speaker, would the Hon. Minister care to elaborate as to why and the reasons as to why the Government is not satisfied with the standards of care being provided?

220 **Hon. G Arias-Vasquez:** Madam Speaker, because we have a contract in place with the entity involved, we are now able to determine exactly what standards we expect from that agency. We have been receiving complaints and the matter is now under consideration.

225 **Hon. A Sanchez:** Madam Speaker, with respect to the Minister, she has not really specifically answered the question. She has a contract in place, she has been receiving or they have been receiving complaints. In relation to why they are not satisfied with the standard of service, can she perhaps elaborate as to the reasons why, in what way is perhaps the subcontractor not meeting the obligations, in what way is the standard of service not being met, the nature of the complaints, can she perhaps elaborate and give a bit more detail into this?

230 **Hon. G Arias-Vasquez:** Madam Speaker, as I have said, we have a contract in place with LifeCome Care Gibraltar, limited. We are able to take them through the provisions of the contract, which we think are not up to standard. We have therefore written to them on the 10th of February, setting out exactly where we think that they are not up to standard and informing them that we expect them to meet the criteria that we set out in the contract. The matter is therefore currently under review legally and I'm therefore not able to comment any further on this.

Madam Speaker: Next question.

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Q192/2025
Suicides –
Yearly figures

Clerk: Question 192, the Hon. A Sanchez.

245 **Hon. A Sanchez:** Could the Government provide the number of suicides recorded for the following years broken down by gender: 2022; 2023; 2024; 2025 (up to the present date)?

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

250 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the number of suicides recorded are as follows. Year 2022, there was one male. Year 2023, there was one male. Year 2024, there was one male. These figures may be subject to change as there are a number of deaths for which the coronary investigations are still ongoing and therefore inquests in respect to these have not been held.

255 **Hon. A Sanchez:** By way of clarification, Madam Speaker, there are no suicides recorded for females. Is this correct?

Hon. G Arias-Vasquez: Madam Speaker, yes, as of the date of the question there are no female recorded deaths. That's correct. There are no female recorded suicides.

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Madam Speaker: Next question.

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Q193/2025
Ocean Views –
Alcohol detox patients

Clerk: Question 193, the Hon. A Sanchez.

270 **Hon. A Sanchez:** Has the Minister received concerns regarding the current practise of sending alcohol detox patients to Ocean Views? If so, could the Minister confirm whether any changes to this practise is being considered?

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

275 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, no, ma'am. I have received no such concerns.

Hon. A Sanchez: Grateful Madam Speaker for that, answer. We continue to receive concerns from professionals about the setting being used for the use of alcohol detoxification. I put it again to
280 the Minister, have no concerns been expressed by any professionals in regards to this, Is it not an area of concern for anyone involved in this field?

Hon. G Arias-Vasquez: Madam Speaker, the professionals have line managers. The line managers have division leads. The division leads have medical director. The medical director has a director
285 general. I would suggest to any professionals that are expressing concerns to the Opposition that it is probably more useful to express their concerns up the chain and express their concerns professionally within their professional setting rather than to the Opposition. However, as I have said, I have not received any such concerns.

290 **Madam Speaker:** Next question.

Q194/2025
ERS Residential Sites–
Maintenance programme

295 **Clerk:** Question 194, the Hon. A Sanchez.

Hon. A Sanchez: Could the Government outline the current maintenance programme in place for the ERS residential sites?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the GHA's maintenance team carry out rounds on a daily basis in order to assess any immediate minor works that are required. Urgent repairs are addressed by the 24-hour on-call maintenance service. Fire
305 drill assessments ensure compliance with fire safety regulations.

Madam Speaker: Next question.

Q195/2025
ERS model of care –
Number of individuals assessed

310 **Clerk:** Question 195, the Hon. A Sanchez.

Hon. A Sanchez: Can the Government provide the most up-to-date figure on the number of individuals who have been assessed under the ERS model of care for bed suitability across all ERS sites and are currently waiting to access ERS Residential Facilities?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, as of 14 February 2025, the following individuals have been assessed under the ERS model of care for bed suitability across all ERS sites and are currently awaiting access to residential facilities under the ERS. Nine long-stay patients with Gibraltar Health Authority and five applicants from the community.

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Hon. A Sanchez: Madam Speaker, grateful for that answer. Is the Hon. Minister stating that there is a total waiting list of individuals that are waiting to be given places within all of the ERS sites, including Mount Alvernia residential facility, Hillside and all of these facilities?

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Hon. G Arias-Vasquez: No, Madam Speaker, I'm answering the question that was posed.

Hon. A Sanchez: Madam Speaker, the question that was posed was specifically worded in relation to a question that I submitted in March 2024, where I asked for the waiting list numbers in relation to Mount Alvernia and the answer provided by the Minister was that these lists are prepared under the assessment carried out by the ERS model of care for bed suitability across all of the ERS sites. When posing this question, I specifically made sure that the wording was posed in relation to the answer that she gave back in March. Perhaps she can give me the total waiting list of the people waiting to access these sites.

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Hon. G Arias-Vasquez: Madam Speaker, the question is requesting the most up-to-date figure on the number of individuals who have been assessed under the ERS model of care for bed suitability. That is not a question on the waiting list for Mount Alvernia. They are two separate questions.

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If the hon. Member needs to have a specific answer to a specific question, she should really address the question specifically. The figures that I have given, the hon. Lady, relate to the number of individuals who have been assessed under the ERS model of care for bed suitability across all of the ERS sites exactly as her question has stated.

345

Hon. A Sanchez: Madam Speaker, does she have the information about the waiting list for Mount Alvernia? Because I asked it in March 2024 and the answer that she gave me said that the figures were, or the wording was in a different way. Does she have the waiting list numbers for Mount Alvernia?

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Hon. G Arias-Vasquez: Madam Speaker, the questions that the hon. Lady asked me in March 2024 was answered in March 2024. Today, I have answered specifically the question that she has posed. I do not want to give any further information of which I am not 100% certain, as otherwise I am accused by the Opposition of misleading Parliament.

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Therefore, if the hon. Lady wishes to have information on waiting lists in Mount Alvernia, I would suggest that the question that she poses to me addresses waiting lists in Mount Alvernia.

I would suggest that rather than muttering under her breath, she actually poses a question that she means to answer.

360 **Madam Speaker:** Next question.

Q196-197/2025

ERS –

Number of posts created; Number of titles/grades renamed; Adjustments in remuneration

365 **Clerk:** Question 196, the Hon. A Sanchez.

Hon. A Sanchez: With regard to the ERS, as of 1 April 2023 to present date, could the Government provide the following information: The number of new posts created; The number of titles or grades that have been renamed; How many of these changes involved adjustments in remuneration detailing former salary and current salary; Which of these positions went through an open recruitment process with published adverts and interviews; Which of these positions did not go through such a process?

375 **Clerk:** Answer, the Hon. Minister for Healthcare and Business.

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I'll answer this question together with Question 197.

380 **Clerk:** Question 197, the Hon. A. Sanchez.

Hon. A Sanchez: Could the Government state the vacancies that existed within the ERS on each of (a) 1 April 2022, (b) 1 April 2023, (c) 1 April 2024, and (d) 1 February 2025 and provide information confirming: Whether any vacancies remain unfilled; If filled, when these vacancies were subsequently filled; Which vacancies went through an open recruitment process involving publication of advert and interview and which did not?

Clerk: Answer, the Hon. Minister for Healthcare and Business.

390 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, in answer to Question 196, as of 1 April 2023 to present date, three new posts have been created within the ERS and these are as follows. Divisional Clinical Lead for ERS, the post currently included in the 2024-2025 ERS approved establishment as Nursing Coordinator has been renamed to Divisional Clinical Lead ERS and was advertised internally within the GHA and ERS in January. Interviews are now being scheduled.

395 The Nursing Coordinator basic salary scale was £63,193 to £80,064.

The Divisional Clinical Lead ERS Basic Salary Scale is £57,259 to £70,680. The decrease in salary is due to the change in the role from Nursing Coordinator to Divisional Clinical Lead ERS. The salary of the Divisional Clinical Lead is in line with those in the GHA.

400 The ERS Administration and Facilities Manager, this post is currently included in the 2024-2025 ERS approved establishment as a GDC Grade 4 post, was advertised internally within the public service in January. Interviews are now being scheduled. The salary scale for this post remains unchanged.

There is also the Dementia Coordinator which was advertised in May 2023. The GHA announced a five-year National Dementia Strategy.

405 As part of the initiative and in order to achieve its vision, the GHA appointed one of the ERS Deputy Nursing Coordinators to the newly established role of Dementia Coordinator to lead on the implementation of the strategy. The salary scale for this post remains unchanged.

In answer to Question 197, the following vacancies existed within the ERS on the 1st of April 2022, 2023 and 2024. Catering Manager, Domestic Deputy Nursing Coordinator, Enrolled Nurse, Registered General Nurse, Nursing Assistant, Personal Secretary, Senior Cook and Technical Instructor. Of these, a Registered General Nurse was subsequently filled.

410 The following vacancies existed within the ERS on the 1st of February 2025. Catering Manager, ERS Admin and Facilities Manager, Divisional Clinical Lead ERS, Domestic, Deputy Nursing Coordinator, Enrolled Nurses, GHA Clerk, Nursing Assistant, Senior Cook and Technical Instructor PTO. Of these, the Catering Manager vacancy was advertised internally and filled on the 22nd of February 2025. Madam Speaker, the ERS Admin and Facilities Manager and the Divisional Clinical Lead ERS vacancies have been advertised internally and they are in the recruitment process.

420 **Madam Speaker:** Next question.

Q198-199/2025
Care Agency –
Vacancies

Clerk: Question 198. The Hon. A Sanchez.

425 **Hon. A Sanchez:** Could the Government state the vacancies that existed within the Care Agency on each of (a) 1st of April 2022, (b) 1st of April 2023, (c) 1st of April 2024 and (d) 1st of February 2025 and provide information confirming: Whether any vacancies remained unfilled; If filled when these vacancies were subsequently filled; Which vacancies went through an open recruitment process involving publication of advert and interview and which did not?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I'll answer this question together with Question 199.

435 **Clerk:** Question 199, the Hon. A Sanchez

440 **Hon. A Sanchez:** With regard to the Care Agency, as of the 1st of April 2023 to present date, could the Government provide the following information: The number of new posts created; The number of titles or grades that have been renamed; How many of these have involved adjustments in remuneration detailing former salary and current salary; Which of these positions went through an open recruitment process with published adverts and interviews; Which of these positions did not go through such a process?

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

450 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, in relation to Question 198, I now hand over a schedule with the information requested. In answer to Question 199, Madam Speaker, 27 new posts have been created. There has been no change in the nomenclature or adjustments in the remuneration of any titles or grades within the Care Agency.

In respect to the recently created administrative officer posts, we are currently going through an open recruitment process where we have published adverts and interviews are imminent. We have not yet commenced the recruitment process for the remaining posts.

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Madam Speaker: I will take supplementaries in relation to Question 199 and I'll give the hon. Member some time to consider the schedule and take supplementaries for Question 198 a little later. So anything for Question 199? We will move on and revert to Question 198 as well.

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ANSWER TO QUESTION 199

ANSWER TO QUESTION 198

The number of vacancies within the Care Agency for the specified years were as follows:

April 2022

Senior Executive Officer
Executive Officer
Training Co-Ordinator
Personal Secretary
Heads of Service
Team Manager
Senior Social Worker
Counsellor
Social Worker
Assistant Social Worker
Manager
Charge Nurse
Registered General Nurse
Manager
Senior Care Workers
Teacher (25 hours)
Handyman Driver

The following posts that were filled were;

Head of Adult Services	-	January 23
Manager St Bernadette's	-	February 23
Counsellor	-	February 23

April 2023

Executive Officer
Training Coordinator
Personal Secretary
Head of Service
Team Manager

Cont...

CONTINUED ANSWER TO QUESTION 199

CONTINUED ANSWER TO QUESTION 198

Senior Social Worker
Social Worker
Assistant Social Worker
Counsellor
Deputy Manager- Disabilities
Charge Nurse
Registered General Nurse
Care Leader
Registered Nurse - St B
Enrolled Nurse
Senior Care Worker
Care Worker
Teacher
Care Worker
Registered General Nurse
Handyman Driver

The following posts that were filled were;

EO's x 2 posts - August 23

April 2024

Executive Officer
Training Coordinator
Personal Secretary
Administrative Officer
Head of Service
Team Manager
Senior Social Worker
Social Worker
Assistant Social Worker
Newly Qualified Social Worker

Cont...

CONTINUED ANSWER TO QUESTION 199

CONTINUED ANSWER TO QUESTION 198

Counsellor
Deputy Manager- Disabilities
Charge Nurse
Registered General Nurse
Care Leader
Registered Nurse
Enrolled Nurse
Care Worker
Senior Care Worker
Care Worker
Teacher
Registered General Nurse
Hybrid Labourer
Hygienist
Caretaker

The following posts that were filled were;

Counsellor	-	April 24
RGN St Bernadette's	-	May 24
Caretaker	-	September 24

February 2025

Executive Officer
Training Coordinator
Personal Secretary
Administrative Officer
Head of Service
Team Manager

Cont...

475

480

CONTINUED ANSWER TO QUESTION 199

CONTINUED ANSWER TO QUESTION 198

Counselling Psychologist

Senior Social Worker

Social Worker

Assistant Social Worker

Newly Qualified Social Worker

Counsellor

Deputy Manager- Disabilities

Charge Nurse

Registered General Nurse

Care Leader

Social Care Worker

Enrolled Nurse

Care Worker

Residential Home Manager

Senior Care Worker

Care Worker

Teacher

Care Worker

Registered General Nurse

Hybrid Labourer

Domestic

All vacancies went through an internal recruitment process, including interviews; however, no external advertisement was published.

ANSWER TO QUESTION 198

The number of vacancies within the Care Agency for the specified years were as follows:

April 2022

Senior Executive Officer
Executive Officer
Training Co-Ordinator
Personal Secretary
Heads of Service
Team Manager
Senior Social Worker
Counsellor
Social Worker
Assistant Social Worker
Manager
Charge Nurse
Registered General Nurse
Manager
Senior Care Workers
Teacher (25 hours)
Handyman Driver

The following posts that were filled were;

Head of Adult Services	-	January 23
Manager St Bernadette's	-	February 23
Counsellor	-	February 23

April 2023

Executive Officer
Training Coordinator
Personal Secretary
Head of Service
Team Manager

Cont...

CONTINUED ANSWER TO QUESTION 199

CONTINUED ANSWER TO QUESTION 198

Senior Social Worker
Social Worker
Assistant Social Worker
Counsellor
Deputy Manager- Disabilities
Charge Nurse
Registered General Nurse
Care Leader
Registered Nurse - St B
Enrolled Nurse
Senior Care Worker
Care Worker
Teacher
Care Worker
Registered General Nurse
Handyman Driver

The following posts that were filled were;

EO's x 2 posts - August 23

April 2024

Executive Officer
Training Coordinator
Personal Secretary
Administrative Officer
Head of Service
Team Manager
Senior Social Worker
Social Worker
Assistant Social Worker
Newly Qualified Social Worker

Cont...

CONTINUED ANSWER TO QUESTION 199

CONTINUED ANSWER TO QUESTION 198

Counsellor
Deputy Manager- Disabilities
Charge Nurse
Registered General Nurse
Care Leader
Registered Nurse
Enrolled Nurse
Care Worker
Senior Care Worker
Care Worker
Teacher
Registered General Nurse
Hybrid Labourer
Hygienist
Caretaker

The following posts that were filled were;

Counsellor	-	April 24
RGN St Bernadette's	-	May 24
Caretaker	-	September 24

February 2025

Executive Officer
Training Coordinator
Personal Secretary
Administrative Officer
Head of Service
Team Manager

Cont...

CONTINUED ANSWER TO QUESTION 199

CONTINUED ANSWER TO QUESTION 198

Counselling Pyschologist

Senior Social Worker

Social Worker

Assistant Social Worker

Newly Qualified Social Worker

Counsellor

Deputy Manager- Disabilities

Charge Nurse

Registered General Nurse

Care Leader

Social Care Worker

Enrolled Nurse

Care Worker

Residential Home Manager

Senior Care Worker

Care Worker

Teacher

Care Worker

Registered General Nurse

Hybrid Labourer

Domestic

All vacancies went through an internal recruitment process, including interviews; however, no external advertisement was published.

Q200-201/2025

Care Agency –

Fostering Adoption Team current complement; Adoption rate

Clerk: Question 200, the Hon. A Sanchez.

510 **Hon. A Sanchez:** Could the Government provide the current complement of fostering adoption team in the Care Agency broken down by specific posts? Additionally, could the Government clarify whether any posts are currently vacant or affected by long term absence or sick leave?

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

515

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I'll answer this question together with Question 201.

Clerk: Question 201, the Hon. A Sanchez.

520

Hon. A Sanchez: Could the Government provide the figures for the number of young persons from the Care Agency residential care who in the years 2023 and 2024 have: Been fostered; Been adopted; Returned to their biological parents; Moved into a permanent home; Registered in their name?

525

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, in answer to Question 200, the fostering and adoption team is currently staffed by a team manager and two supervising social workers. Until June 2024, there was one team manager and one social worker. Additionally, within the fostering team, there are no employees on long term absence or sick leave.

530 In 2023, 16 children were fostered. Of these, one was subsequently adopted. A further three young persons were adopted. No young persons were returned to their biological parents or moved into a permanent home as they were not of age to move into independent living.

535 In 2024, five children were fostered. Of these, one was adopted, one returned home to their biological parents and two returned to residential care. Of the remaining, none moved into permanent home as they were not of age to move into independent living.

540 **Madam Speaker:** Next question.

Q202/2025

Paediatric physiotherapists –

Current complement; Vacant posts; Posts affected by long term sick leave or other absences; Contract types

Clerk: Question 202, the Hon. A. Sanchez.

545

Hon. A Sanchez: In relation to the current complement of paediatric physiotherapists within the GHA, could the Government provide clarification on the following: The total complement as of the current date; The number of vacant posts within the complement; The number of posts affected by long term sick leave or other extended absences; The type of contracts held for these positions (e.g. locum or other)?

550

Clerk: Answer the Hon. Minister for Healthcare and Business.

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, there is no complement of paediatric physiotherapists within the GHA.

555

Hon. A Sanchez: Madam Speaker, could the Hon. Minister elaborate a bit further on this? I suppose she has a complement of physiotherapists. Is there one that is responsible for the children's service?

560

Hon. G Arias-Vasquez: Madam Speaker, because I have the answer and because it is a subject close to both our hearts, I will answer the question, but I would suggest that in future the question is more specific and actually addresses the point. All the information on the complement is actually public information which is available in the statistics book. Whilst there is no specific paediatric physiotherapist, this is included as part of the overall physiotherapist, SEN1 and SEN2 complement, two physiotherapists which are assigned to paediatrics.

565

Q203-4 & 218-9/2025

Diabetes –

DESMOND course; Specialist Nurses; Support and information; Procurement of HbA1c analyzers

570

Clerk: Question 203, the Hon. A Sanchez.

Hon. A Sanchez: Could the Government provide the following information: Whether it has ever offered the DESMOND course to individuals diagnosed with diabetes; If so, when and why these courses were discontinued; Whether it intends to start offering these courses again?

575

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I will answer this question together with Questions 204, 218 and 219.

580

Clerk: Question 204, the Hon. A Sanchez.

Hon. A Sanchez: Could the Government state how many diabetes specialist nurses are currently employed by the GHA?

585

Clerk: Question 218, the Hon. J Ladislaus.

Hon. J Ladislaus: When a person is newly diagnosed with diabetes, what support and/or information are offered immediately thereafter?

590

Clerk: Question 219, the Hon. J Ladislaus.

Hon. J Ladislaus: Have the GHA purchased, or are there plans to purchase, HbA1c analyzers to assist in the monitoring and management of diabetes in adults?

595

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker yes ma'am, the GHA previously offered the DESMOND course to individuals diagnosed with diabetes. This ceased approximately 3 years ago on the retirement of 1 of the diabetic nurse specialists who was a qualified DESMOND instructor. We are actively looking to incorporate a DESMOND course or equivalent into our diabetes programme as soon as we are able to do so.

In relation to Question 204, Madam Speaker, the information requested is publically available.

Madam Speaker, with reference to Question 218, individuals newly diagnosed with diabetes through their GP, through a general practitioner, are referred to the diabetes team for assessment and monitoring of advanced diabetes related complications. Additionally, patients are referred to a dietician for nutritional counselling and dietary management. Upon referral to the diabetes team, patients receive ongoing support including annual reviews and ADRC assessments. If any concerns arise or abnormalities are detected, the diabetes team collaborates closely with GPs to ensure appropriate management and follow-up. All type 1 diabetes patients receive follow-up care in secondary care under the supervision of an Endocrinologist. Patients with type 1 diabetes who utilise the internal medical devices for glucose monitoring receive enhanced support to optimise insulin management and dosage adjustments.

To facilitate appointment scheduling and patient support, a dedicated mobile contact number for diabetic patients is available.

Madam Speaker, in answer to Question 219, the GHA currently has a HbA1c analyser to meet current and future demands. As such, there are no plans to purchase any more analysers.

Hon. A Sanchez: Madam Speaker, grateful for that answer. In relation to Question 203 and the DESMOND course, the Hon. Minister states that they are looking to introduce these courses again. Has there been an application to obtain the licence in order to deliver this course and, if so, what is the progress on this?

Hon. G Arias-Vasquez: Madam Speaker, that is quite a specific question, I am not aware of whether there is a case for otherwise. I would suggest that specific question is put to me for the next session and I will happily answer it then.

Madam Speaker: Is the Hon. D J Bossino on Question 203? Or generally, then I will come back to the Hon. J Ladislaus afterwards.

Hon. A Sanchez: Yes?

Hon. D J Bossino: So, in answer to my hon. Friend's question, which was the Hon. Minister said was very specific in nature, the Hon. Minister did say at the tail end of her answer that in terms of starting to offer these courses again in respect of that specific question that she said, as soon as we are able to do so. So, what is preventing the ability to recommence this particular service?

Hon. G Arias-Vasquez: Madam Speaker, the GHA has tried on numerous occasions to recruit diabetes nurse specialists. As the hon. Members are aware, there is a significant difficulty in recruiting diabetes nurse specialists in Gibraltar. It is for this reason that we have not been able to find a diabetes nurse specialist who has the necessary qualifications to run the DESMOND programme that we have been unable to offer that service.

Hon. D J Bossino: Is the Hon. Minister able to provide an update as to whether any progress that can press her further that is being made in relation to the recruitment and appointment of this particular speciality in the nursing field?

650 **Hon. G Arias-Vasquez:** Madam Speaker, as the hon. Member may have noticed, in the complement, which is one of the specific questions that was addressed by the hon. Lady, in the complement there are four diabetes nurse specialists actually contained in the complement. Out of these, there are only two actually employed by the GHA because we cannot recruit the other two. The latest advert was put out in November 2024 for a vacancy for a diabetes nurse specialist and again, we struggle to recruit someone with the necessary skill set, so we're looking at alternatives in order to fill those vacancies.

660 **Hon. D J Bossino:** What if I may ask is the cause of the struggle? Is this an area which is not particularly attractive to people in the UK? I'm assuming the recruitment is going to likely come from the UK and if that assumption is incorrect, I would invite the Hon. Minister in her reply to correct it. Assuming it is in the UK, is it simply that there is a dearth of specialisation in that area in the UK in potential applicants?

665 **Hon. G Arias-Vasquez:** Madam Speaker, I'm not sure what the actual issue is. What I am certain of is that there have been numerous instances in which the vacancies have been advertised in Gibraltar and in the UK. As the hon. Member may or may not be aware, we are now able to recruit directly from the NHS through the NHS scheme and we are advertising this position frequently but we are unable to recruit for whatever reason that may be.

670 **Hon. D J Bossino:** Could I suggest to the Hon. Minister that enquiries are made as to what the cause is and I would invite her in her response by way of a question, is whether maybe the package which is being offered by the Gibraltar Government, or in this case the GHA, is not attractive enough. For example, given that the Minister is unaware as to what the cause of the struggle is in filling this particular role, could it be that the salary package is simply not attractive enough, for example?

675 **Hon. G Arias-Vasquez:** Madam Speaker, I'm sure that the hon. Member reads the papers frequently, and I'm sure that the hon. Member is aware that there is a global shortage of nurses, and there is a global shortage of specialised nurses in particular. We are told that the package is attractive and we have no issues of any of that nature. It is just that there is a global shortage of clinical staff.

Madam Speaker: Yes, the Hon. J Ladislaus.

685 **Hon. J Ladislaus:** It is following on from these questions and then thereafter if I could ask... Madam Speaker, I believe I have had an exchange with the Hon. Minister on this specific point before in the past. The issue that I raised, and I ask now, has it been considered whether there can be incentives put in place in order to motivate people within the GHA to train as diabetic nurses because I make the point that when a nurse moves out of a ward in order to take up a specialist role, what happens is they lose allowances in moving across. So, in essence, it is not a step up, it is a step down a lot of the time when they lose monetary gain doing so. Has a package, perhaps
690 been looked into to which could alleviate that and perhaps motivate people to take up training in this area.

695 **Hon. G Arias-Vasquez:** Madam Speaker we did indeed have this discussion before and the discussion that we had I believe led to the fact that actually there are packages in place and in order to put upward mobility within the GHA, it is always encouraged that people do specialise, that people do take on these courses. The staff at the GHA are looking at all possible options in order to fill the speciality and as someone with a diabetic mother, I assure you that I'm very much on this case and try to get the service working as best as possible.

Madam Speaker: Any questions on Questions 218, 219?

Hon. J Ladislaus: In respect of Question 218, we have heard that there are ongoing annual reviews. Is that often enough? Can the Hon. Minister clarify whether there should be more regular reviews or we are actually achieving the suggested reviews for individuals who suffer from diabetes? I do have information that it is a large percentage of our population who do have diabetes, circa around 4,000 people.

Hon. G Arias-Vasquez: Madam Speaker that information, again, is publicly available on the Joint Strategic Needs Assessment website. You can get a specific figure as to the exact number of individuals in Gibraltar that have diabetes and it is about the 3,600 marks. That is indeed correct. The annual figure is because it is an overview.

Remember that there are two types of diabetes. There is type 1 and type 2. The distinction that was made in my answer is that type 1 diabetes patients receive follow-up care by the endocrinologist, which we employed eight months ago. The endocrinologist will take care of the cohort of type 1 diabetes patients and the diabetes team within the PCC will take care of all the type 2 patients. The majority of patients that need an annual review will be reviewed annually. If they feel that for whatever need they need to be reviewed further, they will be. This includes referrals to ophthalmology, for example, or to the podiatrist. Whatever it is that the diabetes nurses feel is necessary, they will be reviewed and updated on whatever basis the nurses feel is needed.

Hon. J Ladislaus: As to Question 219, again, the information which we have is that the analyser, which the GHA currently has, is in fact used for child patients. That this is actually a much better and less invasive way of testing continuously. The information we have is that the analysers are not particularly pricey to come by so I ask the Hon. Minister whether perhaps they would reconsider as to whether to purchase a further analyser, particularly for adult patients.

Hon. G Arias-Vasquez: Madam Speaker, the issue with the analyser isn't the HPAC-1 analyser itself. It's the staff that is required to run the analyser. The analysis are run twice weekly and I do not believe it is just children that are reviewed with the HPAC. The analyser reflects blood sugar levels over a period of two to three months. And this is what we're told is required. I do not have the information in front of me, but I do not believe it is just children patients that are reviewed with the analyser.

Hon. D J Bossino: Further to that response that the Hon. Minister has provided to my hon. Friend, Mrs. Ladislaus, is that the reason why there are no current plans to purchase a new analyser? Is it because it would require the recruitment of further staff to operate it? Is that what is creating the obstacle?

Hon. G Arias-Vasquez: No, Madam Speaker, that is not what I said. What I said is that the analyser is able to analyse more patients if it felt that it was needed. It is the staff that is needed to run the analyser. The ability is there for the analyser to run, however many tests is needed for the analyser to run. It is not that we do not have the staff to run the second analyser. It is that we have an analyser and the staff is running that analyser. Again, I refer back to my previous answer where I specifically stated that we are trying to actively recruit two more diabetes specialist nurses and it is not possible to recruit them.

Madam Speaker: Next question.

Q205, 262-4/2025

Western Anchorage –

Departing procedure without a pilot; Legislative changes arising from OS 35 LNG Atom collision; Compulsory pilotage; Cost of salvage

Clerk: Question 205, the Hon. G Origo.

755 **Hon. G Origo:** Can the Government confirm whether there is a formal procedure to follow for vessels without a pilot embarked departing from the Western Anchorage?

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

760 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, I'll answer this question together with Questions 262 to 264.

Clerk: Question 262, the Hon. D J Bossino on behalf of the Hon. the Leader of the Opposition.

765 **Hon. D J Bossino:** Does the Government intend legislative changes arising from the investigation report into the OS 35 LNG atom collision?

Clerk: Question 263, the Hon. D J Bossino on behalf of the Hon. the Leader of the Opposition.

770 **Hon. D J Bossino:** Will the Government be considering making pilotage compulsory for departure from the Western Anchorage?

Clerk: Question 264, the Hon. D J Bossino on behalf of the Hon. the Leader of the Opposition.

775 **Hon. D J Bossino:** What is the cost to date of the salvage and oil pollution measures taken in relation to the collision between the OS 35 and the LNG Adam?

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

780 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, in relation to Question 205, at present, all vessels departed from the Western Anchorage do so without a pilot on board, unless they have chosen to take up the optional pilotage service. There is a myriad of procedures as reflected in the quality manual and consequent ISO manuals, which guide the Gibraltar Port Authority procedures but I am not quite sure what is meant by a formal procedure.
785 Assuming that this refers to established management procedures for vessels departing, there are a number of relevant procedures in place at present, which are followed by the GPA staff.

In relation to Questions 262 and 263, HMGOG is considering the report and all its recommendations. Once detailed analysis is conducted, and depending on which recommendations are taken on board, there may be a need to make changes in current legislation.
790 However, at this stage, it would be premature to confirm whether legislative changes are required.

In answer to Question 264, Madam Speaker, the salvage operation was undertaken by contractors appointed by the vessel's insurers. The costs of the salvage operation have not been disclosed to HMGOG, but they have been borne directly and completely by the insurer. The cost of oil pollution measures, which HMGOG are claiming from the insurers and the owners, is £8.035 million, as presented to the Supreme Court in Gibraltar. The case is still ongoing.
795

Hon. G Origo: Madam Speaker, if it may assist the Hon. Minister, my question with regards to formal procedures was derived from the OS35 report, and if I may briefly take her to one of the pages of that report, particularly page 37.

800 **Madam Speaker:** Is this in relation to Question 205?

Hon. G Origo: At page 37 of the report, it deals with safety recommendations, and one of which reads as follows. The Gibraltar Port VTS is recommended to formalise the procedure for advising departing vessels with no pilot embarked of the recommended route for departing the Western Anchorage. It continues, the Gibraltar pilots are recommended to formalise the information provided to masters for departing the Western Anchorage on arrival. Such would indicate, Madam Speaker, that no formalised process is in place or readily available. Would the Hon. Minister not agree that as a matter of safety for the individuals who are on board and as a matter of safety from an environmental perspective, as was the case in this instance, that such formalised procedures should be finalised and publicly made available as recommended by the report?

Hon. G Arias-Vasquez: Madam Speaker, I thank the Hon. Member opposite for reading to me the OS35 report and its conclusions. I hope that he read the rest of the report as well. In the report, it actually says Gibraltar pilots are recommended to provide masters on arrival and on their websites with information of the option to take a pilot from Anchorage to sea and formalise the information provided to masters for departing the Western Anchorage on arrival.

Alternatively, the Gibraltar Port Authority is recommended to consider introducing compulsory pilotage for vessels departing the Western Anchorage. Now, the alternative is what is currently being considered. If the hon. Member listened to my answer to the Hon. Leader of the Opposition's questions, we said that we were considering, let me go back to my answer to say exactly what I said. The HMGOG is considering the report and all of its recommendations and the recommendations are either to provide information on the outgoing journey for masters to have pilots on board. On the inward journey, it is already compulsory. This is about whether the pilots are compulsory when the vessel departs the port of Gibraltar.

The question here is, do we consider introducing compulsory pilotage for vessels departing the Western Anchorage? The answer to that question was provided in relation to Questions 262 and 263, where we said that we are considering the report and the conclusion helpfully read out by the hon. Member. Therefore, once we do that, we will confirm whether legislative changes are required or otherwise.

Hon. G Origo: Madam Speaker, and if I may just assist the Hon. Member, the question I pose concerns vessels who are departing from the Western Anchorage without a pilot embarked. I know that she rather helpfully comments on how the recommendations on whether to enforce the necessary pilotage is being considered. My question specifically relates to the instances where these vessels are not piloted. In the instances where these vessels are not piloted, is the Government considering and will it formalise the process for how they should be departing from the Western Anchorage? The question is quite simple.

Hon. G Arias-Vasquez: Madam Speaker, the answer is even simpler. Let me read it out once again. HMGOG is considering the report and all of its recommendations. Once a detailed analysis is conducted, and depending on which recommendations are taken on board, they may need to make changes to current legislation. However, at this stage, it would be premature to confirm whether legislative changes are required. I would extend that to practises as well as legislative changes.

Madam Speaker: Any supplementaries on Question 262 going forward?

Hon. D J Bossino: Yes, Questions 262 and 263, which were bunched together by the Hon. the Minister. The progress in relation to the lessons that we would no doubt have learnt as a result of this collision is in effect being delayed on the basis that the report is being considered. Indeed, the response by the Minister is that taking any legislative or any other measures would be premature

at this stage. Therefore, can I ask the Hon. Minister to provide us with an indication as to when we will reach a conclusion in terms of considering the report and its recommendations?

855 **Hon. G Arias-Vasquez:** Madam Speaker, we do not have a date yet.

Hon. D J Bossino: In relation to Question 264, whilst I appreciate that the Minister did not provide an answer to the salvage costs because they are not disclosed to the Government, I think it was the reply, and not relevant to us in the sense that it does not result in a cost to the Government, 860 so it does not impact on the Government's exchequer or the exchequer. The oil pollution measures, however, have resulted in a cost and she said that it was being recovered in the course of presumably admiralty proceedings, which have arisen as a result of the collision. And she gave a figure, which was £8.035 million. Is the Hon. Minister able to provide a breakdown of this figure?

865 **Hon. G Arias-Vasquez:** Madam Speaker, to be perfectly clear on what I said, because I want there to be absolutely no misrepresentation of what was said, what I said is that the costs of the salvage operation have not been disclosed to HMGOG. So it is not that HMGOG is not disclosing it, it is that HMGOG do not know it because it is not relevant because it was picked up by the salvage operation. They have been borne entirely and completely by the insurer. The cost... no, no, 870 because it was spun slightly so that it would seem like Government was not disclosing it. The intention is not that Government is not disclosing it. The intention, to be abundantly clear, is that the costs have not been disclosed to Government. I want to be entirely clear because then things can be spun out of context. The cost of the oil pollution measures is 8.035 million and that is a gross figure, Madam Speaker. The expectation is that this will be reduced somewhat because 875 there may be adjustments in the invoicing rates, but I do not have a breakdown of that figure. Apologies.

Hon. D J Bossino: There was absolutely no intention on my part to spin anything of what the Hon. Minister said. I thought I was accurately reflecting what she had said in relation to that and in fact 880 I was offering an olive branch in the sense that I was saying that it didn't result in an expenditure to the exchequer, so therefore I understand why we do not need to pursue that line of questioning in this House, but in relation to the breakdown of the 8.35 million figure, is it the case that the Hon. Minister doesn't have that information with her now, but it is information which she would have available to her and as a result of a further question the Hon. Minister would be able to 885 provide that information to this House?

Hon. G Arias-Vasquez: Madam Speaker, so as not to be accused of misleading Parliament, I have to say that I do not know whether it is information that we have, so perhaps if the hon. Member were to pose that question for the next session of Parliament, I will be able to make enquiries as 890 to whether it is a figure that we have and we can provide the breakdown.

Hon. D J Bossino: I am grateful to the Hon. Minister for that response, but is she able also to say whether, does she have information as to the number of entities and companies that the Government would have had to contract in order to carry out this oil pollution removal exercise? 895 Would that information be available to the Hon. Minister who has responsibility for this particular area?

Hon. G Arias-Vasquez: Madam Speaker, given that the matter is currently involved in Admiralty proceedings, I would expect that that is information that is available, but that is a very detailed question that is being posed by the hon. Member and if he wants that level of detail, I would 900 advise the hon. Member to put a specific question in Parliament and we will provide that level of detail if it is available, which I expect it is because there are proceedings in Court at the moment.

Hon. D J Bossino: Also to clarify to the Hon. Minister by way of a further question, presumably if that question were filed at the next session, which would be expected in March, it won't be in any way hampered in the response as a result of the extant proceedings before the Supreme Court. What I'm driving at is information which the Minister would be able to respond to irrespective and out with the Admiralty proceedings currently before the Supreme Court.

Hon. G Arias-Vasquez: Madam Speaker, that is a hypothetical question. Until I've seen the question, I do not know what the nature of the question is exactly and, if that question were received, I would have to take advice.

Hon. D J Bossino: This is not hypothetical. The question is very specific, which is, what is the Hon. Minister able to provide a breakdown of the 8.035 million figure? It is not hypothetical. The answer we have had is yes. And the very specific, non-hypothetical question I have asked is, will the response to that be hampered next month as a result of the proceedings before the Supreme Court?

Madam Speaker: To be fair, the question needs to be put in order to be able to answer rather than would it be possible. So I suggest the hon. Member puts the question.

Hon. D J Bossino: The question, it is not mine, it is the Hon. Leader of the Opposition's, but the question that I raised by way of supplementary, Madam Speaker, was, is the Hon. Minister able to provide a breakdown? Does she have that information with her? The answer was not with me, but I can provide information once you file the question. The answer was in the affirmative. I will respond to the hon. Member's question. All I am asking is, will that be hampered in any way as a result of the proceedings before the Supreme Court?

Hon. G Arias-Vasquez: Madam Speaker, the question is hypothetical and in any event, we would have to take advice once the question were received.

Madam Speaker: Before we move on to the next question, I am going to come back to Question 198, which was a question from the Hon. A. Sanchez. Are there any supplementaries? No? Next question.

Q206/2025
GHA legislation –
Duty of candour

Clerk: Question 206, the Hon. J Ladislaus.

Hon. J Ladislaus: Similar to the UK's organisational Duty of Candour, has the Government considered the introduction of a Duty of Candour into our legislation for the GHA, which would place a direct obligation upon the GHA to be open and honest with service users and their families when something goes wrong that appears to have caused or could lead to moderate harm or worse in the future?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the Duty of Candour already exists in the clinical governance framework within the GHA. It involves the investigation of an incident to identify any gaps in the service and the learning needs to prevent

recurrence. This would proceed with the disclosure of errors of it or incidents that could have caused harm, offering an apology and acknowledging the impact on patients. Further support to the affected patients and their family would follow.

The Duty of Candour is also part of the GMC good medicine medical practice. It requires doctors to be open and honest with patients when things go wrong, providing explanations, offering apologies and taking steps to prevent future harm. This promotes transparency, accountability and patient safety, encouraging a culture of learning and trust in healthcare. Therefore, although not in legislation, the GHA will always act according to the principle of the Duty of Candour.

Hon. J Ladislaus: I am grateful. Could the Hon. Minister perhaps let the public know where it is that one can find the clinical governance framework which has been referred to?

Hon. G Arias-Vasquez: Of course, Madam Speaker. There is a document which is called the management of incidents, clinical and non-clinical from the GHA. The document is available within the GHA framework. I actually do not have confirmation that this is on the GHA's intranet site. It's a procedural document and the most up-to-date version is on the GHA's intranet.

Hon. J Ladislaus: I'm grateful, Madam Speaker, but if the document is available only on the intranet, and I beg the Minister's pardon here, but is it the case that it is available on the intranet? The latest version is on the intranet, but there is a version which is accessible to the public. Is that correct?

Hon. G Arias-Vasquez: Madam Speaker, this is a document which is about professionals within the GHA. The Duty of Candour is exactly the same duty of candour as is contained within the GMC's professional guidance. The Duty of Candour is contained within the management of incidents, clinical and non-clinical policy document, but it is a reference to a standard which exists throughout the medical profession. The doctors and nurses within the GHA, already within their own professional grades will have their own reference to the GMC guides.

Hon. J Ladislaus: I'm grateful, Madam Speaker, but the point here is that the UK Government introduced a duty of candour into legislation in the UK in November 2014. That duty of candour was in fact rolled out and extended to all other health and social care providers who were registered with the Care Quality Commission, including care homes, from April 2015. The question I ask now, therefore, is that the case in Gibraltar? Has it been extended to ERS also?

Hon. G Arias-Vasquez: Madam Speaker, the ERS falls within the GHA therefore, of course, it applies to ERS.

Hon. J Ladislaus: Madam Speaker, I was aware that the GMC has this duty of candour, but given that the UK has seen fit to legislate for it, and that puts it at a far higher position, would the Government commit to looking into legislating in regard to a duty of candour in Gibraltar?

Hon. G Arias-Vasquez: Madam Speaker, this is the first time that this issue has been raised with me. Given that we are looking at other procedures to make the GHA more open, accessible and transparent, there is no reason why we shouldn't also consider something like this.

Madam Speaker: Next question.

Q207-8/2025
GHA premises/vicinity –
Staff smoking policy

Clerk: Question 207, the Hon. J Ladislaus.

1005 **Hon. J Ladislaus:** Does the GHA have a policy as to staff smoking on GHA premises? If so, can the Government outline that policy?

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

1010 **Hon. G Arias-Vasquez:** Madam Speaker, I will answer this question together with Question 208.

Clerk: Question 208, the Hon. J Ladislaus.

1015 **Hon. J Ladislaus:** Does the GHA have a policy as to staff smoking in the vicinity of GHA premises? If so, can the Government outline that policy?

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

1020 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, in answer to Questions 207 and 208, yes ma'am. In 2014 the GHA introduced a policy that established all GHA premises as no smoking areas and designated smoking areas are specifically in the appendix to this policy. The policy applies to all persons regardless of whether they are staff, patients or visitors. Additionally, Madam Speaker, in 2018, HMGOG passed a new law for smoking prohibition in the vicinity of GHA grounds and thereafter in 2020 passed further legislation to include the area
1025 opposite St Bernard's Hospital known as Harbour Views Road.

Hon. J Ladislaus: Madam Speaker, may I ask, does the policy also apply to employees who are travelling in GHA vehicles?

1030 **Hon. G Arias-Vasquez:** Madam Speaker, I am unclear on what the definition of premises pursuant to the policy is.

Hon. J Ladislaus: Madam Speaker, does the policy also extend to employees wearing a GHA badge or uniform at any time or representing the GHA who may be off premises?
1035

Hon. G Arias-Vasquez: No, Madam Speaker, smoking includes no smoking in areas designated where unable to control people in their daily lives.

1040 **Hon. J Ladislaus:** Madam Speaker, I am grateful for that answer but is the Hon. Minister aware that in the UK various trusts have actually implemented exactly that, that if an employee of the NHS is actually wearing a badge or uniform at any time or representing the NHS off premises, then they are not to be seen smoking. Is that something that the Hon. Minister is aware of and would consider rolling out into the GHA?

1045 **Hon. G Arias-Vasquez:** Madam Speaker, it is not something that is under active consideration.

Hon. J Ladislaus: Madam Speaker, does this policy also apply to e-cigarettes or to vapes?

1050 **Hon. G Arias-Vasquez:** Madam Speaker, vaping is prohibited within the GHA premises. I am unclear on whether it extends to the regulations related to smoking and I am unclear on what the

definition of smoking is. I would not wish to mislead Parliament so I am not certain whether you're able to vape in the regulated areas pursuant to the smoking prohibition, smoking on GHA ground regulations.

1055 **Hon. J Ladislaus:** Madam Speaker, in terms of vicinity, we have heard that that includes the area just opposite the St Bernard's Hospital. Who is, may I ask, responsible for ensuring that employees in particular are complying fully with that policy? Because it is the case that often when one passes by the hospital, unfortunately there are individuals smoking there and some are wearing uniform. So who is responsible for policing that, so to speak?

1060

Hon. G Arias-Vasquez: Madam Speaker, the Environmental Agency is responsible for policing it and they have actually visited the area intermittently as part of an awareness campaign to educate people about the risks of smoking and the legal prohibition of smoking on Harbour Views Road. However, we have a Director of Public Health who is very actively involved in the smoking cessation clinics. The Director of Public Health actually chaired a meeting in November because she wishes to enforce those regulations in different ways.

1065

You will have seen that there are no smoking signs which have been put up in the vicinity of the wall that the hon. Lady referred to and this has actually made a marked difference. Further to that, what we are actually doing is that we are working with the Ministry for the Environment and the Department of the Environment to turn the area into a children's garden area because it is looked out onto from Rainbow Ward. We are actually actively engaging in landscaping plans so that each and every primary school is allocated a specific area to look after. The landscaping will mean that it is difficult for people to sit on the hospital side of the wall to smoke. What we are looking to do is that we're looking to introduce, we have got the legislation, so the stick is already there.

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There is a penalty of £1,000 for people that are smoking in the area. The Environmental Agency is the Agency that enforces it. But if we can look at alternative ways to enforce it, we will be doing that and what we are doing, what we are trying to do is to look at different ways of making sure that the area does not encourage people to smoke there.

1080

Hon. J Ladislaus: Do the GHA's employment terms and conditions, contracts and general communications contain clauses, Madam Speaker, as to these smoking prohibitions and relating to the policy of the GHA?

1085

Hon. G Arias-Vasquez: Madam Speaker, we would expect the employees comply with the policy and we would expect the employees comply with the law. So I am unsure of whether the specific terms of the contract refer to smoking prohibitions, but given that it is policy and given that it is law, I would expect the employees to abide by GHA policy and to apply by regulations which would travel the world to everybody.

1090

Madam Speaker: Next question.

Q209/2025

GHA –

Whistleblowing policies

Clerk: Question 209, the Hon. J Ladislaus.

1095

Hon. J Ladislaus: Does the GHA have whistleblowing policies in place and, if so, can the Hon. Minister provide copies of those policies?

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

1100 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the GHA has implemented a speak up policy designed to foster a culture where employees feel empowered to voice concerns within the organisation. The policy ensures that all matters raised are appropriately captured, reviewed and addressed in a structured and transparent manner. Additionally, the whistleblowing policy published by the Department of Personnel Development
1105 in November 2024 applies across the entire Public Service, including the GHA. This policy reinforces the commitment to accountability and integrity within the organisation. I now hand over a copy of both policies for reference.

Madam Speaker: Is the Hon. Minister in a position to ask supplementary based on the substantive
1110 answer or does she wish to look at the policies? We will come back to Question 209.

Madam Speaker: Next question.

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His Majesty's Government of Gibraltar

His Majesty's Government of Gibraltar: Whistleblowing Policy

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**HIS MAJESTY'S GOVERNMENT OF GIBRALTAR: WHISTLEBLOWING POLICY
(the "Policy")**

1. Purpose of the Policy

- 1.1. His Majesty's Government of Gibraltar is committed to serving the people of Gibraltar with integrity, openness, accountability, and transparency and equally expects that all Public Servants will maintain high standards of conduct and service to the community.
- 1.2. This Policy aims to foster a culture of openness, transparency, and accountability in the workplace by safeguarding Whistleblowers and encouraging the making of Disclosures. This Policy also aims to ensure that Whistleblowers are protected from retaliation and/or detrimental treatment by HMGoG and/or the different levels of management in the Public Service.
- 1.3. The purpose of this Policy is to:
 - (i) encourage Public Servants to make Disclosures as soon as possible in the full knowledge that their suspected genuine Whistleblowing Concerns will be taken seriously and investigated as appropriate and that, subject to paragraph 7.5, their confidentiality will be respected;
 - (ii) provide Public Servants with guidance as to how to make Disclosures; and
 - (iii) reassure Public Servants that they should be able to make Disclosures without fear of reprisals even if they turn out to be mistaken.
- 1.4. The aim of this Policy is to provide an internal mechanism for reporting, investigating, and remedying any Whistleblowing Concerns in the workplace. In most cases, a Public Servant should not find it necessary to alert any external person.
- 1.5. In some circumstances, it may be appropriate for Public Servants to make Disclosures to an external body, such as a regulator. HMGoG strongly encourages Public Servants to seek advice from their Line Manager or the Department of Personnel and Development before making a Disclosure to an external individual or entity.

2. Definitions and interpretation

- 2.1. In this Policy, the following definitions apply:

"Department" means the Department of Personnel and Development of HMGoG;

"Disclosure" means a protected disclosure as defined in section 45A(1) of the Employment Act relating to a suspected genuine Whistleblowing Concern set out in paragraph 5.1;

"General Orders" means HMGOG's General Orders;

"HMGOG" means His Majesty's Government of Gibraltar, its departments, agencies, authorities, and companies;

"Line Manager" means a Public Servant's immediate supervisor;

"Public Servant" includes an employee, worker, or officer of HMGOG;

"the Act" means the Employment Act;

"Whistleblower" means a Public Servant who makes a Disclosure;

"Whistleblowing Concern" means one or more of the concerns set out in paragraph 5.1 that when disclosed in accordance with this Policy is protected under the Employment Act; and

"Whistleblowing Officer" means a person employed by HMGOG and designated to deal with Disclosures.

- 2.2. In this Policy, a reference to a particular law is a reference to it as it is in force from time to time taking account of any amendment, extension, or re-enactment and includes any subordinate legislation for the time being in force made under it.
- 2.3. The headings in this Policy are inserted for convenience only and do not affect its interpretation.
- 2.4. In this Policy, a reference to one gender includes a reference to all genders, and, except where the context otherwise requires, words denoting the singular include the plural and *vice versa*.
- 2.5. This Policy does not form part of a Public Servant's contract of employment or other contract to provide services to HMGOG. HMGOG may amend this Policy at any time without consultation.
- 2.6. In this Policy, 'raising/disclosing a suspected genuine Whistleblowing Concern' or 'making/reporting a Disclosure' or any other similar or related expression shall be used interchangeably to mean the making of a Disclosure.

3. To whom does this Policy apply?

- 3.1. This Policy applies to all Public Servants and certain other categories of HMGOG workers or persons providing services to HMGOG, such as officers, consultants, self-employed contractors, agency workers, and trainees.

4. Who is responsible for this Policy?

- 4.1. The Office of the Chief Secretary of HMGoG has overall responsibility for the effective operation of this Policy and for reviewing the effectiveness of actions taken in response to concerns raised under this Policy.
- 4.2. The Department has day-to-day operational responsibility for this Policy. Public Servants should refer any questions about this Policy to the Department in the first instance. The Department must ensure that regular and appropriate training is provided to all senior officers and other staff who may deal with concerns or investigations under this Policy.
- 4.3. This Policy is reviewed at least annually by the Department and the Office of the Chief Secretary of HMGoG.
- 4.4. All Public Servants are responsible for the success of this Policy and should ensure that they use it to disclose any suspected Whistleblowing Concerns. Public Servants are invited to comment on this Policy and suggest ways in which it might be improved. Comments, suggestions, and queries should be addressed to the Department, which will involve the Office of the Chief Secretary of HMGoG where appropriate.

5. What is whistleblowing?

- 5.1. Whistleblowing is the disclosure of information, which, in the reasonable belief of the Public Servant making the Disclosure, tends to show one or more of the following Whistleblowing Concerns, namely that:
 - (i) a criminal offence has been committed, is being committed, or is likely to be committed;
 - (ii) a person has failed, is failing, or is likely to fail to comply with any legal obligation to which he is subject;
 - (iii) a miscarriage of justice has occurred, is occurring, or is likely to occur;
 - (iv) the health or safety of any individual has been, is being, or is likely to be endangered;
 - (v) the environment has been, is being, or is likely to be damaged; and/or
 - (vi) the information tending to show any matter falling within any one of the preceding paragraphs has been, is being, or is likely to be deliberately concealed.
- 5.2. A Disclosure must:

- (i) be made in good faith;
- (ii) be made in the belief that the information disclosed, and any allegations contained in it, are substantially true;
- (iii) not be made for the purposes of personal gain; and
- (iv) when made to an external person, be made where, in all the circumstances of the case, it is reasonable to make the Disclosure. In determining whether it is reasonable for a Public Servant to make a Disclosure to an external person regard must be had in particular, but not limited, to the seriousness of the suspected Whistleblowing Concern, the identity of the person to whom the Disclosure is made, and whether the Public Servant has previously made a Disclosure of substantially the same information to HMGOG and any action that HMGOG has taken, or might reasonably have been expected to have taken, as a result of that previous Disclosure.

- 5.3. If a Public Servant has any genuine Whistleblowing Concerns, they should report it under this Policy.
- 5.4. This Policy should not be used for complaints relating to a Public Servant's own personal circumstances, such as the way that a Public Servant has been treated at work. In those cases, a Public Servant should use the relevant procedure provided for in General Order 6.1.6 and any other relevant procedure that HMGOG may introduce in due course.
- 5.5. If a complaint relates to a Public Servant's own personal circumstances, but he also has wider Whistleblowing Concerns, the Public Servant should discuss this with his Line Manager in the first instance.
- 5.6. If a Public Servant is uncertain whether something is within the scope of this Policy, he should seek advice from his Line Manager in the first instance.

6. How to raise suspected genuine Whistleblowing Concerns

- 6.1. HMGOG hopes that in most cases Public Servants will be able to make a Disclosure to their Line Manager in the first instance or the Department. Public Servants may tell their Line Manager or the Department in person or put the matter in writing if they prefer. A Public Servant's Line Manager or the Department may be able to resolve a Public Servant's Disclosure quickly and effectively. In some cases, a Public Servant's Line Manager or the Department may refer the matter to the Whistleblowing Officer.
- 6.2. Where the matter is more serious, however, or a Public Servant feels that his Line Manager or the Department has not addressed his Disclosure, or he prefers not to raise it with them for any reason, he should contact one of the following persons:

- (i) the Whistleblowing Officer; or
- (ii) a Minister of HMGoG.

6.3. A Disclosure is also made if it is made:

- (i) in the course of obtaining legal advice; and
- (ii) to a person prescribed by an order made by a Minister of HMGoG.

6.4. A Disclosure is not a Disclosure if the person making the Disclosure commits an offence by making it.

6.5. HMGoG will arrange a meeting with the Whistleblower as soon as possible to discuss the Disclosure. A Whistleblower may bring a colleague or union representative to any meetings under this Policy. A Whistleblower's companion must respect the confidentiality of the Disclosure and any subsequent investigation.

6.6. A written summary of the Disclosure will be prepared, a copy of which will be provided to the Whistleblower in due course following the meeting. Where possible, HMGoG may provide to the Whistleblower an indication of how HMGoG proposes to deal with the Disclosure.

7. Confidentiality

7.1. HMGoG hopes that Public Servants will feel able to report Disclosures openly under this Policy. If a Public Servant wants to report a Disclosure confidentially, however, HMGoG will, subject to paragraph 7.5, make every effort to keep his identity secret.

7.2. Subject to paragraph 7.5, if it is necessary for anyone investigating the Public Servant's Disclosure to know his identity, HMGoG will discuss disclosing the Public Servant's identity with the said Public Servant prior to disclosing his identity.

7.3. HMGoG does not encourage Public Servants to make Disclosures anonymously, although HMGoG will make every effort to investigate anonymous Disclosures. A Public Servant should be aware that proper investigation may be more difficult or impossible if HMGoG is unable to obtain further information from the said Public Servant. It is also more difficult to establish whether any allegations are credible. Whistleblowers who are concerned about possible reprisals if their identity is revealed should come forward to one of the contact points listed in paragraph 6.2 and appropriate measures can then, subject to paragraph 7.5, be taken to preserve their confidentiality.

7.4. Public Servants should know that HMGoG will never require them to enter into any agreement that prevents them from making a Disclosure. Any such agreement is void under the Act.

- 7.5. It is important that Public Servants should bear in mind that HMGoG reserves the right to report a Disclosure, with or without notice to the Whistleblower, to the Royal Gibraltar Police, and/or an external domestic and/or international regulator, and/or a relevant external domestic and/or international authority in appropriate circumstances. Such circumstances include, but are not limited to, where HMGoG forms the view that the Disclosure reveals the possibility that a Public Servant may have committed a crime and/or breached his professional obligations. Whether HMGoG reports a Disclosure to a relevant external entity, with or without notice to the Whistleblower, is a matter solely and exclusively within the discretion of HMGoG.

8. Investigation and outcome

- 8.1. Once a Public Servant has made a Disclosure, HMGoG will carry out an initial assessment to determine the scope of any investigation. Subject to paragraph 8.3, HMGoG may inform the Public Servant of the outcome of its assessment. A Public Servant may be required to attend additional meetings in order to provide further information.
- 8.2. In some cases, HMGoG may appoint an investigator, or a team of investigators, including Public Servants, with relevant experience of investigations and/or specialist knowledge of the subject matter. The investigator(s) may make recommendations for change to enable HMGoG to minimise the risk of future Whistleblowing Concerns arising.
- 8.3. HMGoG will aim to keep a Whistleblower informed of the progress of the investigation and its likely timescale. Sometimes the need for confidentiality may prevent HMGoG giving a Whistleblower specific details of any assessment, investigation, outcome, or any disciplinary action taken as a result. A Whistleblower should treat any information about the investigation as confidential.
- 8.4. If HMGoG concludes that a Whistleblower has made a Disclosure in breach of any of the matters set out in paragraph 5.2, the Whistleblower may be subject to disciplinary action pursuant to the relevant provisions of General Orders.

9. If you are not satisfied

- 9.1. Whilst HMGoG cannot always guarantee the outcome a Whistleblower is seeking, HMGoG will try to deal with a Disclosure fairly, proportionately, and in an appropriate manner. By using this Policy, a Whistleblower can help HMGoG to achieve this.
- 9.2. If a Whistleblower is not happy with the manner in which his Disclosure has been handled, he can raise it with one of the other key contacts listed in paragraph 6.2.

10. External Disclosures

- 10.1. The aim of this Policy is to provide an internal mechanism for reporting, investigating, and remedying any Whistleblowing Concerns in the workplace. In most cases, a Public Servant should not find it necessary to alert anyone externally.
- 10.2. In some circumstances, a Public Servant may find it appropriate to make a Disclosure to an external body, such as a regulator. It will never be appropriate to alert the media. HMGoG strongly encourages Public Servants to seek advice from their Line Manager or the Department before making a Disclosure to any external entity.
- 10.3. Disclosures usually relate to the conduct of Public Servants, but they may sometimes relate to the actions of a third party, such as a supplier. HMGoG encourages a Public Servant to make a Disclosure internally first in keeping with this Policy. A Public Servant should contact their Line Manager or the Department for guidance.

11. Protection and support for Whistleblowers

- 11.1. It is understandable that Whistleblowers will sometimes be worried about possible repercussions. HMGoG aims to encourage openness and will support Public Servants who make Disclosures under this Policy even if they turn out to be mistaken.
- 11.2. Whistleblowers will not suffer any detrimental treatment as a result of making a Disclosure. If a Public Servant believes that they have suffered any detriment, they should inform their Line Manager in the first instance or the Department immediately.

Transfer to an existent alternative suitable vacant HMGoG post

- 11.3. In appropriate circumstances, Whistleblowers may be afforded the option of a transfer to an existent alternative suitable vacant HMGoG post within their grade if one such post exists.
- 11.4. Whether a transfer to an alternative suitable vacant HMGoG post within the Whistleblower's grade is possible will depend, firstly, on whether the Whistleblower is employed in a transferable grade under General Orders; and, secondly, whether an alternative suitable vacant HMGoG post in fact exists within his grade to which the Whistleblower could be transferred.
- 11.5. It may not be possible in all circumstances to transfer the Whistleblower to an existent alternative suitable vacant HMGoG post within his grade under the same employment terms and conditions, inclusive of, but not limited to, allowances, and/or overtime, and/or pension rights, as at the time that the Whistleblower made the Disclosure. In circumstances where the transfer to an existent alternative suitable vacant HMGoG post within the Whistleblower's grade is not to a post with the Whistleblower's same

employment terms and conditions, it will be a matter for the individual Whistleblower to voluntarily decide whether to transfer to the available alternative vacant post or not.

Retirement

- 11.6. In appropriate circumstances, a Whistleblower may be offered a retirement package rather than a transfer to a different post.

Transfer and retirement

- 11.7. Whether to offer a transfer to a different post or a retirement package to a Whistleblower is solely and exclusively within the absolute discretion of HMGoG.

Disciplinary action

- 11.8. Public Servants must not threaten or retaliate against Whistleblowers in any way. If you are involved in such conduct, you may be subject to disciplinary action.

Counselling Service

- 11.9. A confidential support and counselling service is available to Whistleblowers who raise concerns under this Policy. Their contact details are set out at the end of this Policy.

12. Contacts

Whistleblowing Officer	Mr Nicholas Richardson Telephone: 20051684 Centrex: 2790 Nicholas.richardson@gibraltar.gov.gi
Contact at Department of Personnel and Development	Ms Helen Gustafson Telephone: 20041728 Centrex: 2791 Helen.gustafson@gibraltar.gov.gi
Contact at Support and Counselling Service	Mr Sean Keating Telephone: 58008439 Sean.keating@gibraltar.gov.gi



SPEAK UP POLICY

GIBRALTAR HEALTH AUTHORITY

Version Number	1	Version Date	28.09.2023
Policy Owner	GHA Executive Director for Workforce		
Author	GHA Executive Director Workforce and SEO Workforce		
First approval or date last reviewed	28 September 2023		
Staff/Groups Consulted	GHA Executive Director Team, GHA Board, Responsible Officer and Clinical Governance		
Draft agreed by Policy Owner			
Approved by:	GHA Director General		
Next Review Due	27 September 2024		
Equality Impact Assessment Completed	YES		
Approval Pathways	This Policy has been fully consulted upon with the GHA Executive Team and GHA Board		
Recommendations	Reviews to be conducted following NHS guideline updates		

Equality and Health Inequalities Statement

Promoting equality and addressing health inequalities are at the heart of Gibraltar Health Authorities values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equal Opportunities Act 2006) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

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13. Making a protected disclosure under the Employment Act

1. INTRODUCTION

The Gibraltar Health Authority welcomes employees to the Speaking Up Policy and we will listen. By Speaking Up at work employees are playing a vital role in helping the GHA to keep improving our Services, enhance patient care and also provide a safe working environment for all our staff. The GHA is committed to the highest possible standards of honesty, openness and accountability. This policy is designed to help normalise speaking up within our organisation. It aims to ensure that all matters raised are captured and considered appropriately.

During the course of your career you may have concerns about what is happening at work. Usually these concerns are easily resolved. However it can be difficult to know what to do when they are about malpractice, dangers to patients, environment, unlawful conduct, ethical concerns about the way services are provided, breaches of codes of conduct and accountability or maladministration.

This policy will allow those employed in the Gibraltar Health Authority to come forward and raise concerns about anything that gets in the way of patient care or affects your working life. This could be something that may not feel right to you, for example the correct procedure or process is not being followed. It could also be an allegation of wrong doing or a negligent action which may involve the actions of any GHA employee, Public Servant, Contract Officer, or any aspect of negligence or not adhering to a GHA process or other Public Service Policy or the Law.

The Gibraltar Health Authority is committed to a policy which seeks to protect and safeguard those employees who wish to make a protected disclosure/speak up/ report on any instance of malpractice or wrongdoing, and commits to investigate them accordingly. The GHA welcomes Speaking up and is committed to listen to our employees' concerns and properly investigate these if there is reason to.

The GHA will not tolerate anyone being prevented or deterred from speaking up or being mistreated because they have spoken up. In turn, the GHA will not tolerate that this policy be used against any employee if the allegations brought forward are of a malicious or frivolous nature.

2. AIMS OF THIS POLICY

This policy seeks to set out how the GHA will formally handle and respond to Speaking Up concerns as described within the remit of this policy.

This policy is for all our employees. This includes consultants, contractors, sub-contractors, Locum or Bank employees, voluntary workers or students, who are engaged in work for the GHA.

The GHA commits to the following principles:

- i) that we each have a voice that counts,
- ii) that we all feel safe and confident to speak up,
- iii) that we take the time to really listen to and understand the hopes and fears that lie behind the words.

This policy has specific sections to advise on the process that should be followed when raising a concern under the provisions of this policy, and how the GHA will proceed to investigate these.

This Speak Up Policy seeks to:

- Provide for a culture of zero tolerance toward fraud and corruption and deter wrongdoing.
- Encourage employees and others with serious concerns to feel confident to come forward and voice their concerns.
- Raise concerns at an early stage and in the right way, ensuring that critical information gets to the people who need to know and who are in a position to take appropriate action.
- Provide safeguards to reassure those who raise concerns in the public interest and not maliciously or for personal gain, that they can do so without fear of reprisals, victimisation or disciplinary action, regardless of whether these are subsequently proven.
- Ensure that employees know how to proceed if they are not satisfied with the actions taken.

This Policy is not to be used where other more appropriate internal reporting procedures may be available. There are existing internal procedures which enable employees to report on any grievances, make a bullying allegation, raise matters of harassment or to make a general complaint. These generally do not fall under the sphere of Speaking Up as these have their own separate provisions and procedure which apply.

This Policy does not deal with any disciplinary matter. All disciplinary matters, processes and procedures and investigations will be dealt with under the GHA Disciplinary Procedures, in line with General Orders Section 7.

3. DEFINITION OF SPEAKING UP

Speaking Up is the term generally used when someone who is employed in an organisation reports a concern about suspected wrongdoing, malpractice, illegality or risk in the workplace.

4. WHAT CONCERNS CAN I RAISE?

You can raise a concern about **anything** you think is harming the service the GHA delivers or commissions.

This may include, but is not limited to the following:

- i) Unsafe Patient Care: Unethical or unprofessional behaviour witnessed from our staff, malpractice and/or negligence
- ii) Concerns about danger or liability in respect to any matter of Public Interest that may threaten others
- iii) Health Care matters including suspected mistreatment or abuse of patients and / or issues relating to the quality of care provided
- iv) Health and safety issues which affect patients, visitors and staff
- v) Suspicion or knowledge of theft, fraud, corruption or other financial malpractice
- vi) Concerns about the professional or clinical practice or competence of colleagues or other members of staff
- vii) Concerns regarding irregular working practices
- viii) Concern that the environment is, or is likely to be, endangered both physically or morally
- ix) Failure to comply with any legal obligation
- x) Information which may show that any of the above matters is being, or is likely to be, deliberately concealed
- xi) Any other unethical or unprofessional or concerning behaviour

You may also Speak up about any serious concerns that you have about any aspect of service provision or the conduct of members of the GHA, or other individuals acting on behalf of the GHA.

Such matters may involve:

- Something that makes you feel uncomfortable in terms of known standards based on your own experience or the standards you believe the GHA subscribes to
- Something that is against GHA and/or Government policies and procedures
- A matter that may fall below established standards of practice
- A matter that amounts to improper conduct
- A known criminal offence
- Abuse of authority

However, this list is not restrictive nor limited to the above.

4. WHAT CONCERNS DO NOT FALL UNDER THIS POLICIES REMIT

Personal grievances (for example bullying, harassment, discrimination) do not fall under the remit of this policy as there are separate policies to deal with such issues. Matters of these natures must be reported separately through their own processes and procedures which can be found in the GHA's intranet.

The GHA Workforce Team at email conduct@gha.gi will be able to advise you further on these matters and provide guidance on the correct procedure that should be followed.

This policy is not meant for people who have concerns about their employment that only affect them. If your concern is a personal complaint about your employment that only affects you, then you would be required to raise a grievance using the GHA's Grievance Procedure or grievance policy or put this matter forward to the GHA Workforce Team.

5. FEEL SAFE TO SPEAK UP

The most important aspect of your speaking up is the information you can provide, not your identity. You have a choice about how you speak up:

- **Openly:** you are happy that the person you speak up to knows your identity and that they can share this with anyone else involved in responding.
- **Confidentially:** you are happy to reveal your identity to the person you choose to speak up to on the condition that they will not share this without your consent.
- **Anonymously:** you do not want to reveal your identity to anyone. This can make it difficult for others to ask you for further information about the matter and may make it more complicated to act to resolve the issue. It also means that you might not be able to access any extra support you need and receive any feedback on the outcome.

In all circumstances, please be ready to explain as fully as you can the information and circumstances that prompted you to speak up.

The GHA as your employer want you to feel comfortable raising your concern openly, but we also appreciate that you may want to raise it confidentially. Therefore, we will keep your identity confidential at all times, if that is what you want, unless we are required to disclose it by law. However, the individual making the disclosure must bear in mind that if no evidence is found and a formal investigation needs to take place their statement although redacted may need to be released.

If the GHA, as your employer, sees any evidence that indicates that an employee is being harassed or victimised as a result of Speaking Up, we will carefully consider this situation and investigate and take any reasonable and necessary action. This may be removing the employee from their place of work as a safeguard until a formal investigation is undertaken. This may have wider implications on how the employees' Section or Department is being run and Management may need to consider what action we need to take to address this.

6. ADVICE AND SUPPORT

Details on the support available to you can be provided by the GHA Workforce Team on email conduct@gha.gi or found on the GHA Intranet under policy documents.

You can also contact your Trade Union Representative who may provide further support and advice in these matters.

Should you feel you require Wellbeing Support, you may contact one of the GHA Wellbeing Champions or Leads as they may be able to offer further guidance. An appointment can be arranged via email wellbeingchampionsupport@gha.gi.

You may also wish to avail yourself of the services provided by the HMGoG Wellbeing Team on the following numbers:

Mr Sean Keating	58008439
Mr Calum Couper	58007512
Mrs Melanie Victory	58007015
Mrs Amy Chipolina	58007193

7. WHO SHOULD I RAISE MY CONCERN WITH?

SPEAKING UP INTERNALLY

Most speaking up matters will be raised through conversations with supervisors and line managers where challenges are raised and resolved quickly. The GHA strive for a culture where this is normal, everyday practice and encourage you to explore this option in the first instance. This may give the opportunity to discuss any misunderstandings or

miscommunications appropriately and reasonably with members of your team, direct line manager and Head of Department. This may well be the easiest and simplest way of resolving matters instantly.

However, if the matter is of a serious nature or you are unable to take this initial approach, you have other options in terms of who you can speak up to, depending on what feels most appropriate to the matter in question or yourself as an individual. If you feel you cannot raise your concern with your direct line manager or superior, you can escalate this to:

- A Senior manager, Clinical Lead or, if it is a serious issue that causes an impact on the GHA as a whole, directly to the respective member of the Executive Director Team. Executive Directors are able to raise issues with the Vice Chair to the GHA Board, Chair of the GHA Board or the Minister for Health.
- The Responsible Officer for all matters that involve a Medical Professional, i.e. Doctors' performance or conduct.
- The Clinical Governance Team for all concerns in respect to clinical governance.
- The GHA Workforce and HR Team for further advice and assistance or on matters that involve employee wellbeing and conduct on extension 2955 or email conduct@gha.gi

SPEAKING UP EXTERNALLY

Speaking up about any concern you have at work is important. We hope that raising your concern with your employer will give you confidence that the matter will be, or has been, looked into properly. We do appreciate that there may be times when you will want to raise a concern with relevant Trade Unions, however, we always encourage individuals to raise any issues with the relevant Manager, Divisional/Clinical Lead, or in case of direct conflict with these, with the relevant Executive Director in the first instance.

If you **do not** want to speak up to someone within your organisation, you can speak up externally to:

- A Trade Union Representative to seek further advice on the matter in question
- If you would like to speak up about the conduct of a member of staff, you can do this by contacting the relevant professional body such as the Gibraltar Medical and Registration Board, General Medical Council, the GHA's Responsible Officer/Suitable Person (for issues regarding medical professionals), Nursing and Midwifery Council, Health & Care Professions Council, General Dental Council, General Optical Council or General Pharmaceutical Council.
- Report matters to the Chairman of the GHA Board for quality and safety concerns about GHA services, or Vice-Chairman in cases where the Chair may be conflicted.
- Report matters to the Royal Gibraltar Police for concerns about fraud, crime and corruption, using their online reporting form or calling their telephone line 20072500.

8. HOW SHOULD I RAISE MY CONCERN?

10.1 You can raise your concerns in writing (including email).

Please be ready to explain the information and circumstances that gave rise to your concern. If you have any supporting evidence please provide this.

9. WHAT WILL THE GHA DO?

The matter you are speaking up about may be best considered under a specific existing policy/process; for example, our process for dealing with bullying and harassment. If so, we will discuss that with you. If you speak up about something that does not fall into a HR or patient safety incident process, this policy ensures that the matter is still addressed.

What you can expect to happen after speaking up is shown in Appendix A.

Resolution and investigation

We support our managers/supervisors to listen to the issue you raise and take action to resolve it wherever possible. In most cases, it's important that this opportunity is fully explored, which may be with facilitated conversations and/or mediation. Where an investigation is needed, this will be objective and conducted by someone who is suitably independent (this might be someone outside your organisation or from a different part of the organisation) and trained in investigations. It will reach a conclusion within a reasonable timescale (which we will notify you of), and a report will be produced that identifies any issues to prevent problems recurring.

Communicating with you

We will treat you with respect at all times and will thank you for speaking up. We will discuss the issues with you to ensure we understand exactly what you are worried about. If we decide to investigate, we will tell you how long we expect the investigation to take and agree with you how to keep you up to date with its progress. Wherever possible, we will share the full investigation report with you (while respecting the confidentiality of others and recognising that some matters may be strictly confidential; as such it may be that we cannot even share the outcome with you).

How we learn from your speaking up

We want speaking up to improve the services we provide for patients and the environment our staff work in. Where it identifies improvements that can be made, we will ensure that the necessary changes are made and are working effectively. Lessons will be shared with teams across the organisation, or more widely, as appropriate.

Review

We will seek feedback from workers about their experience of speaking up. We will review the effectiveness of this policy and our local process, with the outcome published and changes made as appropriate.

10. WHAT WILL THE GHA DO WITH THE INFORMATION YOU GIVE US?

If you raise a concern, the GHA Workforce Team, in conjunction with the Senior Manager or the Head of Department (or more senior Manager should the concern be directly with these), will consider whether it could signal underlying problems with how the particular Section, Department or GHA is run. Where we identify wider concerns, we will obtain further information and consider whether it may be the case of noncompliance with the necessary governing body and we will determine whether further, possibly more formal, action is needed.

In some instances, it may not be necessary to launch a formal investigation, however, concerns raised will still be looked into carefully and risks mitigated.

We may decide that your concern would be better looked at by another organisation, such as the GMC (including the GHA's Responsible Officer/Suitable Person), GMRB, NMB, if it relates to patient safety or quality concerns or even the RGP if seen to be a matter of criminal nature. If so, we will give you the relevant contact details or, with your consent, pass your concern onto the relevant organisation.

In exceptional circumstances, we may decide to investigate an individual case, rather than focusing solely on what wider issues that may have been raised. It is not possible to define in advance what those exceptional circumstances might be, but we will take the following factors into account:

- the extent to which the case has been looked at, or investigated
- the potential impact of the issues raised on patient safety
- the potential learning available to the wider system as a result of an investigation
- how long ago the events in question occurred

If we do investigate an individual case, once it is concluded we would then consider whether the case raises wider concern about how the GHA is being run.

11. ROLE OF THE RESPONSIBLE OFFICER

All serious concerns regarding GMC-registered medical practitioners must be registered with the GHA's Responsible Officer (RO) who, under the Responsible Officer Regulations, must manage concerns about a doctor's practice. They must ensure that the case is considered and, if necessary, investigated appropriately. The Workforce/HR Team must designate an appropriately trained senior team member to oversee the case and ensure that momentum is maintained. All concerns should be investigated quickly and appropriately. Clear

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documentation must be established for initiating and tracking progress of the investigation and outcomes. The RO will need to work with the designated Workforce Team to decide on the appropriate course of action in each case.

The RO, as Chair of the Responsible Officer Advisory Group, will consider serious concerns within this group, with the intention that the group support the RO and provide the opportunity for greater calibration and input into decision-making with regard to performance concerns. Since it is an advisory group, final decisions rest with the RO.

12. EXECUTIVE TEAM AND GHA BOARD OVERSIGHT

All speak up investigations will be confidentially overseen and recorded by the GHA Workforce Team. The GHA Executive Team will receive a periodic summary of all cases reported. The Executive Team and the GHA Board of Directors fully supports their employees and wants you to feel free to speak up in the best interest of the organisation, but most importantly on behalf of our patients and Staff.

13. MAKING A 'PROTECTED DISCLOSURE' UNDER THE EMPLOYMENT ACT

A protected disclosure is defined in the Employment Act. This legislation allows certain categories of worker to lodge a claim for compensation with an employment tribunal if they suffer as a result of speaking up. The legislation is complex and to qualify for protection under it, very specific criteria must be met in relation to who is speaking up, about what and to whom. To help you consider whether you might meet these criteria, please seek independent advice from a Trade Union or a legal representative.

There are very specific criteria that need to be met for an individual to be covered by Employment Law, under the provisions of the Employment Act governing Public Interest Disclosures when employees raise a concern (to be able to claim the protection that accompanies it). Part IV A of the Employment Act section 45C to 45H refers.

There is a defined list of 'prescribed persons' who you can make a protected disclosure to as follows:

Disclosure to employer or other responsible person

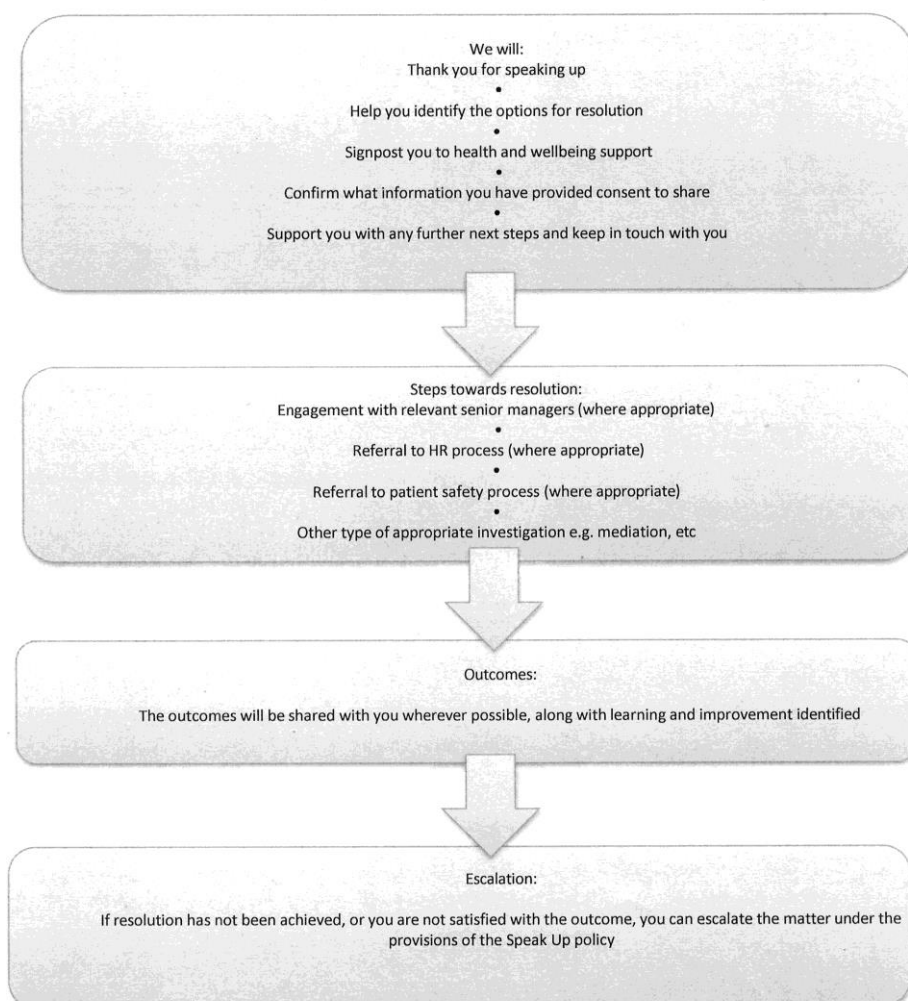
Disclosure to legal adviser

Disclosure to a Minister

Disclosure to prescribed person

To help you consider whether you might meet these criteria, please seek independent advice from a Trade Union or Legal representative.

Appendix A –What will Happen When I Speak Up



Q210/2025
GHA Protocol –
Underqualified/not experienced medical practitioners

1245 **Clerk:** Question 210, the Hon. J Ladislaus.

Hon. J Ladislaus: What is the GHA's protocol if a medical practitioner is not qualified to undertake a particular medical procedure or has no experience in doing so?

1250 **Clerk:** Answer, the Hon. Minister for Health, Care and Business.

1255 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, all doctors in the GHA are registered with the General Medical Council and the Gibraltar Medical Registration Board, ensuring that they manage patients strictly within their scope of practise. Therefore, a medical practitioner should not perform a procedure that they are not qualified to carry out. Training and supervision are consistently provided to ensure that every medical practitioner has a necessary experience for their level of practice.

1260 **Hon. J Ladislaus:** Madam Speaker, I am grateful to hear of this, but I do have information that has come to me that suggests that a practitioner did precisely that and that at least one procedure was carried out, which should have been carried out by a doctor or a practitioner of a different training level. Is the Hon. Minister aware that this does occur on occasion?

1265 **Hon. G Arias-Vasquez:** Madam Speaker, I am not aware and I would suggest that the appropriate body that the patient complains to is the GMRB, who actually regulates doctors. Just to go a bit further into that question. The question relates to medical practitioners and I actually looked into their definition of medical practitioners and I believe that that is doctors, including psychiatrists and dentists. I am unsure if the hon. Lady is referring to anyone outside doctors, psychiatrists and dentists. If that is the case, the appropriate body to make any such complaints is the GMRB. If the
1270 hon. Lady is referring to a nurse, then the appropriate body to make any such complaint to would be the Nurses and Midwifery equivalent complaints body.

Q211-13/2025
Flu vaccines –
Cost of purchase; left over stock; Vaccines administered by the GHA's Mobile Health Unit

1275 **Clerk:** Question 211, the Hon. J Ladislaus.

Hon. J Ladislaus: Madam Speaker, what was the total cost of purchasing flu vaccines in (i) 2021, (ii) 2022, (iii) 2023, (iv) 2024 and (v) 2025 to date?
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Clerk: The Hon. Minister for Health, Care and Business.

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I will answer this question together with Questions 212 and 213.
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Clerk: Question 212, the Hon. J Ladislaus.

Hon. J Ladislaus: How many flu vaccines were left over at the conclusion of the seasonal flu vaccine campaigns in (i) 2021, (ii) 2022, (iii) 2023, (iv) 2024 and what was done with the leftover stock?

Clerk: Question 213, the Hon. J Ladislaus.

Hon. J Ladislaus: How many flu vaccines were administered by the GHA's mobile health unit in (i) 2021, (ii) 2022, (iii) 2023, (iv) 2024, (v) 2025 to date?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, in answer to Question 211, the information is commercial in confidence.

In answer to Question 21; in 2021, there were 514 nasal flu vaccines and 5,986 adult vaccine. In 2022, there were 200 nasal flu vaccines and 4,622 adult vaccines; in 2023, there were 352 nasal flu vaccines and 5,410 adult vaccines; in 2024, the data is unavailable as the GHA is still offering the vaccine. Leftover stock is retained until its expiry date, at which point it is properly disposed of.

In answer to Question 213, the GHA's mobile health unit was established in 2023. Throughout that year, it was deployed on three separate occasions to casements. However, it is not possible to determine the exact number of vaccines administered during these deployments as the vaccines were not coded differently from the other, from those administered at other GHA premises. All vaccines are coded in the same way regardless of where they are administered.

Hon. J Ladislaus: Madam Speaker, in respect of Question 212, can the Hon. Minister confirm how it is, I do not know whether the Hon. Minister has this information in front of her at the moment, but can the Hon. Minister confirm what procedure is undertaken in order to determine how many vaccines are actually ordered per year? Because it seems to me that the number has grown from 2022 to 2023 in terms of how many leftovers. Obviously, we do not know yet as to 2024, but I will ask this question again to determine whether the number has gone up.

Hon. G Arias-Vasquez: Madam Speaker, this is an issue, this is a question which is determined by the Director of Public Health. So the Director of Public Health, year on year, looks at the take-up, looks at the number of vaccines offered, and looks at what she predicts will be the take-up in the following year. So it is a matter which is consistently under review by the Director of Public Health, and she is the one that informs us clinically of what her view is on how many vaccines should be ordered in the following year.

Hon. J Ladislaus: Madam Speaker, may I ask as to Question 211, I apologise for jumping backwards, but why is it that it is commercially sensitive information? Surely it is a cost that the public has borne in terms of purchasing the vaccines, and therefore the numbers should be transparent.

Hon. G Arias-Vasquez: Madam Speaker, because next year we have to negotiate the cost of the vaccines as well so we do not want to disclose year on year what the vaccines cost, because it would be alerting people to the negotiations prior to us embarking on them.

Hon. J Ladislaus: Madam Speaker, in terms of the mobile health unit, is it something that has been looked into as to whether they can be codified in a different manner, so that if the mobile health unit is used again in future to administer such vaccines, we can determine the data? My understanding is that data is crucial, particularly in healthcare scenarios, to know how to respond

and to avoid things like wastage of vaccines. So could the Hon. Minister confirm whether that is been looked into?

Hon. G Arias-Vasquez: Madam Speaker, I am unaware of whether that is been looked into or otherwise.

Madam Speaker: All right, the Hon. R M Clinton.

Hon. R M Clinton: Thank you, Madam Speaker. In relation to my hon. Friend's Question 211. In relation to the purchasing of flu vaccines, could I ask the Minister, because she made reference in answer to an earlier question that we are now plugged into the NHS sort of recruitment system, are we also, is the GHA also plugged into the NHS procurement system? So, for example, would these flu vaccines have been purchased via the NHS in England?

Hon. G Arias-Vasquez: Madam Speaker, I am unaware of the source of the vaccines. If the hon. Member would like to put a question in the Parliament on that subject, I am very happy to answer it.

Madam Speaker: The Hon. D J Bossino had a question, or has that been overtaken?

Hon. D J Bossino: Overtaken!

Madam Speaker: All right, next question.

Q214/2025
GPs GHA Primary Care Centre –
Patient contacts

Clerk: Question 214, the Hon. J. Ladislaus.

Hon. J Ladislaus: On average, over the last six months, how many patient contacts, including repeat prescription appointments, are GPs at the GHA's PCC having daily? Please provide a monthly breakdown.

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I now hand over schedule with the information requested.

Madam Speaker: All right, we will come back to Question 214 in due course. We will move on to the next question.

Answer to Question 214

Month	Weekday	Weekend
August 2024	539	47
September 2024	581	49
October 2024	601	50
November 2024	552	51
December 2024	467	69
January 2025	650	69

**Q215-6/2025
Sleep study –
Waiting list/time for service users**

1380 **Clerk:** Question 215, the Hon. J Ladislaus.

Hon. J Ladislaus: How many service users are currently on the waiting list to undertake a sleep study, and what is the average waiting time from referral to having a sleep study undertaken?

1385 **Clerk:** Answer, the Hon. Minister for Healthcare and Business.

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I will answer this question together with Question 216.

1390 **Clerk:** Question 216, the Hon. J Ladislaus.

Hon. J Ladislaus: Is the GHA still undertaking sleep studies? If not, why not, and when were the last sleep studies undertaken?

1395 **Clerk:** Answer, the Hon. Minister for Healthcare and Business.

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, there are currently 269 individuals on the waiting list for sleep studies, and the average waiting time is at February 2025 is 30 weeks. In answer to Question 216, yes, ma'am, the GHA is still undertaking sleep studies. The last sleep study was carried out on the 10th of February 2025.

1400

Madam Speaker: Next question.

**Q217/2025
GHA –
Dieticians**

1405

Clerk: Question 217, the Hon. J Ladislaus.

Hon. J Ladislaus: How many dieticians does the GHA currently employ? One on a full-time basis, two on a part-time basis, and three on a temporary contract?

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Clerk: Answer, the Hon. Minister for Healthcare and Business.

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, part of the information requested is already available in the public domain. Additionally, the GHA does not employ any dieticians on a temporary basis.

Hon. J Ladislaus: I am grateful for that indication, but surely, even if it is available on public record, the numbers do fluctuate at times because perhaps there is recruitment in the middle of the year or the like. Have the numbers changed in the past few months at all?

Hon. G Arias-Vasquez: Madam Speaker, unfortunately, that is not quite how the complement of the GHA works. The complement of the GHA is set out in the estimates book, and the complement of the dieticians is set out on a specific line contained within the estimates book.

Hon. J Ladislaus: Can I ask this then? Are all dieticians within that complement currently available, or are any on, for example, long-term sick leave?

Hon. G Arias-Vasquez: Madam Speaker, because that is not what the question addressed, I do not have that information available.

Madam Speaker: Next question.

Q220-3/2025

GHA Cath Lab –

Waiting time for elective procedures; procedures carried out; Amount/type of elective procedures carried out; Emergency procedures carried out

Clerk: Question 220, the Hon J Ladislaus.

Hon. J Ladislaus: What is the current average waiting time for elective procedures to be carried out by the GHA's Cath Lab?

Clerk: Answer, the Hon. Minister for Healthcare and Business.

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I will answer this question together with Questions 221 and 223.

Clerk: Question 221, the Hon. J Ladislaus.

Hon. J Ladislaus: What procedures can be carried out at the GHA's Cath Lab?

Clerk: Question 222, the Hon. J Ladislaus.

Hon. J Ladislaus: How many elective procedures were carried out at the GHA's Cath Lab in (i) November 24, (ii) December 24, (iii) January 2025, (iv) February 2025 to date? Can the Hon. Minister provide a breakdown as to the types of elective procedures that were carried out?

Clerk: Question 223, the Hon. J Ladislaus.

Hon. J Ladislaus: How many emergency procedures were carried out at the GHA's Cath Lab in (i) November 2024, (ii) December 2024, (iii) January 2025, (iv) February 2025 to date? Can the Hon. Minister provide a breakdown as to the types of emergency procedures that were carried out?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, in answer to Question 220, as a result of the significant investment that is been made by this Government and our policy on the repatriation of services, the average waiting time for elective procedures to be carried out by the GHA's Cath Lab is three days. In answer to Question 221, the types of procedures that can be carried out at the GHA's Cath Lab are as follows: Angiogram; PCIs on the left anterior descending branch of a coronary artery; coronary angiography; coronary angioplasty; percutaneous angioplasty; left ventriculogram; temporary pacemaker care; cardiac pacing; PCI of RCA; permanent pacing; peripheral vascular interventions; and endoscopic retrograde ERCP, something or other. Apologies to the GHA staff that carry out these procedures, they are a very complicated names.

In answer to Question 222, the GHA's Cath Lab has carried out the following number of elective procedures; in November 2024, there were zero; in December 2024, there were 21; in January 2025, there were 20; in February, up to the 13th of February, there were seven.

The types of elective procedures that were carried out are as follows: The angiogram; the PCI of the left anterior descending branch of the coronary artery; a coronary angiography; a coronary angioplasty; percutaneous angioplasty; the left ventriculogram; temporary pacemaker care; cardiac pacing; and PCI of RCA.

In answer to Question 223, the GHA's Cath Lab carried out the following number of emergency procedures: In November, there was zero; In December, there was one; In January 2025, there was three; and in February, up to the 13th of February, there was zero. The procedures performed included angiography and percutaneous coronary intervention.

Hon. J Ladislaus: I'm not going to attempt to repeat any of those procedural names, so I'm not going to ask specific questions on those. But I will ask, can the Hon. Minister provide the times at which the Cath Lab is actually open? Is it open 24-7?

Hon. G Arias-Vasquez: Madam Speaker, given that it is Cardiac Awareness Month, I'm actually going to take the opportunity to say how great it is that we have this Cath Lab service available in Gibraltar that is able to do these procedures. So when I talk about figures, when I talk about 21 people that have had a procedure in Gibraltar, that is 21 people that have had an elective procedure in Gibraltar and have been able to stay in Gibraltar for their procedure and throughout their procedure. This is what the repatriation of services actually means.

So currently we are doing elective procedures in the Cath Lab and we're getting the complement comfortable with those procedures. The reason that the emergency figures are low is because the GHA have not started doing emergency procedures 24-7. We started doing daytime emergency procedures from Monday to Friday, 8 to 4, but the GHA does anticipate expanding to 24-7 provision towards the end of April 2025. Can I just say, Madam Speaker, once again, that that is an amazing achievement for the GHA.

Madam Speaker: Next question.

Q224-7/2025

GHA –

Data protection security measures; Amendment of data; Electronic health records with barcode bracelets; Data breaches/hacks

Clerk: Question 224, the Hon. J Ladislaus.

Hon. J Ladislaus: Madam Speaker, can the Hon. Minister confirm whether there are any cyber security measures in place to protect patient data held by the GHA? And if so, details as to what measures are in place?

Clerk: Answer, the Hon. Minister for Healthcare and Business.

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I'll answer this question together with Question 225 to 227.

Clerk: Question 225, the Hon. J Ladislaus.

Hon. J Ladislaus: Once patient notes are entered into the GHA's electronic systems, can those notes be amended at a later date? If so, does the system flag that those notes have been amended, the date on which they were amended, by whom and what the amendments were?

Clerk: Question 226, the Hon. J Ladislaus.

Hon. J Ladislaus: Has the GHA considered the introduction of electronic health records coupled with barcode bracelets onto St Bernard's Hospital's wards? If so, when will this technology be introduced? If not, please provide reasons why.

Clerk: Question 227, the Hon. J Ladislaus.

Hon. J Ladislaus: Have the GHA experienced any breaches or hacks of confidential patient or any other data held on its servers? If so, please provide a breakdown as to how many breaches there were in (i) 2021, (ii) 2022, (iii) 2023, (iv) 24, (v) 2025 to date, and whether those data breaches or hacks were internal or external.

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, in answer to Question 224, the GHA takes the protection of its systems and data very seriously. It is crucial to safeguard our systems and data from unauthorised access and potential cyber threats. As a result of this, the GHA has implemented robust cyber security measures to protect all data and ensure the security of our systems. To achieve this, we have established a series of protective measures, firewalls, web filters, user access controls, network segregation, and antivirus software. Together, these layered defences provide comprehensive protection against cyber-attacks and ensure the ongoing security of our systems and data.

In answer to Question 225, in the GHA, as in all hospitals, there are several software and information technology systems that are used for recording data depending on the type of data being collected and required. As is the case with IT systems in general, only certain staff will have access to read and amend patient notes, whilst others will have read-only access. Access to these systems is tightly controlled and in all instances, there will be an audit trail of all changes made.

In answer to Question 226, the GHA has a number of electronic patient systems as opposed to one overall electronic patient record. The GHA has not implemented bar-coded bracelets as it does not see the value and the patient benefit that would be derived from this investment. The current bed management system within the hospital ensures that patient locations are known at all times and it is felt that the investment necessary to introduce barcodes would not be cost-effective given the size of the hospital. Looking forward, the GHA is currently reviewing its overall digital strategy.

In answer to Question 227, there have been no breaches or hacks either internal or external to the Gibraltar Health Authority servers. Therefore, no cyber breaches or compromises of patient data have occurred.

1560 **Hon. J Ladislaus:** Madam Speaker, on Question 226, in terms of the fact that the bracelets would not be cost-effective, are any other alternative options being looked at because we have heard that there are already a number of options in place, but is anything in line with that sort of service being looked at to be rolled up in the GHA?

1565 **Hon. G Arias-Vasquez:** Madam Speaker, given the size of the hospital and given the awareness that doctors have of the patients, it is not envisaged that the GHA will have such a system or any others. Because of the bed management systems and the fact that the patients are known to the doctors and there are updates daily, it is not felt that any such system is required.

1570 **Hon. J Ladislaus:** Madam Speaker, we often have reports of issues with patient information not reaching the doctor or the practitioner that it needs to reach properly. Indeed, it happens also when individuals are sent out to tertiary institutions in order to be treated. So, I ask, when the Hon. Minister says that we have a number of electronic health record systems in place, can the Hon. Minister perhaps specify what those are?

1575 **Hon. G Arias-Vasquez:** Madam Speaker, in relation to the barcode bracelets specifically, in institutions where these have been used, there are several drawbacks which have been reported regularly. There are barcode scanning errors. Scanners may fail to read the barcodes correctly due to damaged wristbands or technical malfunctions. This leads to medication and treatment delays
1580 and there are workflow disruptions. Whilst barcoding does aim to improve efficiency, it can sometimes slow down the workflows. The advice that we have received is that such a system is not necessary. When I talk of other systems, we are looking at overall electronic patient systems that the GHA is looking to improve the patient experience, both in primary and secondary care.

1585 **Hon. J Ladislaus:** I am grateful, but can the Hon. Minister be perhaps more specific as to exactly what systems are being looked at to improve the patient experience?

Hon. G Arias-Vasquez: Madam Speaker, again, I am sorry to persevere, but if a direct question such as that has been posed, I would suggest that it is posed in advance or it is posed for the next
1590 session so I can actually provide a detailed breakdown of the systems that we are looking at.

Hon. Dr K Azopardi: Sorry, can I ask on Question 226 if I may? The Minister says that they are looking at different options and so on. Does that involve, in terms of patient support, the introduction of perhaps a GHA app exists already? It was used for the COVID time, but introducing,
1595 injecting into the app systems that would coordinate with whatever they are doing on the electronic records. Like, for example, I am aware that in some NHS hospitals in England, you can consult the app to see some of your records or your appointment systems, et cetera. They inform you that way instead of by text.

Hon. G Arias-Vasquez: Madam Speaker, whilst it is not a specific question, I am actually quite
1600 happy to answer it. We are at the inception stages of looking at producing something such as the Hon. Leader of the Opposition is proposing at the GHA, but we are at the very inception stages of such a discussion.

Chief Minister (Hon. F R Picardo): Madam Speaker, might this be a convenient moment, given
1605 that we have been at it since 10 and we intend to go through the morning, to spend 10 minutes on a short refreshment and comfort break?

Madam Speaker: I shall not argue with that. We will take 10 minutes for a short break.

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Q228/2025

Public Health Gibraltar –

Former Government Ministers employed, contracted or engaged

Madam Speaker: Next question.

1615 **Clerk:** Question 228, the Hon. J Ladislaus.

Hon. J Ladislaus: Are any former Government Ministers currently employed, contracted or engaged in any role by Public Health Gibraltar or providing any remunerated service to Public Health Gibraltar? If so, what is their role? Since when have they been within that role and what is the nature of the contract and level of remuneration provided and whether this is monthly or on a job-specific or other basis?

Clerk: Answer, the Hon. Minister for Healthcare and Business.

1625 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, no ma'am.

Hon. J Ladislaus: Madam Speaker, information has come to the Opposition, in fact, that there is in fact somebody who has been contracted recently. And that the person has held various ministries in the past. Transport to name but one. Can the Hon. Minister unequivocally confirm that that is not the case? This individual has not been employed or has any other contract as specified in the question?

Hon. G Arias-Vasquez: Madam Speaker, the information is incorrect.

1635 **Madam Speaker:** Next question.

Q229-30/2025

St Bernard's Hospital –

Operating at full capacity

1640 **Clerk:** Question 229, the Hon. J Ladislaus.

Hon. J Ladislaus: What are the criteria applied to determine whether St Bernard's Hospital is operating at full capacity and has St Bernard's Hospital been operating at full capacity at any point in the past 16 months? If so, please provide a breakdown of dates when the hospital was operating at full capacity.

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

1650 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, I will answer this question together with Question 230.

Clerk: Question 230, the Hon. Jay Ladislaus.

1655 **Hon. J Ladislaus:** What measures are in place to ensure that St Bernard's Hospital can operate in an efficient manner, which is safe for service users and staff when the hospital is at full capacity?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, there is no universally accepted benchmark for optimal bed occupancy rates, let alone full capacity at the hospital. Madam Speaker, the reference to Question 230. If what is meant by the question is bed capacity, the statistics on occupancy levels have been shared across the floor of this House on numerous occasions. They do not suggest that St Bernard's Hospital is at full capacity at any point.

Hon. J Ladislaus: Madam Speaker, there may not be a universally accepted process by which to determine full capacity, but I ask therefore, how does the GHA determine full capacity?

Hon. G Arias-Vasquez: It doesn't, Madam Speaker.

Hon. J Ladislaus: So, Madam Speaker, if it does not assess whether a hospital is at full capacity, then how is it that resources are tailored to suit any potential surge in numbers of individuals who might attend hospital or be admitted?

Hon. G Arias-Vasquez: Madam Speaker, discussions revolve around bed occupancy. We do not talk about full capacity at a hospital.

Hon. J Ladislaus: Madam Speaker, so to speak, we may be talking across purposes, therefore. How is it determined? Is it simply a case of a ward has all its beds full or are there other things that are applied to determine whether a hospital is operating above its usual levels of operation?

Hon. G Arias-Vasquez: Madam Speaker, the hon. Lady has previously asked questions in this House about bed occupancy levels. There are several wards in the hospital and the percentage at which each ward is at the percentage occupancy of each ward, has been shown to the hon. Lady. I think that what she means is, are any wards in terms of the bed occupancy full? The answer is no. Those statistics have been provided across the floor of this House before. I do not know exactly what she means by, is the hospital at full capacity?

Hon. J Ladislaus: Madam Speaker, can I ask what safeguards are in place and how those have come about in order for the NHS, the GHA to actually respond to a surge in patients that it may not otherwise have? So above average occupancy of beds. How is it that that is determined because surely that is important and drives things such as recruitment and whether a complement is full or not?

Hon. G Arias-Vasquez: Madam Speaker, the staffing of the wards is one question and that is determined by the nursing director, the medical director, etc. So if we are talking about the staffing complement of the wards, that is as per the staff complement as prepared for the budget on an annual basis.

If we are talking about bed occupancy, I think that what the hon. Lady, is getting at is, are the wards at maximum bed occupancy? If the question is, are the wards at maximum bed occupancy in December, January because of flu surges, for example, then this is managed by bed management meetings every single day and the wards themselves determine whether or not they can take patients or otherwise. They then, for example, take away activity rooms if they determine that they are getting close to full occupancy or the wards are managed so the patients instead of going to one ward will go to another. There is flexibility in the way that the wards are managed but as to the hospital being at full capacity, the hospital is not at full capacity. Whether the capacity of a particular ward is full due to the bed occupancy rates, again, I believe those figures were shared across the floor of this House earlier this year or later last year. I can't remember when exactly it was.

Hon. Dr K Azopardi: To be clear, because the hon. Lady, I think, in a previous answer to a supplementary suggested that the bed occupancy levels of the wards are not full. I think that is what I heard but she has given a more extended answer now. I just want to perhaps probe this in the context of my learned colleague has asked about capacity and I hear what the Minister says about the difference between full capacity and occupancy levels because I suppose the St Bernard's Hospital would not be functioning at full capacity in terms of surgery because operations are being cancelled because there are no beds in hospital. Clearly we are receiving information from users and constituents who have had surgery cancelled as a result of being told that there are no beds in hospital and so we can understand in nomenclature terms, the difference between you are not functioning at full capacity in terms of certain functions of the hospital, but in others, you are absolutely full. Now, on the issue of occupancy, can I ask the Minister just to clarify what seems to me a disconnect between two of her answers where in her latest answer, she said that there were bed management meetings and it might be that at certain times, certain wards were not taking the patients. In another answer, she suggested that there was never a time that the hospital was full. Can I ask her to clarify that?

Hon. G Arias-Vasquez: Madam Speaker, the hospital being full means that every ward in the hospital is full. That is what this question relates to. There is not a breakdown asking me for bed occupancy, which there has been in the past.

Previous questions that the hon. Member, the hon. Lady has asked relate to bed occupancy on each and every ward. So if we are talking about full capacity of a hospital, it would mean that each and every ward of the hospital were full. The question does not relate to full capacity of theatres. The theatre will never be, or the theatres, as the most expensive piece in the hospital, the theatres will be used as efficiently as possible. So it is true to say that the number of elective operations would depend on beds being available. To my knowledge, there haven't been, I do not know and I do not want to be accused of misleading Parliament by the hon. Member's opposite, but to my knowledge, I do not think that any operations have been cancelled this year.

I reiterate, I do not have that information for certain because that is not what the question has asked. The question has asked me if the hospital is at full capacity. Again, we may be talking about a difference in nomenclature, but given that the hon. Lady has previously asked me for a breakdown, ward by ward, of the occupancy levels, and that has been provided across the floor of the House, I have no issue with providing the hon. Lady on occupancy rates of each and every one of the wards at the hospital if that is what she means. If she asks me that question in the next session of Parliament, I will happily provide that information as I have done previously in percentage terms but the question of is the hospital at full capacity, it has to be clear what I am saying.

The hospital is not at full capacity because all of the wards are not full. To my knowledge, and again, I do not know for certain, to my knowledge, there are few, if any, elective operations. We are talking about elective operations here.

The operations which are necessary are obviously done. To my knowledge, there are few, if any, elective operations that are being cancelled this year because the bed management team is moving around and has been flexible in its requirements. I do not want to be accused of misleading in what I'm talking about in relation to full capacity. When we talk about full capacity of the hospital, the hospital is not at full capacity. Are some wards more full than others? Yes, we saw that in the figures. Some wards in the last session of Parliament were shown to be at 96% capacity. But that does not mean that the hospital as a whole is at full capacity. That is what I mean by the bed management teams playing around with the availability of the wards or otherwise.

Hon. Dr K Azopardi: Yes, I see. I understand. It certainly would be helpful for us on this side, and perhaps we can ask those questions again, to get a feel for the occupancy levels broken down by ward and it would certainly be helpful, and again, we can probably put that question on to see

what kind of cancellations there has been divided in terms of electives or other surgery. What is elective? I suppose it is all relative, in that you can have emergency operations. You can have true elective operations and then you can have operations that someone who is programmed to have an operation might think it is necessary and not necessarily elective in that sense. Although clinically, it might be elective. We can have a debate about that.

Can I ask on the issue that the hon. Lady mentions because I think she recognises in her answer that while the hospital might not be full in terms of bed occupancy in every single ward, because and I would understand that, for example, the Calpe ward that deals with isolation would not be full, or Maternity might not be full, but in terms of surgical wards might be full, or the wards that deal with the medical cases might be full. As the GHA tracks bed occupancy figures, as I'm sure it does, and it identifies that there may be wards that are fuller than others, is there also a bed management plan not just to deal with matters as they arise on a daily basis, but to deal with the concept of whether we have now reached the point that certain wards in certain areas, whether they be surgical or medical, need to be expanded?

Hon. G Arias-Vasquez: No, Madam Speaker, we have not reached that point. What I would suggest, Madam Speaker, is that across the board in the Opposition, they do actually specify the actual content, or they ask the question in such a way that it elicits the response that they are actually trying to get. As I have said previously, I have no issue in sharing the bed occupancy rates ward by ward, as I have done before, but the nomenclature which is currently used in the current question is not clear of what the hon. Lady is trying to achieve.

Madam Speaker, one thing which I will say is that I will not be lectured on cancelled operations by the Leader of the Opposition, when in fact in the GSD days the number of elective procedures that were cancelled were huge. We now have an omni-cell system where the devices which are required for operations are actually always available. We have a management system which actually functions so that there are the least cancellations possible. What I will not do is take any lessons from absolutely anybody who had massive numbers of cancelled operations, when in fact the numbers of cancelled operations are minimal at the moment, because we are managing both the systems which give us the equipment which the doctors need, as well as the bed management in the hospital, to ensure that there are the least possible numbers of operations cancelled. Now, again, I revert to the first point that I made, that if the hon. Members opposite want specific information, they should word their questions in a way that is accurate, and in that case accurate figures will be provided across the floor. If I am spoken about at the hospital being at full capacity, whatever that may mean, then I am unable to go into the level of detail which the Leader of the Opposition is requesting.

Hon. Dr K Azopardi: Madam Speaker, certainly I remember, I'm not sure why the hon. Lady has taken that tone on the answer. I thought I was asking a perfectly sensible and reasonable question. In other words, have we reached a position as a community that having identified, for example, because of population growth, that we have reached the level that we need more beds in surgical wards, or more beds in medical wards, that the GHA was looking at it, and instead what I get is some kind of deflection from the hon. Lady taking us back to the GSD days in terms of statistics on operations. I can certainly tell her I do not have all the GSD statistics on bed operations in front of me, but I certainly know that when I was occupying that seat as Health Minister, the overall bed occupancy levels were not as high. It might have been because the population was smaller, and that is why I was asking, I thought, a perfectly reasonable and sensible question that wasn't inviting and not lecturing the hon. Lady on surgical cancellations. Can I ask her why she is being so defensive about the question?

Hon. G Arias-Vasquez: Madam Speaker, what I am highlighting is the improvements in the system that have been seen in the last 12 years. I stand on the shoulders of previous Ministers who have improved the system to such an extent that we now have four theatres, an omni-cell system, and

a complement which is able to carry out elective procedures largely when they are determined. There may be some cancellations, there may be some bed issues, but again, these questions should be asked in a manner where the appropriate question is being asked.

The response that the Member got is because this is about the sixth time in a single session that the question asked is not actually accurate and does not elicit the response which is then subsequently answered. So I would honestly suggest that they sit down and review the manner that they ask questions so that the information that we can provide can be more specific.

Madam Speaker: Next question.

Q231-5/2025

GHA –

Lack of adequacy/resilience within staff complement; Risk to patients in connection with staffing issues; Nursing complement; Vacancies 2023 to date; internal investigations

Clerk: Question 231, the Hon. J Ladislaus.

Hon. J Ladislaus: In the past 12 months, have any members of the GHA Board raised concerns in terms of a lack of adequacy of resilience as regards any of the GHA's staffing complements? If so, which ones and what were the issues identified?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I will answer this question together with Questions 232 to 235.

Clerk: Question 232, the Hon. J Ladislaus.

Hon. J Ladislaus: Has the letter to the GHA highlighting the risk to patients because of staffing issues which was cited by 180 nurses last year been replied to? Has any action plan been put in place by the GHA to address the concerns raised in that letter? And if so, what does that action plan entail?

Clerk: Question 233, the Hon. J Ladislaus.

Hon. J Ladislaus: Does the GHA currently have a sufficient nursing complement? If so: (i) what criteria is applied to gauge staffing levels, (ii) who determines whether the complement is sufficient, and (iii) is the current nursing complement considered to be sufficient to ensure the proper and efficient running of all services whilst maintaining a safe working environment for nursing staff?

Clerk: Question 234, the Hon. J Ladislaus.

Hon. J Ladislaus: How many vacancies within the GHA were advertised in: (i) 2023, (ii) 2024 and (iii) 2025 to date? Please provide specifics as to each of the vacancies advertised, how they were advertised and how they were filled.

Clerk: Question 235, the Hon. J Ladislaus.

1860 **Hon. J Ladislaus:** How many internal investigations of a human resources nature relating to GHA staff were carried out in (i) 2022, (ii) 2023, (iii) 2024 and (iv) 2025 to date? What was the average time span within which those investigations were concluded and how many are currently live?

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

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Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, in answer to Question 231, suggested business plans are continuously put forward by different board members during the course of the year. These then go through numerous filters, finally that of the Director General and if urgent, the business case is then put to me to approve. However, the most prudent approach is for the Executive Board to determine year-on-year what the requirements are for the GHA together with the financial forecasts and submitted at the time of preparing of the budget. As I have confirmed to this House on numerous occasions, each and every clinical vacancy that was requested last year was approved at budget last year.

In answer to Question 232, yes ma'am, I have met with United Union and the relevant stakeholders in order to discuss several issues as mentioned in my press release earlier this year, including those raised in the contents of the letter. As I have stated in the press release and I quote Madam Speaker, HMGOG and the GHA remain committed to constructive engagement with United Union and all stakeholders to ensure the welfare of staff and the delivery of high-quality healthcare services. One of the constructive outcomes of these discussions has resulted in a joint nursing skill mix audit that is currently taking place. An action plan will be devised and implemented once this has been completed.

In answer to Question 233, yes ma'am, the GHA does have a sufficient nursing complement. Nursing staffing levels are frequently assessed by the nursing management team in alignment with bed occupancy, patient acuity, and dependency across each ward, clinical area and speciality. This dynamic approach enables adjustments to staffing levels and skill mix, for example, registered nurses versus nursing assistants through staff redeployment. The objective is to ensure that the nursing care volume corresponds to the patient needs whilst considering the direct care activities undertaken by different members of the nursing team. A structured triangulation process between the GHA board, the GHA executive team and the director of nursing/ the nurse management team exists. Further Madam Speaker, as I have previously mentioned, in order to ensure that the staffing complement is always fit for purpose, the GHA is reviewing the complement by conducting a nursing skill mix audit. This reviews the existing nursing workforce composition, which includes both registered nurses and nursing support workers.

In answer to Question 234, in 2023, 71 vacancies were advertised, and in 2024, 64 vacancies were advertised. In 2025 to date, 29 vacancies have been advertised. I now hand over the schedule to the hon. Member with the information requested.

Sorry. In answer to Question 235, as a matter of policy, HMGOG does not comment on conduct disciplinary or grievance matters. If issues of a staffing nature are reported, these are investigated and actioned upon where necessary by GHA workforce.

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Madam Speaker: All right, I will give the hon. Member some time to consider the schedule in relation to Question 234, but in relation to Questions 231, 232, 233 and 235, are there any supplementaries?

1905 **Hon. J Ladislaus:** Yes, Madam Speaker, in respect of 231, is the simple answer for the public, therefore, that yes, concerns have been raised by members of the board as to lack of resilience in respect of staffing complements?

Hon. G Arias-Vasquez: No, Madam Speaker, as I said, these issues are frequently raised. It doesn't necessarily mean that there are complaints as to staffing complements. The way that the staffing

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complement works is that the Director of Nursing, the Medical Director and the DG put together a budget every year.

As I have said on numerous occasions in this House, Madam Speaker, in the last round of the budget, this Government approved each and every clinical vacancy. That includes every medical vacancy and every nursing vacancy that was requested by the GHA. This therefore says that there should be no issues with staffing complements because the staffing complement given to the GHA was exactly what the GHA requested in the last budget. As I have explained in answer to that question, what happens is that throughout the year, there are issues raised. This then goes towards a business plan, which is put forward to the DG. The DG then discusses the business plan with finance and that is then put through the ministry to be addressed in the budget.

If there is an urgent request or there is an urgent business plan or there is something that urgently needs to be addressed, this will then be put to me directly so that I can take it to Cabinet so that a supplementary funding request can be put in but by and large, the complement is approved by the executive team and the complement of nursing will be approved by the Director of Nursing. The complement of clinicians will be approved by the Medical Director and this will be put to the Government in these sessions that happen now.

So in these sessions that are currently happening, as the hon. Members opposite will be aware, we sit with each and every department and we put together the plan for the next year. And let me be clear once again, in case I have not made myself sufficiently clear already, in the last budget session, every single post that was requested by the GHA that was a clinical post was approved by HMGOG. So every single clinical post was not, there was not a single clinical post in the GHA budget that was removed by HMGOG. Therefore, the staffing complement is exactly as was requested by the GHA.

Hon. J Ladislaus: Madam Speaker, there is a difference to be made between budgets and what is handed to the GHA at the commencement of a financial year and whether issues have been raised by members of the board as to any issues with complement. Certainly, 180 nurses complaining that there are issues on wards because the staffing complement of nurses wasn't enough certainly suggests that there are issues that have been raised. Have any of the Board members made any comments as to that, for example?

Hon. G Arias-Vasquez: Madam Speaker, precisely for that reason, there is an audit being carried out, which determines whether or not they are correct, that every ward is understaffed or otherwise. They have agreed and they are currently in the process of carrying out a staffing audit so that we can make sure that all the staffing complement is correct but again, Madam Speaker, the staff complement of the GHA is exactly as a GHA has requested.

The nursing complement of 180 nurses put together a letter and in response to that letter, we agreed to submit ourselves to an audit to make sure that each and every ward is sufficiently well manned. So in response to that letter, what we are doing is to make sure that the hospital is appropriately staffed, even as per the request that the GHA themselves put in.

Hon. J Ladislaus: Madam Speaker, Unite's stance certainly was that these issues are persistent in respect of nursing staff for over four years. Now, what is the reason for such a lengthy period of time having elapsed without these issues having been addressed before now?

Hon. G Arias-Vasquez: Madam Speaker, clearly I am not making myself clear enough. That nurses themselves have issues, right? The nursing complement, the Government is advised on the nursing complement by the Executive Board of the GHA. If the GHA come and says to the Government, if the Executive Board of the GHA says to the Government that 512 nurses are what is needed to run the GHA, then Government appropriately accepts advice from the clinicians and from the Executive Board and finances a complement of 512 nurses. So Government has given each and every vacancy that the Executive Board recommended last year. I do not know a

different way of saying that. So each and every vacancy that the executive board of the GHA requested last year, whether that be in terms of clinicians or whether that be in terms of nursing, was acceded to by Government and the finance provided for that level of complement. If there are 180 nurses that feel that the awards are under complemented, we are actually listening to those nurses and saying to them, right, go and do a nursing audit to make sure that what you're saying is correct. We're not saying it isn't. But actually what should happen is that the nursing director should make representations to the executive board. The executive board should then tell us what they feel the complement should be and then the financing is sought for that level of nursing. Again, let me repeat myself in case I have not made myself clear on the last three occasions that I said it. Each and every clinical...

I'm not going to accede to the hon. Shadow Minister's request because he interrupts at every possible opportunity. So I'm going to repeat it again. Each and every clinical vacancy, and clinical vacancy includes clinicians and nurses, were acceded to by HMGOG and funding was provided for the 512 nurses that the Executive Board of the GHA requested from HMGOG. So if that is a complement that the Executive Board has told HMGOG is required, then that is a complement that HMGOG has provided. So we do not accept that there is not sufficient complement but in any event, what we are doing in response to the letter is that we are conducting a staff audit.

Hon. J Ladislaus: Madam Speaker, why then did we have a letter from 180 nurses just last year flagging that there were serious staffing issues which Unite have gone on to highlight? Why on earth did it take until this year to address that?

Hon. G Arias-Vasquez: Madam Speaker, the budget was entered into and the hon. Lady was present at the budget speech. The hon. Lady was present at the budget speech in July where the complement of 512 nurses was approved. So the hon. Lady was here when the subsequent questions have shown that she hasn't actually registered the fact that there are 512 nurses in the complement. The hon. Lady was present at the budget session where the nursing complement was discussed. So if there are 180 nurses that feel that the nursing complement is understaffed, those 180 nurses should actually go to the Nursing Director and make sure that the Nursing Director is aware that they feel that the nursing complement is understaffed. Because, and again I repeat for the hon. Shadow Minister for the Port amongst other things, if I have not made it clear enough on five previous occasions, because last time you told me there were four, each and every clinical and nursing vacancy that was requested by the GHA in last year's budget was approved by the Government. So, 512 nursing staff was the complement that the GHA asked HMGOG for.

Hon. J Ladislaus: Madam Speaker, we're delighted to hear that an audit will be taking place because it is clearly something that we very much pushed for within the last election and which we said we would do if we had won the last election and which we were laughed at for. So I am extremely glad to see that the Government are taking a leaf out of our book, so to speak, and auditing. Why on earth is it the case that an audit is needed if the Hon. Minister is of the view that, or has been informed that the nursing complement had no issues? What is the reason for that and how long would that audit take?

Hon. G Arias-Vasquez: Madam Speaker, again, let me clarify so that there is no accusation that we are misleading Parliament. We never laughed at an audit of the nursing staff in the hospital. What we found amusing was the number of audits that the hon. Members opposite were proposing to do in their campaign last year. That is what we found amusing because I think the word audit was mentioned quite a few times in the manifesto. So the nursing, what is actually called a nursing skill mix audit was never laughed at by any member of this Government. Why do we feel it is necessary? They've asked for it and we feel it is necessary. Now, I, like the hon. Lady, am not a clinician. I'm not a nurse either and I thought that a skill mix audit was something that

2015 could be completed immediately. When I actually spoke to the clinical nurse managers in this meeting organised by Unite, which they attended when we spoke about these issues, it was them that informed me that this was actually quite a lengthy process, which would take a couple of months. So the process is being run by them and they are controlling the timescales of the nursing skill mix audits.

2020 It has got absolutely nothing to do with Ministry. It is something which they themselves are running and they themselves are aware of the length of time that it takes because it was them that told me, who thought it was a matter of days rather than months, the length of time that it would take to carry out the audit.

2025 **Hon. J Ladislaus:** Madam Speaker in respect of Question 235 on the internal investigations of human resources nature. And we're not asking for comments as to specific investigations. What I am asking is as to statistics, because again, this goes to the point that Unite's made, which is that many are being left in limbo for a long period of time and that this is becoming quite an issue and surely that impacts service. Therefore, could I ask the Hon. Minister what the issue is with providing data in respect of the numbers of those internal investigations of HR nature, which are ongoing and those that have already been concluded?

2030 **Hon. G Arias-Vasquez:** Madam Speaker, it is HMGOG policy that we do not comment on disciplinary matters at all. So we do not comment on any statistics, etc, of disciplinary nature within the GHA.

Hon. J Ladislaus: Can I ask then, does the Hon. Minister agree with Unite's position that there are a great many individuals being left in limbo who are awaiting the conclusion of these such processes?

2040 **Hon. G Arias-Vasquez:** No, Madam Speaker, we do not agree. The reality is that these investigations take time because they have to get the witness statements from both sides. Sometimes it is numerous parties. So these investigations are done as quickly as is possible whilst trying to get all the information available from all parties.

2045 As the hon. Lady will be aware, we have recently restructured the workforce team in order to ensure that these matters are carried out in a more expeditious way. But no, we do not agree with Unite's view that these matters are left out standing for a significant period of time.

Hon. J Ladislaus: How does the Hon. Minister foresee that the restructuring will impact positively upon these numbers? Again, if we go back to Unite's comments and it doesn't seem that they are of the same view, Madam Speaker.

2050 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the workforce team has been restructured in order to address grievances. So the teams internally within workforce are also being restructured.

2055 **Madam Speaker:** Next question.

ANSWER TO QUESTION 235**ANSWER TO QUESTION 234****2023**

Grade	How advertised	How Filled
ADMIN & SUPPORT		
JUNIOR GHA CLERK	Internal/Public Service	Internal Applicant
ASSISTANT ELECTRONIC HEALTH TECHNOLOGY OFFICER	Public Service/External	Internal Applicant
ELECTRONIC HEALTH TECHNOLOGY OFFICER	Public Service/External	Public Service
GHA EXECUTIVE CLERK	Internal/Public Service	Internal Applicant
HIGHER EXECUTIVE CLERK	Internal/Public Service	Internal Applicant
HEAD OF FINANCE & PROCUREMENT	Internal/Public Service	Internal Applicant
LEGAL SERVICES & CLAIMS MANAGER	Internal/Public Service	Internal Applicant
SENIOR EHT OFFICER	Internal/Public Service	Public Service
GHA CLERK	Internal/Public Service	Internal Applicant
GHA STORES MANAGER	Internal/Public Service	Public Service
PALS MANAGER	Internal/Public Service	Public Service
DOMESTIC SERVICES MANAGER	Internal/Public Service	Public Service
DIRECTOR OF WORKFORCE	Internal/Public Service	Internal Applicant
DEPUTY HEAD OF FINANCE & PROCUREMENT	Internal/Public Service	Internal Applicant
DEPUTY ASSOCIATE DIRECTOR - CATERING	Internal/Public Service	Internal Applicant
CANCER SERVICES ADMINISTRATOR	Internal/Public Service	Internal Applicant
DEPUTY DOMESTIC SERVICES MANAGER	Internal/Public Service	Public Service
AHP		
PHYSIOTHERAPIST SENIOR I (Paeds)	EXTERNAL - ABOARD	External Applicant
COUNSELLOR	EXTERNAL	Public Service
PRODUCTION ASSISTANT - PATHOLOGY	Internal/Public Service	Internal Applicant
OCCUPATIONAL THERAPIST TECH II	EXTERNAL	External Applicant
PHYSIOTHERAPIST SENIOR II (ROTATIONAL)	EXTERNAL - ABOARD	Internal Applicant
PHYSIOTHERAPIST SENIOR I (FALLS)	EXTERNAL - ABOARD	External Applicant
PHARMACY ASSISTANT TECHNICAL OFFICER	Internal/Public Service	Internal Applicant
BASIC SPEECH & LANGUAGE THERAPIST	EXTERNAL - ABOARD	External Applicant
HEAD OF SPEECH & LANGUAGE THERAPIST	Internal	Internal Applicant
CLINICAL PHARMACIST	Internal	Internal Applicant
CHIEF PHARMACIST	Internal	Internal Applicant
BIOMEDICAL SCIENTIST	Internal	Internal Applicant
AMBULANCE		
CLINICAL ADVISORS 111	Internal	Internal Applicant
EMERGENCY MEDICAL DISPATCHER	Internal/Public Service	Internal Applicant
EMERGENCY MEDICAL DISPATCHER	Internal/Public Service	Internal Applicant
INDUSTRIALS		
GENERAL OPERATIVE DOMESTIC (P/T)	Internal/Public Service	Internal Applicant
SUPERVISOR GENRAL OPERATIVE SERVICES - DOMESTIC	Internal/Public Service	Internal Applicant

Cont...

2060

2065

CONTINUED ANSWER TO QUESTION 235**CONTINUED ANSWER TO QUESTION 234**

MEDICAL		
CONSULTANT ORTHOPAEDIC SURGEON	EXTERNAL	Internal Applicant
CONSULTANT GENERAL SURGEON (COLORECTAL)	EXTERNAL - ABOARD	External Applicant
CONSULTANT OPHTHALMOLOGIST	EXTERNAL - ABOARD	External Applicant
CLINICAL FELLOW IN ORTHO/TRAUMA	EXTERNAL - ABOARD	External Applicant
CLINICAL FELLOW IN A&E	EXTERNAL - ABOARD	External Applicant
GENERAL PRACTITIONER (P/T)	EXTERNAL - ABOARD	External Applicant
CONSULTANT GYNAECOLOGIST	EXTERNAL - ABOARD	External Applicant
MEDICAL DIRECTOR	Internal	Internal Applicant
DEPUTY MEDICAL DIRECTOR	Internal	Internal Applicant
CLINICAL FELLOW IN SURGICAL SERVICES	EXTERNAL - ABOARD	External Applicant
CLINICAL FELLOW IN ORTHO & TRAUMA	EXTERNAL - ABOARD	External Applicant
CLINICAL FELLOW IN GENERAL MEDICINE	EXTERNAL - ABOARD	External Applicant
CLINICAL FELLOW IN GENERAL MEDICINE	EXTERNAL - ABOARD	External Applicant
CLINICAL FELLOW IN ANAESTHESIA	EXTERNAL - ABOARD	External Applicant
CLINICAL FELLOW IN A&E	EXTERNAL - ABOARD	External Applicant
NURSING		
DENTAL NURSE	EXTERNAL	External Applicant
CHARGE NURSE - CMW	Internal	Internal Applicant
CHARGE NURSE - RAINBOW	Internal	Internal Applicant
CHARGE NURSE - THEATRES	Internal	Internal Applicant
CHARGE NURSE - JMW	Internal	Internal Applicant
CLINICAL NURSE SPECIALIST - STOMA CARE	Internal	External Applicant
DIVISIONAL CLINICAL LEAD - PCC	Internal	Internal Applicant
DIVISIONAL CLINICAL LEAD - MEDICAL	Internal	Internal Applicant
DIVISIONAL CLINICAL LEAD - SURGICAL	Internal	Internal Applicant
OPERATING DEPARTMENT PRACTITIONER	Internal/Public Service	Internal Applicant
OPHTHALMIC NURSING TECHNICIAN	Internal	Internal Applicant
REGISTERED NURSE - MENTAL HEALTH	INTERNAL/EXTERNAL	External Applicant
REGISTERED NURSE - PCC DISTRICT	Internal	Internal Applicant
REGISTERED NURSE - DAY INFUSION SERVICE	Internal/Public Service	Internal Applicant
REGISTERED NURSE - DIALYSIS	INTERNAL/EXTERNAL	Internal Applicant
CLINICAL NURSE SPECIALIST -CARDIAC REHAB	Internal	Internal Applicant
MATRON - PCC	Internal	Internal Applicant
OPERATING DEPARTMENT PRACTITIONER	EXTERNAL - ABOARD	External Applicant
SENIOR NURSE LECTURER	Internal	Internal Applicant
TSSU TECHNICIAN	Internal/Public Service	Internal Applicant
TSSU TECHNICIAN	Internal/Public Service	Internal Applicant
TSSU TECHNICIAN	EXTERNAL	External Applicant

Cont....

CONTINUED ANSWER TO QUESTION 235**CONTINUED ANSWER TO QUESTION 234****2024**

Grade	How advertised	How Filled
ADMIN & SUPPORT		
Accident & Emergency Clerk	Internal - Public Service	Internal Applicants
Head of Internal Audit	Internal - Public Service	Public Service
Public Health Information Analyst	Internal - Public Service	No successful candidate found at interview
AHP		
Senior Paediatric Audiologist	Public Service /External Abroad	Internal Applicant
Occupational Therapist - Senior I (paediatric)	Internal - Public Service	Internal Applicant
Occupational Therapist - Senior II	Public Service /External Abroad	Successful applicant declined position
Occupational Therapist - Senior II	Public Service /External Abroad	External Applicant
Occupational Therapist - Basic Grade	Internal - Public Service	Internal Applicant
Physiotherapist Senior I - Adult Community Rehab	Internal - GHA Employees	Internal Applicant
Physiotherapist Senior II -Rotational	Public Service /External Abroad	External Applicant
Physiotherapy Helper Part Time	Internal - Public Service	Internal Applicant
Senior Paediatric Support Worker	Internal - Public Service	Internal Applicant
Pharmacy Technician	Public Service /External Abroad	External Applicant
Radiographer Senior II	Public Service /External Abroad	External Applicant
Radiography Assistant	Internal - Public Service	Successful applicant declined position
Speech and Language Therapist - Senior I Paediatric	Public Service /External Abroad	External Applicant
AMBULANCE		
Ambulance Care Assistant	Internal - Public Service	Internal Applicants
Clinical Advisor 111	Public Service /External Abroad	Filled by Internal/External Applicants
Emergency Medical Dispatcher	Internal - Public Service	Internal Applicant
Paramedic	Public Service /External Abroad	Internal Applicant
Clinical & Educational Lead Paramedic	Internal - GHA Employees	Internal Applicant
INDUSTRIALS		
General Operative Domestic - Supply	Public Service /External Abroad	External Applicant
General Operative Domestic - Full Time	Internal - Public Service	Internal Applicant
General Operative Labourer	Internal - Public Service	Internal Applicant

Cont...

CONTINUED ANSWER TO QUESTION 235**CONTINUED ANSWER TO QUESTION 234****MEDICAL**

Cardiac Physiologist	External/Abroad	External Applicant
Clinical Fellow General Medicine	Internal/Abroad	External Applicant
Clinical Fellow A&E	Internal/Abroad	External Applicant
Clinical Fellow A&E	Internal/Abroad	External Applicant
Clinical Fellow A&E	Internal/Abroad	External Applicant
Clinical Fellow Surgical Services	Internal/Abroad	External Applicant
Clinical Fellow Surgical Services	Internal/Abroad	External Applicant
Clinical Fellow Anaesthesia	Internal/Abroad	External Applicant
Clinical Fellow Anaesthesia	Internal/Abroad	External Applicant
Clinical Fellow Anaesthesia	Internal/Abroad	External Applicant
Consultant Cardiologist	Internal/Abroad	Not filled as Candidate not found appointable
Consultant Anaesthetist	Internal/Abroad	Internal Candidate
Consultant ENT	Internal/Abroad	External Applicant

NURSING

Registered Nurse - Cardiac Catheter Laboratory	Internal - GHA Employees / External Abroad	Successful applicant declined position
Registered Nurse - Cardiac Catheter Laboratory	Internal - GHA Employees / External Abroad	Internal Applicant
Registered Nurse - Cardiac Catheter Laboratory	Internal - GHA Employees / External Abroad	External Applicant
Clinical Nurse Manager	Internal - GHA Employees / External Abroad	Internalk Applicant
Charge Nurse - Theaters	Internal - GHA Employees	Internalk Applicant
Charge Nurse - A&E	Internal - GHA Employees	Internalk Applicant
Charge Nurse - Captain Murchison Ward	Internal - GHA Employees	Internalk Applicant
Registered Nurse - Calpe Ward	Internal - GHA Employees / External Abroad	Filled by Internal & External Applicants
Registered Nurse - Calpe Ward	Internal - GHA Employees	Filled by Internal & External Applicants
Registered Nurse - Calpe Ward	Internal - GHA Employees	Internal Applicants
Registered Nurse - Child	Internal - GHA Employees	Internal Applicants
Registered Nurse - PCC District	Internal - GHA Employees	Internal Applicants
Registered Nurse - Theaters	Internal - GHA Employees / External Abroad	Filled by Internal Applicants
Paediatric Diabetic Nurse Specialist	Internal - GHA Employees	Internal Applicant
Charge Nurse - Maternity	Internal - GHA Employees	Internal Applicant
Registered General Nurse	External - returning University of Gibraltar students	Internal Applicant

Cont...

2075

2080

CONTINUED ANSWER TO QUESTION 235**CONTINUED ANSWER TO QUESTION 234**

NURSING (cont)		
Allied Mental Health Practitioner	Internal - Public Service	Internal Applicant
Clinical Nurse Specialist - Haematology	Internal - GHA Employees	Internal Applicant
Registered Nurse A&E	Internal - GHA Employees	Internal Applicant
Charge Nurse - Victoria Ward	Internal - GHA Employees	No successful candidate found at interview
Charge Nurse - Victoria Ward	Internal - GHA Employees	Internal Applicant
Charge Nurse - Crisis Liaison Team	Internal - GHA Employees	Internal Applicant
Charge Nurse - Calpe Ward	Internal - GHA Employees	Internal Applicant
Charge Nurse - Cath Lab	Internal - GHA Employees / External Abroad	External Applicant
Resuscitation Officer	Internal - GHA Employees / External Abroad	Successful applicant declined position
TSSU Technician	Internal - Public Service	Internal Applicant
Registered Midwife	Internal - GHA Employees	Internal Applicant

2025

Grade	How advertised	How Filled
ADMIN & SUPPORT		
ERS Administration & Facilities Manager	Internal/Public Service	Vacant recruitment on-going
Senior Crown Counsel	Internal/Public Service	Vacant recruitment on-going
Junior GHA Clerk	Internal/Public Service	Vacant recruitment on-going
GHA Clerk	Internal/Public Service	Vacant recruitment on-going
GHA Executive Clerk	Internal/Public Service	Vacant recruitment on-going
AHP		
Audiologist Adult	External/Abroad	Vacant recruitment on-going
Basic Grade Pharmacist	Public Service/External	Vacant recruitment on-going
Biomedical Assistant	Public Service/External	Vacant recruitment on-going
Physiotherapist Senior I (Paediatrics)	UK/Abroad	Vacant recruitment on-going
Physiotherapist Senior II	External	Vacant recruitment on-going
Radiographer Assistant	Public Service	Vacant recruitment on-going
INDUSTRIALS		
ERS Catering Manager	Internal	Internal Applicant
MEDICAL		
Clinical Fellow A&E	External/Abroad	Vacant recruitment on-going
Clinical Fellow A&E	External/Abroad	Vacant recruitment on-going
Clinical Fellow General Medicine	External/Abroad	Vacant recruitment on-going
Clinical Fellow Surgical Services	External/Abroad	External applicant
NURSING		
Charge Nurse - Endoscopy	Internal	Vacant recruitment on-going
Charge Nurse - Primary Care Centre	Internal	Internal Applicant
Charge Nurse - John Ward	Internal	Vacant recruitment on-going
ERS - Divisional Clinical Lead	Internal	Vacant recruitment on-going
Matron - PCC & Emergency Services Division	Internal	Vacant recruitment on-going
Charge Nurse - Mental Health (CMHT)	Internal	Vacant recruitment on-going
Nursing Assistant	Internal/Public Service	Vacant recruitment on-going

Cont...

CONTINUED ANSWER TO QUESTION 235

CONTINUED ANSWER TO QUESTION 234

Registered Nurse - PCC District	Internal	Vacant recruitment on-going
Registered Nurse - PCC District	Internal	Vacant recruitment on-going
Registered Nurse - Chemotherapy	Internal	Vacant recruitment on-going
Registered Nurse - Dudley Toomey Ward	Internal	Vacant recruitment on-going
Registered Nurse - Dialysis	Internal	Vacant recruitment on-going
Registered Nurse - Child	Internal	Vacant recruitment on-going

2090

2095

Q236/2025

GHA –

GHA service users sponsored to see Mental Health Practitioners at local private clinics

Clerk: Question 236, the Hon. J Ladislaus.

2100 **Hon. J Ladislaus:** Are any GHA service users sponsored by the GHA to see mental health practitioners at local private clinics? If so, how many service users have been sponsored by the GHA for this purpose in the past 12 months, broken down by month, and what was the monthly cost to the GHA of doing so?

2105 **Clerk:** Answer, the Hon. Minister for Health, Care and Business.

Hon. G Arias-Vasquez: Madam Speaker, no service users are sponsored by the GHA to see mental health practitioners at any local private clinic.

2110 **Madam Speaker:** Next question.

Q237/2025

IVF Treatment –

Average success rates for sponsored GHA patients

Q238/2025

IVF Clinics –

Complaints

Q239/2025

IVF Treatment –

Sponsored women

2115

Q240/2025

IVF Services –

Tender applications, scoring matrix criteria

Clerk: Question 237, the Hon. J Ladislaus.

2120 **Hon. J Ladislaus:** Can the Government provide statistics as to the average success rates for individuals sponsored by the GHA to undergo IVF treatments at tertiary providers, broken down by clinic, for the following years: (i) 2021, (ii) 2022, (iii) 2023, (iv) 2024, (v) 2025, to date?

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

2125 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, I will answer this question together with Questions 238 to 240.

Clerk: Question 238, the Hon. J Ladislaus.

2130 **Hon. J Ladislaus:** How many complaints in respect of IVF clinics where GHA-sponsored patients have been referred to were received by the GHA, broken down by the specific clinics being complained of in: (i) 2021, (ii) 2022, (iii) 2023, (iv) 2024, (v) 2025, to date?

Clerk: Question 239, the Hon. J Ladislaus.

2135 **Hon. J Ladislaus:** How many women have been sponsored by the GHA to undergo IVF treatment for the following years: (i) 2021, (ii) 2022, (iii) 2023, (iv) 2024, and (v) 2025, to date, broken down by the specific clinic where the treatment was received?

Clerk: Question 240, the Hon. J Ladislaus.

2140 **Hon. J Ladislaus:** Can the Hon. Minister provide details as to the scoring matrix criteria that was followed to assess the tender applications for IVF services, which resulted in Clínica Medrano being awarded the tender for services?

2145 **Clerk:** Answer, the Hon. Minister for Health Care and Business.

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, in answer to Question 237, average success rates are as follows: In 2021, there was 16 patients with a 33% success rate at Clínica Medrano; in 2022, the data is unavailable from the Ovo Clinic; 2023, the data is unavailable from the Ovo Clinic; in 2024, there are 10 patients with a 62.5% success rate at Clínica Medrano; in 2025, there are two new patients that have commenced IVF treatment in Clínica Medrano.

In answer to Question 238: in 2021, there were five formal complaints received, all in respect of Clínica Medrano; in 2022, there were no formal complaints received; 2023, there was one formal complaint received from Clínica Medrano. 2024, there was one formal complaint received from the Ovo Clinic; in 2025, there are no formal complaints received to date.

In answer to Question 239, the number of women referred to undergo IVF treatment for the following years are as follows. In 2021, there were 25, all went to Clínica Medrano. 2022, there were three to Clínica Medrano and 18 to the Ovo Clinic; in 2023, there was one to Clínica Medrano and 18 to the Ovo Clinic; in 2024, there were 18, all to Clínica Medrano; in 2025 to date, there were two, all to Clínica Medrano.

In answer to Question 240, Madam Speaker, it is not in the public interest to share the information requested by the hon. Lady, but however, I am happy to share this behind the Speaker's chair.

2165 **Hon. J Ladislaus:** Madam Speaker, looking at the statistics, the complaints all seem to relate to Clínica Medrano, or most of them seem to relate to Clínica Medrano, save for one which was Ovo. I ask therefore, why it is that given the high number of complaints there and the fact that they all related to Medrano, why it is that the tender was awarded to Clínica Medrano in the end?

2170 **Hon. G Arias-Vasquez:** Madam Speaker, the GHA investigated the complaints received in all instances, and they also received the submissions and reviewed the submissions received in the clinics. A scoring matrix criteria was followed to assess each tender, and the Clínica Medrano received the highest score, hence the decision to award the tender to this clinic. When the individual complaints were reviewed, it was felt that there were some that were of substance, but the majority related to communication issues.

2175 **Hon. J Ladislaus:** In respect of the communication issues, have those been looked into and have those been addressed by the clinic since?

2180 **Hon. G Arias-Vasquez:** Madam Speaker, I am informed that they have.

Madam Speaker: Next question.

Q241/2025

GHA –

Approval process for referrals

2185

Clerk: Question 241, the Hon. J Ladislaus.

Hon. J Ladislaus: Can the Hon. Minister outline the process for approvals of referrals by the GHA for medical appointments at tertiary providers?

2190

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the process for approving referrals by the GHA for medical appointments at tertiary providers is as follows. A secondary care consultant identifies a treatment or seeks a specialist opinion that is not available within the GHA; The referral request is submitted to a tertiary referral board for review and approval, and upon approval, an appointment request is made with the designated tertiary provider; Once the appointment is confirmed, the patient is informed and all necessary logistical arrangements are coordinated through the sponsored patients department.

2200

Hon. J Ladislaus: I am grateful for that answer. The reason I ask that question is because we have information coming to us from members of the public that the approvals are being delayed until quite late and sometimes very close to the appointments, which is resulting more and more in appointments being missed, for example, at tertiary providers in the UK, where a person must drop everything and fly over very quickly. Has the Hon. Minister had information that this is the case also and what is being done to alleviate that?

2205

Hon. G Arias-Vasquez: Madam Speaker, the process with tertiary institutions, particularly with the UK, is normally very fluid. What happens frequently and is out of the GHA's hands is that the NHS is sometimes quite delayed in providing us with the appointment. So the NHS sometimes does not provide the GHA with the appointment until very late in the day and then, yes, the appointment is scheduled and the flights and the hotel or Calpe House is organised at this point. When that appointment is scheduled is unfortunately out of the GHA's hands because it falls squarely within the NHS and what often happens is that because, for example, there is a cancellation of an operation or procedure at the NHS, they then contact the patients and the liaison happens then to try and put one of our patients into that slot. Unfortunately, because that is driven by the NHS, that is out of the GHA's hands.

2215

Madam Speaker: Next question.

2220

Q242-3/2025

GHA –

Transferring critically ill babies and children; Criteria to determine whether a baby or child requires specialised care

Clerk: Question 242, the Hon. J Ladislaus.

Hon. J Ladislaus: What is the GHA's protocol regarding when and how to transfer critically ill babies and children to more specialist facilities than the GHA?

2225

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

Hon. J Ladislaus: Madam Speaker, I will answer this question together with Question 243.

Clerk: Question 243, the Hon. J Ladislaus.

Hon. J Ladislaus: What are the clinical criteria that are applied at the GHA to determine whether a baby or child requires more specialised care at a tertiary medical facility and by who is that decision made?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, in answer to Question 242, the decision to transfer critically ill babies or children rests with the paediatric consultant. Once the decision is made, the paediatrician contacts the appropriate hospital based on the patient's condition. The hospital then allocates a bed according to the clinical urgency. The method and route of transfer are determined by the patient's medical needs. In relation to Question 243, there are limits to the service which can be provided locally in the GHA. The paediatrician responsible for the care of the patient evaluates the case and if deemed necessary upon clinical judgement, seek specialist input or further management advice from more advanced centres in Spain or the UK, depending on the clinical presentation and the expertise required.

Hon. J Ladislaus: Madam Speaker, I am grateful for the answer, but again, I ask the question because we have had reports by members of the public that that comments have been made when some children, babies have arrived in quite a critical condition at some of these tertiary institutions, in particular, one of them and the comment was that they are being sent very late and the situation obviously becomes a lot more urgent the later they are sent. Is this information that the Hon. Minister has had brought to her attention and what has again been done to address that?

Hon. G Arias-Vasquez: Madam Speaker, I am unfamiliar with this particular case and I am happy to discuss it if the hon. Lady feels that it is required. What frequently happens on the ground is actually that the paediatric consultants in the GHA have direct contact to their equivalents in some tertiary institutions and one in particular and what frequently happens is the paediatric consultants in both institutions will be in touch to assess the patient's needs. They are normally assessed on an ongoing basis to determine whether or not it is required to transfer the patient to Spain. As the hon. Lady will be aware, what does happen, particularly in critically ill babies, is that babies can take a turn for the worse very quickly and it is at this point that it is determined whether or not the baby should be transferred to Spain but the paediatric consultants, this is not a case of it going to any board or otherwise. In the case of critically ill babies in particular, it will be the paediatric consultants that are in direct contact with each other to determine whether the child should be transferred to a tertiary institution.

Hon. J Ladislaus: Next question.

Q244/2025

Tertiary healthcare institutions – Cardiac procedures carried out

Clerk: Question 244, the Hon. J Ladislaus.

Hon. J Ladislaus: How many cardiac procedures were carried out at tertiary healthcare institutions in: (i) September 2024, (ii) October 2024, (iii) November 2024, (iv) December 2024, (v) January 2025 and (vi) February 2025 to date, broken down by type of procedure and the healthcare institution in which they were carried out?

2280

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I now hand over a schedule with information requested.

2285

Madam Speaker: All right, we will move on to the next question and revert to this one for supplementaries in due course.

ANSWER TO QUESTION 244

Sep-24

Procedure	Evelina Hospital	Guys and St Thomas	Hospital Punta de Europa	Quiron Campo de Gibraltar	Vithas International	Royal Brompton
CPET Study	2	0	0	0	0	0
Cardiac Electrophysiology	1	0	0	0	0	0
Atrial Ablation	0	0	6	0	0	0
Pacemaker	0	0	1	0	2	0
TAVI	0	0	1	0	0	0
Replacement Aortic Valve	0	0	1	0	0	0
Repair Aortic root	0	0	1	0	0	0
Arrhythmogenic Cardiomyopathy	0	0	1	0	0	0
Pulmonary hypertension	0	0	1	0	0	0
Coronary Angioplasty	0	0	1	0	0	0
Outpatient appointment	0	0	1	0	0	0
ARVD Investigation	0	0	1	0	0	0
Primary PCI	0	0	0	1	0	0
Angiogram	0	0	0	0	0	0
NSTEMI	0	0	0	0	0	0
CRT-D Insertion	0	0	0	0	0	0
Boston ICD Interrogation	0	0	0	0	0	0
Review post orthoptic heart transplant	0	0	0	0	0	1

Oct-24

Procedure	Evelina Hospital	Guys and St Thomas	Hospital Punta de Europa	Quiron Campo de Gibraltar	Vithas International	Royal Brompton	Harefield Hospital	Materno Infantil
Cardiac Ablation	2	0	2	0	0	0	0	0
Aortic valve replacement	0	0	1	0	0	0	0	0
TAVI	0	0	1	0	0	0	0	0
Ischaemic Heart Disease	0	0	0	0	0	0	0	0
Arterial Switch	0	0	0	0	0	0	0	1
Primary PCI	0	0	0	4	1	0	0	0
Pacemaker Insertion	0	0	0	0	7	0	0	0
Coronary Angioplasty	0	0	0	0	0	0	0	0
Chest Pain diagnosis	0	0	0	0	0	1	0	0
Pre-Syncopal	0	0	0	0	0	0	0	0
NSTEMI	0	0	0	0	0	1	0	0
PCI	0	0	0	0	0	1	0	0
Angiogram	0	0	0	0	0	2	0	0
CRT-D Insertion	0	0	0	0	0	1	0	0
VATS-Wash out	0	0	0	0	0	1	0	0

Cont...

2290

2295

CONTINUED ANSWER TO QUESTION 244

Nov-24					
Procedure	Guys and St Thomas	Hospital Punta de Europa	Quiron Campo de Gibraltar	Vithas International	
Ablation	6	0	0	0	0
Angioplasty	1	0	0	0	0
TAVI	4	0	0	0	0
Repair Aortic Root	1	0	0	0	0
ARVD Investigation and Filtration	1	0	0	0	0
Atrial Myxoma	1	0	0	0	0
Ebstein condition	1	0	0	0	0
Primary PCI	0	3	2	0	0
Pacemaker Insertion	0	0	0	6	0
NSTEMI	0	0	0	0	2
Coronary Angioplasty	0	0	0	0	6
VATS	0	0	0	0	2
Angiogram	0	0	0	0	2
45 M NSTEMI	0	0	0	0	1

Dec-24					
Procedure	Guys and St Thomas	Hospital Punta de Europa	Quiron Campo de Gibraltar	Vithas International	Harefield Hospital
Atrial Ablation	3	0	0	0	0
3 Vessel Coronary Disease	1	0	0	0	0
TAVI	1	0	0	0	0
Pulmonary hypertension	1	0	0	0	0
Repair Mitral Valve	1	0	0	0	0
Cardiomyopathy	1	0	0	0	0
Pacemaker	1	0	0	1	0
Coronary Angioplasty	1	0	0	0	0
Review appt	1	0	0	0	0
Coronary Artery bypass	1	0	0	0	0
Cardiomyopathy	0	0	0	0	1
Primary PCI	0	2	0	0	0
Pacemaker	0	0	0	2	0
Angiograph	0	0	0	0	1
Angioplasty	0	0	0	0	0

Cont...

CONTINUED ANSWER TO QUESTION 244

Jan-25				
Procedure	Guys and St Thomas	Quiron Campo de Gibraltar	Vithas International	
Replacement of Mitral Valve	1	0	0	0
Ablation	3	0	0	0
Replacement Aortic Valve	1	0	0	0
Cardiomyopathy	1	0	0	0
Angioplasty	3	0	0	0
Coronary Artery Bypass	1	0	0	0
Infective endocarditis	1	0	0	0
Repair aortic root	1	0	0	0
Pacemaker	0	4	0	0
CRT-D Implant	0	0	0	3
Aortic Valve replacement	0	0	0	1

Feb - 25 up to 18/2/2025				
Procedure	Evelina	Guys and St Thomas	Vithas International	Harefield Hospital
Cardiac CT Scan	1	0	0	0
TAVI	0	2	1	0
Replacement Mitral Valve	0	0	1	0
Ablation	0	1	0	0
Coronary Angioplasty	0	1	0	0
Replacement Mitral Valve	0	1	0	0
Repair Aortic Root	0	1	0	0
Coronary Artery bypass	0	1	0	0
Ischaemic heart Disease	0	0	0	2
Aortic Valve replacement	0	0	0	0

Q245/2025

**Patients discharged by Spanish care providers –
Transport ambulance drop off location**

Clerk: Question 245, the Hon. J Ladislaus.

2305

Hon. J Ladislaus: When a patient is discharged by a Spanish care provider and transferred back to Gibraltar to be released back to the GHA's care, where does the transport ambulance drop that patient and where relevant any accompanying chaperone off?

2310

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

2315

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the majority of discharges from Spanish hospitals are directly to the patient's home. Transport is typically facilitated by family members or friends as well. In cases where assistance is required, an ambulance service transports the patients along with their escort, ensuring that they are safely dropped off at the entrance of St Bernard's Hospital.

If a patient requires a readmission to St Bernard's Hospital, the drop off location will be determined based on their medical needs, either via the Accident and Emergency Department or directly into the appropriate receiving ward.

2320

2325

Hon. J Ladislaus: Madam Speaker, again, I have had information from members of the public that certainly on at least one occasion, a baby has been dropped off, incubator and apparatus needed, at the entrance of the hospital, which as the Hon. Minister may appreciate was quite traumatic experience for the parents. Can the Hon. Minister commit to perhaps looking into this and whether it would perhaps be better for drop offs to happen within A&E in the ambulance bays?

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Hon. G Arias-Vasquez: Madam Speaker, from personal experience, the babies are sometimes dropped off at the entrance to A&E. My son was dropped off at the entrance to A&E. He came back in an incubator with oxygen. He was then transferred from the entrance to the hospital to the relevant ward, which is Rainbow. Did I have an issue with this at the time? Absolutely not. The ward was awaiting my arrival, so I do not necessarily think, I'm unaware of this issue and I'm talking from personal experience rather than anything else. Did I have an issue? Absolutely not, because the staff at Rainbow Ward were aware that the baby was arriving and met me upon arrival. So I do not necessarily think it is an issue, but if the parents are concerned, then by all means, if they can contact me or my team, we'll happily look into it.

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Hon. J Ladislaus: Sorry, I do not know whether the Hon. Minister has understood the question. I will rephrase it. The child in question was dropped off at the very entrance of the hospital, so the very public entrance to St Bernard's Hospital, which is very different from being dropped off by the A&E entrance around the back, which is exactly what they expected would happen, but didn't happen. Can the Hon. Minister perhaps commit to looking into that so that it does not occur again that a baby's dropped or any other patient right at the entrance, if they are going to be readmitted to the hospital?

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Hon. G Arias-Vasquez: Madam Speaker, I did not misunderstand the question. I was dropped off with my son at the entrance, the main entrance to the hospital for the avoidance of doubt beside the PCC. So you go up the ramp, the ambulance went up the ramp and dropped me at the entrance to the hospital. My son's incubator was then wheeled to Rainbow, which is directly above the entrance of the hospital and closer to the entrance of the hospital than the A&E.

So again, I am not sure what the issue is, but I would urge any parents that have any concerns to contact my team directly. Having had personal experience of the circumstances that

the hon. Lady is referring to, my son was dropped in an incubator with oxygen at the main entrance of St Bernard's Hospital. I did not misinterpret her question.

2355 He was dropped at the main entrance of St Bernard's and we went directly to Rainbow Ward. I did not have an issue with this.

Hon. J Ladislaus: Sorry, it is perhaps because and maybe inadvertently, probably inadvertently, but the Hon. the Minister did say the entrance to A&E, which has given rise to the confusion in my supplementary now. In any event, are there any side entrances perhaps that could be used for
2360 such purposes which are maybe more private entrances if a child has been readmitted into Rainbow and it is actually much closer to the hospital entrance?

Hon. G Arias-Vasquez: Madam Speaker, again, if the patients feel like there is an issue, I am more than happy to be put in touch with them. It is the closest practical entrance to Rainbow.

2365 It is the entrance to the hospital. We're not going to open a specific side entrance for this.

It would probably cause more of an issue if the baby were to be put in A&E. As I said, I have personal experience of having been dropped off at the door to St Bernard's Hospital and the incubator and the oxygen tanks was wheeled directly to Rainbow Ward and there were no issues whatsoever. However, having said that, if this family does feel for whatever reason that there is
2370 an issue, I am more than happy to be put in touch with them and I'm more than happy to discuss the issue with them.

Madam Speaker: Next question.

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Q246/2025

Private Medical Practitioners – Referrals to the GHA

Clerk: Question 246. The Hon. J Ladislaus.

Hon. J Ladislaus: Hello Speaker. How many referrals to the GHA have been made by private
2380 medical practitioners working for private local clinics in the following years: (i) 2022, (ii) 2023, (iii) 2024, (iv) 2025 to date?

Clerk: Answer, the Hon. Minister for Healthcare and Business.

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the GHA does not typically accept referrals from private clinics. However, in certain cases, patients may be seen in emergency situations based on a private clinic referral. As these referrals are not processed through the GHA's formal referral system, corresponding data is not systematically recorded and therefore statistical figures are not available.

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Madam Speaker: Next question.

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Q247-8/2025

Pump Station –

Minimum number of cleans; Regularity of flushing

Clerk: Question 247, the Hon. C Sacarello.

2400 **Hon. C Sacarello:** Is there a minimum number of cleans requirements per pump station as a matter of policy and is this part of the contract with a third party?

Clerk: Answer, the Hon. Minister for Healthcare and Business.

2405 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, I will answer this question together with Question 248.

Clerk: Question 248, the Hon. C Sacarello.

2410 **Hon. C Sacarello:** Could the Hon. Minister please provide us with a breakdown of the regularity of the flushing of each sewage pump station in the last five years, simply stating the month of the year each station was flushed?

Clerk: Answer, the Hon. Minister for Healthcare and Business.

2415 **Minister for Health, Care and Business (Hon. G Arias-Vasquez)** Madam Speaker, AquaGib informs us that there is no minimum number of cleans that are required for the wet well locations in the sewage pumping station that it operates and maintains. AquaGib monitors all of the sewage pumping stations included in its contract and will contract a partial or full empty clean of the wet well as and when it is deemed required. In relation to Question 248, I now hand over a schedule
2420 with the information requested.

Hon. C Sacarello: Madam Speaker, I would like to ask a supplementary at this stage on Question 247. Thank you to the Hon. Minister for her reply. I understand that there is a third party provider of the service. Is it not the case that the provider has limited resources in terms of the lorry that
2425 is used for this and this is often used for alternative procedures elsewhere other than the pump stations? In addition, as a result of the pump stations not being cleaned regularly, there are increased number of blockages, not to mention the waste, the additional waste that we see in our influence at Europa Point of plastic waste. I will leave it at that and that this could be resolved with a greater number of cleans of these pump stations.

2430 **Hon. G Arias-Vasquez:** Madam Speaker, in terms of all the detail, I am not aware of that being the case. Again, if the hon. Member wants to provide me with a question detailing out that he wants confirmation of precisely that, I am happy to confirm that or otherwise. As I confirmed in the answer to my question, there is no minimum number of cleans and AquaGib do carry out these
2435 cleans regularly.

Any further detail, please do ask me more specifically and I will be happy to answer.

Madam Speaker: Next question.

2440

Q249/2025

**AquaGib reverse osmosis plant –
Negotiations with staff**

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Clerk: Question 249, the Hon. C Sacarello.

Hon. C Sacarello: Can the Government provide the House with an update of the stated negotiations with the AquaGib staff within the Reverse Osmosis Department?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, AquaGib informs us that during a meeting with the Reverse Osmosis Department, the timeline of a company-wide review was shared and the employees confirmed that they were content to wait for the conclusion of the company-wide review before considering further industrial action in relation to the claim.

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Hon. C Sacarello: Thank you, Madam Speaker. Would the Hon. Minister be able to share the timeline with us?

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Hon. G Arias-Vasquez: Madam Speaker, again, if you ask a detailed question, I'll provide the detailed response next time around.

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Hon. C Sacarello: I think I do not see what the issue is with the question arising out of her response. It's just a simple question, one which she would have had the, I'm sure has the information. Is this a question of not knowing or not willing to?

Hon. G Arias-Vasquez: Madam Speaker, I have a vague knowledge of what the timeline is. However, so that I am not accused of misleading Parliament, I do not wish to provide that information unless I have been specifically asked a question and AquaGib have confirmed it. I do not have that information in front of me. Therefore, if the specific information is asked of me, I will make sure to get that information from AquaGib and I will provide it across the House at the next session.

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Hon. C Sacarello: Madam Speaker, I think it is standard procedure to ask supplementaries. So I do not think there is anything hidden or nefarious about the question. It was a simple question based on a very basic response.

I think it is important to note, Madam Speaker, the importance of Parliament and its process in something which is of great wide public interest. This is a situation where the water supply to Gibraltar was threatened to be cut off only a month ago, the morning of which Parliament last sat and I do not think that shoving this under the carpet is befitting of Parliament and certainly not helpful to the rest of the public.

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Madam Speaker: Question?

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Hon. C Sacarello: So I ask the Hon. Minister, would she be able to share at least with us her basic understanding, not holding her to account, of what the timeline is for these negotiations?

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Hon. G Arias-Vasquez: Madam Speaker, I am not sweeping anything under the carpet. I just do not want to provide inaccurate information. There is a question at the moment on the update on the state of negotiations with the AquaGib staff with the Reverse Osmosis Department. That question in no way asks me about the company-wide review. All I am saying to the hon. Gentleman

is that I will provide the information when asked the question about the company-wide review. I do not have accurate information about when the company-wide review will be concluded.

I am saying that I will provide the information. I am not sweeping anything under the carpet, nor do I have the habit of sweeping anything under the carpet. Therefore, again, the hon. Member's opposite should take note. If the correct question is asked, the correct information will be provided.

Madam Speaker: Next question.

Q250/2025

**Government and AquaGib –
Transport ambulance drop off location**

Clerk: Question 250, the Hon. C Sacarello.

Hon. C Sacarello: Is the Hon. Minister confident that the Government's and AquaGib's approach to industrial relations is working?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, yes, ma'am.

Hon. C Sacarello: Madam Speaker, there have been numerous claims and leading to strikes over the years, some predating the Minister naturally and it is actually an accusation that is coined not by us, but by Unite the Union and their National Officer, who are quotes from a press release saying that AGL's approach to industrial relations is broken. Would the Government not agree that this is correct and what are they going to do to redress it?

Madam Speaker: I remind the hon. Member the questions as to whether a statement in the press is accurate is not an appropriate question. So I am going to disallow that question. If the hon. Member has a different supplementary question, which does not breach the rules, I will allow him to phrase another question.

Hon. C Sacarello: Yes, Madam Speaker. Apologies for the slight infraction there, in which case, perhaps I could share the view that based on experience of the number of issues that AquaGib and the Government have faced with regards to industrial relations in the past, would suggest that the industrial relations policy is perhaps not working as effectively as it might and would the Government not reconsider changing it?

Minister for Health, Care and Business (Hon. G Arias-Vasquez): No, Madam Speaker, the Government will not reconsider changing it. I would remind the hon. Gentleman that the Government took over the remaining 66% of AquaGib in December 2024. The Government is not considering changing its policy. In fact, what it is doing in relation to these outstanding claims, is it is conducting a company-wide review of the information of which you sought earlier.

Hon. Dr K Azopardi: So it is conducting the company-wide review in relation to all these issues. In the context of this particular question and the company-wide review that stems from this, and as my hon. Colleague has already indicated, there was a meeting that was held because this was brewing on one of the days that Parliament last met and with some degree of fanfare, there were some social media posts involving the hon. Lady, which showed her taking a leading role in the

resolution of the matter. So can she not inform us with a bit more detail as to what is the timeline for the resolution of these issues?

2545 **Hon. G Arias-Vasquez:** Madam Speaker, I am not quite sure what social media post the Hon. Leader of the Opposition is referring to. What I would say is that at the time this was dealt with, the issues were dealt with as was required at that moment in time. What we have decided, and in fact, my response to the hon. Gentleman previously, was that the Reverse Osmosis Department, for example, is holding off any industrial action pending the company-wide review. This is a
2550 discussion that we have had across the company. There is a company-wide review that is been carried out. The procedure has been agreed by Unite the Union and it is an ongoing process. I am unable to detail the dates on which the review will be carried out. And I am not going to go into the dates because I am not going to be accused of misleading Parliament or I am not going to be held to dates in the future but there is an ongoing review going on, which has already commenced.

2555 **Hon. Dr K Azopardi:** Let me understand what the hon. Lady is saying. She is not going to give us the timeline because she doesn't have the information with her? Or maybe she is unwilling to answer because we have had different answers in the past? So I want to understand the premise of what she is saying because in the last House she indicated to my hon. Colleague that she wasn't
2560 going to answer some questions because they were questions best put to AquaGib. Is it that the hon. Lady is saying that she is not going to answer the question because she doesn't have the information or that she doesn't wish to answer the question?

Hon. G Arias-Vasquez: Madam Speaker, I think I have given the answer quite clearly to the hon. Gentleman. It's not that I do not wish to provide the information. I am happy to share the information when I have the accurate information in front of me.

The question that we are answering at the moment is about AquaGib's approach to industrial relations. So in answering this question, I haven't asked AquaGib for a detailed timeline of their company-wide review. If I get a detailed question or if I get a question that relates to the
2570 company-wide review and the timing of that company-wide review, of course, I will provide information as I always do relating to the issue that is asked in the question. Now, what I am not going to do is I'm not going to give a rough estimate to then be held to or then be told that I'm misleading Parliament. I hope that is sufficiently clear.

2575 **Hon. Dr K Azopardi:** Yes, that is clear. But has the issue of the timeline of the work that AquagGib is doing in terms of this, the industrial relations review, not come up in discussions of the board of AquaGib, which she chairs?

Hon. G Arias-Vasquez: It is not an industrial relations review. It is a company-wide review on AquaGib. Of course, it has come up in discussions.

2580 However, I do not have the firm dates in my head because that wasn't the question that was being asked of me. I am not going to give information which I do not have 100% accuracy on in front of me to then be told that I'm misleading Parliament. Again, I would remind hon. Members opposite that if an accurate question is posed, I will, of course, provide the information as I always
2585 do.

Again, as the hon. Member suggested prior to that, if you want to share drafts with me, I'm very happy to check them for you.

Madam Speaker: Next question.

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Q251-3/2025

**Battery Energy Storage Solution (BESS) –
Confirmation of arrival; BOOST contract details; Asset life and running costs**

Q254/2025

**BOOST –
Payment information**

Q255-7/2025

**Battery Energy Storage Solution (BESS) –
Government contribution; Payment tranches; Details of costs**

2595 **Clerk:** Question 251, the Hon. C Sacarello.

Hon. C Sacarello: Given the reminder we were given of Gibraltar's ongoing issues with power supply following the latest power outage due to an interruption to the supply of LNG on the 14th of February 2025, would the Hon. Minister please confirm if the battery energy storage solution, or BESS, has arrived in Gibraltar as the Government promised it would arrive in January 2025?

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

2605 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker. I'll answer this question together with Questions 252 to 257.

Clerk: Question 252, the Hon. C Sacarello.

2610 **Hon. C Sacarello:** What measures has the Government insisted on in the BOOT contract to mitigate against fire risks given the known danger of the volatility of BEST batteries?

Clerk: Question 253, the Hon. C Sacarello.

2615 **Hon. C Sacarello:** What is the asset life of the BESSs and what will the annual running cost be following the three-year BOOST period?

Clerk: Question 254, the Hon. C Sacarello.

2620 **Hon. C Sacarello:** The Minister stated in October 2024 that the £6.63 million for the BOOT payments were to be contributed by the GEA and paid by Zero Carbon Footprints Limited. Does this contribution comprise the total amount, i.e. £6.63 million, or are there any contributions to this quantum being made by another party? And if so, by whom and how much?

2625 **Clerk:** Question 255, the Hon. C Sacarello.

Hon. C Sacarello: Could the Minister confirm that the Government's contribution of £9.79 million, as stated in Parliament in October 2024, is for the purchase of the BESS exclusively?

2630 **Clerk:** Question 256, the Hon. C Sacarello.

Hon. C Sacarello: When will the Government be making the payments, or payments totalling £9.79 million towards the BESS, the sum provided by the Hon. Minister for public utilities in answer to Question 772 answered in October 2024 and featured on line 2632 of Hansard, please detail the payment tranches?

2635 **Clerk:** Question 257, the Hon. C Sacarello.

Hon. C Sacarello: Can the Hon. Minister please separate out the costs for the £16.42 million BESS costs into the following categories: 1. Purchase of BESS, 2. Infrastructure build, 3. Installation costs, 4. Finance, 5. Consultancy, and 6. Annual operation and maintenance costs over the three years?
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Clerk: Answer, the Hon. the Minister for Health, Care and Business.

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, in answer to Question 251, I can confirm that both the control system units and the battery units were shipped by the manufacturers on the 19th of January 2025 and the 2nd of February 2025, respectively, and are now on their way to Gibraltar. We expect the power control system units to arrive on or around the 25th of March and the battery units to arrive on or around the 3rd of April 2025. Civil and infrastructure works on site are currently ongoing and to date, no delays have been experienced with, no delays have been experienced with all of the aspects of this project currently going to schedule.
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In answer to Question 252, there is a specific, there is a specific clause in the Boot contract that deals with the fire suppression system. The clause ensures that the relevant industry standards are met and ensures that the design prevents a risk of fire spreading between the items of equipment.
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In answer to Question 253, the asset life of the BESS is expected to be 20 years plus, provided that the maintenance schedule as recommended by the manufacturer is followed. It is envisaged that the individual battery cell replacements could commence as and when required as from year five. With regard to the annual running costs following the three-year Boot period, this is a commercially sensitive. Stating an amount now would not be acting in the best interest of the taxpayer, as such an amount could become the basis of negotiations with potential contractors should it be decided in three years time to outsource the operation and maintenance of this facility.
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In answer to Question 254, I can confirm that the contribution by the GEA will cover the, will cover the total amount of the 6.63 million spread over a three-year period and the commercial operation date. No other contributions will be made by any other party.
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In answer to Question 255, I can confirm that the contribution of 9.79 million covers all costs associated with this project, except for the operation and maintenance costs over three years.
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In answer to Question 256, as with projects of a similar nature, payments are based on completion of the works and milestones achieved. These payments made with regard to the project will be made by Zero Carbon Footprint Company Limited and not Government. I am unable to provide details of when the amounts of money due are to be paid, as I am requested by the hon. Member opposite.
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In answer to Question 257, as I have confirmed previously in this parliament and in particular in answer to Question 772 of 2024, HMGOG's contribution on this project is around 9.79 million and the approximate cost of the build, own, operate and transfer scheme for a period of three years is 6.63 million, including inflation projections. With the tender process for this project having been conducted by Solar Century Africa Limited, I do not have the details breakdown requested by the hon. Member opposite, other than to state that the 6.63 million is inclusive of part of all the elements which the hon. Member has broken down in his question.
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Hon. C Sacarello: Madam Speaker, thank you very much to the hon. Lady for her reply. They will be all grouped together.
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I would like to start with the first supplementary on Question 251. From what I understand, there are two main parts of the BESS, the latter of which arrives in April. That

effectively is a four-month delay. The Government have a projected date of August, as previously mentioned publicly. Is this going to have an impact on that or are we still on for an August bringing in online?

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Hon. G Arias-Vasquez: Madam Speaker, the delivery of the two parts of the BESS, which is the power control system and the battery units, are not on the critical path of the BESS. So the delivery in March 2025 will not have an impact on the August date that was stated. As I confirmed in reply to the question, the BESS is still due to be completed by August 2025 and we have no reason or

2695 we are not told by the contractor of any reason for any delays. As the hon. Member will be aware, this is a small construction project. There may be delays, but at this present point in time, it has been confirmed by the contractor that it is going to date and the date will be as forecasted in August 2025.

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Hon. C Sacarello: Madam Speaker, I would like to thank the hon. Lady for her reply.

Moving on to Question 256. The Hon. Minister mentioned that she was unable to provide detail on the payment tranches. Is this because they are not available, in which case, would she provide them for us perhaps in an email if I sent her an email later on? Or is this because they are simply not willing to share them?

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Hon. G Arias-Vasquez: Madam Speaker, again, this is not something that I am going to brush under the carpet to use the hon. Member's terminology. This is simply because the project was tendered out to Solar Century Africa and the sum that they provide is a global sum. We simply do not have that information.

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Hon. C Sacarello: Madam Speaker, the reason I ask this question is because I think it is in the public interest to know part of the deal that has been struck with the suppliers is to do with financing. The finance package that is involved is in the public, or details of it is in the public interest. If the finance is being paid up front, then you would expect a much more favourable finance deal, which

2715 is why I also asked for a breakdown of all the individual areas but it seems that because there is another middleman involved, even though the Government is directly in contracts with them, someone who handled the tender process, that the information is being kept from the public. Would the Minister not agree with that comment? If so, would she be prepared to divulge a little bit more information on the same?

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Hon. G Arias-Vasquez: Madam Speaker, the information is not being kept from the public. When a party enters into a normal construction contract, there are costs within that construction contract that are never divulged to the contracting party. If, for example, the developer enters into a contract with a contractor, there will be costs in that contract. The costs of supply, the costs

2725 of subcontracting will not necessarily ever be divulged to the developer because it is simply not in the interest of the contractor to divulge it. Furthermore, it is not common for the costs to be broken down. What we are saying is that the costs to the tenderer, the direct costs to the tenderer are not broken down to us. The figures that have been provided, I am not sweeping it under the carpet. There is no middleman involved. There is nothing shady here. We have entered into a contract and the breakdown of that contract is the contribution of 9.79 million and the cost of

2730 6.63 million. The contract has been entrenched by the parties and the breakdown behind those costs is not necessarily divulged to the GEA, not even to HMGOG.

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Hon. C Sacarello: Madam Speaker, I think it is a very, very simple request that the public would want to know where their money has been spent. It is all well and good saying there is a round sum of a total amount, but if we can not work out what the cost of the finances, what the cost of the consultancy is and break it down into those areas other than those two very broad figures of

9.79 and 6.63, then I think there is a lack of transparency. Would the Hon. Minister not agree that perhaps on this topic the Government isn't being as transparent as it might like to?

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Hon. G Arias-Vasquez: No, Madam Speaker. I do not agree. Although I am sure that the hon. Member opposite would be delighted to run his usual Google searches or contact suppliers himself just to make, just to confirm that the prices provided are correct.

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The reason is, it is quite simple. There is a contract with the third party. That third party provides you with the costs and the costs that we have been provided with are the breakdown that we have provided in Parliament. There are no further costs. We are not sweeping things under the carpet, which is the general impression that the hon. Member opposite would seem to be trying to create. We are not sweeping things under the carpet. We have made the information available, which the hon. Member has requested. Now, there is no further information available because the contract is with the third party and that third party then breaks down those own costs. I have explained that numerous times and there are no more ways to explain the same thing.

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Hon. C Sacarello: Nonetheless, Madam Speaker, it is still the taxpayer's money that the Hon. Minister is refusing to account for in full, like we have requested. I would just like to correct the Hon. Minister so that she no longer refers to this as she did erroneously last time in referring to my quotes that I got for the production and cost and implementation of a BESS machine in which the hon. Lady referred to a Google search. I corrected her last time. I said it wasn't. She is continuing to go down that line. I request that she retract that statement because it is wrong. Twice now.

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Hon. G Arias-Vasquez: Madam Speaker, I provided the full cost that we have available to us. The full breakdown has been provided to the hon. Members opposite.

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Madam Speaker: The Hon. R M Clinton had a question in relation to 255.

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Hon. R M Clinton: Thank you, Madam Speaker. Just in relation to 255, the question asks about the Government's contribution, £9.79 million. Can the Minister advise the House whether the Government has now decided how it is going to fund that £9.79 million because last time, I believe when we ventilated the question of how this was going to be financed, the Chief Minister, in fact, said he had not made up his mind yet as to how this was going to happen. Does the Minister now have some clarity as to how this is going to be funded? I believe it will all be channelled through Zero Footprint Limited. Is Zero Footprint Limited going to receive a capital injection from the Government or is it going to get a loan from the Government? Can the Minister advise the House?

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Hon. G Arias-Vasquez: Madam Speaker, once again, that is quite a detailed question. I have not asked for an update from the last information that I provided because I have not specifically asked for that information. If the hon. Member asks that question in Parliament, I would be more than happy, as I always do, to provide him with a detailed answer.

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Hon. R M Clinton: Madam Speaker, I am happy to do so, but surely the Minister on such a massive project of this scale will know how it is being funded. I mean, she will forgive me. I find it a bit incredible that she cannot provide that answer across the floor of the House now. Does she really have no idea as to how this company or this project is going to be funded?

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Hon. G Arias-Vasquez: Madam Speaker, of course I am aware. I just wish to receive confirmation of the same because otherwise I'm accused of misleading this House. Again, the hon. Members opposite seem to have a recurring theme in their questioning of today. If they wish to have a

specific question answered, that specific question needs to be put on the order paper. I am very, very happy to provide the information once the proper question is asked.

Happy to review your drafts. I would suggest that the hon. Members opposite review their questions and make sure that the questions that they want answered in Parliament are actually the questions that they ask. If they do not ask the questions on the order paper, I will not have the information provided and I will not provide information in Parliament... which might then have me accused of being inaccurate or misleading Parliament. If you want a specific question answered, Madam Speaker, and I speak across the floor, across the Opposition members, if they would like a specific question answered, I would urge the hon. Members opposite to provide me with a specific question and as I have each and every time, I will provide them with a detailed answer of the questions they ask. Not of the question that they determined that morning when they wake up that they wish to ask.

There is a procedure to ask questions in Parliament. You submit questions, you submit detailed questions, I then get detailed confirmation of what the answers to those questions are and I then provide the information in Parliament. When on other occasions I have provided information, they have accused me of providing inaccurate information. I will not do that. If you want an answer to a specific question, the specific question needs to be asked in the usual form, Madam Speaker.

Hon. Dr K Azopardi: Madam Speaker, what an extraordinary contribution from someone who's been in this House not that long and is now not only redrawing the way that question and answers have been run for the last 60 years, but is giving us a lecture on how to put questions. I mean, if there are questions that the rules are clear, there are questions that flow from the original answer, they can be put and indeed, there are supplementaries that are put that arise from that, that are not only inevitable and reasonably foreseeable, but if they are within the knowledge of the Minister that gives the answer, I've been on that side when someone's asked me a question and if you have the information, you have the information. If you do not have the information, then the answer is, ask me the question because I do not have the information but the extraordinary aspect of the hon. Lady's position is that she is saying or implying that she does have the information, but she is refusing to tell the House. Is that her position?

Hon. G Arias-Vasquez: Madam Speaker, that is not my position. What I am saying is that I do not have accurate information to date on the question asked because that was not the question asked. Let me read to the hon. Member what the question asked was.

Could the Minister confirm that the Government's contribution of 9.79 as stated in Parliament in October 2024 is for the purchase of the BESS exclusive? If I look at the rules, Madam Speaker, the supplementary arises from the answer given. Again, it cannot be I wake up in the morning and suddenly I think that there are numerous questions that I should have posed and actually want to put a supplementary now. The question that was asked by the hon. Member was a very specific question and I am very happy to provide the information on the very specific question that the hon. Member asked. I just wish to have confirmation of what the current position is. I am not going to hypothesise and be accused of misleading Parliament because they did not submit a question correctly.

Hon. Dr K Azopardi: So the hon. Lady doesn't know where they got the money from or wants to check what the answer to the question is on a project as big as this and as important to this. In the public interest, she is the Minister responsible but wants to check where they got the money from. Is that her position?

Hon. G Arias-Vasquez: Madam Speaker, are we really resulting to juvenile politics now? So now they are belittling me. I am having the Leader of the Opposition mansplaining to me what the position is. I am being belittled by the Leader of the Opposition into giving him an answer for a

question that he didn't ask... right? So let me be clear. The Hon. Roy Clinton asked a question specifically on where the money was coming from two sessions ago, three sessions ago and all the information was provided. All the information was provided in a very detailed format. They can talk amongst themselves. Maybe they listened to the answers I was providing. They wouldn't then misquote me back to myself. What I am saying, Madam Speaker, is that if you ask an accurate question, you will get an accurate reply. Maybe that is a consistent message which needs to be spread across the Opposition bench. What I am not going to do is hypothesise on what I think is the issue. When I've already replied in Parliament previously on where the money is coming from and a detailed explanation has been provided by me before on where exactly every penny of the money was coming from and I wish to make the Hon. Leader of the Opposition aware of that specific fact. An answer has been specifically provided previously. It has. It absolutely (*interjection*) has.

Madam Speaker: All right... Is there a specific supplementary other than this one? We are having a debate now on supplementaries and I am going to stop it. So I will allow the Hon. Leader of the Opposition to ask a specific supplementary and a specific question.

But we are not going to debate the issue of this particular subject any longer.

Hon. Dr K Azopardi: Madam Speaker, absolutely and of course, I respect your ruling...

It's just to intervene at this point, just to ask the question in a different way, if I may, because it is clear from the hon. Lady's answer just now that perhaps she is misunderstood what we're saying. She has given a previous answer but my hon. Colleague, Mr Clinton, specifically asked and the Chief Minister replied, that he had not made his mind up where the source money was coming from. What we are asking is, has the Government now taken that position? Does she have that information? Not mansplaining her because I am asking her a reasonable question. She doesn't need to get as defensive as that. Having now asked more precisely, that is what we are talking about. We are not talking about her previous answers, but rather the position that the Government previously took that they had not decided where the source was going to come from. Have they now decided?

Hon. G Arias-Vasquez: Madam Speaker, again, I do not have that information in front of me. I do not have a specific confirmation in front of me. Again, if the hon. Gentleman wants to ask a specific question, the specific question needs to be put on the order paper.

Madam Speaker: The Hon. D J Bossino had a supplementary.

Hon. D J Bossino: I hope it fits.

Madam Speaker: A different supplementary.

Hon. D J Bossino: I hope it fits the bill. So this is on Question 251. The Hon. Minister said, gave dates as to, gave arrival dates of the BESS equipment and she she mentioned a shipping date, I think it was, and a potential arrival date. May I ask where this equipment is coming from?

Hon. G Arias-Vasquez: I believe the equipment is coming from China.

Madam Speaker: Next question.

Q258-60/2025

**Mid Harbour Small Boats Marina –
Empty berths; Allocation of empty berths; Selling of berths**

2890

Clerk: Question 258, the Hon. D J Bossino.

Hon. D J Bossino: How many empty berths are there in the Mid Harbour Small Boats Marina?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I will answer this question together with Questions 259 and 260.

2900

Clerk: Question 259, the Hon. D J Bossino.

Hon. D J Bossino: Has the Government allocated any of the empty berths at the Small Boats Marina to those on the waiting list?

2905

Clerk: Question 260 the Hon. D J Bossino:

Hon. D J Bossino: Does the Government have the intention of selling any of the berths at the Small Boats Marina, and if so, at what price?

2910

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, as at Tuesday, the 18th of February 2025, there are 37 unassigned berths in the marina.

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Answer to Questions 259 and 260. Madam Speaker, no berths have been allocated to those on the waiting list. As stated by the Chief Minister in answer to Question 462 of 2023, HMGOG is still committed to the sale of the berths. We will make an announcement when the lease provision has been agreed and when the final prices have been fixed.

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Hon. D J Bossino: In relation to the answer that the Hon. Minister gave in respect of Question 258, the hon. Member says 37. The information that I have received, and there is absolutely no reason to doubt the veracity or the quality of that information, is that it exceeds 70 in number. Could I ask you to comment in relation to that?

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Hon. G Arias-Vasquez: Madam Speaker, the information I have is from the port directly, so if the port is telling me that there are 37 unassigned berths, there must be 37 unassigned berths.

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Hon. D J Bossino: So be it. In relation to the answer that the Hon. Minister gave in respect of Question 259, I didn't quite catch I think the tail end of her answer. I think the answer was no berths are going to be allocated, and then she made a reference to the Chief Minister (*interjection*) sorry? To the sale of berths. But could I ask her to clarify that for me because I didn't quite catch what the Hon. Minister said after no berths are being allocated.

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Hon. G Arias-Vasquez: Of course, Madam Speaker, very happy to reread the answer. Madam Speaker, no berths have been allocated to those on the waiting list. As stated by the Chief Minister in answer to Question 462 of 2023, HMGOG is still committed to the sale of berths. We will make an announcement when the lease provision has been agreed and when the final prices have been fixed.

2940 **Hon. D J Bossino:** There was that bit that I did not quite catch just before the reference of the lease provisions. Is she able to provide the House with a timeline as to when the lease arrangements are going to be sort of settled and crystallised and so that the Government is then able to make an announcement in relation to that?

2945 **Hon. G Arias-Vasquez:** Madam Speaker, unfortunately, I am not able to give a firm commitment, but it is something which is on our radar and we are chasing to try and have this sorted as quickly as possible.

2950 **Hon. D J Bossino:** Is the Hon. Minister able to provide details as to numbers in respect of the waiting list?

Hon. G Arias-Vasquez: Madam Speaker, unfortunately, I do not have that information available.

2955 **Hon. D J Bossino:** At the risk of entering into the exchange that we had a few moments ago and on various occasions in the course of this morning's very long session. Is that information which the Hon. Minister would have available to her if a suitably drafted question was filed for her to answer?

2960 **Hon. G Arias-Vasquez:** Madam Speaker, I am so happy that the message has got across. Of course, Madam Speaker, I will happily provide that information if an appropriate question is put to me.

Hon. D J Bossino: Is there any reason why similar by analogy to the housing waiting list where numbers are provided and are provided online? Is there any reason why that information ought not to be made public? And is this something that the Hon. Minister would consider doing?

2965 **Hon. G Arias-Vasquez:** Madam Speaker, not that I am aware of.

Hon. D J Bossino: Not that she is aware of as to any reason why it should not be done. Is that the case?

2970 **Hon. G Arias-Vasquez:** Sorry, yes, Madam Speaker.

Hon. D J Bossino: So is it something that the Hon. Minister would consider doing?

2975 **Hon. G Arias-Vasquez:** Madam Speaker, as with all of these things, it depends on the time benefit analysis. If it does not take time, then possibly, but it is not something we have actively considered.

2980 **Hon. D J Bossino:** Presumably, given that she is given a composite reply in respect of the three questions I have asked in relation to this issue, as I understand it, one would need to glean from the answer that the answer specifically to Question 260 is that, yes, the Government does have the intention of selling births at the marina.

Hon. G Arias-Vasquez: Madam Speaker, that was specifically referred to in the answer that I read twice. I will reread it. HMGOG is still committed to the sale of births.

2985 **Hon. D J Bossino:** May I also ask whether the Government is consulting, seeking advice from, indeed obtaining advice from the small vessels advisory board as instituted and constituted under the small vessels mooring controls rules of 2016. Is she obtaining assistance from that particular board?

2990 **Hon. G Arias-Vasquez:** Madam Speaker, we are in negotiation, oh sorry, we are in consultation with LPS and with the Port. I am unclear on whether we are in consultation with the board and indeed whether the board has been constituted.

2995 **Hon. D J Bossino:** I think this naturally arises from the answer that the Hon. the Minister has provided and does not breach the rules. Is the Minister putting into question and therefore doubt that the Board that I referred to in my supplementary question right now may in fact not be constituted as yet? I mean, we are talking here about a piece of legislation which would have been passed on or about, judging by the title of the regulations in 2016. That is almost nine years ago. Is that the information? She may wish to check the accuracy or other words of that but is that the information that the Hon. the Minister is providing across the floor of the House?

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Hon. G Arias-Vasquez: Madam Speaker, I am saying that I am not aware whether there is such a board or otherwise. However, what I would say is it is amazing that we have the facility of a small boats marina to be even able to have this discussion, right? So we have a marina, we have an act which constitutes the marina and it is all thanks to this Government that we have those facilities available.

3005

Do I know whether there is a Board constituted or otherwise? Again, Madam Speaker, even though in his previous answer, he asked me whether or not he would have to submit a question. I would suggest that the Hon. Minister, that the hon. Shadow Minister for the Port submits a question and I will happily answer whether the Board is constituted or otherwise.

3010

Madam Speaker: All right, before we move on, there are seven supplementaries. I am going to move on. But before I move on to the next question, which I believe is the Hon. the Leader of the Opposition, I am going to go back to the Hon. J Ladislaus, Question 209. Are there any supplementaries on that? That was the policies one. No? All right, Question 214.

3015

Supplementary Questions to 214, 234-235, 244 and 248/2025

Hon. J Ladislaus: Yes. Madam Speaker, Question 214 was in respect of the number of contacts that the GPs have per day. Do those figures include individuals who do not attend and specialist clinics? Is that all included in the calculations undertaken?

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Minister for Health, Care and Business (Hon. G Arias-Vasquez): Specialist clinics will definitely be included in these figures. What I'm unclear of is whether DNAs will be included. I suspect that they will be included, but I am not 100% certain.

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Hon. J Ladislaus: Does the Hon. Minister perhaps have information as to how many appointments a GP has each session? So my understanding from previous exchanges is that sessions are either a.m. or p.m. Does the Hon. Minister have any information as to that?

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Hon. G Arias-Vasquez: Yes, Madam Speaker, 18.

Hon. J Ladislaus: Thank you. And if a GP is having 18 sessions, sorry, 18 appointments within one session, say in the morning, would they then go on to see further patients on the p.m. session?

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Hon. G Arias-Vasquez: They can, Madam Speaker, but that would depend on numerous factors.

Hon. J Ladislaus: Madam Speaker, is the Hon. Minister aware whether that complies with the British Medical Association's recommendations for safe practice, which I believe is 25 contacts per day? Madam Speaker, this is precisely why I said it depends upon certain factors.

Hon. G Arias-Vasquez: The recommendation is 25 patient appointments per day. It does not necessarily mean that that is what GP clinics in the UK comply with, but it also means that there are some GPs which will have sessions in the morning and admin sessions in the afternoon, or there will be different variations thereof. Therefore, the previous answer I gave that it will depend on certain factors included those types of issues.

Hon. J Ladislaus: Madam Speaker, we have had this exchange in past sessions, and the answer always comes back that we have plenty of GPs available. Now, my understanding is that each of the GP appointments take 10 minutes in Gibraltar, whereas, again, the recommendation by the British Medical Association is that each slot should be taking 15 minutes. How then is it that we appear to be doing possibly extra and over and above the recommended safe practice?

Hon. G Arias-Vasquez: Madam Speaker, the time allocated to each appointment has always been in Gibraltar 10 minutes. I've had a meeting with all of the GPs two weeks ago in which all of these issues were raised. I'm not surprised that they are being raised by the hon. Lady. All of these issues that will be looked into are how can we increase the number of appointments? Indeed, on a viewpoint where the hon. Lady was present as well, we said there was a PCC task force that was meeting regularly to discuss these issues. The PCC task force then took these issues to the GPs to discuss these issues.

What we are saying to the GPs and what the GPs feel is that there are some appointments, for example, advanced appointments, which might require more than 10 minutes. However, this does not necessarily mean that GPs feel that all their appointments would require more than 10 minutes. What we are looking to do is we are looking to ways in which we can increase the number of appointments by different means.

Hon. J Ladislaus: What sorts of things are being looked into in order to address, as the Hon. Minister has said, that they are looking into ways in which to address this? What ways?

Hon. G Arias-Vasquez: Well, Madam Speaker, for one, we have doubled the complement of GPs since that which was available in 2011. So that is one of the ways to ensure that we have more GP appointments available because there are double the number of GPs that there were in 2011. So we currently have 28 full-time equivalent GPs. That is one of the things that we're looking at doing.

What we have also done, which I have announced in press releases, is that we are calling patients in advance to make sure that they attend their appointments and if indeed they called for an advance, if they booked an advanced appointment a month in advance and they do not need that appointment, what we are in fact now doing is that we are calling them to make sure they want that appointment and if they do not, it goes into the general bank of appointments. All of these are the subject of press releases which were issued in the past month. I am sure the hon. Lady should have that information available.

Separately, we are also looking at, we have also introduced a sick line so that if you require a sick note, you dial one of the numbers in the 52441 number. Again, this is all publicly available information, which has been the subject of press releases in the past month.

Madam Speaker: All right... On to Question 234.

Hon. J Ladislaus: Madam Speaker, the schedule I have before me is the answer to, it says answer to Questions 235 and 234. So if possible, if I can take any questions together, because otherwise it will be quite confusing.

3090 **Madam Speaker:** My understanding was that we have dealt with Question 235, but by all means, put the questions and see where we go.

Hon. J Ladislaus: It is simply a general question. I note that many of the adverts are internal, particularly because we have been honing in on nursing today in particular. I go to the nursing and it says internal on a lot of those ads. What is the reason why the internal adverts are not opened out to the general public, given the shortage of nurses that there are? Would not it be more beneficial to open that out to the general public at large and perhaps we'd have applicants from abroad?

3100 **Hon. G Arias-Vasquez:** Madam Speaker, that is a specific policy of the GHA, I am sure, as to why specifically it is an internal applicant. There are specific positions, such as, for example, the Cardiac Catheter Lab Registered Nurse, which has been opened externally. If there are positions which it is felt that specialist knowledge is required, then that is advertised externally.

3105 In relation to the Diabetes Specialist Nurse, for example, that position has been advertised internally and externally. Whereas the position is usually, and I think this is across the Government, though I do not expect to be held to that, the position across Government is that the position will be advertised internally first, and then if there is no successful applicant, it will then go external, unless it requires specialist skills, which are not available within the GHA.

3110 **Madam Speaker:** The Hon. R M Clinton had a question.

Hon. R M Clinton: Thank you, Madam Speaker. Just looking at the schedule in answer to Question 234, I notice in 2024, on the medical staff, there was a vacancy for consultant cardiologist and there is a comment saying not filled as candidate, not found appointable and yet in 2025, on the medical, I do not see a vacancy being advertised for a consultant cardiologist. And I was wondering the Minister might be able to shed some light as to how, why that would be.

Hon. G Arias-Vasquez: Madam Speaker, I had not actually been drawn to that fact that consultant cardiologist position was fulfilled because we now have two consultant cardiologists in the GHA. Two consultant cardiologists and one is not a consultant, but he specialises in cardiology. We actually have three cardiologists available in the hospital. I'm not 100% sure and I wouldn't be able to provide accurate information as to why it says that the cardiologist position was not filled. I am aware the complement of cardiologists at the moment is two consultant cardiologists and one cardiologist.

3125 **Madam Speaker:** The Hon. E J Reyes had a supplementary.

Hon. E J Reyes: Thank you Madam Speaker. Yes, mine is of a very similar nature to my colleagues. Again, referring to 2024 under the nursing section, one of the last posts there is that of Resuscitation Officer, which was advertised internal for GHA employees and even external abroad. Then it says in the how filled column, successful applicants declined position, which leads me to sort of two minor questions. Was the successful applicant an internal or perhaps an external one and it was declined. Does that necessarily follow that the post is still empty because looking at the 2025 lists of adverts, most of which are vacant, recruitment is currently ongoing. I do not see that to a Resuscitation Officer. So the Minister might be aware of some of the information that will shed some light on this otherwise useful piece of data.

Hon. G Arias-Vasquez: Sorry, Madam Speaker, I am unaware of whether that position has been subsequently filled or otherwise, and I would not want to mislead the House. What does sometimes happen is that there are three applicants for the job, but the job sometimes, the applicant sometimes applies for a position in Gibraltar and in two other jurisdictions. When we

revert to them, they decline the position in Gibraltar because they have gone somewhere else. That could well be what happens, what has happened here. As to whether that position has been filled, I do not see it in the 2025 compliments. I am unsure of what exactly happened to that position.

Hon. E J Reyes: Yes, I'm grateful. I can understand what the Minister is saying from experiences but within my question, I was asking, you know, the successful applicants who unfortunately then declined the position, was that person one of the internal applicants or was it an external applicant? Sometimes, what tends to happen from my experience, you offer them to external applicants and then when the reality comes and they look at housing costs, for example, in Gibraltar, they say, well, it is not worth my while. Perhaps the Minister is aware of some of those details.

Hon. G Arias-Vasquez: Madam Speaker, as the Opposition often insists, I am not involved in these day-to-day decisions of the GHA and the GHA workforce. So unfortunately, I am unable to answer that specific question.

Madam Speaker: All right. Any supplementaries on Question 244? No, anybody else? No?
We'll take Question 248, the Hon. C Sacarello has any supplementaries.

Hon. C Sacarello: Yes, indeed. Thank you, Madam Speaker. Question 248 was a question on the pumping stations and how often they were clean for the last five years. This is in regards to AquaGib, whose own sustainability report refers to the importance both in the foreword and the text later on by the importance of the efficiency and the maintenance of these pumps because of the responsibility of the company to the environment. In the report, it says that they are constantly monitored, cleaned and repaired, particularly on one page. It talks about overflows to reduce the chances of overflow. Now, my understanding is that there are over 20 pumping stations. This list provided shows that there have been five cleans in 2020, 10 in 2021, 10 in 2022, 5 in 2023 and 9 in 2024, with just one so far this year. Given that the responsibility to the environment and the dangers of sewage over spilling onto our roads and our seas, would the Government not agree that it might be worth looking at cleaning these pumping stations out more regularly to produce the overflows, which back in 2020 were at around 37?

Hon. G Arias-Vasquez: Madam Speaker, I am delighted to be able to say that I have actually visited these sewage pumping stations, and actually they are very well maintained by the staff of AquaGib. The staff of AquaGib know exactly when the pumps are required to be cleaned and as far as I am aware, and informed by the staff of AquaGib, they are adequately maintained.

Hon. C Sacarello: My understanding is slightly different to the hon. Lady's. I understand that there is a limitation. There would be a wish for them to be cleaned more often, but there is a limitation as to the availability of the lorry, which is what I mentioned earlier on. So I shall reiterate this question. Is it a question of funding and resources?

Hon. G Arias-Vasquez: Absolutely not, Madam Speaker. He seems to be quite keen on the lorry. I am not quite sure this is an interview for a position in AquaGib. I do not know. I do not even know what lorry the hon. Member is (*interjection*) speaking about. So I am not aware of any lorry issues which AquaGib has.

As far as I am aware, AquaGib has its own funding procedures and states its own requirements. I am told by the Board of AquaGib that the cleaning requirements are sufficiently met.

Madam Speaker: Right, next question.

Q261/2025

DPC –

Proposed development at the Ex-Amars Bakery (Line Wall Road)

3195 **Clerk:** Question 261, the Hon. the Leader of the Opposition.

Hon. Dr K Azopardi: Madam Speaker, following the DPC planning representations deadline of the 29th of January 2025, have representatives of residents, neighbours, or objectors to the proposed development at the Ex-Amars Bakery on Line Wall Road sought to meet the Government or to make representations to it in respect of the development? And if so, what is the Government's view on the issue?

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

3205 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, a total of three written representations were submitted to the DPC in respect of the outline planning application at the Ex-Amars bakery, 47 Line Wall Road. The application is under active consideration and it would therefore not be appropriate to comment further at this stage.

3210 **Hon. Dr K Azopardi:** Madam Speaker, the hon. Lady, asked members on this side to not to come here and ask questions that they decide when they wake up in the morning. I mean, I will tell her that I do not decide the questions that I'm going to ask in supplementary when I wake up in the morning. I normally decide in the moment because it depends on the answer.

Can I just ask, she has given us information about the written representations to the DPC and indeed my question does ask, in terms of time, having seen the close of the deadline, but I was more interested in, because I do not think I've had an answer to this, if she looks at my original question, whether they've sought to meet the Government or make representations to the Government? She has talked about representations to the DPC, but have the objectors or residents or neighbours sought to meet the Government itself, separate in terms of the planning authority?

Hon. G Arias-Vasquez: No, Madam Speaker, the DPC is completely independent.

3225 **Hon. Dr K Azopardi:** Yes, I appreciate the DPC is independent. I am asking, have they met the Government? Do I take it from her answer that the answer is no, they have not sought to meet the Government. Is that right?

Hon. G Arias-Vasquez: Yes, Madam Speaker, it is correct that they have not sought to meet the Government.

3230 **Hon. Dr K Azopardi:** Sometimes with these developments, there are planning matters, there are matters for the DPC, but there are also matters for the Government. For example, if a proposal for planning requires, will require permission from a planning authority, but may require permission from Government as the crown in respect of any particular matter, is there any particular matter in relation to this development that would require Government consent, not planning consent?

3240 **Hon. G Arias-Vasquez:** No, Madam Speaker, quite differently to the matter that we have debated in parliament a couple of months ago relating to the Montague Pavilion, where the Government had an interest. This building is a freehold and therefore there is no interest from the Government.

Hon. Dr K Azopardi: I see. And quite apart from the decisions that will need to be made by the planning authority separately, in terms of the Government's responsibility for planning, does the Government have a view of this development given the size and density of it in a very compressed space and the highly publicised nature of the objections of the citizens concerned?

Hon. G Arias-Vasquez: Madam Speaker, this Government has set up the DPC to be entirely independent and that means that the Government doesn't influence those decisions. The town planner will have his views and the town planner is the chair of the board and he will lead the discussion, but the Government doesn't get involved in independent decisions that are made by the Development and Planning Commission.

Hon. Dr K Azopardi: Yes, I am not asking them to get involved in the planning decision. I am asking if they have a view as Government in the discharge of the Governmental responsibilities for planning in terms of the development plan that they approved years ago or whatever views they've got in relation to that. Do they have a view in relation to this particular development?

Hon. G Arias-Vasquez: Madam Speaker, Government does not develop a view. Government has a development plan which as discussed with the hon. Member opposite on Viewpoint, the development plan will be coming. The development plan informs the decision of the Development and Planning Commission, but the Development and Planning Commission is entirely independent of Government and therefore Government views are not relevant in this discussion.

Madam Speaker: Next question.

Adjournment

Clerk: The Hon. the Deputy Chief Minister.

Deputy Chief Minister (Hon. Dr J J Garcia): Hon. Madam Speaker, grateful if the House could now recess until 3pm this afternoon for questions to the Chief Minister.

Madam Speaker: Do I need to put the question? All right, we will recess until 3pm this afternoon.

The House recessed at 1.45 p.m.